BCP Equality Impact Assessment Template

Executive Summary and Conclusions

Once the Equality Impact Assessment Template has been completed, please summarise the key findings here. Please send a copy of your final document to the Policy and Performance Team.

The reason for and purpose of this strategy is to reduce the number of deaths by suicide across the BCP area. The people who will benefit from this strategy are those who might contemplate and plan death by suicide or who might attempt to harm themselves.

In developing the strategy and EQIA there has been a reliance on ONS data which is regarded as the baseline. ONS is national data that presents information nationally, regionally and about local areas.

The ONS information is the baseline that is delayed. The current ONS information only covers period from 2016 to end of 2019. The development of Real Time Surveillance across Dorset will provide local "up to the day" information about deaths by suicide and attempted suicides. This will enable comparison between the ONS data and the Dorset wide RTS data. The RTS developments are described in more detail later in the EQIA.

National ONS information

In 2019, there were 5,691 suicides registered in England and Wales, an age-standardised rate of 11.0 deaths per 100,000 population and consistent with the rate in 2018. This has an increased since 2008-10, when the last national strategy was developed, (7.9 per 100,000), but remain lower than rates throughout the 1980's and 1990's.

Between 2016-18 the rate of deaths by suicide in BCP area was higher than the average for England, (12.3 per 100,000 compared to 9.6). The average number of deaths by suicide between 2016-18 was 42. Approximately ¾ of all deaths by suicide were males. 77% of people who died by suicide across all Dorset were not involved with mental health services at the time of their death, (2106-17). The highest percentage of deaths occurred in the 45-59 age range for both men and women.

Emerging Local Date Intelligence

In introducing Real Time Surveillance (RTS), there will be a more targeted approach over the length of the BCP Council's plan and beyond. Services will be able to respond to at risk individuals and groups in a specific and tailored way.

RTS is up to the day information about any death by suicide as confirmed by the Coroner's office. The development of RTS has been through a partnership between Public Health Dorset, Dorset Police and the Coroner's Office. Using RTS there is also data being collected about people who attempt suicide and people who repeatedly attempt suicide.

Already in response to the information about people who repeatedly attempt suicide a group has been set up to look at the individuals who are most at risk. This group has information about people who come to the attention of services e.g. Dorset Police twice or more in a month. The intention of the group is to facilitate personalised intervention with the specific aim of preventing the loss of life. The benefit of using RTS is that interventions can be offered sooner to prevent the escalation of crisis situations.

Having access to up to the day information will provide the driver for particular responses through the workstreams of the strategy for example work with men through the VCSE partnership or individual work through services with people who repeatedly attempt to harm themselves.

The introduction of the BCP Suicide Prevention Plan will have a positive impact on vulnerable groups. There are no negative impacts/unknown impacts identified.

Part 1 - The Project	
Policy/Service under development/review:	BCP Council Suicide Prevention Plan
Service Units:	Public Health Dorset and Adult Social Care Commissioning
Service Leads:	Sophia Callaghan, Public Health Dorset, Jonathan O'Connell – ASC-C and Elaine Hurll- Dorset NHS Clinical Commissioning Group
Equality Impact Assessment Team:	Sophia Callaghan, Public Health Dorset, Jonathan O'Connell – ASC-C and Elaine Hurll- Dorset NHS Clinical Commissioning Group

BCP Equality Impact Assessment Template

Part 1 - The Project	
Date assessment started:	8 December 2020
Date assessment completed:	Remains in draft at this stage in case further amendments made before preceding to Cabinet.
What are the aims/objectives of the policy/service?	Every life lost through suicide represents someone's child, partner, friend or colleague. The effect on family, friends, colleagues and communities can be devastating. This plan presents actions that Bournemouth, Christchurch and Poole Council (BCP Council) has committed to in working to improve mental wellbeing, prevent suicide and self-harm as part of our health and care system.
What outcomes will be achieved with the new or changed policy/service?	BCP Council is committed to providing effective community leadership, and work within this suicide prevention plan will fully support delivery of objectives in our Corporate Strategy. In particular, the SP plan supports several deliverables within Connected Communities, Brighter Futures and the Fulfilled Lives. The plan has been developed to reduce the number of deaths by suicide in in the BCP area.
Are there any associated services, policies or procedures?	Yes, there is a Pan Dorset Suicide Prevention Plan. The National Suicide Prevention Strategy, was published in 2012. The link to the strategy is below. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
Please list the main people, or groups, that this policy/service is designed to benefit, and any other stakeholders involved:	This plan is designed with the purpose of preventing death by suicide. Suicide is preventable. Suicides affect people from all walks of life and demographics and as such this plan is designed to affect anyone who could be considering ending their life by suicide. There are some groups of people who may be more at risk than others. There is already baseline ONS information to highlight those who appear to be more at risk. Local information from RTS is growing and developing. By April/May 2021 the data should be used to provide the local picture in relation to death by

