I tMEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 28TH JULY, 2021

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Linda Freedman

Cllr Golnar Bokaei	Cllr Alison Moore
Cllr Saira Don	Cllr Anne Hutton
Cllr Lisa Rutter	Cllr Geof Cooke

Substitute Members

Lachhya Gurung	Felix Byers	David Longstaff
Zakia Zubairi	Ammar Naqvi	Paul Edwards

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Friday 23rd July at 10AM. Requests must be submitted to abigail.lewis@barnet.gov.uk Tel 020 8359 4369

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Service contact: abigail.lewis@barnet.gov.uk Tel 020 8359 4369

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 18
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	
8.	Coronavirus and Vaccination Update	Verbal update
9.	Barnet Healthwatch Update	Verbal update
10.	Alternative Provider Medical Services (APMS) Cricklewood Update	To Follow
11.	Suicide Prevention Strategy 2021-2025	19 - 54
12.	Health Overview and Scrutiny Forward Work Programme	55 - 56
13.	Any Other Items that the Chairman Decides are Urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone abigail.lewis@barnet.gov.uk Tel 020 8359 4369. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Health Overview and Scrutiny Committee

19 May 2021

Members Present:-

AGENDA ITEM 1

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Saira Don
Cllr Lisa Rutter
Cllr Alison Moore
Cllr Anne Hutton
Cllr Geof Cooke
Cllr Barry Rawlings

1. MINUTES (Agenda Item 1):

Corrections to the Minutes of the Meeting held on 22 February 2021:

None.

Matters arising from the Minutes of the Meeting held on 22 February 2021:

Agenda Item 8, Page 5 of the Minutes - 4) How does the mortality rate for November and December 2020 and January 2021 compare with the same months in 2019 and 2020?
The Chairman reported that she had received mortality rate data from the Royal Free Hospital NHS Foundation Trust that had not been available at the February 2021 meeting:

- November 2019- 1.03%, December 2019 - 1.43%, January 2020 – 1.06%
- November 2020 – 1.12%, December 2020 – 1.65%, January 2021 – 5.08%

Agenda Item 10, Page 8 of the Minutes – CQC Maternity Report Update. The Chairman reported that Dr Greenberg would verbally update the Committee during the meeting.

Agenda Item 11, Page 9 of the Minutes – Alternative Provider Medical Services (APMS) Cricklewood. The Chairman noted that she had not received a response on Item 11 of the previous agenda (APMS) from Ms Piper. However, having sent several reminders, she had received an email the previous day (18 May 2021) and had been informed that, due to a delay with procurement, the GP Surgery will remain in the current premises for the time being. The Chairman added that she had asked to be sent information about the new provider as soon as possible, but had received no response to date.

RESOLVED that the Committee approved the Minutes of the meeting held on 19 May 2021 as an accurate record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

Agenda Item 10 - Cllr Cooke declared a non-pecuniary interest in that his daughter is employed by University College London Hospitals (UCLH) and his wife works part time at St George's NHS Foundation Trust.

Agenda Item 10 - Cllr Cornelius declared a non-pecuniary interest in that she is Vice Chairman of Eleanor Palmer Trust.

4. REPORT OF THE MONITORING OFFICER (Agenda Item 4):

None.

5. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):

None.

6. MEMBERS' ITEMS (IF ANY) (Agenda Item 6):

None.

7. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):

RESOLVED that the Committee noted the Minutes of the NCL JHOSC Meeting held on 29 January 2021.

8. CORONAVIRUS UPDATE (Agenda Item 8):

The Chairman invited the following to the table:

- Dr Tamara Djuretic, Director of Public Health, London Borough of Barnet
- Ms Jane Hawdon, Consultant Neonatologist, Medical Director and Responsible Officer, Royal Free London NHS Foundation Trust (deputising for Dr Chris Streather)
- Dr Mike Greenberg, Medical Director, Barnet Hospital

Dr Djuretic reported that current coronavirus rates in Barnet were around 20 per 100,000 and that data is published weekly. Approximately 33,000 tests were being carried out weekly with around 0.2% positivity rate which was continuing to decrease. Schools were testing all pupils and staff on a regular basis.

Dr Djuretic added that some mutations could become a concern. There were a small number of cases of the 'Indian' Variant in Barnet. 15 people had been identified in April and five in May but no areas of concern had been identified. Surge testing is being carried out in schools where cases have been identified in order to ensure that the variant is not spreading. Ten areas in the Borough are being asked to conduct additional testing. Across the country variants are emerging in areas with lower uptake of the vaccination and higher levels of infection.

Dr Djuretic reported that London overall is sequencing positive cases and also contact tracing every positive case, then trying to identify whether these were travel related or not.

Dr Djuretic reported that Barnet has the highest vaccination uptake across North Central London (NCL). Vaccination was progressing well, with 184,500 first doses of the vaccine, and 62,000 second doses administered in Barnet. Uptake in Groups 1-4 was 89-90%, with uptake in the younger age groups at 60-70%. The uptake amongst care workers stands at 78%.

Dr Djuretic reported that Barnet's mass vaccination centre at Stone X (formerly Allianz Park) has been opened and has been a great success. Efforts were also being made to increase uptake where this was low, using pop-up clinics, links with faith groups and providing opportunities for asylum seekers, refugees and homeless people to receive the vaccine.

The Chairman invited Dr Greenberg to respond to the Chairman's four questions which had been sent in advance of the meeting:

1) How many people with Covid-19 have been admitted to the Trust's hospitals in February, March and April 2021?

- February - 320
- March - 74
- April - 15

2) How many patients had been discharged, having been successfully treated for Covid-19 in February, March and April 2021?

- February - 555
- March - 169
- April – 3

3) How many patients have died of Covid-19 in the Trust's hospitals during February, March and April 2021?

- February - 108
- March: 26
- April: RFH – 0

4) How does the mortality rate for February, March and April 2021 compare with the same months in 2020?

- Feb 2020: 1.29%, Feb 2021: 2.06%
- March 2020: 2.16%, March 2021: 1.06%
- April 2020: 6.75%, April 2021: 0.91%

Ms Hawdon noted that the RFH is vaccinating people and has a contract to vaccinate at Stone X (formerly Allianz Park) which opened recently. Residents below 50 years of age are now being vaccinated and 11,000 people in total had been vaccinated so far at Stone X.

CQC/Maternity services at the RFL NHS Foundation Trust

Dr Greenberg provided an update on the maternity services dataset (see previous Minutes). This would be resolved by December 2021 and there were three reasons

for problems with it:

- RFH and BH/CFH have different Electronic Patient Records (EPR) domains and the Royal Free Hospital (RFH) will be moving to the Barnet Hospital (BH) and Chase Farm Hospital (CFH) system in autumn 2021.
- The Maternity Dataset has been upgraded so it is now reported manually.
- Data Quality - the reporting issue has been raised on the Risk Register, but the Trust explained that often midwives were not entering this as they should be on the system. The Trust explained that this was the reason for it being on the Risk Register, although the Trust assured the Committee that this was not a 'risk'.

The Chairman asked Dr Greenberg to pass on the Committee's best wishes to Dr Streather.

RESOLVED that the Committee noted the verbal updates.

9. CHILDHOOD INOCULATION AND BIRTH REGISTRATION (Agenda Item 9):

The Chairman invited the following to the table:

- Dr Janet Djomba, Consultant in Public Health, London Borough of Barnet
- Bhavita Vishram, Public Health Strategist, London Borough of Barnet

Dr Djomba presented her report and slides. She reported that the pandemic had taken its toll on childhood immunisation and Public Health England (PHE) had begun to analyse this. The report contained data from April 2020 to early 2021 which showed a decrease in the uptake of immunisations during the period of Covid-19 restrictions. Fewer children than usual had completed the full course of the 6 in 1 vaccine and all of the MMR vaccine during this time nationally, and also in Barnet.

Dr Djomba reported that the children aged two years who had completed their vaccination programme had increased by 2% and for those aged five years the increase was 2.2%. This was in line with national figures. Within parts of Barnet, these figures were significantly lower as detailed on the slides. Burnt Oak, Colindale and areas of Hendon showed patterns of lower uptake in both the two-year-olds' and five-year-olds' vaccination programmes. The difference in uptake between Primary Care Networks (PCNs) is aligned with overall vaccine hesitancy for both Covid-19 and 'flu.

Dr Djomba reported that lower vaccine uptake goes along with poorer health in general, probably because it indicates a tendency towards poorer health-related behaviours, including getting vaccinated. She mentioned that Barnet needs to concentrate on the western corridor of the Borough and areas of deprivation. It may be that some residents don't have the opportunity to access information about vaccination so this needs to be addressed. Dr Djomba noted that the strong connections between the Local Authority, PCNs and CCG colleagues, built during the pandemic, are a really good starting point.

Dr Djomba reported a continued delay in birth registrations, with an ongoing backlog. The Registry Office and the Childhood Commissioner have stated that there are alternative pathways in place that prevent new-borns from being missed. GPs and

health visitors get data on new-borns from hospital maternity units and this process had not been disrupted by the pandemic. Dr Djomba noted that birth registration is still important, however, there is a possibility that welfare benefits will become linked to birth registration. The Registry Office is also starting to proactively encourage registration and information is being sought from hospitals. Parents are also instructed to contact their hospital if a child is born outside of a hospital, so that health visitors can provide support.

Dr Djomba reported that an updated action plan would follow when more data is available. She added that she is working closely with a range of partners from within the Council, in particular with early years providers, commissioners, the CCG and CLCH, who are all taking part in the Action Plan. A working group has also been established to look at the information which is available so far. The Action Plan would be updated by the summer of 2021 and Dr Djomba would provide an update to the HOSC following the Immunisation Forum.

The Chairman asked for clarity that on page 5 of the report, third line down, 'living there' should in fact be 'living elsewhere'. Dr Djomba agreed with the Chairman that this needed to be corrected.

A Member noted that they would be interested to hear of the Team's strategies for increasing vaccination in a future report. This might include attending Children's Centres for example and it would be helpful to find out in future how helpful the strategies had been.

The Member also asked whether the reduction in the take-up of the measles vaccine was sufficient to be of concern. They noted that it was known from Covid-19 work that the western corridor of Barnet interplays with more negative health indicators. Dr Djomba responded that the national MMR target is not met anywhere nationally. Barnet is higher than other Boroughs in NCL but, across London, Barnet remains on the lower end of uptake. She confirmed that nationally the target for herd immunity is not being met and that this is a cause for concern, but there had been no cases of measles in Barnet for a very long time.

The Member commented that they were pleased to hear of the safeguarding mechanism and wondered whether there might be other uses for the data, such as forward planning for nursery schools. Dr Djomba reported that the Registry Office is working to catch up. She would confirm with Children's Services how far this data was being used.
Action: Dr Djomba

A Member wondered if it would be would helpful to have a map of where the PCNs are located in the Borough. Dr Djomba offered to forward the slides and a map of the PCNs to the Committee.

A Member asked whether there is a legal requirement to register a birth. Dr Djomba responded that there is, including babies born at home.

The Chairman enquired about the reminder sent to all parents in September 2020 to register births, asking whether more details could be provided. Dr Djomba noted that the data given was complete up to the end of May, so further data would follow.

The Chairman asked for a further update in the near future and would add this to the

Forward Work Programme.

RESOLVED that the Committee noted the written and verbal report.

10. NHS TRUST QUALITY ACCOUNTS 2020/21 (Agenda Item 10):

RFL London NHS Foundation Trust Quality Account

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Dr Jane Hawdon, Consultant Neonatologist, Medical Director and Responsible Officer, Royal Free London NHS Foundation Trust
- Dr Mike Greenberg, Medical Director, Barnet Hospital

The Committee wished to put on record its thanks to all staff, across the Trust, who had gone above and beyond and coped incredibly well during the pandemic and also having to try to facilitate 'virtual' visits in place of families and carers being able to visit 'in person'.

The Committee put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- that staff across all departments have coped to the best of their abilities in very difficult circumstances over the past year.
- that the Trust was at the forefront of Covid 19 related research and had also hosted the world-first 'human challenge trials' aimed at understanding infection transmission.
- that the triaging or research streams was impressive.
- their participation in rolling out various vaccination centres most efficiently including the StoneX Centre.
- that the Trust's REST (Resilience and Emotional Support Team) hub provided psychological support to airline flight crews after stressful shifts: Project Wingman.
- that the health and wellbeing of staff is vitally important as it also has an impact on patient care. The Committee is pleased to see that 'Joy in Work' remains a priority.
- that one of the four delivery priorities is to reduce the number of patients who are waiting a long time to be seen, and that the Trust recognises the tenacity that achieving this will require from staff.
- that digital infrastructure and solutions are in place to improve patient and staff experience as their third priority.

