



Community Planning Aberdeen

Progress Report	Project End Report: 11.1 Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 by 2023. Revised Charter Approved: Sept 2021
Lead Officer	Alison MacLeod, Chair of resilient, Included and Supported
Report Author	Barry Stewart – Inspector, Police Scotland Jonathan Davis – Constable (Suicide Prevention), Police Scotland
Date of Report	30/11/2023
Governance Group	CPA Board – 29 February 2024

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 11.1 which sought to reduce the rolling 3-year average number of suicides in Aberdeen to below 26 by 2023.

Summary of Key Information

1 BACKGROUND

- 1.1 Scotland has the highest rates of deaths by suicide in Great Britain with 16.1 deaths per 100,000, although it must be noted that England and Wales have different processes for recording deaths by suicides which may affect the data. Nevertheless, reducing deaths by suicide in Scotland is a national priority which is supported by the Scottish Government, Public Health Scotland and NHS Scotland, as well as Local Authorities across the country including Aberdeen City Council.
- 1.2 Just under three-quarters of those who die by suicide in Scotland are males. Almost half (46%) of those who have died by suicide were aged 35-54, and 88% of those who died by suicide were of working age. Those who live in the most socioeconomically deprived areas in Scotland were found to be approximately three times more likely to die by suicide.
- 1.3 Strategies to tackle deaths by suicide have previously focused more on medicalising suicide and suicide-type behaviours. Emphasis has been very much on encouraging those with thoughts of suicide to engage in help seeking behaviours, and for males in particular to see their GP or other health professional if they were having thoughts of suicide. Those who found themselves approaching a crisis point would be advised to seek out the help or services they needed themselves, and that suicide could only be tackled effectively by Mental Health Services.
- 1.4 Research has shown that around 34% of those who died by suicide in Scotland were known or open to Mental Health Services. In the vast majority of deaths by suicide, the contributing or motivational factors were as a result of circumstance rather than mental illness. Recent research has shown that sign-posting is less effective at helping those who are at a crisis point and a more effective strategy is to bring help directly to them or vice-versa.

2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, the CPA Board approved the project charter, which was [revised](#) in September 2021 for the initiation of an improvement project which aimed to the rolling 3-year average number of suicides in Aberdeen to below 26 by 2023.
- 2.2 This aim was selected due to the aforementioned national priorities, the understanding that the vast majority of suicides are preventable and that, as a death by suicide effects on average 135 people, significant wider harm to communities was being felt by a large proportion of the population.

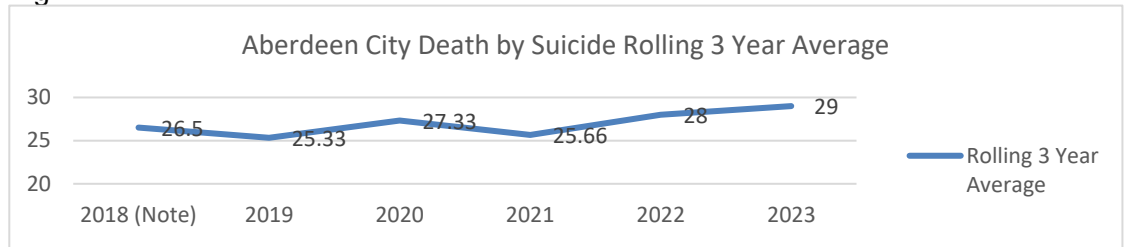
3 WHAT CHANGES DID WE MAKE?

