

Equality Impact and Needs Assessment Form

A) General Information

Name of service, function, policy (or other) being assessed

Suicide Prevention Strategy

Directorate or organisation responsible (and service, if it is a policy)

Adults and Communities

Date of assessment

07/06/2019

Names and/or job titles of people carrying out the assessment

Amy Whiles, Senior Commissioning Officer (Migration and Communities)

Accountable person

Stephen Vickers, Director Adults and Communities

B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

The Joint Suicide Prevention Strategy seeks to achieve a zero suicide mind set in Herefordshire, as suicides are preventable. This includes an ambition of zero suicide for mental health inpatient services.

This strategy seeks to prevent suicides of adults and children in the county by identifying where the key areas for development are and putting these in place through a partnership approach.

The outcome of this work is expected to improve support for people at risk of suicide and those affected by it.

The strategy is intended to achieve the following five objectives;

1. Enhance the prevention of suicide through the effective sharing of knowledge, resources and expertise with related areas of strategy including mental health, domestic abuse, autism, community cohesion, technology enabled living, corporate parenting, migration, equality and dementia.
2. Maximise the availability, relevance and application of data and other forms of intelligence about suicide and suicide prevention in Herefordshire.
3. Address the suicide risk and improve the mental wellbeing of people who have been bereaved by suicide.
4. Address the priorities and at risk groups identified in the National Suicide Prevention Strategy, to increase knowledge about them and impact upon them locally.
5. Help reduce the number and rate of suicides in Herefordshire.

Suicide affects the whole population, although there are some protected characteristics which are identified as particular risk groups these are; men (gender), men aged 25 - 49 (age), those with mental ill health (disability). In addition to these members of the population with protected characteristics, there is a higher risk of suicide amongst those who self-harm and those who live in socio-economically deprived areas.

C) Context - describe, in summary;

<p>The number of people and/or providers that may be affected by the proposal.</p>	<p>Whilst the number of recorded suicides for Herefordshire has ranged between 12 and 23 per year between 2010 and 2017, and there are specific high-risk groups who are more vulnerable to suicide, the whole population is at risk of death by suicide or by the effect of suicide.</p> <p>This applies to children, young people and adults.</p>
<p>What are the values of the contract(s) affected by the proposal? (If appropriate).</p>	<p>N/A</p>

What are the geographical locations of those that might be affected by the proposal?	All wards
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D) Who are the main stakeholders in relation to the proposal?

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| <ul style="list-style-type: none"> a. Herefordshire Council’s Adult and Communities Directorate b. Herefordshire Council’s Children and Families Directorate c. NHS Herefordshire Clinical Commissioning Group (CCG) d. Wye Valley NHS Trust e. 2gether Foundation Trust f. Taurus Healthcare g. West Mercia Police h. Samaritans i. Hereford and Worcester Fire And Rescue Service |
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E) Assessment / Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

Strand/community	Impact
Age	<p>Suicide is known to effect all ages 10+, the joint suicide prevention strategy is applicable to children, young people and adults. Men aged 35 – 49 are identified nationally and locally as the highest risk group. The suicide prevention strategy identifies this group, the factors that increase the risk to this group and how to address these to reduce suicide amongst this high risk group.</p> <p>The proposed strategy will have a positive impact on those with this protected characteristic.</p>

Disability	<p>Mental health issues are known to increase the risk of suicide, although not all who die by suicide have mental health issues. Key area 5 of the strategy explores high risk groups, which mental health is included in. Key area 6 on the strategy goes on to explore mental health as risk factor in depth, particularly whilst in hospital. The 2gether Foundation Trust has a Zero Suicide Plan that specifically addresses inpatient mental health services. Both key are 5 and 6 have actions to reduce suicide amongst those with mental health problems.</p> <p>The proposed strategy will have a positive impact on those with this protected characteristic.</p>
Gender	<p>Men are identified as having a significantly higher risk of suicide than women. The strategy explores approaches to engage men, particularly through the community approach, to reduce the risk of suicide amongst this group.</p> <p>The proposed strategy will have a positive impact on those with this protected characteristic.</p>
Self harm	<p>The risk of death by self-inflicted injury is increased by up to 35 times in those who self-harm. Research and discussion with key partners who work with people who self-harm have informed the strategy and the actions within the strategy.</p> <p>The proposed strategy will have a positive impact on those with this protected characteristic.</p>
Socio-economic deprivation	<p>Residents of the most deprived areas of Herefordshire are approximately 19% more likely to die as a result of suicide than the county population in general. The strategy explores engaging with different geographical and communities of interest to reduce suicide across the population.</p> <p>The proposed strategy will have a positive impact on those with this protected characteristic.</p>

F) Consultation

Please summarise the consultation(s) undertaken with stakeholders regarding this proposal

In developing the strategy the council and CCG have engaged with professionals and volunteers across voluntary, community and public sectors and those representing people with mental health needs, including through Herefordshire's mental health partnership board. Continued engagement will be undertaken in support of strategy implementation, including direct engagement with communities. This will be incorporated into development of the Talk Community Plan and Talk Community hubs, along with the development of an updated mental health strategy.

G) Additional information and / or research

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth? Or, if no further action is required, please explain why.

Information and research used:

- All research is detailed within the strategy Appendix B.