- its Research and Development Team having its first Covid 19 research study approved and its participation in the world's largest Covid 19 treatment trial which is estimated to have saved over one million lives globally
- for developing a 'proning board' which reduces the number of staff necessary to turn patients over to help with better ventilation, especially those in Intensive Care Unit with Covid 19.
- the excellent and informative TV documentary on the care it has given since the pandemic. This included details of the delicate work of recruiting patients onto studies for treatments for Covid-19.
- Its bereavement work especially where staff had listened to families, looked at processes and improved them.
- the use of artwork to design a bereavement card.
- the work of the property team in trying to make sure that all patients property was safe and secure.
- instigating training to help staff examine the root causes of episodes of violence and aggression perpetrated by people with dementia or delirium, particularly against staff.
- their achievement of 22 places in the national scoreboard for the National Cancer Patient Experience.
- the development of digitised patient pathways to improve care and noted that this piece of work is ongoing.
- for participating in 100% of national confidential enquiries and 97% of national clinical audits, and noted the actions to improve its national and local audits.
- reducing the delayed transfers of care which was previously rated 'bad' and reducing these down to zero which was impressive.

However, the Committee expressed its concerns regarding the following:

- the Trust's failing which resulted in a maternal death, but was pleased that the Group Chief Executive acknowledged this in her Foreword.
- That there is only a single shared Electronic Patient Record (EPR) within the RFL Group. This is a disappointment as ideally patients' records should follow the patient as they move to different Trusts.
- that in the Mid-year Quality Account update, it was noted that data would be presented more clearly for the layperson in future. However, this was not felt to be the case of the 2020/21 Quality Account, which still appeared to be aimed at professionals.
- that the Trust had failed to achieve its target of zero 'never events' by March 2021 and instead had had five.
- that there had been 68 incidents of avoidable harm by the end of Quarter 3, with one quarter remaining for the year.

- that the number of inpatient falls at the end of the third quarter of the year was already well above the Trust's target for the whole year.
- that there had been six cases of MRSA when the aim had been to have zero cases in the Trust.
- there had been 70 cases of C Difficile in the current year, against a target of zero.
- that the Trust had hoped to reduce incidents of Gram negative bacteraemias in line with the mandated threshold by 2021/22 but they had increased from 145 cases in 2020 to 170 in 2021, although it was noted that this had been an exceptional situation due to the pandemic.
- that there had been an increase in emergency readmissions within 28 days since the previous year.
- that more training is required for nurses and doctors to fully understand about dementia and requested more details on the new plans for dementia care.
- that the percentage of staff who would recommend the Trust to families and friends was down to 68% from 71% in the previous year and continuing a downward trend.
- that the Trust ranked low across London in overall performance compared with comparable NHS Acute Trusts.
- the number of patients who had waited over 52 weeks for Referral to Treatment (RTT) had increased from last year.
- that the Trust's performance against the four-hour A&E standard was lower than the target.
- that the number of patients waiting over 62 days following a GP referral to start cancer treatment was higher than previous years.
- that feedback from patients on how well they felt looked after by staff, including non-clinical staff, was disappointing.
- that some of the KPIs were disappointing, such as only 0.5868 against a target of 0.90 for less than a 62-day way for referral for first treatment for cancer screening referrals.
- that the In-Patient surveys were rated worse than most other transfers of care.

A Member asked whether Jane Hawdon would kindly send the Committee the plans for dementia care from the new Nurse Consultant, both during the pandemic and in the future. The Member offered to forward papers that she had received and Jane Hawdon agreed to go through any further concerns.

A Member asked whether there is any data on the length of time between death and the funeral of religious patients, who don't need a post mortem, but would normally be buried within 24 hours. Dr Greenberg replied that the RFH does not collect this data but makes every attempt to facilitate funerals within this time frame, as far as

possible.

Central London Community Healthcare NHS Trust (CLCH)

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- John McLinden, Divisional Director of Nursing and Therapies, North Central Division, CLCH
- Denis Enright, Director of Operations, CLCH

The Committee put on record its thanks to all CLCH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee would like to congratulate and compliment the Trust on the following:

- an emphasis on a clinically curious culture: ‘Making Every Contact Count’ which is important for the quality of care and avoidance of harm.
- for being recognised in various national award schemes and obtaining a Burdett Trust Grant to undertake a research project entitled ‘Rehabilitation and Recovery following Critical illness related to Covid 19’.
- that CLCH staff had been redeployed to the Nightingale Hospital and to large scale vaccination hubs across North London. The Committee was also impressed that CLCH had set up an academy to provide vaccination training.
- for maintaining a strong performance against its Quality KPIs despite the pandemic, continuing to enhance its quality of care and reducing levels of harm through robust governance structures.
- maintaining its existing ‘Good’ rating in the CQC Report which was published in June 2020 and achieving an ‘Outstanding’ in the’ Well-Led’ domain of Community Health Services for Adults.
- its staff education and training initiatives, such as ‘reverse mentoring’, and for implementing the Apprentice Nursing Associate role across the Trust.
- that CLCH had submitted records to the Secondary Uses Services for inclusion in the Hospital Episode Statistics. This had included 99.1% of data submitted with the patients’ NHS number.
- its emphasis on continuity of child protection and children in need was welcomed as Covid had presented challenges for this and the Trust’s work with other Boroughs.
- that Jade Ward and Adams Ward at Edgware Community Hospital had received good feedback in a survey on the quality and variety of their food

and on staff helpfulness. However, it was noted that staff needed to remind patients about the variety of snacks and drinks available.

- for recruiting two extra members of staff to support research into Long Covid.
- the 'Freedom to Speak Up' (FTSU) initiative, which included five of the 11 champions being from BAME backgrounds.
- that actions had been taken to improve data quality and that the importance of continuing to work to improve data was recognised by the Trust.
- its KPIs being either improved or remaining the same in the Positive Patient Experience.
- its plans to improve the quality of referrals in planned care in Barnet. Although this had been paused during the pandemic as staff had been redeployed, the Committee was pleased that this will re-start.
- that the 'One Care Home Team' had supported 59 care homes in Barnet during the pandemic.
- that the Trust had managed to double its number of volunteers who had worked in various roles including in PPE, the Academy, befriending and other pivotal support roles during the pandemic.

However, the Committee expressed its concerns regarding the following:

- that in the audit aimed at assessing antibiotic prescribing for dental paediatric patients, prescription errors had occurred regarding prescribing the correct dose.
- that consultations were not offered in some cases to children in need during the pandemic. Over 70 families hadn't been seen in the last two months and a significant number of these also hadn't been seen since 2019, even in a virtual setting.
- that at the Pembridge Day Hospice the 'Do Not Attempt Cardiopulmonary Resuscitation' forms had not all been fully completed and some had not been discussed with the patients.
- that a hydration audit at Athlone Rehabilitation Unit in the North-West area showed that only 28% of fluid charts had been completed accurately and 56% of patients were identified as at risk of dehydration.
- that during an observational audit of protected meal times, one third of audit days at Jade Ward at Edgware Community Hospital had demonstrated that there had been no hand wipes on trays or given to the patients during meal times. There had also been several interruptions to meal times on Jade Ward as well as Marjory Warren Ward at Finchley Memorial Hospital.
- that in a CQC report published in June 2020, the Trust were given a rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children, Young People and Families and four areas were listed as 'of

concern'.

- that regarding case record reviews, CLCH need to check record keeping and also improve communication with acute providers among other criticisms.
- that there had been 13 patient safety incidents resulting in severe harm in the past year, compared with 11 the previous year although it was noted that there had been an increase in patient numbers during the past year due to patients who were shielding with no face-to-face GP access.
- that in the bedded units there had been nine falls compared with seven last year, 43 Category 2 pressure ulcers and four category 3 and 4 pressure ulcers compared with one last year. All these categories had a target of zero.
- that staff sickness had slightly increased over the past year, which was disappointing but understandable in the circumstances.
- that the Committee noted that 12% of serious incident actions remain open, compared with a target of 100% completion.

North London Hospice (NLH)

The Committee noted the Mid-Year Quality Account 2020/21 and the Quality Account 2020/21.

The Chairman invited the following to the table:

- Fran Deane, Director of Clinical Services, NLH
- Nada Schiavone, Healthcare Consultant, NLH

The Committee put on record its thanks to all NLH staff who had continued to provide wonderful care throughout the pandemic.

The Committee also put on record the following comments on the Draft Quality Account:

The Committee congratulated and complimented NLH on the following:

- for including the interesting and positive patient story at the start of the Quality Account.
- for coping so well in extreme circumstances during the pandemic and also making good progress on its priorities for 2021 particularly further developing their database, Egton Medical Information Services (EMIS), which improved efficiencies across services.
- that the training for non-medical prescribers was impressive.
- that support for patients had been offered virtually during the pandemic, with virtual assessments and consultations.
- for exceeding most of its objectives in providing virtual support for the Health and Wellbeing Service, particularly as this was helpful for patients who were

to ill or fatigues to travel.

- its aim to work with the Health Information Exchange (HIE) which enabled the Hospice to access Primary Care patients' records and for continuing to work towards implementing technology to enable it to share its records with other Trusts.
- achieving their ambition of becoming a research centre.
- that some visitors for patients at the very end of life had been allowed access throughout the year.
- Gaining funding from Health Education England which enabled palliative and end-of-life training to be delivered to 36 London Ambulance Service paramedics and technicians and that ten had successfully completed the Level 5 accredited course.

However, the Committee expressed its concerns regarding the following:

- that there were some areas of non-compliance in the Infection, Prevention and Control Audits including the need for improved stock rotation of clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair and ensuring that urine jugs are only being allocated to a single service user.
- that the Hand Hygiene Audit which took place in IPU only had an 84% compliance level.
- that the Audit of Preferred Place of Death seemed haphazard.
- that the Audit of Community Non-Medical Prescribing identified that communication with GPs could be improved and that FP10 handwritten prescriptions are not always accepted by pharmacists.
- that there had been some transdermal patch incidents, with the wrong dose being given in some cases and omissions of doses in other cases.
- that the number of volunteers was down to 620 from 830 the previous year (2019-20) and from 950 two years ago (2018-19).
- that there had been 141 closed bed days during the year compared with 160 in 2019-20, which was largely due to fire and safety work in the bedrooms, and only 12 in 2018-19. However, it was noted that this had not prevented any admissions.
- that the highest category of medication incidents are administration errors followed by dose omissions, although action is being taken and there is a quality improvement project on medication safety being developed.
- that the number of patient falls had increased over the last quarter of 2020/21 though these had not resulted in serious harm.
- that the number of staff being recruited to the Hospice had gone down from 71 the previous year to 39 this year.

- that there were some areas needing improvement in the Staff Satisfaction Survey, specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the Hospice had appointed an Interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

RESOLVED that the Committee noted the three Quality Accounts and would submit their comments within the time frame required by the three organisaitons.

11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 11):

The Chairman noted the following addition to the Forward Work Programme:

- Childhood inoculation and Birth registration – 12 October 2021

RESOLVED that the Committee noted the Forward Work Programme.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):

None.

The meeting finished at 21:30 hrs

This page is intentionally left blank

healthwatch Barnet | BARNET LONDON BOROUGH | NHS England | NHS Barnet Clinical Commissioning Group

AGENDA ITEM 11

	Health Overview and Scrutiny Committee **28 July 2021**
Title	**London Borough of Barnet** **Suicide Prevention Strategy 2021-2025**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - London Borough of Barnet Suicide Prevention Strategy 2021-2025.
Officer Contact Details	Dr Elliott Roy-Highley, Elliott.Roy-Highley@barnet.gov.uk Seher Kayikci, Seher.Kayikci@barnet.gov.uk Dr Julie George, Julie.George@barnet.gov.uk

Summary

The Barnet Suicide Prevention Strategy 2021-2025 provides an update to the Barnet Suicide Prevention Action Plan 2019-2020. The overall strategic intention is that every year, the number of Barnet residents lost to suicide falls.

The strategy was co-produced with the multi-agency Barnet Suicide Prevention Partnership to be appropriate to the national and our local context, to be insight-led, informed by evidence of what works, and importantly to be practical, achievable, and effective.

The strategy organises our whole-system suicide and self-harm prevention response under three themes: our foundation for action, prevention, and postvention activities. Under these themes we have identified eight areas within which we can act to improve our prevention efforts:

- Insights from data, research, and people with lived experience
- Leadership and collaboration
- Awareness
- Interventions
- Services & Support
- Wider determinants of mental health and wellbeing
- Bereavement support
- Community response

Within each area, this strategy defines one aim and several objectives that we will strive to achieve over the four-year duration of the strategy. The strategy includes the first biennial action plan (2021-2023) outlining the priority suicide prevention activities agreed by Partners of the Barnet Suicide Prevention Partnership. To ensure that over the lifetime of the strategy our actions remain focussed yet responsive to emerging insights, we intend to collectively review our priorities and form a second biennial action plan in 2023.

