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| Agenda Item | 7.        |
| Report No   | CPB/12/23 |



**Highland**  
Community  
Planning  
Partnership

Com-pàirteachas  
Dealbhadh  
Coimhearsnachd

**na Gàidhealtachd**

**Highland Community Planning Partnership Board - 15 September 2023**

**Mental Health Improvement and Suicide Prevention in Highland**

**Report By: Cathy Steer, Chair of the CPP Mental Health Delivery Group**

**Recommendations: The CPP Board is asked to:**

- Agree the revised structure to deliver the refreshed priorities (Appendix 1)
- Approve the refreshed set of priorities for the Mental Health Delivery Group plan (Appendix 2)
- Agree the proposed principles and ways of working (Appendix 3)

## **1. Purpose/Executive Summary**

**1.1** This report summarises the process to review priorities, actions and structures to improve mental health and wellbeing and prevent suicide in Highland. Specifically, it:

- Sets out a proposed revised structure for how partnership priorities and actions on mental health improvement and suicide prevention will be delivered
- Outlines a proposed refreshed set of partnership priorities and actions to improve mental health and wellbeing and prevent suicide
- Outlines a set of principles and ways of working to enhance partnership working on mental health and wellbeing and suicide prevention

## **2. Introduction**

**2.1** An eight-month period of engagement with partners and stakeholders was undertaken to review the priorities and organisation of the Highland Community Planning Partnership work on mental health improvement and suicide prevention. We have listened to partners members of the CPP Mental Health Delivery Group and Suicide Prevention Steering Group and a range of others who have contributed via a series of workshop sessions, surveys and regular partnership meetings.

**2.2** We have reviewed some of the relevant data and considered the views of a range of population groups through local surveys and engagement work undertaken as part of wider service planning and needs assessment.

**2.3** We know that we have more to do to understand all the issues and will continue to seek ongoing dialogue throughout development and implementation of priorities and plans on mental health improvement and suicide prevention, particularly with people at higher risk of poor mental health and suicide including those with lived experience.

**2.4** Priorities and plans for the Mental Health Delivery Group and Suicide Prevention Steering group were developed prior to the Covid-19 pandemic and much of the work over the past couple of years has been in response to the Covid-19 pandemic including, adapting our communications and training delivery to more online formats, carrying out needs assessment work and raising awareness of the variety of support available for mental health in response to the impact that Covid-19 has had on the wellbeing of our communities. Additionally, recent socio-economic issues and the cost-of-living crisis have exacerbated many of the risk factors that contribute to poor mental health.

### **3. Developing our vision and priorities**

**3.1** The overall vision for mental health improvement and suicide prevention has not changed from that articulated in the current Highland Outcome Improvement Plan which is that:

*“People in Highland will benefit from good mental health and wellbeing”*

Following remobilisation of the CPP Mental Health Delivery Group in 2022, it quickly became apparent that the impact of the Covid-19 pandemic was likely to have longer lasting implications for mental health and wellbeing and that there was an amplification of the call from communities, services and organisations across Highland to improve mental health and wellbeing and prevent suicide.

**3.2** Work was undertaken by the Mental Health Delivery Group to review the evidence on the impact of the Covid-19 pandemic on mental health and wellbeing and undertake some needs assessment work to update understanding of how the pandemic had affected people’s mental health, particularly for specific groups including older people and young people. The outputs from this work and from emerging national policy and research were considered at regular partnership meetings and indicated that the range and scale of activity required to meet the vision of people in Highland benefitting from good mental health and wellbeing required to be reviewed.

**3.3** A series of workshops were organised between October 2022 and June 2023 as follows:

#### **3.3.1 Workshop 1 – 26th October 2022**

Aim:

- To consider and develop a refreshed set of priorities for the CPP Mental Health Delivery Group.

Lead: Cathy Steer, Chair of the Mental Health Delivery Group

A Conversation Cafe style workshop was organised around 4 key themes that had emerged from Delivery Group discussion and the emerging evidence and needs assessment work.