- 3.1 The multi-agency project have tested a number of changes, namely:
- A. Roll Out Online Suicide Prevention Training
Residents of Aberdeen to be offered suicide prevention training, specifically the 2-day ASIST course delivered by SAMH. Due to COVID restrictions it was impossible to offer the 2-day ASIST course which, as a licensed product has to be delivered in person over two consecutive days. In order to overcome this SAMH developed an online “Introduction to Suicide” course which was delivered in approximately 3 hours depending on the number of attendees and their prior knowledge and experiences. Following the relaxation of COVID restrictions ASIST courses have resumed in and around Aberdeen. Training was targeted at both an organisation and community level.
 - B. Identifying and Reaching At Risk Groups – (Additional Change Idea September 2021)
In an effort to fully understand what were the leading contributing factors in deaths by suicide in the North East, Police Scotland analysed all Death Reports since the start of 2021 and tracked all contributing factors that were highlighted in the Reports including medical and family history and the events leading up to the person’s death. These were collated into a table showing the percentage of contributing factors in each death by suicide, the results of which are shown below (Fig 7) and used to enable preventative referrals to be made to support populations groups who had experienced certain types of trauma and loss that did show an increased risk of suicide.
 - C. Creating and launching a prevent suicide app to increase access to supports.
The app, financed by SAMH, was developed, launched and is maintained by Faff Digital.
 - D. Changing Room Programme
This was operated by Aberdeen Football Club Community Trust, but has recently been expanded to other organisations within the north east.
 - E. Development of Traumatic Death Packs for Officers to reduce impact of bereavement and bereavement by suicide (Collaboration with SAMH, PSOS & PETAL).
Work on the Traumatic Death Packs continues and will include information on bereavement counselling including both local and national services
 - F. Raising Awareness/Ongoing Communication Campaigns
Ongoing statistical analysis means that Police and partners have access to accurate, up to date information on suicides in Aberdeen. This information feeds directly in the type and scope of planned preventative measures, interventions and post-vention care and bereavement support. Community engagement is carried out in person, via multiple media streams including local radio, social media, internet, publications and the delivering of hard copy materials via health professionals and events.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

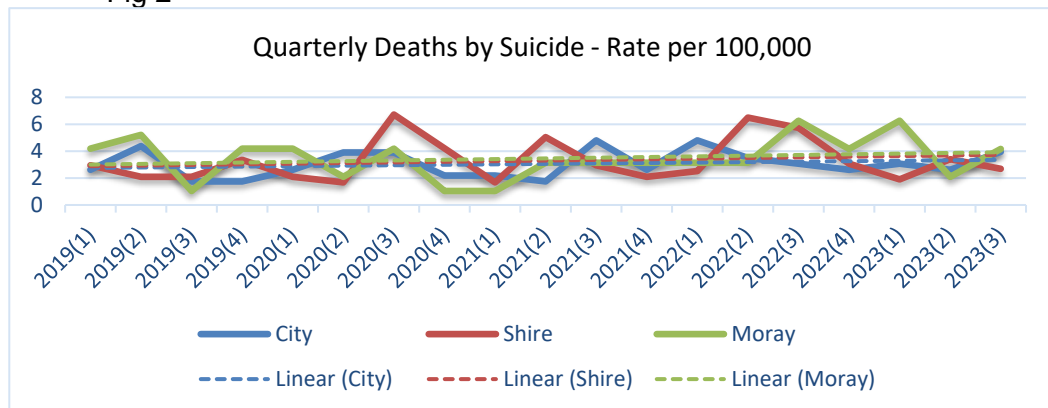
4.1 Whilst the aim has not been achieved in that the project has not ended with the rolling three year average of deaths by suicide in Aberdeen being below 26, deaths by suicide did fall below that figure for the first year of the project (2021) albeit overall they rose. The rolling three year average deaths by suicide for Aberdeen City (Fig 1) were:

Fig 1



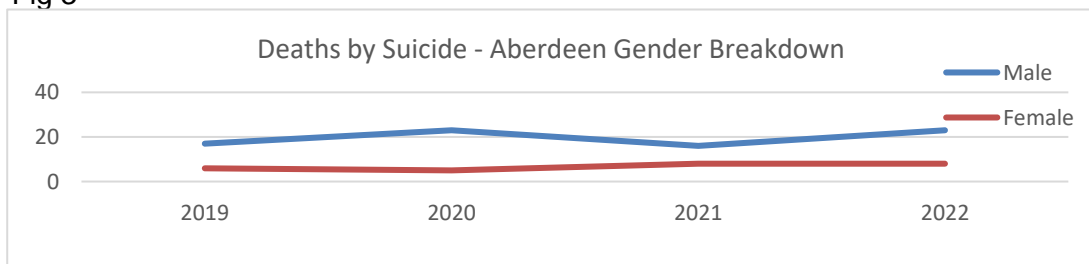
4.2 As with any data analysis, the context of the results is as important as the results themselves. It must be taken into account that this project has run during periods of exceptional socio-economic turmoil including during the COVID-19 pandemic. Comparing rates of death by suicide (per 100,000) (Fig 2) across the three local authorities in the North East of Scotland gives perhaps a more meaningful picture. The following graph shows the trend (dashed) lines for deaths by suicide from 2019 up to May 2023. Whilst all Local Authorities are showing upward trends in deaths by suicide, Aberdeen is by far the least steep:

Fig 2



4.3 Looking at deaths by suicide in Aberdeen per year for males and females (fig 3) it is clear that there is a ratio of roughly 3 times as many males dying by suicide to females dying by suicide. This falls in line with national figures and is more clearly evidenced by a yearly average figure of male deaths by suicide of 19.75 and a yearly average figure of female deaths by suicide of 6.75 in Aberdeen from 2019 to 2022.