Part 1 - The Project	
	suicide and attempted suicides. The reliable data will enable the strategy and plan to develop and will support targeted work where there appears to be higher risks. At the moment with nine months of real time information men are at the highest risk of ending their lives by suicide in the BCP area. At present the data is not nuanced enough to pick up whether the men who have died are in other protected characteristics groups. Over time though, it will be possible to develop a deeper understanding of the demographics.
With consideration for their clients, please list any other organisations, statutory, voluntary or community that the policy/service/process will affect:	The SP prevention plan is particularly directed at anyone who is considering ending their life by suicide. In the broadest terms the plan aims to improve mental wellbeing of people who live in the BCP area. The local strategy and plans have been in development since 2018. The current SP Steering Group includes representatives from 24 different organisations, (please see Appendix 1). The wider circulation list reaches 126 individuals. The strategy and plans could impact anyone who might be considering suicide as an options and as stated this could be anyone from any part of the community.

Part 2 – Supporting Evidence[1]
Please list and/or link to below any recent & relevant consultation & engagement that can be used to demonstrate a clear understanding of those with a legitimate interest in the policy/service/process and the relevant findings: The local strategy and plans have been in development since 2018. The current SP Steering Group includes representatives from 24 different organisations, (please see Appendix 1). The wider circulation list reaches 126 individuals.

[1] This could include: service monitoring reports, research, customer satisfaction surveys & feedback, workforce monitoring, staff surveys, opinions and information from trade unions, previous completed EIAs (including those of other organisations) feedback from focus groups & individuals or organisations representing the interests of key target groups or similar.

Part 2 – Supporting Evidence[1]

Summary of Project:

Every life lost through suicide represents someone's child, partner, friend or colleague. The effect on family, friends, colleagues and communities can be devastating. This plan presents actions that Bournemouth, Christchurch and Poole Council (BCP Council) has committed to in working to improve mental wellbeing, prevent suicide and self-harm as part of our health and care system. The plan has been developed to reduce the number of deaths by suicide in in the BCP area.

BCP Council is committed to providing effective community leadership, and work within this suicide prevention plan will fully support delivery of objectives in our Corporate Strategy. In particular, the SP plan supports several deliverables within Connected Communities, Brighter Futures and the Fulfilled Lives.

Themes

There are a number of key themes emerging from the work of the suicide prevention partnership and in the Dorset wide strategy there are six workstreams linked to the national suicide prevention strategy.

- Developing a focused local media and communication campaign led by Bournemouth University (BU) and Public Health Dorset (PHD)
- Improve access to wider community mental wellbeing and suicide prevention skills and training development led by PHD including GP and Primary Care awareness and skills training led by NHS partners (Our Dorset Workforce development leads)
- Community Partnership Group to support and advise themes led by Dorset Mind
- Suicide Prevention Champions and Lived Experience peer specialists led by Dorset MH Forum
- Improving bereavement support led by Dorset CCG
- Improving data and intelligence including real time surveillance led by PHD

Other national drivers

In addition to the above, the NHS Long Term Plan and Children and Adolescent Mental Health Services transformation programmes are working to improve suicide prevention Pan Dorset and will be responsible for developing and monitoring the following programmes:

Part 2 – Supporting Evidence[1]

- Expanding access to children's mental health services for 0-25-year old's
- Improving mental health crisis care with a 24/7 new model of care
- Specialist perinatal services to women who are in need post the birth of their baby
- Specialist community teams to help support children and young people with autism and their families
- Integrated models of primary and community mental health care for adults with severe mental illnesses and support individuals who self-harm
- Post-crisis and bereavement support
- Quality improvement programme for Inpatient Zero Suicide ambition

The above ambitions are described in other strategies and implementation plans and accountable through the Mental Health Programme Board and Joint Commissioning Board and accountable to the Health Overview and Scrutiny Committees.

There is system-wide collaboration to progress the Pan-Dorset suicide prevention work has developed a planning and governance structure. The wider Partnership Group meets quarterly to network, support development and advise on planning; the multiagency SPP Steering Group takes forward the statutory organisational requirements and monitors planning and progress. This group is responsible for updating plans each year.

