



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 FEBRUARY 2023

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB6-2023

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board about local and Tayside strategic mental health and wellbeing developments.

2.0 RECOMMENDATIONS

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

2.1 Notes the contents of this Report.

2.2 Notes that a further briefing session will be convened in March once the draft improvement plan referred to in 4.1.7 is completed, and that the IJB delegate authority to the Chief Officer to sign off the final action plan.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the developments outlined in this report will be funded through a combination of a reconfiguration of existing budgets held by the IJB and other partners and through accessing additional funding where appropriate. The Finance teams across NHS Tayside and IJBs are working with Mental Health operational leads to develop high level strategic financial plans for MH services. These plans will be expected to provide a high level description of current financial resources in the system, describe current commitments and to map out further potential investment priorities identified to deliver the Mental Health Strategy. The plans would be expected to describe any shift of resources within the system. They will also note financial deficits in the system and highlight the need to address as part of the strategy.

4.0 MAIN TEXT

4.1.1 The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was released on Wednesday 11 January 2023. The release followed a 12-month period of IOAG involvement with a range of key stakeholders across Tayside. The IOAG's remit was to provide assurance to the Minister for Mental Wellbeing and Social Care about progress being made in Tayside against the 49 recommendations made within Trust and Respect, the Independent Inquiry into Mental Health Services in Dundee, Dr David Strang, February 2020. Progress since 2020 has been tracked through an action plan covering all recommendations i.e. Listen.Learn.Change.

4.1.2 Included within the report is the final self-assessment/ submission by Tayside Executive Partners (TEP), which was submitted to the IOAG in early October 2022. A RAG assessment

has been used in Tayside to track progress against the 49 recommendations of the Independent Inquiry into Mental Health Services in Tayside and the final report provides a RAG assessment by Tayside Executive Partners, and one by the IOAG.

- 4.1.3 The IOAG reflect positively within their report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/ attention. These include cultural shifts and engagement / co-production with key stakeholders and with the workforce.
- 4.1.4 The IOAG met many individuals and groups within Dundee within the course of their work. Their approach within discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. One important consequence of this has been the willingness of people to participate and share experiences openly and transparently.
- 4.1.5 From both a Tayside and a Dundee perspective, the final report evidences progress in a number of areas. Particular credit is given to the development of Distress Brief Intervention (DBI) in Tayside, led by colleagues within Dundee. The Mental Health Discharge Hub in Dundee and the work to understand and provide appropriate autism support in universities were also noted. Equally, the final report (and TEP's submission) highlight that despite progress having been made, there is much still to do.
- 4.1.6 The final report sets out 6 key areas for increased strategic attention within Tayside. These are;
- Progress on 'Single Site' for general adult psychiatry beds; Strathmartine environment; delayed discharges
 - Streamline and prioritise the change programme in support of Living Life Well
 - Making Integration work i.e. collaborative working
 - Engaging the workforce
 - Engaging with patients, families, partners and communities
 - Continued focus on patient safety
- 4.1.7 A detailed improvement plan is required to be submitted to the Minister for Mental Wellbeing and Social Care by Friday 31 March 2023. A draft of the plan will be completed by the end of February, and final sign off will be required by TEP, Chief Officers and the 3 IJBs in Tayside prior to submission to the Minister by 31 March.
- 4.2.1 Following the review of Integration Schemes in 2022, it was agreed that Perth and Kinross IJB would assume Lead Partner responsibilities for strategic planning in relation to inpatient services across adult mental health, learning disability and substance use. In addition to this, Perth and Kinross are Lead Partner for the co-ordination of workstreams within Living Life Well, Tayside's Mental Health and Wellbeing Strategy.
- 4.2.2 A permanent programme team have been appointed to support the delivery of Living Life Well; the team includes a Programme Manager and 2 Project Support Officers. The team have supported efforts to revise governance structures related to Living Life Well and Listen Learn Change, and have been involved in the process of reviewing existing workstreams to identify key priorities and streamline the overall Programme.
- 4.2.3 The following priority workstreams have been identified; Crisis and Urgent Care Pathway, Integrated Substance Use/ Mental Health, Specialist Community Mental Health Redesign, Adult Mental health Inpatient Redesign and Whole System Learning Disability. A further 7 areas have remained as part of the Programme; Communication and Engagement, Personality Disorder, Early Intervention in Psychosis, Transitions, Workforce, Adult Neurodevelopmental Pathway and Medicines in Mental Health. It is anticipated that some of these areas will require less Programme support, either generally or as different milestones are reached.
- 4.2.4 The revised workstream priority areas are in the process of remobilising, supported by the Programme team.

