

Suicide Prevention Action Plan City of London

A joint document between City of London Corporation & City of London
Police

DRAFT

2017-2020

1 Introduction

- 1.1 Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a significant social inequality and public health issue, with more than 6,000 people across the United Kingdom and Republic of Ireland taking their own lives each year. Tens of thousands more attempt suicide each year.
- 1.2 Nationally, the overall trend has seen a decrease in suicide rates over the last decade however the female suicide rate is increasing. For every person who dies, between six and 60 are thought to be directly affected. The impact of suicides has a long lasting effect on individuals, families and communities, and it is important that all those affected by suicide are offered appropriate support. Self-harm is also a growing public health concern and some self-harming behaviours may be considered suicide attempts.
- 1.3 It is important to recognise that suicides are not inevitable and the way people are supported, particularly in times of crisis, can prevent suicides and suicide attempts. Key public sector services can have an impact on building individual and community resilience, which will have a positive impact on vulnerable groups.
- 1.4 The City of London (the City) is a unique area. It has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space.
- 1.5 The City has three population groups who are potentially at risk of suicide: residents who live in the City; those who work in the City; and those who travel to the City with the intention of committing suicide from a City site, but have no specific connection to the City (neighbouring boroughs which also have high buildings and bridges, for example, Westminster, may be experiencing similar issues).
- 1.6 This document recognises suicide prevention in the wider context of mental health. It sets out actions focused on achieving our overarching aim to reduce the number of people who attempt suicide in the City and how we can work with our partners to support people when they find themselves in a situation which may leave them wanting to take their own lives.
- 1.7 This document has been developed as a joint document between the City of London Corporation and the City of London Police. Suicide prevention is recognised as a public health led initiative within the City Corporation, however much of the frontline response to suicide is delivered by the Police. This joint strategy will improve our strategic response to suicide prevention in the City.

2 Background

National context

- 2.1 Following the transfer of public health from the NHS into local government in April 2013 suicide prevention became a local authority led initiative involving close collaboration with the Police, clinical commissioning groups (CCGs), NHS England, coroners and the voluntary sector.
- 2.2 In 2012 the Government published 'Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'¹. This National Suicide Prevention Strategy (NSPS) focuses on six key areas for action on which this action plan bases its own priorities:
- 1) reduce the risk of suicide in key high-risk groups
 - 2) tailor approaches to improve mental health in specific groups
 - 3) reduce access to the means of suicide
 - 4) provide better information and support to those bereaved or affected by suicide
 - 5) support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - 6) support research, data collection and monitoring.
- 2.3 In January 2014 the 'Preventing Suicide by the Government in England 'One year on' report was published which called on local authorities to:
- develop a suicide prevention action plan
 - monitor data, trends and hot spots
 - engage with local media
 - work with transport map hot spots
 - work on local priorities to improve mental health.
- 2.4 In February 2017 the Local Government Association published 'Suicide Prevention: A guide for local authorities' which praises the progress made so far in reducing the national rate but asks for more emphasis on self-harm prevention and greater collaboration with schools and colleges.

Local Context

- 2.5 The City Corporation's Health and Wellbeing Board is responsible for improving health and wellbeing, tackling inequalities in health and ensuring that health and care services are better integrated. Since the last Suicide Prevention Action Plan the Health and Wellbeing Board has published a new Joint Health and Wellbeing Strategy. The Strategy covers 2017-2020 and identifies good mental health for all as a key priority for City residents, workers and rough sleepers. The City of London has also published its Mental Health Strategy and associated action plan which outlines the aim to

improve the mental health of people in the City, keep people well and make sure we provide effective support when mental health problems do arise.