Recommendations
1. That the committee note and discuss the report. **2. That the committee continue to receive an annual update on suicide prevention and progress against the 2021-2023 action plan.** **3. That the committee receive the 2023-25 action plan in 2023.**

1. WHY THIS REPORT IS NEEDED

1.1 This report outlines the approach the Barnet Suicide Prevention Partnership intends to take to improve suicide prevention in Barnet through local activities and joint working with sector and regional partners.

1.2 The death of someone by suicide is a tragedy that has devastating effects across families, friends, schools, workplaces, and communities. In the last four years for which we have data (2016-2019), Barnet lost 89 people to suicide: on average one person every sixteen days. The annual four-year rolling average for 2016-2019 was 22. The suicide rate in 2019 for England and Wales is the highest in men since 2000, the highest in women since 2004, and the highest recorded in 10-24-year-old women since 1981. In Barnet, the suicide rate rose through 2014 to 2017, and has since fallen with rates in 2018 and 2019 consistent with those seen during 2002 to 2013.

1.3 We are currently gripped by a health and economic crisis caused by COVID-19, of which the long-term effects on physical health, mental health and prosperity are unknown. This strategy recognises the potential for COVID-19 to increase suicidal behaviour due to the negative impact of the pandemic and associated restrictions on mental wellbeing, and the already evident increase in multiple risk factors for suicide and self-harm such as bereavement, social isolation and loneliness, domestic violence, and unemployment. Following previous recessions where there has been high unemployment, rates of suicide have increased. Mitigating the negative impact of the pandemic on the lives of people in Barnet is an urgent necessity.

1.4 The Barnet Suicide Prevention Partnership has produced annual action plans for suicide prevention since 2014, which are reviewed annually by the Barnet Health Oversight Scrutiny Committee. The Barnet Suicide Prevention Strategy 2021-2025 was developed to move to a longer-term strategic approach to suicide and self-harm prevention in Barnet.

1.5 Development of a local suicide prevention strategy is a recommendation by the National Institute for Health and Care Excellence (Guideline 105: Preventing suicide in community and custodial settings). The need for a local strategy is set out in the government's national strategy for preventing suicide in England and is a key recommendation in ‘the Five Year Forward View for Mental Health’.

2. REASONS FOR RECOMMENDATIONS

2.1 To ensure the resources available to the multi-agency Barnet Suicide Prevention Partnership have the greatest impact by taking a longer-term strategic approach to suicide prevention activities.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None.

4. POST DECISION IMPLEMENTATION

4.1 Public Health and the Barnet Suicide Prevention Partnership partners will begin implementing the actions described in the action plan. The Partnership will meet formally twice-yearly to discuss progress against actions and course corrections.

4.2 Public Health will report on progress against the Suicide Prevention Strategy to the Health and Wellbeing Board and the Health Oversight Scrutiny Committee will also be briefed as requested.

4.3 The Barnet Suicide Prevention Partnership will develop and agree a second biennial action plan for 2023-2025 by 2023.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Barnet Corporate Plan 2021-2025 includes the aim to be the healthiest borough in London by focussing on mental health and wellbeing. This includes a commitment to support the mental health of children and young people and adults, including prevention, early identification of mental health issues, increasing mental health awareness, appropriate access to mental health support from mild to crisis.

5.1.2 The Health and Wellbeing Strategy includes focus on improving mental health and wellbeing for all and makes specific reference this Suicide Prevention strategy.

5.1.3 The Joint Strategic Needs Assessment identifies the suicide rate and rate of hospital admissions for self-harm in Barnet and compares this with the national and London rate.

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

5.2.1 Suicide prevention is delivered within existing staffing and financial resources in Public Health and Partner agencies such as NHS, Local Authority, Police, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes.

5.2.2 North Central London Suicide Prevention activities are funded from awarded NHS England Suicide Prevention Wave 3 funding.

5.3 Social Value

Not applicable

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 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.

5.5.2 The following controls and mitigations are in place:

5.5.2.1 The multi-agency Barnet Suicide Prevention Partnership was consulted throughout initial strategy development and co-owns the strategy and action plans.

5.5.2.2 The Barnet Suicide Prevention Partnership meets twice-yearly to re-engage partners, align activities, and implement changes based on new insights.

5.5.2.3 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.

5.5.2.4 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 Health Overview Scrutiny Committee as requested.

5.5.2.5 Barnet's Council's Suicide Prevention activities are supported by the North Central London Suicide Prevention Strategy Group and its activities.

5.6 **Equalities and Diversity**

5.6.1 Nationally there are variations in suicide rates by age, gender, disability, maternity, and sexual orientation. This strategy is cognisant of the disparity in the risk of suicide across different groups with protected characteristics and aims to address this disproportionate risk through targeted actions for high-risk groups.

5.7 **Corporate Parenting**

5.7.1 It is intended that the suicide prevention actions in this strategy improve the mental wellbeing and reduce the risk of self-harm and suicide for children and young people including children in care.

5.8 **Consultation and Engagement**

5.8.1 This strategy was co-produced with the Barnet Suicide Prevention Partnership through a series of workshops and written consultation.

5.8.2 The group comprises a broad range of local partners including representatives from the Barnet Clinical Commissioning Group, Police, NHS Health Trusts, Barnet Enfield and Haringey Mental Health Trust (BEHMHT), Children's and Adult Social Care, Voluntary and Community Sector, and people with lived experience of suicide.

5.9 **Insight**

5.9.1 Our strategy, prevention framework, aims, objectives and actions are built upon the national evidence of the risk factors for suicide and self-harm, 'what works' for prevention, and insights from local and national data such as suicide rates, rates of emergency admissions for self-harm, and indicators of the wider determinants of mental health and wellbeing. The insights, evidence, and policy context which informed this strategy are described in the report Appendix.

6. BACKGROUND PAPERS

6.1 Suicide Prevention Plan Update, Health Oversight Scrutiny Committee, 5th October 2020.

https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=179&MID=10208

This page is intentionally left blank

BARNET
LONDON BOROUGH

London Borough of Barnet Suicide Prevention Strategy 2021-2025

Contents

London Borough of Barnet Suicide Prevention Strategy 2021-2025 1
Introduction 3
Our Intention 5
Our Principles 5
Our Commitment to Improvement 5
Our Structure – Barnet's Suicide Prevention Framework 5
Our Cross-Cutting Concerns 6
Our Suicide Prevention Strategy 2021-2025 and Action Plan 2021-2023 7
Insights from data, research, and people with lived experience 7
Leadership and collaboration 8
Awareness 9
Interventions* 10
Services and Support 11
Mental health and wellbeing 12
Bereavement Support 13
Community Response 13
APPENDIX 14
Strategy Development 14
Policy Context 15
Insights 17
Evidence that informed our strategy 20
Barnet Suicide Prevention Partnership Members 27
Acronyms 28
References 29

Introduction

The death of someone by suicide is a tragedy that has devastating effects across families, friends, schools, workplaces, and communities. In the last four years for which we have data (2016-2019), Barnet lost eighty-nine people to suicide: on average one person every sixteen days[1]. In the UK, suicide is the leading cause of death in people aged 15-24, and the biggest killer of men under 49.

The time to act is now - self-harm and suicide rates could rise further without action.

Nationally, suicide rates are rising. After several years of decline during 2014 to 2017, the suicide rate in 2019 for England and Wales is the highest in men since 2000, the highest in women since 2004, and the highest recorded in 10 to 24-year-old women since 1981[2]. In Barnet the suicide rate rose through 2014 to 2017 and has since fallen, with rates in 2018 and 2019 consistent with those seen during 2002 to 2013[1].

Self-harm is the most important risk factor for subsequent death by suicide; over half of people who die by suicide have a history of self-harm, many with an episode close to their death[3]. Most people who self-harm do not die by suicide, but the strength of the association between self-harm and suicide means this is a signal that cannot be ignored. The rate of emergency hospital admissions for intentional self-harm in Barnet is currently similar to the London average, but has remained stable over the past four years. We want to see admissions for self-harm decrease, so we must do more to prevent and support people who self-harm.

We are currently gripped by a health and economic crisis caused by COVID-19, of which the long-term effects on physical health, mental health and prosperity are unknown. This strategy recognises the potential for COVID-19 to increase suicidal behaviour due to the negative impact of the pandemic and restrictions on mental wellbeing, and the already evident increase in multiple risk factors for suicide and self-harm such as bereavement, social isolation and loneliness[4], domestic violence, and unemployment[5]. Alarmingly, following previous recessions where there has been high unemployment, rates of suicide have increased[6]. Mitigating the negative impact of the pandemic on the lives of people in Barnet is an urgent necessity.

We can make a difference - suicide is preventable.

Significant reductions in suicide rates have been achieved in US healthcare systems following the introduction of a systematic approach to suicide prevention and quality improvement[7]. The first to apply these methods, the Henry Ford Health System in Detroit, achieved a 75% reduction in suicides in patients known to the service in the first four years, with no patient suicides in 2009[8]. By understanding the risk factors for suicide and mitigating these through targeted interventions, we *can* prevent deaths by suicide.

---

[1] Office for National Statistics (2020), 'Suicides in England and Wales by local authority',
[2] Office for National Statistics (2020), 'Suicides in England and Wales: 2019 registrations',
[3] The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), Annual Report: England, Northern Ireland, Scotland and Wales 2021, University of Manchester
[4] Office for National Statistics (2020), 'Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020'
[5] Office for National Statistics (2021), 'Employment in the UK: May 2021',
[6] Barr B, Taylor-Robinson D, Scott-Samuel S et al. (2012), 'Suicides associated with the 2008-10 economic recession in England: time trend analysis', BMJ, Volume 345, e5142
[7] Labouliere C, Vasan P, Kramer A, et al (2019), 'Zero Suicide - A model for reducing suicide in United States behavioral healthcare', Suicidolog, Volume 23, Issue 1, pages 22 to 30
[8] Covington D, Hogan M (2019), 'Zero Suicide: The Dogged Pursuit of Perfection in Health Care', Psychiatric Times, Volume 36, Issue 1

We need to act together - suicide prevention is everyone's business.

Suicide is a complex behaviour with no single explanation or cause. Risk factors for suicide can occur at the individual, community, and societal level[9]. Most people who lose their lives to suicide in England have no prior contact with health services – only 27% of suicides in the UK in 2008 to 2018 were in people under mental health care, and the rate of suicide in this group has been falling since 2011[3]. Excellent mental health care is important, but to reach that majority with no service contact, suicide and self-harm prevention must be embedded across our community. The myriad risk factors mean that in order to successfully prevent deaths from suicide, it is critical that we work in wide-ranging partnerships, across all our communities, to systematically improve the lives and wellbeing of everyone that lives, works, and studies in Barnet.

Our ambition is to create a practical, achievable, and effective suicide prevention strategy, that uses the resources available to the multi-agency Barnet Suicide Prevention Partnership (BSPP) to have the greatest impact. We believe that through the collective actions of the Partners we can achieve the objectives set in this strategy. We will move Barnet closer to each aim, and each year the number of Barnet residents lost to suicide will fall.

[9] Samaritans (2017), 'Socioeconomic disadvantage and suicidal behaviour', March 2017

Our Intention

Every year, the number of Barnet residents lost to suicide falls.

Our Principles

This strategy was developed with the multi-agency Barnet Suicide Prevention Partnership (BSPP) on the following principles:

- A local strategy that takes a whole-system approach and builds on regional and national programmes and policy.
- Multi-agency design, with co-produced solutions that are insight-led and evidence-informed.
- Shared implementation of a strategy that is responsive and adaptive year on year.

The evidence underpinning the development of this strategy is summarised in the Appendix.

Our Commitment to Improvement

Our Action Plan 2021-2023 was collectively agreed by the multi-agency Barnet Suicide Prevention Partnership (BSPP) in June 2021. We believe it is practical, achievable, and effective. To ensure that over the lifetime of this strategy our actions remain focussed yet responsive to emerging insights, we intend to collectively review our priorities, cross-cutting concerns of notable focus, and actions after the first two years, in order to develop a new biennial action plan for 2023-2025. Some objectives have also built in responsiveness to emerging insight so we can make course corrections in-year.

Our Structure – Barnet's Suicide Prevention Framework

The Barnet Suicide Prevention Framework was devised specifically for this strategy as a structure to design and evaluate Barnet's longer-term suicide prevention work. This approach was agreed by the BSPP in November 2020. Our framework draws on the wide range of national and regional guidance on suicide prevention; notably the National Suicide Prevention Strategy seven key areas, NICE Suicide Prevention Quality Standard [QS189] and Guideline [NG105] and the London Suicide Prevention Framework 9 pillars (Appendix – policy context).

