



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 OCTOBER 2024

REPORT ON: DRAFT DUNDEE SUICIDE PREVENTION DELIVERY PLAN 2024-2026

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2024

1.0 PURPOSE OF REPORT

To update the Integration Joint Board on progress made in developing Dundee's Suicide Prevention Delivery Plan and seek endorsement of the draft plan prior to its submission to Dundee Chief Officers Group for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Note recent developments in arrangements for the governance and leadership of suicide prevention activity in Dundee, aligned to Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (section 4.2.1).
- 2.2 Note progress made to develop Dundee's Suicide Prevention Delivery Plan, including through stakeholder engagement (sections 4.2.2. to 4.2.4).
- 2.3 Note that the draft Suicide Prevention Delivery Plan will be submitted to Dundee Chief Officers Group for approval on 24 October 2024, after which implementation and monitoring of the plan will be led by Dundee's Adults at Risk and Children at Risk Committees (section 4.2.5).
- 2.4 Endorse the draft Suicide Prevention Delivery Plan contained within appendix 1 (section 4.2.5).

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee Health and Social Care Partnership has allocated £26k to support Suicide Prevention activity during 2024/25. This will include the recurring payment to support the Tayside Multi-Agency Suicide Review arrangements (approx. £10k); the balance of funding will be allocated by the HSCP to support priorities within the delivery plan.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 On 13 August 2024, National Records of Scotland published their annual report on deaths by probably suicide in Scotland for 2023 ([Probable suicides 2023, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/probable-suicides-2023-report)). During 2023, across Scotland, there were 792 probably suicide deaths (an increase of 30 (4%) on the previous year), with 30 of those deaths having taken place in Dundee (an increase of 1 on the previous year). Nationally, male suicide deaths increased by 34 to 590 deaths, while female suicide deaths decreased by 4 to 202 deaths; in Dundee there was an increase of 5 male suicide deaths and decrease of 4 female suicide deaths. The rate of suicide mortality in the most deprived areas of Scotland was 2.5 times as high as the least deprived areas in 2023;

this is higher than the deprivation gap of 1.8 times for all causes of death. In 2023, Dundee has the highest rate of suicide of all Scottish local authority areas.¹

- 4.1.2 Following the publication of 'Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032' ([Creating Hope Together](#)) in 2022, accountability for suicide prevention sits with Dundee's Chief Officers Group via the newly established Children at Risk and Adults at Risk Committees. Alongside partners from across the public, third and independent sectors, Dundee Health and Social Care Partnership has provided local leadership for multi-agency suicide prevention response in the city, including at the interface with wider mental health and wellbeing plans and services.
- 4.1.3 'Creating Hope Together' sets out the Scottish Government and COSLA's vision for suicide prevention over the next ten years; to reduce the number of suicide deaths in Scotland, whilst tackling the underlying inequalities that contribute to suicide. The aim is for any child, young person or adult who has thoughts of taking their own life, are who are affected by suicide, to get the help they need and feel a sense of hope. The strategy outlines a collaborative whole of Government and whole society approach across all sectors to support communities, so that they become safe, compassionate, inclusive and free of stigma. The national strategy aims to deliver on four key outcomes:
- Outcome 1 – The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic, and physical environment.
 - Outcome 2 – 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.
 - Outcome 3 – 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.
 - Outcome 4 – Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local, and sectoral partners.

These outcomes are underpinned by four priority areas and seven guiding principles.

4.2 Dundee Suicide Prevention Delivery Plan

- 4.2.1 Following the publication of the new national strategy in 2022, local arrangements to support suicide prevention were also revised. Suicide prevention has now been fully integrated as part of the remit for the new Children at Risk and Adults at Risk Committees within the multi-agency protecting people structure. Through agreement between Dundee Health and Social Care Partnership a dedicated Suicide Prevention Co-ordinator post has been established within the multi-agency Protecting People Strategic Support Team (hosted by the Health and Social Care Partnership) to lead this area of work, supported by colleagues across the wider team structure. Alongside other duties, the Suicide Prevention Co-ordinator has a lead role in supporting the development, delivery and evaluation of local suicide prevention delivery plans, aligned to both the national strategy and relevant local strategic plans and policies.
- 4.2.2 Following appointment of the Suicide Prevention Co-ordinator in April 2024, the following actions have been undertaken to progress the development of the delivery plan:

¹ Data Interpretation Note: Numbers of suicide per year in Dundee are small in statistical terms and therefore will go up and down from year to year. The most reliable indication of trends in suicide rates are the 5 year cumulative rates. These show that Dundee continues to have high rates of suicide in comparison to other areas in Scotland, but that age standardised probable suicide rates have reduced slightly over the last 3 years. They have reduced to 22.1 for 2019-23 from a peak in 24.1 for 2016-20; although due to small numbers this does not reach statistical significance of a change in rate.