- 2.6 The Vulnerability Steering Group (VSG) seeks to ensure that there is effective coordination and delivery of services by the City of London Police and ensures effective safeguarding measures are in place to protect vulnerable people from harm. The VSG works closely with partner agencies, including other forces, neighbouring boroughs and the City of London Corporation. Vulnerable Persons is one of the City of London Police's priorities set within the force's strategic assessment. Mental health and suicide are areas identified for focus within this priority. The VSG is responsible for providing strategic leadership and direction to improve the force's response to identifying, protecting and supporting those who are vulnerable and at the greatest risk of harm.
- 2.7 The City and Hackney Public Health Team conducted a suicide audit in 2014 looking at suicides in residents from 2009 to 2013. A recommendation from the audit involved the development of a local suicide prevention action plan. This document aims to address this recommendation as well as build upon the key areas highlighted by the government taking into account all those at risk.
- 2.8 The City of London Police have developed Standard Operating Procedures for suicide prevention outlining their proposed approach to threats, attempts and completed acts of suicide. This document is due to be reviewed in September 2017.

Progress since the last action plan

- 2.9 This is the second City of London Suicide Prevention Action Plan following the first which covered the period 2016-2017. The Suicide Prevention Working Group was set up in July 2015 to develop and oversee the implementation of the action plan. This group was established to develop a whole system approach to suicide prevention which is both meaningful and achievable. There is representation in the group from the City of London Police, the City of London Corporation, The East London Foundation Trust, the Clinical Commissioning Group and the London Samaritans and is chaired by a Consultant in Public Health and coordinated and supported by public health staff.
- 2.10 Of the 29 actions outlined in the initial action plan 24 have been completed and good progress has been made on a further three with two actions left outstanding. Refreshing the strategy will maintain momentum; continue the collaborative working of the current action plan and keep up to date with national guidance.
- 2.11 One main action from the initial action plan has been 'The Bridge Pilot'. A joint initiative between the City Corporation, the City of London Police and the Samaritans which began in April 2016 and aims to reduce the number of suicides attempted from

London Bridge. Six signs with the Samaritans free phone number have been placed on London Bridge. A training package has been developed and delivered to frontline staff, members of the public and City businesses with the help of East London Foundation Trust and City and Hackney Mind. In addition a leaflet has been developed to accompany the training. The outcomes will be evaluated in 2017.

- 2.12 The City of London Police have set up and coordinated the Bridges Working Group which has brought together all key partners involved in reducing suicide from all of the bridges in the City.

Key trends in City of London Suicide data

- 2.13 While it is relatively straightforward to collect data about residents, the other two groups which represent the majority of incidents, are harder to collect data on and as a result there has previously been a lack of data on non-resident suicides.
- 2.14 Data from the City of London Coroner found that in the five years between 2009 and 2014 there were 34 suicides in the City of London. Of these, 23 were beyond reasonable doubt and the cause of death was recorded as suicide. The other 11 were open verdicts but included by the Coroner in his report because it is likely they were suicides. Only seven of these suicides were residents of the City of London.
- 2.15 It is well known that young men are the most at risk group of suicide in the developed world. Nationally men are three times more likely to commit suicide than women. This is reflected in the City of London where 73.5 per cent of suicides were men between 2009 and 2014. 70 per cent of people who committed suicide in the City of London were aged between 25 and 54.
- 2.16 The most common method of committing suicide in the City of London is drowning in the Thames (32 per cent), followed by falling from a height (26 per cent). Nationally hanging is the most common method in both men and women. This inconsistency with national data is likely to be because the structures (tall buildings and bridges crossing the River Thames) in the City provide the means to commit suicide.
- 2.17 Additionally 68 per cent of those who committed suicide in the City of London between 2009 and 2014 were single and just 18 per cent were married.
- 2.18 The City of London Police has created a profile of those who have attempted and completed suicide in the City of London since October 2015. Between October 2015 and October 2016 the headlines from this report show that:
- there were 153 suicide attempts in the City in this time (including some completed suicides)
 - 58% of suicides and suicide attempts in were male.

- very small numbers of those who attempted suicide were residents or workers in the City.
- the majority of incidents happen between 1500 and 2300 hours and Wednesday is the more common day for an incident to occur followed by Thursday, Fridays and Saturdays.
- incidents are much more common in the summer (from May to August).

