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| <u>Meeting</u> Health Overview and Scrutiny Committee |
| <u>Date and time</u> Wednesday 19th October, 2022 At 7.00 pm |
| <u>Venue</u> Hendon Town Hall, The Burroughs, London NW4 4BQ |

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

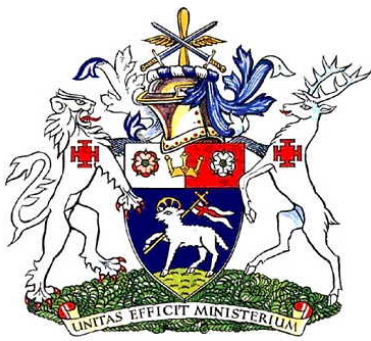
| Item No | Title of Report | Pages |
|---------|---|--------|
| 10 | Suicide Prevention Strategy Annual update – to follow. | 3 - 44 |

tracy.scollin@barnet.gov.uk Tel 020 8359 2315

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Health Overview and Scrutiny Committee

19th October 2022



| | |
|--------------------------------|--|
| Title | Suicide Prevention Annual Report |
| Report of | Director of Public Health and Prevention |
| Wards | All |
| Status | Public |
| Urgent | No |
| Key | Yes |
| Enclosures | Suicide Prevention Annual Report |
| Officer Contact Details | Seher.Kayikci@barnet.gov.uk Julie.George@barnet.gov.uk |

Summary

The Barnet Suicide Prevention strategy was approved by the Health and Wellbeing Board in July 2021. The Barnet Suicide Prevention Annual Report April 2021 – March 2022 provides an update on the actions for the first year of the 2021-25 strategy. The report has three sections:

1. Suicide and self-harm statistics
2. Suicide Prevention Programme Update
3. Future plans

Officers Recommendations

1. That the committee note the key achievements in suicide prevention during 2021/22.
2. That the committee recognise the trends in data related to suicide and self-harm in the last year.
3. That the committee continues to receive an annual update on suicide prevention.

1. WHY THIS REPORT IS NEEDED

- 1.1 This is the first Annual Report since the approval of the Suicide Prevention Strategy. The report provides an overview of the progress on the actions of the Barnet Suicide Prevention Strategy and Action Plan, statistics on suicide and self-harm and the future plans of the Barnet Suicide Prevention partnership to achieve the strategy actions.
- 1.2 The annual report gives an overview of updates from each key theme of the strategy. The action monitoring log can be found in the appendix of the report. This gives an update on each of the actions of the strategy. The future plans of the suicide prevention strategy details the areas in which we will be focusing for the next year.
- 1.3 2021-2022 has been a successful year for the Barnet Suicide Prevention Partnership. Significant progress has been made on the agreed actions across all 8 areas of the strategy, with many completed actions despite working through the second year of the COVID pandemic and challenges posed by cost of living.
- 1.4 Of particular note, the partnership ran a particularly strong suicide prevention campaign, led by public health, which focussed on reducing lives lost to suicide in working-age men. For the three months of the campaign, no suspected suicides were recorded in the Real Time Surveillance System (RTSS), with only a slow increase in numbers since. The campaign is being evaluated with the full report due to be published shortly ready to be published. This work is getting attention across North Central London and in the region.
- 1.5 The report is provided for the Health Overview and Scrutiny Committee to ensure the committee members are sighted on partnership efforts to reduce the lives lost to suicide in the Borough.

2. REASONS FOR RECOMMENDATIONS

The Committee are asked to note the successes of the Barnet Suicide Prevention Partnership, trends in lives lost to suicide and commit to receiving future reports.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 1.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 Consultation on the new national Suicide Prevention Strategy is underway. Public Health will facilitate a series of workshops to agree the action plan for the next two years of strategy by June 2023 to align with the national strategy as well the changing local priorities.

- 4.2 For the duration of this strategy, annual reports will continue to be provided to the Health and Wellbeing Board as well as the Health Overview and Scrutiny Committee. These updates will give the Committee oversight progress towards achieving the strategy.

5 IMPLICATIONS OF DECISION

5.2 Corporate Priorities and Performance

- 5.2.1 The previous Corporate Plan includes a commitment to ensure that people with mental health issues receive support in the community to help them stay well.
- 5.2.2 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.

5.3 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.3.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.3.2 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.
- 5.3.3 Specific funding spent on the 2022/3 Suicide Prevention Campaign is included in the evaluation of that campaign.

5.4 Social Value

- 5.4.1 The stated aim of the Suicide Prevention Strategy is to reduce year on year the number of Barnet residents lost to suicide. The cross-cutting strategic actions fall within the prevention and healthy themes of the social value framework.

5.5 Legal and Constitutional References

- 5.5.1 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."

5.6 Risk Management

- 5.6.1 The Barnet Suicide Prevention Strategy 2021-2025 requires collective effort

across the multi-agency Barnet Suicide Prevention Partnership (BSPP) to reduce the number of lives lost to suicide in Barnet. If the council or partners do not engage with the strategy and progress their actions, it may lead to poor overall delivery of the 2021-23 Action Plan. Poor engagement may also lead to failure to agree a 2023-2025 Action Plan. This could have a detrimental impact on local suicide and self-harm prevention.

5.6.2 The following controls and mitigations are in place:

- 5.6.2.1 The multi-agency Barnet Suicide Prevention Partnership was consulted throughout initial strategy development and co-owns the strategy and action plans. Plans have been adapted in response to feedback.
- 5.6.2.2 The Barnet Suicide Prevention Partnership meets regularly to re-engage partners, align activities, and implement changes based on new insights.
- 5.6.2.3 The strategy includes by design a requirement for all partners to re-engage in 2023 to assess progress, re-prioritise and agree the Action Plan for 2023-2025.
- 5.6.2.4 The Barnet Suicide Prevention Strategy is presented to the Health and Wellbeing Board and included in Barnet's Health and Wellbeing Strategy. Partners' progress against the action plan is reported annually to the Health and Wellbeing Board and to the Health Overview Scrutiny Committee as requested.
- 5.6.2.5 Barnet's Council's Suicide Prevention activities are supported by the North Central London Suicide Prevention Strategy Group and its activities.

5.7 Equalities and Diversity

- 5.7.1 A whole systems approach to suicide prevention has been taken. Particular vulnerable groups have been identified through national evidence and local insight. Actions have been put in place to focus on certain communities and individuals with protected characteristics or who may be at a higher risk of suicide.

5.8 Corporate Parenting

- 5.8.1 The Barnet Suicide Prevention Strategy is an all-age strategy which now includes close collaboration with range of partners with both adult and child focus. Investigations are currently underway to see whether approaches suicide prevention for care leavers piloted in other parts of NCL in response to a Camden Coroners report in 2019 can be extended to Barnet using time-limited funding from the Wave 3 Suicide Prevention Funding.

5.9 Consultation and Engagement

5.9.1 Voluntary sector representatives sit on the suicide prevention partnership to ensure that their views, those of mental health service users and the broader community are represented. A small but very committed group of people who are Experts by Experience are members of the partnership and have a very strong voice in shaping the forward plan.

5.10 Insight

5.10.1 The Joint Strategic Needs Assessment identifies the suicide rate in Barnet and compares this with the national rate.

5.10.2 The new Thrive London's Real Time Surveillance System data enable to compare number of suspected suicides in Barnet against London.

5.10.3 Further information on suicide is provided in the attached annual report.

6 BACKGROUND PAPERS

The full strategy was presented to the Health Overview and Scrutiny Committee for information in July 2021. [Report on the Suicide Prevention Strategy 2021-2025.pdf \(moderngov.co.uk\)](https://www.moderngov.co.uk/~/media/2021/07/2021-2025-suicide-prevention-strategy-report.pdf)



Appendix - Annual
Report Suicide Prever

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Barnet Suicide Prevention Annual Update
April 2021 – March 2022

1. Executive Summary

2021-2022 has been a successful year for the Barnet Suicide Prevention Partnership. The Strategy and subsequent refinements to strengthen the Children and Young People's aspects were agreed by the Health and Wellbeing Board. Progress has been made on the agreed actions across all 8 areas of the strategy, with many completed actions despite working through the second year of the COVID pandemic. The partnership ran a particularly strong suicide prevention campaign, led by public health, which focussed on reducing lives lost to suicide in working-age men. For the three months of the campaign, no suspected suicides were recorded in the Real Time Surveillance System (RTSS), with only a slow increase in numbers since. The campaign is being evaluated with the full report available in July 2022.