- Collation and analysis of data gathered from the stakeholder engagement event which took place in January 2024, including a further meeting with facilitators to begin populating the plan.
 - Further engagement with key stakeholders including NHS Tayside Public Health, substance use services and various community organisations.
 - Liaised with regional and national suicide prevention groups to learn from best practice in other areas.
 - Involvement in Protecting People committee restructure development sessions to ensure inclusion of suicide prevention in wider plans.
 - Utilised SUPRESE suicide prevention self-evaluation tool to ensure actions are aligned to priority areas in line with international evidence and best practice.
- 4.2.3 The draft Dundee Suicide Prevention Delivery Plan 2024-2026, contained within appendix 1, sets out four priority aims and a series of supporting project actions. The delivery plan will be reviewed regularly, including to take account of emerging data and evidence. The aims have been informed by the four long term outcomes set out in Creating Hope Together, local stakeholder engagement process, and is aligned to the format of the other Protecting People delivery plans, incorporating actions relating to strategic leadership, strategic planning and improvement, and delivery of key processes. Many actions which contribute towards suicide prevention are sited within a range of other local plans and strategies. In implementing the Suicide Prevention Delivery Plan, links will be made to these plans and strategies via the Suicide Prevention Co-ordinator.
- 4.2.4 A project lead has been assigned to every action in the draft plan, who will be responsible for delivery of that action and reporting progress to the Suicide Prevention Steering Group. The Steering Group, chaired by the Suicide Prevention Co-ordinator, will bring together all project leads to ensure effective implementation and evaluation of the plan. It is proposed that the Steering Group is accountable to the Dundee Chief Officers Group via the Adults at Risk and Children at Risk committees and, as suicide prevention work progresses, it is foreseen that this will be further integrated into the new Protecting People structure, including through the developing working group structure.
- 4.2.5 The draft plan has been reviewed by both the Children at Risk and Adults at Risk Committees, which include significant representation from the Health and Social Care Partnership, and will be submitted to Dundee Chief Officers Group on 24 October 2024. As key partners within local Suicide Prevention planning and delivery arrangements, particularly at the interface with mental health and wellbeing strategic planning and commissioning, the IJB's endorsement of the draft plan is requested.
- 4.2.6 Whilst Dundee's Suicide Prevention Delivery Plan is being finalised work is continuing to actively address this issue within Dundee, and in partnership across Tayside. Current key areas of activity include:
- Expansion of suicide prevention training, including to volunteers and wider communities.
 - Enhancing support available to people bereaved by suicide.
 - Development of a peer support community, supported by Scottish Recovery Network's Creating Hope with Peer Support programme.
 - Targeted work at locations of concern.
 - Delivery of a suicide prevention campaign, including across Suicide Prevention Week (8-14 September 2024).
 - Work to improve support pathways, including for children and young people.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Local suicide prevention plans and activity do not impact on reducing numbers of probable suicide deaths and / or on experiences of people impacted by suicide.
Risk Category	Operational
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is a Very High Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Suicide prevention has been integrated to the multi-agency protecting people strategic and governance structure. • Enhanced capacity has been established through the Suicide Prevention Co-ordinator role. • Suicide Prevention Delivery Plan in final stages of development, aligned to national strategy and informed by extensive engagement with local stakeholders, including communities. • Regular monitoring of plan implementation will be conducted through the protecting people committees.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

7.1 Members of the Children at Risk Committee, Adults at Risk Committee, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been 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.

DATE: 24 September 2024

Dave Berry
Acting Chief Officer

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Suicide Prevention Co-ordinator

Sophie Gwyther
Lead Officer, Protecting People

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Creating Hope Together in Dundee Dundee's Suicide Prevention Delivery Plan 2024-2026

Approved by the Chief Officers Group on **DRAFT - TO BE APPROVED**

Our vision: Dundee is a city where every child, young person or adult who has thoughts of taking their own life, or is affected by suicide in other ways, can get the help they need and feel a sense of hope. Our communities, services and workplaces are safe, compassionate, inclusive, and free of stigma and everyone understands their role in helping to prevent suicide.

Introduction

This plan outlines the overarching local suicide prevention aims for Dundee for the next three years and a series of project actions which will support these. These have been informed by the four long term outcomes set out in [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032](#) as follows:

- **Outcome 1:** The **environment** we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- **Outcome 2:** 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.
- **Outcome 3:** **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.
- **Outcome 4:** 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.

To deliver on our local and national vision we must all work together to effect change across our society, services, communities and individual experiences.

