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Governance & Collaboration

Local Suicide Prevention Planning and Implementation Toolkit

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What will this document support you to do?

- Understand some of the key principles of governance & collaboration for your steering group
- Look at your local structure and governance processes
- Map who needs to be involved in your steering group
- Engage with local stakeholders
- Provide practical examples of how others have developed their steering groups and collaborated

When might this document be most helpful?

- When you are developing your steering group and/or governance locally
- When you are reviewing your steering group membership
- When you are thinking about who to engage with as part of your work
- When you need ideas to support collaboration locally
- When you are mapping governance structures

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Creating Hope Together sets out responsibility for Local Leadership of suicide prevention should sit with Chief Officers within their public protection role. **The Chief Officer Induction resource** highlights key responsibilities and questions for Chief Officers. This means the oversight of a local area suicide prevention action plan is likely to 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 Advisory Group (NSPAG)** demonstrates this multi-agency approach by drawing its membership from a wide range of organisations which reflect the range of stakeholders required to help us better understand and address suicide and the inequalities associated with suicide and model the importance of a collaborative approach.

NSPAG Members

Members of the group have been selected to help us understand suicide better - the complexity, intersectionality and inequality of suicide. As such the group's membership represents many of the sectors who are leading work on the social determinants of suicide, such as poverty, as well as partners who are working in key sectors affected by suicide – such as the criminal justice sector.

The group's membership is:

Chair	Winning Scotland/Planet Youth in Scotland	Institute of Directors Scotland
NHS Greater Glasgow and Clyde	Who Cares? Scotland	Police Scotland
NHS Lanarkshire	Association of Directors of Education Scotland	Healthy n Happy Community Development Trust
Equality Network	Poverty Alliance	Professor of General Practice and Inclusion Health, University of Glasgow

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, unscheduled care, mental health, addictions & public health
- Representatives from Emergency services, Police, Ambulance and Fire & Rescue or appropriate substitutes
- Third sector providers, interface 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 community 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 14 for details of involving those with lived experience).

Reporting

Often suicide prevention work is overseen by the Community Planning Partnership (CPP) as is shown in the diagram over the page, but there is variation on reporting structures across local areas. Sometimes the governance and reporting for suicide prevention in children and young people is through a different structure than for adults though it is useful if there are some links across in these cases.

The Chief Officer (usually the local authority Chief Executive) through their role as public protection lead has responsibility for local leadership of suicide prevention activity in the local area. Chief Officers will likely work with other leaders locally to fulfil their role such as the Director of Public Health.

There are no specific reporting structures nationally that local work must feed in to, however it's likely that the Chief Officer will be involved in discussions through SOLACE around progress in local suicide prevention activity. The COSLA Health & Social Care Board and COSLA Leaders are also regularly updated on progress of the national strategy which may mean you receive requests from local elected members to produce or comment on reports about local suicide prevention activity.

This will vary between areas depending on the local structures, one example of a structure is presented on the next page.