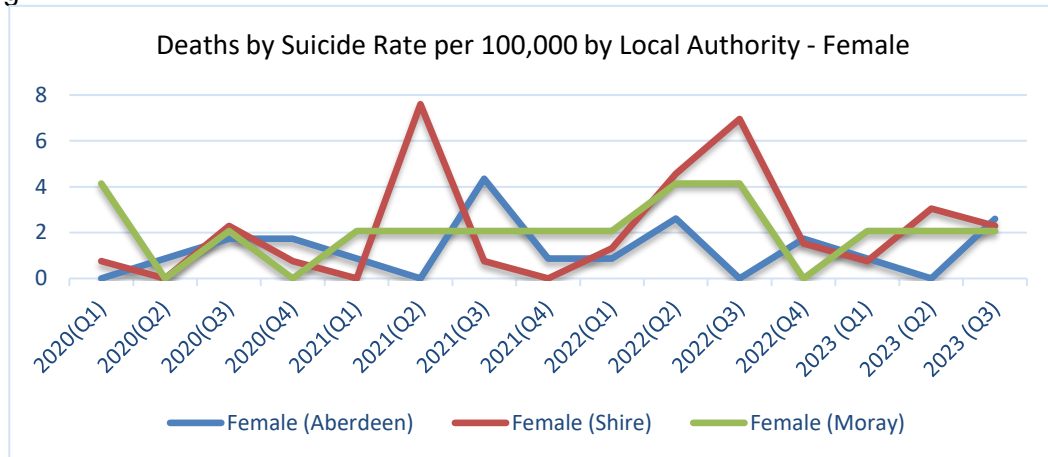
Fig 3



4.4 In 2022 deaths by suicide across the North East of Scotland increased dramatically – from a previous high of 75 deaths by suicide in 2020, 63 deaths by suicide in 2021 to 90 deaths

by suicide in 2022. Whilst deaths by suicide in males increased, the biggest percentage increase was seen in deaths by suicide in females which doubled from 15 in 2021 to 30 in 2022. Using crude rates (per 100,000) which takes into account population size, we can see that of the three local authority areas Aberdeen was affected the least (Fig 4):

Fig 4



4.5 There are a number of theories as to why this may have been the case. The most probably is that females had increased access to services in Aberdeen compared to Moray and Aberdeenshire. It is widely known that males are much less likely to access services, in fact there is no evidence to show that that the available services actually work for males, so a reduction in accessibility had relatively no effect for the male population.

Fig 5

MH-Related Incidents by Month and Year - Last 3 Years (36 calendar months)

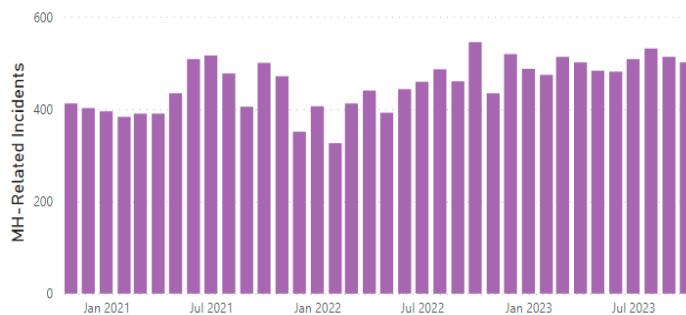
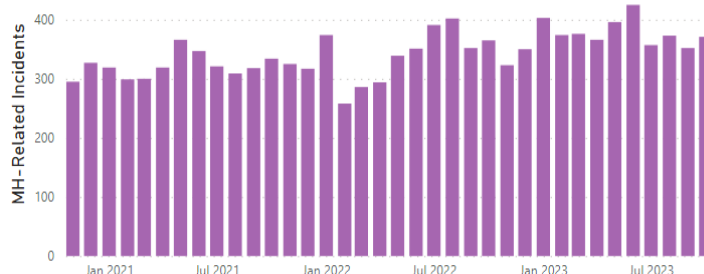


Fig 6

MH-Related Incidents by Month and Year - Last 3 Years (36 calendar months)



4.6 Call-type analysis (Fig 5 & 6) shows that in the last 3 years mental health related incidents reported to Police Scotland for North and South Aberdeen respectively have increased, albeit gradually. This may reflect the similar gradual increase seen in deaths by suicide in Aberdeen. There is no one identifiable factor to explain this increase. More likely is a multifactorial explanation possibly including and not limited to the energy crisis, interest rate rises, cost of living, influx of traumatised refugees, reduction in service provision and

facilities. In essence anything that puts further strain or causes loss to be felt within a population.