Mental health needs in the City of London

- 2.19 The Mental Health Needs Assessment for the City of London (2015) pulls together data from a range of sources to describe the mental health needs of the different population groups in the City. It is important to note that the needs assessment looks at residents, workers and rough sleepers in the City, but we do not have the same information for those who travel into the City from other local authorities.
- 2.20 The City of London has a diverse range of ethnicities and religious faiths. The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level. It is also important to understand the beliefs of local residents to ensure health services are commensurate with beliefs, accessible and deliver best outcomes for all.
- 2.21 There are also strong contrasts in levels of deprivation amongst the residential areas, with some areas experiencing unemployment and overcrowding. Higher rates of psychiatric admissions and suicides tend to be seen in areas of high deprivation and unemployment and there are strong associations between poor housing and mental health problems.
- 2.22 The City's children mainly live in dense pockets of housing with some areas of high levels of deprivation. Additional risk factors may include living in a low income family, having special educational needs, being in local authority care and having poor physical health or a physical disability, which can increase the risk of mental health issues.
- 2.23 High levels of depression are currently seen in the residential wards of Cripplegate and Portsoken. By 2026 there is expected to be a further 17 per cent increase.
- 2.24 The increasing number of older people in the City, particularly those living alone, is likely to result in increased social isolation and depression. People with long-term conditions are two to three times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health problems.
- 2.25 The City of London has a very high number of rough sleepers, on average 20 to 25 people sleep on the streets of the City of London every night. The vast majority are male. A third to half of homeless people sleeping rough have mental health problems.
- 2.26 Around 450,000 people work in the Square Mile, City workers are mainly aged between 20 and 50 and the majority are men. For many City workers the high

pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues including anxiety, depression and risk-taking behaviours. Previously, periods of severe economic problems and job instability have had an adverse effect on the mental health of the worker population.

3 Areas for action

3.1 The priority areas below are built around the key areas for action from the NSPS and the recommendations have been tailored to address our local needs.

1) Reduce the risk of suicide in key high risk groups

3.2 At a national level, the following groups have been identified as at higher risk for suicide:

- young and middle-aged men
- people in the care of mental health services, including in-patients
- people with a history of self-harm
- people in contact with the criminal justice system
- specific occupational groups e.g. doctors, nurses, veterinary workers, farmers and agricultural workers.

3.3 Nationally, suicide is most common in adult men. Analysis of suicides in the City by the coroner showed that 70 per cent of all suicides occurred in those aged 25 to 54 and nearly three quarters of cases were men. The City has a male-dominant workforce and a younger age profile (20 to 50 years old), so fit this at-risk group. There are also a higher than average proportion of male City of London residents in this age group.

3.4 There are many factors which make men more susceptible to suicide including a reluctance to seek help and cultural expectations that they are strong which can make them more vulnerable to psychological factors such as humiliation and impulsiveness. We know men are more likely to choose more dangerous methods of self-harm, meaning a suicide attempt is more likely to result in death. The Government's "Preventing suicide in England: Two years on"ⁱⁱ report highlights the need to provide services appropriate for men in settings other than the traditional health settings. The action table at the end of this document includes recommendations to reduce the risk of suicide in young and middle-aged men.

2) Tailor approaches to improve mental health in specific groups

3.5 Nationally the following groups have been identified as vulnerable to suicide:

- children and young people, including those that are vulnerable such as looked after children, caregivers and children and young people in the Youth Justice System
- survivors of abuse or violence, including sexual abuse

- veterans
- people living with long-term physical health conditions
- people with untreated depression
- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people
- Black, Asian and minority ethnic groups and asylum seekers.

3.6 Recommendations from the City and Hackney Suicide Audit included increased education and awareness in schools about self-harm as well as increased service provider training e.g. for GPs and teachers on how to deal with self-harm in children. There are 1,090 resident children aged 0-17 in the City of London (ONS, 2015). The City of London has one maintained primary school and sponsors three secondary academies and one primary academy in neighbouring boroughs. It is also the proprietor of three independent schools. It is thought that around 13 per cent of young people may try to self-harm at some point between the ages of 11 and 16, but the actual figure could be much higher. In 2014, national figures were published suggesting a 70 per cent increase in 10-14 years olds attending A&E for self-harm related reasons over the preceding 2 years. The action table at the end of this document focuses on recommendations to improve mental health in children and young people.

