Belfast City Council

PEOPLE AND COMMUNITIES COMMITTEE

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| **Subject:** | Consultation Response to Protect Life 2 – Draft Strategy for Suicide Prevention |
| **Date:** | 11 October 2016 |
| **Reporting Officer:** | Siobhan Toland, Assistant Director City & Neighbourhood Services Department |
| **Contact Officer:** | Valerie Brown, Environmental Health Manager |

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| **Is this report restricted?** | **Yes** | | **No** | X |
| **Is the decision eligible for Call-in?** | **Yes** | X | **No** | |

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| **1.0** | **Purpose of Report or Summary of main Issues** |
| 1.1 | The Department of Health has released for consultation a new draft strategy for suicide prevention in Northern Ireland, Protect Life 2; it is available on the Department's website at https://www.health-ni.gov.uk/consultations. This report outlines a proposed response from Belfast City Council to the draft strategy. |
| **2.0** | **Recommendations** |
| 2.1 | The Committee is asked to<br>• Agree that the proposed response, attached as Appendix 1 be sent to the Department of Health. The closing date for response is the 4th November 2016. |
| **3.0** | **Main report** |
| **3.1** | Key Issues |
| 3.1 | In Northern Ireland an average of 274 people die by suicide each year and suicide rates in the most deprived areas are three times higher than in the least deprived areas, indicating a stark health inequality. Statistics released by the Department in November 2015 show that the rate of suicide in areas of deprivation compared with the overall rate is increasing and research commissioned under the existing Protect Life Strategy found that, on a per capita basis, deaths in Belfast were 40% higher than the Northern Ireland average.<br><br>The new draft suicide prevention strategy, Protect Life 2, aims to build on the first protect |

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| 3.2 | life strategy, which was refreshed in 2012 and it continues with the goals set by the previous strategy of reducing the rate of suicide in Northern Ireland and of reducing the increasing health inequality associated with suicide. |
| 3.3 | The draft strategy indicates that deaths by suicide in Northern Ireland appear to be associated with high levels of mental ill-health, exposure to community conflict and the legacy of the conflict and exposure to stress including economic deprivation. The cultural relationship with over consumption of alcohol also appears to be a contributory factor, The strategy recognises that in addressing those most at risk there must be a focus on providing support and treatment for people who have suicidal thoughts. It goes on to highlight that these services also need to address the diverse needs of different sub-groups in terms of age, gender, sexual orientation, social class and locality. |
| 3.4 | It is a comprehensive strategy in that it contains a considerable amount of information in terms of the risk factors that can lead to suicide (clearly set out on page 31). It outlines the services that exist, the investment that has been made in suicide prevention to date and suggests what more needs to be done. It alludes to the wider social determinants of mental health and wellbeing and discusses the need for a more joined up and integrated approach to addressing the risk factors and the underlying causes of suicide. It identifies the policy context and proposed governance arrangements for developing this integrated and strategic approach to suicide prevention. |
| 3.5 | However there are a number of potential limitations in the draft strategy; for example, the actual aims and objectives of the strategy appears to be mainly orientated around treatment and crisis response with limited focus on tackling the wider social and economic factors associated with suicide. This focus has the potential to limit the strategic action plan, and possibly wider investment, in delivering a truly integrated, cross departmental and cross sectoral approach in the development and delivery of policy and services that contribute to suicide prevention, which is a core principles of this new strategy. |
| 3.6 | '*Be co-ordinated across government. Improve cross-sectoral, cross-departmental and cross-jurisdictional collaboration in the development and delivery of policy and services which contribute to suicide prevention'* |
| | The fact that the draft strategy improves and enhances existing services and addresses some of the gaps in service provision is welcome. However the question remains, will a |

