HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**BCP Suicide Prevention Action Plan**
Meeting date	19 May 2026
Status	Public Report
Executive summary	This document provides an updated draft Suicide Prevention Action Plan for Bournemouth, Christchurch and Poole. The plan is based on an evidence-based framework and includes actions for council colleagues, as well as shared priorities that will be taken forward through pan-Dorset partnership working.
Recommendations	**It is RECOMMENDED that the Committee:** 1. notes the Pan-Dorset Suicide Framework, noting that this has been co-produced with organisations across Dorset and aligned to the National Suicide Prevention Strategy. 2. reviews and provides scrutiny and feedback on the draft Suicide Prevention Action Plan, noting that the action plan is aligned to the priorities within the framework and sets out a clear programme of work for BCP Council. 3. notes that wider, system-wide suicide prevention activity is underway and running in parallel. This work is jointly led by Public Health and Dorset Healthcare University Hospital Foundation Trust, ensuring a sustained, coordinated approach that strengthens alignment, avoids duplication, and maximises collective impact across the system.
Reason for recommendations	To provide scrutiny and feedback on the draft BCP Suicide Prevention Action Plan before the draft action plan is finalised for approval by the Health & Wellbeing Board on the 29th June 2026.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Laura Ambler – Corporate Director for Wellbeing
Report Authors	Paul Iggulden – Public Health Consultant Tracy Hill – Head of Programmes, Public Health.
Wards	Council-wide
Classification	For consultation

Background

1. Suicide prevention is a local public health priority, with suicide rates in BCP remaining consistently higher than the England and regional averages ((Fingertips | Department of Health and Social Care, 2023).
2. When compared to our statistical neighbours, BCP has the second highest suicide rate. (Fingertips - Suicide Prevention statistical neighbours - Department of Health and Social Care, 2023). Every death by suicide represents a profound and potentially preventable loss of life, with far-reaching consequences for families, communities, and services.
3. Alongside the social impact, suicide also places a significant burden on society more widely. Research published by The Samaritans The economic cost of suicide in the UK (2024) estimates that the average economic cost of a death by suicide in England among working-age adults is approximately £1.67 million. This figure reflects a combination of direct costs associated with health and emergency services, indirect costs from lost productivity and earnings, and intangible costs linked to pain, grief, and suffering experienced by those affected. While no monetary value can capture the true loss of life, this evidence reinforces the importance of sustained, system-wide suicide prevention.
4. Significant work on suicide prevention has previously been undertaken across Dorset. NHS Dorset received national funding and recruited a Programme Lead. While dedicated funding enabled strong progress, momentum was lost when this funding came to an end and the programme subsequently stalled. There remains, however, a commitment across Dorset to re-ignite this agenda and build on the positive foundations that were established.
5. An evidenced-based Suicide Prevention Framework covering the BCP and Dorset Council areas has been developed during 2025-26 to provide clear local direction and priorities for suicide prevention. The framework has been developed in consultation with partners across the Dorset system. The intention is for the framework to be adopted across key partner organisations and used to inform the development of individual organisational action plans.
6. This document provides an overview of the framework and the draft Bournemouth, Christchurch and Poole (BCP) Council suicide prevention action plan, which has been produced collaboratively with teams across the Council.

The National Context

7. A National Suicide Prevention Strategy for England 2023-2028 was published in September 2023. The overall ambitions set by the national strategy are to:

   - Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
   - Continue to improve support for people who self-harm.
   - Continue to improve support for people who have been bereaved by suicide.

8. The National Suicide Prevention Strategy is based on evidence, drawing on research, data analysis, and learning from current practice. It is informed by trends in suicide rates, risk and protective factors identified through public health surveillance, academic research and data, as well as evaluations of what interventions are most effective at preventing suicide and reducing self-harm. The strategy also incorporates insights from people with lived experience, recognising the value of qualitative evidence alongside quantitative data.