BCP Council SP Plan leads will progress locally agreed actions for BCP and report via the Health and Wellbeing Board and to the ICPCS Portfolio Board via the Suicide Prevention Steering Group. The voice of those who have experienced suicide and/or self-harm are extremely important contributors to the SPP work and influence both the business and the partnership meetings.
BCP Suicide Prevention Plan Consultation

In developing the BCP Council suicide Prevention (mental wellbeing and preventing self-harm) plan, conversations were started with colleagues across BCP Council, prompted by evidence and key questions arising from the Samaritans and University of Exeter Review of suicide prevention plans. Directors and Heads of Service worked with their teams to consider how they could contribute to preventing suicide and self-harm, based on the key actions from the national suicide prevention strategy.
Measuring Success and Longer-term Outcomes

Part 2 – Supporting Evidence[1]

What engagement or consultation has taken place as part of this EQIA?

Early 2019 the Public Health Team and Partners highlighted the national suicide prevention strategy along with the published description of interventions for different groups. Supporting information is embedded below.

This information along with published ONS baseline data was used to set a baseline of interventions and needs required to set the scene for consideration locally. For councils, the CCG or other partners to consider what was required in order to start planning the Pan Dorset SP strategy and programme. As part of initial consultation facilitated groups were run early 2020 with the SP steering group and Partnership group to discuss key risk groups and themes for action, which are outlined in the BCP plan narrative. An example of discussion in the training and development workshop is highlighted in document below. Although these themes (described above) are Pan Dorset, the work will fully support the BCP programme delivery in various settings.

Once the Pan Dorset discussions got started there was an evolving narrative to start to plan and develop the BCP Council suicide Prevention (mental wellbeing and preventing self-harm) plan. So further consultations were undertaken to see how BCP teams could support the SP agenda. Conversations were started with colleagues across BCP Council, prompted by evidence and key questions arising from the Samaritans and University of Exeter Review of suicide prevention plans. https://www.samaritans.org/news/samaritans-and-university-exeter-publish-first-state-nation-report-local-suicide-prevention/

The public health team wrote out key questions to be discussed with the BCP teams, in order to start the scoping and consultation exercise with Directors and Heads of Service. A letter went out to service heads and meetings were set up with each area to discuss and agree actions. At each of the meetings national and local evidence was highlighted and ideas for action put forward using the description of interventions by different groups. Heads of service worked with their teams and public health throughout the year to consider how they could contribute to preventing suicide and self-harm, based on the key actions outlined in the national suicide prevention strategy. In the last two months the consultation exercise was repeated to refresh the plan after the impact of COVID19. The information from the scoping and consultation meetings was used to develop the action plan for BCP Council.

The overall aim of the BCP Suicide Prevention Plan is to reduce both attempted and completed suicides and reduce self-harm among children and young people. To understand how to be more effective in achieving these aims for BCP, it is important to better understand the groups identified at higher risk. To increase the right support to manage the associated risk factors, a

Part 2 – Supporting Evidence[1]

summary of which is highlighted in the local profile in section 4. The co-produced plan will agree key success measures and will identify shorter term outputs which will measure work towards the longer-term success.

Supporting information related to engagement activity is provided in the documents below:


Scoping questions for BCP council suicide


Suicide prevention evidence of interventic


PHD Suicide Profile - Dec 2020.pptx


training pyramid.docx

National data

Whilst the national strategy and accompanying EIA assessment are over 8 years old, the Office of National Statistics publishes annual dated relating to death by suicide. The 2019 date published this year summaries that:

- There were 5,691 suicides registered in England and Wales, an age-standardised rate of 11.0 deaths per 100,000 population and consistent with the rate in 2018.
- Around three-quarters of registered deaths in 2019 were among men (4,303 deaths), which follows a consistent trend back to the mid-1990s.
- The England and Wales male suicide rate of 16.9 deaths per 100,000 is the highest since 2000 and remains in line with the rate in 2018; for females, the rate was 5.3 deaths per 100,000, consistent with 2018 and the highest since 2004.
- Males aged 45 to 49 years had the highest age-specific suicide rate (25.5 deaths per 100,000 males); for females, the age group with the highest rate was 50 to 54 years at 7.4 deaths per 100,000.
- Generally, higher rates of suicide among middle-aged men in recent years might be because this group is more likely to be affected by economic adversity, alcoholism and isolation and less inclined to seek help.
- 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 females where the rate has increased significantly since 2012 to its highest level with 3.1 deaths per 100,000 females in 2019.
- As seen in previous years, the most common method of suicide in England and Wales was hanging, accounting for 61.7% of all suicides among males and 46.7% of all suicides among females. The second most common method of suicide was poisoning in both groups.

Part 2 – Supporting Evidence[1]

South West Regional
The South West region had the second highest male suicide rate in 2019 (19.4 per 100,00), although female suicide rate was just below average, (4.9 per 100,000).