- 4.3.1 Hillcrest Homes have confirmed that the development of the Community Wellbeing Centre (CWC) at South Ward Road will be formally handed back to them by the developer week commencing 30th January 2023. The capital contribution to the development from Dundee City Council has been increased from the anticipated £200,000 to £244,248. This, in the main is due to the increased cost of materials and some unexpected work required as the development progressed.
- 4.3.2 It is anticipated that the building will be accessible from this date and the process of fitting this out with the required furniture and fittings will commence. All furniture for the designated interview rooms and office spaces has been sourced and ordered via Dundee City Council's procurement process. An initial delivery of office furniture will arrive at the centre week commencing 6th February 2023. This will be followed by the installation of the IT equipment already sourced by Dundee City Council. The lead in times for the remaining furniture and fittings for the interview rooms has still to be confirmed, however, it is anticipated that this will arrive by early March.
- 4.3.3 A draft lease agreement for the Community Wellbeing Centre has been received from Hillcrest Homes, this is for a ten year term and includes a mutual break option, at year 5. The draft lease is currently being reviewed by relevant colleagues' including our legal team and City Development. It should be noted that there has been a significant increase to the rental charge from what was originally presented to us. This is following a rent review by Hillcrest Homes and based on inflation the annual charge is now £44,002.
- 4.3.4 Following a formal tender process Penumbra Mental Health, a charity offering a range of support services across Scotland, have been appointed as the successful provider. Start up discussions have commenced and work continues to formalise the initial stages of service provision, put in place a supporting framework and contractual documentation.
- 4.3.5 Penumbra have made recruitment a priority since being awarded the contract and have involved stakeholders/ people with lived experience as part of this process. A Senior Service Manager has been appointed and is in post. Interviews for the Service Manager posts took place week commencing 23rd January 2023. Two Mental Health & Wellbeing Practitioners (Peer role) have been recruited and are currently undergoing pre-employment checks. Interview dates are scheduled for early February for the Mental Health & Wellbeing Worker posts (both peer & non-peer). Penumbra received an excellent response to their recruitment, in particular with the posts that have a peer role. This is extremely positive given the current crisis within social care recruitment nationally. A robust induction and training plan are in place for staff once they commence in post following satisfactory pre-employment checks. Penumbra are involved in the steering group, stakeholder group and workstream meetings to progress the development of the CWC and build positive working relationships with key stakeholders and partners. They are currently exploring the use of OutNav, which is an innovative cloud-based software, developed by Matter of Focus that underpins approaches to outcome monitoring and evaluation. It provides a platform to manage a service's outcome evaluation, acts as a single place to hold outcome maps and can be used for collecting, collating and analysing data. This is an area Penumbra plan to explore in collaboration with stakeholders.
- 4.3.6 There will be an incremental approach to service delivery at the CWC as staff are recruited, inducted and become operational in their posts. Initial plans include the provision of a 24-hour freephone number for calls from people in distress in order to provide a first response and assessment by trained staff. There will be the opportunity for video call appointments at a pre-arranged time for individuals who have access to the required technology and for others face to face appointments will be arranged. As the service develops individuals will be able to have face to face meetings as a first response.
- 4.3.7 Dundee Volunteer and Voluntary Action (DVVA) continue to chair the CWC stakeholder group meetings every 3 weeks. Both stakeholder and steering group meetings are scheduled to run concurrently every three weeks and have a standing agenda.