Results of the Tests of Change:

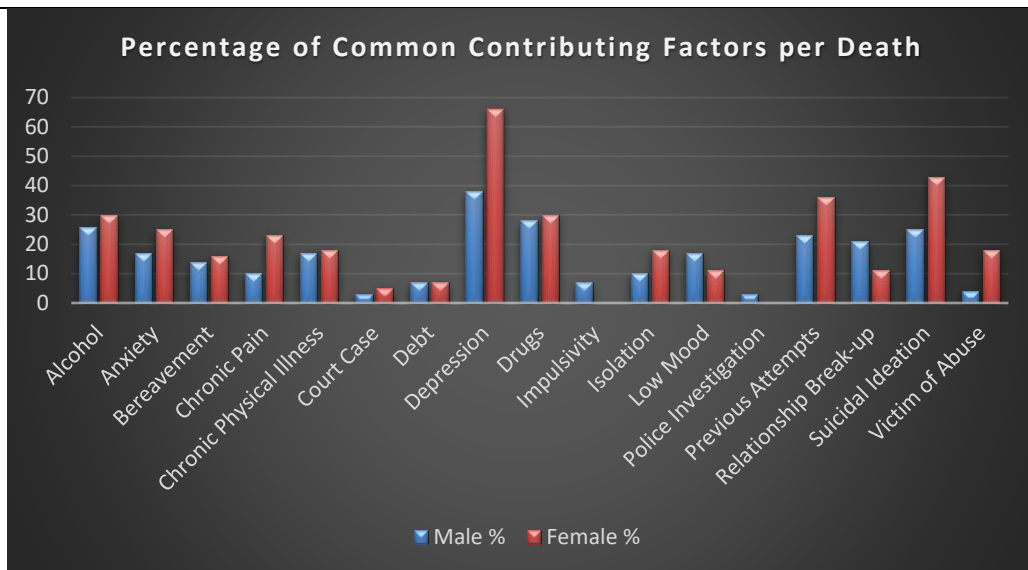
4.7 Roll Out Online Suicide Prevention Training

- 4.7.1 Since the start of the project SAMH has trained over 5000 people in North East Scotland in suicide prevention, either in ASIST or Introduction to Suicide Prevention (ISP). However, due to the booking system utilised and a cyber-attack which resulted in massive data losses at SAMH, it is not possible to state how many persons within Aberdeen have been trained. It is also not possible to extrapolate if the number of persons trained has had any influence on the number of deaths by suicide as no causative or correlative link can be established.
- 4.7.2 Nevertheless, suicide prevention training has been proven to save lives and demand for such training remains high. Due to the increase in provision and advertising of training courses, and that demand continues to outstrip supply, the number of ASIST Trainers in the has recently more than doubled. Following an international pause due to COVID provision for training ASIST trainers (T4T) in 2023 was doubled, however only one member of staff from an Aberdeen based 3rd Sector organisation attended. That being said ASIST Trainers and those who attend courses are not bound by geographical areas with several open-to-all courses being delivered at Aberdeen's Robert Gordon University.
- 4.7.3 Through the analysis of Police incidents and reports a number of training and knowledge gaps have been identified. These have been filled through the introduction of new training materials for Police and partners including training videos and aide memoires, literature that was co-developed by Police Scotland and SAMH to be left with members of the public who may be concerned about a person who has thoughts of suicide and the, very soon to be implemented, enhanced suicide prevention training that will be given to all new recruits based in the North East.

4.8 Identifying and Reaching At Risk Groups

- 4.8.1 Widely available information on suicide indicates that it is more prevalent in middle-aged white males from deprived areas. However, being white, middle-aged, male and living in a deprived area are not precursors to suicide; it is more accurate to say that the trauma or events that lead up to suicide are more likely to occur in that demographic – and/or they are less likely to seek help in those circumstances.
- 4.8.2 In an effort to fully understand what were the leading contributing factors in deaths by suicide in the North East, Police Scotland analysed all Death Reports since the start of 2021 and tracked all contributing factors that were highlighted in the Reports including medical and family history and the events leading up to the person's death. These were collated into a table showing the percentage of contributing factors in each death by suicide, the results of which are shown below (Fig 7).

