

Suicide Prevention Report in Barnet: A report to the Health Overview Scrutiny Committee – February 2019

Purpose of Report

This report provides an update on suicide prevention in the Borough since February 2018. It provides an overview of available data on suicide and self-harm and an update on delivery of the 2018/2019 action plan. Partners involved in suicide prevention in the Borough will review these actions together in March and produce a 2019/20 plan.

Local Context:

Barnet Public Health initiated a multi-agency working group to create a suicide prevention plan in 2014. It brings together a range of local partners including representatives from the Barnet Clinical Commissioning Group, Coroner's Office, Police, Ambulance services, NHS, Children's and Adult Social Care, Network Rail, and the Voluntary and Community Sector. The group provides a platform for partners to share intelligence, identify and review local suicide prevention activities, to explore opportunities for future collaboration between the partners and agree actions.

The remit of the suicide prevention group is to:

1. Create an annual action plan which reflects government and NHS strategies
2. Maintain an overview and report on suicide rates and report any trends or patterns through an annual report
3. Report and share learning from local services on suicide related incidents
4. Maintain an overview of rates of self-harm as a key indicator of suicide risk through an annual report
5. Maintain an overview of reports of suicidal behaviour in the local media and ensure they are delivering sensitive approaches to suicide and suicidal behaviour
6. To promote activities directly aimed at reducing suicides and supporting those bereaved by suicide
7. Support research, data collection and monitoring
8. Track policy developments and best practice from national and other organisations, and learn from the best practice/experience of other suicide prevention groups and plans.

The first Barnet Suicide Prevention Report and Action Plan was completed in March 2015 and has since been refreshed annually. Following the recommendations from the Health Select Committee Report, the report and action plan was shared with Health Overview Scrutiny Committee in February 2018 and is intended to return annually.

Suicide is high on the government’s agenda and is recognised as a public health responsibility¹. The national guidelines suggest a number of key priority areas for local authorities, which includes:

- **Prevention:** to reduce the suicide rate in the general population and to prevent and respond to self-harm
- **Post-vention:** to provide better support for those bereaved or affected by suicide

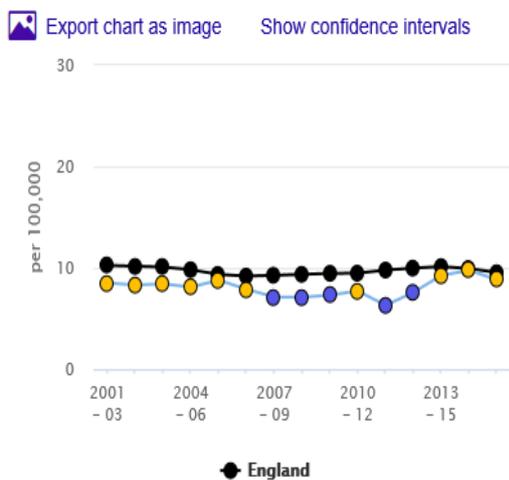
This report will therefore give an overview of the published data on suicide and self-harm, followed by local data on the Barnet Bereavement Service.

Death by suicide in Barnet:

The most recent data available from the Office of National Statistics (ONS) reflects the deaths that were registered in 2017 after review by the coroner. The coroner process is lengthy meaning that suicide statistics take some time to be confirmed.

The data suggests a slight decrease in the 2015-17 period as compared to 2014-16. The 2015-17 rate is below that for England although this difference is not statistically significant.

Suicide: age-standardised rate per 100,000 population (3 year average) (Persons) ■ Barnet Directly standardised rate - per 100,000



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	London	England
2001 - 03	71	8.5	6.6	10.8	10.1	10.3
2002 - 04	68	8.3	6.4	10.6	10.0	10.2
2003 - 05	69	8.4	6.5	10.7	10.0	10.1
2004 - 06	66	8.1	6.2	10.4	9.7	9.8
2005 - 07	74	8.8	6.9	11.1	9.2	9.4
2006 - 08	67	7.9	6.1	10.1	8.8	9.2
2007 - 09	63	7.1	5.4	9.2	8.5	9.3
2008 - 10	64	7.1	5.4	9.1	8.5	9.4
2009 - 11	69	7.3	5.7	9.3	8.4	9.5
2010 - 12	71	7.7	6.0	9.8	8.4	9.5
2011 - 13	58	6.3	4.8	8.2	8.0	9.8
2012 - 14	68	7.6	5.9	9.7	7.8	10.0
2013 - 15	84	9.3	7.3	11.5	8.6	10.1
2014 - 16	91	9.8	7.8	12.1	8.7	9.9
2015 - 17	85	8.9	7.0	11.0	8.6	9.6