- 4.3.8 A visual representation of the CWC's journey and timeline detailing the background, planning, and the progress made so far in the development of the centre has now been completed. This is being reviewed by the steering group prior to distributing this city wide for information.
- 4.3.9 Workstream leads have now met with Penumbra and it was agreed only one workstream will be necessary for the next phase of the development, this being Pathways and Engagement. The purpose of this new workstream group is to build on progress already achieved by earlier workstreams and support Penumbra in preparing for the launch and initial operating stage of the CWC. The scope of work will include:
- Pathways in to the CWC
 - Promotion and communication relating to the CWC (including access to/ language/ messaging/ progress)
 - Scenario planning and protocols for onward referral
 - Evaluation systems
- 4.3.10 The Pathways and Engagement workstream have had an initial meeting and will continue to meet every two weeks to progress this work. In preparation, Dundee City Council's, Learning and Organisational Development Team have supported this group by facilitating scenario planning discussions. The Pathways and Engagement workstream aim to review the scope of work and change focus based on greatest priorities at the time.
- 4.4 The DBI service continues to develop and provide essential support to people across Tayside experiencing distress. Run by Penumbra, between April and December 2022 they have supported 67 people across Tayside; 27 from Dundee, 27 from Angus and 13 from P&K. Of those 67 referrals, 36 of them were between 1st October 22 and 31st December 2022. 52% of the people referred identify as female and the most prevalent age group is 31 to 35. The 2 referral pathways established thus far are through Police Scotland and Primary Care. Both of these routes require further roll out and Police Scotland have introduced DBI Champions to support this process. There are currently 56 officers across Tayside fully trained, of which 21 are based in Dundee. The impact of the service is proving to make a difference for people and evaluation identifies an average reduction of distress levels from 8.1 to 2. An Implementation Steering Group has been established and members continue to collaborate to extend the availability of DBI and problem solve where challenges arise.
- 4.5.1 The MH Response Vehicle is fully staffed and now operational 7 days per week. Evaluation of the project is being undertaken by Scottish Ambulance Service and covers the three pilot sites across Scotland: West (Greater Glasgow & Clyde); North (Inverness) and East (Dundee). All three sites have been affected by the availability of staff and the preliminary evaluation has focused on data from the West site as they were the first to become fully operational.
- 4.5.2 Data shows that where a MH Response Unit attended a call identified as related to mental health issues, the average weekly percentage of people taken to hospital was 22.5%. As a comparison, the average weekly percentage of people taken to hospital where a standard ambulance (that is, staffed solely by paramedic/technician staff) responded to mental health issues, 56.8% of people were taken to hospital. Further benefits were described as: Increased collaboration reduced the time taken for people to access mental health assessment and access to onward mental health referrals; Feedback from the MHPRU paramedics identified the value of access to EMIS patient notes system in allowing for greater continuity of care across services; and MH Response Vehicle paramedics highlighted an improvement in their confidence in supporting people in mental health crisis and distress.
- 4.5.3 Further evaluation will allow analysis of data from the East site and this will be shared with IJB when available.
- 4.6.1 In 2020, 2 Navigators joined the team within the Emergency Department of Ninewells Hospital. Navigators strive to establish a supportive role with people who present at the Emergency Department with a range of challenges eg with addiction, mental health, as a result of violence, including domestic violence. The Navigators can enable a connection with a range of

community supports that can help to address the impact of disadvantage, whether through health inequalities, poverty, unemployment, homelessness.

- 4.6.2 During 2022 the Navigators supported 161 patients who attended Ninewells Hospital. Of the 161, 92 patients identified that Mental Health issues contributed to them attending the Emergency Department. Other significant factors included substance/alcohol use, violence, sexual violence and homelessness. Poor physical health was also reported as a factor. The service is in the process of preparing more detailed data in order to advise and inform any decision making, DHSCP will ensure that any information provided by the Navigators is shared through relevant SPG's.
- 4.7.1 The Communities and Inequalities workstream of the MHWSCG ensures that strategic mental health and wellbeing priorities are implemented at a local level and that communities influence and are involved in developing these priorities. The focus for this work in the past year has been:
- Locality health and wellbeing profiling
 - Linking with targeted interventions in deprived communities
 - Exploring how to improve access to information
 - Coordinating training and capacity building around health inequalities
- 4.7.2 Locality profiling has contributed to the development of new Local Community Plans and stimulated action in electoral wards. It has provided communities with a rich picture of the needs and behaviours of residents including specific age groups and genders. This work continues to develop as Public Health and local officers take a deeper dive into data and complement this with information gathered through qualitative engagement exercises.
- 4.7.3 Targeted interventions that contribute to tackling health inequalities include the local Fairness Initiatives (LFIs) in Linlathen and Stobswell West and the Employability Pathfinder in Linlathen. LFIs led by the Dundee Partnership Team and the Council's Community Learning and Development service have been undertaking narrative inquiry to identify issues that residents living in poverty feel are important to them. A number of tests of change are being developed as a result including flexible childcare, housing improvements and social opportunities.
- 4.7.4 The Employability Pathfinder in Linlathen is a partnership between the Scottish Government, Dundee City Council, the Department for Work and Pensions and Social Security Scotland to test ways of working that contribute to the Child Poverty Delivery Plan; Bright Start, Bright Futures. A data mine identified 97 families in the area without a working adult who were targeted by local staff. Findings show that 68% of the 74 families that engaged, physical and mental health were barriers to employment. Further engagement is planned in February to aid the development of a test of change. This is likely to pull in third sector and community wellbeing organisations in the first instance with discussions with health service providers if required.
- 4.7.5 Improving access to service information has been the subject of a wide range of local discussions. Whilst the challenges of working across a range of platforms have been well articulated there remains an issue of how to address this and where leadership for this agenda should lie. The Communities and Inequalities workstream has a role to play in contributing to discussions and promoting the landscape of community groups and interventions that protect and promote positive mental and physical health.
- 4.7.6 Workstream discussions have resulted in the Directorate of Public Health training team, the HSCP/ DCC Community Health Inequalities Manager, and the Community Health Team establishing a short life working group to develop a sustainable model of training for mental health promotion and inequalities sensitive practice. This will result in a new programme that builds the capacity of the public, volunteers and professionals to be part of the wider public mental health workforce.
- 4.7.7 The cost of living crisis is now on the agenda for the Communities and Inequalities workstream and information about the city's response over the winter months was publicised widely across the HSCP and NHS Tayside. Intelligence from our communities shows that the crisis is having a profound effect particularly those living in the more deprived areas who were already