These were:

- Communication, awareness raising and training
- Trauma Informed Practice
- Listening to lived experience
- Suicide prevention

The output from this workshop was an initial set of emerging priorities and actions for a refreshed action plan for the Mental Health Delivery Group and Suicide Prevention Steering Group. From this event it was determined that a workshop specifically focussed on suicide prevention would be advantageous.

### **3.3.2 Workshop 2 – 31st January 2023**

Aim:

- To consider and identify priorities for suicide prevention, review the key people, organisations and services required to support delivery of action to prevent suicide and refresh the remit of the Suicide Prevention Steering Group.

Lead: Jen Valentine, Chair of the Suicide Prevention Steering Group

Presentations were delivered on suicide data and the national suicide prevention strategy, followed by facilitated conversations at a round table session. Discussions were focussed around four key emerging themes. These were:

- Data and intelligence
- Campaigns and communication
- Training
- After a Suicide

The output from this workshop was an initial set of actions for a refreshed Highland Suicide Prevention Action Plan and an agreed set of values/principles that would apply to work on suicide prevention.

### **3.3.3 Workshop 3 – 17th March 2023**

Aims:

- To bring together the outputs of the two previous workshops and review them against the available evidence, data and intelligence

- To develop an understanding of and support whole system working for delivery of priorities on mental health and wellbeing and suicide prevention

Lead: Cathy Steer, Chair of the Mental Health Delivery Group

Presentations were delivered on the outputs of the previous workshops, the current structures to deliver on mental health improvement and suicide prevention in Highland, whole system working, and data driven planning and prioritisation followed by a round table discussion on:

- Understanding systems and partnerships for mental health improvement and suicide prevention work in Highland
- Data, evidence and intelligence
- Feedback from services/staff
- Feedback from people with lived experience

The outputs from this workshop were:

- An acknowledgement that there had been a significant increase in the scope and scale of the work to be delivered to achieve the CPP vision of people in Highland benefitting from good mental health and wellbeing
- Agreement that a whole system approach to delivery of CPP work on mental health improvement and suicide prevention was needed
- An agreement that the way in which the partnership organises itself for delivery of priorities needed to be updated to facilitate whole system working, improve efficiency and ensure there was no duplication of effort
- An agreement that priorities and actions need to be data and evidence informed and be focussed on reducing inequalities

#### **3.3.4 Workshop 4 – 2nd June 2023**

Aims:

- To agree a revised structure that will reflect a whole system approach to delivery of refreshed priorities and actions identified throughout the review process
- To agree the scope and remit of the various parts of the revised structure through consideration of the identified priorities and actions
- To agree ways of working that will promote a whole system approach, support good communication and collaboration and facilitate delivery
- To agree arrangements for reporting and oversight of the totality of priorities and actions identified
- To identify leads and key stakeholders for the various parts of the system

Lead: Cathy Steer, Chair of the Mental Health Delivery Group

A series of round table discussions allowed attendees to:

- review and agree the totality of priorities and actions that had been developed throughout the review process to support the Highland CPP to improve mental health and wellbeing and prevent suicide
- consider and agree a revised structure for delivering priorities and actions
- map priorities and actions to an agreed revised structure to support collaboration and reduce duplication of effort
- identify mechanisms/ways of working that would support a whole system efficient joined up approach

The outputs from this workshop were:

- A proposed revised structure to deliver priorities and actions to achieve the CPP vision of people in Highland benefitting from good mental health and wellbeing (Appendix 1)
- A proposed refreshed set of priorities and actions to deliver on the CPP vision for mental health and wellbeing (Appendix 2)
- Proposals on ways of working to support a whole system approach and ensure good communication, collaboration and support delivery (Appendix 3)
- Proposals on revised reporting arrangements for the CPP programme of work on mental health and wellbeing and suicide prevention (Appendix 3)

#### **4. Moving to delivery**

**4.1** The Mental Health Delivery Group considered a report on the process and outputs from the engagement work and workshops at their meeting on 18 July 2023. A report on proposed refreshed priorities and delivery structure has been shared with all the stakeholders involved in the process and comments were invited. The final set of proposed priorities and delivery structure takes account of comments received. If agreed by the CPP Board, it is anticipated that the new structure and ways of working will be implemented in Autumn 2023.

