Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Equality Impact Assessment / Equality Analysis

(updated May 2020)

Title of service or policy	Suicide Prevention Strategy and Action Plan
Name of directorate and service	People and Communities
Name and role of officers completing the EIA	Hannah Elliott – Health Improvement Officer
Date of assessment	23.3.2021

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website.

1.	**Identify the aims of the policy or service and how it is implemented.**	
	Key questions	**Answers / Notes**
1.1	Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	These strategy and action plan will be overseen and reviewed by the Suicide Prevention Group; a multiagency group chaired by Public Health B&NES. This strategy contributes towards the national target of reducing suicide by 10% by 2021, with the aspiration of having zero suicides in our area. The purpose of the action plan is to deliver co-ordinated suicide prevention action within B&NES.
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there?	The strategy is a refresh of an existing one. The previous strategy and action plan ran out in 2019. National requirement: Yes, it is requirement that has been identified in several national strategic reports including the government's cross- sector strategy for England (Preventing suicide in England), the Mental Health Taskforce's report to NHS England (The five year forward view for mental health) and NHS Long Term Plan. The action plan is a living document and will be reviewed on an annual basis by the Suicide Prevention Governance Group.
1.3	Do the aims of this policy link to or conflict with	This strategy links with key principle of focusing on prevention and addressing

	any other policies of the Council?	inequalities in life experiences. There are marked differences in suicide rates according to people's social and economic circumstances with those in poorer communities more likely to be affected. This strategy also aligns well with the core principle of giving residents a bigger say. To support this, we have engaged with community members to develop this strategy and will continue as its action plan is implemented.

2. Consideration of available data, research, and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, sex, disability, religion/belief, sexual orientation, and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	**Data, research, and information that you can refer to**
2.1	What equalities training have staff received to enable them to understand the needs of our diverse community?	All members of staff have attended equalities training as appropriate for their role.
2.2	What is the equalities profile of service users?	There is no direct service provision to service users. The strategy is applicable to the whole population of B&NES. For a summary of the population based upon the last Census figures visit the Council's Research and Statistics pages'

2.4	Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Our annual event will aim to collate insights views and experiences from equality groups on suicide.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Organisations who have featured actions in the action plan will have their own equality policies.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	There are no plans currently to carry - out any consultation activity.

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups.

		Examples of what the service has done to promote equality	**Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this**
3.1	**Sex** – identify the impact/potential impact of the policy on women and men.	Suicide rates are higher in men that women for each death amongst women, there were 4 deaths amongst men in Bath and North East Somerset (2020). Females in B&NES have double the hospital admission rates for self-harm than males. The Suicide Prevention Action Plan third priority area focuses on tailored approaches to improve mental health in specific groups / reduce risks of suicide of risk in key high – risk groups. Within this section there are three external	

		stakeholder actions that are specifically targeted at boys, young men and expectant fathers. Additionally, there is a myriad of actions within the scope of the plan that will also have a positive impact on both sexes.	
3.2	**Pregnancy and maternity**	National evidence shows that one in five women risk having a mental health condition during pregnancy and in the 12 months after childbirth. Suicide is the second most common cause of death among women during pregnancy and in the post-natal period. The B&NES Suicide Prevention Action Plan third priority area focuses on tailored approaches to improve mental health in specific groups / reduce risks of suicide of risk in key high – risk groups. Within this section there is one external stakeholder actions linking to the provision of perinatal support and resources for pregnant and post-natal mothers and their partners who might be at risk or harm of suicide.	
3.3	**Gender reassignment** – identify the impact/potential impact of the policy on transgender people	There are indications that transgender people may have higher rates of mental health problems and higher rates of self-harm. The Plan is aimed at the whole population of the B&NES. By building capacity and capability within organisations and communities to talk openly and routinely about suicide we hope to improve knowledge, skills, and attitudes around seeking support earlier. In addition to this, the priority area of the plan aims to review local trends and intelligence of suicides and will take this cohort into consideration.	
3.4	**Disability** - identify the impact/potential impact of the policy on disabled people (ensure consideration both	People who experience mental illness are at increased risk of suicide. According to the Avon Coroner, about one in four people	