However, the Partnership is not complacent, recognising that we may not be reaching our stated aim of reducing the number of lives lost to suicide year on year. The annual number of suspected suicides from the RTSS was 25, which if all are eventually determined by the coroner to be suicides, will represent a slight increase in suicides compared to the average for 2018-2020.

2. Purpose of Report

This report provides an annual update on Barnet Suicide Prevention Strategy and Action Plan as well as the data on suicide and self-harm.

The report has three sections:

1. Suicide and self-harm statistics
2. Suicide Prevention Programme Update
3. Future plans

3. Context

Barnet's Suicide Prevention Strategy 2021-25¹ was approved by Health and Wellbeing Board in July 2021. The partnership delivering the strategy is multi-agency and multi-disciplinary reflecting the complexity of suicidal behaviour. The strategy recognises the negative impact of the pandemic and increased cost of living on mental wellbeing, and the already evident increase in multiple risk factors for suicide and self-harm such as bereavement, social isolation and loneliness², domestic violence, and unemployment³.

In December 2021 the Health and Wellbeing Board noted new amendments to the Suicide Prevention Action Plan. The amendments to the action plan were developed in consultation with partners from Children and Family Services (Early Help & Children's Social Care Services, Barnet Education and Learning Service, and Barnet Integrated Clinical Services), Barnet Enfield and Haringey Mental Health Trust and North Central London Clinical

¹ [Barnet Suicide Prevention Strategy 2021 - 2025_cleared.pdf \(moderngov.co.uk\)](#)

² Office for National Statistics (2020), '[Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020](#)'

³ Office for National Statistics (2021), '[Employment in the UK: May 2021](#)',

Commissioning Group. The amendments have also been shared with Designated Safeguarding Leads from Barnet primary and secondary schools, with their feedback being incorporated on an ongoing basis as delivery plans are further developed. The amendments centred on preventative actions for children and young people and were informed by a recently published National Child Mortality Database review on suicide prevention in children and young people.

We currently receive suicide data from the two main sources: Office for National Statistics which provides registered deaths in England and Wales from suicide analysed by sex, age, area of usual residence of the deceased and suicide method; and Real Time Surveillance System (RTSS) which reports on suspected suicides. The first source is more definitive but is only available after at least a year and is dependent on the coroner processes. The RTSS provides less definitive but much more timely information. This is the first year we have full year and complete data from the RTSS. Self-harm data comes from the Hospital Episodes Statistics.

The first section of this report will provide an overview of suicide and self-harm statistics reflecting the data from multiple sources. In the second section of the report, we will present the achievements of the partnership against the planned actions. The final section will outline our plans for future.

4. Suicide and self-harm statistics

3.1 Death by suicide

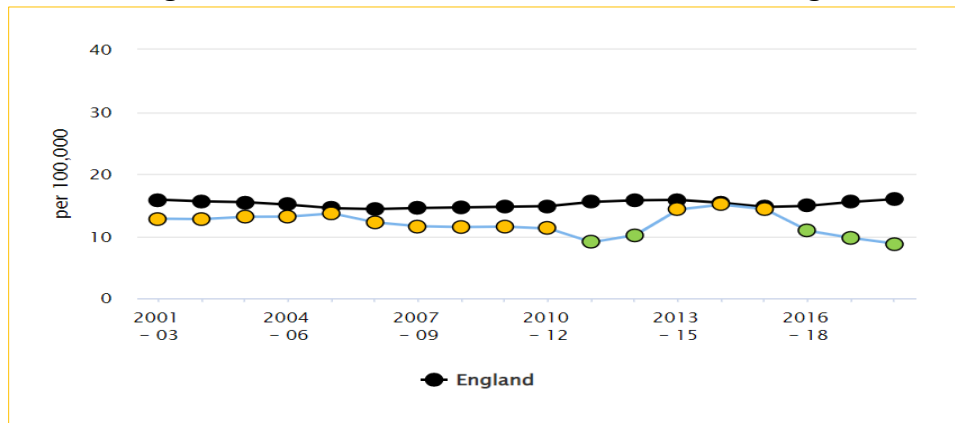
The most recent data available for deaths by suicide is for the three-year period covering (2018-20) for people of ages 10 years and over. The 3-year average age-standardised rate for the 2018-20 period is 5.8 deaths per 100,000 persons per year.

| Deaths per 100,000 (2018-20) | |
|------------------------------|------|
| Barnet | 5.8 |
| London | 8.0 |
| England | 10.4 |

- Suicide rates have been going down in Barnet since 2015
- Barnet rate is the 2nd lowest in London (jointly with Enfield)
- Harrow has the lowest (5.0) while Camden has the highest rate in London 12.7.
- The average number of total suicides per year for Barnet residents is around 20 during the 3-year period 2018-20.

Figure 1 shows that the rate for male suicide has decreased significantly from 14.3 (2015-17) to 8.8 per 100,000 (2018-2020). In line with national statistics, male suicide in Barnet has always been higher than women.

Figure 1. Men’s lives lost to suicide in Barnet vs England



Source: OHID (Suicide Prevention Profile based on Office for National Statistics)

Figure 2 shows that the rate for women’s lives lost to suicide in Barnet has decreased from 5.0 (2014-16) to 2.8 per 100,000 (2018-2020). This is significantly lower than the rate for London 4.0 and England 5.0. In line with national statistics, the number of women’s lives lost to suicide in Barnet has always been lower than men.

Figure 2. Women’s lives lost to suicide in Barnet vs England

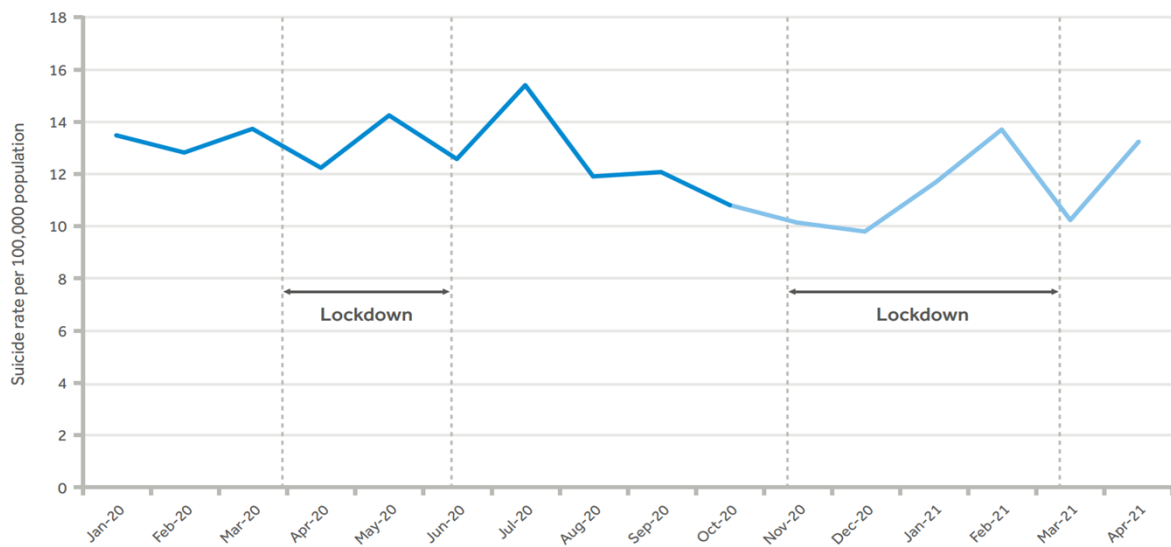


Source: OHID (Suicide Prevention Profile based on Office for National Statistics)

There was a national concern that suicide rates might rise as a result of the impact of pandemic on mental health. However, The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)⁴ did not find such a rise in the number of suspected suicides in the general population in England in the first year of the pandemic.

⁴The National Confidential Inquiry into Suicide and Safety in Mental Health. Annual Report: UK patient and general population data, 2009-2019, and real time surveillance data. 2022. University of Manchester.

Figure 3. Suicide rates from real-time surveillance data in 10 participating STPs in 2020-21



Source: NCISH Annual Report 2022

This finding was reflected in official (post-inquest) statistics from Office for National Statistics (ONS)⁵ released in September 2021. In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000. The decrease is likely to be driven by two factors: a decrease in male suicides at the start of the pandemic and delays in death registrations because of the pandemic.

