



INTEGRATION JOINT BOARD

Date of Meeting	25 th April 2023
Report Title	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan.
Report Number	HSCP23.019
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Health Inequalities Impact Assessment b. CPP LOIP

1. Purpose of the Report

- 1.1. To note the recently published national Suicide Prevention Strategy & Action Plan and to provide assurance on activities locally.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Note progress on delivery of the national Suicide Prevention Strategy, Action Plan and local implementation.
- b) Instruct the Chief Officer to provide an update on progress annually to the Integration Joint Board.



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3. Summary of Key Information

- 3.1. The national Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022, jointly produced by the Scottish Government and COSLA. The new national 10-year strategy, and an associated action plan, replaces the current Suicide Prevention Action Plan 'Every Life Matters' which was published in 2018.

The vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. To achieve this, all sectors must come together in partnership, and support our communities, to become safe, compassionate, inclusive, and free of stigma. The aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope. This vision will be adopted within Aberdeen City.

Full document available here: [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 \(www.gov.scot\)](https://www.gov.scot/publications/creating-hope-together-scotland-s-suicide-prevention-strategy-2022-2032/pages/introduction.aspx)

- 3.2. There are a range of guiding principles, outcomes and priority areas for consideration and implementation locally.

There are 4 main long-term outcomes:

- The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
- Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
- Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research



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and intelligence. We improve our approach through regular monitoring, evaluation and review.

- 3.3.** The 'Creating Hope Together' action plan details the actions for the next three years, which, implements the first stage of the Scottish Government and COSLA's 10-year suicide prevention strategy. Full document available here: [Creating Hope Together: suicide prevention action plan 2022 to 2025 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/creating-hope-together-suicide-prevention-action-plan-2022-to-2025/pages/2.aspx)

The actions in this plan are designed to support delivery of the four long term outcomes and are built around six action areas as set out below:

- Action area 1: Whole of Government and society approach
- Action area 2: Access to means
- Action area 3: Media reporting
- Action area 4: Learning and building capacity
- Action area 5: Supporting compassionate responses
- Action area 6: Data, evidence and planning

- 3.4.** Aberdeen City Health and Social Care Partnership (ACHSCP), NHS Grampian and Aberdeen City Council (ACC), are already working jointly with Aberdeenshire and Moray partners (Health and Social Care Partnerships, via NHS Grampian and Local Authorities) within the Grampian Suicide Prevention Oversight Group. This group forms a pan-Grampian strategic collaborative approach to suicide prevention. This approach will meet the objectives and requirements of 'Creating Hope Together', in addition to ensuring robust links in and between organisational leadership and national forums such as the Scottish Delivery Collective.
- 3.5.** This approach will support innovative partnership working and have flexibility to ensure local solutions. Importantly this will promote a strategic approach to Suicide Prevention work and projects across the North East of Scotland.
- 3.6.** A recent procurement exercise took place on behalf of the Grampian Suicide Prevention Oversight Group partners which sought a strategic partner within the Third and Independent sector to assist in the local implementation of 'Creating Hope Together' in addition to supporting the wider delivery of aims of the Grampian Suicide Prevention Oversight Group. The Scottish



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Association for Mental Health (SAMH) have been awarded this contract, commencing in April/May 2023. SAMH have information sharing agreements in place with key partners such as Police Scotland which supports the understanding of local trends (there is no data provided by NHS Grampian/ACC to SAMH).

- 3.7.** A strategic working group is fully established with Grampian called the North East Suicide Prevention Leadership Group (NESPLG), whom meet quarterly to discuss the strategic aims, outcomes and delivery of the actions in the Suicide Prevention Strategy. Police Scotland convey data from City, Aberdeenshire and Moray to give a Grampian wide overview. Training updates are provided by SAMH and campaigns, workshops and initiatives are discussed. The NESPLG reports into the Grampian Suicide Prevention Oversight Group mentioned above.
- 3.8.** As a result of local implementation of the national Suicide Prevention Strategy a range of outcomes are sought such as: changes and improvement in knowledge, awareness, skills, practice, behaviour, social action, and decision making. These outcomes will be measured, and updates provided to the Integration Joint Board annually. An outcomes framework, yet to be published by Scottish Government, will support the demonstration how the local activity is achieving the long-term outcomes of the national strategy. Over the lifetime of this strategy, the outcomes framework will be used to prioritise actions and investment to maximise our collective impact in reducing suicide deaths in Scotland.
- 3.9.** Partners within the Grampian Suicide Prevention Oversight Group have earmarked non-recurring funding for the next 2 years (£250k per annum). The Scottish Government have indicated that additional national funding will be made available over the next 3 years with an anticipated Grampian allocation of approximately £47k per year for the next three years.
- 3.10.** A new Aberdeen City sub-group is being established with multi-agency representatives, including children services, education, adult services, older adults' services, public health, housing and third sector organisations. This sub-group will have a remit to review Aberdeen City suicide related data and work with Police Scotland and SAMH to identify trends and associated improvement actions. Close working with Health Intelligence and Public



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Health will support the use of key quantitative and qualitative data to benchmark and evidence improvements and trends. We will also work with key partners such as Police Scotland, NHS and Aberdeen City to follow existing process already in place in terms of shared learning after a suicide.