Nationally Identified High Risk Groups

Children and Young People
Whilst the largest proportion of suicide are seen within older age groups, there has been an increase nationally in terms of younger people taking their life, in particular young men aged 20-24 years, (Samaritans, 2019). The research Samaritan's carried out suggested that suicide is complex, often combining adverse childhood experiences alongside recent stressors/events. A key concern is the significant rise in self harm among young people over the last 15 years.

Men
The Samaritans published statistics and a trends analysis in 2019. Men are around 3 times more likely to take their own life than women in the UK. Research in 2015 by the Samaritans suggests that this greater risk is due to a complex set of reasons, including increased family breakdown leaving more men living alone; the decline of many traditionally male-dominated industries; and social expectations about masculinity. Relationship breakdown can also contribute to suicide risk. The greatest risk is among divorced men, who in 2015 were almost three times more likely to end their lives than men who were married or in a civil partnership.

The National strategy for England also identified **agricultural workers**, people in Mental health services and those in the criminal justice system at a higher risk, many of which are again men.

Victims of domestic abuse
It is estimated that if one in four women and one in six men experience domestic abuse then this would impact around 53,000 women and 31,000 men residing across BCP.
Research carried out by Refuge and Warwick University in 2018, involving a sample of 3,500 clients, found that 24% of Refuge clients had felt suicidal a one time or another. 18% had made plans to end their life and 3.1% had made at least one suicide attempt. Only 84 people from the sample group were male. 2 were transgender and 1 inter-sex client. The study did not find suicidality in general to be correlated with age, gender or ethnicity and so should be considered across all groups equally. Given that wider evidence suggest that male victims of domestic abuse have similar experiences to women, but are less likely to ask for

Part 2 – Supporting Evidence[1]

support or know where to find it, (Huntley, A 2019), then recommended that all victims of domestic abuse are targeted under this plan.

There was a positive correlation of suicidality with women experiencing so called 'honour' based violence.

BCP Area
Between 2016-18 the rate of deaths by suicide in BCP area was higher that the average for England, (12.3 per 100,000 compared to 9.6). The average number of deaths by suicide between 2016-18 was 42. Approximately ¾ of all deaths by suicide were males. 77% of people who died by suicide across all Dorset were not involved with mental health services at the time of their death, (2106-17). The highest percentage of deaths occurred in the 45-59 age range for both men and women.

Social isolation, long term health problems or **disability**, **marital break-up**, and **admissions for self-harm** are significantly higher than the England average across BCP. In addition, BCP has **higher rates of severe mental illness**, and **higher alcohol related hospital admissions.**

Bournemouth also has **higher estimated prevalence of crack cocaine and/or opiate use** (PHE profiles accessed 25/11/19 (prevalence estimates from: 2014/15& 2016/17), and consistently higher **deaths from alcohol** (alcohol specific mortality: PHE profiles accessed 25/11/19 (2015-17)

Real Time Surveillance (RTS) Update

The national expectation is that most areas around the country are expected to have real time surveillance for suspected suicides. The RTS team have worked with Partners including Dorset Police and the Coroner's office to improve RTS, and now daily and fortnightly information is available to the team.

RTS data availability will enable BCP council to assess if more suicides are starting to happen and can give an early warning for responsive action. RTS will be a guiding light in terms of suicide prevention work that will enable strategic direction to be adjusted based on real time information.

Part 2 – Supporting Evidence[1]

If there is insufficient consultation or engagement information please explain in the Action plan what further consultation will be undertaken, who with and how.

Please list or link to any relevant research, census and other evidence or information that is available and relevant to this EIA:

There is the Pan Dorset Suicide Prevention plan which is based on the national strategy but informed by the Dorset context including information being gathered through the real time surveillance work.

References:

1. Department of Health (2011) - Preventing suicide in England: A cross-government outcomes strategy to save lives EIA.
2. ONS Suicides in England and Wales: 2019 registrations
3. Samaritans (2019) Suicide Statistics report
4. Aitken, R and Munro, V.E (2018), 'Domestic Abuse and Suicide – Exploring the links with refuge's client base and workforce'. www.nspa.org.uk.
5. Huntley, A. (et al) University of Bristol, (2019) Help-seeking by male victims of domestic abuse (DVA): a systematic review and qualitative evidence synthesis. British Medical Journal Open

Please list below any service user/employee monitoring data available and relevant to this policy/service/process and what it shows in relation to any Protected Characteristic:

The Dorset wide Suicide Prevention Partnership work includes the development of real time surveillance information. This gathers up to date information about deaths by suicide and attempted suicides. The data is new and not being used in the public domain yet because there is a need to ensure reliability in the data. However, there is enough and emerging data to inform how many people die by suicide, how, where and when and enough information to be able to say whether there are any groups more likely to end their lives and who will most benefit from this suicide prevention plan.