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. In 2020, males and females aged 45 to 49 years had the highest age-specific suicide rate at 24.1 per 100,000 male deaths (457 registered deaths) and 7.1 per 100,000 female deaths (138 deaths).

3.2 Thrive London Real Time Surveillance System

Thrive London has established Real Time Surveillance System (RTSS) to help prevent further lives lost to suicides and support the provision bereavement services to those affected. Dedicated resource in the Metropolitan Police as of March 2021 has improved the consistency of the data submitted to the RTSS, which increases our confidence in the reporting.

Below we summarise the key data April 2021 – March 2022:

- There were 25 suspected suicides in Barnet within the RTSS system in the past year.

⁵ [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/bulletins/suicidesinenglandandwales/2020)

- If these deaths are all later confirmed as suicide, this would represent a small increase compared to the average number of deaths per year (20) which we saw in 2018-2020.
- We are unable to make comments about trends as this is the first time we received complete data for a year from this system.
- Over four-fifths of lives lost to suicide have been men with 84% of all lives lost reported to date.
- The number of suicides was generally evenly spread across all age bands.
- Around two-thirds of lives lost to suicides in Barnet are in White residents. Asian residents account for just over a fifth of lives lost to suicides in Barnet. Ethnicity data is collected by attending officer on scene and Met Police categories for ethnicity are therefore used in this system.
- In line with the national data, hanging is the most common method of suicide in Barnet accounting for just over half of all suicides. Overdose on medication is the second most common cause.
- The majority of suicides appear to have taken place at home.

The data should be interpreted carefully as it contains both suspected and confirmed suicides. These figures are subject to change post-inquest. More detailed subgroup analysis is not undertaken due to low numbers and risk of potentially identifying individuals.

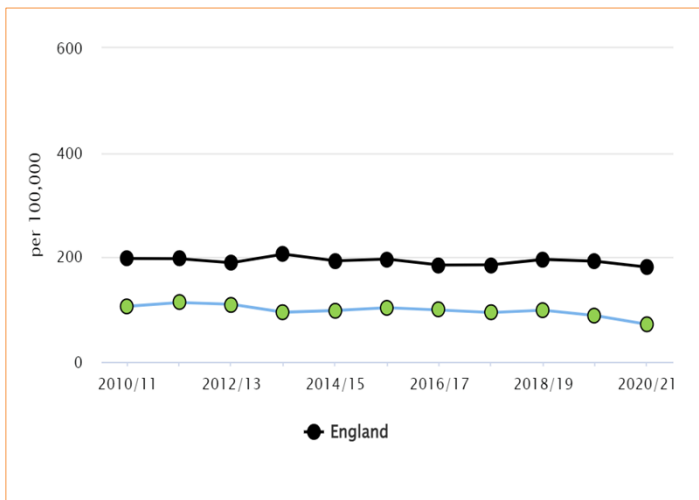
3.3 Self-harm

Self-harm is a crucial indicator of risk and should always be taken seriously, even when the physical harm is minor. While many people who engage in self-harming behaviour do not wish to die, there is research to suggest that individuals who self-harm are at an increased risk of attempting or losing their life to suicide^{6,7}. Self-harm is one of the top five causes of acute admissions. Those who self-harm has a 1 in 6 chance of repeat attendance at A&E within the year.

⁶ Nitkowski, D. & Petermann, F. (2011). Non-suicidal self-injury and comorbid mental disorders: a review. *Fortschr Neural Psychiatr*, 79(1),9-20.

⁷ Paul, T., Schroeter, K., Dahme, B. & Nutzinger, D.O. (2002). Self-Injurious Behaviour in Women with Eating Disorders. *American Journal of Psychiatry*, 159 (3), 409-411

Figure 4: Trends for emergency hospital admissions for intentional self-harm in Barnet

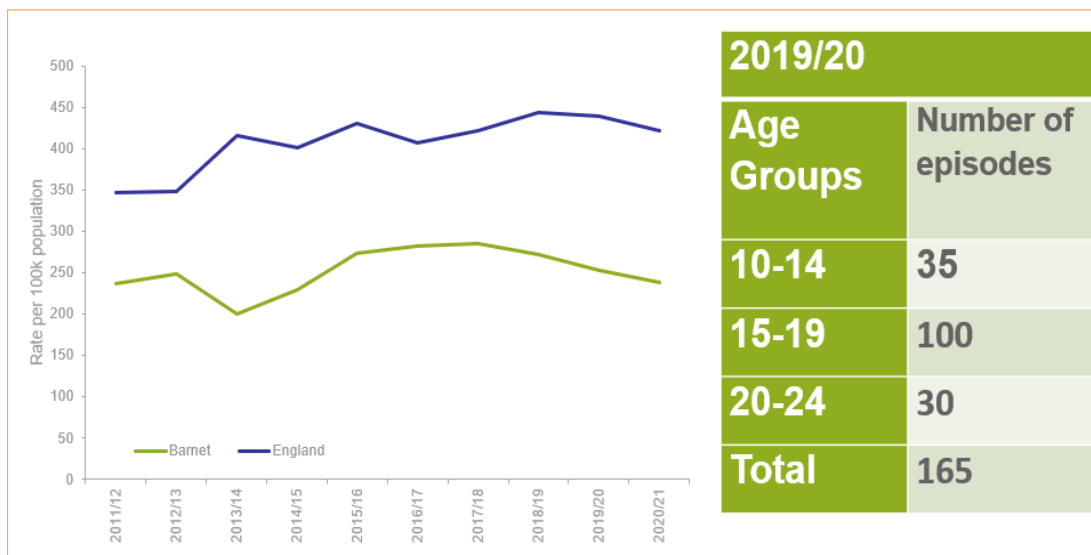


- Self-harm admissions in Barnet have gone down from 88.4 per 100,000 in 2018/19 to 71.8 per 100,000 in 2020/21.
- This is significantly lower than England 181.2 per 100,000.
- Since 2015/16, for the first time, Barnet's rate is lower than London 82.7 per 100,000.
- This is the 9th lowest rate in London.

Source: OHID Fingertips, re-created from Hospital Episodes Statistics.

Figure 5 below shows the trend for all children and young people aged 10-24. The Barnet rate of self-harm per 100.000 population is significantly lower than England. This data refers to episodes of admission and not individual people so the number of people self-harming may be lower.

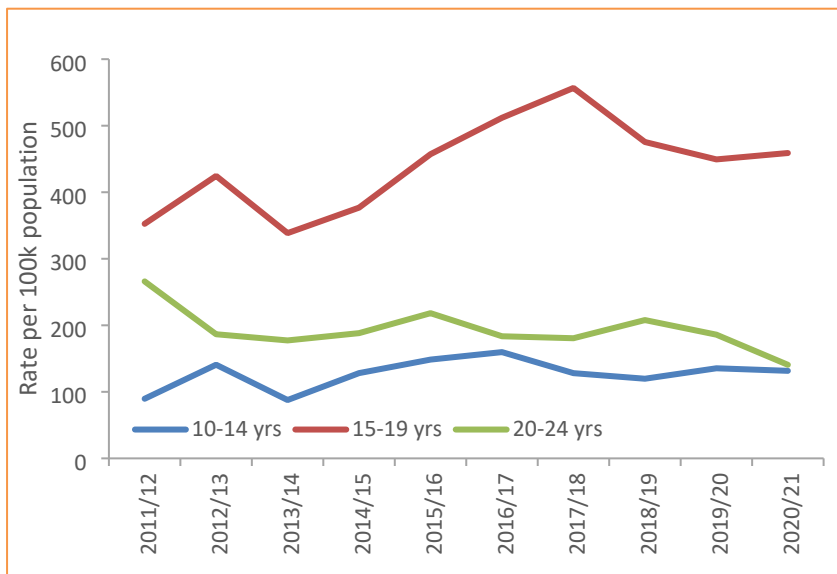
Figure 5: Hospital admissions as a result of self-harm (10-24 years)



| 2019/20 | |
|--------------|--------------------|
| Age Groups | Number of episodes |
| 10-14 | 35 |
| 15-19 | 100 |
| 20-24 | 30 |
| Total | 165 |

Source: Hospital Episode Statistics

Figure 6: Trends in hospital admissions as a result of self-harm, 10-24 years, by age groups



- There is a gradual upward trend in self-harm incidents in those aged 10-14, although this is not statistically significant.
- 15-19 year olds have the highest number of admissions.
- There is a gradual downward trend in self-harm incidents in those aged 20-24, but this is not statistically significant.