**4.2** The current Mental Health Delivery Group has operated as the main vehicle for delivery of partnership projects and initiatives with sub groups for suicide prevention and communication and training. The CPP Board also previously agreed that the Highland Green Health Partnership and the Active Highland Strategy Group would report through the Mental Health Delivery Group. The process to review priorities identified some gaps, particularly in relation to crisis support, trauma informed practice and personal and community mental health resilience. The review also identified the need for a structure that would better co-ordinate effort across the partnership and allow better sharing of information and practice to help reduce duplication of effort and deliver a shared vision and set of priorities. The proposed refreshed priorities, structure and ways of working presented

in this paper emerged from the review of current policy, data and evidence and the various partnership meetings and workshops.

**4.3** It is important to recognise that while the process of review has been ongoing, delivery of key programmes of work on mental health and wellbeing and suicide prevention have continued to be delivered. It is hoped that the review will support a move to a whole system approach that will support data and evidence informed practice, and improved communication, collaboration and joined up working to deliver improved outcomes on mental health and wellbeing for the population of Highland.

**4.4** There is still some work to do to develop some of the detail in relation to the action plans for each 'part of the system'. However, the draft revised plan presented in Appendix 2 outlines the main areas of partnership work and key actions to deliver on these. If agreed by the CPP Board, the Mental Health Delivery group will develop more of a co-ordinating role with the proposed working groups taking forward delivery of priorities and actions.

**4.5** Throughout the review, partners emphasised the need to bring together initiatives and projects under the umbrella of the CPP to reduce duplication of effort and ensure best use of tight resources. Discussions on this led to development of a set of principles and agreed ways of working (see Appendix 3) that would emphasise and elevate the role of the partnership in taking forward work on mental health and wellbeing.

## **5. Recommendations**

### **The CPP Board is asked to:**

- Agree the revised structure to deliver the refreshed priorities (Appendix 1)
- Approve the refreshed set of priorities for the Mental Health Delivery Group plan (Appendix 2)
- Agree the proposed principles and ways of working (Appendix 3)

Report Author: Cathy Steer, Head of health Improvement, Public Health/ Chair of the Mental Health Delivery Group

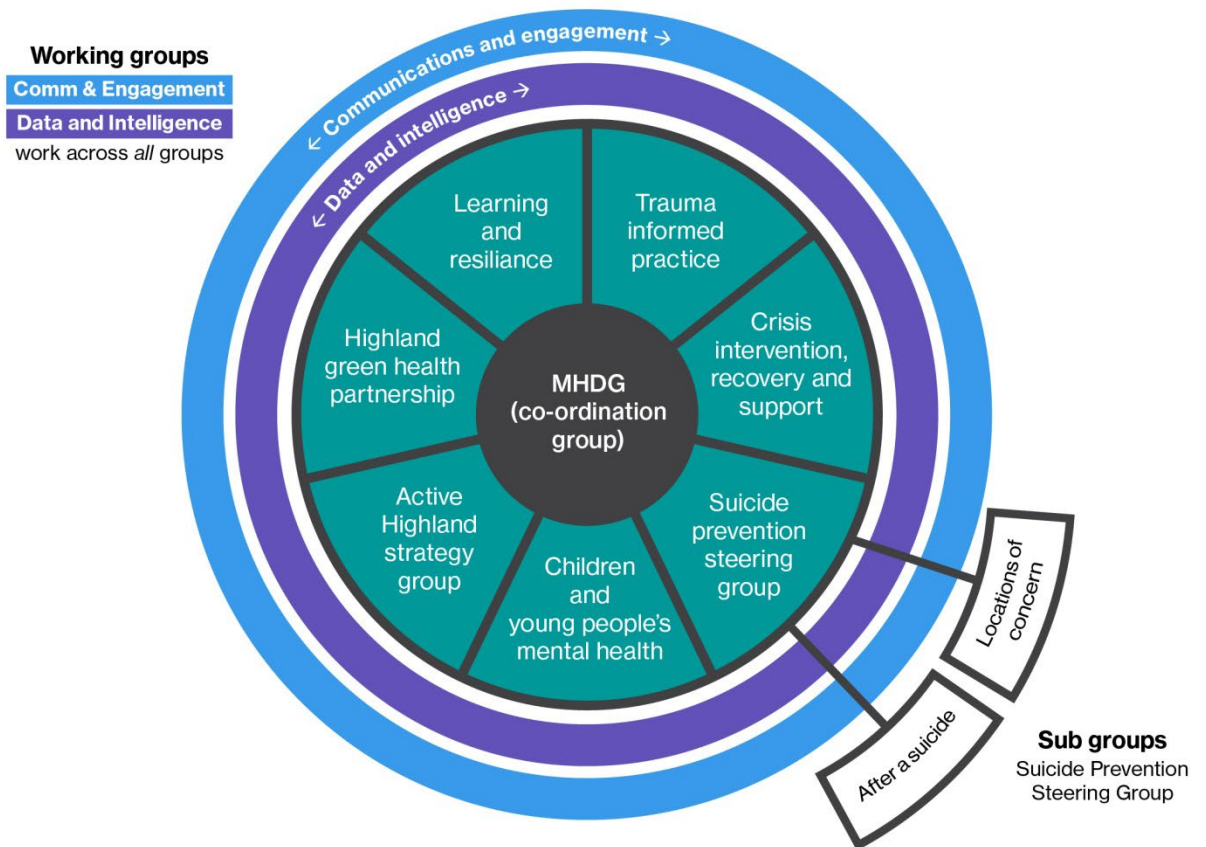
Grateful thanks to:

Jen Valentine  
Siobhan Leen  
Maggie Hume  
Lynda Thomson  
Megan Clark  
Tanzeela Bashir

Appendix 1

Proposed revised structure for delivery of CPP priorities and actions on mental health and wellbeing and suicide prevention

Mental Health Delivery Group (MHDG) Structure



## Appendix 2

# **Draft revised plan for delivery of mental health and suicide prevention priorities and actions**



**Mental Health Delivery Group**

| The MHDG will:  | How will we do this?  | How will we measure it? | Timeframe | Lead |
|---|---|-------------------------|-----------|------|
| Ensure that duplication of effort is reduced across organisations and initiatives   | <ol style="list-style-type: none"> <li>1. Act as a coordinating group for delivery of the mental health and suicide prevention priorities and plan.</li> <li>2. Receive regular progress reports from each of the Working Groups and ensure links are made where relevant.</li> <li>3. Provide regular reports to the CPP Board on progress and relevant issues.</li> </ol>   |                         |           |      |
| Highlight and promote best practice   | <ol style="list-style-type: none"> <li>1. Develop an evaluation framework/toolkit to support projects using approaches considered to be best practice.</li> <li>2. Use evidence of effective practice from other areas to underpin the case for implementation in Highland.</li> <li>3. Develop/promote a toolkit/signposting resource for people to more easily find information on evidence and good practice.</li> </ol> |                         |           |      |
| Develop a framework for effective decision-making to support investment of resources for mental health and wellbeing and suicide prevention that ensures investment is based on need, informed by evidence and in line with partnership vision and priorities | <ol style="list-style-type: none"> <li>1. Develop/agree a decision-making framework to inform investment of resource.</li> <li>2. Develop robust evaluation strategies and plans for initiatives to ensure that they are delivering the required changes.</li> </ol>  |                         |           |      |
| Ensure the work of the partnership and Working Groups are informed by the views of people with lived  | <ol style="list-style-type: none"> <li>1. Develop a framework/plan for how the views of people with lived experience are gathered, including feedback to people and communities.</li> </ol>   |                         |           |      |