Figure 1: Barnet Suicide Prevention Framework

Theme	Foundation for action		Prevention of suicide and self-harm				Postvention	
Area for action	Insights from data, research, and people with lived experience	Leadership and collaboration	Awareness	Interventions*	Services & Support	Wider determinants of mental health and wellbeing	Bereavement support	Community Response
Cross-cutting concerns	1. Each area should address high-risk groups 2. Each area should consider the need for tailored approaches for specific groups 3. Each area should mitigate the impact of high-risk distressing life events							

**In this strategy, interventions are actions which delay or disrupt suicidal thoughts or actions; for example, reducing access to means, increasing the opportunity or capacity for human intervention, and providing opportunities for help seeking.*

The Barnet Suicide Prevention Framework (figure 1) organises our whole-system suicide and self-harm prevention response under three themes: our foundation for action, prevention, and postvention activities. Under these themes we have identified eight areas within which we can act to improve our prevention efforts. Within each area, this strategy defines one aim and several objectives that we will strive to achieve over the four-year duration of the strategy. Our framework is action-oriented, making a clear distinction between the area within which we are striving for improvements (e.g. awareness), and the actions (e.g. campaigns, education, training) we will take to achieve our objectives.

Our Cross-Cutting Concerns

Our cross-cutting concerns reflect the priorities identified in the national suicide prevention strategy and from local insights. These concerns require action within all eight strategic areas to adequately reduce the risk posed to these groups or by these life events.

The national strategy identified a large number of groups at heightened risk. The BSPP agreed to align our collective effort on achieving improvements for a more focussed number for our first two-year action plan. These are shown in the table below in bold italics as cross-cutting concerns of notable focus. Our concerns of notable focus will be reviewed for the second two-year action plan to ensure our activities remain responsive to emerging insights and the changing suicide and self-harm prevention landscape.

Cross-Cutting Concerns [CC] for Barnet Suicide Prevention Strategy 2021-2025 ***Cross-Cutting Concerns of Notable Focus for Action Plan 2021-2023***		
CC1: Each area should address these high-risk groups:	CC2: Each area should consider the need for a tailored approach in these specific groups:	CC3: Each area should mitigate the impact of high-risk distressing life events**
• **Young and middle-aged men.** • **People with a history of self-harm.** • **People identified locally as potentially at increased risk, e.g. Eastern European migrants.** • ***People who misuse drugs or alcohol.*** • People in the care of mental health services. • People in contact with the criminal justice system. • People with long term health problems. • Older adults.	• ***Children and young people.*** • ***People with a family history of suicide.*** • ***People with autism and learning difficulties.*** • ***Black and other ethnic groups.*** • ***People who identify as LGBTQIA+.*** • Veterans; • Asylum seekers. • Survivors of trauma, abuse or violence.	• ***Economic wellbeing e.g. redundancy, debt, unemployment, unsecure accommodation / homelessness.*** • Social wellbeing e.g. ***people who are living alone, socially isolated***, or excluded, and young people impacted by social media. • Emotional wellbeing e.g. family conflict or breakdown, relationship breakdown or divorce. • Psychological wellbeing e.g. ***bereavement (particularly by suicide), bullying,*** family mental health problems, perinatal mental health.

***High-risk distressing life events are those where there is evidence for an increased risk of suicidal thoughts or behaviour in people following that life event.*

Our Suicide Prevention Strategy 2021-2025 and Action Plan 2021-2023

Key to Lead Teams

PH Adults	Barnet Public Health Adults & Healthcare	NCL SP	North Central London Suicide Prevention Strategy Group
PH CYP	Barnet Public Health Children & Young Persons	NCL D&I	NCL Suicide Prevention Data & Insights Subgroup
BEHMHT	Barnet, Enfield, Haringey Mental Health Trust	NCL SaS	NCL Suicide Prevention Support After Suicide Subgroup
NCL CCG	NCL Clinical Commissioning Group		

Theme: Foundation for action

Area for action

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.

Our current position

BARNET
The Barnet Suicide Prevention Partnership (BSPP) has produced annual Suicide Prevention Action Plans since 2014, informed by local and national insights. Data on deaths by suicide confirmed following a coroner's inquest are provided by the Office for National Statistics, however, these can include a time lag of months to years. Partners of the BSPP also contribute to local insights – for example, Middlesex University is currently undertaking a review of safeguarding cases involving suicidal ideation and intent. People with lived experience are represented in the Barnet Suicide Prevention Partnership and provide qualitative insights for our prevention work– but we can and should do more to ensure that our actions are informed by the experiences of people who have encountered suicide.

NORTH CENTRAL LONDON
The North Central London (NCL) Suicide Prevention Strategy Group was formed in 2021. A data and insights sub-group was also formed in 2021, with the aim of improving the completeness and local response to data in the Thrive London Suicide Prevention Information Sharing Hub.

LONDON
The Thrive London Suicide Prevention Information Sharing Hub is a Real Time Surveillance System (RTS) launched in 2020. The RTS Hub provides data on local suspected suicides uploaded by the Metropolitan Police Service and NHS Mental Health Trusts and shared with key partner institutions. The Thrive London Hub presents new opportunities to quickly identify and respond to emerging trends, as well as implement regional learnings on a local level.

What we want to achieve

Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review
1. Improve the processes for identifying local emerging trends and incorporating sector learnings into the Barnet Suicide Prevention Partnership's activities.	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 has 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	2022
		o A process for incorporating NCL Data & Insights Subgroup learnings into Barnet suicide prevention activities has been established.	PH Adults	2022
	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
	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	2022
2. Investigate signals indicating local groups that may be at higher risk. [CC1, CC3].	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
	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	2022
	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

Theme: Foundation for action

Area for action

Leadership and collaboration

Aim: Co-ownership of strategic success

Our current position

BARNET
Suicide prevention work within Barnet is coordinated through the multi-agency Barnet Suicide Prevention Partnership (BSPP), who have produced and reviewed our annual suicide prevention action plans since 2014. The group brings together a range of local partners including representatives from the Clinical Commissioning Group, Police, NHS, Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), Children's and Adult Social Care, Education and Family services, schools and universities, and organisations in the Voluntary and Community Sector.

Partners are committed to suicide prevention. In Barnet Council, suicide prevention is a key objective in the Barnet Joint Health and Wellbeing Strategy 2021-2025 and this strategy is reviewed by Barnet's Health and Wellbeing Board and Health Oversight Scrutiny Committee. Other Partners, such as Middlesex University and CommUNITY Barnet, are championing suicide prevention with commitment from the senior leadership team and provision of wellbeing services.

NORTH CENTRAL LONDON
North Central London (NCL) Sustainability and Transformation Partnership (STP) has successfully bid for NHS England Suicide Prevention Programme Wave 3 funding. Barnet is hosting the Programme Manager for this work; details on the programme are included in the Appendix (policy context).

LONDON
Barnet is a member of the Thrive LONDON Suicide Prevention Partnership, which aims to improve the mental health of Londoners and has a zero-suicide ambition for London.

NICE Suicide Prevention Quality Standard [QS189]
Statement 1: "Multi-agency suicide prevention partnerships have a strategic suicide prevention group and clear governance and accountability structures."

What we want to achieve

Strategic Objectives 2021-2025 How we will move towards our aim	**Biennial Action Plan**			
	Strategic Actions 2021-2023 How we will progress our objectives	**Action Outcome Measures** How we will measure our efforts	**Lead Team**	**Review**
3. Partners of the Barnet Suicide Prevention Partnership (BSPP), will co-produce, co-own, and co-lead the delivery of this strategy.	g) Partners will collaborate to deliver their committed actions for 2021-23, and we agree new priorities and actions in 2023.	o Updated Terms of Reference for the BSPP have been agreed.	All partners	2021
		o BSPP partners will report annually on successful completion of actions and make recommendations for adjustments.		2022
		o A biennial Action Plan is agreed for 2023-25.		2023
	h) People with lived experience are equal partners in the BSPP and represented in all meetings and workstreams.	o Meet our aim for more than 90% of BSPP meetings and workstreams to have people with lived experience represented.	PH Adults	2023
	i) 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	2023
		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	2022
4. BSPP strategic actions will contribute to and enhance wider suicide and self-harm prevention activities.	j) Ensure the actions within this strategy are aligned with North Central London (NCL) and London-wide suicide prevention activities.	o Barnet Public Health will actively participate in the North Central London (NCL) Suicide Prevention Group and Thrive London Suicide Prevention Group.	Selected partners	2023

Theme: Prevention of Suicide and Self-Harm

Area for action	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.
Our current position	BARNET Barnet Council has mapped the available suicide prevention training and uptake in the Borough, including face to face Making Every Contact Count (MECC) training. Barnet Public Health raised awareness of suicide and self-harm prevention at events and workshops throughout 2020, including for World Mental Health Day and World Suicide Prevention Day. During COVID-19, there was a shift to raising awareness and promoting online resources such as Zero Suicide Alliance's (ZSA) online suicide prevention training. NORTH CENTRAL LONDON North Central London Clinical Commission Group has been leading on the expansion of community-based education in suicide awareness across the sector. During the pandemic, in-person training was suspended, and the focus has shifted to raising awareness of online digital mental health support services such as Kooth, Good Thinking and Able Futures. LONDON Papyrus have been awarded funding to deliver suicide awareness education across London to faith-based charities, schools, colleges and universities.

What we want to achieve

Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review
5. Raise general awareness and reduce stigma around suicide and self-harm so that everyone feels able to start conversations about mental wellbeing, self-harm, and suicide.	a) All partners of the BSPP will internally promote the Zero Suicide Alliance (ZSA) online training.	○ 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	2022
	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
	c) Raise awareness of suicide and self-harm in schools.	○ 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
		○ All Barnet schools have a Youth Mental Health First Aider	PH CYP	2022
		○ 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
		○ Emotional health support by school nurses is promoted via PSHE and assemblies in all schools.	PH CYP	2022
	d) Raise awareness of suicide and self-harm in further education and higher education settings.	○ All further education settings have a self-harm and suicide prevention document within their safeguarding policy	PH CYP	2022
		○ All further education settings have a suicide prevention champion.	NCL SP	2022
6. Increase community knowledge of the first place to turn to access suicide and self-harm services in Barnet and make this information easier to find.	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.	○ Maintain an online 'one-page' resource for adults signposting to local self-harm, suicide prevention, and crisis support.	NCL CCG / PH Adults	2021
		○ Refresh the Making Every Contact Count (MECC) CYP mental health action card and share with partners. ○ MECC card is reviewed and updated every six months along with all public health cards.	PH CYP	2021
	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.	○ Awareness of Barnet's brief resources for local suicide prevention support (action 'e', above). ○ Report on the reach and engagement of the campaign with Barnet Residents.	NCL CCG / PH Adults	2022
		○ Pilot an expansion of the Resilient Schools programme to include awareness-raising with parents, including promotion of the ZSA online training.	PH CYP	2023
	g) Engage with children and young people to understand how well awareness-raising is performed and how it can be improved across school years.	○ Evaluate the pilot Peer Champion Scheme and use feedback to guide future initiatives.	PH CYP	2023
	h) Engage with local LGBTQIA+ groups to understand how we can better meet the needs of local LGBTQIA+ communities.	○ Recommendations produced through engagement are included in Action Plan 2023-25.	PH Adults	2023
	i) Produce culturally competent communications specifically for high-risk groups to highlight local self-harm and suicide prevention service.	○ Development of tailored communications materials for each group in CC1 and CC2.	All Partners	2023

Theme: Prevention of Suicide and Self-Harm

Area for action	Interventions*
	Aim: Provide timely and accessible information at potential trigger events.

Interventions*

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

Our current position

*In this strategy, interventions are any actions which delay or disrupt self-harm or suicidal thoughts or actions.

BARNET
A recent review of local data has not identified any local frequently used locations.

NORTH CENTRAL LONDON
Barnet, Enfield, Haringey Mental Health Trust (BEHMHT) have unmanaged risk forums in all boroughs to review and support clinicians working with cases where suicide risk remains high. BEHMHT work with the British Transport Police to create suicide prevention plans, identify and work with those at high risk of suicide. A trial of pop-up reminders on GP computer systems that alerts doctors if a patient has previously self-harmed or attempted suicide began in 2019.

LONDON
Thrive London's 'reducing access to medications as a means' project aims to help community clinicians and primary care staff reduce medication as a means of suicide for those people identified as at risk. Suicide prevention policies are currently being developed by the Metropolitan Police and British Transport Police. Nationally, there is ongoing work with technology and media companies on responsible reporting and social media, including interventions around online posts that encourage self-harm or suicide.

