



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2021

REPORT ON: SUICIDE PREVENTION STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB37-2021

1.0 PURPOSE OF REPORT

1.1 To provide the IJB with an overview of strategic suicide prevention arrangements in Dundee and collaborative developments across Tayside.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Note the content of this report.

2.2 Remits to the Chief Officer to submit a report to a future IJB meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 (section 4.3.4).

2.3 Remits to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed (section 4.3.5).

2.4 Remits to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021-2024 for approval once this has been finalised (section 4.3.5).

2.5 Note the publication of the toolkit to support the development of local area Suicide Prevention Action Plans (Appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 There are no specific financial implications related to this report. Suicide Prevention developments will continue to be progressed within the available financial resources of Dundee Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Dundee Suicide Incidence, Prevalence and Trends

4.1.1 There were 833 probable suicides in Scotland in 2019, compared with 784 in 2018. This is the highest annual total since 2011. Men accounted for nearly three quarters (74%) of probable suicides, a similar proportion to every year since the late 1980s. Nearly a third of all probable suicides were of people aged between 45 and 59. The 44-49 age group has the highest probable suicide rate of any age grouping. This represents a shift in age profile; in the late 1990s the largest proportions were for people in their late 20s and early 30s.

- 4.1.2 Tayside has a rate of probable suicides of 15.8 per 100,000 of population. This is higher than the National average (13.6 per 100,000) and, in real terms means that around 70 lives are lost to suicide each year. Within Tayside, Dundee City has a rate of around 21.4 per 100,000 with Perth and Kinross and Angus at 14.6 and 10.3 per 100,000 respectively. There is a strong association between deprivation and suicide. Evident for both male and female probable suicides, people living in the most deprived decile have rates three times the size of those living in the least deprived decile.
- 4.1.3 One quarter of people who die by suicide had contact with mental health services in the year prior to their death. However, nearly one in two had contact with unscheduled care services and people who died by suicide were significantly more likely to have contact with an unscheduled care service than the general population over a similar time period. It is particularly notable that people who died by suicide were six times more likely than the general population to have contact with Scottish Ambulance Service.
- 4.1.4 Research indicates that death by suicide cannot be reliably predicted. Whilst emergent use of artificial intelligence or “machine learning” shows promise - with several research groups indicating that heuristics may be able to predict who is going to attempt or die by suicide with 90% accuracy – they cannot determine when; meaning they continue to be of very limited use. What is agreed, is that suicide is likely to be caused by a set of complex and interacting factors. “Risk factors” are characteristics of a person or their environment than seem to increase the likelihood that they will die by suicide. Risk factors include, for example: having made previous suicide attempts; misuse of alcohol and/or substances; having major mental health problems, particularly mood problems; and chronic disease and disability.

4.2 National Suicide Prevention Strategy

- 4.2.1 The national strategy for suicide prevention is set out within Scotland’s Suicide Prevention Action Plan: Every Life Matters, Scottish Government 2018-2020 (available on the Scottish Government webpages at <https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/>). The national strategy envisages a Scotland where suicide is preventable, where help and support is available to anyone contemplating suicide or impacted by it and where suicide prevention is everyone’s business.
- 4.2.2 Every Life Matters is structured around five strategic themes:
- People at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support.
 - People affected by suicide are not alone.
 - Suicide is no longer stigmatised.
 - We provide better support to those bereaved by suicide.
 - Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.
- 4.2.3 Alongside these five strategic aims, the strategy identifies 12 actions for delivery through collaborative work between the Scottish Government, National Suicide Prevention Leadership Group and a range of other national, regional and local stakeholders.
- 4.2.4 A review of “Every Life Matters” was undertaken to establish progress against the Action Plan between 2018 and 2020 and was published in February 2021, “Every Life Matters: the first two years”, Scottish Government (available on Scottish Government webpages at <https://www.gov.scot/publications/review-scotlands-suicide-prevention-action-plan-2018-2020/pages/2/>). The review also aimed to draw out lessons from the implementation process to date, including taking account of the ongoing implications of the COVID-19 pandemic.

- 4.2.5 The review concluded that there has been clear progress towards implementation of the national action plan, however full implementation has not yet been achieved and the pandemic has necessitated the pausing and reprioritisation of some actions. It also found very strong evidence of engagement, collaboration and partnership working (including with local suicide prevention leads, statutory and third sector partners, the general public and people with lived experience and with the wider workforce beyond those working in mental health services) and the positive impact that this has had on building momentum for change and contributing to a social movement around suicide prevention. Lessons learned in the implementation process to date included: the need to identify a sustainable model to maintain the involvement and commitment of people with lived experience over an extended implementation period; the need for well-resourced and skilled programme infrastructure to support speedy implementation of actions; the absence of high quality evidence of effectiveness in some areas of work on which to base proposals for change and improvement; and, the need for an outcomes framework to clarify the intended impact of each action and support work to track progress of implementation.
- 4.2.6 Earlier this year, the Convention of Scottish Local Authorities (COSLA) and the National Suicide Prevention Leadership Group (NSPLG) launched a new toolkit to support all 32 local authorities in Scotland to develop a tailored action plan to prevent suicide (see Appendix 1). This toolkit will inform local work to revise local suicide prevention strategy, action plans and activities as described in sections 4.3 and 4.4 of this report.