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| experience  | <ol style="list-style-type: none"> <li>2. Agree, record, and monitor how this information is used by all partners to improve people's experience and health.</li> <li>3. Create a champion model to support young people to develop skills on how to best use their voice and understand how their voice can be heard.</li> <li>4. Impact assess plans coming from Working Groups to ensure they are informed by lived experience.</li> <li>5. Explore how to support people with lived experience to be involved in supporting training including identifying what is already in place and where there may be gaps.</li> <li>6. Pursue opportunities to undertake research to explore the barriers to people with lived experience putting across their views.</li> </ol> |  |  |  |
| Ensure the MHDG and individual Working Groups are representative of the community of practice and includes the right people to progress action                          | <ol style="list-style-type: none"> <li>1. Review membership of the group.</li> <li>2. Ensure appropriate representation.</li> </ol>  |  |  |  |
| Be a conduit to effective information sharing up/down and across all partners, including the 9 local partnership areas and the broad community of practice and interest | <ol style="list-style-type: none"> <li>1. Strengthen links to the 9 local community partnerships through the new CPP development team.</li> <li>2. Improve the visibility and co-ordination of the work of services and partnership groups and develop a better understanding of the work being delivered.</li> <li>3. Publish quarterly Newsletters and ensure the Highland Mental Health and Wellbeing Website is up to date and promoted.</li> </ol>  |  |  |  |
| Ensure connections are made with  | <ol style="list-style-type: none"> <li>1. Link regularly with the CPP poverty reduction</li> </ol>   |  |  |  |

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| actions to tackle poverty and inequalities | group and share information and plans to support activity that will complement the aims of both groups. |  |  |  |
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**Learning and Resilience Working Group**

| The group will:  | How will we do this?  | How will we measure it? | Timeframe | Lead |
|--|---|-------------------------|-----------|------|
| Ensure the Highland workforce has access to one holistic training prospectus for mental health and wellbeing, suicide prevention and self-harm awareness | <ol style="list-style-type: none"> <li>Partners work together to develop and promote one training prospectus that outlines all the mental health and suicide prevention training available in Highland to partners, employers and communities.</li> <li>Map all training to the knowledge and skills framework.</li> <li>Partners commit to ensuring training information and deliveries are up to date and published timeously.</li> <li>Establish quality assurance processes to ensure training is evidence based and informed by best practice.</li> <li>Develop work to measure the impact of training on mental health and wellbeing and suicide prevention.</li> </ol> |                         |           |      |
| Build resilient Highland communities   | <ol style="list-style-type: none"> <li>Develop preventative approaches that increase personal and community resilience.</li> <li>Develop guidance on how to take a place-based approach to improving mental health and prevent suicide.</li> </ol>  |                         |           |      |
| Ensure people across Highland have access to self-help, self-management, and suicide   | <ol style="list-style-type: none"> <li>Further develop and promote *current digital resources to as a “one stop shop” for information.</li> <li>Develop the *Highland Mental Health &amp;</li> </ol>  |                         |           |      |

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| prevention resources   | Wellbeing toolkit to include suicide prevention tools and resources.<br>3. Regularly review and update the Highland Prevent Suicide App.   |  |  |  |
| The Highland workforce have an awareness of mental health and self-harm and know how to support people | 1. Plan a programme of activity to raise awareness and equip people to effectively support people who self-harm.<br>2. Support staff who work with children and young people to be trained in mental health and wellbeing. |  |  |  |
| Scottish Mental Health First Aiders are consistently available across the Highland workforce           | 1. Develop a network of mental health first aiders.<br>2. Develop networks of mental health first aiders in communities and sports clubs etc. in Highland.   |  |  |  |

**Trauma Informed Practice Working Group**

| <b>The Trauma Informed Delivery Group will:</b>   | <b>How will we do this?</b>  | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
|---|--|--------------------------------|------------------|-------------|
| Ensure trauma informed approaches are considered in every aspect of the MHDG plan                                     | 1. Develop an assessment tool to guide the MHDG and individual working groups to consider how trauma informed approaches are embedded in all the actions identified.   |                                |                  |             |
| Ensure the wider Highland workforce embed trauma informed approaches in all aspects of their service and organisation | 1. Further develop the offer for care experienced young people.<br>2. Develop resource for people to find information on evidence of good practice linking with existing toolkits/signposting.<br>3. Promote relevant resources across the partnership/communities.<br>4. Informed and skilled level trauma training is available to the Highland workforce. |                                |                  |             |