3) Reduce access to the means of suicide

- 3.7 According to evidence the suicide methods most amenable to intervention are:
- hanging and strangulation in psychiatric inpatient and criminal justice settings
 - self-poisoning
 - those at high risk locations
 - those on rail and underground networks
- 3.8 The City's location and distinctive infrastructure including the high rise buildings, rail and underground networks and the River Thames provide different means for suicide.
- 3.9 In the data obtained from the City of London Coroner we found that between 2009 and 2014 the most common methods of suicide were as a result of drowning or falling from height. A pilot project is currently being introduced to reduce suicides on London Bridge. The action table at the end of this document includes recommendations to target high-risk locations and railways.

4) Provide better information and support to those bereaved or affected by suicide

- 3.10 The NSPS emphasises the need to respond in an effective and timely manner to those bereaved or affected by suicides. Public Health England is a partner in the Suicide

Bereavement Support Partnership, which is the national hub for organisations and individuals working across the UK to support people who have been bereaved or affected by suicide. They have produced 'Help is at Hand', a resource providing both practical information and emotional support for those who are experiencing bereavement resulting from suicide.

5) Support the media in delivering sensitive approaches to suicide and suicidal behaviour.

- 3.11 The Samaritans have produced [advisory media guidelines](#) which provide practical recommendations for reporting suicide across all media. The guidelines aim to prevent any copycat behaviour. Coverage of suicide can have a positive effect by encouraging people to seek help. Sensitive coverage can also help reduce the taboo around talking about suicidal feelings as well as challenging stigma.
- 3.12 The NSPS suggests two key methods of supporting the media in delivering sensitive approaches to suicide and suicidal behaviour:
- promoting the responsible reporting and portrayal of suicide and suicidal behaviour in the media
 - continuing to support the internet industry to remove content that encourages suicide and to provide ready access to suicide prevention service.

6) Support research, data collection and monitoring

- 3.13 The NSPS has three recommendations to support research, data collection and monitoring:
- build on the existing research evidence and other relevant sources of data on suicide and suicide prevention
 - expand and improve the systematic collection of and access to data on suicides
 - monitor progress against the objectives of the NSPS.
- 3.14 City and Hackney completed a suicide audit based on mortality data for City and Hackney residents from the Office for National Statistics and Public Health Knowledge and Data Gateway. Furthermore, data for suicides in the City of London was collected from the Coroner directly.
- 3.15 The City of London Police can also provide data on attempted suicide by analysing Section 136 data. The Police can use section 136 of the Mental Health Act to take a person to a place of safety when they are in a public place. They can do this if they think a person has a mental illness and is in need of care.

4 Action table

- 4.1 The action plan below is built around the key areas for action as described in the NSPS, which have been tailored to address the need in the City of London.

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Name	Suicide Prevention Action Plan		
Duration:	2017-2020		
Relevant strategies:	Mental Health Strategy		
Board responsible for monitoring plan:	Health and Wellbeing Board		
Owner:	Nicole Klynman/Poppy Middlemiss		
Implementation date:	June 2017	Review date:	June 2018

Priority:	Reduce the Risk of Suicide in Key high risk groups				
Objective (if applicable):	To reduce the risk of suicide for young and middle-aged men and women				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.1	Promote the training of frontline staff in organisations including the City of London Police, the Metropolitan Police and staff who work near at risk locations in mental health first aid to help them engage men and women in conversations about <ul style="list-style-type: none"> - Wellbeing and mental health - Accessing appropriate information/self-help support 	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> • Number of frontline staff trained • Training material • Promotion of training • Examples where training has been used to good effect 	Public health
1.2	Promote and provide information, training and supporting resources to City employees through Business Healthy member organisations including Small to Medium Enterprises. for SMEs	June 2017	Ongoing (annual Updates)	<ul style="list-style-type: none"> • Information relevant to suicide on the Business Healthy resource pages • Number of Business Healthy members 	Public health Business Healthy
1.3	Support City of London businesses to achieve the London Healthy Workplace Charter award and also to comply with HSE Stress	June 2017	Ongoing (annual	<ul style="list-style-type: none"> • Number of businesses which have achieved the 	CoL Port health and public protection