What we want to achieve

Strategic Objectives 2021-2025 How we will move towards our aim	**Biennial Action Plan**			
	Strategic Actions 2021-2023 How we will progress our objectives	**Action Outcome Measures** How we will measure our efforts	**Lead Team**	**Review**
7. Support regional and sector-led programmes aiming to: ○ reduce access to means, ○ identify high frequency locations, ○ prevent and responds to clusters.	j) 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.	○ Participation in NCL Suicide Prevention Strategy Group and Thrive London Suicide prevention group.	PH Adults	2023
		○ Production of a NCL Cluster Response Plan.	NCL D&I	2023
	k) 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.	○ 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
8. Increase individual capacity and confidence for bystander intervention in Barnet's communities by teaching suicide intervention skills.	l) Prioritise suicide intervention training for community members that support people who have an increased risk of suicide or self-harm, or that provide support to people around distressing life events.	○ 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	2022
		○ 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	2023
		○ 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
		○ 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 ZSA online training.	PH CYP	2022
		○ Perinatal Health coaches attend suicide prevention training and raise awareness as appropriate with clients.	PH CYP	2022
	m) 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
9. Increase the likelihood of early help seeking by decreasing the time from people experiencing high-risk events to receiving signposting information to local self-harm and suicide services.	n) Include mental health, self-harm and suicide prevention information with written notifications that may negatively impact on mental wellbeing.	○ Signposting is included on council materials such as financial abuse materials, penalty notices, and council tax bills.	Barnet Council	2023
		○ Signposting information is included in Homeless Action Barnet assessments next to mental health and suicide questions.	Homeless Action Barnet	2021
		○ Signposting is sent to all residents who become unemployed, and after six months unemployment.	BOOST	2022
		○ 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

BARNET

Theme: Prevention of Suicide and Self-Harm

Area for action	Services and Support **Aim: Ensure that services are available, integrated, accessible and appropriate for all members of the Barnet community.**
Our current position	BARNET Local service mapping has been undertaken of the support available for further education, crisis pathways, and emergency department pathways. There are many mental health support services available to Barnet residents, from wellbeing support through The Barnet Wellbeing Hub, to crisis support such as the Barnet Crisis Café, Crisis Teams, and 24/7 CAMHS crisis line. Barnet, Enfield and Haringey Mental Health NHS Trust provides Tier 3 and 4 commissioned services. Several services exist for Barnet residents with thoughts of suicide or self-harm, such as Maytree which provides residential respite care for people who are feeling suicidal, and a drop-in service provided by North London Samaritans. The Barnet Community Mental Health Service transformation programme is underway, focussing on improving access, patient experience, patient outcomes and tackling inequalities in mental health. Work includes mental health needs assessments, service mapping, and a series of engagement events with the aim of co-producing an equalities action plan. In 2018 Barnet undertook a thematic review of death by suicide in children and young people (CYP). The review took an overview of strategy, services, and user experiences to identify and analyse areas of good practice and areas for improvement. The recommendations from this review have been integrated with this strategy. The Barnet Multi-Agency Safeguarding Hub (MASH) for Children and Vulnerable Adults MASH are multi-agency partnerships that share key information about children, families, and vulnerable adults in order to make safe and timely decisions about the help children and vulnerable adults need. Barnet has the CYP continuum of help and support, a guidance document to support professionals working with children and young people to consider their needs and any risks to welfare in the context of the range of support available. The Resilient Schools Programme is an early intervention and preventative approach based on the THRIVE concept – looking at the two first quadrants of 'coping' and 'getting some help'. The programme is being developed as a whole school approach to mental health and resilience by providing training to staff, parents and pupils, to raise awareness and provide coping strategies, to commission providers, and to use 'schools champions' to build a bank of knowledge, resources and shared learning to support vulnerable members of school and the wider community. Barnet CYP team is undertaking a series of focus groups with children and young people to understand how the universal CYP offer could be improved. NORTH CENTRAL LONDON North Central London Clinical Commissioning Group (CCG) are leading on projects to improve responses to self-harm, such as the expansion of the Brandon Centre to Barnet & Enfield, and a pilot of peer-support for young people who self-harm who are at the threshold for statutory mental health services. LONDON Online digital mental health support is available to Barnet residents through several platforms such as Kooth, Good Thinking and Able Futures.

What we want to achieve

Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan: Strategic Actions 2021-2023 How we will progress our objectives	Action Outcome Measures How we will measure our efforts	Lead Team	Review
10. The Barnet Suicide Prevention Partnership has a complete understanding of all local services and support for self-harm and suicide, and uses this knowledge to quickly identify gaps in services in response to local insights.	o) Collaborate with BSPP partners, VCFS organisations, and the Barnet Integrated Care Partnership to understand service provision and identify gaps.	○ Care pathway map and gap analysis of the support for individuals and their families following a suicide attempt.	NCL SP	2023
		○ Care pathway map and gap analysis of the support for individuals and their families following self-harm.	NCL SP	2023
		○ 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
	p) Understand the local resilience support available to professionals whose work involves people with suicidal thoughts or behaviours.	○ Map of the resilience support for first responders in Barnet, including police, fire, healthcare staff, and park rangers.	PH Adults	2023
11. Use a quality improvement approach to improve local services and pathways, involving service users and people with lived experience as equal partners in improvement.	q) Understand whether the uptake of early help services reflects the groups known to be at an increased risk of suicide.	○ 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
	r) Engage with children and young people to co-produce ideas for service improvement.	○ Share learning from CYP focus groups for service improvement for the universal CYP offer with the BSPP.	PH CYP	2021
	s) All partners engage with CC1 and CC2 groups that they support to identify and mitigate barriers to access and to improve service provision.	○ Partners have worked during the first year to improve accessibility for people with high functioning autism, and people with learning disabilities.	All partners	2023
		○ The results of the joint commissioning unit mental health inequalities survey have been shared with Partners.	NCL CCG	2021
	t) Provide community pathways to access self-harm and suicide support e.g. self-referral, voluntary, community, and faith organisations.	○ Community referral pathways to self-harm and suicide prevention support services for young men have been developed for NCL boroughs.	NCL SP	2023
		○ Community referral pathways to suicide prevention services for people who are homeless have been developed.	PH Adults / NCL SP	2023
	u) Review how primary care is informed of vulnerable persons and how support is activated e.g. notification by the Public Protection Unit/Liaison Team	○ Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25.	NCL CCG	2023
	v) Review how people seen by the crisis team subsequently engage with other services.	○ Review has been shared with BSPP and recommendations are incorporated into the Action Plan 2023-25.	NCL CCG	2023

Theme: Prevention of Suicide and Self-Harm

Area for action	Mental health and wellbeing Aim: Support and improve the mental wellbeing of Barnet residents
Our current position	Improving our offer for general wellbeing support, and preventative mental health services should help to prevent people reaching crisis point. BARNET The Barnet Wellbeing Service provides mental health and wellbeing support to residents, connecting residents with community organisations to improve their wellbeing and prevent them from escalating to the point of crisis. Middlesex University is working to promote mental wellbeing in students by promoting healthy lifestyles, providing financial support, societies and engagement, and wellbeing activities in addition to clinical services and therapeutic support. Ways to improve the mental wellbeing support for overseas students is currently being explored. The Barnet Integrated Care Partnership (ICP) brings together all NHS organisations working in the borough, the council, HealthWatch and Voluntary, Community and Faith Sector (VCFS) representatives to provide better health care to Barnet residents. Barnet's ICP has a focus on expanding housing and employment opportunities for people with learning disabilities and autism and is developing a new community model for care and support for adults with Severe Mental Illness (SMI). The new community-based offer will improve holistic care for residents with SMI including physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. The new offer will have prevention embedded throughout, apply a population health management approach, and proactively focus on reducing health inequalities. As part of this, Core Community Mental Health Teams will be redesigned and expanded to move towards new multidisciplinary services across health and social care aligned with primary care networks to support people who have the most complex needs. NORTH CENTRAL LONDON Work is underway to address inequalities in mental health, engaging with racialised communities to improve mental health services and co-produce a mental health inequalities action plan. For example, this workstream includes addressing physical health needs of those at risk from COVID such as people on SMI registers from BAME communities, improving psychological support for racialised communities with culturally appropriate therapies, ensuring crisis prevention is accessible, developing the mental health community model, and increasing capacity for community support to residents with social prescribers, suicide prevention and mental health first aiders. North Central London will focus on improving access, people's experience of care, and treatment outcomes. LONDON Thrive London is an initiative by the Greater London Authority aiming to improve Londoners' mental health and wellbeing. Thrive London and partners work to reduce mental health stigma, support community actions, raise awareness of mental health, support children and young people, improve services, foster a healthy, happy workforce, and have a zero-suicide ambition. Projects supported include training mental health first aiders, supporting the Healthy Schools London programme, problem solving booths, and the London Healthy Workplace Charter. The GLA is currently consulting on the COVID-19 recovery plan for mental health and wellbeing with the mission is that 'By 2025, London will have a quarter of a million wellbeing ambassadors, supporting Londoners where they live, work and play.'

What we want to achieve	Strategic Objectives 2021-2025 How we will move towards our aim	Biennial Action Plan: Strategic Actions 2021-2023 How we will progress our objectives	Biennial Action Plan: Action Outcome Measures How we will measure our efforts	Lead Team	Review
	12. Partners in the Barnet Suicide Prevention Partnership will lead by example and provide comprehensive mental wellbeing support for their employees and/or volunteers.	w) 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	2022
		x) 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	2022
	13. The community mental health transformation programme should address risk factors for self-harm and suicide.	y) 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
	14. Gain new insights on local priorities by bringing together data on self-harm and suicide and data on wider determinants of mental wellbeing and use these to shape future actions.	z) 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	2022

Theme: Postvention	Area for action	Bereavement Support Aim: Provide support to everyone that wants it after bereavement by suicide				
	Our current position	NORTH CENTRAL LONDON Rethink Mental Illness, commissioned by NCL, launched a Support after Suicide service in October 2020. The Thrive LONDON Information Sharing Hub is used, with consent, to proactively reach out and connect those recently bereaved by suicide into the service. The service offers engagement with those bereaved by suicide, one-to-one emotional and practical support and advice, group-based support, and peer support where possible, both face-to-face and online. NICE Suicide Prevention Quality Standard [QS189] Statement 5: "People bereaved or affected by a suspected suicide are given information and offered tailored support".				
	What we want to achieve	**Strategic Objectives 2021-2025** How we will move towards our aim	**Biennial Action Plan** – **Strategic Actions 2021-2023** How we will progress our objectives	**Action Outcome Measures** How we will measure our efforts	**Lead Team**	**Review**
		15. Increase the number of people supported by the NCL Support after Suicide Service.	a) Use the Thrive London Real Time Surveillance Hub to proactively identify and offer help from the NCL Support after Suicide service.	○ Meet the target for all contacts identified on the Thrive London Hub to be offered support.	NCL SaS	2022
			b) Raise awareness of the NCL Support after Suicide service in Barnet by ensuring service details are included in Barnet resources.	○ 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	2023
				○ Liaise with the educational psychology service who support schools after suicide and update them on the current offer of services available in Barnet, including the NCL Support after Suicide service.	PH CYP	2022

Theme: Postvention	Area for action	Community Response Aim: Ensure a co-ordinated local response of partners with every death by suicide.				
	Our current position	BARNET The death of a child by suicide triggers a Serious Incident Review, with provision of support and resources, for example assembly and class materials to the school. 'Working with children in Barnet: The Education escalation policy' is a document that informs schools of the procedure to follow should a critical incident take place, and the support that the local authority will provide. Jami, a mental health service for the Jewish community, co-ordinates and leads the Emergency Response Initiative Consortium (ERIC). Partners have written a guide for Barnet schools to help them 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. ERIC trained First Responders can be mobilised by Jami to go into schools to support grieving students and staff. LONDON Thrive London are reviewing and improving the current mechanisms for identifying and responding to potential clusters across London.				
	What we want to achieve	**Strategic Objectives 2021-2025** How we will move towards our aim	**Biennial Action Plan** – **Strategic Actions 2021-2023** How we will progress our objectives	**Action Outcome Measures** How we will measure our efforts	**Lead Team**	**Review**
		16. Support local organisations to respond sensitively following a death by suicide and support to individuals following a suicide.	c) Ensure that all secondary and further education settings in Barnet have a postvention plan.	○ Engage with the educational psychology service 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.	PH CYP	2022
			d) Set-up a Postvention Response to support public and private sector workplaces with postvention advice and resources.	○ 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	2022

APPENDIX

Strategy Development

This strategy was co-produced with the multi-agency Barnet Suicide Prevention Partnership (BSPP) to be appropriate to the national and our local context, to be insight-led, informed by evidence of what works, and importantly to be practical, achievable, and effective.

The BSPP has worked together to prevent people dying by suicide since 2014, producing annual action plans and reporting to the Barnet Health Oversight Scrutiny Committee. The group comprises a broad range of local partners including representatives from the Barnet Clinical Commissioning Group, Police, NHS Health Trusts, Barnet Enfield and Haringey Mental Health Trust (BEHMHT), Children's and Adult Social Care, and the Voluntary and Community Sector. The Barnet Suicide Prevention Strategy 2021-2025 provides an update to the BSPP Action Plan 2019-2020.

Development of this strategy followed four stages:

- Development of our Barnet Suicide Prevention Framework.
- Co-production of our aims and initial objective scoping through a workshop and consultation with the Barnet Suicide Prevention Partnership.
- Consolidation of objectives using national and local insights and evidence of what works.
- Joint priority setting and commitment to Action Plan 2021-23 through workshops and written consultation with the BSPP and wider stakeholders.