Fig 7.



4.8.3 It is clear to see that depression, anxiety, drug and alcohol use, low mood, self-harm, suicidal ideation, previous attempts and anxiety are clearly the most common factors in many deaths by suicide. That being said, there is a strong argument to say that these are themselves responses to trauma and we need to understand what has caused these to manifest. Therefore, if we remove what we can assume to be responses to trauma we are left with chronic illness and pain, bereavement, debt, relationship breakdown, isolation, and being a victim of abuse as being the most common events that lead to deaths by suicide in the North East.

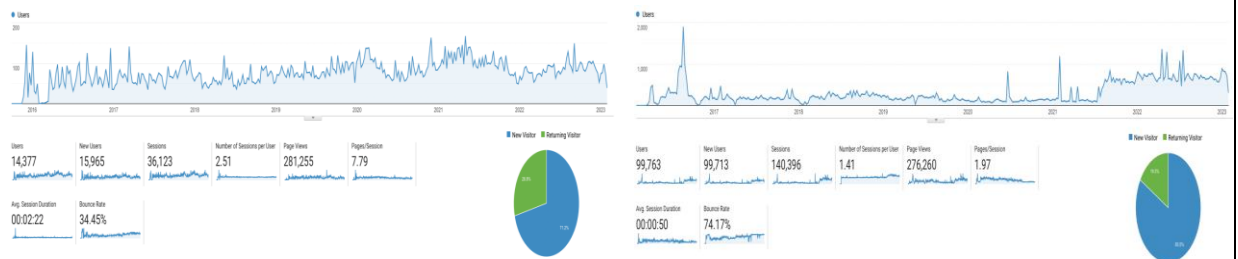
4.8.4 Armed with this information it has been possible to advise Police and partners of the potential increased risk of suicide when encountering persons who have experienced said trauma. Referrals to DBI Services and WELL Aberdeen have been guided by this research as circumstances that previously may not have been seen as benefitting from a referral are now given greater context and weight. Police Scotland accounts from between 10%-25% of DBI referrals for any given month although this may be limited to the number of Officers trained in DBI referral being on duty at the relevant time. Referrals to the Well Service jumped from 22 in 2022 to 174 in 2023. It is not known how many of these referrals include people at imminent risk of suicide. Links have been made with various 3rd Sector organisations to better meet the needs of those who have experienced these traumas, in particular bereavement through better links with Cruse Scotland and direct Police referrals to PETAL following a suicide – the first time this had been done outside of the Central Belt.

4.8.5 The circumstances behind suicides are constantly changing, research is ongoing to keep abreast of these changes and to adapt training, information and resources accordingly in Aberdeen and the North East. This has facilitated more effective responses to those in distress and, to a certain extent, allowed a degree of targeted preventative work following known or anticipated traumatic events such as planned large scale redundancies for example.

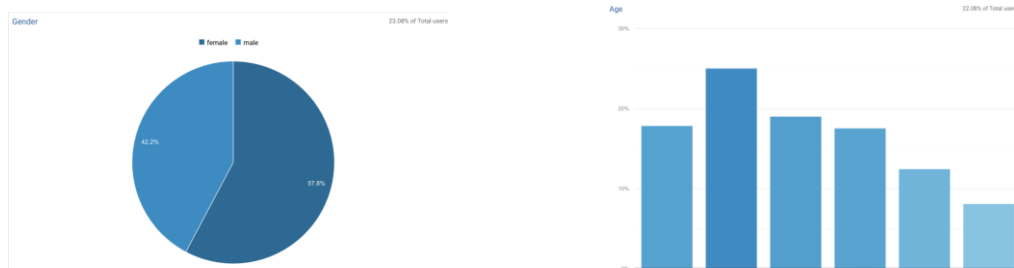
4.9 Creating and launching a prevent suicide app to increase access to supports.