struggling to make ends meet. Interventions such as food vouchers, no-cost family activities, and free hot meals were organised quickly and appear to be having a positive and protective effect.

- 4.7.8 Public Health Scotland is providing support to Dundee as one of the localities identified for its Partnership Pathfinder Programme to evaluate the city's response to the cost of living crisis. All pathfinders report progress and learning to the PHS & Scottish Directors of Public Health Localised Working Programme Oversight Group and involvement locally has been agreed by the Director of Public Health and DCC Chief Executive with support and leadership from a number of strategic and operational officers. Discussion on how support will look are in the relatively early stages but is likely to include data linkage and collection, public surveys, and focus groups and interviews with those involved in delivering and using cost of living interventions.
- 4.8.1 Progress continues to be made to further develop local mental health and wellbeing in primary care support. The current context for people's lives has increased stress and anxiety as we know, and people are dealing with complexity in their lives. The Listening Service, social prescribing Link Workers and (PALMS) team are linking with practices to support individuals as early in their pathway as possible. The PALMS team have successfully recruited to their posts with the revised model and staff in the team are working closely with practices, and their colleagues in social prescribing and the listening service, to support pathways of care at initial presentation. All practices now have support from the 3 teams in place.
- 4.8.2 There are early discussions around ensuring equity of access across the age spectrum for those with mental health and wellbeing issues. The anticipated demand is to be scoped and a review of funding required to support an extension of available support is being undertaken.
- 4.8.3 Distress Brief Intervention support is now being rolled out to practices with work underway in the first cluster, with a plan to expand this over the coming months.
- 4.8.4 The GP lead post for mental health and wellbeing is being advertised to cover the maternity leave of the current post holder. The role is valuable and is supporting how we review pathways of care, including for children and young people.
- 4.8.5 To date there is no confirmation of funding for the Mental Health and Wellbeing in Primary Care funding expected from the Scottish Government.
- 4.8.6 A Programme Manager has been appointed to support the further development of Mental Health and Wellbeing in Primary Care and will start in post late February.
- 4.9.1 Tayside work focussing on integrated substance use/ mental health pathways has to date been supported by Healthcare Improvement Scotland (HIS) as a Pathfinder Workstream. At a Dundee level both HIS and the CORRA funded programme were developing tests of change. For Dundee, this included a test of change in relation to woman with complex needs.
- 4.9.2 Prior to the release of the IOAG final report, and in discussion with HIS, a redefinition of the Dundee programme of work was agreed to reflect the service deliverables aligned to Medication Assisted Treatment (MAT) Standard 9 (Mental Health – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery). This shift in approach was approved by the Alcohol and Drug Partnership (ADP) and included the use of CORRA funding to secure clinical input to the development of training, pathways and protocols for integrated approaches for those with co-occurring needs.
- 4.9.3 Subsequent early discussions have been held at a Tayside level to consider how the focus of the MAT 9 framework, supported by the HIS Pathfinder work, would facilitate Tayside agreements on fundamental policy and procedures while enabling local implementation. A new action plan will be developed to support this redesigned workstream.
- 4.9.4 In order to provide a stronger clinical focus to co-production between mental health and drug & alcohol recovery teams, a new Consultant Clinical Psychologist post (0.5 wte) has been

created. A formal job offer has been made and the candidate expected to be in post by April 2023. This individual will work closely with both services and across Tayside to define a model or models for test-of-change and oversee the operationalisation and evaluation of these.