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Suicide Prevention Action Plan/2017-2020

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Priority:		Reduce the Risk of Suicide in Key high risk groups			
Objective (if applicable):		To reduce the risk of suicide for young and middle-aged men and women			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
	Management Standards and NICE Guidance		updates)	London Healthy Workplace Charter	Business Healthy
1.4	Promote 24/7 crisis hotlines with a marketing campaign targeting primarily resident and City worker males (using Kent's Release the Pressure campaign).	June 2017	Initial 4 week push then ongoing (update to HWBB September 2017)	<ul style="list-style-type: none"> • Tube/rail and digital adverts (June – 17th July) • Number of clicks onto website • Follow up survey (September 2017) 	Public Health
1.5	Train barbers in the City of London to talk to men about emotional health/the Release the Pressure campaign/five to thrive.	June 2017	Ongoing (6 month updates)	<ul style="list-style-type: none"> • Number of barbers who undertake training • Feedback from barbers on how this is perceived and used • Exposure of campaign 	Public Health CCG
1.6	Provide suicide prevention training to primary care professionals	June 2017	December 2017	<ul style="list-style-type: none"> • Number of practice nurses who have had mental health training 	CGG
1.7	Implement the 'Street Triage Pilot'. Advanced Mental Health Practitioner to accompany the City of London Police on callouts at peak times.	May 2017	December 2017	<ul style="list-style-type: none"> • Evaluation of the 'Street Triage Pilot' 	ELFT City of London Police
1.8	Street Pastors to be positioned at high risk locations in the City at high risk times.	June 2017	To begin by June 2018 and ongoing	<ul style="list-style-type: none"> • Street Pastors regularly patrolling the City. 	City of London Police

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Suicide Prevention Action Plan/2017-2020

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Priority:		Reduce the Risk of Suicide in Key high risk groups			
Objective (if applicable):		To reduce the risk of suicide for young and middle-aged men and women			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
1.9	City of London Corporation commissioned services to promote suicide awareness campaign where appropriate	June 2017	To be on website by September 2017 and ongoing	<ul style="list-style-type: none"> Add 'Suicide awareness / prevention' component to Stress and the workplace section of drug and alcohol talks delivered to City businesses. 	WDP Square Mile Health

Priority:		Tailor approaches to improve mental health in specific groups			
Objective (if applicable):		Tailor approaches to improving the mental health of children and young people in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
2.1	<p>Provide training to increase knowledge of children and young people's emotional health, self-harm and suicide risk awareness amongst practitioners across a range of settings, in particular</p> <ul style="list-style-type: none"> school nurses teachers clinicians social Workers police probation staff school staff community workers. 	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of practitioners to have been offered mental health first aid training Number of practitioner to have taken up mental health first aid training 	Public health

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Suicide Prevention Action Plan/2017-2020

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2.2	Improve mental health among specific groups through the implementation of the Mental Health Strategy	April 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Annual progress of the mental health action plan. 	Public Health
2.3	Identify and support children/young people/vulnerable families where children are at risk of emotional and behavioural problems	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Every Looked After Child who needs it has a suicide prevention plan. 	City of London Children's Social Care CHCSB
2.4	Help parents to feel competent in protecting their children from harmful suicide-related content online by raising awareness of e-safety education on good practice in creating a safer online environment for children and young people (as compiled by UK Council for Child Internet Safety (UKCCIS))	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> E-training module for parents to be disseminated to schools. 	CHCSB
2.5	Migrant mental health – Ensure there are services to support migrants and undocumented individuals to access mental health services, particularly Care Leavers.	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Enhanced mental health service commissioned for Looked After Children and Care Leavers 	City of London Children's Social Care
2.6	Social Prescribing – encourage adopting of the Five to Thrive principles to enhance wellbeing, reduce social isolation, provide peer support, reduce depression and build resilience	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Promotion of CCG lead five to thrive campaign 	CCG
2.7	Adapt the Public Health England document 'Identifying and responding to Suicide Clusters and Contagion' so shapes a local response.	June 2017	June 2018	<ul style="list-style-type: none"> Document produced 	CHCSB
2.8	Commission suicide prevention training specific to raising awareness of the risks to children and young people	June 2017	June 2018	<ul style="list-style-type: none"> Deliver 2 courses in the City of London 	Public Health