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| Strengthen a trauma informed community of practice and a network of champions | <ol style="list-style-type: none"> <li>1. Deliver a conference/summit for senior leaders and champions.</li> <li>2. Develop and support trauma champions.</li> </ol> |  | By January 2024 |  |

**Communications and Engagement Working Group**

| <b>The communications and Engagement Delivery Group will:</b>   | <b>How will we do this?</b>  | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
|---|--|--------------------------------|------------------|-------------|
| Ensure Local media are aware of and follow Samaritans media guidance  | <ol style="list-style-type: none"> <li>1. Ensure local media have access to a designated suicide prevention lead/corporate communications channel so they can engage prior to running any story.</li> <li>2. Work with local media to ensure coverage of suicide methods and sites are restricted.</li> </ol>  |                                |                  |             |
| Ensure all media opportunities provide information about sources of support and contact details of helplines when reporting mental health and suicide | <ol style="list-style-type: none"> <li>1. Prevent Suicide Highland app and Mental Wellbeing website should be promoted in all media communications across partners.</li> </ol>   |                                |                  |             |
| Support consistent and co-ordinated partnership approaches to mental health and wellbeing and suicide prevention messaging across Highland            | <ol style="list-style-type: none"> <li>1. Develop a comprehensive proactive communications plan with dedicated comms support that all partners sign up to.</li> <li>2. With Highland Suicide Prevention Forum consider and highlight the key messages/priorities for communities in Highland.</li> <li>3. Offer Media and Comms/engagement training to all partners.</li> <li>4. Develop a programme of communications to reduce stigma and discrimination.</li> </ol> |                                |                  |             |

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|  | <p>5. Develop communications focussing on language and health literacy.</p> <p>6. Develop communications work in relation to:</p> <ul style="list-style-type: none"> <li>• Educating the public about how to support anyone experiencing poor mental health /distress and suicidal thoughts.</li> <li>• The importance of talking to those bereaved by suicide and reduce the stigma associated with death by suicide.</li> <li>• Awareness of self-harm.</li> <li>• Key groups at higher risk of poor mental health and/or risk of suicide.</li> </ul> |  |  |  |
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**Crisis Intervention, Recovery and Support**

| <b>The CIRS Working Group will:</b>  | <b>How will we do this?</b>   | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
|--|---|--------------------------------|------------------|-------------|
| Ensure timely and effective intervention/assessment of people expressing suicidal thoughts | 1. Develop approaches/pathway for anyone identified at being at risk of contagion, including rapid referral for community mental health support if needed.  |                                |                  |             |
| Ensure that people in Highland have consistent access to crisis services                   | <p>1. Explore research opportunities into positive indicators of suicide distress and what has helped people in crisis.</p> <p>2. Develop a model to improve access to crisis services and support including identifying existing provision, pathways and gaps.</p> |                                |                  |             |

| <b>Suicide Prevention</b>   |   |                                |                  |             |
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| <b>The Suicide Prevention Working group will:</b>                                 | <b>How will we do this?</b>   | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
| Ensure the Highland workforce is informed and skilled in suicide prevention       | <ol style="list-style-type: none"> <li>1. Targeted SIPP training in workplaces employing/serving the highest risk demographic.</li> <li>2. Recruit, train and support trainer to deliver SIPP from across partners.</li> <li>3. Develop and deliver workplace suicide prevention guidance for employers.</li> </ol>   |                                |                  |             |
| Identify those groups most at risk of suicide and seek to work to reduce the risk | <ol style="list-style-type: none"> <li>1. Consider a suicide prevention needs assessment for Highland.</li> <li>2. Identify and appropriately report out, potential contagion and suicide clusters within Highland communities.</li> <li>3. Explore realistic undertaking of suicide audit/reviews with a view to understanding risks and informing future prevention.</li> <li>4. Map areas of higher risk through information on locations of deaths and attempts.</li> </ol> |                                |                  |             |
| Ensure plans are informed by robust data from a range of sources                  | <ol style="list-style-type: none"> <li>1. Develop a common understanding of what the data is telling us including definitions.</li> <li>2. Ensure commentary accompanies data analysis to reduce the risk of misunderstanding/misinterpretation of data and intelligence.</li> <li>3. Establish a suicide / self-harm surveillance group to regularly review intelligence.</li> </ol>   |                                |                  |             |
| Identify places of concern and develop actions to make them                       | <ol style="list-style-type: none"> <li>1. Development of Locations of concern action plan.</li> </ol>   |                                |                  |             |