Developing the plan

This plan has been developed using information and evidence gathered through:

- National suicide prevention self-evaluation checklist for best practice (SUPRESE)
- Creating Hope Together (National Suicide Prevention Strategy)
- Stakeholder engagement events
- Engagement with individual services
- Lived experience insight
- Dundee Community Health Advisory Forum (community voice from areas most affected by socioeconomic inequalities)



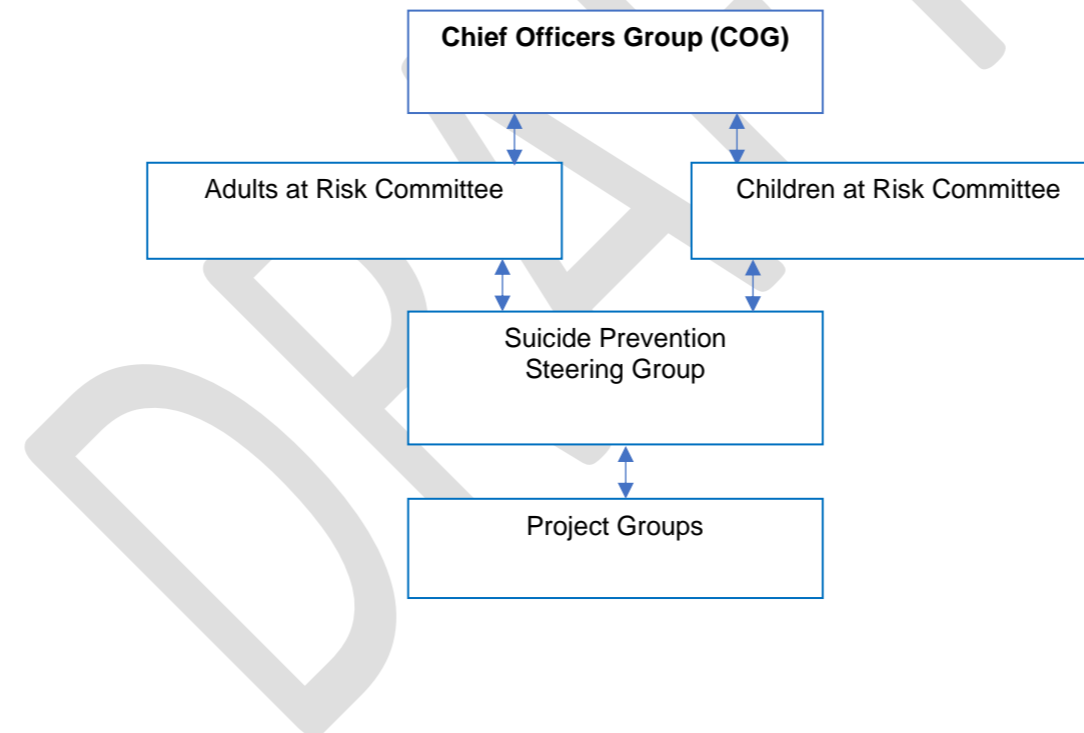
- Dundee Youth Council

The plan outlines key action areas where a co-ordinated multi-agency response is required and does not reflect the entirety of efforts to prevent suicide in the city. Many actions which contribute towards suicide prevention are sited within a range of other local plans and strategies. In implementing Dundee’s Suicide Prevention Delivery Plan, links will be made to these plans and strategies via the Suicide Prevention Co-ordinator. The plan will also evolve as we continue to learn more about suicide through emerging data and evidence, including lived experience, community voice and evaluation of work undertaken.

Delivering the plan

A project lead has been assigned to every action in the plan and is responsible for delivery of that action and reporting progress to the Suicide Prevention Steering Group. The Steering Group, chaired by the Suicide Prevention Co-ordinator, will bring together all project leads to ensure effective implementation and evaluation of the plan.

The Steering Group is accountable to the Dundee Chief Officers Group via the Adults at Risk and Children at Risk committees as follows:



Key values

- **Collaboration** – we will focus on building positive working relationships as evidence shows that to be effective in preventing suicide we must work across systems, services and communities.
- **Equality & Fairness** – we will use both population-wide and targeted approaches to ensure that our actions benefit everyone, while taking into consideration specific issues affecting people on the grounds of their [protected characteristics](#) and wider social circumstances.
- **Continued learning and development** – we will review and adapt our action plan in line with emerging evidence, lived experience insight and learning from evaluation of work undertaken to ensure that it continues to meet local need.



