

	<h2>Health Overview and Scrutiny Committee</h2> <h3>11th July 2019</h3>
<p style="text-align: right;">Title</p>	<p>Suicide Prevention in Barnet</p>
<p style="text-align: right;">Report of</p>	<p>Director of Public Health</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>Yes</p>
<p style="text-align: right;">Enclosures</p>	<p>Suicide prevention action plan 2019/20</p>
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<h3>Summary</h3>
<p>This report follows a review of the most recently available suicide data and progress in delivering the 2018/19 action plan for suicide prevention in February.</p> <p>It provides a summary of the annual review held in March and the planned activity for 2019/20.</p>

<h3>Officers Recommendations</h3>
<ol style="list-style-type: none"> 1. That the committee note the 2019/20 suicide prevention action plan and priority areas of work for the year. 2. That the committee continue to receive an annual update on suicide prevention.

1. WHY THIS REPORT IS NEEDED

- 1.1 The February HOSC considered a review of suicide prevention data and delivery of the 2018/19 suicide prevention action plan ahead of the annual

review process in March. An update following the creation of the 2019/20 action plan was requested.

- 1.2 The significance of partnership working in delivering suicide prevention activity was noted and invitations extended to key partners.
- 1.3 Particular opportunities for suicide prevention are presented in the year ahead building on work completed last year and in response to new developments.
- 1.4 Following the thematic review into self-harm and suicidal ideation completed last year, safety planning at the point of discharge for acute services has been reviewed and schools have begun to embed suicide prevention policies and plans.
- 1.5 A local review of suicide prevention in primary care is planned, presenting the opportunity to build good practice.
- 1.6 A post-vention service for those bereaved by suicide is being developed in NCL. This will be a significant advance since research shows that bereavement by suicide is linked to a number of negative health and social outcomes, including depression and an increased risk of suicide and suicide attempts.
- 1.7 A London wide information sharing hub will also present new opportunities for suicide prevention by allowing any emerging trends to be identified quickly and facilitating signpost of those affected by suicide to sources of support.
- 1.8 Opportunities for more preventative action on mental health, substance misuse and domestic violence are being explored and the engagement of a local academic specialist presents the potential for collaborative research.

2. REASONS FOR RECOMMENDATIONS

- 2.1 To ensure local partnership working in support of suicide prevention in Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 Suicide prevention actions are conducted by a range of partners throughout the year. Public health facilitates workshops to ensure coordination where required and the annual review and update in March.

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 It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

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 were described in the February report to HOSC. 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 The implications for corporate parenting of any developments in suicide prevention activity for children is kept under review.

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 No new data is presented since the February report to HOSC.

6. BACKGROUND PAPERS

Suicide prevention report to HOSC Feb 2019:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MId=9510&Ver=4>