

Local Area Suicide Prevention Action Plans



Scottish Guidance



National
Suicide Prevention
Leadership Group

Section 2

Governance and Collaboration

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Steering Groups, Working Groups and Champions

Multi-agency steering group

The oversight of a local area suicide prevention action plan should sit within the remit of Chief Officer Groups or Community Planning Partnerships, depending on the structure within the local area. The group should delegate the responsibility for development of a local suicide prevention action plan to a multi-agency steering group but ensure regular reporting in order to monitor progress.

Why is it important?

There is no one agency nor one intervention which will prevent suicidal behaviour. The [NICE guideline \(NG105\) Preventing Suicide in Community and Custodial Settings](#) highlights that a range of organisations can help to prevent suicidal behaviour and that by working together they can create the most effective and cost-effective interventions. The National Suicide Prevention Leadership Group (NSPLG) demonstrates this multi-agency approach by drawing its membership from a wide range of organisations which reflect the range of stakeholders required to address the issues of suicide prevention and the importance of a collaborative approach.

NSPLG Membership Roles and Organisations

Central to the work of the NSPLG are the Academic Advisory Group & Lived Experience Panel

Chair	Executive Director for Scotland, Samaritans	Principal Medical Officer, Scottish Government	Director of Health Equity and Director of Health and Work, Public Health Scotland
Emilytest	Chief Superintendent Police Scotland	Policy and Public Affairs Manager, Mental Health Foundation	Royal College of Psychiatrists
Chief Executive, Penumbra	Royal College of GPs	Young Person Representative, Nominated via Young Scot	Director of People Policy, COSLA
SPFL Trust	Chief Executive, Local Government	Lead Associate Medical Director & IJB representative, NHS	Business in the Community
Chief Executive, SAMH		Advisors: Co-Chairs of the Academic Advisory Group	

Who needs to be involved?

It is important to consider who are the right people to have on a local steering group. There are likely to be actions across the life stages and across various sectors; health, social care, criminal justice, housing, community safety, poverty, education etc. A range of individuals with the level of seniority required to influence change are required to ensure that discussions become actions which are then implemented, monitored and evaluated. This will vary between areas depending on the key agencies available, but should include the following or their equivalents:

- Local authority senior officers within e.g. social care, education, housing etc
- Health services, especially primary care, mental health, addictions & public health
- Chief Officers of Emergency Services, Police, Ambulance and Fire & Rescue or appropriate substitutes
- Third sector providers and advocacy groups
- Criminal Justice
- People with lived experience of suicide attempt, suicidal thoughts and bereavement by suicide & carers.

There can be considerable interest from local communities to join a suicide prevention steering group. Particularly where there has been a death by suicide, people in the neighbourhood can express a desire to be part of the change needed to support people who have suicidal behaviour. It might be helpful to consider suicide prevention as a tiered system, where the steering group develops strategy and action planning, has oversight of the work and a range of working groups responsible for implementation report to this group. In addition to this, you may want to consider how you can engage a wider group of individuals in suicide prevention activity, people who can act as champions for the work (see page 11 for details of involving those with lived experience). This will vary between areas depending on the local structures, one example of a structure is presented in **figure 1**.

Figure 1



Steering Group

The steering group will provide the oversight and driving force to monitor and review progress of implementation of actions required within a local area to prevent suicidal behaviour. It is vital that the steering group either comprises individuals with sufficient influence to promote change or has had this capability delegated to it. A steering group, without the necessary ability to influence change will not be able to achieve what it sets out to do. The key functions of the steering group are:

- Gather, analyse and interpret data in order to understand the local context (see Section 3 – Data, Evidence & Intelligence)
- Utilise this information to develop a local suicide prevention strategy & action plan
- Co-ordinate the work of any working groups to ensure implementation of the action
- Monitor progress and oversee monitoring and evaluation of the local action plan
- Report progress to Community Planning Partnership or Chief Officers group.

There are a number of prerequisites to support the efficient functioning of a steering group. Administrative support should be secured to ensure accurate minutes and action trackers are recorded for meetings, agreement about frequency of meetings should be in place ensuring these will be held frequently enough to keep momentum going. Steering group members should be encouraged to attend all meetings and if unable, a suitable substitute should be in attendance who is able to act with authority. In order to function effectively, terms of reference for the group should be established; an example can be seen at **appendix 1**.