Source: Hospital Episode Statistics

4. Suicide Prevention Programme Update

This section provides an update on the way in which Barnet’s Suicide Prevention Partnership implemented strategy actions agreed as well as an update on work across North Central London. The full strategy action monitoring log can be found in Appendix 1.

4.1 Barnet Suicide Prevention Partnership

Below we list our progress by each of the areas within the Suicide Prevention Strategy, listing the aim of each section of strategy for reference at the beginning of the section.

4.1.1 Insights from data, research, and people with lived experience

Aim: Enhanced insights on every suicide that occurs in the borough to inform future prevention work, using both qualitative and quantitative information.

Last year, considerable time was spent in improving our understanding of suicide data, in line with the improvements in the RTSS. Barnet has taken a lead role in developing processes and standard approaches to reviewing and sharing RTSS data across NCL. This is an ongoing process; as we get better at understanding the data, we will review the processes to reflect this. We have also shared our learning across London and national suicide prevention networks.

We began to incorporate learning from the National Child Mortality Database Programme Thematic Review such as wider impacts of exclusion from school through developing guidance for schools to ensure there is multi-agency engagement prior to exclusion including the use of outreach mentors from Pavilion Pupil Referral Unit.

4.1.2 Leadership and collaboration

Aim: Co-ownership of strategic success

In the first year of the strategy, building a strong partnership was the priority. We have secured representation from Children and Young People stakeholders, Family Services, Education, emergency services and residents who are expert by experience to strengthen delivery of our planned actions.

We strongly believe that our partners are committed to suicide prevention: many have identified a suicide prevention lead or a Champion in their organisations. Partners are also eager to support collaborative actions. For example, JAMI led a bid submission to Department of Health on behalf of and with local VCS organisations working in this area. Although the bid was not successful, several organisations joining together in a short period of time and submitting a complex bid itself was such a success.

We are committed to strengthen our links with residents who are bereaved or affected by suicide or with lived experience. We have researched models and best practice on how best to meaningfully involve Experts by Experience (EbE) whilst being mindful of the emotional challenges for them of participating in this work. We have a small group of EbE representatives contributing by shaping our forward plans and raising issues that are appropriate to the work of the partnership.

We are also looking to strengthening how the lived experience of children and young people will be incorporated in our plans, including learning from the My Say Matters consultation, BICS focus groups via their Youth Participation Officer and working with our Peer Champions when established in the academic year of 2022/23.

4.1.3 Awareness

Aim: Everyone that lives, studies, or works in Barnet knows where to find help if they are thinking about suicide or are concerned about someone else.

The main barrier to achieving the aim is stigma around suicide and self-harm. Zero Suicide Alliance (ZSA) training aims to tackle stigma and empower individuals to identify and confidently approach someone who presents suicidal ideation and signpost to services. We have been promoting this training across the borough for staff in statutory organisations, voluntary sector organisations and members of public. The majority of our SPP members have established baseline engagement with ZSA online training in their organisation.

We have also developed a brief resource - MECC (Making Every Contact Count) Factsheet to provide key information about suicide and signposting information about the Barnet self-harm and suicide prevention services as well as some key national resources. MECC factsheets have been circulated to BSPP partners. Barnet Council are rolling out on-line and face to face training on MECC to council staff, our Health Champions, and partners like BOOST to compliment the factsheets and support in having everyday conversations about health and wellbeing. Further plans are being developed to roll the training out other statutory partners.

Through our Resilient Schools Programme and Barnet Education and Learning Services (BELS), and Barnet Integrated Clinical Team (BICS) a significant amount of work with schools in raising awareness of suicide and self-harm and mechanisms for signposting to relevant services has taken place. We made sure that all schools are aware of the stepped care pathway of mental health support and understand how to refer to the range of services that are already in place to support children and young people, for example, including a fuller description of Barnet Integrated Clinical Service, to detail about Raphael House and Terapia services for care-leavers and ongoing communications campaigns to about the service offer for school-age children and their parents and carers.

All schools in Barnet have been offered training for Youth Mental Health First Aid and over 100 schools have taken up the offer. In addition, all Secondary schools are offered Papyrus Suicide Prevention training and regular communications are sent out with links to ZSA and Papyrus training via the school circular. A Peer Champions Scheme for 16-year-olds has been piloted across two schools and procurement of the service underway for implementation in September 2022 across more schools.

We developed a suicide prevention campaign aimed at preventing mental ill-health and suicidality amongst working-aged men, the largest single group who lose their lives to suicide. The campaign was launched in October 2021. The initial focus of the campaign was encouraging men to talk about their mental health, seek help and where possible to support other men in their lives. Three interlinked projects were determined to achieve the aims of the campaign. They were:

- Promotion of 'Stay Alive' App
- Community Outreach targeting men who work in male-dominated industries
- Setting up 'Andy's Man Club' peer to peer support group

The targeted digital promotion of the Stay Alive app was successful in raising awareness of the app amongst men in Barnet. It also raised awareness and increased access to local mental health resources. The direct engagement with men in the construction industry and the Council's depot increased awareness of the campaign products and generated interest in mental health and suicide prevention. We have also improved our understanding about how to best to engage with this group. Andy's Man Club held their first peer support meeting at the end of March with 17 individuals attending. Attendance has continued at similar levels since.

Although it is difficult to definitively measure the impact of the campaign on number of deaths by suicide, we are confident that our campaign has made an impact on breaking down stigma about talking about mental health and encouraging men to talk. We note that over the period of the campaign between November 2021 – January 2022, there were no suspected suicides reported within the RTSS for Barnet. Numbers elsewhere in London did not drop in the same way. A separate evaluation report is currently being completed to describe in more detail what is known about the impact of the campaign.

4.1.4 Interventions

Aim: Provide timely and accessible information at potential trigger events.

We have begun to prioritise suicide intervention training with frontline staff who work with potentially high-risk groups. This included rolling out Mental Health First Aid, Youth Mental Health First Aid, STEPS Suicide Reduction and Bereavement Awareness training to staff groups in Barnet Council, Barnet Homes, BOOST⁸, Department for Work and Pensions, Fire Service, Metropolitan Police and VCSE organisations. We have commissioned Papyrus to provide a three-hour suicide prevention training to schools, Further Education and Higher Education as well as the mechanisms for signposting to relevant services.

BOOST is planning on giving out a flyer to every person who signs up to the service and when clients are six-months unemployed. Barnet Homes will use their *At Home* magazine which goes to all properties including those above 18-meter as well as the Vine Intranet, their website for staff, to raise awareness of suicide prevention.

Resilient Schools is now a universal offer to all schools and provides a whole-school approach to raising awareness and addressing stigma of poor mental health by providing support, training, and support forums for staff. The Public Health Children and Young People team have a new Health Improvement Officer that will add capacity to the suicide prevention work.

We have explored the suitability of the R!pple tool for workplaces and several schools have downloaded the tool onto school laptops. We are promoting the tool in all schools and the wider community. R!pple is a free tool that can be downloaded on to devices which detects when someone searches harmful content about self-harm or suicide online, intercepts and provides support information and messages of hope.

4.1.5 Services and Support

Aim: Ensure that services are available, integrated, accessible, and appropriate for all members of the Barnet community.

Public Health have been working more collaboratively with CAMHS, NCL, VCSE and other partners to sharing learning around co-produced safety plans at points of transition. They include some specific actions to strengthen the existing tailored support arrangements that are in place for some groups. For example, incorporating the learning from the Camden Serious Case Review of Unaccompanied Asylum-Seeking Children into relevant clinical protocols within the Barnet Integrated Clinical Service and into the Public Health Migrant Needs Assessment.

Mental Health services have been undergoing significant transformation nationally and locally to provide mental health services closer to home and intervene at less acute stages

⁸ Boost is Barnet's employment, benefit advice, skills and wellbeing project that helps Barnet residents into work, training, or other forms of support.

of deteriorating mental health. The range of changes are beyond the scope of this report but should support suicide reduction.

4.1.6 Wider determinants of mental health and wellbeing

Aim: Support and improve the mental wellbeing of Barnet residents

All partners who are members of the suicide prevention partnership have a wellbeing offer for their staff - some have very established packages of employee support provision. Mental Health First Aid trained staff or similar are available for colleagues to approach to speak about any mental health matters and signpost individuals to other services/agencies for further interventions. Some organisations are reviewing their mental health and wellbeing policies and looking to develop postvention practice.