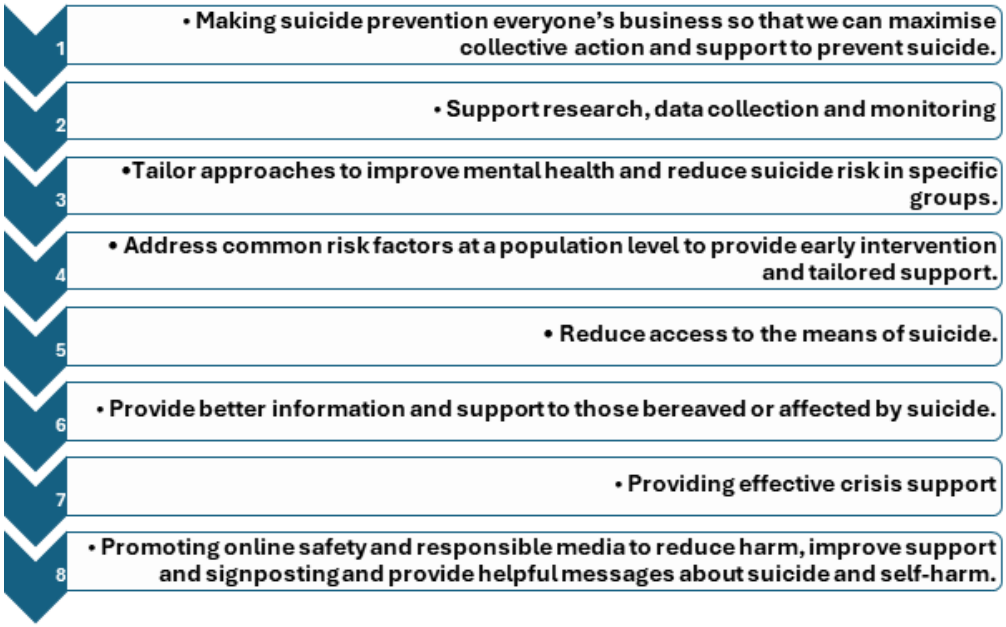
Pan-Dorset Suicide Prevention Framework

9. The Suicide Prevention Framework shown in Figure 1, is a Pan-Dorset framework that sets out eight priority areas for suicide prevention. It has been developed in alignment with the National Suicide Prevention Strategy and informed through consultation with teams across the council.

10. This evidence-led approach has shaped a comprehensive set of eight priorities that recognise suicide prevention as everyone's responsibility and emphasises the need for coordinated action across prevention, early intervention, support, and recovery to reduce risk and improve outcomes for individuals and communities.

11. Following development of the Suicide Prevention Framework, work has focused on developing a dedicated action plan for Bournemouth, Christchurch and Poole (BCP) Council.

Figure 1: BCP and Dorset Suicide Prevention Framework



The Local Context

12. The suicide rate per 100,000 persons in Bournemouth, Christchurch and Poole (BCP) has been consistently higher than the England average. The suicide rate has shown year-on-year increase since 2018-2020. The rate of suicide in BCP is the highest in the South west. The rate per 100,000 deaths was 15.6 in 2022-24, which is significantly worse than the England value of 10.9 deaths per 100,000 ((Fingertips | Department of Health and Social Care, 2023).

13. In comparison to BCPs statistical neighbours, BCP has the second highest suicide rate after Brighton and Hove (Fingertips - Suicide Prevention statistical neighbours - Department of Health and Social Care, 2023).

14. There is currently no Dorset-wide real-time suicide surveillance system. Dorset Police provide a monthly dataset that supports trend monitoring and the identification of clusters and hotspots, but it is limited by delays and incomplete data. Developing a nearer-to-real-time surveillance system is therefore a priority within the action plan.

Action Plan

15. The Suicide Prevention Action Plan is presented in Appendix 1. The Action Plan builds on existing work and aligns with the priorities set out in the framework. It sets out a clear programme of work, detailing organisational level actions to be delivered by BCP colleagues, alongside actions that may be delivered jointly with partners.

