



Health and Wellbeing Board

Title	Suicide Prevention Strategy Annual Report and Renewed Action Plan 2023-25.
Date of meeting	28 th September 2023
Report of	Tamara Djuretic, Director of Public Health and Prevention tamara.djuretic@barnet.gov.uk
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Suicide Prevention Strategy Annual Report 2022-23 Appendix B – Renewed Suicide Prevention Action Plan 2023-25 Appendix C – Suicide Prevention Strategy 2021-2025
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Summary

The Barnet Suicide Prevention strategy was approved by the Health and Wellbeing Board in July 2021. This annual report (2022-23) reflects on the collaborative actions across the borough in the delivery of the Suicide Prevention Strategy. The report has three sections:

1. Suicide and self-harm statistics

2. Suicide Prevention Programme Update

3. Future plans

Last year the membership of the Barnet Suicide Prevention Partnership (BSPP) has continued to grow. There are nearing 40 organisations working together to support the mental health of children, young people and adults and making a commitment to reduce suicide deaths in Barnet. Progress has been made across the eight key action areas of the strategy despite cost-of-living pressures on both residents and staff.

The current three-year average suicide rate in Barnet of 4.8 per 100,000 (2019 -2021), remained the second lowest in London. The total number of suspected suicides from the Real Time Surveillance System (RTSS) for 2022-23 was 20, this is lower than in 2021-22 of 25. However, this needs to be interpreted with caution as under reporting may be an issue.

Both confirmed and suspected deaths by suicide in Barnet remained lower than in London and England. This may be associated with the collective preventative action that has been taken over two years. However, the Partnership is not complacent. The co-produced action plan 2023 – 25 will set a further ambition to strengthen what is already in place, as well as adding new actions, because every single life lost to suicide is one too many.

Recommendations

1. That the Health and Wellbeing Board note the progress on implementation of the Barnet Suicide Prevention Strategy.
2. That the Health and Wellbeing Board note the most recent data for the borough of Barnet.
3. That the Health and Wellbeing Board approve the renewed Action Plan 2023-25.

1. Reasons for the Recommendations

- 1.1 The report provides an overview of the progress on the actions of the Barnet Suicide Prevention Strategy and Action Plan, statistics on suicide and self-harm and the future plans of the Barnet Suicide Prevention partnership to achieve the strategy actions.
- 1.2 The Strategy has eight areas for action. They are:
 - Insights from data, research, and people with lived experience
 - Leadership and collaboration
 - Awareness
 - Interventions
 - Services and Support
 - Mental health and wellbeing
 - Bereavement Support
 - Community Response
- 1.3 The annual report gives an overview of updates from each area for action. The action monitoring log can be found in the Appendix 1 of the report.
- 1.4 Barnet’s suicide rates have remained significantly lower than both London as a whole and the rest of England. Building on the learning from the two years of implementation of the strategy, the Partnership set out a refreshed action plan for 2023-25. Several workshops and a survey have enabled partners to identify the key target groups and priority action areas

going forward. The groups identified by the partners are in line with the groups identified within the forthcoming National Suicide Plan (awaiting publication).

- 1.5 The current evidence supports continued focus on preventative action with men, young people, people in contact with mental health services, LGBTQ+ and neurodiversity. Evidence also suggests a focus on economic adversity, self-harm, online harm, relationship breakdown, bereavement, family history and previous suicide attempts.
- 1.6 The impact of the cost of living and a global instability means that it is highly likely there will be an increase in mental health problems. However, there are also opportunities with the new Barnet Plan, including but not limited to, action on tackling inequalities and reducing poverty, the work on Barnet Mental Health Charter and emerging Neighbourhood Model, naming but a few, which will be enablers for systemwide change.
- 1.7 We therefore seek approval from the Board on the renewed action plan which is a true reflection of the passion and commitment of all partners to help prevent future suicides in Barnet.

2. Alternative Options Considered and Not Recommended

- 2.1 Not applicable

3. Post Decision Implementation

- 3.1 Barnet Suicide Prevention Partnership will continue to implement approved actions.
- 3.2 For the remaining timeline of this strategy, annual reports will be provided to the Board. These updates will give the Board oversight of progress towards achieving the aims of the Strategy.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

- 4.1 Corporate Plan priorities supporting suicide prevention include the four key areas under “Caring for People”. They are Tackling Inequalities, Reducing Poverty, being a Family Friendly borough and Living Well.
- 4.2 The suicide prevention strategy sits under Key Area 2 of the Health and Wellbeing Strategy (Starting, Living and Ageing Well).