Digital Resilience Campaign Film, a co-produced film by young people, is completed and has a launch date of the 24th of June 2022. Generation Verified is a short film that explores young people's experiences of the online world and how they cope with the unique generational challenges that they must navigate in their day-to-day lives.

One example is the Colindale Community Trust which has an up-to-date employee mental health & wellbeing policy. This was renewed after taking part in Barnet Council Public Health Working Well Service and Employee Mental Health Support Training and Management Toolkit in 2021.

4.1.7 Bereavement support

Aim: Provide support to everyone that wants it after bereavement by suicide

North Central London (NCL) Support-After-Suicide Service is funded by grant funding from NHS-E/I and the NCL Directors of Public Health. The service helps those bereaved⁹ by suicide through the intense emotional turmoil of the distress, confusion, and disarray, of the period after a suicide.

The RTSS hub enabled the service to pro-actively engaged with those bereaved by suicide, to provide bereavement support plan and implement short-term interventions and long-term preventative interventions. The service is launched in October 2020, delivered by Rethink Mental Illness. Within the 1st year, the service has supported 99 referrals, have received 90 Thrive RTSS reports and contacted 168 members of the public. Barnet referrals consisted 20% of the total NCL referrals.

In addition to one-to-one support, clients have an option of accessing 12-weekly Suicide Bereavement Group Support, either in-person or online. There are up to 9 members in a group where individuals are brought together by bereavement relationship (e.g., siblings,

⁹ Although the term bereavement is generally used in this document, it is envisaged that anyone significantly affected by a suicide would be eligible for support.

parents, etc.). Each group is run by two facilitators (at least one of whom has lived experience).

The service has been receiving very positive feedback from the clients. Rethink has produced an annual report on their service which provides more details.

4.1.8 Community Response

Aim: Ensure a co-ordinated local response of partners with every death by suicide.

When a person dies by suicide approximately, 135 people suffer grief or are otherwise affected. We therefore needed to ensure a co-ordinated local response of partners with every death by suicide.

JAMI's Emergency Response Initiative Consortium (ERIC) toolkit has been disseminated to all schools. The ERIC toolkit helps schools to respond to sudden traumatic death and suicide and put in place actions to prevent suicide such as training and staff awareness and safeguarding in relation to suicide. Working collaboratively, CAMHS, BICS, BELS, Public Health, and safeguarding, we began to develop Multiple Suicide Response Plans to respond when there are several lives lost to suicide in a short period of time or which share common features. This work is currently focusing on young people but multiple suicide plan for adults is also in the pipeline.

4.2 NCL Suicide Prevention Network and Programme Management

Barnet Public Health Team has been hosting the NCL Programme Manager for Suicide Prevention on behalf of NCL Integrated Care System. This programme has been funded by NHS-E/I as part of the Wave 3 Suicide Prevention Pilot funding to support quality improvement of local suicide prevention plans for three years.

Using NHS-E/I Wave 3 Suicide Prevention pilot monies, programmes have been put in place across North Central London to provide more timely support to those with suicidal ideation or addressing increased risk. These were initiated in some areas in NCL with plans to expand to the remaining areas with the second year of funding. The services included mental health support to care leavers, support to support individuals admitted for self-harm and targeted support to those with suicidal ideation.

5. Future plans for the Barnet Suicide Prevention Partnership

Some of our future plans include:

- Dissemination of suicide prevention campaign evaluation report once complete
- Suicide prevention campaign Phase II – planning to launch in the Autumn 2022
- Multiple Suicide Response Plan for adults including systematic response to RTSS
- Continuation of NCL Support After Suicide service into third year

- WISE before the Event training to be delivered by the Education Psychology team. The latest evidence shows that one of the key factors in suicide prevention is ensuring schools have a coordinated, informed and evidence-based PLAN of how they would respond if there was a student life lost to suicide.
- Continuing to work with BICS Youth Participation Officer and future Peer champions to ensure that the voice of the child informs suicide prevention planning.
- Action plan refresh - building on the learning from the 18 months of the strategy, we will review and co-produce a refreshed action plan for 2023-25

Appendix 1

| Barnet Suicide Prevention Partnership Action Plan Log 2021-23 | | | | | | |
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| Strategic Objective | Action | Outcome Measures | Owner(s) | Date due | Progress (RAG) | Update |
| Insights from data, research, and people with lived experience | | | | | | |
| 1 | a) Barnet will take a lead role in the North Central London (NCL) Suicide Prevention Strategy Group Data & Insights Subgroup to improve local use of RTS data. | o A standardised process for monitoring and acting upon Real Time Surveillance (RTS) has been agreed by the NCL Data and Insights subgroup and implemented locally. | NCL D&I | Feb-22 | Largely completed | The standardised approach has been agreed by the D&I group but requires further structured understanding of data sharing agreements to be ratified by the data owner. Our process for acting on significant new data is being used. |
| | | o A standardised process for assessing whether emerging trends may indicate a potential suicide cluster has been agreed by the NCL Data and Insights subgroup and implemented locally. | NCL D&I | 2022 | In Progress | Discussions have started, but not yet been agreed |
| | | o A process for incorporating NCL Data & Insights Subgroup learnings into Barnet suicide prevention activities has been established. | PH Adults & CYP | Feb-22 | Completed | We have set out the process with clear objectives. The NCL Data and Insight Group has been meeting regularly and sharing data across the key NCL partners. We will continue to develop our approach, but we now have basic mechanisms for responding to insights gathered through regular reporting to BSPP. |

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| | | o A protocol to improve real-time data sharing across agencies during the investigation of potential suicide clusters has been developed and implemented to strengthen information sharing arrangements between Child and Adolescent Mental Health Services (CAMHS) and the Barnet Multi-Agency Safeguarding Hub (MASH) where children are a known risk of suicide. | BEH CAMHS /NCL/PH/FS | Autumn 2022 | In Progress | Step 1. Develop and agree the Multiple Suicides Response Plan. Step 2. Ensure ISA (Information Sharing Agreement) is in place. |
| | b) Review and improve how recommendations from Child Death Overview Panels, learning and thematic review meetings and the child death review meetings are shared with the BSPP and incorporated into our actions. | o An agreed process for learning to be shared has been established. | PH CYP | 2021 | In Progress | Meeting held with Tony Lewis, Partnership Manager, Barnet Safeguarding Children Partnership. Tony Lewis attending suicide prevention partnership board and Jayne Abbott to attend BSCP meeting to strengthen partnership working |
| | c) Incorporate relevant learnings from Drug Related Death Panels into our suicide prevention activities. | o Learnings from Drug Related Death Panels are shared with the BSPP regularly and recommendations for action are incorporated into Action Plan 2023-25. | PH Adults | Sep-22 | Not Started | Drug-related Death Panels have yet to be set up. Once this is done, findings will be incorporated into the action plans. |
| 2 | d) Review if there is an increased risk of death by suicide across NCL in Eastern European communities and communities disproportionately affected by COVID-19. | o NCL RTS insights report is shared with the data and insights group. | NCL D&I | 2021 | On-going | Started to share RTS data & insight across NCL, including quantitative data such as demographics, locations, and methods of suicide, as well as analysis of narrative entries and identification of common themes to support prevention efforts. Not able to establish through RTSS if issues with Eastern European |

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| | | | | | | communities. Mentions of COVID are tracked. |
| | e) Use local health service data to track rates of self-harm. | o The annual BSPP progress report incorporates data on local rates of self-harm. | NCL CCG | Sep-22 | Completed | Current annual report incorporates self-harm data. |
| | f) Work as part of the North Central London Suicide Prevention Group to understand how across the sector we can work to best to prevent suicides in the context of the criminal justice system. | o Recommendations for local action from the NCL Suicide Prevention Group are incorporated into our Action Plan 2023-25. | NCL SP | 2023 | Not Started | |
| | g) Review the findings from the Camden Serious Case Review report of Unaccompanied Asylum Seekers (UASC) to consider the learnings for Barnet. | Recommendations from the review incorporated into the Public Health Needs Assessment on Refugees and Asylum Seekers and to inform the UASC clinical protocol being developed within family services | NCL/PH/BICS | 2022 | In Progress | Review findings from the SCR Camden report have been shared to inform Public Health migrants needs assessment and UASC clinical protocol. Follow up meeting underway after review of the documents Limited funding exists to extend Brandon Centre type intervention for Barnet. |
| Leadership and collaboration | | | | | | |
| 3 | a) Partners will collaborate to deliver their committed actions | Updated Terms of Reference for the BSPP have been agreed. | All partners | Dec-21 | Completed | Agreed in December 2021 BSPP meeting |