Source: Public Health England (based on ONS source data)

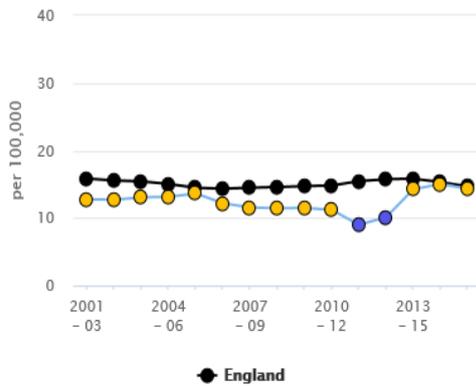
The data below show the rates for males and females.

¹ Department of Health (2012) Preventing suicide in England: A cross-government outcomes strategy to save lives. HM Government, Department of Health

The rate for males has decreased slightly from **15.1 to 14.3** per 100,000 in the period 2015-2017 but this is not statistically significant.

Suicide: age-standardised rate per 100,000 population (3 year average) (Male) ■ Barnet Directly standardised rate - per 100,000

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Recent trend: -

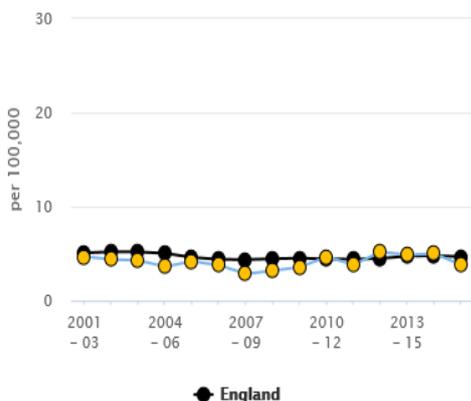
Period	Count	Value	Lower CI	Upper CI	London	England
2001 - 03	52	12.8	9.4	16.9	14.9	15.9
2002 - 04	50	12.7	9.3	16.9	14.8	15.6
2003 - 05	51	13.1	9.6	17.4	14.8	15.4
2004 - 06	50	13.1	9.6	17.5	14.7	15.1
2005 - 07	55	13.6	10.2	17.9	14.0	14.5
2006 - 08	50	12.2	9.0	16.2	13.5	14.4
2007 - 09	50	11.6	8.5	15.4	13.0	14.5
2008 - 10	49	11.5	8.4	15.3	13.2	14.6
2009 - 11	51	11.5	8.5	15.3	12.9	14.7
2010 - 12	48	11.2	8.2	15.0	12.8	14.8
2011 - 13	39	9.0	6.3	12.4	12.3	15.5
2012 - 14	43	10.1	7.2	13.8	12.3	15.8
2013 - 15	60	14.3	10.8	18.5	13.4	15.8
2014 - 16	67	15.1	11.5	19.3	13.4	15.3
2015 - 17	67	14.3	11.0	18.4	13.1	14.7

Source: Public Health England (based on ONS source data)

The rate for females has decreased from **5.0 to 3.8** per 100,000 2015-2017 but again this is not statistically significant.