- 4.10.1 In September 2022, Scotland's new 10-year Suicide Prevention Strategy was published, titled 'Creating Hope Together'. This is accompanied by a 3-year action plan to deliver on the strategy's vision and target outcomes. The strategy replaces the previous Suicide Prevention Action Plan: Every Life Matters which was published in 2018. It aims to build on the good work already happening across Scotland to prevent suicide.
- 4.10.2 A summary of the new strategy is provided in Appendix 1 an accompanying presentation at Appendix 2.
- 4.10.3 Locally, we continue to build on the strong work already underway ensuring this aligns with the newly published National Strategy, other national policies including the Mental Health Strategy 2017-2027 and the priorities outlined in the HSCP's Strategic Plan.
- 4.10.4 Suicide is a complex issue for Dundee, and the 'Whole of Government' and 'Whole Society' approach of 'Creating Hope Together' is welcomed. The previous local Every Life Matters strategy reported annually to the IJB as part of the wider mental health governance arrangements. To align with the new strategy's whole society approach one of our short-term strategic priorities in Dundee is to consider how we align with public protection guidance, ensuring local leadership and accountability for suicide prevention will sit with Chief Officers, who in turn will connect into the Community Planning Partnerships.
- 4.10.5 Implementation planning in Dundee is being supported by Public Health Scotland by way of their Health Improvement Manager - Suicide Prevention Implementation Support. A Suicide Prevention Co-ordinator post is being recruited to in Dundee. Meantime, some of the relevant duties are delivered by Lead Officer, Protecting People. Specifically;
 - Targeted work around locations of concern (Tay Bridge and Broughty Ferry Station)
 - Development and delivery of local (Dundee) suicide prevention training programme.
 - Membership of and contribution to Tayside suicide death review group
 - Development and delivery of Tayside suicide prevention training programme.
 - Direct support to multi-agency workforce (post suicide response).
 - Specific work with children and family services on both a Tayside and Dundee basis
 - Direct engagement with third Sector Mental Health Forum/Suicide Prevention
- 4.10.6 The Lead Officer, Protecting People, represents the Dundee HSCP at monthly local suicide prevention leads session as well as National Suicide Prevention Network meetings.
- 4.10.7 The Lead Officer, Protecting People, receives real time alerts and data from partners which allows prompt responses to both support individuals and communities effected by suicide but also the review of cases to identify potential learning.
- 4.10.8. The local Suicide? Help! App is currently being refreshed to better represent local support.
- 4.10.9 Work is ongoing to embed a variety of training and awareness raising options within the trauma informed learning framework for Dundee. During September and October 2021, Dundee supported Suicide Safety Plan Training for Trainers (SIPP) which is now being cascaded across both Dundee and Tayside. Dundee was one of the first local authority areas in Scotland to return to face to face training in February 2022 when ASIST workshops were delivered at the Improvement Academy, Ninewells Hospital. In 2022 over 100 individuals completed Living

Works training courses either commissioned or delivered by the Dundee partnership. During the Summer of 2022, in response to identified need, staff in Dundee Children’s Houses were provided with Applied Suicide Intervention Skills Training.

4.10.10 The creation of a service for people bereaved by suicide is a priority locally and initial discussions have taken place to start to determine how best to introduce this within available resources. There are National resources in place for this, with people directed towards these within information given to families by Police Scotland when suicide is identified or suspected. However, it is likely that a specialist resource would be able to contribute to further improvements like the establishment of peer support groups and strengthen governance in ‘lessons learned’ where people are not known to mental health services (where the Adverse Event Review process allows a more in-depth analysis of events).