Our plan

Aim	Actions	Evidence /Measures	Leads	Timescale	Notes
Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		To be completed by	(Green, Amber, Red Tracking- blue completed)
<p>Aim 1 Our approach to suicide prevention is well co-ordinated and responsive to local need.</p>	<p>Action 1.1 Establish a multi-agency Suicide Prevention Steering Group to ensure a co-ordinated, evidence-informed and collaborative approach to suicide prevention planning and evaluation.</p> <p>Action 1.2 Embed actions relevant to suicide prevention across local strategies, plans and processes, including Protecting People, Community Planning, Education, Mental Health & Wellbeing and Primary Care.</p> <p>Action 1.3 Develop and implement a clear framework which outlines how lived experience and community voice will effectively influence suicide prevention planning and delivery.</p> <p>Action 1.4 Conduct a local Suicide Prevention Needs Assessment and Health Inequalities Impact Assessment (HIIA) and implement recommendations to ensure that all project actions are responsive to the needs of higher risk groups, including those who experience additional barriers to support.</p>	<p>Meeting minutes indicate that the Suicide Prevention Steering Group is meeting at least quarterly and using data/evidence to direct new and existing project actions.</p> <p>Clear links to suicide prevention or actions relevant to suicide prevention in identified plans/strategies.</p> <p>Framework established and implemented.</p> <p>Completed needs assessment and HIIA. Recommendations incorporated into action plan, including project actions focused on high-risk groups.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People Protecting People Lead Officers</p> <p>Authentic Voices Project Manager, DVVA Mental Health and Substance Use Engagement Manager</p> <p>Suicide Prevention Co-ordinator, Protecting People Lead Officer, Protecting People</p>	<p>September 2024</p> <p>April 2026</p> <p>January 2026</p> <p>December 2024</p>	



	<p>Action 1.5 Establish a Community of Practice for suicide prevention in Dundee, bringing together academic, lived experience and service stakeholders to facilitate shared learning and good practice.</p>	<p>There is an active Community of Practice in Dundee which is self-organising.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Mental Health and Substance Use Engagement Manager, DVVA + academic lead to be agreed.</p>	<p>June 2025</p>	
<p>Aim 2 Our communities are suicide safe spaces, free from stigma and where we all look out for each other and can talk openly about suicide.</p>	<p>Action 2.1 Continuously monitor public health surveillance data and implement prevention measures in response to public health concerns, including locations of concern, new methods of concern and potential suicide clusters.</p> <p>Action 2.2 In conjunction with Local Community Planning Partnerships (LCPPs), test a suicide safer communities initiative in two LCPP areas, and roll-out agreed model city-wide.</p> <p>Action 2.3 Roll out the Scottish Recovery Network's Creating Hope with Peer Support programme, building a peer support community to provide timely, appropriate and compassionate support to people at risk of suicide.</p> <p>Action 2.4 Deliver a programme of public awareness activities which includes an annual Suicide Prevention Week campaign and embed suicide prevention in other relevant campaigns throughout the year.</p>	<p>Response group convened within agreed timescale following identification of public health incident/event.</p> <p>Local protocols established.</p> <p>Active engagement from community groups, organisations and businesses in suicide prevention activity.</p> <p>Quality improvement cycle completed to generate data and learning for wider roll-out.</p> <p>Numbers completing peer training and local peer support network established.</p> <p>Number of activities delivered and reach. Evaluation of campaign effectiveness.</p>	<p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Local Community Planning Partnerships</p> <p>Mental Health and Substance Use Engagement Manager, DVVA</p> <p>Suicide Prevention Co-ordinator, Protecting People</p>	<p>June 2025</p> <p>Ongoing, in response to need. Steering group to review quarterly.</p> <p>December 2025</p> <p>City-wide roll-out to begin from April 2026</p> <p>Information event August 2024</p> <p>Recruitment event DATE TBC</p> <p>Recurring - annually</p>	

	<p>Action 2.5 Support the development of a Protecting People communications plan to ensure positive messages about support available are shared through a range of communication channels and engagement activities.</p>	<p>Communications plan developed and implemented.</p> <p>Agreed approach to public communication about all aspects of Suicide Prevention Delivery Plan.</p>	<p>Health Promotion Officer, NHS Tayside</p> <p>Protecting People Lead Officers</p> <p>Suicide Prevention Co-ordinator, Protecting People Communications Group</p>	<p>October 2026</p>	
<p>Aim 3 Organisations and community groups have increased capacity to provide initial support to people experiencing distress and suicidal thoughts.</p>	<p>Action 3.1 Establish a suicide prevention training forum to ensure a co-ordinated approach to training promotion, delivery and quality assurance in line with the NES Mental Health Improvement and Suicide Prevention Framework.</p> <p>Action 3.2 Implement the Third Sector Suicide Prevention pilot project to build an allied team of suicide prevention trainers within Third Sector organisations in Dundee.</p> <p>Action 3.3 Develop and deliver a programme of capacity-building training for volunteers and volunteer co-ordinators to extend suicide prevention training to local community settings.</p> <p>Action 3.4 Engage with key services to support the adoption of effective suicide support and safety planning protocols and scope opportunities to improve data collection processes around suicidal thoughts.</p>	<p>Consistently high training uptake and follow-up indicates learning has been implemented.</p> <p>Training leads working together to co-ordinate and promote training offer.</p> <p>Suicide prevention training alliance is established within a co-ordinated project. Pool of trainers recruited and training delivered.</p> <p>Suicide prevention training is embedded in organisations that recruit and support volunteers.</p> <p>Service engagement records/self-assessments completed. Protocols implemented and</p>	<p>Suicide Prevention Co-ordinator, Protecting People Learning Framework Oversight Group</p> <p>MHWP Primary Care Programme Manager DHSCP</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People</p>	<p>Training programme delivered throughout year</p> <p>Wider training network established January 2025</p> <p>Launch September 2024</p> <p>Review October 2025</p> <p>Volunteer training resources developed by October 2024</p> <p>Responsive to demand/need</p>	