Corporate Performance / Outcome Measures

The nature of the work is such that we are working towards prevention of suicide and therefore there are no set KPIs in place. The National Suicide Prevention Plan is soon to be published. We would adopt outcome measures set in this forthcoming strategy.

Sustainability

- 4.3 Actions to implement the Suicide Prevention strategy are funded within existing budgets and staffing of the public health department, other council departments, and partner agencies such as NHS, Police, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes.

Corporate Parenting

- 4.4 The Barnet Suicide Prevention Strategy is an all-age strategy which now includes close collaboration with a range of partners with both adult and child focus.

Risk Management

- 4.5 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 renewed Action Plan 2023-25. This could have a detrimental impact on local suicide and self-harm prevention.

The following controls and mitigations are in place:

- 4.5.1 The Action Plan 2023-25 has been co-produced and co-owned by the multi-agency Barnet Suicide Prevention Partnership. Each partner has committed actions to strengthen suicide prevention response within their organisations as well as offering to the partnership their expertise and specialist knowledge on at-risk groups.
- 4.5.2 The Barnet Suicide Prevention Partnership meets regularly to re-engage partners, align activities, and implement changes based on new insights.
- 4.5.3 Regular monitoring against agreed actions will be built into the process by collecting regular updates from each partner.
- 4.5.4 The Barnet Suicide Prevention Strategy Annual Report outlining Partners' progress against the action plan is reported annually to the Health and Wellbeing Board and to the Health Overview Scrutiny Committee if requested.

Insight

- 4.6 The Annual Report 2022-23 monitors and evaluates local data on rates of suicide and self-harm using various datasets to ensure we have an accurate picture. There are limitations to the availability of up-to-date local data on suicides. The numbers reported by the Office for National Statistics are based on the deaths *registered* in a particular year, rather than deaths *occurring* in a particular year. There is a significant delay between the date of death and the registration due to the requirement to confirm a death as a suicide through the coronial process – six to 12 months. As data on suicides are based on very small numbers, the interpretations of trends should be approached with caution. This means that any variations may not be statistically significant and can fluctuate markedly from year to year. This is why we look at three-year averages.

The Real Time Surveillance System provides data on local suspected suicides entered by the Metropolitan Police to supplement data on registered suicides to help agencies across London. This less definitive but timely information is crucial to plan and implement short-term interventions as well as identifying and linking up individuals with the suicide bereavement services. The demographics and contextual information surrounding each incident, for example the methods of suicide, locations, existing mental health issues or history of self-harm are regularly analysed to enable long-term planning.

Emergency admissions due to intentional self-harm data comes from Hospital Episodes Statistics. It is likely that the overall rates of self-harm are underestimated as many people who

self-harm do not present to hospital. Thrive LDN are developing a real time surveillance tool using A&E data on self-harm to offer a wider understanding of the issue in London.

The Intelligence and Insight Hub are regularly consulted on the analysis and the presentation of the data.

Local suicide data is regularly presented and discussed within the BSPP meetings. The combination of the quantitative data from the sources mentioned above and the insight gained from people with lived experiences and a series of community conversations with some of the high-risk groups have been utilised in the production of the renewed Action Plan 2023-25.

Social Value

- 4.7 The stated aim of the Suicide Prevention Strategy is to reduce the number of Barnet residents lost to suicide. The cross-cutting strategic actions fall within the Joint Health and Wellbeing Strategy social value framework.

5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)

- 5.1 Actions to implement the Suicide Prevention strategy are funded within existing budgets and staffing of the public health department, other council departments, partner agencies such as NHS, Police, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes.

6. Legal Implications and Constitution References

- 6.1 Under the Council's constitution, Part 2B of the Terms of Reference & Delegation of Duties to Committees and Sub-Committees, the Health and Wellbeing Board has the following responsibilities:
- To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.
 - To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental, and social wellbeing.
 - Specific responsibilities for overseeing public health and promoting prevention agenda across the partnership.
- 6.2 There was a formal obligation to review the Suicide Prevention Strategy that for several years fell to the former Health Overview Scrutiny Committee but will now sit with the Health and Wellbeing Board. This item now fulfils this obligation.

7. Consultation

7.1 Not applicable for this report.

8. Equalities and Diversity

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

9. Background Papers

Health and Wellbeing Board July 2021 - [Agenda for Health & Wellbeing Board on Thursday 15th July, 2021, 9.30 am \(moderngov.co.uk\)](#)