16. To inform the development of the action plan, a series of suicide prevention workshops and one-to-one meetings were held with teams from across BCP Council, including Housing, Adult Social Care, Planning and Children's Services, including Education. These teams played a central role in shaping the action plan. Draft versions were shared regularly to enable ongoing input, support the refinement of priorities, and ensure that emerging themes and insights were reflected. A full list of stakeholders who contributed to this work is provided in Appendix 2.

17. While the action plan focuses on activity to be led by BCP Council colleagues, many of the actions align with wider system-level priorities and will involve work with local system partners, including elements of training and awareness and collection of nearer to real-time surveillance data. In parallel, suicide prevention work is underway with system partners, including: NHS Dorset, Dorset Healthcare University NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust, local colleges and universities and voluntary and community sector organisations. This co-ordinated approach will support alignment, reduce duplication and maximise collective impact across the system.

Governance and monitoring

18. The intention is that a BCP Suicide Prevention Delivery Group will be established to lead the implementation of the Suicide Prevention Action Plan. The group will be chaired by Public Health and will include representation from teams that have contributed to the development of the action plan, ensuring continuity and shared ownership.

19. The primary purpose of the Suicide Prevention Delivery Group will be to provide strategic oversight of the action plan, ensuring that actions are implemented effectively and in line with agreed priorities. The group will be responsible for

monitoring progress, reviewing performance against the agreed plan, and evaluating the impact of actions taken. This will enable learning to be captured and used to inform future development, refinement of priorities, and any necessary adjustments to delivery.

20. The proposal, is that the Suicide Prevention Delivery Group will be accountable to the Health and Wellbeing Board, providing updates on progress, risks and outcomes, and ensuring that suicide prevention remains a priority within the broader health and wellbeing agenda.

Options Appraisal

Option 1 - proceed with the next steps detailed above.

Option 2 - do nothing and assume work will be picked up by individual teams.

Summary of financial implications

21. There are no financial implications arising from this report

Summary of legal implications

22. There are no legal implications arising from this report.

Summary of human resources implications

23. There are no human resources implications arising from this report.

Summary of sustainability impact

24. Suicide Prevention recognises that suicide risk is influenced by wider determinants of health, including poverty, inequality, employment insecurity, housing, social isolation, and access to services. By tackling these underlying factors, suicide prevention can contribute to sustainability. Preventative approaches, such as workforce training, promoting social connection, and improving access to timely mental health support can help reduce demand on health and social care systems while strengthening economic resilience and community wellbeing.

Summary of public health implications

25. Suicide prevention has major public health implications because it addresses a leading cause of premature death while also reducing long-term social, emotional, and economic burdens on individuals, families, and communities. Effective suicide prevention can lower suicide rates and improve overall population wellbeing. Suicide prevention supports mental health as a core component of public health.

Summary of equality implications

26. An Equality Impact Assessment (EIA) conversation has taken place, the summary of which is provided below. A full EIA will be undertaken once the draft action plan has been finalised for approval by the Health & Wellbeing Board.

27. Implementation of the suicide prevention action plan recognises that suicide risk is not evenly distributed across the population and that different groups have distinct needs and experiences. Evidence highlights increased risk among specific groups, including middle-aged men, people with a history of self-harm, individuals in contact with mental health services, autistic people, pregnant women and new mothers, children and young people, those involved in the justice system, and

certain occupational groups. Additional risk factors such as isolation, abuse, caring responsibilities, and socioeconomic disadvantage further compound inequality.

28. Acknowledging these differences enables BCP Council teams to adopt more targeted, inclusive and proportionate approaches to suicide prevention, ensuring that support reflects diverse needs across protected characteristics and wider vulnerable groups.

