



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	9 <sup>th</sup> July 2024
<b>Report Title</b>	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan.
<b>Report Number</b>	HSCP24.049
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<ul style="list-style-type: none"> <li>a. Draft Inequalities Impact Assessment</li> <li>b. Community Planning Partnership Local Outcome Improvement Plan</li> <li>c. Aberdeen City Suicide Prevention Delivery Group Action Plan 2024</li> <li>d. SAMH annual reporting 2023/2024</li> </ul>
<b>Terms of Reference</b>	<p>Aberdeen City Integration Joint Board Terms of reference.</p> <p><a href="https://www.aberdeencityhscp.scot/globalassets/terms-of-reference2.pdf">https://www.aberdeencityhscp.scot/globalassets/terms-of-reference2.pdf</a></p>

### 1. Purpose of the Report

- 1.1. To note the 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:



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

### 3. Strategic Plan Context

#### 3.1

The national Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022, jointly produced by the Scottish Government and COSLA. Full document is 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/1-100.aspx)

The national 10-year strategy, and an associated 3-year action plan, replace the current Suicide Prevention Action Plan 'Every Life Matters' which was published in 2018.

This is linked to the Aberdeen City's Health and Social Care Partnership's Delivery Plan initially in year 2 and now in year 3. The Project Description is to "Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy". 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. This work aims to strengthen the supports available to support suicide prevention and support people to find meaning, connection and support within their local community.

Additionally, there is also a 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.

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 has been adopted within the North-East including Aberdeen City.



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### **Highlights of progress made in previous 12 months.**

A procurement exercise took place on behalf of the Grampian Suicide Prevention Oversight Group partners in early 2023, 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 Action for Mental Health (SAMH) was awarded this contract. They commenced in May 2023 until March 2025. 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).

A strategic working group in Grampian called the North-East Suicide Prevention Leadership Group (NESPLG), continues to meet quarterly to discuss the strategic aims, outcomes and delivery of the actions in the Suicide Prevention Strategy. Police Scotland convey data from Aberdeen 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.

Aberdeen City Suicide Prevention Delivery group was established in January 2024 with multi-agency representatives, including children services, education, adult services, Public Health Scotland, housing and third sector organisations. This sub-group has a remit to review Aberdeen City suicide related data and work with Police Scotland and SAMH to identify trends and associated improvement actions. Closely working with Health Intelligence and Public Health will support the use of key quantitative and qualitative data to benchmark and evidence improvements and trends.

Further details of progress of the last 12 months are outlined in the SAMH additional information, (appendix d).

### **Planned activity during next 12 months.**

The Aberdeen City Suicide Prevention Delivery group has compiled an action plan with key generic outcomes Grampian wide and Aberdeen City specific themes/aims for 2024/2024. (see appendix c, action plan).

We will continue to work closely with the Aberdeen City Local Outcome Improvement Plan (LOIP). In terms of Stretch outcomes 10.1 "Reduce the 5-



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year rolling average number of suicides in Aberdeen by at least 5% by 2026” (appendix b).

HSCP’s in the North-East are currently looking into piloting a new death review system with Public Health Scotland called QES (name of company). The QES Suicide Surveillance system, initially developed in partnership with Thrive LDN and South Yorkshire, enables multi-agency collaboration to understand, derive lessons from, and take action to reduce suicides. This will be first in Scotland. The range of information inputted into the system by multi-agency partners at a local level (i.e. police, ambulance, mental health services) facilitates the tying together of a series of small details to provide one comprehensive view of circumstances surrounding a suspected or attempted suicide. This collection of real-time information from partners is essential in the ability to learn from, and react to, emerging patterns and trends in suicide. This ultimately delivers the integral and unique opportunity to identify risk factors and prevent further tragedies on a local, regional and national level.

We are working in collaboration with SAMH to identify targeted groups doing specific prevention work such as; women and older people as our local information has indicated a potential increased risk of suicide for females across Grampian; this is something that has not yet been reflected in national data.

### 4. Summary of Key Information

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

There are 4 national 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.



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

4.2. No relevant previous decisions made by IJB.

4.3. 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

4.4. 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.

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.

Of key consideration is continued and improved engagement with those who have lived and living experience. The Mental Health and Learning Disability (MHLDD) Public Empowerment Group (PEG) is a forum for engagement on



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local implementation actions. Wider public engagement will also be a key focus of the role held by SAMH as the strategic partner.

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

A draft Inequalities Impact assessment (IAA) is currently in place (Appendix a); however, it will need to be updated within the new framework by the Suicide Prevention Delivery Group.

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.

#### 5.2. Financial

Within the Grampian Suicide Prevention Oversight Group, it was agreed a 2-year non-recurring funding (£250k per annum) from the Scottish Government. They also indicated that additional funding would be made available over next 3 years with an anticipated Grampian allocation of approximately £47k per year for the next three years. This has not been received to date.

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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### 5.3. Workforce

There are no known direct workforce implications arising from the recommendations of this report.

### 5.4. Legal

There are no direct legal implications arising from the recommendations of this report. Ongoing engagement relating to data implications will be undertaken.

### 5.5. 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 considered 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/resources/documents/2022/05/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf) ([www.gov.scot](https://www.gov.scot)) (pg. 37) and improving support and increasing services for people bereaved by suicide.

### 5.6. Information Governance

In relation to the new QES death review system, to ensure current Information Sharing Agreements (ISA's) are still relevant with partners, Police Scotland, Aberdeen City Council, NHS Grampian and any third-party organisations.

### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

### 5.8. Sustainability

There are no sustainability impacts to consider relating to this report.

### 5.9. Other



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### 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 for March 2025.

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

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.

#### 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.