4.3 **Local Suicide Prevention Planning and Response**

- 4.3.1 Governance of suicide prevention activity in Dundee has been through the Chief Officers Group within a Protecting People framework. This reflects the fact that suicide prevention is a multi-agency responsibility and recognises the lived experience of people at risk of suicide, who frequently also have a range of other experiences of public protection issues including childhood abuse, drug and alcohol use and violence against women. The Chief Officers Group is currently actively reviewing the multi-agency governance and strategic structure for protecting people and this will include considering how suicide prevention work is best supported for both adults and for children and young people in the future. Within this review attention is being given to the interface between the protecting people governance and strategic structure and the Dundee Community Planning Partnership, with the ambition to strengthen this interface and ensure that all community planning partners take active responsibility for their contribution to responding to protecting people issues, including suicide prevention.
- 4.3.2 A Strategic Partnership Planning Group for Suicide Prevention has been in place over recent years in Dundee. A draft Suicide Prevention Strategic Plan was developed during 2018/ 2019. The Planning Group decided in early 2020 that the Plan required further consideration and co-production, alongside the development of an accompanying commissioning plan.
- 4.3.3 A multi-agency Tayside Suicide Prevention Network was established in January 2021. The aim of the Network is to improve leadership, co-ordination and efficiency of suicide prevention activity and to ensure best use of overall resources. The Network will assume responsibility for activity that requires a Tayside wide collaboration and governance/ oversight of activity will sit with each local Suicide Prevention Partnership Planning Group.
- 4.3.4 A stakeholder event focussing on suicide prevention is planned for November. To date, there has been periodic engagement and involvement of third sector organisations, carers and people with lived experience in suicide prevention work in Dundee. Third sector engagement is facilitated by a range of city-wide networks and forums which enable voluntary and community organisations to connect with strategic planning. Moving forward this approach will be strengthened using the November event as a focus for building an approach that enables more consistent engagement for all stakeholders. Strengthening connections between protecting people and community planning will also bring decision-making closer to local communities and make it easier for local people to participate in suicide prevention work within the city.

- 4.3.5 It is envisaged that the learning gained from the stakeholder event will enable a final refresh of Dundee's draft Suicide Prevention Strategic and Commissioning Plan and that the Strategic Partnership Planning Group will reconvene to make any necessary changes/additions prior to submission to the IJB for approval.
- 4.3.6 Collaborative suicide prevention activity across Tayside is a priority action within "Living Life Well", Tayside's Mental Health and Wellbeing Strategy, February 2021. Progress will also therefore be reported regularly to Tayside Mental Health and Wellbeing Strategic Board. An early draft of a Tayside Suicide Prevention Action Plan has been produced and will be further adapted following the event planned for November. Once complete, the draft will require to be submitted to each IJB in Tayside for approval.
- 4.3.7 Providing a parity of response to people experiencing emotional distress (to those experiencing acute mental health challenges) is a key area for development. Distress Brief Interventions (DBI) will be operational by Autumn and the establishment of a Community Wellbeing Centre (CWC) which will be open 24/7 with access to accommodation with support by early 2022.
- 4.3.8 Pending the finalisation of the draft Suicide Prevention Strategic Plan, Dundee has continued to deliver on its Suicide Prevention Strategic Outcome Plan (2019 -2022). The focus has continued on the three main priorities identified within the Outcome Plan;

Wellbeing, Connection and Resilience

- Information, and support is available and accessible to people most at risk of suicide.
- Social inclusion, wellbeing and resilience are promoted to reduce stigma associated with crisis, suicide and social isolation.

Upstream Prevention: At Risk Groups and Communities

- Improving outcomes for people at high risk of suicide through focused interventions and influencing whole systems change.
- Promoting long term solutions to build capacity to develop sustainable approaches to change.