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| for 2021-23, and we agree new priorities and actions in 2023. | o BSPP partners will report annually on successful completion of actions and make recommendations for adjustments. | | Jun-22 | Completed for 2022 | Received for June 2022 annual report |
| | o Ensure appropriate services for children and young people are included in the partnership. | | | Completed | Have invited all the relevant partners and individual leads. New actions were fed into the strategy document. |
| | o A biennial Action Plan is agreed for 2023-25. | | 2023 | Not Started | |
| b) People with lived experience are equal partners in the BSPP and represented in all meetings and workstreams, including hearing the voices of children and young people with lived experience through appropriate channels. | o Meet our aim for more than 90% of BSPP meetings and workstreams to have people with lived experience represented. | PH Adults | Mar-23 | Completed | EbE attend partnership meetings and have pre-meet with Strategy officer to gain insights and be supported to participate. |
| | o Meet our aim for more than 90% of BSPP meetings and workstreams to have representation from the Barnet Integrated Clinical Service (BICS) Youth Engagement Officer to ensure that the voice of children and young people with lived experience is represented. | BICS | 2022 | In Progress | BICS involvement officer attended February 2022 BSPP and having follow up meetings with PH CYP team to agree approach. |
| | o Explore how to involve children and young people with lived experience of child and adolescent mental health services (CAMHS) and recommend actions to include their voices. | BEH CAMHS/NCL/PH CYP | 2022 | In Progress | CAHMS contacted in light of Clinical Leads departure for agreement on way forward. |

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| | | o Via the Child Participation and Family Involvement (My Say Matters) consultation, ensure young people's voices are sought and heard. | FS | 2023 | In Progress | Barnet Family Services launched My Say Matters on 31 May 2022. The strategy sets out the way we are going to work with and involve children and young people so they can tell us what they think, help us make decisions, design, and shape our services. |
| | c) Partners will advocate for suicide and self-harm prevention within their organisations | o Partners have a named suicide and self-harm prevention champion. | All partners | Jun-23 | In Progress | Majority have named champion |
| | | o Barnet council has an exemplar corporate approach with enhanced policies, procedures, and practices to addressing risk of suicide and self-harm and supporting those affected by suicide. | Barnet Council | Dec-22 | In Progress | Discussions started, no plan in place yet |
| 4 | d) Ensure the actions within this strategy are aligned with suicide prevention activities across the borough, across North Central London (NCL) and London-wide. | Barnet Public Health will actively participate in the North Central London (NCL) Suicide Prevention Group and Thrive London Suicide Prevention Group. | Selected partners | Dec-21 | Completed | Ongoing. Barnet PH has been leading on NCL SP group and has been active in Thrive London group. Barnet PH has also participated in national learning set and has been sharing successes from Barnet |

| Awareness | | | | | | |
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| 5 | a) All partners of the BSPP will internally promote the Zero Suicide Alliance (ZSA) online training. | o Partners have established baseline engagement with ZSA online training in their organisation and agreed a trajectory for an increase in uptake over the remainder of this strategy. | All Partners | Dec-22 | In Progress | Promoting it as part of SP working-aged men campaign October 2021 onwards. LFB, Inclusion Barnet, Met police, Community Barnet, Colindale CT raised awareness of training |
| | b) Promote suicide prevention training for all primary care staff. | ZSA or other suicide prevention training has been promoted or offered to all primary care staff | NCL CCG | 2023 | Not Started | |
| | c) Raise awareness of suicide and self-harm in all schools and mechanisms for signposting to relevant services. | o Report the proportion of Barnet schools taking part in the Resilient Schools programme, with an aim to increase the level from 50% to 75% by the end of academic year 2021/22. | PH CYP | 2022 | In Progress | 78 Barnet schools are on the programme with all schools invited as part of the universal offer |
| | | o All Barnet schools have a Youth Mental Health First Aider. | PH CYP | 2022 | In Progress | |
| | | o A localised self-harm prevention toolkit based on the Essex self-harm prevention toolkit has been produced and shared with all schools. | PH CYP | 2022 | Not started | New PH Health Improvement Officer will start this piece of work once in post |
| | | o Emotional health support by school nurses is promoted via PSHE and assemblies in all schools. | PH CYP | 2022 | In Progress | New provider, Solutions4Health commissioned and establishing new relationships in Q1. Further update for Q3/Q4 |
| o Facilitate information and experience sharing between schools; raise awareness of issues; share best practice at relevant meetings e.g., Head Teachers, Deputy Head Teachers/Assistant Head Teachers, SENCo, Pastoral Leads, Designated Safeguarding Leads. | BELS | 2022 | In Progress | Ongoing | | |

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| | | o Ensure the curriculum in each school includes the promotion of effective mental health/well-being strategies for students. Follow up with any schools where this is identified as a concern to offer further support. | BELS | 2022 | In Progress | As part of School Effectiveness Visits and training offered to schools through BPSI, EP service and IAT |
| | | o Explore raising awareness of wider impacts of exclusion from school; develop guidance to schools and ensure offer of multi-agency engagement prior to exclusion including the use of outreach mentors from Pavilion Pupil Referral Unit | BELS | 2022 | In Progress | As part of Recovery, Reset and Renaissance Project. Ran two conferences for schools on reducing black exclusions project. PRU outreach mentors have reported positive impact. |
| | | o Ensure that all schools are aware of the stepped care pathway of mental health support and understand how to refer to appropriate services. | BELS/PH CYP/BICS/BEH CAMHS | 2022 | In Progress | Presentation from BICS at the DSL briefing BICS/LAC / UASC / refugee offer of services is being advertised in various forums, meetings, from attending information events at schools and town halls, to meetings with voluntary organisations and provision within hotels. Updating website around content re BICS clinical offer |
| | | o All schools to be offered to suicide prevention training through Papyrus and ZSA. | PH CYP | 2022 | In Progress | |
| | d) Raise awareness of suicide and self-harm in further education and higher education settings and mechanisms for signposting to relevant services. | o All further education settings have a self-harm and suicide prevention document within their safeguarding policy. | PH CYP | 2022 | In Progress | Updating website around content re: BICS clinical offer |
| | | o All further education settings have a suicide prevention champion. | NCL SP | 2022 | In Progress | The Thrive London & Papyrus offer of free suicide training has been shared with all further education settings, Middlesex University and Barnet and Southgate college |

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| | | o Facilitate information and experience sharing between further education settings; raising awareness of issues; sharing best practice (e.g., Young People's Thrive Service). | BELS | 2022 | In Progress | Ongoing regular agenda item at meetings with schools |
| | | o Ensure that all further education settings are aware of the stepped care pathway of mental health support and know how to refer to appropriate services. | BELS/BICS/ PH CYP/ BEH CAMHS | 2022 | In Progress | BICS/LAC / UASC / refugee offer of services is being advertised in various forums, meetings, from attending information events at schools and town halls, to meetings with voluntary organisations and provision within hotels Updating website around content re: BICS clinical offer |
| 6 | e) Maintain an up-to-date, brief resource that clearly signposts the first place to turn to in Barnet for self-harm and suicide prevention services. | o Maintain an online 'one-page' resource for adults signposting to local self-harm, suicide prevention, and crisis support. | NCL CCG / PH Adults | Dec-21 | Completed | MECC factsheet on Adult Suicide Prevention has been created and published on council website. MECC factsheet also to be created for CYP. |
| | | o Refresh the Making Every Contact Count (MECC) CYP mental health action card and share with partners. O MECC card is reviewed and updated every six months along with all public health cards. | PH CYP | 2021 | Completed | MECC sheet for CYP Mental Health includes signposting for Suicide and mental ill health |