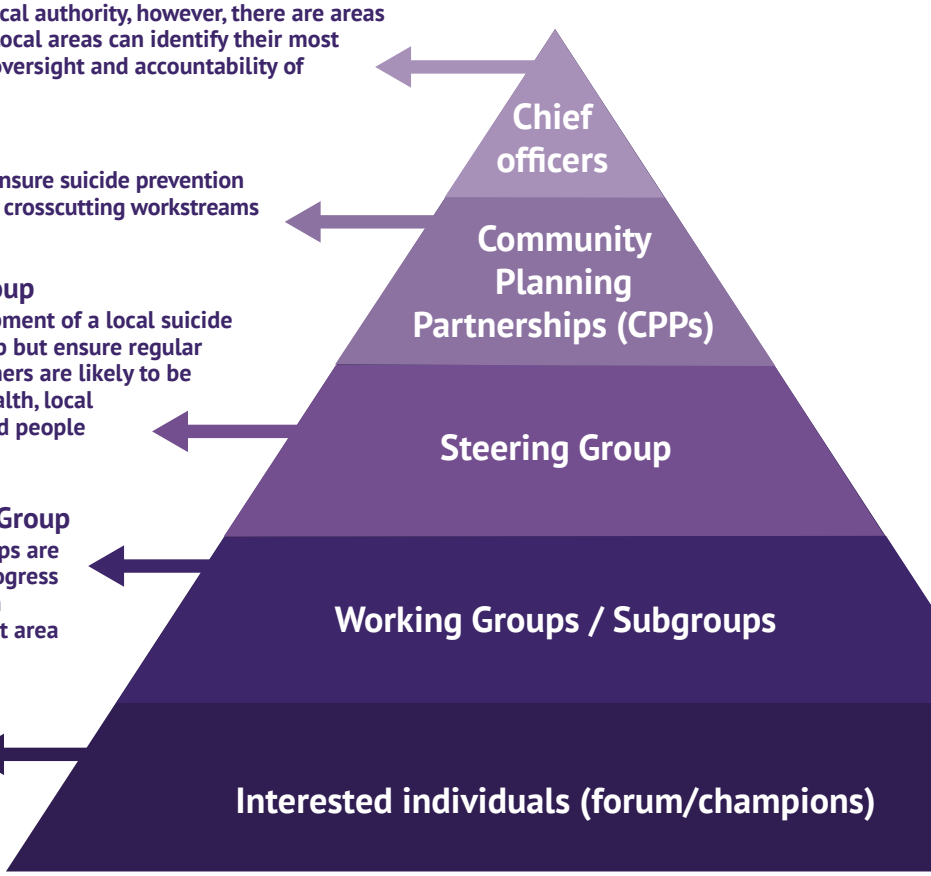
Chief officers
In most areas, this will be the Chief Executive for the local authority, however, there are areas where this role has been delegated to another officer. Local areas can identify their most appropriate senior officer to assume responsibility for oversight and accountability of suicide prevention.

Community planning partnerships
The relationships between Chief Officers and CPPs will ensure suicide prevention is considered in the wider strategic context and consider crosscutting workstreams across other relevant topic areas.

Multi-agency Suicide Prevention Steering Group
CPPs should delegate the responsibility for the development of a local suicide prevention action plan to a multi-agency steering group but ensure regular reporting in order to monitor progress. A range of partners are likely to be involved in this steering group, ranging from Public Health, local authority, mental health services, third sector, Police and people with lived experience.

Working Groups / Subgroups of the Steering Group
Working groups, sub groups or short life technical groups are responsible for implementing actions and reporting progress on a specific topic area in relation to suicide prevention and bring in partners to support implementation of that area of work. Not all areas have this structure of subgroups.

Interested individuals (forum/champions)
You may have a wider network of people involved in suicide prevention such as a forum, champions or those trained in suicide prevention who support the implementation and awareness of suicide activity and act as ambassadors or provide feedback.



Chief Officers

Public Protection Guidance to Chief Officers outlines their responsibilities in relation to suicide prevention as follows:

- Ensure their local area action plans include the points detailed under Local Suicide Prevention Plans
- Request regular reports detailing progress of implementation of these plans
- Ensure information sharing agreements are in place to support the review of deaths by suicide in order that these can be used as learning opportunities

Chief Officers may therefore request information around:

- Current status of local suicide prevention action plan
- Impact and evaluation of local activity
- Number of deaths by suicide and five-year rolling averages
- Attendances to unscheduled care for suicide attempt and self-harm
- Attendances by Police for suicide attempt and self-harm

They may also consider the following questions in their analysis:

- How well are Chief Officer colleagues working together to lead an integrated approach to suicide prevention?
- How effective is the local response to suicide prevention and suicide prevention action plan?
- Is the plan sufficiently ambitious, taking appropriate account of both national and local priorities and addressing inequalities?
- How agile is the action plan in responding to emerging evidence of 'what works' and which changes and re-prioritisation will help achieve better outcomes?
- Are there sufficiently robust arrangements in place to draw on evidence from a wide range of sources (including from those who use our services)?
- How do they monitor implementation of the action plan and how satisfied are they with the evaluation arrangements?