29. By increasing awareness, skills and confidence among managerial and operational staff, the change is expected to have a positive impact on service users, employees and the wider community. Staff will be better equipped to identify risk, offer timely support and signpost appropriately, helping to reduce stigma and barriers to accessing help.

30. There is potential for unintended negative impacts, such as distress, confidentiality concerns or inconsistent experiences if approaches are not inclusive but these risks are mitigated against through clear communication, robust safeguards, and trauma-informed, evidence-based approaches.

Summary of risk assessment

31. The current priorities and proposed actions within the draft action plan are considered to be low risk. The absence of an action plan with defined deliverables presents a risk, as it limits the council's ability to respond effectively and may contribute to continued increases in suicide rates. These risks will be mitigated through clear governance arrangements, named leadership, regular progress reporting, and ongoing engagement with key partners and stakeholders.

Background papers

32. None.

Appendices

33. Appendix 1 – BCP Suicide Prevention Action Plan

34. Appendix 2 - Stakeholders consulted to inform the development of the BCP Suicide Prevention Action Plan.

Appendix 1 - BCP Suicide Prevention Action Plan

Framework Priority 1 - Making suicide prevention everyone's business so that we can maximise collective action and support to prevent suicide.

Reference	Areas for action	Lead	Timeframe
1.1	Establish a Suicide Prevention Delivery Group within BCP Council to provide overall leadership, oversight and accountability for the delivery of this action plan.	Public Health	June 26
1.2	Raise the profile of suicide prevention across BCP and work with key stakeholders to visibly demonstrate commitment and shared responsibility, including consideration of a BCP Suicide Prevention Pledge to formalise commitment to delivering this agenda.	Public Health	September 26
1.3	Develop a communications plan to raise the profile of suicide prevention through both universal and targeted activity, including: • A blanket campaign alongside targeted communications for identified high-risk groups. • Alignment with national and international awareness days (e.g. World Mental Health Day, Safer Internet Day). • Opportunities to link suicide prevention messaging with wider campaigns addressing key risk factors, such as loneliness, substance misuse, women who have children taken into the care system, and harmful gambling, to maximise impact for high-risk groups. • Use of a range of venues and settings to extend reach. • Co-production with target audiences wherever possible to ensure messaging is relevant, sensitive and effective	Communications and Marketing	August 26

1.4	Develop a training programme for suicide prevention, including* • Map current Suicide Awareness Training available to BCP, include a breakdown of the target audience and any specific training needs. • Develop and roll-out tiered suicide prevention training offer.	Public Health People and Culture	June 2026
1.5	Implement training for line managers to strengthen their role in supporting staff wellbeing, ensuring wellbeing check-ins are embedded in 1:1s and that appropriate support is identified and accessed during performance review and management processes. Share examples of good practice to support continuous learning and encourage reflective practice across teams.	Public Health People and Culture	September 2026
1.6	Review learning from reflective practice approach being piloted in Housing Team and identify future options for wider implementation	Housing and Public Protection	September 26

*Please note – Some elements of the training offer will likely be delivered as part of a Dorset wide programme.

Framework Priority 2 – Support research, data collection and monitoring

Reference	Areas for action	Lead	Timeframe
2.1	Explore how to bring together data from multiple sources (including Rio, Mosaic, ONS) to develop an understanding of suicide risk across BCP into a dashboard format. This will support improved targeting and prioritisation of suicide prevention activity for groups experiencing higher levels of need. *	Public Health	October 26

2.2	Work Pan-Dorset to progress getting a nearer to real time suicide surveillance system in place.	Public Health	October 26
2.3	Improve local data and use national data on potential or emerging risk factors and priority groups, such as people experiencing harmful gambling, homelessness, domestic abuse, people from LGBT+ communities, care leavers, farming and armed forces communities and other high-risk groups.	Public Health	October 26
2.4	Establish information sharing protocol with key departments to ensure timely notification when suicide or self-harm is identified as a possible cause of death. This will enable appropriate and coordinated actions by relevant teams, including the provision of support information and liaison with affected schools, workplaces, or sites to deliver postvention support.	Public Health	September 26

*Please note – Developing our data flows to move nearer to real time surveillance data (currently monthly) will be progressed in partnership with Dorset Public Health Colleagues and system partners.