Suicide: age-standardised rate per 100,000 population (3 year average) (Female) ■ Barnet Directly standardised rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	London	England
2001 - 03	19	4.7	2.8	7.4	5.7	5.1
2002 - 04	18	4.4	2.6	7.0	5.6	5.2
2003 - 05	18	4.3	2.5	6.8	5.5	5.2
2004 - 06	16	3.6	2.0	6.0	5.0	5.0
2005 - 07	19	4.2	2.5	6.6	4.7	4.6
2006 - 08	17	3.8	2.2	6.1	4.4	4.4
2007 - 09	13	2.9	1.5	4.9	4.2	4.4
2008 - 10	15	3.2	1.7	5.3	4.1	4.5
2009 - 11	18	3.6	2.1	5.7	4.3	4.5
2010 - 12	23	4.7	2.9	7.0	4.2	4.4
2011 - 13	19	3.8	2.3	6.0	4.1	4.4
2012 - 14	25	5.2	3.3	7.7	3.7	4.5
2013 - 15	24	4.9	3.1	7.3	4.1	4.7
2014 - 16	24	5.0	3.2	7.5	4.2	4.8
2015 - 17	18	3.8	2.2	6.1	4.4	4.7

Source: Public Health England (based on ONS source data)

Suicide by Age

The annual statistical bulletin from ONS gives an overview of registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. Although the report does not tell us anything specific about Barnet, it does give us a useful national context.

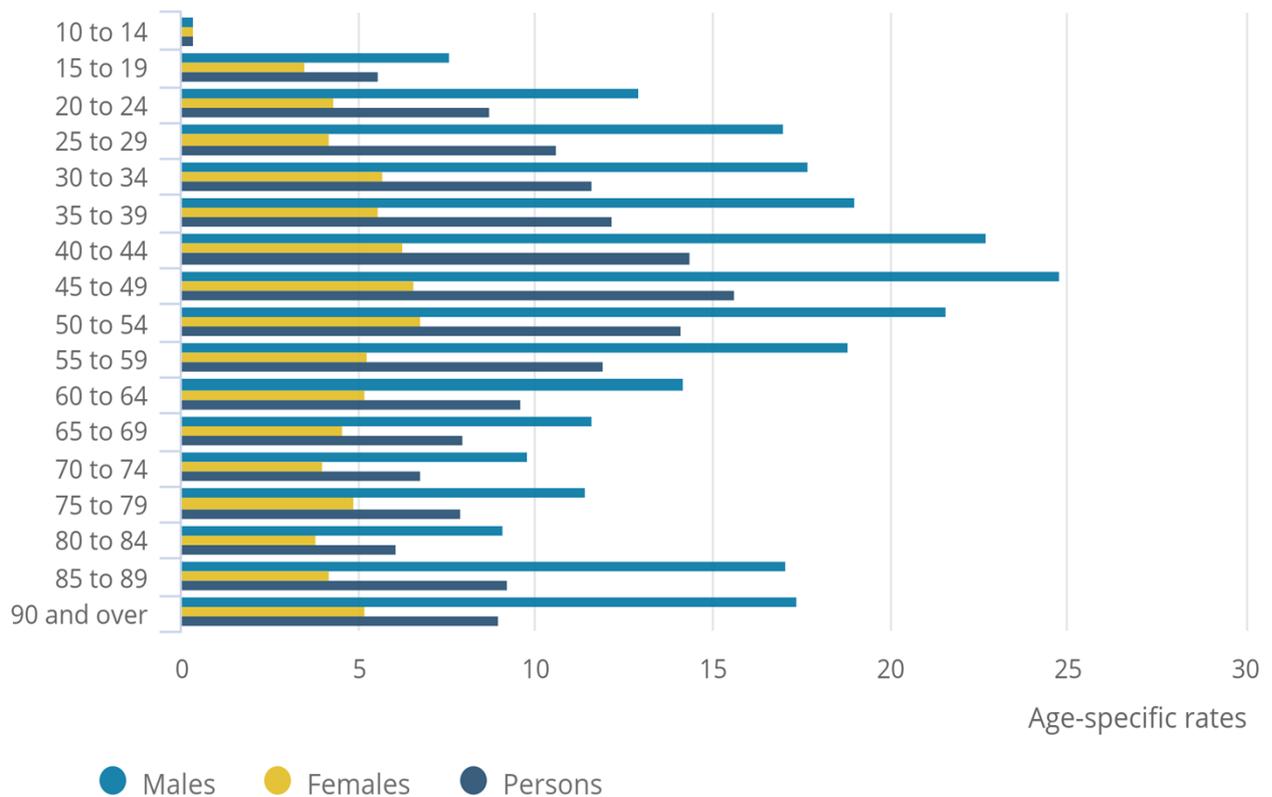
When looking at age-specific rates of suicide in 2017 among all persons the rates increase with age, being highest among 45- to 49-year-olds (15.6 deaths per 100,000 population).