4.9.1 The North East Suicide Prevention App and Website continue to be an invaluable and well used resource for public and professional alike. Quarterly figures from Faff Digital, the app developer show app and website usage continues to grow: (Fig 8. & 9.) The data shows a steady increase in both app use and website views from 2016 until 2023

Fig 8. – App Views and Fig 9. – Website views



4.9.2 The majority of users are males and the main user age group is 25-34 years: (Fig 10. & 11.)



4.9.3 Although it is not possible to tally the location of all users as some choose to turn off location services, from the information that is collected, Aberdeen is by far the most popular area in terms of app and website users, with 52.47% of users :

4.9.4 Police and partners continue to promote the app and website, both through interpersonal interactions with members of the public and via social and local media channels. The app has proven to be such a valuable tool in suicide prevention a formal request has been submitted to Police Scotland Technical Services to have the app installed on all Police Officers mobile devices.

4.10 **Changing Room Project**

4.10.1 The Changing Room Project was developed by SAMH to promote male mental health via discussions and interest in football. The project has support from professional football clubs across Scotland and in Aberdeen is hosted by the Aberdeen FC Community Trust.

4.10.2 The project is a 12-week in person programme funded by “Movember” fundraising efforts and is primarily aimed at males in their mid-years. COVID-19 restrictions on numbers who could gather in certain areas meant the project was unable to run for a large period of time. However, there have been 2 Changing Room Projects run at Pittodrie since COVID-19 restrictions were lifted and all attendees reported that the project had improved their mental health. 19 males undertook the first programme.

4.11 **Development of Traumatic Death Packs for Officers to reduce impact of bereavement and bereavement by suicide (Collaboration with SAMH, PSOS & PETAL).**

4.11.1 As highlighted earlier in this report bereavement is a major contributing factor in deaths by suicide. This is magnified further if the bereavement is by suicide. As a rule, Police attend all sudden deaths in Scotland whether that be due to accident, suicide, criminality or a sudden medical episode. A review of Police resources found that whilst there was literature available to leave with the bereaved after a suicide there was

nothing available that was appropriate to leave with loved ones following a non-suicidal but still traumatic death. This was not only an area where Police could reduce harm but also potentially improve longer term wellbeing of the bereaved.

4.11.2 Consultation began with senior management within SAMH to use their “After a Suicide” booklet as a framework to develop a booklet that could be used in all instances of sudden death but still offer the intensive support and knowledge that is required to navigate those extremely difficult times. Although not yet complete, the development is in its final stages with early drafts having gone out for feedback with Police Officers and other emergency services. It is anticipated that the leaflet will be in wide circulation by the end of 2023.

4.12 Raising Awareness/Ongoing Communication Campaigns.

4.12.1 The project has engaged in numerous campaigns and events across the North East promoting suicide prevention and mental health. In addition there has been an ongoing yearlong campaign on Police and partner’s social media focussing on one contributing factor of suicide per month and where persons can find support should they need it. Inputs on suicide prevention and training have been given at the ACVO Forum, to oil and gas companies, Nurses, Pharmacy Students, Student Welfare Reps, Education Staff, Paramedics, Scottish Fire and Rescue personnel and members of the public. Police Scotland and SAMH have appeared on local radio including SHMU and on videos on social media.

4.12.2 Having identified a gap in public knowledge in how to keep people with thoughts of suicide safe in their homes and communities Police Scotland and SAMH developed a pocket-sized leaflet and business card sized reminder on key points people needed to look for, when to call for help, who to call and how to make a safety plan. These materials were piloted firstly in Aberdeen, then further afield in the North East and are now available nationally. They are currently the most widely distributed materials produced by SAMH and are now available for all Police Officers in Scotland

4.12.3 At the start of this project there was a real fear amongst many to talk openly about suicide due to stigma and fear it may inspire others to take their own lives. Working with partners and engaging with other suicide prevention campaigns and events, such as the White Feather Ball, has brought suicide prevention to the fore in and around Aberdeen. Bringing those with lived experience into the process has also greatly enhanced the effectiveness of engagement.

5. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 Suicide prevention training will be offered on a continual basis in Aberdeen and elsewhere in the North East. Given the level of demand serious consideration is being given to increasing the number of trainers on a yearly basis. In time, it is anticipated that suicide prevention training will be incorporated into every type of professional training or qualification where contact with the public or numerous colleagues is expected. To facilitate this various training programs and materials are being developed and will be produced in bite-sized packages that can be mixed and matched to suit the exact needs of the persons or organisations. Initially this will be trialled with Police Officers in Aberdeen who have just returned from their initial training at the Scottish Police College before being rolled out further and being offered to partners and other agencies upon request

5.2 Statistical analysis will remain ongoing on all suicide related data collected by Police Scotland. Work is currently underway to streamline the sharing of the results of said analysis with partners, and those who need to know current themes or trends to better

inform their practice. At the request of Police Scotland, a longer term project is also been undertaken by NHS and Public Health partners to bring multiple data streams together and analyse the results comparatively in an easy to digest format. This will facilitate a far richer picture of the causes of distress and ultimately suicide in our communities and thus allow targeted and upstream interventions well in advance of a crisis point being reached.