		<p>follow-up feedback from staff.</p> <p>Digital workforce development package produced.</p> <p>Data improvement actions around suicidal ideation implemented.</p>	Protecting People Data/Quality Assurance Group		
<p>Aim 4 Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support which promotes wellbeing and recovery.</p>	<p>Action 4.1 Further develop and raise the profile of Hope Point as a key local support service for people experiencing distress and suicidal thoughts.</p> <p>Action 4.2 Map the support pathways for children, young people and adults with suicidal thoughts, implement improvement measures as necessary and ensure that these pathways are clearly communicated.</p> <p>Action 4.3 Further develop and promote resources and learning opportunities for parents, carers and families to encourage self-help and build confidence to discuss mental and emotional health and wellbeing, including suicidal thoughts.</p> <p>Action 4.4 Establish a mechanism for sharing learning between key partners and implementing recommendations from local, regional and national suicide prevention groups to improve support for children, young people and adults.</p>	<p>Service engagement records indicate routes into service from wider community settings.</p> <p>Support pathways mapped.</p> <p>Improvement actions identified.</p> <p>Agreed mechanism to communicate pathways to those who need to know.</p> <p>List of resources available and promoted locally.</p> <p>Feedback from evaluation focus groups.</p> <p>Improvement actions identified and incorporated into delivery plan.</p>	<p>Senior Service Manager, Hope Point</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>CAMHS MHEO Team</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Health Promotion Officer, NHS Tayside</p>	<p>July 2025</p> <p>Mapping completed by July 2025.</p> <p>July 2025</p> <p>February 2025</p>	



Suicide Prevention

	<p>Action 4.5 Co-design and implement supportive resources for people bereaved by suicide in Dundee.</p> <p>Action 4.6 Scope out support for communities and workplaces affected by suicide, linking to wider work related to bereavement/loss, and develop a plan to further develop and raise awareness of these through a range of channels.</p> <p>Action 4.7 Support the continued development of the Tayside Suicide? Help! App and link with other local information and signposting developments to ensure that people affected by suicide and suicidal thoughts know where to go for support.</p>	<p>Supportive resources established and available locally.</p> <p>Resource pack developed and agreed process for distribution in place.</p> <p>Scoping exercise completed and list of support compiled and distributed.</p> <p>Evidence of app reach/usage from analytics data.</p> <p>Suicide support signposting leaflet developed and circulated.</p>	<p>MHWP Primary Care Programme Manager DHSCP</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Suicide Prevention Co-ordinator, Protecting People</p> <p>Senior Service Manager, Hope Point</p>	<p>August 2025</p> <p>Scoping completed by December 2024</p> <p>App updated annually</p> <p>September 2024</p>	
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Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	Draft Dundee Suicide Prevention Delivery Plan 2024-2026					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	24 th September 2024					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>This assessment relates to the Draft Dundee Suicide Prevention Delivery Plan which covers the period 2024-2026. The plan will contribute towards the prevention of suicide through the following priority aims:</p> <ul style="list-style-type: none"> • Our approach to suicide prevention is well co-ordinated and responsive to local need. • Our communities are suicide safe spaces, free from stigma and where we all look out for each other and can talk openly about suicide. • Organisations and community groups have increased capacity to provide initial support to people experiencing distress and suicidal thoughts. • Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support which promotes wellbeing and recovery. 						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Acting Chief Officer, dave.berry@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Robin Falconer, Suicide Prevention Co-ordinator, robin.falconer@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan					X	
An area or partnership-wide Plan					X	

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

A Plan/Programme/Strategy that sets the framework for future development consents		X
The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)		X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X	
Offenders and former offenders	X	
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X

**An IIA is required when YES is indicated at any question in the screening section above.
The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.**

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N	
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In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB	23 rd October 2024	IJB Report Number	DIJB-2024
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Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed

Complete STEP 2 only if pre-screening indicates that IIA is needed.

