

<b>Committee(s):</b>	<b>Dated:</b>
Health and Wellbeing Board	15 June 2018
<b>Subject:</b> Suicide Prevention Action Plan Annual Update	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services City of London Police Commissioner	<b>For Information</b>
<b>Report author:</b> Tizzy Keller – Strategy Officer, DCCS	

### Summary

This report updates members of progress on the City of London Suicide Prevention Action Plan which is a jointly produced document between the City of London Corporation and the City of London Police.

### Recommendations

The Health and Wellbeing Board Members are asked to:

- Note the report and the progress of the actions within the Suicide Prevention Action Plan.

### Main Report

#### Background

1. Following the transfer of public health from the NHS to 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. Suicide is one of the top twenty leading causes of death for all ages worldwide. Suicide is a major issue for society and a serious but preventable public health problem. Suicide can have lasting harmful impact economically, psychologically and spiritually on individuals, families, and communities. While its causes are complex and no strategy can be expected to completely prevent suicide, there is much that can be done to ensure that we reduce the likelihood of suicide and to ensure support is available for people at their most vulnerable.
3. Data from the coroner confirmed that there were 34 completed suicides in the City of London in the five years from 2009 to 2014. Seven of these were residents of the City of London and 27 were non-resident.
4. The most common method between 2009-2014 was drowning in the Thames (32%), followed by falling from a height (26%). Nationally hanging is the most common method in both men and women. This inconsistency with national data is likely due to the preponderance of structures (tall buildings and bridges

crossing the River Thames) in the City providing the means to commit suicide. Drowning as a method of suicide had a particular increase in recent years.

5. In January 2016 the Health and Wellbeing Board signed off the City of London's first Suicide Prevention Action Plan. Following the first annual update of the plan delivered to the Health and Wellbeing Board in January 2017 and given the progress in completing many of the actions the Board agreed the document should be refreshed. Suicide prevention a public health led initiative within the City Corporation, however much of the frontline response to suicide is delivered by the Police; therefore it was agreed that the new action plan should be a joint document between the Corporation and the Police.
6. The Board approved the new action plan in June 2017. The Suicide Prevention Action Plan Working Group consisting of representative from Public Health, the CCG, City of London Police, the Samaritans, the RNLI and Port Health and Public Protection meets twice a year to update on their areas of work and ensure the actions are progressing.

## **Current Position**

7. The City of London Suicide Prevention Action Plan (attached as Appendix One to this report) outlines the ways in which the City of London and local partners aim to work towards a reduction in suicides among the resident and worker populations of the City of London as well as those who may travel to the City of London with the intention of committing suicide. It includes six priority areas taken from the National Suicide Prevention Strategy (NSPS) with accompanying recommendations which have been tailored to address our local needs.
8. Overall objectives of this action plan are to are to:
  - Reduce suicide rates in the at risk populations (residents, workers and those who travel to the City to commit suicide)
  - Provide better support for those bereaved or affected by suicide
9. This paper updates Members on the progress of the new Suicide Prevention Action Plan. The cover reports highlights key success and discusses the actions that have been delayed or encountered barriers. Overall progress of the action plan has been very good with 34 out of 41 actions on-track or complete.

## **Objective 1: To reduce the risk of suicide for young and middle-aged men and women**

10. The Release the pressure Campaign launched in summer 2017. It is estimated that the adverts were seen a total of 50 million times in the four week initial campaign and the City's mental health webpages increased by 10x. In February 2018, Dragon Café in the City pilot began. This is as an open, calm and quiet space that promotes mental wellbeing and runs a range of free activities for all residents and workers in the City.

11. The Mental Health Street Triage pilot began in May 2017 for 4 nights a week. In its first 7 months, it reduced the number of potential section 136's by 41%, saving time and resources for the CoLP and the NHS. The City of London Corporation have agreed funding to extend the service to 7 nights a week from June 2018.
12. Market research was done to ascertain interest by barbers to talk part in training to discuss emotional health with their customers (Action 1.5). The vast majority of the barbers we spoke to said they would not be interested in attending training or implementing this campaign. Instead of progressing this action on a wide-scale as planned, we will invite staff from the barber shop who were interested to a training session and consider rolling it out wider based on their feedback.

**Objective 2: Tailor approaches to improve mental health of children and young people in the City of London**

13. As part of the CAMHS transformation programme, staff at Sir John Cass school have undergone children's mental health training and will be allocated a school mental health worker. Additionally, the police ran a youth suicide awareness session aimed at young people and the people who work with them in May 2018.
14. Action 2.7 to produce a local suicide clusters and contagion protocol has been delayed. A draft version has now been produced and is being amended before sign off.

**Objective 3: Reduce the opportunities people have to commit suicide in the City of London**

15. Following the London Bridge Pilot, work has continued to reduce suicides from the City's bridges. Samaritans signs are now up on 4 City bridges (London, Tower, Southwark and Blackfriars) and we have put RNLI signs on the embankments and replaced signs on lifebuoys to contain message 'dial 999 and ask for the coastguard'. We have now developed a sustainable model of delivery with the Samaritans for our Suicide Awareness Training sessions, we have run two successful paid for sessions and plan to run four annually.
16. The evaluation of the Bridge Pilot was delayed due to a lack of resource however it is now underway, and a first draft should be ready by August 2018.
17. Action 3.7 to put monitored CCTV cameras on City has stalled as the Ring of Steel programme has ended and a new Secure City programme begins. They do have some CCTV coverage of the bridges, but it is not being routinely monitored. The police currently have no time scale for when they expect the new cameras to be operational.

**Objective 4: Provide better information and support to those bereaved of affected by suicide**

18. The Coroner's office is now fully staffed and they routinely support families and provide information on their needs. All staff have been trained in this and the

Senior Coroner is introducing new processes to ensure this continues as routine procedure.

19. The police offer a Family Liaison Officer (FLO) to all residents bereaved by suicide in the City but do not have the resources to allocate an FLO to all suicides that occur within the Square Mile (Action 4.2). however, the Coroner's office do offer support to all families of suicide victims that occur within the Square Mile.

**Objective 5: Support the media in delivering better approaches to suicide and suicidal behaviour**

20. We have supplied the Samaritans media guidelines to with local and regional newspapers in the City. The corporation and Police communications teams follow up as standard when the guidelines have not been followed.

**Objective 6: Support research, data collection and monitoring.**

21. The City and Hackney Suicide Audit 2014-16 has been produced and is awaiting sign off. The coroner regularly provides data to the Public Health team and there is good data sharing between the City of London Police and the Public health team. Additionally, the BTP and London Underground have started providing data on suicides and suicide interventions at stations in the City.
22. The action to develop and implement an overarching data sharing agreement (Action 6.5) stalled when the One Safe City programme ended due to a lack of permanent resource within the Corporation to look after cross cutting information sharing. While information sharing has improved over the last year, a data sharing agreement would enable more detailed information to be shared between partner agencies.

**Appendices**

Appendix 1 – City of London Suicide Prevention Action Plan

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