	physical, sensory, and mental impairments and mental health)	(25%) who died from suicide had been in contact with secondary mental health services in the last 12 months. This is similar to national figures. However, only about 2% of people in the local population would have been in contact with secondary mental health services during that time. National evidence shows that at least half of people who die by suicide have a history of self- harm, and one in four have been treated in hospital for self-harm in the preceding year. Evidence that receiving a diagnosis of cancer, coronary heart disease and chronic obstructive airways disease is associated with higher suicide risk. The plan is aimed at the whole population of B&NES including people with long – term conditions and people with disabilities. There are several actions within the plan associated with supporting those who have a history of self – harm. The plan aims to improve the availability and accessibility of resources and tools on suicide prevention for people with various needs and this will be achieved through a mapping exercise and communication strategy.	
3.5	**Age –** identify the impact/potential impact of the policy on different age groups	Highest number of deaths in B&NES were among 45-59-year olds. 10-24-year olds have more than double the rates compared to older adults The B&NES Suicide Prevention Action Plan second priority area aims to improve population mental health and wellbeing. Within the plan there are four actions directly targeting children and young people. In addition, there are actions relating to key groups where the suicide risk is greater for example mental health users of any age, adults with complex needs.	

		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.6	**Race** – identify the impact/potential impact on across different ethnic groups	There is little evidence on suicide risks in Black, Asian and other minority ethnic groups, as information on ethnicity is currently not collected through the death registration and inquest processes. It is nationally recognised that more and better information about prevention and risk factors among different ethnic groups is needed. The Suicide Prevention Action Plan is aimed at the whole population including ethnic communities. The second priority area in the plan aims to improve population health and wellbeing and to remove the stigma attached with seeking support for mental health problems. The plan aims to improve the availability and accessibility of resources and tools on suicide prevention for people with various needs including where English might be a second language. This will be achieved through a mapping exercise and communication strategy.	
3.7	**Sexual orientation -** identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people	Research suggests lesbian, gay, bisexual people are at a higher risk of suicide behaviour their heterosexual counterparts. Gay and bisexual men have a particularly high prevalence of self-harm. One in ten gay and bisexual men aged 16 to 19 have attempted to take their own life in the last year. There are indications that transgender people may have higher rates of mental health problems and higher rates of self-harm. The B&NES Suicide Prevention Action Plan is aimed at the whole population regardless of sexual orientation. Through general awareness and skills-based training we aim to promote knowledge, skills and attitudes of suicide and ensure we can improve the capabilities of the system to	

		intervene earlier and offer support.	
3.8	**Marriage and civil partnership –** does the policy/strategy treat married and civil partnered people equally?	Marital status, especially divorce, has strong net effect on mortality from suicide, but only among men. 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 B&NES Suicide Prevention Action Plan is aimed at the whole population regardless of martial status. Where the risk is greater among men, the action plan has specific actions to promote positive mental health and wellbeing among this cohort and ensure early support can be accessed.	
3.9	**Religion/belief** – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	Having a religion / belief has been recognised as a protective factor when it comes to suicide prevention. There is a complexity whether people who have a religious affiliation or attend religious services have a different risk of suicide than people who do not have a religious affiliation. Deaths may be less likely to be reported as suicide where there is stigma or taboo attached to suicide due to the socio-cultural or religious norms of the individual, their family or community. The B&NES Suicide Prevention Action Plan is aimed at the whole population. Through proactive communications and training we hope people who have religion belief or non-religion/belief feel empowered to access support and speak about suicide and mental health openly without feeling judged or stigmatised.	
3.10	**Socio-economically disadvantaged*** – identify the impact on people who are disadvantaged due to factors like family background,	Research indicates that suicide rates to be two to three times higher in the most deprived neighbourhoods compared to the most affluent. Economic hardship amongst some communities has been	

	educational attainment, neighbourhood, employment status can influence life chances **(this is not a legal requirement, but is a local priority).**	exacerbated due to the Covid – 19 pandemics. One of the key actions of the Suicide Prevention Action Plan is to ensure partners are aware that finance wellbeing is a risk factor for suicide and appropriate linkages are made.	
3.11	**Rural communities*** – identify the impact / potential impact on people living in rural communities	It is difficult to get statistics differentiating those at risk from suicide living in rural areas compared to that of urban areas. Evidence shows there is a rise in mental health problems among rural and farming communities. The B&NES Suicide Prevention Action Plan is aimed at the whole population including those in rural and urban communities. Through proactive communications and training peer networks we hope rural communities feel empowered to speak about mental health and suicide openly and seek support earlier if needed.	

There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and haver therefore been included here.

4. Bath and North East Somerset Council & NHS B&NES
Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when

Ensuring training on suicide prevention and mental health is available to all equality groups and in accessible formats.	Mapping exercise and produce evidence-based actions.	March 2021		March 2022
Cascading appropriate communications to the equality groups.	Newsletter development	March 2021		April 2021
Collect available intelligence and real time data to inform local need.	Commission a Real Time Surveillance function	March 2021		2023

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Becky Reynolds (Director of Public Health)

Date: 9/4/21