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| 3.7 | strategy that focuses on those who are in crisis, suicidal and self harming and on the needs of high risk groups, without also focusing on the protective factors concerned with building resilience and connectedness, be able to maximise its impact on reducing the number of suicides and on reducing the differential in the associated health inequality?<br>The strategy refers to a positive mental health action plan that will be developed under the public health strategy 'Making Life Better' and this again raises a question, does having a separate action plan under a separate strategy to address the protective causes have the potential to create disjointed working, duplication, split resources and therefore to reduce impact. |
| 3.8 | **Policy Context and Strategic Priorities**<br>When considering the policy context set out in Appendix 2 of the draft strategy it is clear that it is very broad and this reflects the complexity inherent in suicide prevention work. Having said that the new Protect Life strategy provides a real opportunity to realise the aspirations of the draft Programme For Government in terms of breaking down silos and working jointly to provide better outcomes for people's wellbeing. The strategy alludes to achieving better integration of the strategies and policies in Appendix 2 but there is no clear objective within it as to how this integration will be achieved. As mentioned above the strategy refers to a positive mental health action plan that will be developed under the public health strategy 'Making Life Better'; in addition to this it contains a strategic action to develop a mental health promotion action plan but it doesn't discuss how these will be linked. |
| 3.9 | The strategic priorities in Protect Life 2 are set out in figure 9 on page 63 and are divided into three main areas, population interventions, targeted interventions and indicated intervention and these are explained in the section 'conclusion and priority areas', which starts on page 59. The population interventions which have the potential to tackle the root causes of suicide appear limited. The strategy refers to population interventions delivered through associated strategies for preventing substance misuse, fostering supportive communities and schools, preventing domestic and sexual abuse, addressing poverty, and supporting victims, as being relevant but it is not clear how Protect Life 2 will enable suicide prevention to be a key element in the implementation of those strategies. The link between the strategies is made but the leadership; governance and accountability appear to require further development if Protect Life 2 is to achieve its full potential in meeting its purpose of reducing the differential in suicide rates between the most deprived and least deprived areas. |

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| 3.10 | **Governance**<br>The proposed oversight and governance arrangement outlined in the draft strategy appear to mirror to a large extent what has gone before. The strategy does refer to a new steering group but there will be separate working groups formed under it and the suicide strategy implementation body, the local sub regional protect life implementation groups and the Ministerial Coordination Suicide Prevention group will all remain. The strategy is not clear on how these groups will work together to ensure effective implementation and maximum impact. Organisations and departments may agree to the principles embodied in the strategy but ensuring engagement and participation may be more difficult to achieve. It will be important therefore in developing the governance and accountability arrangements in the strategy that they drive collegial working across sectors and organisations to develop a common purpose around reducing the number of suicides. The role of the community and voluntary sectors will be vital in this process and there will be a need for less rigid structures and greater flexibility and responsive allocation of resources. The opportunities for co-design and co-production with the community and voluntary sectors are alluded to in the strategy but are not explicit elements within it. |
| 3.11 | **Strategic Action Plan**<br>The development of a strategic action plan under Protect Life 2 will be pivotal in the successful implementation of the strategy. The Council response has suggested that it could be strengthened as a key driver for suicide prevention across Northern Ireland by incorporating and consolidating the positive mental health actions currently being proposed under the Making Life Better Strategy. This will provide a strong and visible context of suicide prevention for the wider determinants of mental health such as housing, education, employment, etc. This suggestion does not take away from the merit of a reduced number of strategic actions to aid explicit linking from the strategy to commissioning plans, as recommended in the evaluation of the existing protect life strategy; it is simply suggesting that addressing the underlying causes of suicide should be an intrinsic element of those strategic actions. This type of approach to suicide prevention with a focused cross-sectoral action plan linked to a priority based outcomes framework could be developed to include new ways of working, partnership agreements, innovative contracting (for example, alliance contracting) and robust system development for data collection, information sharing and management. |
| | **Future Search** |

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| 3.12 | Members and officers from the Council recently took part in a 'Future Search' event, organised by the Belfast Protect Life Implementation Group, to assist in the development of an implementation plan to tackle the issue of suicide in Belfast. It was facilitated by Michael Donnelly, a leading expert in these events. The 'future search' process was about finding common ground and securing the authority and resources to make change happen. It is anticipated that the findings from the Belfast event will be used to influence the further development of the Protect Life 2 strategy.<br><br>Financial & Resource Implications<br><br>Financial<br>None |
| 3.13 | Human Resources<br>An officer from Community & Neighbourhood Services continues to chair the Belfast Suicide Community Response Group. |
| 3.14 | Equality or Good Relations Implications<br>The consultation process includes equality screening carried out by Department of Health. |
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| **4.0** | **Appendices – Document Attached** |
| 4.1 | Appendix 1– Proposed Belfast City Council Response to consultation on Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland. |