



## Health Overview and Scrutiny Committee

5<sup>th</sup> Feb 2018

<b>Title</b>	<b>Suicide Prevention in Barnet</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 A - Suicide prevention report 2018
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### Summary

This report provides a summary of local arrangements for suicide prevention and progress in delivering the 2017/2018 action plan. In the light of national guidance it is suggested that committee review progress annually.

### Officers Recommendations

1. That the committee note the suggestions of the Health Select Committee Inquiry into Suicide Prevention, local arrangements for suicide prevention and progress in delivering the 2017/2018 suicide prevention action plan ahead of it being refresh for 2018/2019.
2. That the committee receives an annual report on suicide prevention.

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

- 1.1 The Government published a response to the Health Select Committee Inquiry into suicide prevention in July 2017 and indicated that Local Authority Health Overview and Scrutiny Committees should be involved in the review of local suicide prevention action plans.
- 1.2 A multi-agency working group was created to develop and review an annual suicide prevention action plan in 2014.
- 1.3 Annual reports on actions have been reviewed by the Director of Public Health and the 2017/18 report was presented to the Health and Wellbeing Board in July 2017.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 To ensure local governance arrangements in line with those proposed nationally in response to the Health Select Committee Inquiry.

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

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 It is intended that a report will be brought to the committee annually to review progress and identify any challenges.

## **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 The Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.1.2 The Health and Wellbeing Strategy includes focus on improving mental health and wellbeing for all and makes specific reference to the suicide prevention action plan.
- 5.1.3 The Joint Strategic Needs Assessment identifies the suicide rate in Barnet and compares this with the national rate.

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

- 5.2.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.2.2 There are no dedicated financial resources for suicide prevention and attention has been drawn to this nationally. NHS England has indicated that it will distribute £5 million to CCG for suicide prevention in 2018/2019 and a further £10m in each of the next two years. The details of how this are expected to be distributed in due course.

### **5.3 Social Value**

- 5.3.1 N/A

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

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities - provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities: "To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

## 5.5 **Risk Management**

5.5.1 The scope and delivery of the actions outlined in the suicide prevention action plan are dependent on partners' willingness and capacity as there is no statutory authority for councils to require partners to take action.

5.5.2 Six monthly reviews meetings of the working group have been introduced to ensure opportunities for partners to flag any delivery challenges at an early stage and to allow partners to anticipate any impacts.

## 5.6 **Equalities and Diversity**

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of Policies and the delivery of services.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues.

5.6.4 Variations in suicide rates by age and sex are described in the report. Attention has been paid locally to other characteristics but low numbers make it impossible to make any statistically robust conclusions. National analysis of suicides suggests higher than average rates amongst the LGBT community and new mothers.

## **5.7 Corporate Parenting**

- 5.7.1 A review of suicide prevention arrangements for children and young people will take place this place and implications for corporate parenting identified.

## **5.8 Consultation and Engagement**

- 5.8.1 A voluntary sector representative sits on the suicide prevention local work group to ensure that their views, those of mental health service users and the broader community are represented.

## **5.8 Insight**

- 5.8.1 The data presented in the suicide prevention report is taken from Office of National Statistics, Public Health Outcomes Framework and from an audit of local coroner office records.

## **6. BACKGROUND PAPERS**

- 6.1 The suicide prevention action plan for 2017/2018 was discussed at the Health and Wellbeing Board:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=9140&Ver=4>