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Agenda Item: 16

Integration Joint Board

Date of Meeting: 30 April 2025.

Subject: Suicide Prevention Action Plan.

1. Purpose

1.1. To present the Suicide Prevention Action Plan for Members' information.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. The Suicide Prevention Action Plan, attached as Appendix 1 to this report.

3. Background

3.1. In Spring 2022, a multi-agency Young People's Suicide Prevention Task Force was established which was jointly chaired by the Corporate Director for Education, Leisure and Housing, Orkney Islands Council, and the Chief Officer, Orkney Health and Social Care Partnership.

3.2. Following weekly meetings, it was agreed in the Summer of 2022 to expand the meeting to become the Suicide Prevention Task Force with the Task Force widening membership to include key professionals from adult services.

4. Suicide Prevention Action Plan

4.1. The Scottish Government published the [Creating Hope Together: Suicide Prevention Strategy 2022 to 2032](#), in September 2022.

4.2. The Suicide Prevention Task Force developed a local Action Plan to progress the four outcomes from the national Strategy.

4.3. A Plan Summary has been developed which details the actions, the responsible officer and a target end date.

4.4. Monitoring of the Action Plan will be undertaken monthly by the Suicide Prevention Task Force with an annual report which will be presented to the Chief Officer Group and the Joint Clinical and Care Governance Committee.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	Yes.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource and financial implications

6.1. There are no resource or financial implications directly arising as a result of this report. Where some actions may require some resourcing both in terms of time and funding, this will be taken from existing budgets across all Partners where required.

7. Risk, equality and climate change implications

7.1. While there are no risk implications directly arising as a result of this report, the progress of the Action Plan aims to promote supports for local people who are in distress.

7.2. An Equality Impact Assessment and an Island Communities Impact Assessment has been undertaken and are attached as Appendices 2 and 3 respectively to this report.

7.3. There are no climate change implications directly arising as a result of this report.

8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

11. Supporting documents

11.1. Appendix 1: Draft Suicide Prevention Action Plan.

11.2. Appendix 2: Equality Impact Assessment.

11.3. Appendix 3: Island Communities Impact Assessment.

Orkney Suicide Prevention Plan 2025-26



**This plan has been created by the Orkney Suicide Prevention Task Force -
Involving key community planning partners**



POLICE
SCOTLAND
Keeping people safe
POILEAS ALBA



Our vision

Our vision is to reduce the number of suicide deaths in Orkney, whilst tackling the inequalities which contribute to suicide. To achieve this, all sectors must come together, working as part of, and with, 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 when they need it and feel a sense of hope . We aim also to ensure that families affected by suicide are fully supported.