- 5.3 Identifying the traumatic events that can lead to thoughts of suicide is vital in preventing deaths. Discussions are underway with Children's and Young Persons groups and Education as to how we can better prepare younger generations for when they will inevitably encounter trauma in their lives and to mitigate any harm trauma has already done.
- 5.4 SAMH will continue to pay for the maintenance and updates to the North East Suicide Prevention App and Website. Data, themes and trends as well as the latest research is shared between SAMH, Police Scotland and partners to ensure the most up to date information is contained on the app and that it remains accessible to all. Should approval be given for Police Officers to have the app on their work mobile devices they will be able to share the contents with members of the public or advise them on where to access it.
- 5.5 The Changing Room Project is now well established and other local football clubs have shown interest in hosting the same. It is highly likely the programme will continue to grow and funding will remain secure given the success of "Movember" and similar fundraising campaigns. Changing Room Projects are now also available for females in the North East which, given the 100% increase in female deaths by suicide in the North East is most welcome.
- 5.6 Once the development of the traumatic death pack materials is finalised these will be distributed to Police Officers and other emergency workers across the area. With all emergency services using the same materials this will standardise responses to those in need and ensure that in some areas where emergency services cover is stretched that the bereaved will, at least, receive the same level of support and information regardless of the nature of the incident or those who attend.
- 5.7 Suicide prevention promotion will continue to grow in Aberdeen and the North East. SAMH will increase its staffing in the area allowing for Aberdeen to have a Field Worker for the first time who will host training, events, deliver materials and engage directly with the public. There will also be a Bereavement Worker who, whilst they won't have direct contact with the bereaved, will coordinate responses, map services, and facilitate and promote engagement with counselling and other talking therapies. Police Scotland will also promote suicide prevention and offer training to colleagues, partners and the public.

6 HOW HAVE OUR COMMUNITIES/PROTECTED GROUPS PARTICIPATED IN THE PROJECT AND THE IMPACT OF THIS

- 6.1 Geographically speaking deaths by suicide and attempted suicides are evenly spread throughout Aberdeen, the only exception being the Rubislaw area where virtually no activity is recorded. There were, however, some demographics identified that had seen increased deaths by suicide during this project. The most marked increases were in males over 75 and in people with a cancer diagnosis. Deliberate overdoses of prescription medication, particularly beta-blockers, also increased in frequency. Contact was made with third sector organisations and faith groups in Aberdeen to support those who engage with the elderly and those with cancer in identifying signs of suicidal thought and how to intervene effectively. Whilst preventative measures cannot be measured, there was feedback from practitioners that they felt more confident in helping people who may be feeling suicidal and knew who to signpost on to following a disclosure of suicidal thought or intent.

6.2 All Pharmacies in Aberdeen were visited and staff within furnished with suicide prevention materials and advice. Primary Care were notified of medications most frequently featuring in overdoses and all Pharmacy Students at Robert Gordon University have received new suicide prevention inputs as part of their syllabus which received universally positive feedback. A similar practice will shortly be underway at Aberdeen University for Medical Students.

7 HOW WILL WE MONITOR THESE IMPROVEMENTS?

7.1 Effective data gathering, analysis and sharing of the results is vital to the success of suicide prevention, and will provide the fundamental basis for measuring improvements. That being said, qualitative research in this area holds as much weight as quantitative. Meaningful engagement with communities requires one to, first, listen and understand their needs before committing to action and measuring the results. Wellbeing questionnaires and community surveys will be utilised as well as gathering informal feedback from face-to-face interactions as well as feedback from the newly formed Lived Experience & Bereavement Sub-Group. Data will continue to be reported via the Outcomes Framework.

7.2 Accountability will be key to any success in suicide prevention. But in this case it will be collective accountability and an openness and transparency will be encouraged in all partners. If there is a failing in one area then it is the responsibility of all to correct that. Sharing past learning and new ideas will be hugely advantageous in making sure suicide prevention work continues to evolve as our communities do.