4.11 In summary, significant effort both locally and pan Tayside continues to be made to positively impact the mental health and wellbeing of citizens.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an “always open” Community Wellbeing Centre (CWC) and associated supports does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm.
Risk Category	Operational, Reputational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fuelling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Approval recommendation	Given the mitigating actions to bring down the level of risk the 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: 30 January 2023

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DIJB6-2023 Appendix One

National Suicide Prevention Strategy 2022/23 – ‘Creating Hope Together’

Scotland’s new national strategy 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 inequalities which contribute to suicide. 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.

The strategy outlines a collaborative whole of Government and whole society approach across all sectors to support communities, so they become safe, compassionate, inclusive and free of stigma.

The 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.

In addition; Our work is designed with lived experience insight, practice, data, research, and intelligence. We improve our approach through regular monitoring, evaluation, and review.

The outcomes are based on four priority areas:

- Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.
- Strengthen Scotland’s awareness and responsiveness to suicide and people who are suicidal.
- Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery.
- Embed a coordinated, collaborative, and integrated approach.

The delivery of the Strategy is directed by seven guiding principles:

- We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors such as poverty, and social isolation.
- We will co-develop our work alongside people with lived and living experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
- We will ensure the principles of Time, Space, Compassion are central to our work to support people’s wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
- We will ensure the voices of children and young people are central to work to address their needs and co-develop solutions with them.
- We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
- We will take every opportunity to reduce the stigma of suicide through our own work.

- We will ensure our work is evidence informed, and continue to build the evidence base through evaluation, data, and research. We will also use quality improvement approaches, creativity, and innovation to drive change – this includes using digital solutions.

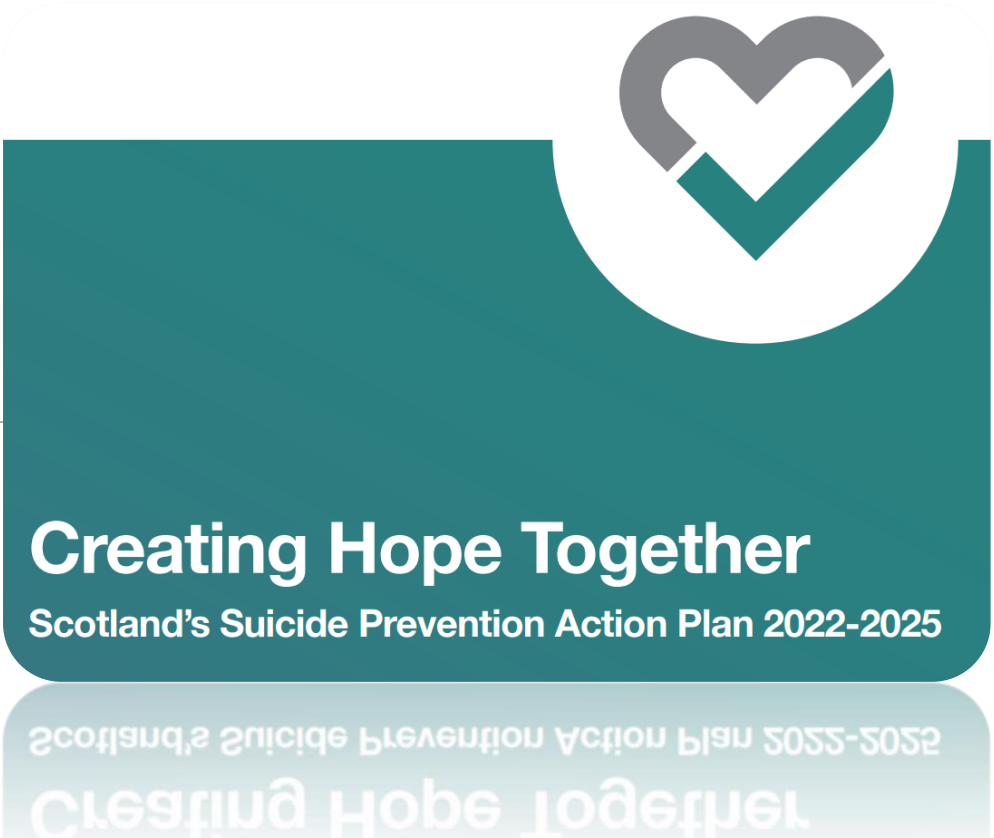
In the 2021-22 Programme for Government, the Scottish Government committed to double the specific annual funding available for suicide prevention from £1.4million to £2.8million. The funding aims to directly support the ambition of the strategy. The whole of Government and society approach also draws upon non-mental health funding and resource to support suicide prevention including policies aimed at child poverty, substance use and debt.