By sex, males aged 45 to 49 years had the highest rate at 24.8 per 100,000 males, while females aged 50 to 54 years had the highest rate at 6.8 per 100,000 females.

The rates then decrease until the age of 80 to 84 years, after which they begin to rise. The suicide rate among people aged 85 years and over was higher than at 60 to 84 years.

When compared with rates from the previous year, males aged 80 to 84 years saw a significant decrease in the age-specific suicide rate, from 14.7 deaths per 100,000 in 2016 to 9.1 deaths per 100,000 in 2017, a decrease of 38.1%. There were no significant changes from 2016 to 2017 for any of the age groups for females.

Age-specific suicide rates by sex and five-year age groups, UK, registered in 2017



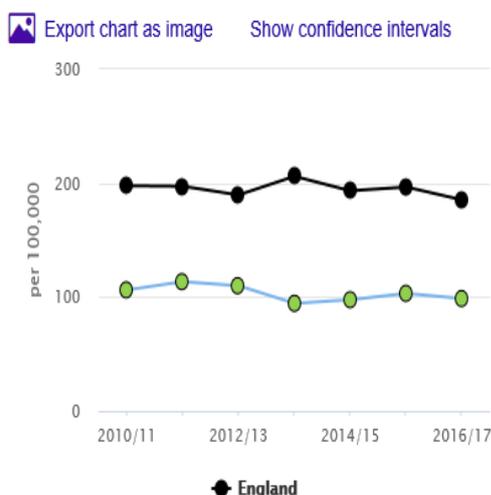
Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

Self-harm in Barnet

In the Public Health Outcomes Framework, self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. It is important to note that following an episode of self-harm there is a significant and persistent risk of suicide which varies between genders and age groups.

Approximately 99% of hospital attendances for intentional self-harm are severe enough to warrant hospital admission. The graph below shows rates of emergency admissions for self-harm for all people in Barnet since 2010/11. Rates have similar throughout this period with no significant change.

Barnet has consistently had a significantly lower rate than England but has been higher than London in 15/16 and the 16/17. The rate for London has been on a declining trajectory.



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	London	England
2010/11	400	106.3	95.9	117.4	112.2	197.6
2011/12	429	113.5	102.8	124.9	107.3	197.2
2012/13	405	109.9	99.3	121.4	102.8	189.6
2013/14	356	94.5	84.7	105.0	106.5	205.9
2014/15	379	97.7	87.9	108.2	96.7	193.2
2015/16	399	103.2	93.2	113.9	93.8	196.5
2016/17	386	98.7	89.0	109.1	84.1	185.3

Source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to Public Health England Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England. Analysis uses the single year of age grouped into quinary age bands, by sex.

Death by suicide rates compared with Barnet, Enfield, Haringey and England:

The table below compares Barnet with Enfield and Haringey, with whom the borough shares mental health services. The table shows the overall age-standardised suicide rate is not statistically significantly different. Barnet and Haringey are also not statistically different to England. Enfield however is statistically better than England.

Table 1. The age-standardised suicide rates per 100,000 population in Barnet, Enfield, Haringey and London.

	Barnet		Enfield		Haringey		England
	Rate*	Count**	Rate*	Count**	Rate*	Count**	Rate*
All	8.9 (7.0-11.0)	85	6.8 (5.1-8.9)	57	10.3 (7.0-12.3)	64	9.6 (9.4-9.7)
Male	14.3 (11.0-18.4)	67	10.7 (7.7-14.4)	44	15.2 (10.3-21.3)	46	14.7 (14.4-15.0)
Female	3.8	18	3.2 (1.7-	13	4.7	18	

	(2.2-6.1)		5.6)		(2.7-7.5)		4.7 (4.5 - 4.8)
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*Suicide Rate (age standardised per 100,000) 2015-2017

**Count (Number of suicides recorded in period)

Barnet Bereavement Service

There is a lot of research on the profound effect a death by suicide can have on families and communities^{2,3}. There is clear evidence that one suicide can trigger a cluster of other suicides, within families and communities^{4,5,6}.