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| | f) Develop an engagement campaign that aims to reduce stigma around self-harm and suicide and raise awareness in Barnet of the first place to turn to seek help. | o Awareness of Barnet's brief resources for local suicide prevention support (action 'e', above). O Report on the reach and engagement of the campaign with Barnet Residents. | NCL CCG / PH Adults | Feb-22 | Completed | Campaign between October and January targeted at working age men. Promoting Stay Alive app, Andy's Man Club, Zero Suicide Alliance training. Have had good levels of engagement and feedback when engaging directly with organisations/businesses with high levels of men such as construction industry. Promotion of the app had a high reach. Full detailed evaluation to be shared later on. |
| | | o Pilot an expansion of the Resilient Schools programme to include awareness-raising with parents, including promotion of the ZSA online training. | PH CYP | 2023 | In progress | On-line Mental Health Awareness training out to tender to be offered to all school staff and subsequently, parents. Zero Suicide Alliance training sent to all schools via the school circular to be forwarded onto parents, via school website, text, and email. |

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| | g) Engage with children and young people, and their parents and carers, to understand how well awareness-raising is performed and how it can be improved across school years. | o Use Resilient Schools snapshot survey and Barnet Integrated Clinical Service focus groups to understand pupil, parent/carer awareness and use insights to further develop future communication campaigns. | PH CYP/BICS | 2023 | In Progress | Example from BICS - First round of three focus groups with UASC planned to take place in the second half of June 2022. These groups are co-produced with YEO / Joyce, YP and BICS UASC working party. Input sought from corporate parenting around risk management. Aim to gather their views about what services/MH help/support etc would have been beneficial. This, if appropriate, will include input around any severe mental health needs including risk to self through suicide. Further actions to follow from the focus groups |
| | | o Maintain ongoing pre-school holiday digital awareness and poster campaigns and ensure they are run effectively by working with schools to strengthen the awareness around the current mental health support offer for school-age children. | Comms/BELS | 2022 | Ongoing | Campaigns run in half term, Christmas, and Easter school holidays |
| | | o Development of communications plan for children and young people, as part of wider family service participation work, tailored to their needs and preferred channels. | FS/Comms | 2022 | In Progress | Once the CYP mental health strategy has been completed Comms will create a longer term CYP mental health comms plan. In the meantime, they continue to support with comms in social media channels. |

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| | h) Engage with local LGBTQIA+ groups to understand how we can better meet the needs of local LGBTQIA+ communities. | o Recommendations produced through engagement are included in Action Plan 2023-25. | PH Adults | Jun-23 | Not Started | |
| | i) Produce culturally competent communications specifically for high-risk groups to highlight local self-harm and suicide prevention service. | o Development of tailored communications materials for each group in CC1 and CC2. | All Partners | 2023 | Not Started | |
| Interventions | | | | | | |
| 7 | a) Collaborate with Thrive London and NCL Suicide Prevention Groups to monitor data on geography and means, identify emerging areas of risk, and initiate a co-ordinated response. | o Participation in NCL Suicide Prevention Strategy Group and Thrive London Suicide prevention group. | PH Adults | Jan-23 | On-going | |
| | | o Production of a NCL Cluster Response Plan. | NCL D&I | 2023 | Not Started | |
| | b) Collaborate as part of North Central London Suicide Prevention group to create a media plan for monitoring and supporting local media to report responsibly on self-harm and suicide. | o Review of current media monitoring across the NCL boroughs and the production of a joint media plan for a systematic, standardised approach. | NCL SP | 2023 | Not Started | |
| 8 | c) Prioritise suicide intervention training for community members that support people who have an increased risk of suicide or self-harm, or | o Map of organisations in Barnet that support high risk groups or support people around high-risk distressing life events, for example Citizens Advice Bureau, Job Centre Plus, Department for Work and Pensions, Homeless Action Barnet, faith groups, community organisations. | PH Adults | Jun-22 | In Progress | JAMI providing ERIC guide into schools and dialogue with Barnet Faith Forum |

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| that provide support to people around distressing life events. | o The organisations identified above have been engaged and encouraged to provide regular self-harm and suicide prevention training for employees and community leaders. | PH Adults | Jan-23 | Not Started | |
| | o Audit of the number of schools that have added the suicide prevention document template co-produced with schools to their safeguarding policy. | PH CYP | 2022 | In Progress | As part of Resilient Schools universal offer, in September 22 schools will be asked to provide evidence to be recognised as a Resilient School and this will include the suicide prevention document |
| | o All staff that have contact with young people in schools, colleges, and universities receive an annual update on the services and support available for their students, including promotion of the Zero Suicide Alliance online training. | PH CYP | 2022 | On-going | Comms sent out regularly to promote training opportunities. MECC sheet sent out yearly and further signposting sent during Suicide Awareness Week, via the school circular |
| | o All schools and community organisations and groups that work with children and young people to be offered yearly suicide prevention training through commissioning Papyrus and Zero Suicide Alliance online offer. | FS/PH CYP | 2022 | On-going | 3 sets of training have been commissioned with on-going termly offer for the next academic year. Zero Suicide Alliance training is sent out every term via the schools circular and again in Suicide Awareness Week |
| | o All schools to have a Mental Health First Aider. | FS/PH CYP | 2022 | In Progress | Two more sets of MHFA training set for Summer 22 set to ensure that all schools take up the offer of having a Mental Health First Aider |
| | o Perinatal Health coaches attend suicide prevention training and raise awareness as appropriate with clients. | PH CYP | 2022 | In Progress | New provider, Solutions4Health commissioned and |
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| | | | | | | establishing new relationships in Q1. Further update for Q3/Q4 |
| | d) Co-design 'guidelines for accessible training', to ensure that all locally promoted training takes account of approaches needed for specific groups, such as people with autism. | Co-produced 'guidelines for training' has been shared with the BSPP. | NCL SP | 2023 | Not Started | |
| 9 | e) Include mental health, self-harm and suicide prevention information with written notifications that may negatively impact on mental wellbeing. | o Signposting is included on council materials such as financial abuse materials, penalty notices, and council tax bills. | Barnet Council | 2023 | Not Started | |
| | | o Signposting information is included in Homeless Action Barnet assessments next to mental health and suicide questions. | Homeless Action Barnet | Mar-22 | Completed | |
| | | o Signposting is sent to all residents who become unemployed, and after six months unemployment. | BOOST | 2022 | In progress | Boost to give out flyer out to every new sign up to Boost and when clients are 6 months unemployed. Further work to be done with the Barnet Job Centre to reach all newly unemployed. |
| | | o Signposting information is sent to all people living in Barnet in a building that meets RICS criteria for an EWS1 assessment. | Barnet Homes / Council | 2022 | In progress | Suicide prevention information to be included in At Home magazine which goes to all properties including those above 18-meter buildings. Information about suicide prevention on Barnet Homes website, and staff are made aware through the Vine Intranet |

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| | f) Explore the role that detecting searches of online material in relation to mental health, self-harm and suicide can have in signposting to supportive information and encouraging early help seeking. | o Review the potential of the R!pple Suicide Prevention Tool (a free tool that can be downloaded on to devices which detects when someone searches harmful content about self-harm or suicide online, intercepts and provides support information and messages of hope) and explore the implementation requirements for schools and parents. | PH CYP/BELS/ BEH CAMHS | 2022 | In Progress | R!pple tool has been researched and is free for individuals and schools. Further discussions with Comms to promote Ripple |
| Services and support | | | | | | |
| 10 | a) Collaborate with BSPP partners, VCFS organisations, and the Barnet Integrated Care Partnership to understand service provision and identify gaps. | o Care pathway map and gap analysis of the support for individuals and their families following a suicide attempt. | NCL SP | 2023 | Not Started | |
| | | o Care pathway map and gap analysis of the support for individuals and their families following self-harm. | NCL SP | 2023 | Not Started | |
| | | o Work with schools and school nurses to build preventative support for CYP at transition from mainstream schools – such as transition from tier 4 CAMHS, home schooling, or post-exclusion. | PH CYP | 2023 | Not Started | New provider, Solutions4Health commissioned and establishing new relationships in Q1. Further update for Q3/Q4 |
| | | o Establish ongoing mechanism for public health and child and adolescent mental health services to work together to address inequalities in access and service use. | BEH CAMHS/PH/NCL | 2022 | In Progress | CAMHS contacted in light of Clinical Lead's departure. Investigating where work has got to in relation to public health representatives being invited to NCL CYP MH groups as part of NCL CYP MH governance review. |