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| Ensure that people bereaved by suicide in Highland have opportunities to access timely support | <ol style="list-style-type: none"> <li>1. Develop a Community Tragic Events protocol for responding to a death by suicide and providing support to those bereaved.</li> <li>2. Support community response in setting such as schools, colleges and workplaces.</li> <li>3. Develop a support pack for distribution to families following a suicide including appropriate materials such as, "After a Suicide" booklet.</li> <li>4. Map bereavement support services to identify gaps in current provision</li> <li>5. Establish a local suicide bereavement support service pilot oversight group with appropriate membership from relevant parties.</li> <li>6. Support community response in setting such as schools, colleges and workplaces.</li> </ol> |  |  |  |

**Children and Young People**

| <b>The Children and Young People's Working Group will:</b>   | <b>How will we do this?</b>   | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
|--|---|--------------------------------|------------------|-------------|
| Support Parents/carers/staff to understand and nurture their child/young person's mental wellness. | <ol style="list-style-type: none"> <li>1. Develop approaches to co-design appropriate support and interventions with parents and families.</li> <li>2. Develop a comprehensive programme of mental ill health coping strategies for and with parent/carers.</li> <li>3. Support a developmental approach to understanding the teenage brain and links to emotional literacy, language, and distress.</li> <li>4. Develop procedures, guidance and pathways for support and onward referral for private nurseries, playgroups and other early years settings.</li> </ol> |                                |                  |             |



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| Fulfil its commitment to 'The Promise'   | <ol style="list-style-type: none"> <li>1. Develop a programme of work around The Promise – adult and children to further develop the offer to care experienced young people.</li> <li>2. Further develop the offer (of MHW services) for care experienced young people.</li> </ol>   |  |  |  |
| Ensure that staff across Highland have a common understanding of preventative strategies that respond to stress in infancy and childhood | <ol style="list-style-type: none"> <li>1. Introduce and roll out early brain development training for midwives and health visitors.</li> <li>2. Train all staff working with children and young people in mental health and wellbeing awareness.</li> </ol>  |  |  |  |
| Support children and young people across Highland to self-manage their mental health and wellbeing                                       | <ol style="list-style-type: none"> <li>1. Develop robust mechanisms to have ongoing conversations with young people about mental health and wellbeing including co-design of initiatives and interventions.</li> <li>2. Develop a one stop shop mental health toolkit that provides high quality evidence-based information and self-help materials and signposts to other forms of support linking with existing toolkits.</li> <li>3. Refresh and implement the "Positive Relationships" guidance in all schools in Highland.</li> </ol> |  |  |  |

| <b>Data and intelligence</b>  |   |                                |                  |             |
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| <b>The Data and Intelligence Working Group will:</b>                            | <b>How will we do this?</b>   | <b>How will we measure it?</b> | <b>Timeframe</b> | <b>Lead</b> |
| Ensure that the partnership response is informed by appropriate and timely data | <ol style="list-style-type: none"> <li>1. Develop a mechanism for information sharing with partners</li> <li>2. Use data to identify patterns, demographics or locations of concern to target interventions.</li> <li>3. Establish methods for reviewing, interpreting and reporting relevant local and national data to support the local system.</li> </ol> |                                |                  |             |