Figure 2 – Inputs to the Barnet Suicide Prevention Strategy

Policy Context

This strategy exists amongst an extensive backdrop of national and regional guidance, strategies, and action plans for preventing self-harm and suicide in the UK. Our strategy aligns with these national priorities, integrates with local strategies supporting mental health and wellbeing, and supports sector-level programmes aiming to prevent self-harm and suicide.

The National Institute for Health and Care Excellence (NICE) produces guidance and pathways to inform evidence-based practice. NICE Guideline 105 and NICE Quality Standard 189 include recommendations for local authorities relating to suicide prevention partnerships, strategies, and action plans which have been incorporated into this strategy.

Barnet's objective to reduce deaths by suicide in each year of the four years of this strategy is consistent with the national ambition set in the Five Year Forward View for Mental Health (2016) to reduce deaths by suicide nationally by 10% over five years from 2016/17 levels. The Five Year Forward View Implementation Plan includes a recommendation for all local authorities to develop multi-agency suicide prevention plans that address the areas for action outlined by the Suicide Prevention Strategy for England (2012), and accompanying progress reports (2013, 2015, 2017, 2019). The national strategy set two objectives:

- A reduction in the suicide rate in the general population in England.
- Better support for those bereaved or affected by suicide.

To achieve these objectives, there are seven key areas of action:

1. Reduce the risk of suicide in key high-risk groups.
2. Tailor approaches to improve mental health in specific population groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. Reduce rates of self-harm as a key indicator of suicide risk (added 2017).

The London Mayor Health Inequalities Strategy (2018) includes the objective (2.5) that 'Action is taken across London to prevent suicide, and all Londoners know where they can get help when they need it'. The Strategy includes a pledge to support a long-term vision for London as a 'zero-suicide city', with funding for Thrive London – an initiative to improve the mental health and wellbeing of all Londoners, and to prevent suicide. The London-wide Suicide Prevention Framework, 2018, recommends the following as priority areas for London boroughs; reducing the risk in men, engaging BAME (black, Asian and minority ethnic) communities, bereavement support, preventing and responding to self-harm, mental health of children and young people, acute mental health care, supporting primary care, tackling high frequency locations, reducing isolation and loneliness, and media engagement. The London-wide Suicide Prevention Framework sets out Nine Pillars for prevention plans:

1. Background Framework
2. Leadership / Governance
3. Areas of high frequency, individuals at high risk, reducing access to means and promoting support
4. Training
5. Intervention and support
6. Suicide bereavement, postvention and the prevention of 'suicide clusters'
7. Evaluation measures
8. Sustainability and capacity building
9. Suicide Prevention, Mental Health and Wellness Promotion & Awareness

In March 2021, the Department of Health and Social Care announced the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022, to mitigate and respond to the impact of the COVID-19 pandemic on mental health, and prevent or support people at risk of self-harm or suicide. The recovery plan bolsters our local actions on wider determinants with national support to reduce inequalities and mitigate risk factors for self-harm and suicide.

Reducing deaths by suicide is a priority for the NHS. The NHS Long Term Plan committed to implementing a new Mental Health Safety Improvement Programme as well as rolling out suicide bereavement services across the country. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together to make sure that people get the help they need when they are having a mental health crisis, focussing on increasing access to support before crisis, access to crisis care, improving care when in crisis, and supporting recovery after crisis. In 2018, the Secretary of State for Health and Social Care launched a zero-suicide ambition for mental health inpatients. The **Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) Zero Suicide Ambition Suicide Prevention, Learning and Support Strategy 2020** aims to achieve a 20% reduction in suspected suicides amongst patients under their care by the end of 2021, with a zero-suicide goal for all in-patients.

The North Central London Sustainability and Transformation Partnership (NCL) successfully bid for wave one and wave three funding from the Suicide Prevention National Transformation Programme. The Barnet Suicide Prevention Strategy 2021-25 works synergistically with the planned activities of the **North Central London Suicide Prevention Programme**. North Central London utilised wave one funding to introduce a Support after Suicide Service in October 2020. The NCL programme plan for wave three includes several elements:

a. Programme management (hosted by Barnet) and establishment of an NCL Suicide Prevention Strategy Group.
b. Gap analysis and quality improvement of responses to self-harm.
c. Development of specific service improvements to address identified gaps including support for young adults (18-25), other non-statutory services with a focus on middle-aged men, and a specific trial of psychologically informed peer support following self-harm.
d. Expansion of community-based training in suicide awareness.

Prevention of suicide and self-harm and the improvement of mental health and wellbeing is a priority in Barnet. The implementation of this strategy is an objective of **The Barnet Joint Health and Wellbeing Strategy 2021-2014**. The Barnet Corporate Plan 2021-2025 priority of 'Healthy' has improving mental health and wellbeing as a key outcome, work which is supported by the North Central London Integrated Care System (ICS) community mental health transformation programme.

Insights

Local and Regional

This section provides a summary of local and national trends on deaths by suicide. It is important to note that in May 2019, the standard of proof for a suicide conclusion at inquest changed from the criminal standard (so that you are sure) to the civil standard (more likely than not). The significance of this in comparing data before and after 2019 has not yet been elucidated.

The four-year average annual number of suicides for Barnet residents was 22 in 2019 (for 4-year period 2016-19). In 2019, the median registration delay for suicides in Barnet was 149 days, down from 162 days in 2018. The most recent Office of National Statistics (ONS) data available (2017-19) for deaths by suicide registered in Barnet shows a count of 66 deaths and an age standardised rate of 6.7 deaths per 100,000 persons. This rate is:

- Significantly lower than England (10.1 per 100,000).
- The 6th lowest rate in London.
- Not significantly different to North Central London boroughs (except Camden) with whom the borough shares mental health services.

Suicide rates in North Central London Boroughs, London and England, 2017-2019

Area	All		Men		Women	
	Rate*	Count**	Rate*	Count**	Rate*	Count**
Enfield	5.9 (4.3-7.8)	50	7.9 (5.3-11.3)	32	4.1 (2.4-6.5)	18
Barnet	6.7 (5.2-8.6)	66	9.7 (7.1-13.0)	48	3.8 (2.2-6.0)	18
Haringey	9.6 (7.2-12.4)	65	14.0 (9.7-19.3)	46	5.6 (3.3-8.8)	19
Islington	10.4 (7.6-13.9)	54	15.0 (10.0-21.5)	37	6.1 (3.3-10.2)	17
Camden	11.3 (8.7-14.5)	69	17.4 (12.6-23.3)	48	6.0 (3.6-9.2)	21
London	8.2 (7.8-8.6)	1,845	12.4 (11.7-13.1)	1,359	4.3 (3.9-4.6)	486
England	10.1 (9.9-10.3)	14,788	15.5 (15.2-15.8)	11,145	4.9 (4.7-5.1)	3,643

*three year age-standardised death rate and **total deaths
Office for National Statistics - Suicides in England and Wales: 2019 registrations

In Barnet, the emergency hospital admissions for intentional self-harm was 98.8 per 100,000 (95% CI 89.2-109.2) in 2019 to 2020 this rate:

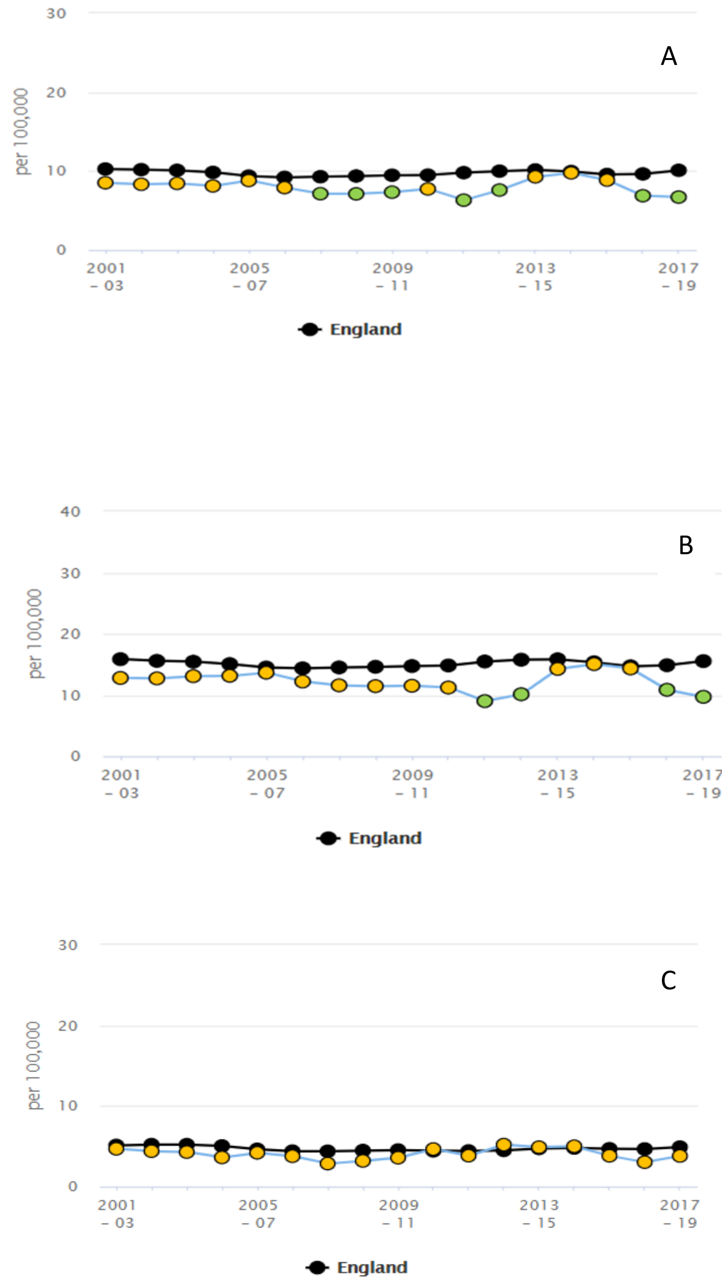
- Is significantly lower than the rate in England (193.4 per 100,000)
- Is similar to the average rate in London at 88.4 per 100,000 versus 81.6. per 100,000.

The rate of emergency admissions for intentional self-harm has not significantly changed over the previous decade.

RECENT TRENDS

Since 2001, the Barnet rate of suicide in men has been higher than women, in keeping with the national picture. The rate for men has decreased significantly from 14.3 (2015-17) to 9.7 per 100,000 (2017-2019), while the suicide rate for women has remained static at 3.8 per 100,000.

Figure 3. Trends in Suicide Rate in Barnet in comparison to England. A = Persons. B = Men. C = Women. Office for National Statistics – Suicides in England and Wales: 2019 registrations.

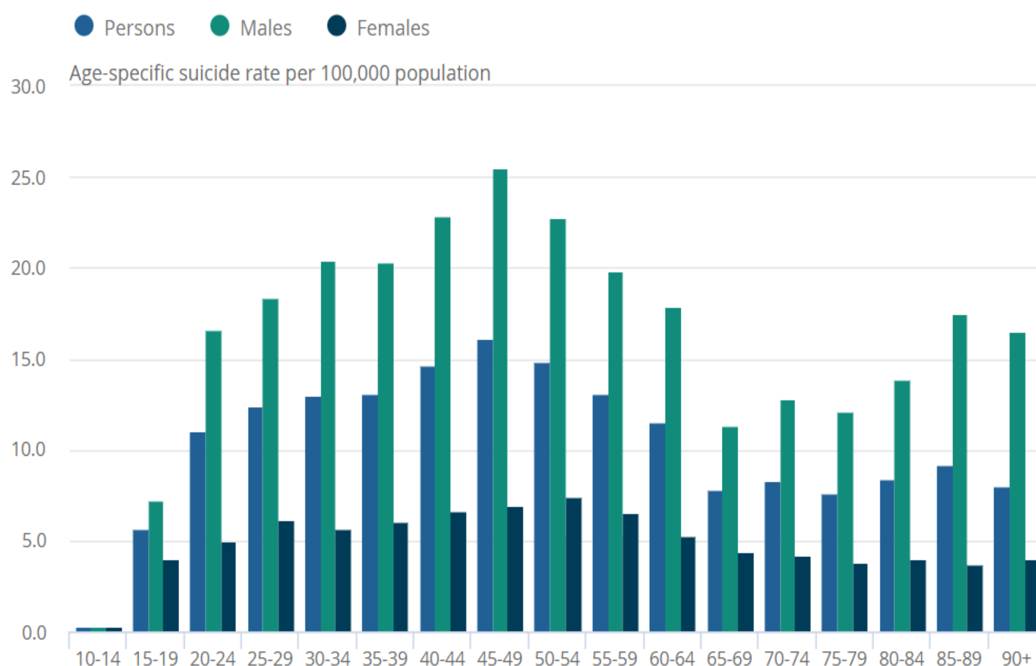


National (England and Wales)

National data shows us that suicide affects some groups more than others. These insights have been used to guide our cross-cutting concerns. For example, men are three times more likely to die by suicide compared with women. People in the lowest socio-economic group, living in the most deprived areas are ten times more at risk than those in the highest socio-economic group, living in the least deprived areas.