Barnet Bereavement Service offer bereavement counselling to residents above 18 years of age. The service is delivered by volunteers who are trained as Bereavement Counsellors. They also offer service for those affected by suicide.

The service receives referrals from a wide-range of partners including GP's, Psychiatrists, Mental Health Services, Increasing Access to Psychological Therapies (IAPT) Services, Social Workers, Self-referrals, Third Party Referrals, Wellbeing Hub, Police, Drug and Alcohol Services, Hospitals, The Network.

Table 2 Barnet Bereavement Service referral data

	2017-18	2018-19 (until end of December 2018)
Number of referrals	182	150
Number of people received bereavement support	182	150
Number of people received bereavement support affected by suicide	3	5

² Alexander, David A Susan Klein, Nicola M Gray, Ian G Dewar, John M Eagles. Suicide by patients: questionnaire study of its effect on consultant psychiatrists BMJ 2000;320:1571-4

³ Seguin M et.al. (2014) Reactions Following a Patient's Suicide: Review and Future Investigation Taylor and Francis Online Professionals Pages 340-362
<https://www.tandfonline.com/doi/abs/10.1080/13811118.2013.833151>

⁴ McKenzie N and Keane M 2007. Contribution of imitative suicide to the suicide rate in prisons. Suicide Life Threat Behav. 2007 Oct;37(5):538-42.

⁵ Niedzwiedz, C., Haw, C., Hawton, K. and Platt, S. (2014), The Definition and Epidemiology of Clusters of Suicidal Behavior: A Systematic Review. Suicide Life Threat Behav, 44: 569-581. doi:10.1111/sltb.12091

⁶ Pitman A, Osborn D, Rantell K, King M. (2016) Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3,432 young bereaved adults. BMJ Open 6:e009948. doi:10.1136/bmjopen-2015-009948

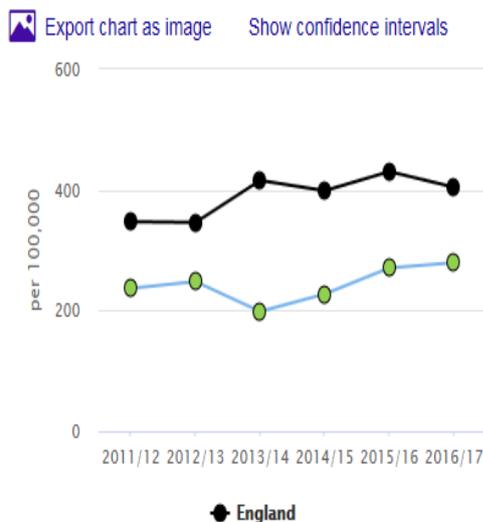
Cerel et al (2018) found that⁷ each suicide can emotionally affect up to 135 people. Bereavement support should be available to close family and friends who are at a 1/10 chance of suicide themselves. The above figures therefore, look very low given numbers of suicides in Barnet. We need to improve post-vention service for those bereaved by suicide.

Self-harm in children and young people in Barnet:

There is data available from the Public Health Outcomes Framework showing the number and rate of admissions as a result of self-harm in 10 to 24 year-olds, broken down into age groups.

The graph below shows the trend for all a young people aged 10-24. Although the graph shows a gradual upward trend, this is not statistically significant and the rate in 2016/17 was not significantly different to that in 2011/12. The Barnet rate is higher than London but lower than England.

Hospital admissions as a result of self-harm (10-24 years) Barnet Directly standardised rate - per 100,000



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	155	236.9	201.1	277.3	193.5	347.4
2012/13	161	248.2	211.3	289.6	201.0	346.3
2013/14	129	198.6	165.8	236.0	228.0	415.8
2014/15	148	227.5	192.4	267.3	203.8	398.8
2015/16	176	270.8	232.2	313.9	209.5	430.5
2016/17	184	279.4	240.4	322.8	197.2	404.6