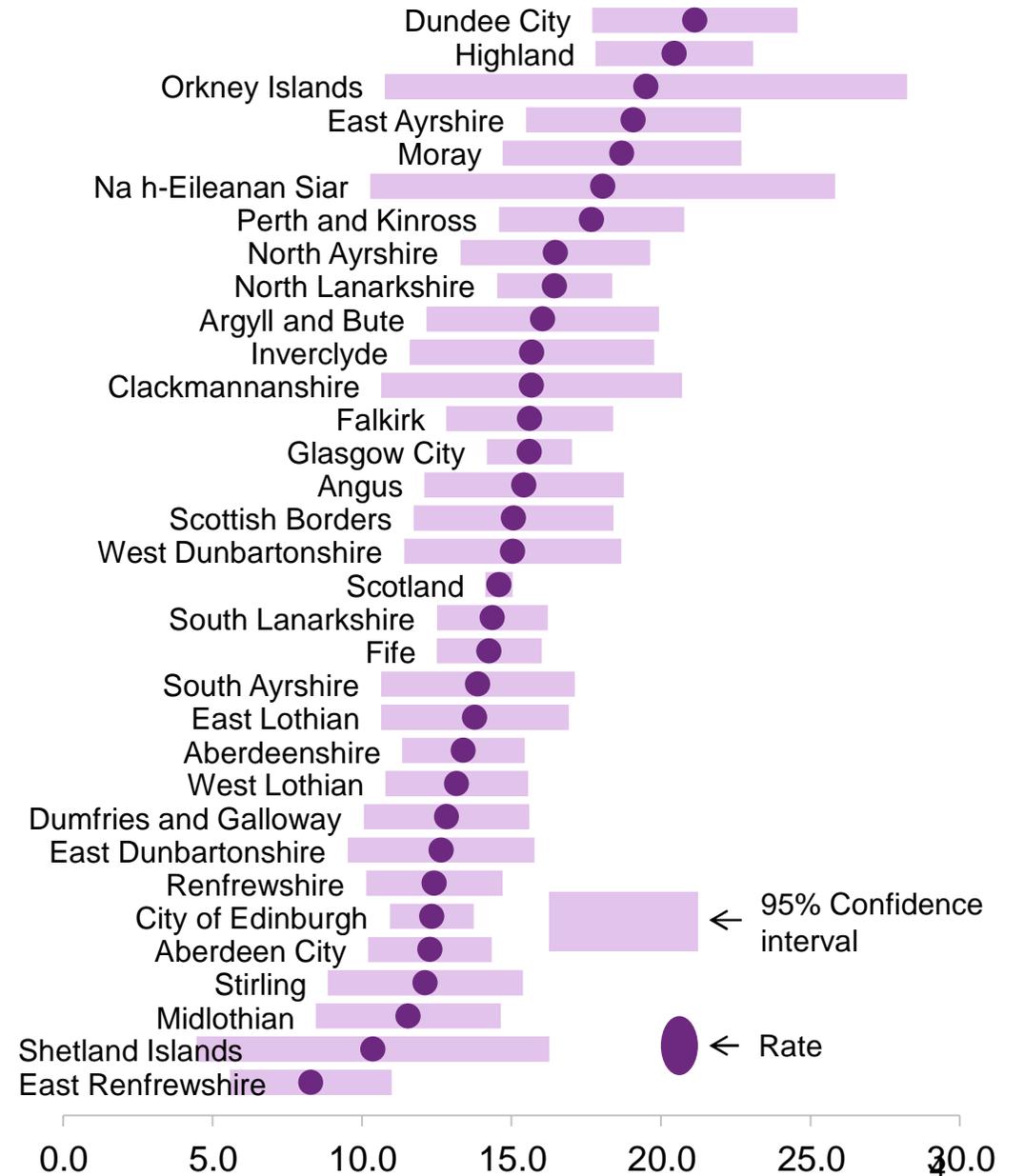


Orkney's Suicide Prevention Task Force has worked alongside those with lived experience to determine the priorities for the year ahead. Our key local actions are aligned with the outcomes outlined in Scotland's wider Suicide Prevention Strategy.

Age-standardised mortality rates of suicide deaths by council area, 2019-2023 average

The Orkney Context

- According to the most recent statistics, there were 792 probable suicides in Scotland in 2023, an increase of 30 from the previous year.
- Rates of suicide deaths per 100,000 of the population (averaged over 5 years to 2023) show Orkney's rate is the third highest in Scotland.
- The number of suicides in Orkney is generally less than five per year but the impact of each is devastating to families, loved ones and friends.
- As a small, well-connected community, the impact of a death by suicide in Orkney extends further than in most other areas.



Targeting higher-risk groups

The evidence and research drawn from national data and local intelligence suggests that, in Orkney, there are some groups who are at higher risk of death by suicide.

The most notable are –

- Children and young people
- Those working in agriculture
- Those involved in the Justice system

As such, much of our efforts over the coming year will have a focus on these groups. Our planned conference (Action 2.1) and our engagement with community groups (Action 2.2) will be aimed at reaching these groups to raise awareness and promote supports available.





SUICIDE PREVENTION

Our work to date

- **Developed and implemented a Young Person's Suicide Response Plan**
- **Co-ordinated training opportunities for staff and members of the public – including Mental Health First Aid and Decider Skills**
- **Promoted messages through media and social media to coincide with national awareness campaigns**
- **Established a sub-group to proactively deliver identified project aims.**
- **Linked with colleagues in statutory and third sector organisations from across the country to identify best practice**

Much of this work will continue throughout the year and the following actions capture the new work we have planned.

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

1.1 We will - Launch and promote an Orkney Suicide Prevention App

Why are we doing this?

To provide local people with information about local and national support and access to tools such as creating a plan that can be used to help guide and support in times of crisis.

When are we doing this?

We will have launched the app, with associated promotion, by the end of June 2025.

What difference will this make?

Access to resources and support for local people in mainland Orkney and across the isles will be improved.



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

1.2 We will - Increase the uptake of Motivation, Action, Prompts (MAP) Health Behaviour Change training to relevant health and social care staff.

Why are we doing this?

Behaviour Change Conversations help individuals identify their own motivations, actions and prompts to support lifestyle change for those motivated to increase engagement in physical activities.

When are we doing this?

We will run training throughout the year.

What difference will this make?

Health and social care providers, including Third Sector, will feel confident and skilled in having conversations aimed at supporting individuals considering change. This ensures that benefits of, and opportunities for access to physical activities can be explored fully when working with people in relation to their mental wellbeing.