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 and drive action 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 & intelligence in order to understand the local context (see section on Data & Information)
- Utilise this information and collaborate with relevant partners 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.

steering group essentials

- Seniority and capability to lead change
- Understanding local context and needs
- Terms of reference
- Schedule of regular meetings
- Regular reporting framework
- Flexibility to adapt to intelligence gathered

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; examples can be seen on page 15.

Working group/subgroups

Working groups can be established to implement actions recommended by the steering group. These groups should comprise 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 the **Outcomes, Monitoring and Evaluation section of this toolkit.**

Working group essentials

- Enthusiasm and ability to influence
- Terms of reference
- Schedule of regular meetings
- Clear timescales and reporting framework
- 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.

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/lead 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.

Each local area has different arrangements in place for their suicide prevention work, some coordinators are employed by the local council, others by the health board and some in the third sector. While a multi-agency approach to this work is necessary to deliver positive outcomes, there usually is at least one person responsible for the oversight of suicide prevention at an operational or coordinator role, and at a more strategic role. There may also be different structures and individuals involved in suicide prevention for children and young people.

If you are taking a coordination role you may find the **Induction Pack** section of the toolkit helpful.

Practice example

The Glasgow City Suicide Prevention Strategy Group (GCSPSG) reports directly to the Glasgow City Health & Social Care Partnership Integrated Joint Board via Adult Planning Performance and Service Improvement. The group is represented on the NHS Greater Glasgow & Clyde Suicide Prevention Network. The chair of the GCSPSG performs the co-ordination of suicide prevention activity as part of their 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
- North East Sub-Group
- Communication
- Bereavement Group
- Water Safety Group
- Third Sector Reference Group

Additional work continues to be progressed on data and crisis pathways. A Covid-19 Suicide Prevention Action Plan Group was also established during the pandemic.

The groups membership includes representatives from

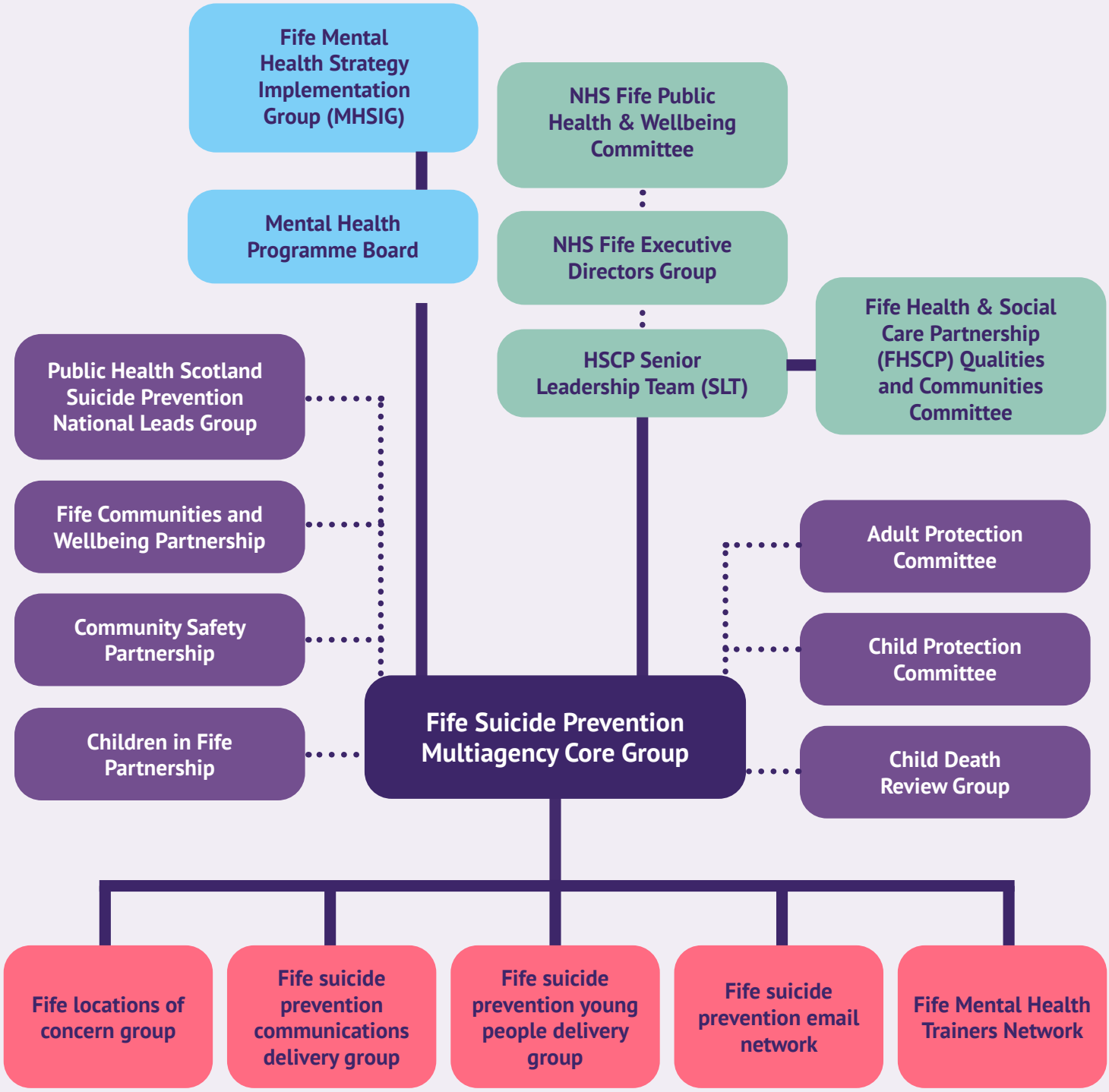
- Health & social work
- Addiction services
- Mental Health Network
- Northwest Suicide Safer Communities Forum
- Adult Support & Protection
- Fire & Rescue Services
- Police Scotland
- Glasgow Humane Society
- Glasgow City Education Services
- Glasgow City Infrastructure Neighbourhoods Regeneration & Sustainability
- Glasgow Council for the Voluntary Sector & Third Sector Providers
- Mental Health Officers
- South Suicide Safer Communities Forum
- Strathclyde University
- British Transport Police
- Glasgow Housing Association
- Scottish Canals