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|  | <ol style="list-style-type: none"> <li>4. Undertake further analysis of suicide data to place it in the broader context of mental health.</li> </ol>   |  |  |  |
| <p>Ensure that the partnership response is informed by data and evidence</p> | <ol style="list-style-type: none"> <li>1. Develop mechanisms for sharing key research, policy and guidance.</li> <li>2. Develop a common understanding of what data is telling us and ensure commentary accompanies data analysis to reduce the risk of misunderstanding.</li> <li>3. Assure data quality and ensure it is accessible including by using visual techniques to present data.</li> </ol> |  |  |  |
| <p>Ensure the partnership reviews progress and performance</p>               | <ol style="list-style-type: none"> <li>1. Develop a dashboard of key indicators around suicide self-harm and mental health.</li> <li>2. Develop a framework for how we use data.</li> <li>3. Agree how data will be provided to the MHDG and working groups in a way that is timely, responsive, and agile.</li> </ol>   |  |  |  |

## Appendix 3

### Proposed ways of working/principles to guide the whole system approach to mental health and wellbeing and suicide prevention

#### Introduction

Throughout the process to review the priorities and actions for CPP activity on mental health improvement and suicide prevention, a number of principles or ways of working were suggested to support a whole system approach. These are summarised below. Further detail is included in the summary of feedback from the June event attached to this report.

#### Principles/Ways of working

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| Principles      | <ul style="list-style-type: none"><li>• Have a shared vision, mission and goals.</li><li>• Ensure prevention is prioritised in all of the work under the CPP mental health and suicide prevention work stream.</li><li>• Take an anti-stigmatic approach to the work. Reduce stigma for people experiencing mental health and wellbeing concerns and people affected by suicide.</li><li>• Ensure the work is based on need and evidence and is data informed.</li><li>• Ensure the work is informed by lived experience.</li><li>• Based on open communication.</li><li>• Focus on improving outcomes for the population of Highland.</li><li>• Have clearly defined outcomes, objectives and milestones.</li></ul>  |
| Ways of working | <ul style="list-style-type: none"><li>• MHDG becomes an 'oversight' or 'co-ordinating' group where everything is brought together.</li><li>• Develop and agree leadership for the various parts of the system and ensure that it is all brought together under the Mental Health Delivery Group by having working groups report into the MHDG to support sharing of information across the system.</li><li>• Develop clear reporting mechanisms and routes including reporting templates to support sharing information.</li><li>• Develop a robust cycle of planning, delivery and evaluation</li><li>• Have an agreed role and remit for all parts of the revised structure.</li><li>• Develop improved links between plans and initiatives being developed within individual agencies and the work of the CPP on mental health and suicide prevention to reduce duplication and ensure activity is complimentary.</li><li>• Ensure that all parts of the system work to improve visibility of the work being undertaken to develop a</li></ul> |

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|  | <p>better understanding of what is available and being delivered.</p> <ul style="list-style-type: none"> <li>• Consider and use technology including Teams, SharePoint etc where possible to support the work of the system.</li> <li>• Be responsive to need and changing circumstances.</li> <li>• Have good links to the local Community Partnerships.</li> <li>• All involved in the partnership work to promote the partnership structure as the place to support development of mental health improvement and suicide prevention plans, initiatives, projects and programmes within individual partner organisations.</li> <li>• Ensure the focus of meetings is getting things done.</li> <li>• Ensure agreed roles and responsibilities.</li> </ul> |
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### **Proposed reporting arrangements**

The following proposals were made for reporting arrangements, some of which have been captured under 'ways of working':

- The Mental Health Delivery Group becomes a more central 'co-ordinating' or 'oversight' group and delivery is undertaken in subgroups which then report to the MHDG.
- The membership of the MHDG is reviewed to ensure it is fit for purpose in relation to being a co-ordinating/oversight group. As a minimum, all the Chairs of the subgroups should sit on the MHDG.
- A template for reporting is developed and agreed to ensure sharing of information across the system.
- The MHDG will report to the Highland CPP Board.
- The MHDG will develop systems to share reporting information with the 9 local Community Partnerships and the other CPP Delivery groups.
- Processes/systems for dual reporting of any working groups will be developed where necessary e.g. Children and Young People's Mental health working group will also report to the Integrated Children's Services Planning Board