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

The draft Suicide Prevention Delivery Plan is likely to have wide-reaching, universal positive impacts for the Dundee population, while simultaneously targeting actions to address the increased suicide risk in specific population groups. However, the data surrounding suicide, including suicidal ideation and behaviours, is complex, particularly as individuals will often have co-occurring risk factors and there are differences in suicide risk both between and within specific population groups. While research has identified specific groups for which there is a heightened risk, in many cases, our understanding of which approaches/interventions are effective for specific groups is less developed and requires further analysis. It is also important to note that many of the positive impacts will result from improvements in wider strategic planning and services/support for people within higher risk population groups. Where possible, we will attempt to map these links and identify further areas for development, following an iterative process.

At the stage of developing the plan, it has not been possible to comprehensively assess the implications for all population groups, however, there is a commitment in the plan to undertake further local engagement and assessment throughout the initial implementation period, including with communities and people with lived experience, to inform the detail of each action. This will help to inform the next iteration of the delivery plan at the end of the current plan period.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2024	Stakeholder Engagement Event to gather views from a wide range of stakeholders on local suicide prevention priorities. Feedback themes were used to inform the first draft of the delivery plan.	People with lived experience Volunteers Wide range of local services from various sectors	Interim Suicide Prevention Lead
January 2024	Facilitated engagement with the Community Health Advisory Forum to gather views from representatives of communities in the SIMD 20% most deprived areas.	Communities – representatives from areas of socioeconomic disadvantage	Suicide Prevention Co-ordinator
May-July 2024	Substance Use Services meeting, Recovery Services/Building Bridges meeting and meeting with Resolve and Evolve recovery drop-in members to ensure the plan addresses any specific needs of those affected by substance use.	Substance use services workforce People with lived experience of substance use	Suicide Prevention Co-ordinator
July 2024	Dundee Youth Council meeting to gather initial perspectives from young people. There is ongoing engagement with young people/professionals working with young	Youth Councillors	Suicide Prevention Co-ordinator

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	people to determine the detail of individual projects contained within the plan.		
July 2024	Draft plan provided to Mental Health and Wellbeing Strategic Planning Group members for review and feedback to ensure it reflected wider mental health and wellbeing strategic planning priorities.	Mental Health and Wellbeing Strategic Planning Group members (DHSCP, Third Sector, Public Health, Communities etc.)	Suicide Prevention Co-ordinator
August 2024	Draft plan presented to Children and Adults at Risk Committees as strategic oversight groups for suicide prevention in Dundee.	Protecting People committee members.	Suicide Prevention Co-ordinator
October 2024	Draft plan presented to the Protecting People Oversight Group.	Protecting People Oversight Group members.	Suicide Prevention Co-ordinator

STEP 2- Impact Assessment Record (continued)

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	People of all ages can experience suicidal thoughts and behaviours. The mean age of individuals who died by suicide in Tayside during the period 2018-22 was 43. Most individuals were within the 40-49 age bracket, closely followed by the 20-29 and 50-59 age bracket. Moreover, suicide was the leading cause of death in young people aged 5-24 in Scotland during the period 2011-2020. Actions contained within the draft Suicide Prevention Delivery Plan apply across the lifespan, hence the anticipated positive impact on people of all ages. Work will be undertaken to focus specifically on the needs of children and young people. Further engagement work will be undertaken during project implementation to determine whether targeted action is required to address the needs of other specific age groups.
No Impact		
Negative		
Not Known		

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Disability		Explanation, assessment and potential mitigations
Positive	X	Research suggests that disabled people are more likely to experience suicidal thoughts and die by suicide than people without disabilities. However, the relationship is complex and is affected by co-existing risk factors. For example, the 2021 Census for England and Wales indicated that in men aged 40-50 specifically, the highest rates of suicide were in disabled people. Wider research also indicates that individuals with neurodivergent conditions, such as Autism and ADHD, are at higher risk of suicide compared to those without these conditions. Therefore, while it can be assumed that the actions contained in the draft Suicide Prevention Delivery Plan will have positive impacts on the whole population, further local engagement is required to determine appropriate targeted work in relation to disability, including neurodivergent conditions.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive	X	Research indicates that LGBTQ+ people experience poorer mental health than the heterosexual/cisgender population. Suicidal thoughts and behaviours can affect individuals who have undergone gender reassignment. A survey by LGBT Youth Scotland indicated that 50% of respondents had experienced suicidal thoughts/behaviours and the percentage of trans respondents who had reported suicidal thoughts/behaviours/self-harm was almost twice as high as cisgender respondents. While it is anticipated that population-wide actions contained in the draft Suicide Prevention Delivery Plan will have positive impacts on individuals who have undergone gender reassignment, further local engagement with relevant lived experience groups will be undertaken to understand specific needs and identify areas for targeted intervention.
No Impact		
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		Evidence indicates that women are particularly vulnerable to suicidal ideation and behaviour during the perinatal period (during pregnancy and in the first year after birth). However, there is insufficient data/evidence at this stage to conclude that the actions contained in the draft Suicide Prevention Delivery Plan will have a direct impact in relation to pregnancy/maternity. Further local engagement and research is required to determine whether targeted actions are required to address suicide risk in this population group.
No Impact		
Negative		
Not Known	X	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		Religious and cultural differences in attitudes towards suicide are widely acknowledged, such as suicide being forbidden and stigmatised in some cultures which may prevent people seeking support. At this stage, there is insufficient evidence at a local level to determine the likely impact of the draft Suicide Prevention Delivery Plan on people of differing religious/belief systems. Further engagement with local faith-based/cultural organisations will be undertaken so that actions can be adapted accordingly.
No Impact		
Negative		
Not Known	X	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		Evidence suggests that some races may be affected more than others by suicidal ideation and behaviours. While research commissioned by the National Suicide Prevention Leadership Group found no association between ethnicity and suicide, qualitative data indicates that people's experiences of racism can lead to the development of suicidal ideation and attempts. Wider research suggests that suicide rates are higher among the White and Mixed ethnicity groups, however, the relationship is complex and varies within ethnicity groups based on other risk factors. Further local engagement and research will be undertaken to consider the needs of specific ethnicity groups. However, the draft Suicide Prevention Delivery
No Impact		
Negative		
Not Known	X	