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

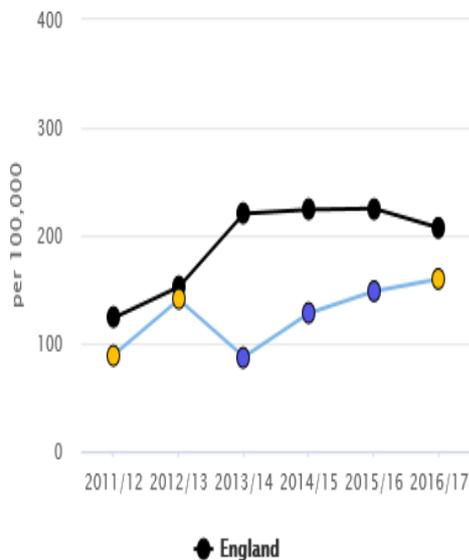
The graph below shows a gradual upward trend in self-harm incidents in those aged 10-14, although this is not statistically significant. The rates in Barnet are generally similar to London and lower than England, although they were higher in 16/17 indicating a different pattern in London and England.

⁷ Cerel et al 2018 - not out yet but due out at this link in the next week or two - estimates 135 people affected by each suicide [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1943-278X/earlyview](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1943-278X/earlyview)

Hospital admissions as a result of self harm: Crude rates per 100,000 (10-14 yrs) Barnet

Crude rate - per 100,000

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Recent trend: ➔

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	19	89.6	53.9	139.9	83.1*	123.8
2012/13	30	140.7	94.9	200.9	109.2*	152.5
2013/14	19	87.7	52.8	136.9	122.5*	220.5
2014/15	28	128.1	85.1	185.1	105.7*	224.1
2015/16	33	148.5	102.2	208.5	110.2*	225.1
2016/17	37	159.8	112.5	220.3	102.1*	207.2

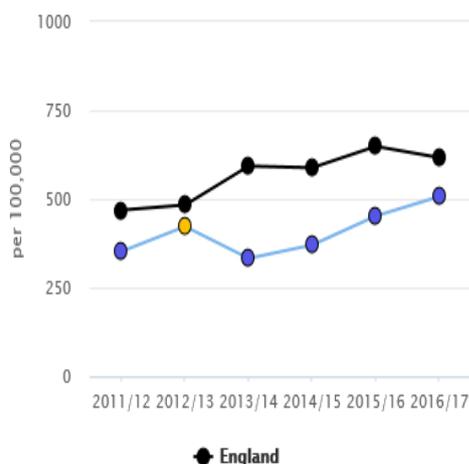
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

The graph below also shows a gradual upward trend in self-harm incidents in those aged 15-19 but this is not statistically significant. The rates in Barnet are generally similar to London and England, although they were higher in 16/17 indicating a different pattern in London and England.

Hospital admissions as a result of self harm: Crude rates per 100,000 (15-19 yrs) Barnet

Crude rate - per 100,000

[Export chart as image](#) [Show confidence intervals](#)



Recent trend: ➔

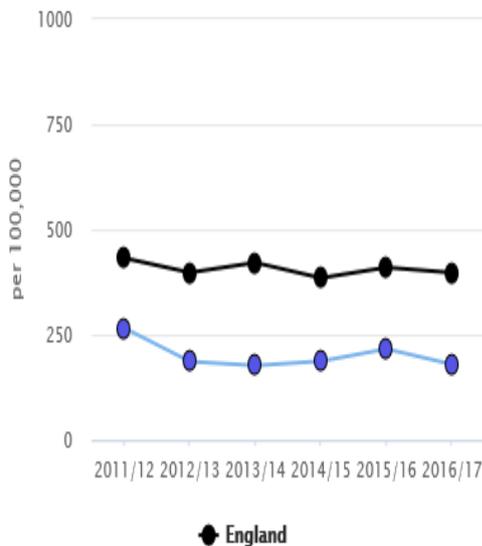
Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	73	352.5	276.3	443.2	272.7*	469.2
2012/13	87	422.8	338.6	521.5	300.0*	483.6
2013/14	70	333.0	259.6	420.7	346.2*	593.3
2014/15	78	370.8	293.1	462.8	305.1*	588.6
2015/16	95	452.5	366.1	553.1	322.7*	648.8
2016/17	106	507.4	415.5	613.7	305.2*	617.1

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

The final graph below shows a gradual downward trend in self-harm incidents in those aged 20-24, although this is not statistically significant. The rates in Barnet are generally similar to London and England.