In 2019, there were 5,691 suicides in England and Wales, an age standardised rate of 11.0 deaths per 1000,000 population. Three quarters of the deaths registered were among men[2]. When analysed by five-year age group, there is a double peak in suicide rates; ages 45 to 49 and ages 85 to 89. Men aged 45 to 49 years have the highest age-specific suicide rate overall -25.5 deaths per 100,000 men. For women, the age group with the highest rate was 50 to 54 years, at 7.4 deaths per 100,000.

Figure 4: Age-specific suicide rates by sex and five-year age groups, England and Wales, registered in 2019. Office for National Statistics – Suicides in England and Wales: 2019 registrations.



As seen in previous years, the most common method of suicide in the UK was hanging, accounting for 61.7% of all suicides among men and 46.7% of all suicides among women.

RECENT TRENDS

Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years, particularly 10 to 24-year-old women where the rate has increased significantly since 2012 to its highest level with 3.1 deaths per 100,000 women in 2019.

Evidence that informed our strategy

Our strategy, prevention framework, aims, and our objectives are built upon the national evidence of the risk factors for suicide and self-harm and 'what works' for prevention. Wide ranging evidence authoritatively and comprehensively summarised in reports elsewhere has been used to inform this strategy. To maintain the usability of this strategy, this section briefly covers some of the key evidence that informed our thinking when deciding our local priorities and choosing our strategic actions for the first two years.

This strategy aligns with the evidence and recommendations in recent national reports and guidelines including:

- NICE Quality Standard 189 (Suicide Prevention), NICE Guideline 105 (Preventing suicide in community and custodial settings), Clinical Guideline 16 (Self-harm in over 8s: short-term management and prevention of recurrence), Clinical Guideline 133 (Self-harm in over 8s: long-term management)'. This strategy is cognisant that NICE guidelines on self-harm are due for review.
- Public Health England's Suicide Prevention Resources including The National Suicide Prevention Strategy for England (2012), accompanying progress reports (2013, 2015, 2017, 2019), and the Local Suicide Prevention Planning Practice Resource.
- National Confidential Inquiry into Suicide and Safety in Mental Health Annual Reports (latest 2021) and guidance (e.g. Safer Services Toolkit)
- Reports and guidance such as From Grief to Hope [University of Manchester], Dying from Inequality [Samaritans], All Party Parliamentary Group Inquiry into the support available for young people who self-harm.

This strategy addresses, and through our action plan meets the recommendations in the NICE Quality Standard and Guidelines for suicide prevention.

NICE Quality Standard 189: Suicide prevention
Statement 1: Multi-agency suicide prevention partnerships have a strategic suicide prevention group and clear governance and accountability structures
Statement 2: Multi-agency suicide prevention partnerships reduce access to methods of suicide based on local information.
Statement 3: Multi-agency suicide prevention partnerships have a local media plan that identifies how they will encourage journalists and editors to follow best practice when reporting on suicide and suicidal behaviour.
Statement 4: Adults presenting with suicidal thoughts or plans discuss whether they would like their family, carers or friends to be involved in their care and are made aware of the limits of confidentiality.
Statement 5: People bereaved or affected by a suspected suicide are given information and offered tailored support.

NICE Guideline 105: Preventing suicide in community and custodial settings
1.1 Suicide prevention partnerships
1.2 Suicide prevention strategies
1.3 Suicide prevention action plans
1.4 Gathering and analysing suicide-related information
1.5 Awareness raising by suicide prevention partnerships
1.6 Reducing access to methods of suicide
1.7 Training by suicide prevention partnerships
1.8 Supporting people bereaved or affected by a suspected suicide
1.9 Preventing and responding to suicide clusters
1.10 Reducing the potential harmful effects of media reporting of a suspected suicide

Evidence that informed our strategic priorities for 2021-2023

Suicide is a complex behaviour with no single explanation or cause. There are numerous risk factors for suicide, present at the individual, community, and societal level, as shown in Figure 5. The wide range of risk factors for suicide shows how critical it is that we work across the whole system in wide-ranging partnerships.

In order to make a difference in Barnet, it is crucial that we understand and focus our prevention efforts on reducing the impact of the risk factors that are most significant for our local residents. This section provides an overview of some of the key insights that have informed our choice of strategic priorities, such as the cross-cutting concerns of notable focus, for the Action Plan 2021-2023.

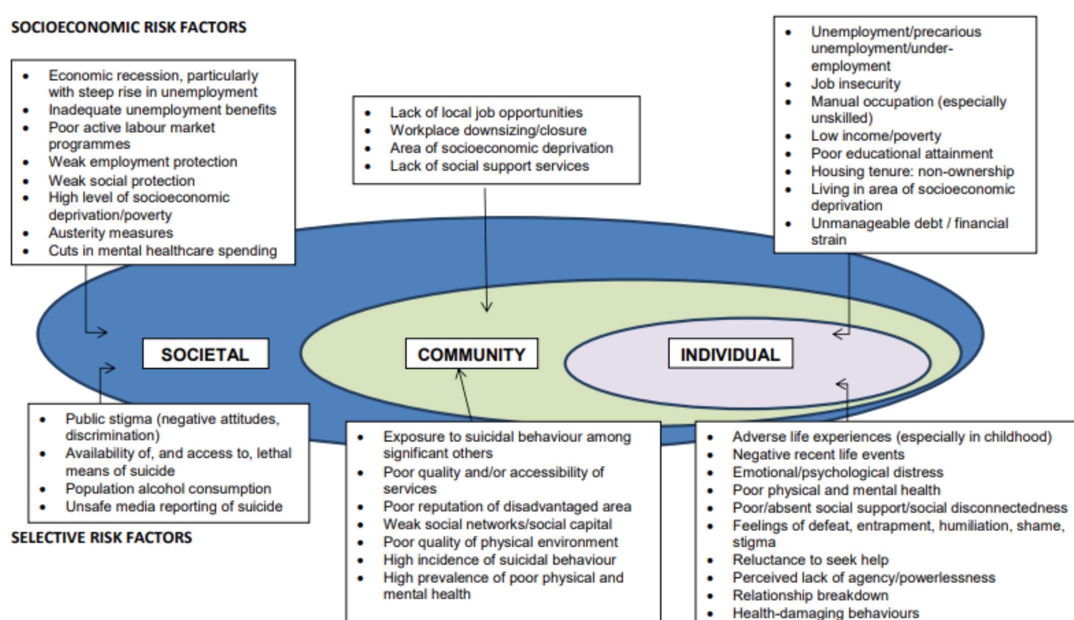


Figure 5: Model of suicidal behaviour, highlighting socioeconomic risk factors. Reproduced from: Samaritans (2017), 'Socioeconomic disadvantage and suicidal behaviour', March 2017

Cross-Cutting Concerns of Notable Focus for Action Plan 2021-2023 were chosen by the Barnet Suicide Prevention Partnership as locally important areas that demanded immediate collective effort to achieve improvements.

- Young and middle-aged men

In the UK and in Barnet, men are three times more likely to die by suicide than women. Men aged 45 to 49 have the highest suicide rate in the UK. In 2017, of the 1,516 men aged 40-54 who died by suicide, 30% were unemployed at the time of death, 27% were in the most deprived areas in England, and 45% reported living alone. Physical health conditions were present in over half (52%), while bereavement and substance misuse occurred in over one third (34% and 49% respectively) of cases. Strikingly, 91% had been in contact with at least one front-line service or agency – 67% within 3 months of deaths[10]. This is an opportunity for intervention. There is emerging evidence of a preference for informal, de-medicalised provision such as peer-led support, community and work-based based initiatives, and non-clinical spaces and respite.

[10] The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), Suicide by middle-aged men 2021, University of Manchester

- People with a history of self-harm

Self-harm is the most important risk factor for subsequent death by suicide; half of people who die by suicide have a history of self-harm, many with an episode close to their death, and some presenting to hospital within the year before their death[8]. NICE guidance CG16 and CG133 provides comprehensive recommendations for the short and long term management of people over 8 years old who self-harm. Particularly in patients known to mental health services, recent self-harm is an important antecedent of suicide, with 29% of people who died by suicide between 2006-16 recently self-harming[17].

Findings from many community-based studies show that around 10% of adolescents report having self-harmed, of whom some will report some extent of suicidal intent underpinning their self-harm. Presentation to hospital occurs in only about one in eight adolescents who self-harm in the community, being more common in those who take overdoses[11]. While many people will not present to health services, they may confide in family and, particularly for young people, in friends[12]. This is an opportunity to provide help. We can support residents by working to raise awareness of self-harm, build community skills in having conversations about suicide, and make it easier to find locally available services and support.

- People who misuse alcohol and drugs

Misuse of alcohol or drugs is an aggravating factor that further increases risk in particular sub-groups including men, people who self-harm, and people with a mental health diagnosis. In patients who died by suicide in England (2008 to 2018), 45% had a history of alcohol misuse and 34% had a history of drug misuse[3]. The 'Better care for people with co-occurring mental health and alcohol/drug use conditions (2017) report'[13] emphasises the importance of specialist service provision, joint working, 24/7 crisis response, and accessible care pathways to meet the complex needs of this groups.

- Children and young people (CYP)

Suicide is the leading cause of death for young people. Since 2017, there has been a significant increase in the suicide rate for men aged 10 to 24, rising to 8.2 per 100,000 in 2019. For women aged 10 to 24, the 2019 suicide rate for England and Wales is the highest recorded since 1981 at 3.1 per 100,000, almost doubling from 1.6 per 100,000 in 2012, when the rate began to rise[2]. The Early Intervention Foundation Social and Emotional learning briefing recommends PSHE, a whole-school approach to emotional skills-based interventions, and delivering targeted evidence-based support for CYP with emerging mental health needs. There is evidence for the success of school strategies, mental health first aiders, peer support, staff training for awareness and signposting, and clear referral routes into specialist services[14]. Young people have expressed a desire for trusted sources of information and not wanting to negotiate complex systems to access services[15]. In 2018, the Department of Education published guidance for schools supporting CYP with their mental health. The guidance advocates that each school creates a whole school culture for mental wellbeing, identifies, assesses and creates a plan to support children at risk of mental health problems, which could include working with external agencies and services.

---

[11] Hawton K, Saunders KEA, O'Connor RC (2012). Self-harm and suicide in adolescents. Lancet; 379:2373–82. doi:10.1016/S0140-6736(12)60322-5

[12] Royal College of Psychiatrists London (2010), Self-harm, suicide and risk: helping people who self harm, College Report CR158.

[13] Public Health England (2017), 'Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers', June 2017.

[14] Public Health England (2019), 'Universal approaches to improving children and young people's mental health and wellbeing', Report of the findings of a Special Interest Group, October 2019.

[15] Public Health England (2014) Improving young people's health and wellbeing: A framework for public health, January 2015.

• People who experience distressing life events
High-risk distressing life events are those which negatively impact on an individuals' mental wellbeing and increase their risk for suicidal thoughts and behaviours. High risk events may influence metal health by impacting upon:

- Economic wellbeing e.g. redundancy, debt, gambling addiction.
- Social wellbeing e.g. people who are living alone, socially isolated, or excluded, and young people impacted by social media.
- Emotional wellbeing e.g. family conflict or breakdown, relationship breakdown or divorce.
- Psychological wellbeing e.g. bereavement (particularly bereavement by suicide), family mental health problems, recently relapse of substance misuse, recent self-harm, bullying.

It is likely that for many, COVID-19 will have caused or exacerbated these events, which already disproportionately affect those in high risk groups for suicide. Of all mental health patients who died by suicide in England in 2008-2018, 48% were living alone and 46% unemployed[3]. There is a higher rate of key risk factors and distressing life events in men who die by suicide when compared to the incidence in the general population. Most (57%) had experienced economic problems (unemployment, finance, or unstable accommodation) at the time of death, while some experienced distressing events in the 3 months prior to their death such as problems with; family relationships (36%), alcohol misuse (36%), bereavement (34%), substance misuse (31%), finance (30%), housing (24%), problems at the workplace (24%), or divorce/separation (21%). The number of men living in the most deprived areas (27%) losing their life to suicide is almost twice that of those in the least deprived areas (14%)[10]. Unemployment is a key risk factor for suicidal behaviour in men, and this higher risk is exacerbated during a downturn or period of economic growth[9]. Following the 2008 Global financial crisis, there was an increase in the rate of suicide in England.

There is opportunity for intervention following distressing life events. 53% of men who died by suicide in 2008-2018 expressed ideation or intent at some time, 20% in the week prior to their death. 91% had been in contact with at least one frontline service or agency, (most often primary care – 82%). Services can provide support following for example unemployment, for debt, social isolation, family breakdown, homelessness, and bereavement. A focus within these services should be on recognising risk, responding to unmet need, and better joint working across support services, primary and secondary care, social care, and local authority. Upskilling frontline staff and providing gatekeeper training is critical in building system capacity to recognise risk and intervene.