Dundee Integration Joint Board Integrated Impact Assessment

		plan does not seek to directly address wider issues of racism and discrimination. With this considered, there is insufficient data to determine the impact in relation to race and ethnicity at this stage.
Sexual Orientation		Explanation, assessment and potential mitigations
Positive	X	Individuals of any sexual orientation can experience suicidal thoughts, hence it is anticipated that there will be positive impacts from population-wide suicide prevention activity. However, research indicates that lesbian, gay and bisexual people are at higher risk of suicidal thoughts and behaviours than heterosexual people. This is not an inherent risk due an individual's sexual orientation but an effect of factors such as stigma and discrimination. The draft Suicide Prevention Delivery Plan does not directly address this but, through further local engagement with LGBTQ+ groups and research, the actions contained in the plan will be considered in the context of these wider issues and tailored accordingly.
No Impact		
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		

STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	X			
North East (Whitfield, Fintry & Mill O'Mains)	X			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	X			
Coldside (Hilltown, Fairmuir & Coldside)	X			
East End (Mid Craigie, Linlathen & Douglas)	X			
Maryfield (Stobswell & City Centre)	X			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	X			
The Ferry	X			
Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

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Tayside Multi-agency Suicide Review Group data indicates that the rate of suicide is over three times as high in the 20% most deprived areas compared to the 20% least deprived. Relatedly, 37% of Dundee's population reside within the 20% most deprived areas, highlighting the need to focus efforts to reduce the burden in these areas.

Furthermore, a range of indicators of low socioeconomic position, which are more prevalent in areas of deprivation, have been linked to an increased risk of suicide including powerlessness, social exclusion, poor mental health, unhealthy lifestyles, stigma and disrespect and more adverse experiences.

Public health evidence shows that reducing health inequalities requires both universal and targeted approach. This ensures that suicide risk in the wider population is addressed while applying a proportionately more intense response on population groups that are at higher risk of suicide. Consequently, positive impacts are anticipated in areas of deprivation and other areas in Dundee.

In carrying out actions contained within the draft Suicide Prevention Delivery Plan, links will be made with existing Local Community Planning Partnership initiatives and processes addressing place-based fairness issues, taking into consideration the unique needs in each area. There are also several actions which have a direct focus on building community capacity, hence the anticipated positive fairness impacts in these areas.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		Evidence indicates that suicidal ideation and behaviour is more common in care experienced children and young people than in those without care experience. The reasons are multiple and complex and can partly be attributable to the greater concentration of population-wide risk factors existing among care experienced children and young people, such as trauma, loneliness/isolation, substance use and pre-existing mental health conditions. There are heightened vulnerabilities during times of transitions, such as between homes/placements, between child and adult services and upon leaving care towards greater independence. At this stage, there is insufficient information to determine the impact of the draft Suicide Prevention Delivery Plan on care experienced children and young people but further local engagement/research will be undertaken to determine appropriate targeted actions.
No Impact		
Negative		
Not Known	X	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	A Carers UK survey of over 1700 Scottish unpaid carers indicated that carers may be particularly vulnerable to suicidal ideation, as 36% of respondents said they had thoughts related to self-harm or suicide. While the draft Suicide Prevention Delivery Plan does not directly address wider support needs for carers. A targeted approach to training and bereavement support is likely to have several positive impacts in terms of professionals who support carers being more knowledgeable/skilled to support carers experiencing suicidal ideation and ensuring support for carers who may have lost someone due to suicide. An approach to training carers in suicide prevention skills is also likely to be beneficial where the person they are caring for has thoughts of suicide. This will be explored further during implementation of the plan.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive	X	All actions contained within the delivery plan will take into consideration the needs of children, young people and their families, and there are specific actions which focus on improving support pathways, including for children and young people, as well as support for parents to have supportive conversations about suicide with their children.
No Impact		
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive	X	As above, all actions contained within the delivery plan will take into consideration the needs of children, young people and their families, and there are specific actions which focus on improving support pathways, including for children and young people, as well as support for parents to have supportive conversations about suicide with their children.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	Although the proportion of overall suicides in Tayside is lower in groups of retirement age compared to most other age groups, there is evidence that transitions to retirement may present specific vulnerabilities in relation to suicidal ideation. However, there appears to be an immediate protective effect of retirement, with one
No Impact		
Negative		
Not Known		