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| | | o Work with child and adolescent mental health services and other partners to share learnings and best practice on the use of co-produced safety plans at points of transition, including the development of the safety app being developed for North Central London CCG. | BEH CAMHS/PH/NCL | 2022 | In Progress | CAMHS contacted in light of Clinical Lead's departure. |
| | b) Understand the local resilience support available to professionals whose work involves people with suicidal thoughts or behaviours. | o Map of the resilience support for first responders in Barnet, including police, fire, healthcare staff, and park rangers. | PH Adults | 2023 | Not Started | |
| 11 | c) Understand whether the uptake of early help services reflects the groups known to be at an increased risk of suicide. | o Monitor the use of the online counselling and wellbeing services commissioned for CYP (Kooth) and report the proportion of users by gender to guide awareness-raising activity in schools. | PH CYP | 2022 | In Progress | Quarterly monitoring in place. Regular headline data presented to 0-19 Strategic Board. Further discussion with Family Services on the sharing of data with schools for Q3 and Q4. |
| | | o Monitor the use and waiting time to access to Terapia to ensure service is appropriately resourced to meet demand from care-leavers. | FS | 2022 | Ongoing | Ongoing monitoring in place. The waiting list is reduced significantly. The support is provided for 12 months to each care leaver. |
| | d) Engage with children and young people to co-produce ideas for service improvement. | o Share learning from CYP focus groups for service improvement for the universal CYP offer with the BSPP. | BICS | 2021 | In Progress | Further opportunities explored to invite Peer Champions to engage in focus groups from Autumn 2022 |

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| | o Consult young men (especially young black men), all young people who are not in education, their parents and carers, and other community groups who are not currently accessing emotional wellbeing and psychological support services to understand barriers and facilitators to access. Use this consultation to inform the development of appropriate services. | FS | 2022 | In Progress | Consultation has been done and feedback been shared internally at the Children's Mental Health and Wellbeing Board. The key point expressed by Young People was to have services in non-formal settings and therapist that are non-judgemental and would understand different cultures. The work has already been started by community based or VCS working with Young People. |
| | o Share findings of the National Child Mortality Database Thematic Review with the BICS Youth Engagement Officer. Explore whether the understanding of young people around the bounds of the current offer of support (in terms of confidentiality and the statutory duty to safeguard) is a barrier to accessing support and explore improvements that can be made. | BICS | 2022 | In Progress | BICS Youth Officer holding regular forums with CYP and families. |
| e) All partners engage with CC1 and CC2 groups that they support to identify and mitigate barriers to access and to improve service provision. | o Partners have worked during the first year to improve accessibility for people with high functioning autism, and people with learning disabilities. | All partners | 2023 | Not Started | |
| | o The results of the joint commissioning unit mental health inequalities survey have been shared with Partners. | NCL CCG | 2021 | Completed | |
| f) Provide community pathways to access self-harm and suicide support | o Community referral pathways to self-harm and suicide prevention support services for young men have been developed for NCL boroughs. | NCL SP | 2023 | Not Started | |

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| e.g., self-referral, voluntary, community, and faith organisations. | o Monitor the use of Raphael House, which can be accessed via community referral pathways such as Primary Care and report the needs and demands of the service. | FS | 2022 | Ongoing | Majority of referrals are received from GPs. Monitoring meetings occur on quarterly basis. |
| | o Community referral pathways to suicide prevention services for people who are homeless have been developed. | PH Adults / NCL SP | Jan-23 | Not Started | |
| g) Review how primary care is informed of vulnerable persons and how support is activated e.g., notification by the Public Protection Unit/Liaison Team | o Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25. | NCL CCG | 2023 | Not Started | |
| h) Review how people seen by the crisis team subsequently engage with other services. | o Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25. | NCL CCG | 2023 | Not Started | |
| i) Informed by National Child Mortality Database Programme Thematic Review, explore opportunities to strengthen information sharing processes with different agencies and consider information sharing with private counselling services. | o Explore the role of Professional Portal and strengthening relationships with external agencies such as private counselling services. | BICS/FS /BEH CAMHS | 2023 | Not Started | |

| Mental health and wellbeing | | | | | | |
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| 12 | a) Partners will review their existing mental wellbeing provision and address any gaps in their in-house provision. | o All partners have a mental wellbeing offer for their staff or volunteers. | All partners | Dec-22 | In Progress | LFB have counselling & trauma service for operational & non-operational staff & post critical incident contact policy; Colindale CT employee MH & wellbeing policy; Inclusion Barnet provided Managing mental health and wellbeing at work training by Mind in Barnet; MPS planning internal SP piece; GLL have e-learning, bespoke line manager training and HR support; Jami - wellbeing policy & ESA provision; MSX Uni - EAP support for staff, MH and counselling for students; CommUNITY Barnet - staff wellbeing group, bi-monthly wellbeing newsletter |
| | b) Partners will train and promote mental health first aiders within their organisations. | o All partners have mental health first aiders within their organisation proportionate to the size of the organisation. | All partners | Dec-22 | In Progress | LFB trained MHFA Colindale CT 1 MHFA in team of 4.5 Inclusion Barnet - no MHFA trained but staff include experienced MH professionals, experts by experience MPS ongoing training Jami - all new staff do MHFA champion course & refresher course within 3 years MXS Uni - MHFA staff trained |

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| | | | | | | CommUNITY Barnet - 4 MHFAs |
| 13 | c) Improve digital resilience in children and young people. | o Co-produce and promote a film on digital resilience with and for Barnet's young people. | PH CYP | 2023 | In Progress | Film completed with a launch event for schools, LA staff, friends, and families on 24th June 2022. Promotion of film via social media. |
| 14 | d) Collect and analyse local data on wider determinants of mental wellbeing such as employment security, student demographics, social isolation, and housing quality with self-harm and suicide data. | o A report outlining the trajectory of local risk factors is shared with the BSPP and insights are incorporated into the prioritisation and action plan setting for 2023-2025. | PH Adults / Insights | Sep-22 | In Progress | Plan for developing a dashboard for suicide prevention agreed and in development |
| Bereavement support | | | | | | |
| 15 | a) Use the Thrive London Real Time Surveillance Hub to proactively identify and offer help from the NCL Support after Suicide service. | o Meet the target for all contacts identified on the Thrive London Hub to be offered support. | NCL SaS | 2022 | Completed | All contacts have been identified and Suicide bereavement support has been offered |

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| | b) Raise awareness of the NCL Support after Suicide service in Barnet by ensuring service details are included in Barnet resources. | o The percentage of online and in-print council owned mental health resources that include details of the NCL Support after Suicide service. | NCL CCG / PH Adults | Dec-21 | Completed | Council website and Engage Barnet have been updated with up-to-date Information Service has been shared in Community Together Network. Currently have not done in-print but may do in the future |
| | | o Liaise with the educational psychology service and BICS who support schools after suicide and update them on the current offer of services available in Barnet, including the NCL Support after Suicide service. | BELS/BICS | 2022 | Completed | Joint critical incidents protocol in place between BICS and Bells which is being used effectively and efficiently. |
| Community Response | | | | | | |
| 16 | a) Ensure that all secondary and further education settings in Barnet have a postvention plan. | o Engage with the educational psychology service and BICS to better understand how they work with schools after suicide and agree a process for sharing school-level plans with relevant partners to ensure sensitivity, particularly around the time of anniversaries and memorials. | BICS/BELS/BEH CAMHS/PH CYP | 2022 | In Progress | Meeting arranged with relevant partners |
| | | o Develop a Suicide Response Protocol which includes a co-ordinated offer for schools including a menu of interventions available; and preparation of Headteachers for Joint Action Review (JAR) and Child Death Overview Panel (CDOP) responsibilities. | BICS/BELS/BEH CAMHS/PH CYP | 2023 | In Progress | Joint critical incidents protocol in place between BICS and Bells which is being used effectively and efficiently. Preventative SPEAK training by Papyrus commissioned for all secondary schools with an on-going termly offer for all schools for 22/23. Pilot of the WISE training, by Educational Psychology Team, for all secondary schools to be commissioned |

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| | b) Set-up a Postvention Response to support public and private sector workplaces with postvention advice and resources. | o Scope options for a postvention response at a local and/or sector level e.g., resource pack, or postvention response team e.g., Emergency Response Initiative Consortium (ERIC) model, led by Jami, and share with BSPP. | PH Adults | Sep-22 | Not started | This will be aligned with multiple suicide response plan |
| | c) Develop Suicide Cluster Response Protocol to enable nimble and co-ordinated response across Barnet. | o Develop Suicide Cluster Response Protocol with appropriate focus on specific population groups including one for Children and Young People linked to CDOP and one for Adults. | PH / BICS / BELS | 2022 | In Progress | T&F group initiated to further develop multiple suicide response plan for CYP. |

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