- 3.11. Of key consideration is continued and improved engagement with those who have lived and living experience. The Mental Health and Learning Disability (MHL) Public Empowerment Group (PEG) is a forum for engagement on local implementation actions. Wider public engagement will also be a key focus of the role held by SAMH as the strategic partner. Details of national engagement and consultation work is provided for information and will inform approaches locally: [Suicide prevention strategy development: early engagement - summary report - gov.scot \(www.gov.scot\)](http://www.gov.scot/resources/documents/2015/06/Suicide_prevention_strategy_development_early_engagement_-_summary_report_-_gov.scot)

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** - A Health Inequalities Impact assessment (HIAA) is in progress (Appendix a); however, the recommendations of this report seek to improve a range of supports for those in distress, experience of non-completed suicide attempt or sadly lived experience cause by bereavement to suicide.

From the national strategy it is known that:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area
- 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

- 4.2. **Financial** - There may be financial implications if the anticipated monies from Scottish Government are not received or received at a reduced allocation. The NESPLG will monitor this and may require reviewing plans in accordance with budget availability.



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- 4.3. Workforce** - There are no known workforce implications arising from the recommendations of this report.
- 4.4. Legal** - There are no direct legal implications arising from the recommendations of this report. Ongoing engagement relating to data implications will be undertaken.
- 4.5. Covid-19** - There are no direct implications relating to Covid 19. However, a number of challenges linked to recent events, such as the COVID-19 pandemic, Brexit and the cost-of-living crisis are of consideration in terms of the impact on suicide and suicide prevention work. The national strategy, and its associated action plan, already reflect the work required to support the Covid-19 recovery and mitigate against other events.
- 4.6. Unpaid Carers** - There are no direct unpaid carers implications arising from the recommendations of this report. However, it is important to note that support to unpaid carers who care for people at risk of suicide should be taken into account by promoting learning resources and awareness-raising on suicide prevention. [creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf](https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025/pdf/downloads/default.aspx) (www.gov.scot) (page 37).
- 4.7. Other** - Every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long lasting impacts on families, friends and communities. Up to 135 people can be affected in some way by every suicide. [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032](https://www.gov.scot/publications/creating-hope-together-scotland-suicide-prevention-strategy-2022-2032/pdf/downloads/default.aspx) (www.gov.scot) (page 4). It is important to consider how we take care of those affected by such experiences as a Health and Social Care Partnership within our approaches well-being and enable a culture which reduces stigma and enables those in distress to receive timely support.

5. Links to ACHSCP Strategic Plan

- 5.1.** The recommendations in this report complement the strategic priorities outlined in the Partnership's Strategic Plan. Suicide Prevention is referenced and aligned to the Grampian-wide Mental Health and Learning Disabilities Portfolio and forms a specific project within the Year 2 Delivery Plan. This work aims to strengthen the supports available to support suicide prevention



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and support people to find meaning, connection and support within their local community.

Additionally, there is crossover with a range of local and national strategic approaches such as the Mental Health & Wellbeing Strategy, Self-Harm Strategy, Trauma Informed Practice, Local Outcome Improvement Plan, and strategies and plans developed by key sectors and organisations, such as Police Scotland and the Scottish Ambulance Service.

6. Management of Risk

6.1. Identified risks(s)

Failure to implement the Strategy and Action Plan.

This risk is minimal due to the ongoing engagement with partners. Failure to implement the Strategy and Action Plan could lead to reputational damage, to mitigate this there is an established oversight and working group structure which will report to the Integrated Joint Board annually.

Failure to receive necessary budget allocation.

This risk will be mitigated through monitoring and, if necessary, a review of the implementation approach.

6.2. Link to risks on strategic or operational risk register:

- (1) The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
- (5) Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
- (6) Need to involve lived experience in service delivery and design as per Integration Principles.



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6.3. How might the content of this report impact or mitigate these risks:

The content of this report seeks to mitigate the known risks by taking an approach which is collaborative, recognises areas of challenge and seeks to place lived and living experience at the core of service design and delivery. There are risks that the local implementation actions may be compromised should financial allocations be reduced or withdrawn. This risk will be further mitigated in the remits of both the Grampian Suicide Prevention Oversight Group and the NESPLG.

The risk is low.