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Dundee Integration Joint Board Integrated Impact Assessment

		study reporting an increased risk of suicidal ideation and behaviours only at 5 years or more after retirement. This is coupled with the likelihood that older people will be more at risk of social isolation due to loss of spouses/friends and increased frailty preventing participation in social activities. The draft Suicide Prevention Delivery Plan actions are inclusive of the retirement pensioner population so positive impacts are anticipated. However, targeted interventions for this group are not currently a feature of the plan.
Serious & Enduring Mental Health Conditions		
Positive	X	Mental health problems increase risk of suicide. Tayside Multi-Agency Suicide Review Group data indicates that in the 2018-22 period 57% of people who died by suicide had contact with secondary care Mental Health or Substance Use Services in their lifetime and 40% had been prescribed anti-depressant medication at the time of death. It is anticipated that for those with serious and enduring mental health conditions that place them at higher risk of suicide, the actions contained within the draft Suicide Prevention Delivery Plan will have a positive impact. However, there are no actions contained within the plan that focus exclusively on people with serious and enduring mental health conditions.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		NRS data indicate that in 2022 probable suicide accounted for 8% of deaths among people experiencing homelessness in Scotland and research indicates that homelessness is associated with an increased risk of suicide. Moreover, there is an increased risk of suicide the longer someone has experienced homelessness. The increased risk is influenced by a range of factors, including the reasons leading to homelessness and experiences of homelessness itself, such as entrapment, stigma and lack of social support. Specific factors associated with suicidal ideation and behaviours among homeless individuals include physical illnesses, violent behaviours, mental health and substance use disorders and history of physical abuse and post-traumatic stress disorders. There is also evidence that homeless children and adolescents are at higher risk of dying by suicide than homeless adults. The draft Suicide Prevention Delivery Plan does not currently contain actions targeted towards the homeless population but will be considered throughout implementation of the plan.
No Impact		
Negative		
Not Known	X	
Drug and/or Alcohol issues		
Positive	X	It is anticipated that there will be indirect positive impacts on people affected by drug and/or alcohol issues due to the overlapping risk factors with suicidality. Moreover alcohol and substance use with alcohol and/or substance use noted in 51% of suicides in the 2018-22 period (Tayside Multi-agency Suicide Review Group data). Consideration will be given to targeting specific actions towards people affected by alcohol and/or substance use. Engagement with substance use services to date has not indicated the need for tailored interventions, other than ensuring suicide prevention training is available for staff in these settings.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive		Research suggests that those with a history of criminal offences have an increased suicide risk compared to the general population. Individuals who commit serious crime or offences, particularly sexual offences, are at a particularly high risk of suicide. Young offenders and those in the early stages of custody are also particularly vulnerable to suicide. However, the available local data does not enable conclusions to be drawn regarding the likely impact of the draft Suicide Prevention Delivery Plan on this population group. It is likely that more targeted actions will be required to reach this population group, particularly as population-wide actions are less likely to reach those who are in prison, for example.
No Impact		
Negative		
Not Known	X	

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

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Dundee Integration Joint Board Integrated Impact Assessment

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		
No Impact	X	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		
No Impact	X	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		
No Impact	X	
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	X	The delivery plan contains actions which explicitly focus on improving population mental health through improvements in the quality of support and support pathways for people experiencing suicidal thoughts/behaviours and those at risk of suicide more broadly. All actions in the plan will take into consideration the needs of children and young people.
No Impact		
Negative		
Not Known		
Life expectancy		
Positive	X	The actions contained within the delivery plan contribute towards the prevention of suicide and the longer-term reduction of suicide rates. There is an anticipated, albeit small, positive impact on life expectancy as a result.
No Impact		
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		
No Impact	X	

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Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		
No Impact	X	
Negative		
Not Known		
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		
No Impact	X	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		
No Impact	X	
Negative		
Not Known		

STEP 2- Impact Assessment Record (continued)

There is a requirement to assess plans that are likely to have significant environmental effects. **Strategic Environmental Assessment** provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

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Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	X	No		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		No	X	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.