If there is insufficient research and monitoring data, please explain in the Action plan what information will be gathered:

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known, please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
1. Age[2]	In the Dorset area including BCP there is evidence that older people might be more likely to end their lives by suicide and so this work should be based, on RTS have positive outcomes for people in this group. The plan also targets Children and young people in recognition of increase of deaths nationally.	
2. Disability[3]	The Suicide prevention work covers anyone living in BCP area and there should be positive outcomes for people who have disabilities. Long term conditions may increase the risk of depression and suicide and therefore the impact on people who have disability should be positive.	
3. Sex	Men are more likely to end their lives by suicide than women in Dorset/BCP area. Men are more likely to die via more violent means such as ligature or gun shot. There are number of women who have ended their lives. There are a high number of women repeatedly attempting suicide and by this increasing the risk of death by suicide or misadventure. BCP will use data information to target their support	

[2] Under this characteristic, The Equality Act only applies to those over 18.
[3] Consider any reasonable adjustments that may need to be made to ensure fair access.

Part 3 – Assessing the Impact by Equality Characteristic

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If the impact is not known, please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
	and so hopefully see positive outcomes in the reduced number of deaths by suicide.	
4. Gender reassignment[4]	People transitioning are more likely to experience poor mental health and are at higher risk of suicide than the rest of the population and the BCP prevention plan covers all people who might experience suicidal thinking and behaviour and as such the outcomes for people transitioning should be positive.	
5. Pregnancy and Maternity	The plan targets everyone and it is anticipated that there will be positive outcomes across the board.	
6. Marriage and Civil Partnership	The plan targets everyone and it is anticipated that there will be positive outcomes across the board.	
7. Race	People who have ended their lives since May when the real time surveillance work started have been white and British. Two people have been identified as being from other ethnic groups. However, the plan applies to everyone	

[4] Transgender refers people have a gender identity or gender expression that differs to the sex assigned at birth.

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known, please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
	and it is anticipated that there will be positive outcomes across the board.	
8. Religion or Belief	The plan targets everyone and it is anticipated that there will be positive outcomes across the board.	
9. Sexual Orientation	LGBTQ people are at higher risk of poor mental health and at higher risk of suicide than the rest of the population. At present most people who have ended their lives have been identified as heterosexual. The plan however targets everyone and it is anticipated that there will be positive outcomes across the board.	
10. Any other factors/groups e.g. socio-economic status/carers etc[5]	Deaths by suicide across Dorset and BCP occur in all socio-economic groups and as such the plan aims to reduce the number of deaths by suicide and if at all possible, prevent all death by suicide.	
11. Human Rights	This poses an interesting ethical question. As a council BCP would want to ensure that everyone has other possibilities than to end their life by suicide.	People will end their lives by suicide, and it is not an illegal act and the decision can be made with full mental and intellectual capacity.

[5] People on low incomes or no income, unemployed, carers, part-time, seasonal workers and shift workers

BCP Equality Impact Assessment Template

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known, please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
	The strategy and plan aims to prevent death by suicide by providing information, support, advice etc. It is hoped that suicide deaths will be prevented and the number of deaths due to suicide will decrease.	It is the sincere hope of BCP council that wherever possible deaths by suicide will be prevented. There is the chance though that deaths may still occur.

Any policy which shows actual or potential unlawful discrimination must be stopped, removed or changed.

Part 4 – Equality Impact Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the assessment table above.

Issue identified	Action required to reduce impact	Timescale	Responsible officer

Key contacts for further advice and guidance:

Equality & Diversity:
Sam Johnson - Policy and Performance Manager

Consultation & Research:
Lisa Stuchberry – Insight Manager

Appendix 1

Dorset Suicide Prevention Steering Group

	Organisation
1	Public Health Dorset
2	Dorset CCG
3	Dorset Police
4	Dorset Police Crime Commissioners Office
5	British Transport Police
6	South West Ambulance Service
7	Royal Bournemouth & Christchurch Hospitals
8	Poole Hospital
9	Dorset Healthcare
10	Dorset County Hospital
11	BCP Council
12	Dorset Council
13	Southwest Rail
15	Bournemouth Uni
16	Local Pharmaceutical Committee (LPC)
17	Devon and N Dorset Prisons Group
18	Coroner's Office

19	DHC/PH Hampshire
20	Dorset MIND
21	Dorset Mental Health Forum
22	Samaritans
23	NHS England
24	NHS Public Health England