Steering Group Essentials	
1	Seniority and capability to lead change
2	Understanding local context and needs
3	Schedule of regular meetings
4	Terms of reference
5	Regular reporting framework

Case Study - Glasgow

The Glasgow City Suicide Prevention Strategy Group (GCSPSG) reports directly to the Glasgow City Health & Social Care Partnership Integrated Joint Board. The group is represented on the NHS Greater Glasgow & Clyde Suicide Prevention Network by the chair who performs the co-ordination of suicide prevention activity as part of her wider remit in Adult Services Policy, Planning & Performance. The group have met every six weeks since its formation in 2011 and oversees the work of the following sub-groups:

- Training
- Locations of Concern
- North West Suicide Safer Communities Forum
- South Suicide Safer Communities Forum

- Bereavement Group
- Third Sector Reference Group
- Data
- Crisis Pathways
- Communication
- Covid-19 Suicide Prevention Action Plan Group

The groups membership includes representatives from

- Health & Social Work
- Addiction services
- Mental Health Network
- North West Suicide Safer Communities Forum
- Adult Support & Protection
- Fire & Rescue Services
- Police Scotland
- Education Services
- Third Sector Providers
- Mental Health Officers
- South Suicide Safer Communities Forum
- Strathclyde University

The members of the group fully discuss and agree the decisions made in the group based on the policy /view of their respective organisations and/or within the context of the current and former national suicide prevention strategies and action plans and local council and health strategies.

The group has a Terms of Reference which guides the work. The GCSPSG lead on the development of local action plans which identify local priority areas.

A level of consistency has been achieved through the retention of group members over several years. The group has also used a range of resources to monitor and evaluate their work and action plans including the national evaluation tool, SUPRESE, ensuring reference to the national suicide prevention strategies in Scotland and more recently the Living Works 10 Suicide Safer Community (SSC) pillars.

Working Groups / Subgroups

The working groups should be established in order to implement actions recommended by the steering group. These groups should comprise of individuals who have sufficient time and resources to undertake the work on the ground required to bring the action plan to life. Working groups may be structured around particular topics or particular groups of individuals, depending on the needs of the local area and the actions in the action plan. Working groups will also require sufficient administrative support, agreement regarding frequency of meetings and terms of reference. It is helpful to have action trackers for working group meetings with identified lead individuals and timescales for completion and a framework in place to ensure regular reporting of progress to the Steering Group.

Example templates can be found in Section 4 of this guide Monitoring and Evaluation.

Working Group Essentials	
1	Enthusiasm and ability to influence
2	Terms of reference
3	Schedule of regular meetings
4	Clear timescales and reporting framework
5	Available Resources

Suicide Prevention Forum / Champions

Suicide prevention requires a range of activities and the involvement and support of community members. Every community will have individuals who have a desire to support the work of steering and working groups. There are various ways that this commitment and enthusiasm can be harnessed.

Case Study - Grampian

In early 2020, a decision was taken to review the existing suicide prevention structure in order to improve leadership and strategic direction. The restructuring resulted in a configuration which enables the previous members of the large suicide prevention forum to play an active role in implementation of actions across Grampian locality.

The North East Suicide Prevention Leadership Group (NESPLG) provides strategic leadership and is responsible for development of the local action plan. The group comprises:

- Suicide Prevention Lead
- A senior officer from each local authority with authority to make decisions
- Senior officer from Police Scotland

- Senior member of staff from NHS Grampian

Currently, three sub-groups feed into this leadership group. The sub-groups focus on, data review, training and campaigns, events and communications and have responsibility for implementation of work on these topics. There is a plan to develop additional sub-groups which will focus on work around children and young people and lived experience.

A wider network of people across Grampian support the dissemination of information regarding e.g. the suicide prevention app, campaigns at Christmas and raising awareness of training etc.

This work all sits under the governance of the pan Grampian Chief Officers group who receive regular progress reports from the NESPLG.

Local Co-ordination of Suicide Prevention Activity

It is also beneficial to identify an individual in a local area who can undertake the role of co-ordinator for suicide prevention activity. Having someone undertake this role ensures, for example, a focus is maintained on the actions required, reduces the likelihood of duplication of effort as they can help to keep working groups on track and allows a single point of contact for those delivering activity. Care is required to ensure that individuals undertaking this role are not seen as being solely responsible for the delivery of an action plan, as stated, it is necessary for a multi-agency approach to this work to deliver positive outcomes.

Engaging Stakeholders

Scottish Approach to Service Design

Suicidal behaviour is a public health issue and, as such, requires a multi-faceted approach to prevent it. [The Scottish Approach to Service Design](#) was published by Scottish Government in 2019. This framework assists in the design of services around the needs of people, pulling together national and local government, health, public bodies, charities and third sector, as well as the private sector and people who will utilise the services.

There are a wide range of tools available to support the engagement of stakeholders. The World Health Organization has developed a toolkit [Suicide Prevention: A Toolkit for Engaging Communities](#) and an e-learning course [Engaging Communities in Preventing Suicide](#) which contain a wealth of information which could support local areas.