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Suicide Prevention Action Plan/2017-2020

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Priority:		Reduce access to the mean of suicide			
Objective (if applicable):		Reduce the opportunities people have to commit suicide in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.1	Include suicide risk in health and safety considerations by local authority planning departments and Environmental Health Officers and developers	June 2017	January 2019	<ul style="list-style-type: none"> • Suicide considerations in standard risk assessment/health and safety tick box template. • Suicide considered in Health Impact Assessments 	CoL Planning and Port Health and public protection
3.2	Evaluate 'The London Bridge Pilot' to reduce suicide and attempted suicide at this location	April 2017	September 2017	<ul style="list-style-type: none"> • Evaluation to Health and Wellbeing Board 	Public Health
3.3	Work with the Samaritans, East London Foundation Trust (ELFT) and City and Hackney Mind to develop a sustainable model of suicide prevention developed as part of the Bridge Pilot to City of London Workers	April 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> • Number of people trained • Examples where training has been used to good effect 	Public Health CoLP
3.4	Engage with Transport For London, the British Transport Police and network rail to identify opportunities for further prevention of suicide at their locations	June 2017	Ongoing	<ul style="list-style-type: none"> • Relationship to be built between City of London public health and TFL/BTP/network rail 	Public Health
3.5	Replace the signage on the lifebuoys on the City of London Bridges to contain the message 'dial 999 and ask for the Coastguard'	June 2017	December 2017	<ul style="list-style-type: none"> • New signs on bridges 	RNLI City of London Built environment
3.6	Put RNLI signs on embankments to contain the message 'dial 999 and ask for the Coastguard'.	June 2017	June 2018	<ul style="list-style-type: none"> • Signs on embankment 	RNLI Public health
3.7	Put cameras on City of London Bridges to allow fast identification of which Bridge a person is on if they call, with monitoring at high risk times.	June 2017	December 2017	<ul style="list-style-type: none"> • Cameras on bridges 	One Safe City)

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Priority:		Reduce access to the mean of suicide			
Objective (if applicable):		Reduce the opportunities people have to commit suicide in the City of London			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
3.8	Work with the London Borough of Tower Hamlets and the London Borough of Southwark to get permission to place Samaritans signs on Tower and Southwark Bridges	April 2017	April 2018	<ul style="list-style-type: none"> Signs on Tower and Southwark bridges. 	Public health

Priority:		Provide better information and support to those bereaved or affected by suicide			
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
4.1	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of primary care staff who have received training 	CCG City of London Coroner
4.2	Offer those bereaved as a result of suicide with a Family Liaison Officer (FLO) until the end of inquest	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> Number of people offered FLO Number of people who take up offer of FLO 	CoLP
4.3	Provide bereaved families with an explanation of policies on investigation of patient suicides, opportunity to be involved and information on any actions taken as a result. Refer families to City of London bereavement services web pages	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> Proportion of families who are referred to bereavement services 	CoLP
4.4	Engage city businesses to identify best practice regarding the mental health of its employees and promote it – particularly to those that have already experienced a suicide in their workforce.	June 2017	Ongoing	<ul style="list-style-type: none"> Follow up with businesses who have undergone training Promote the suicide 	CoL Health and Safety Business Healthy

