

	<b>Health and Wellbeing Board</b> <b>20<sup>th</sup> July 2017</b>
<b>Title</b>	<b>Tackling health inequalities in Barnet including suicide prevention</b>
<b>Report of</b>	Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix 1 - Inequalities in life expectancy Appendix 2 - Suicide prevention report Appendix 3 – Thrive London briefing
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## Summary

This paper provides an analysis of life expectancy inequalities in the borough. It suggests that there has been no significant change in life expectancy inequalities.. The drivers of these inequalities are examined.

There is evidence nationally that areas with high levels of deprivation have higher rates of suicide, which is not observable locally.

The 2017 suicide prevention report and action plan has been completed. Local preventative actions in 2016 are reviewed and an action plan for 2017 presented.

## Recommendations

- 1. That the Health and Wellbeing Board notes the analysis of life expectancy inequality (at Appendix 1).**
- 2. That the Board approve the 2017 suicide prevention report and action plan (at Appendix 2).**
- 3. That the board notes the launch of the Thrive London mental health programme.**

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 This report has been produced in response to a query raised in November 2016 about an apparent increase in life expectancy inequality reflected in the 2016 borough health profile produced by Public Health England.
- 1.2 It also shares with the Board the 2017 suicide prevention report and action plan and a briefing on the Mayor of London's Thrive programme which identifies suicide prevention as one of the priority areas for action on mental health in the capital along with understanding of mental health, community resilience, targeted prevention for children and young people and employment support.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The analysis of life expectancy inequalities has been provided in response to a health and wellbeing board request.
- 2.2 The 2017 suicide prevention report and action plan is shared to allow the board oversight of suicide rates in the borough and preventative actions.
- 2.3 The Thrive programme sets out ambitious aspirations for mental health and aims to galvanise city wide action. Barnet has innovative examples of good practice that have helped to inform these aspirations and we aim to share these and to learn from good practice elsewhere.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The suicide prevention report and action plan is reviewed annually with partners updating on actions undertaken and planned and future intentions shared and reviewed.
- 4.2
- 4.3 Members of the public health team also engage with suicide prevention planning at the Barnet, Enfield and Haringey and London levels.

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 The Council's Corporate Plan (2015-2020) identifies a commitment to increasing health and well-being and reducing health inequalities as a central theme in all activities across the council by 2020.
- 5.1.2 The Joint Health and Wellbeing Strategy (2015-2020) includes a commitment to monitor life expectancy inequalities and recognises the annual prevention report and action plan produced by public health.

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 Public health staff facilitate the production of the suicide prevention report. The actions included are the commitments of the respective partners that choose to contribute.
- 5.2.2 Actions owned by public health are expected to be delivered within existing staffing resources.
- 5.2.3 Public health has provided £9k from the public health grant in 2016/17 to support bereavement support of residents affected by suicide.

### 5.3 **Social Value**

- 5.3.1 Not applicable.

### 5.4 **Legal and Constitutional References**

- 5.4.1 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following:

- To directly address health inequalities through its strategies.

- To promote partnership and, as appropriate, integration, across all necessary areas.

### 5.5 **Risk Management**

- 5.5.1 Suicide prevention is shared responsibility of a wide range of agencies and the borough action plan is the product of those partners' commitments. Delivery of those actions is the responsibility of the partners individually. A six monthly progress review meeting is held with partners in order to identify any delivery issues.
- 5.5.2 Communication regarding suicides is inherently sensitive because of the potential for suicide contagion. Samaritans have produced media guidelines and these have been shared with communications and with local press.

### 5.6 **Equalities and Diversity**

- 5.6.1 The life expectancy inequality report describes the scale of variation in life expectancy across the borough based on deciles of deprivation as well as some of the drivers of those inequalities.
- 5.6.2 Variation in suicide rates locally are not statistically significant, although given the small numbers involved only very large differences would be observable.

### 5.7 **Consultation and Engagement**

- 5.7.1 The suicide prevention report is produced through the work of a workgroup that involves a wide variety of statutory and voluntary/community sector organisations and service users.

### 5.8 **Insight**

- 5.8.1 Data has been drawn from a wide variety of national and local data sources as referenced in the respective reports.

## **6. BACKGROUND PAPERS**

- 6.1 Health and Wellbeing Board, 10<sup>th</sup> November 2016, agenda item 6, Joint Health and Wellbeing Strategy Implementation plan annual report.  
<https://barnet.moderngov.co.uk/mgAi.aspx?ID=19442>