The members of the group/s 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 the Living Works 10 Suicide Safer Community (SSC) pillars.

Practice example

Fife Suicide Prevention Governance and Reporting Structure



Please note: solid lines indicate groups to whom the Multiagency Core Group report to, broken lines indicate groups where they provide regular updates but have no formal reporting requirements.

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Engaging stakeholders

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 toolkit **Suicide Prevention: A Toolkit for Engaging Communities** contains a wealth of information which could support local areas to engage with their local communities.

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. The Scottish Recovery Network have developed **a useful guide** to running conversation cafes to support conversations around suicide prevention. Many local areas have used this type of model as part of stakeholder engagement around the development of their 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** has a range of resources available.

Lived Experience

When developing and implementing 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 and living 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 and living experience who are involved in suicide prevention activity and the resources that will be available to enable this to happen. It is important to note here that there will likely be individuals who are involved in suicide prevention work in a professional capacity who will also have their own lived or living experience of suicide.

Please see the section of the toolkit on **Involving People with Lived and Living Experience** and **Participation Practice** for further information and resources.

Resources and Support

This Local Suicide Prevention Planning and Implementation toolkit features a range of sections to support you in your work. A number of case studies will be available on the **Suicide Prevention Scotland website**. You can also get in touch for further information on action plan development or to discuss anything included in the Local Suicide Prevention Planning and Implementation toolkit by contacting Public Health Scotland.
phs.suicidepreventionteam@phs.scot

Steering Group Terms of Reference

- **Aim**
  A general statement of the expected outcome
- **Objectives**
  The steps the steering group will take to achieve the aim and/or goals of the steering group
- **Responsibilities**
  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...
- **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.
- **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
- **Administrative support**

  Provide details of who will provide admin support
- **Terms of Reference approval and review date**

  Note the date that the Terms of reference was agreed by the Steering Group. Provide details of how frequently it will be reviewed (e.g. every two years) and state the next review date.
- **Frequency and location of Meetings**

  Provide details of frequency & duration of meetings. Partners who have access to meeting facilities will be expected to contribute on a rolling basis to support this.