<u>Theme 1 – Foundation for Action</u>

Insights from data, research, and people with lived experience

Robust data and relevant insights underpin the development of effective suicide prevention activities. Making progress towards our first strategic aim for 'enhanced insights on every suicide that occurs in the borough to inform future prevention work' will enable us to improve our local evidence base where there are known current gaps, such as in ethnicity and sexual orientation , as well as better inform our prevention activities. Co-produced solutions form the core of our second principle in the development of this strategy. Involving people affected by suicide brings a crucial perspective that can help to identify gaps between policy and practice, and ground prevention work in the real-life impact of self-harm and suicide.

Public Health England's Local Suicide Prevention Planning recommends local authorities to focus on the collection and analysis of local information that could provide additional insights alongside close consideration of the national data[16]. A limitation of our local data is the relatively small annual numbers makes it difficult to detect significant differences between nationally and locally important risk factors, and longer timescales are needed to evaluate the impact of our suicide prevention activities. Local data can be improved and used to produce more responsive prevention activities by reducing the time from suicide events to data analysis[4]. Current data from the Office for National Statistics is published annually, but registrations of suicide deaths following a coroner's inquest can be delayed by days or months – currently in Barnet the median registration delay for suicides is 149 days (2019)[1]. Real-time surveillance systems can help to close this gap.

Leadership and collaboration

The All-Party Parliamentary Group on Suicide and Self-Harm Report advises the establishment of a multi-agency suicide prevention group as one of the main elements to successful suicide prevention work. This is also recommended by The National Suicide Prevention Strategy and NICE QS 189 based on evidence that "By combining expertise and resources, partnerships can cover a much wider area more effectively and implement a range of activities" and that "when partnerships share knowledge and experience, this is of greater benefit than working individually." For a successful whole-system approach that tackles the wider determinants of health and wellbeing, we need to collaborate across public, private and health services. Involvement of our Health and Wellbeing board should provide further opportunities for multi-agency working.

Theme 2 – Prevention of Suicide and Self-Harm

Awareness

In this strategy, 'awareness' is the first action area within the theme 'prevention of self-harm and suicide'. This action includes building general awareness of mental wellbeing, self-harm, and suicide, as well as raising awareness of the services and support available locally.

Collecting research evidence demonstrating the effectiveness of raising awareness would be challenging. Our expert view is that building general awareness is the first step of prevention as it aims to increase general understanding of mental wellbeing, improve skills that build positive mental wellbeing, and reduce barriers to help seeking such as stigma and discrimination.

There is evidence that bystander interventions as well as timely signposting can be effective in preventing suicides[17]. We believe that raising the awareness of the local services and support available to those in need amongst everyone in Barnet is the crucial second step that will enable timely help-seeking or effective bystander intervention.

Increasing awareness of suicide and self-harm support across the population in Barnet will help us reach our aim that 'everyone in Barnet knows where to find help if they are thinking about suicide or are concerned about someone else'.

[16] Public Health England (2020), 'Local suicide prevention planning: A practice resource', September 2020.

Interventions

Timely interventions that interrupt the suicidal process can be lifesaving: they buy the time needed to give people the chance to reconsider, and they increase the likelihood that help reaches out to that person in time[17]. Interventions that delay or disrupt a suicidal act could include:

- Reducing access to means

This includes restricting access to high frequency locations, package size for medications and mediation reviews, removing ligature points in inpatient settings, and reducing access to weapons. Reducing access to means is known to be one of the most effective methods of preventing suicide. There has been a significant reduction in deaths by paracetamol overdose since the pack sizes of paracetamol reduced, and there is evidence demonstrating an 86% overall reduction in deaths when structural interventions are carried out at high risk locations for suicide by jumping, with little evidence of substitution to other potential jumping sites[17]. Currently, the most common method of suicide is hanging. Removal of ligature points in criminal justice and inpatient settings has shown to reduce deaths but designing interventions for hanging in the home remains difficult.

- Increasing the opportunity for intervention

Evidence shows that passer-by interventions are most likely to come from strangers. This is why raising general public awareness of suicide prevention and interventions is so important. The opportunity for human intervention can also be increased by specifically training frontline staff to recognise the risk factors for suicide - education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates[15].

- Increasing opportunities for help-seeking

Timely signposting of services and support around high risk events increases the chance that a person with suicidal thoughts can reach out for help. For example, signs that encourage help seeking at high frequency locations, inclusion of signposting information with written notices that may be distressing, and timely provision of signposting to individuals known to be at higher risk, such as following a bereavement.

Services & Support

Early access to effective support can save lives. The latest data and recommendations for suicide prevention of those in the care of mental health services can be found in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) annual report. Evidence shows that patients with the highest risk are inpatients, those who refuse treatment, and those recently discharged, greatest within the first few days to first week.

It is important we provide high quality services that are accessible. NCISH have published a 'Safer Services Toolkit'[18] with ten ways to improve patient safety, which are incorporated in Barnet, Enfield and Haringey Mental Health Trust's Suicide Prevention Strategy. Recommendations include personalised risk management, follow-up within three days of discharge from in-patient care, 24-hour crisis care, following NICE guidance for depression and self-harm, and local services for dual diagnosis that work jointly with mental health services. Improving care across the system is also important, with clear pathways between emergency, primary, secondary, community, and specialist services.

[17] Public Health England (2015), 'Preventing suicide in public places: A practice resource', November 2015.
[18] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017), 'Safer service: A toolkit for specialist mental health services and primary care. 10 key elements to improve safety', updated March 2021.

Theme 3 – Postvention

People who are bereaved by suicide have an increased risk of suicide and suicidal ideation compared to people bereaved through other causes[19], and bereavement can result in depression and poor social or occupational functioning. Bereavement by suicide affects not only immediate family, but entire communities; school friends, work colleagues, neighbours, and those whose work brings them into contact with suicide such as frontline emergency services staff, teachers, and faith leaders. Timely and effective support to those bereaved or affected by suicide may reduce the risk of these consequences.

A joined-up community response is essential in providing support to those impacted after a suicide and preventing further suicides. One suicide can trigger a cluster of suicides within the family or community, particularly among young people[20]. This can be exacerbated by news reports, which have been associated with imitative suicidal behaviours[21]. Evidence shows the risk of clusters can also be reduced with community-level post-suicide interventions at schools, workplaces, and healthcare settings, and that implementing guidelines on responsible reporting has been associated with sustained reductions in numbers of suicides. Significant work to promote responsible reporting is conducted at a national level with the Samaritans, and includes collaboration with news media and internet companies on responsible reporting and removal of content which encourages suicide or self-harm.

[19] Pitman A, Osborn D, Rantell K, et al. (2016), 'Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults', BMJ Open, 2016 Volume 6, e009948, doi: 10.1136/bmjopen-2015-009948.
[20] Department of Health (2012), 'Preventing suicide in England. A cross-government outcomes strategy to save lives', September 2012.
[21] Sisask M, Värnik A, (2012), 'Media roles in suicide prevention: a systematic review'. Int J Environ Res, Public Health. Volume 9, Issue 1, pages 123 to 138.

Barnet Suicide Prevention Partnership Members

The Barnet Suicide Prevention Partnership has representation from the following organisations:

- London Borough of Barnet Council teams; Public Health, Mental Health, Safeguarding, Human Resources, Commissioning, Community Safety, Adult Social Care, Early Intervention, Enablement, BELS (Barnet Education and Learning Service).
- People with lived experience
- Central London Community Healthcare NHS Trust
- Barnet, Enfield, Haringey Mental Health Trust
- North Central London Clinical Commissioning Group
- Metropolitan Police
- British Transport Police
- BOOST
- Barnet Homes
- Middlesex University
- Mind in Barnet
- Trinity London
- Colindale Communities Trust
- Young Barnet Foundation
- Barnet Mencap
- Inclusion Barnet
- Change, Grow, Live
- AgeUK Barnet
- Young Barnet Foundation
- Meridian Wellbeing
- Jami UK
- Barnet Carers Centre
- CommUNITY Barnet
- Samaritans
- New Citizens Gateway
- Unitas Youth Zone
- Your Choice Barnet

Acronyms

APPG	All Party Parliamentary Group.
BAME	Black, Asian, minority ethnic, and racialised communities.
BEHMHT	Barnet, Enfield, and Haringey Mental Health Trust.
BOOST	Partnership with Barnet Homes, JobCentre Plus, Barnet & Southgate College a number of local community organisations.
BSPP	Barnet Suicide Prevention Partnership.
CAMHS	Child and Adolescent Mental Health Services
CC1	Cross Cutting Concern 1 (each area should address identified high-risk groups).
CC2	Cross Cutting Concern 2 (each area should consider the need for a tailored approach in identified specific groups).
CC3	Cross Cutting Concern 3 (each area should mitigate the impact of high-risk distressing life events).
CCG	Clinical Commissioning Group.
CYP	Children and Young People.
ICP	Integrated Care Pathway.
ICS	Integrated Care System.
LBB	London Borough of Barnet.
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and people with non-normative gender identities or sexual orientations.
MECC	Making Every Contact Count.
NCISH	National Confidential Inquiry into Suicide and Homicide
NCL	North Central London.
NCL D&I	NCL Suicide Prevention Data & Insights Subgroup.
NCL SaS	NCL Suicide Prevention Support After Suicide Subgroup.
NCL SP	North Central London Suicide Prevention Strategy Group.
NICE	National Institute of Health and Care Excellence.
PH	Public Health.
PSHE	Personal, social, health and economic education.
RTS	Real Time Surveillance system.
SMI	Severe Mental Illness
VCFS	Voluntary, Community, and Faith Sector
ZSA	Zero Suicide Alliance

References

1. Office for National Statistics (2020), 'Suicides in England and Wales by local authority',
2. Office for National Statistics (2020), 'Suicides in England and Wales: 2019 registrations',
3. The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), Annual Report: England, Northern Ireland, Scotland and Wales 2021, University of Manchester
4. Office for National Statistics (2020), 'Coronavirus and loneliness, Great Britain: 3 April to 3 May 2020'
5. Office for National Statistics (2021), 'Employment in the UK: May 2021',
6. Barr B, Taylor-Robinson D, Scott-Samuel S et al. (2012), 'Suicides associated with the 2008-10 economic recession in England: time trend analysis', BMJ, Volume 345, e5142
7. Labouliere C, Vasan P, Kramer A, et al (2019), 'Zero Suicide - A model for reducing suicide in United States behavioral healthcare', Suicidolog, Volume 23, Issue 1, pages 22 to 30
8. Covington D, Hogan M (2019), 'Zero Suicide: The Dogged Pursuit of Perfection in Health Care', Psychiatric Times, Volume 36, Issue 1
9. Samaritans (2017), 'Socioeconomic disadvantage and suicidal behaviour', March 2017
10. The National Confidential Inquiry into Suicide and Safety in Mental Health (2021), Suicide by middle-aged men 2021, University of Manchester
11. Hawton K, Saunders KEA, O'Connor RC (2012). Self-harm and suicide in adolescents. Lancet; 379:2373–82. doi:10.1016/S0140-6736(12)60322-5
12. Royal College of Psychiatrists London (2010), Self-harm, suicide and risk: helping people who self harm, College Report CR158.
13. Public Health England (2017), 'Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers', June 2017.
14. Public Health England (2014) Improving young people's health and wellbeing: A framework for public health, January 2015.
15. Public Health England (2020), 'Local suicide prevention planning: A practice resource', September 2020.
16. Public Health England (2015), 'Preventing suicide in public places: A practice resource', November 2015.
17. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2017), 'Safer service: A toolkit for specialist mental health services and primary care. 10 key elements to improve safety', updated March 2021.
18. Pitman A, Osborn D, Rantell K, et al. (2016), 'Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults', BMJ Open, 2016 Volume 6, e009948, doi: 10.1136/bmjopen-2015-009948.
19. Department of Health (2012), 'Preventing suicide in England. A cross-government outcomes strategy to save lives', September 2012.
20. Sisask M, Värnik A, (2012), 'Media roles in suicide prevention: a systematic review'. Int J Environ Res, Public Health. Volume 9, Issue 1, pages 123 to 138.

This page is intentionally left blank

Health Overview and Scrutiny Committee
Forward Plan 2021-22

Contact: tracy.scollin@barnet.gov.uk

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
12 October 2021			
Coronavirus and vaccination update		Director of Public Health, LBB	**Non-key**
7 December 2021			
Mid-year Quality Accounts	• Royal Free London NHS Foundation Trust • Central London Community Healthcare NHS Trust • North London Hospice		**Non-key**
To be allocated			
Children and Young People's Oral Health in Barnet	Early 2022	Director of Public Health	**Non-key**