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.

2.1 We will – Organise a Suicide Prevention Conference

Why are we doing this?

To raise awareness of the issue across our community, to highlight existing services and encourage individuals to seek support.

When are we doing this?

The event will coincide with Suicide Prevention Awareness month in September 2025.

What difference will this make?

Those affected by, or worried about, suicide, as well as those who work with people who may be struggling with poor mental health, will have a better understanding of where and how to seek support. Key messages from the day will be promoted through local media.



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.

2.2 We will – Attend existing community groups to talk about suicide prevention

Why are we doing this?

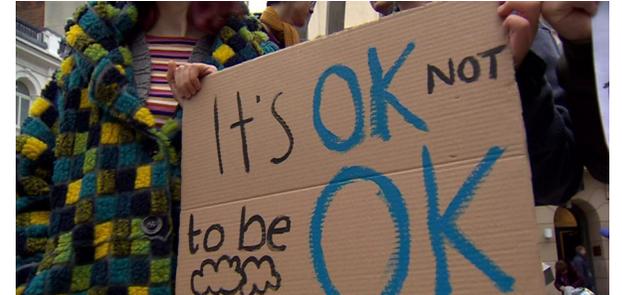
Suicide prevention is a matter for all. Members of the Suicide Prevention Task Force will coordinate efforts to meet with as many established community groups and clubs as possible to discuss the issue.

When are we doing this?

We will offer input, and attend groups, throughout 2025/26.

What difference will this make?

A wider understanding of suicide and its prevention will exist across Orkney and areas for further development and focus will be identified.



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.

3.1 We will – Establish access to suicide bereavement support in Orkney

Why are we doing this?

Bereavement support for those who have lost loved ones to suicide is a specialised field. We believe that it should be available locally, in a timely way and not require people to travel to the Scottish mainland to access it.

When are we doing this?

We will work with the national Suicide Bereavement Support Scotland project to establish an Orkney support service by end of March 2026.

What difference will this make?

A locally based support service will be available, providing person-centred, compassionate support.



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.

4.1 We will – Establish a minimum data set to help inform the Suicide Prevention agenda.

Why are we doing this?

Sharing (anonymised) data across agencies, will help us identify trends and ‘hot spots’ that will allow us to better target supports and interventions.

When are we doing this?

Work has already begun, and we hope to complete this by the end of September 2025.

What difference will this make?

The decisions and actions of the Suicide Prevention Task Force will be better-informed through enhanced use of evidence.



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.

4.2 We will – Work with pre-existing groups supporting those touched by suicide, and other interested individuals, to hear the voice of lived experience.

Why are we doing this?

The voice of those with lived experience of suicide is critical to informing service developments and supports.

When are we doing this?

This will be done throughout the course of 2025-26.

What difference will this make?

It will help to establish the best way of hearing the lived experience voice in a consistent and meaningful way, to help influence the delivery of effective services.



Plan Summary

Action	Responsible	By when
1.1 Launch and promote an Orkney Suicide Prevention App	Public Protection Lead Officer/ Inspector Police Scotland	June 2025
1.2 Increase the uptake of Motivation, Action, Prompts (MAP) Health Behaviour Change training to relevant health and social care staff.	Advanced Health Improvement Practitioner	Apr '25 – Mar '26
2.1 Organise a Suicide Prevention Conference	Suicide Prevention Task Force	Sept 2025
2.2 Attend existing community groups to talk about suicide prevention	Suicide Prevention Task Force	
3.1 Establish access to suicide bereavement support in Orkney	Suicide Prevention Task Force	End of Mar '26
3.2 Establish Mental Health Practitioner roles to ensure that GPs can access appropriate support for patients at an early stage	Head of Primary Care	Dec 2025
4.1 Establish a minimum data set to help inform the Suicide Prevention agenda.	Public Protection Lead Officer	Sept 2025
4.2 Work with pre-existing groups supporting those touched by suicide, and other interested individuals, to hear the voice of lived experience	Suicide Prevention Task Force	Apr '25 – Mar '26

Monitoring the Action Plan

The Suicide Prevention Task Force will monitor the progress of the action plan through its monthly meetings.