The previous suicide prevention strategy, 'Every Life Matters' generated local area suicide prevention action plan guidance, development of new digital learning resources, raising awareness through the 'United to Prevent Suicide' campaign, pilot programmes in 'Supporting People Bereaved by Suicide'; and reviews of deaths by suicide. In addition to this, provision of "more timely data" has commenced, as well as work to ensure that "lived experience" and the needs of children and young people are included in this work.

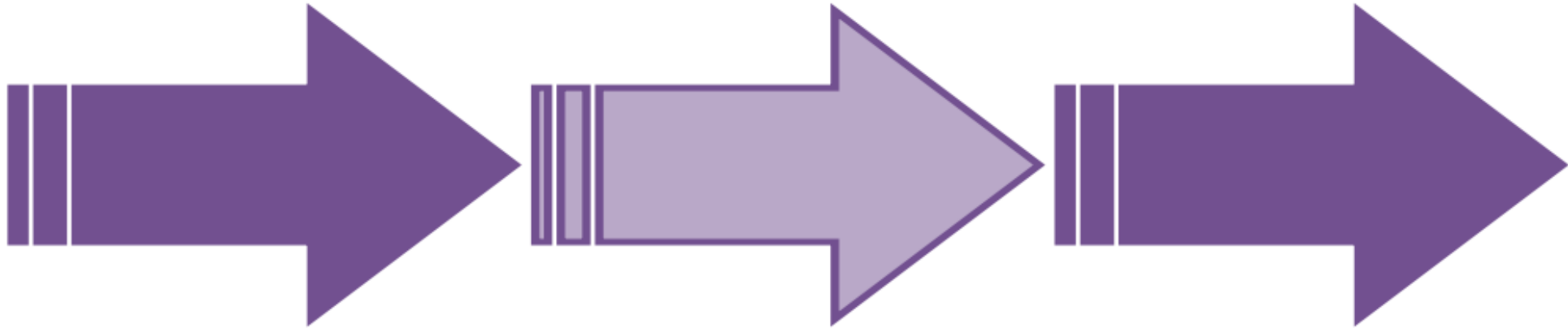
It should be noted that Scottish Government will be consulting on and drafting a Self-Harm Prevention Strategy early in 2023.



Creating Hope Together: A Brief Introduction



Where we've come from



Choose Life Strategy
and Action Plan

2003 - 2013

Suicide Prevention
Strategy

2013 - 2016

Every Life Matters
Action Plan

2018 - 2022

Creating Hope Together

- Published 29 September 2022
- Strategy long-term 2022 – 2032
- Dynamic Action Plans, initial one for 3 years: 2022 – 2025
- The Scottish Government & COSLA hold joint ownership for delivering the strategy

Vision

Our 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 we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our 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.

How we are going to work – our guiding principles

- **Inequalities & diversity** addressed
- **Co-develop** alongside people with **lived, and living, experience**
- **Time, Space and Compassion** principles central to support people's **wellbeing and recovery**
- Voices of **children and young people** sought to address their needs
- Increase opportunities for people **across sectors** at **local and national** levels to **come together, learn and connect**
- **Reduce the stigma** of suicide through our work
- **Evidence informed** activities build the evidence base through **evaluation, data and research** – use quality improvement approaches, creativity and innovation to drive change

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. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Priority Areas

Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk

Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal

Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery

Embed a coordinated, collaborative, and integrated approach

Highlights of new strategy

- Support for anyone affected by suicide
- Whole population work – incl. stigma, awareness raising
- Targeted approach based on groups at higher risk, and key settings
- Whole of Government and society approach - to tackle social determinants & take every oppy
- Role of communities, statutory services, multi-sectors, and key settings / workforce. Everyone's Business!
- Support for communities via peer support & building capability to respond – Time, Space, Compassion
- Better use of safety planning (anticipatory planning for crisis situations)
- Improving media reporting of suicide

Implementing the Strategy

- Outcomes framework to underpin planning/ evaluation
- Workplan to activate Action Plan
- New governance & delivery structures and ways of working. NSPLG advisory role; creation of Delivery Collective – with key links across local and sectoral suicide prevention activity
- Embedding national support – Implementation Leads & Learning & Capacity Building Leads, National Delivery Leads
- Making wider strategic connections – self-harm & mental health & wellbeing strategies in 2023

Governance and delivery approach