7.3 Ultimately, success will be judged on whether there is a reduction of those who are dying by suicide. However, as the reasons behind suicide are so complex, numerous and nuanced, improvements may not be immediately obvious. It should be noted that, according to Police Scotland data, on average each death by suicide in the North East has between 4 and 5 different contributing factors – some had less and others had many, many more. To tackle all of these will take time but it is important to remember that reducing the impact of one contributing factor is a major success even if it doesn't necessarily directly affect the total number of deaths. It is recommended that suicide prevention improvement activity is continued to 2026 with a revised aim still focused on reducing the rate of suicides to be developed as part of the refresh of the LOIP.

8 OPPORTUNITIES FOR SCALE UP AND SPREAD

8.1 Suicide prevention work by its very nature is intended to be scaled up and spread. Once an awareness of the issues and how they can be resolved is made there has, thus far, been universal support for the work that is underway in Aberdeen and elsewhere. Collaborative approaches between local authorities is one area which requires significant attention to ensure there isn't unnecessary duplication of work, resources or research. Practices that have been evidenced to work elsewhere can be readily adapted and implemented and a policy of sharing learning, even the undesirable results, will go a very long way to helping those in crisis.

8.2 It is anticipated that the training soon to be given to new Police Officers will be rolled out to operational Officers and other organisations with front line staff in the relatively near future.

8.3 The changing Room programme could be spread to other sports/groups in each of our localities to ensure opportunities to connect are available to all and related to their interests.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that whilst the aim had not been achieved, positive outcomes have been achieved as a result of the improvement activity; and
- ii) note that, in light of the data re suicide rates that the Resilient, Included and Supported Outcome Improvement Group were developing a revised aim focused on reducing suicides as part of the refresh of the LOIP.

Opportunities and Risks

Opportunities

- The greatly enhanced ability to provide suicide prevention training and grief support in Aberdeen will, in time, allow those in distress to access support sooner.
- The use of up-to-date statistics and trends will allow for immediate responses, proactive work and post-vention initiatives thereby reducing the harm of traumatic events.
- There is the opportunity to enhance awareness of the causes of suicide and seek commitments to prevent it from corporate entities, 3rd sector and statutory services. This could, for example, utilise the use of safe spaces in Aberdeen through [Keep Safe and the I Am Me project](#).
- A new Suicide Prevention Strategy for the North East has recently been agreed at Chief Officer level and will ensure there is continuity and equality in suicide prevention work across the North East which will build on best practice here and elsewhere as well as push boundaries and innovation in this field.
- The likelihood that emergency services will soon be able to engage with a person who has thoughts of suicide, reduce their distress, complete or review a safety plan and leave them in a position of reduced risk without having to rely entirely on health services. Thereby reducing demand on various services and meeting the distressed person's needs sooner.
- A recognition that the vast majority of suicides are a result of circumstances (which can be changed) and not necessarily mental illness (which may be currently untreatable) will broaden the scope for what is considered effective intervention and will reduce harm and distress in our communities.

Risks

- The cost of living crisis and high inflation is having an impact on community wellbeing for many.
- Reductions to, or increased obstacles in accessing, services is a considerable risk. Mapping of services exercises are underway across the North East and the gaps identified are needing to be filled.
- Information sharing restrictions preventing timely access to 3rd sector services which may meet the needs of those distressed most effectively as opposed to traditional Health routes. A triage service is one option that is being considered.
- An unwillingness, amongst professionals and statutory services to accept suicide prevention requires more than just a medical or health approach, and an unwillingness to not facilitate bringing other services into appropriate interventions.
- Budget and, therefore, operational constraints on Police Scotland may limit the capacity of Officers to attend mental health calls.
- Suicide prevention is wider than a single improvement aim and needs to be considered along with the regional suicide prevention strategy to ensure alignment and not duplication of approach.

Consultation
Resilient, Included and Supported Outcome Improvement Group Project Team

Background Papers
The following papers/resources were used in the preparation of this report. <ul style="list-style-type: none">• 11.1 Project Charter• Police Scotland A Division Suicide Rate Tables – 2023 Q1• Police Scotland A Division Suicide Contributing Factors 2023 Q1• Faff Digital Quarterly Report – North East Suicide Prevention App & Website 2023 Q1• Police Scotland Mental Health Demand Analysis Dashboard

Contact details:

Jonathan Davis
Police Constable
Partnerships, Preventions & Interventions
Jonathan.Davis@scotland.police.uk