Reporting the Progress

In April 2026, the Suicide Prevention Task Force will produce a report reviewing the progress made in delivering the actions of the plan. This will be shared with –

- The public
- Chief Officers Group and through to the Community Planning Partnership
- Joint Clinical and Care Governance Committee and through to the NHS Board and the Integration Joint Board





Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Social Care Partnership) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy, or plan by anticipating the consequences, and making sure that any negative impacts are eliminated, or minimised, and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney Suicide Prevention Plan.
Service / service area responsible.	Mental Health Services
Name of person carrying out the assessment and contact details.	Shaun Hourston-Wells, Acting Strategic Planning Lead, extension 2414, shaun.hourston-wells@orkney.gov.uk
Date of assessment.	16 April 2025.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced, or changed significantly).	This is a new Plan, developed by the multi-agency Suicide Prevention Task Force.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	This Plan aims to both reduce the occurrence of suicide in Orkney, as well as develop targeted support services for those affected by suicide.
State who is, or may be affected by this function / policy / plan, and how.	All children, young people, and adults, in Orkney.
Is the function / policy / plan strategically important?	Yes. Orkney currently has the third highest rate of suicide in Scotland.
How have stakeholders been involved in the development of	This Plan has been developed by the multi-agency Suicide Prevention Task Force, including

this function / policy / plan?	direct input from stakeholder agencies, organisations, and people, from throughout the community.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	Existing data indicates there are some groups that are especially vulnerable, including children and young people.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	Multiple evidence sources indicate suicide rates are higher among those experiencing socio-economic disadvantage.
Could the function / policy have a differential impact on any of the following equality strands?	(Please provide any evidence – positive impacts / benefits, negative impacts, and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	There is evidence of higher rates of suicide among some ethnic groups. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide, regardless of race.
2. Sex: a man or a woman.	There is evidence of higher rates of suicide among young men. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	There is evidence of higher rates of suicide among some sexual orientation groups. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
4. Gender Reassignment: the process of transitioning from	There is evidence of higher rates of suicide among those with gender dysphoria. This Plan

one gender to another.	explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
5. Pregnancy and maternity.	No.
6. Age: people of different ages.	There is evidence of higher rates of suicide among young people. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	There is evidence of higher rates of suicide among those with caring responsibilities. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
9. Care experienced.	There is evidence of higher rates of suicide among those who are care experienced. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	There is much evidence of higher rates of suicide among those with a disability. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.
12. Socio-economic disadvantage.	There is much evidence of higher rates of suicide among the socio-economic disadvantaged. This Plan explicitly targets a reduction in suicide, as well as developing support for those affected by suicide.

3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No. This Plan seeks to identify those who are most at risk of suicide.
How could you minimise or remove any potential negative impacts?	There are no anticipated negative impacts of this Plan.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	No.
What action is to be taken?	N/A.
Who will undertake it?	N/A.
When will it be done?	N/A.
How will it be monitored? (e.g. through service plans).	N/A.

Signature:



Date: 16 April 2025.

Name: Shaun Hourston-Wells.



Island Communities Impact Assessment

The purpose of an Island Communities Impact Assessment (ICIA) is to improve the work of the Integration Joint Board by making sure it considers whether the impact of any policy, strategy or service on an island community is likely to be significantly differently from its effect on other communities (including other island communities).

PRELIMINARY CONSIDERATIONS	Responses
Please provide a brief description or summary of the policy, strategy, or service under review for the purposes of this assessment.	The Suicide Prevention Action Plan has been developed by the multi-agency Suicide Prevention Task Force to reduce the incidence of suicide in Orkney, as well as develop support services for those affected by suicide.
STEP 1 - Develop a clear understanding of your objectives	Responses
What are the objectives of the policy, strategy, or service?	To reduce the incidence of suicide in Orkney, as well as develop support services for those affected by suicide.
Do you need to consult?	The plan has been developed by stakeholders from throughout Orkney, including those in the ferry-linked isles.
How are islands identified for the purpose of the policy, strategy, or service?	The isles are directly referenced in the Plan. For the purposes of the Plan, the isles are considered to be the Orkney ferry-linked isles.
What are the intended impacts/outcomes and how do these potentially differ in the islands?	The Plan seeks to mitigate the occurrence of suicide, and support those affected by suicide, throughout Orkney, including the ferry-linked isles. Technology will be deployed, wherever possible, to maintain continuity of support throughout Orkney, whilst face-to-face services will seek to visit the isles, wherever possible. However, immediate access to some services, specifically face-to-face services, will be easier for those in the Mainland.
Is the policy, strategy, or service new?	Yes.
STEP 2 - Gather your data and identify your stakeholders	Responses
What data is available about the current situation in the islands?	There is no specific data available regarding rates of suicide in the ferry-linked isles.
Do you need to consult?	The Plan has been developed by stakeholders from throughout Orkney, including those in the ferry-linked isles.
How does any existing data differ between islands?	There is no specific data available regarding rates of suicide in the ferry-linked isles.
Are there any existing design features or mitigations	The Plan seeks to mitigate the occurrence of