Other tools which may be useful can be found on the [Involve website](#). Tools such as Co-production (see details below), Participatory Appraisal, conversation cafes etc can all help to gather information from stakeholders which enables the development of a robust, sustainable action plan.

Some of the resources available contain a considerable amount of detail which may not be required in each area. It is possible that support for working in this way may be available from local public health or community planning partners and making contact with them to determine if this is possible would be advantageous.



Co-production

Co-production is an approach that combines our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.

Co-production provides a way of working which enables the involvement of a range of stakeholders. Co-production ensures that those who use services are at the heart of designing, developing and commissioning them.

It is about involving people in the planning, delivery and review of public services, helping to change relationships from dependency to genuinely taking control. This involves active dialogue and engagement to create something jointly, thereby achieving [better results or outcomes](#).

The [Scottish Co-production Network](#) also has a range of resources available.

Lived Experience and Support

When developing suicide prevention action plans, it is essential to listen to the voices and learn from the experiences of those who have had suicidal thoughts or attempted suicide, or who have lost someone to suicide or care for someone who has attempted suicide. These are the people who have insight into what interventions might help and how these might be implemented in your local area. The steering group has a duty of care to those who have lived experience and who contribute to the development of strategies and action plans. Lived experience can have a huge impact on the individual, their families and carers in workplaces, communities and the wider world, and discussions about suicidal behaviour can trigger distress for some people. Thought should therefore be given to the means of supporting people with lived experience who are involved in suicide prevention activity and the resources that will be available to enable this to happen.

Good Practice Example

Scottish Borders Co-production Charter was developed by the Mental Health & Wellbeing Forum for mental health service users, carers and others interested in mental health and wellbeing. The forum provides a space where individuals can raise concerns and issues and report back from other meetings and projects they are involved in. The forum interfaces with local statutory mental health services via their joint planning groups and boards.

The Co-production charter was developed to set out how people with lived experience and their carers wanted to be involved in all aspects of service design and delivery and what they expected from services in return.



Forum member comments

Avril



As part of Border Care Voice, Mental health and wellbeing Forum, and a person with lived experience, I was involved in taking part in discussions with NHS Borders, transformation workshops, regarding crisis team and liaison teams, and Mental Health Community Teams.

As a person with lived experience I felt I was listened to, when offering towards the discussions, and my points were valued.

Also it was a good exercise to get the correct terminology altered from 'patient' or 'service user' to a person with lived experience.

It was encouraging to see that we are being involved in these major workshops, and our opinions and input is used and valued.

Marc

For a long time I was alone had no voice and felt it just did not matter, the charter of involvement has given me the confidence and skills to be able to sit with professionals in a meeting and have an equal share and say in helping effect change in policies and procedures to effect change in a positive manner to the benefit of the mental health community.

Jenny

Since the mid 90s I have been active as a service user representative. At first I was a lone voice. It has been great to see how many people are now involved. I have taken part in many aspects of service provision, options appraisals, consultation, many different planning groups. My favourite groups are the short term planning groups, creating from scratch or making major changes to services, with attention to all details, trying to improve services for everyone. It is important to realise that we are like everyone else. There is no one service user view. I have always tried to reflect views to achieve person centred services that can cater for individual needs and to speak for those who do not have a voice.

This guide is part of a set of documents created to support the development of local suicide prevention action plans. Other guides in the set are:

Section 1 – Introduction

Section 3 – Data, Evidence & Intelligence

Section 4 – Monitoring & evaluation

Steering Group Terms of Reference



1. Aim

A general statement of the expected outcome.

2. Objectives

The steps the steering group will take to achieve the aim and/or goals of the steering group.

3. Responsibilities

What are the key areas the steering group are responsible for e.g.

- Development, oversight & updating of strategy and action plan
- Commission and analyse data, evidence and intelligence
- Ensure consideration is given to national policy etc...

4. Membership

List the steering group members and their roles.

Members representing organisations on the Steering Group should be in a position to speak on behalf of their organisation and make decisions or inform the decision-making process.

Include agreement about substitutes if members cannot attend.

Other organisations or individuals may be invited to meetings to discuss specific items of relevance.

5. Accountability and Governance

Provide details of the governance arrangements in place for the steering group, who they report to, how frequently these reports will be provided etc.

6. Administrative support

Provide details of who will provide admin support.

7. Terms of Reference approval and review date

Terms of Reference will be agreed by the Steering Group and reviewed every two years. The next review date will be (add date and year).

8. Frequency of Meetings

Provide details of frequency and duration of meetings and how these will take place e.g. virtual or face to face. If face to face then include details of the accessible venue(s) these will be held in.