

	<p style="text-align: center;"><b>Health Overview and Scrutiny Committee</b></p> <p style="text-align: center;"><b>5<sup>th</sup> October 2020</b></p>
<p style="text-align: right;"><b>Title</b></p>	<p style="text-align: center;"><b>Suicide Prevention in Barnet</b></p>
<p style="text-align: right;"><b>Report of</b></p>	<p>Director of Public Health</p>
<p style="text-align: right;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: right;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: right;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: right;"><b>Key</b></p>	<p>No</p>
<p style="text-align: right;"><b>Enclosures</b></p>	<p>Suicide Prevention Update</p>
<p style="text-align: right;"><b>Officer Contact Details</b></p>	<p><a href="mailto:Seher.Kayikci@barnet.gov.uk">Seher.Kayikci@barnet.gov.uk</a>  <a href="mailto:Julie.George@barnet.gov.uk">Julie.George@barnet.gov.uk</a></p>
<p><b>Summary</b></p>	
<p>This report follows a review of the most recently available suicide data and key achievements since the last HOSC report in July 2019.</p>	

<p><b>Officers Recommendations</b></p>
<ol style="list-style-type: none"> <li>1. That the committee note the key achievements in suicide prevention since the last report and priority areas of work for 20/21.</li> <li>2. That the committee continue to receive an annual update on suicide prevention.</li> </ol>

**1. WHY THIS REPORT IS NEEDED**

- 1.1 The July 2019 HOSC considered a review of suicide prevention data and delivery of the suicide prevention action plan, ahead of the annual review process in March 2020. An annual update on the new action plan was requested.
- 1.2 The action plan 2019/20 has not been formally followed up and closed, due to challenges posed to all partners by the coronavirus pandemic. However,

significant partnership work during the last year has resulted in delivering on key elements in suicide prevention.

- 1.3 The attached slides provide details on the current policy context around suicide prevention, the latest intelligence relating to people lost to suicide and self-harm and achievements on suicide prevention in the last year.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Significant progress on suicide prevention has been made through
- 2.2 local and STP partnership working despite the significant challenges posed by COVID.

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

- 3.1 None.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 Public health facilitates a series of engagement workshops to develop a new suicide prevention strategy for Barnet, cementing and enhancing existing work on suicide.

## **5. IMPLICATIONS OF DECISION**

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

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

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

- 5.2.1 The suicide prevention action plan is delivered within existing staffing and financial resources in Public Health and its partner agencies.
- 5.2.2 It is not possible to isolate expenditure specifically for suicide prevention because a range of NHS, Local Authority, Police, Voluntary and Community sector organisations contribute to the agenda funded from diverse sources and for a wide range of purposes.

### **5.3 Social Value**

- 5.3.1 N/A

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

- 5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations

2013/218; Part 4 Health Scrutiny by Local Authorities - provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

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

## 5.5 Risk Management

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

5.5.2 Regular review meetings of the Barnet Suicide Prevention Steering group will be re-established to ensure opportunities for partners to flag any delivery challenges at an early stage and to allow partners to anticipate any impacts in delivering local prevention strategy.

## 5.6 Equalities and Diversity

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

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

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

5.6.4 Variations in suicide rates by age and sex were described in the annual suicide report. Attention has been paid locally to other characteristics but low numbers make it impossible to make any statistically robust conclusions. National analysis of suicides suggests higher than average rates amongst the LGBT community, and middle-aged men. Persons on the autistic spectrum has also been identified at increased risk.

## **5.7 Corporate Parenting**

- 5.7.1 The implications for corporate parenting of any developments in suicide prevention activity for children is kept under review.

## **5.8 Consultation and Engagement**

- 5.8.1 A voluntary sector representative sits on the suicide prevention local work group to ensure that their views, those of mental health service users and the broader community are represented. People with lived experience of suicide or attempted suicide are involved in the development of the Barnet Suicide Prevention Strategy.

## **5.9 Insight**

- 5.9.1 The latest information available on suicide is provided in the attached report.

## **6. BACKGROUND PAPERS**

**SLIDES ATTACHED.**