in place?	suicide, and support those affected by suicide, throughout Orkney, including the ferry-linked isles. Technology will be deployed, wherever possible, to maintain continuity of support throughout Orkney, whilst face-to-face services will seek to visit the isles, wherever possible. However, immediate access to some services, specifically face-to-face services, will be easier for those in the Mainland.
STEP 3 - Consultation	Responses
Who do you need to consult with?	The Plan has been developed by stakeholders from throughout Orkney, including those in the ferry-linked isles. Further consultation, at this stage, is not considered necessary.
How will you carry out your consultation and in what timescales?	N/A.
What questions will you ask when considering how to address island realities?	N/A.
What information has already been gathered through consultations and what concerns have been raised previously by island communities?	N/A.
Is your consultation robust and meaningful and sufficient to comply with the Section 7 duty?	The Plan has been developed by stakeholders from throughout Orkney, including those in the ferry-linked isles, and is considered sufficient to comply with the Section 7 duty.
STEP 4 – Assessment	Responses
Does your assessment identify any unique impacts on island communities?	As mentioned above, technology will be deployed, wherever possible, to maintain continuity of support throughout Orkney, whilst face-to-face services will seek to visit the isles, wherever possible. However, immediate access to some services, specifically face-to-face services, will be easier for those in the Mainland.
Does your assessment identify any potential barriers or wider impacts?	Please see the response above.
How will you address these?	Please see the response above.

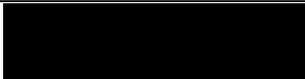
You must now determine whether, in your opinion your policy, strategy, or service is likely to have an effect on an island community that is significantly different from its effect on other communities (including other island communities).

If your answer is **NO** to the above question, a full ICIA will NOT be required, and **you can proceed to Step SIX**. If the answer is **YES**, an ICIA must be prepared, and **you should proceed to Step FIVE**.

To form your opinion, the following questions should be considered:

- Does the evidence show different circumstances or different expectations or needs, or different experiences or outcomes (such as different levels of satisfaction, or different rates of participation)?
- Are these different effects likely?
- Are these effects significantly different?
- Could the effect amount to a disadvantage for an island community when compared to other islands in Orkney (especially the Mainland)?

STEP 5 – Preparing your ICIA	Responses
In Step Five, you should describe the likely significantly different effect of the policy, strategy, or service:	
Assess the extent to which you consider that the policy, strategy, or service can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.	
Consider alternative delivery mechanisms and whether further consultation is required.	
Describe how these alternative delivery mechanisms will improve or mitigate outcomes for island communities.	
Identify resources required to improve or mitigate outcomes for island communities.	
STEP 6 - Making adjustments to your work	Responses
Should delivery mechanisms/mitigations vary in different communities?	The delivery of some face-to-face services may differ slightly in the ferry-linked isles; however, these differences will be mitigated wherever possible.
Do you need to consult with island communities in respect of mechanisms or mitigations?	No.
Have island circumstances been factored into the evaluation process?	Yes.
Have any island-specific indicators/targets been identified that require monitoring?	No.
How will outcomes be measured on the islands?	The incidence of suicide is thankfully low, so measuring the impact of services in the ferry-linked isles will be straightforward.
How has the policy, strategy, or service affected island communities?	This is a new Plan.

How will lessons learned in this ICIA inform future policy making and service delivery?	As mentioned above, technology will be deployed, wherever possible, to maintain continuity of support throughout Orkney, whilst face-to-face services will seek to visit the isles, wherever possible. However, immediate access to some services, specifically face-to-face services, will be easier for those in the Mainland. This ICIA has affirmed a determination to ensure equality of access to services and support for people throughout Orkney, including the ferry-linked isles.
STEP 7 - Publishing your ICIA	Responses
Have you presented your ICIA in Easy-Read Format?	No.
Does your ICIA need to be prepared in Gaelic, or any other language?	No.
Where will you publish your ICIA, and will relevant stakeholders be able to easily access it?	This ICIA will be accessible to all via the Orkney Islands Council website, attached to the relevant IJB report.
ICIA completed by:	Shaun Hourston-Wells.
Position:	Acting Strategic Planning Lead.
Signature:	
Date complete:	16 April 2025.
Who will sign-off your final ICIA and why?	Stephen Brown. Stephen is the Chief Officer and also co-Chair's the Suicide Prevention Task Force.
Signature:	
Date approved:	16 April 2025.