Hospital admissions as a result of self harm: Crude rates per 100,000 (20-24 yrs) ■ Barnet Crude rate - per 100,000

 [Export chart as image](#) [Show confidence intervals](#)



Recent trend: ➔

Period	Count	Value	Lower CI	Upper CI	London	England
2011/12	63	266.0	204.4	340.3	221.9*	432.3
2012/13	44	186.5	135.5	250.4	211.8*	398.1
2013/14	40	177.0	126.5	241.1	223.6*	421.5
2014/15	42	187.4	135.0	253.3	203.7*	385.0
2015/16	48	216.3	159.5	286.8	199.3*	410.3
2016/17	41	179.9	129.1	244.0	188.6*	397.9

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Given the above information, it is possible to say that the overall upward trend in hospital admissions as a result of self-harm in people aged 10-24 is driven by increases in school age children.

Local Suicide Prevention Actions

Last year's suicide prevention meeting was held in March 2018 and was attended by partners from Barnet Council, Barnet Clinical Commissioning Group (BCCG), Barnet Enfield Haringey Mental Health Trust (BEHMHT), Barnet Adult Substance Misuse Service, primary care, the police, and North London Samaritans. The Action Plan for 2018-19 was agreed in this meeting. Progress against this plan can be seen in **Appendix 1**.

APPENDIX 1

Suicide Prevention Plan 2018-19 – End of Year Review (provisional)

Action & Topic Area	Lead partner/s	Status & timescale	Progress	Closed
Communications				
1. To raise concerns about irresponsible reporting of deaths resulting from self-harm in the local press with Samaritans as these occur; and engage with the local media where appropriate to ensure that deaths are reported in line with the Samaritans media guidelines.	Public Health (PH) and ALL partners to monitor and raise	Ongoing	Monitoring action – no local incidents reported. Considerable attention nationally to social media.	N/A
2. Ensure all services that provide suicide prevention related support are recorded on the Barnet Community Directory and are searchable by “suicide” and “self-harm” key words.	PH	December 2018	<ul style="list-style-type: none"> Barnet Bereavement Service information is now uploaded on the Community Services Directory. We invite partners to inform us if there are any other services providing suicide prevention support in Barnet. 	
Pathways and access				
3. Establish pathway for those bereaved by suicide to receive a copy of “Help is at Hand” within 48 hours/ where possible, when contact is first made with the family/friend of the deceased individual. https://www.nhs.uk/Livewell/Suicide/Documents	PH, Police, London Ambulance Service (LAS)	Dec 18	<ul style="list-style-type: none"> Meetings held with police partners resulted in the Police working across Barnet, Brent and Harrow being offered Making Every Contact Count (MECC) training. PH plan to amend the MECC training to include providing information on available services. 	

/Help%20is%20at%20Hand.pdf	Bereavement Service		<p>MECC training will be online as requested by the Police and is due to commence in April 2019. The pathway around Police attendance at a suicide has now been mapped. There are difficulties with storage and carrying the help is at hand leaflets but a solution to this is being sought. All Police data relating to suicide is processed centrally in London.</p> <ul style="list-style-type: none"> Public Health met Barnet Bereavement Service to discuss currently unable to engage in the pathway development with us. We will now look to alternative services including options at North Central London. 	
4. To understand the care pathway for people who present to A&E with self-harm, suicidal ideation or suicide attempts.	PH/CCG/Royal Free London/BE HMHT/Primary Care	Dec 18	<p>The pathway has been reviewed by partners:</p> <ul style="list-style-type: none"> All patients presenting to A&E with suicidal ideation are seen by the psych liaison service Most patients are seen within 4 hours More young people are admitted All patients admitted have a deliberate self-harm assessment and safety plan At the discharge, communication with GPs not always seamless. <p>A working group is ongoing which aims to improve present arrangements, safety planning at the point of discharge and communication with primary care and other</p>	