People Bereaved or Affected by Suicide

- People bereaved or affected by suicide will receive effective support.
- 4.3.9 During 2020 new national messages and promotional material complimented local activity. A COVID focused Radio and social media campaign "Don't hide your feelings behind a mask" was led by Dundee in February 2021. Suicide prevention material was made available at all community hubs, and latterly vaccination centres. Although suicide prevention week 2020 was limited by COVID restrictions a local press and social media pack was developed and widely distributed.
- 4.3.10 In terms of bereavement by suicide, both staff and communities affected now receive a targeted response. Locations of concern work has continued with a local focus on Tay Bridge and the Rail Transport network. Links with the Frailty Strategic Planning Group (SPG) are in place and the Frailty strategic plan has actions to promote improved outcomes for individuals who are retired and have long term condition.
- 4.3.11 Training throughout the COVID period shifted primarily to online activity. This is now moving forward with a Suicide Intervention and Prevention / Safety Plan training programme being developed with Tayside partners for September 2021.

4.4 Arrangements for Review of Suicide Deaths

- 4.4.1 The Tayside Multi-agency Suicide Review Group has been systematically considering the circumstances surrounding suicide deaths since the start of 2016 and is the only group of its kind in Scotland. It is jointly funded by NHS Tayside and the Health and Social Care Partnerships across Tayside. The group reviews all completed suicides in Tayside to determine common demographic, social, health, service use and other factors that have contributed to each suicide. This information is used to determine recurring themes which can be used to develop priorities for local suicide prevention activity. An annual report is published by the group each year. Review activity has continued to take place through the pandemic period.
- 4.4.2 Tayside is performing well in achieving the local recommendations from the national Suicide Prevention Leadership Group that relate to timely and accessible data about suicides and multi-agency reviews of deaths. However, this group also made recommendations relating to the development of a new model of care for people bereaved by suicide; this has not yet been fully progressed within Dundee however options for further development continue to be explored.
- 4.4.3 In addition to the work of the Tayside Multi-agency Suicide Review Group, where individuals known to mental health services die by suicide, a comprehensive review of the care, treatment and support offered is undertaken from a learning perspective. In addition to recommendations arising from individual cases, thematic analysis is used to determine where targeted systems changes could be made in order to strengthen services going forward.
- 4.4.4 National and local intelligence are used meaningfully to drive strategic change. For example, paragraph 4.1.3 above outlines that people who die by suicide are more likely to have contact with Scottish Ambulance Service than the general population, with very few of these people in contact with mental health services. The Partnership has joined with Scottish Ambulance Service to establish a Paramedic Mental Health Response Vehicle which will be staffed by both a paramedic and a mental health nurse. This will respond to 999 calls triaged as being mental health in nature for the periods of time (6pm to 2 am) shown elsewhere in the country to be the peak times for such contacts and will endeavour to provide immediate care and direct people towards appropriate community-based resources for those assessed as being in emotional distress and mental health care for those assessed as requiring more specialist care and treatment.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	The development and implementation of the revised Suicide Prevention Strategic Plan, to support a reduction in suicide deaths, does not progress in line with the proposed actions and timescales outlined in this report.
Risk Category	Governance, operational
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15
Mitigating Actions (including timescales and resources)	Planned programme of activities in September has been designed to utilise virtual approaches and therefore minimise potential for delays and disruption due to pandemic context. Draft strategic plan is in an advanced stage. Operational work continues aligned to existing outcomes plan and emerging, urgent priorities.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8

Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 19 July 2021

Arlene Mitchell, Locality Manager
Linda Graham, Clinical Lead for Mental Health and Learning Disabilities
Andrew Beckett, Lead Officer Protecting People

Local Area Suicide Prevention Action Plans



Scottish Guidance

Navigation Tool



National
Suicide Prevention
Leadership Group

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Navigation Tool



As a local area we are at the start of our suicide prevention action plan development and we want to understand more about where this work fits in with the national context – [Document 1](#)

As a local area we are keen to understand the key messages about suicide – [Document 1](#)

As a local area we are interested in gaining an understanding of why we need a local action plan for our suicide prevention work – [Document 1](#)

As a local area we are keen to understand a structure for governance and monitoring which will support the development and implementation of local action plans – [Document 2](#)

As a local area we would like to know how to engage stakeholders in this work – [Document 2](#)

As a local area we recognise the importance of co-producing action plans with those who have lived experience of suicide and bereavement to suicide and want to ensure we do this effectively – [Document 2](#)

As a local area we appreciate the value of data and intelligence and are looking for the most relevant resources to support us in this – link to document 3

As a local area we are keen to gain an understanding of the needs in our local area – [Document 3](#)

As a local area we want to gain an understanding about suicide and its prevention by using the most up to date information available – [Document 3](#)

As a local area we would like to understand what activities might have the greatest impact in addressing the needs identified in our area – [Document 3](#)

As a local area we realise the importance of monitoring the implementation of our action plan and would like information about this – [Document 4](#)

As a local area we know that building the evidence of what works is important and want to know more about evaluating the work we do – [Document 4](#)

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