Framework Priority 3 - Tailor approaches to improve mental health and reduce suicide risk in specific groups.

Reference	Areas for action	Lead	Timeframe
3.1	Identify specific training needs, which may include: • Supporting frontline workers to identify self/harm suicide risks (moving away from risk prediction and risk stratification tools) • Voluntary Sector – management of immediate risk / follow-up for people who express a suicide risk. • Parents who have had children removed. • Line managers – to support wellbeing check ins during 121s and additional support which may be required.	Public Health	July 26

	• Review learning from reflective practice approach being piloted in Housing Team.		
3.2	Collaborate with Education Teams to support all schools and universities to have a suicide prevention policy, which includes postvention support if a school is affected by suicide.	Education and Skills	September 26
3.3	plore role and ability of the Adult Social Care Performance Quality Improvement Board in sharing learning from review panels, to capture shared learning from deaths linked to drugs / alcohol / safeguarding / Suicide.	Adult Social Care	October 26

Framework Priority 4 - Address common risk factors at a population level to provide early intervention and tailored support.

Reference	Areas for action	Lead	Timeframe
4.1	Identify and promote the support available through the Access to Wellbeing Campaign for staff, including role of wellbeing champions in terms of wellbeing and signposting.	People and Culture	December 2026
4.2	Embed suicide prevention awareness within MARAC, MATAC, safeguarding processes, housing, employment and debt advice services.	Adult Social Care / Housing and Public Protection / Public Health	December 26

Framework Priority 5 - Reduce access to the means of suicide.

Reference	Areas for action	Lead	Timeframe
5.1	Work with partners such as highways, bridges, railways and coast guard teams to identify and implement appropriate suicide prevention measures.	Public Health / Transport	January 27
5.2	Explore measures to improve medication safety particularly in situations where suicide risk may be higher.	Adult Social Care / DAAT	January 27
5.3	Review and strengthen the role of Public Health in assessing planning applications to 'design out' access to means of suicide.	Public Health	December 26

Framework Priority 6 - Provide better information and support to those bereaved or affected by suicide.

Reference	Areas for action	Lead	Timeframe
6.1	Work with teams and key partners to ensure appropriate plans and services are in place to support those bereaved or affected by suicide.	People and Culture	December 26
6.2	Carers - Define and communicate a clear post bereavement support package for carers bereaved or affected by suicide.	Public Health	December 26
6.3	Children and Young people - Develop a consistent approach across BCP to support education settings affected by suicide.	Education and Skills	September 26

*Other groups will be prioritised at a system level.

Framework Priority 7 – Providing effective crisis support

Reference	Areas for action	Lead	Timeframe
7.1	Explore current mental health crisis support offer and how it is communicated and promoted to identify if improvements can be made.	Public Health Communications and Marketing	September 26

Framework Priority 8 - Promoting online safety and responsible media to reduce harm, improve support and signposting and provide helpful messages about suicide and self-harm.

Reference	Areas for action	Lead	Timeframe
8.1	Review and summarise existing guidance and resources available to parents on supporting children exposed to self-harm and suicide-related online content and assess current routes of dissemination.	Education and Skills	January 27
8.2	Work with local media to support responsible reporting of suicide, improve signposting to support services, and promote positive mental health and wellbeing messaging.	Communication and Marketing	July 26

Appendix 2 – Stakeholders consulted to inform the development of the BCP Suicide Prevention Action Plan.

Team
Adult Social Care
Children's Safeguarding
Community Safety
Communication
Drugs and Alcohol Team (DAAT)
Education and Skills
Housing and Public Protection
People and Culture
Planning
Youth Justice Service