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Priority:		Provide better information and support to those bereaved or affected by suicide			
Objective (if applicable):		Those who are bereaved or affected by suicide to feel informed and supported throughout their experience			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
				prevention agenda within City business groupings such as the City Mental Health Alliance and "This Is Me – In the City" (Lord Mayor's Appeal)	
4.5	Risks to be assessed by the City Corporations Health and Safety Team following on from any suicides in the workplace and any preventative /remedial measures are identified for action	June 2017	Ongoing (annual update)	<ul style="list-style-type: none"> Number of risk assessments undertaken by the CoL Health and Safety team following suicides in City of London businesses 	CoL Health and Safety
4.6	Promote Public Health England 'Help Is At Hand' document to key partners and make available in City libraries	June 2017	July 2017	<ul style="list-style-type: none"> Help is at hand document readily available in libraries. 	Public Health
4.7	Provide accessible, concise information on the processes and standards in a Coroner's inquiry to family members	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Number of families given information 	The Coroner

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Priority:		Support the media in delivering sensitive approaches to suicide and suicidal behaviour			
Objective (if applicable):		The media to report on suicide and suicide behaviour sensitively, taking into account guidance and support from other stakeholders.			
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
5.1	Ensure that local/regional newspapers and other media outlets: <ul style="list-style-type: none"> • provide information about sources of support and helplines when reporting suicide • avoid insensitive and inappropriate graphic illustrations with media reports of suicide • avoid use of photographs taken from social networking sites without relative consent • avoid the re-publication of photographs of people who have died by suicide • report appropriately where there is evidence of a cluster 	June 2017	June 2020	<ul style="list-style-type: none"> • All suicides reported on in a sensitive and appropriate way 	City of London Corporation and CoLP media Teams
5.2	Share the 'Samaritans' Media Guidelines for Reporting Suicide with City Corporation, City Police and NHS media teams and ensure that they are aware of the sensitive nature of suicides	June 2017	June 2020	<ul style="list-style-type: none"> • Number of organisations aware of the Samaritans media guidelines 	The Samaritans
5.3	Challenge, where possible, the publication of harmful or inappropriate material with reference to the updated laws on promoting suicide	June 2017	June 2020	<ul style="list-style-type: none"> • Evidence of challenge of harmful or inappropriate material 	City of London Corporation
5.4	Promote Business in the Community's "suicide post-vention toolkit for employers" to the Business Healthy network	June 2017	June 2020	<ul style="list-style-type: none"> • Posts on the Business Healthy website/ newsletter/ social media (World Suicide Prevention day - 10 September 2017) • Include as a resource in training packs 	Business Healthy Public Health

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Priority:	Support research, data collection and monitoring				
Objective (if applicable):	A comprehensive database of suicide in the City of London to be built				
Ref:	Action:	Start:	End:	Measure/outcome:	Lead officer/partner:
6.1	Share local, national and international data and research on suicide prevention and effective interventions, and identify gaps in current knowledge	June 2017	Ongoing (annual updates)	<ul style="list-style-type: none"> Shared with relevant partners 	Public Health
6.2	Develop the mechanisms for evaluating local suicide prevention work	June 2017	October 2017	<ul style="list-style-type: none"> Evaluation of 'the Bridge Pilot' 	Public Health
6.3	Work with the local Coroner in order to aid accurate data collection and aid the development of targeted suicide prevention strategies	June 2017	Ongoing	<ul style="list-style-type: none"> Joined up working and information sharing between the coroner and public health 	Public Health Port Health and Public Protection
6.4	Routinely collect data on attempted suicide in the City from Section 136 booklets	June 2017	Ongoing	<ul style="list-style-type: none"> S136 data to be collected by the City of London Police and shared with public health 	City of London Police
6.5	Develop an overarching data sharing agreement to allow the sharing of personal level suicide data between partners including the London Ambulance Service, British Transport Police, City of London Police and the City Corporation.	June 2017	December 2017	<ul style="list-style-type: none"> Data sharing agreement in place and signed by all partners 	Safer City Partnership

ⁱ Department of Health, Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives, 2012

ⁱⁱ Department of Health, Preventing suicide in England: Two years on, Second annual report on the cross-government outcomes strategy to save lives, 2015

NOT PROTECTIVELY MARKED