			agencies.	
5. Understand the response from crisis resolution home treatment team following inpatient discharge.	Barnet CCG/Enfield CCG/Primary Care	Dec 18	<ul style="list-style-type: none"> There are challenges with capacity in the crisis team. BEHMHT currently conducting an internal review. Learnings will be shared with this group in the annual meeting in March 2019. 	
6. Ensure pathway from IAPT into mental health teams facilitates patients being supported by the IAPT programme who experience suicidal ideation to be supported effectively and quickly.	BCCG	Dec 18	<ul style="list-style-type: none"> BEHMHT have an internal pathway which is much improved from previous IAPT service. Process and protocols will be shared prior to the March meeting. 	
Data and Reporting				
7. Further exploring opportunities for suicide prevention at a London level, particularly the recommendation to develop a co-ordinated system for reporting data from coroners and other sources (such as the police) that could act as an early warning.	Thrive London	March 19	<ul style="list-style-type: none"> The Thrive Suicide Prevention Group has commissioned a provider to develop an information exchange portal to facilitate sharing of information about suspected suicides and enable local suicide prevention planning, post-vention and support for the bereaved. Once available details of the portal will be shared with partners. 	
8. Mapping what local data sources and notifications are available on self-harm and suicide related incidents to: <ul style="list-style-type: none"> Inform operational responses Understand local systems and 	PH, CCG, Community Safety, Police, LAS, British	Dec 18	<ul style="list-style-type: none"> Sharing of information about self-harm and suicide attempts is greatly complicated by information sharing restrictions. Partners report that clients are overwhelmingly reluctant to allow information to be shared. 	

<p>processes</p> <ul style="list-style-type: none"> • Improve intelligence 	<p>Transport Police (BTP), Adults Social Care</p>		<p>Discussions are underway considering whether assurances about the use of data might help to secure permissions.</p> <ul style="list-style-type: none"> • Efforts to ensure consistent access to Coroners records is being pursued at a London level and via BEHMHT networks. 	
<p>9. Understand what specific support could be available for vulnerable groups: specifically, Lesbian Gay Bisexual Transgender (LGBT), Looked After Children (LAC), people at risk of reoffending.</p>	<p>Child Death Overview Panel (CDOP) working group, PH Community Safety</p>	<p>December 18</p>	<ul style="list-style-type: none"> • PH will review policy and literature available relating to suicide in adult groups at risk such as LGBT and offenders and share in the March 2019 meeting. 	
<p>A focus on Children and Young people</p>				
<p>10. Thematic review of response to self-harm and suicide in young people being undertaken on behalf of the Barnet Safeguarding Children Board (BSCB).</p>	<p>BSCB working group</p>	<p>October 18</p>	<ul style="list-style-type: none"> • Thematic review is complete. 	
<p>11. Understand best practice for suicide prevention pathways in schools and assess local application.</p>	<p>BSCB working group</p>	<p>October 18</p>	<ul style="list-style-type: none"> • The thematic review has led initiation of a working group to reviewing prevention infrastructure in schools, response to self-harm and suicidal incidents. 	
<p>12. Understand the support for young people</p>	<p>PH</p>	<p>December</p>	<p><u>Middlesex University</u></p>	

<p>experiencing mental health concerns in local colleges and universities.</p>		<p>18</p>	<ul style="list-style-type: none"> • The University offers a wide-range of counselling and mental wellbeing support including drop-in sessions, online support, face-to-face and group sessions. • There is a 24/7 listening service is available. <p><u>Barnet & Southgate College</u></p> <ul style="list-style-type: none"> • The college also offers workshops promoting positive mental health, keeping safe and keeping well and age appropriate bespoke workshops. Students struggling are identified and supported individually on their needs. Where students need further support direct referrals to local services and contact GPs where appropriate. 	
<p>13. Establish pathway for offering support to young people who are bereaved by suicide.</p>	<p>PH, Police, LAS, Bereavement Service, Samaritans</p>	<p>December 19</p>	<ul style="list-style-type: none"> • A further workgroup has been initiated reviewing post-vention support with a view to developing a Borough best practice checklist for different agencies. 	
<p>14. Review the pathways from A&E for young people who present with self-harm</p>	<p>CDOP working group and linked to action 4</p>	<p>October 18</p>	<ul style="list-style-type: none"> • A workshop bringing together partners is reviewing current practice for safety planning at the point of discharge from A&E. • Challenges over delays in planned discharge from acute services have been noted. 	

