Appendix 1

Protect Life 2 Suicide Prevention Strategy for Northern Ireland

Belfast City Council Draft Consultation Response

Please send your response by **Friday 4 November 2016** to:

phdconsultation@ni-health.gov.uk or to

Health Improvement Branch
Room C4.22
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

I am responding as... *(Please tick appropriate option)*

[ ] a member of the public;

[ ] a professional / practitioner working with people affected by suicide

(*Please specify which area / sector*)

[ ] Health and Social Care
[ ] Education
[ ] Justice
[ ] Other.....(*Please specify*);

[x] on behalf of an organisation, or

[ ] Other…….(*Please specify*);

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PURPOSE, AIMS AND SCOPE

Q1. Do you agree with the overall purpose of the Strategy. If not, what alternative do you suggest? (p 14)

Yes [X] No [ ]

Belfast City Council (BCC) agrees with the overall purpose of the strategy and the continued recognition it gives to the need to tackle the increasing health inequality associated with suicide as this enables the strategy to address the diverse and complex issues that cause people to take their own life.

Q2. Do you agree with the stated aims of the Strategy? If not, what alternative do you suggest? (p 14)

Yes [X] No [ ]

BCC agrees with the aims of the strategy but considers that they are orientated around treatment and crisis response with limited focus on tackling the wider social and economic causes associated with suicide. It is suggested the aims should include reference to preventative measures such as resilience and connectedness and also to strengthening collaborative working at a strategic and local level, bringing prevention, intervention and postvention closer together in the effective implementation of the strategy.

Q3. Do you agree with the stated principles of the Strategy? If not, what alternatives would you suggest? (p 15)

Yes [x] No [ ]

RISK AND PROTECTIVE FACTORS

Q4. We have identified a number of priority population groups who are most at risk. Are there any other groups that are particularly at risk that have not been included in this list? (p 34)

People living with a disability
People living in families know to be impacted by suicide
People receiving treatment for substance misuse
People in housing crisis

SERVICES

Q5. We have identified a number of gaps or services that need to be enhanced. Do you agree with these? Are there any other gaps that you think need to be addressed? (p 56-58)

Yes [X] No [ ]

Some additional points:
Although it is mentioned later in the document, there is a need here to demonstrate a closer link with the Department of Education, schools and youth services, particularly post primary on how more can be done to can provide preventative information and services through the school pastoral care system and the youth sector**.**

Also in relation to further and higher education Belfast has a very proactive student wellbeing group supported by 'Carecall' and including UU, Queens, St Mary's, Stranmillis, College of Agriculture, Food and Rural Enterprise and Belfast Metropolitan College. This could be explored and developed further across the region

OBJECTIVES

Q6. Do you agree with the stated objectives of the Strategy? If not, what alternatives do you suggest? (p 66-69)

Yes [X] No [ ]

BCC broadly agrees with the objectives but again considers them to be orientated around treatment and crisis response. Given that the effective implementation of the strategy will be mainly measured against meeting its objectives should these be strengthened to address the environmental and socio-demographic risk factors identified in the strategy?

The successful implementation of the strategy will require a joined up approach at all levels, including governance. It is difficult to see how this will be achieved if the strategy does not have an explicit objective on tackling the protective factors; i.e. building resilience and connectedness, and also around the wider environmental and socio-demographic risk factors. To do this helps to bring focus to the underlying causes which result in suicidal ideology. It also facilitates the integrated policy making and governance required to make a real difference.

ACTIONS

Q7. The Public Health Agency will be responsible for implementation of the action plan and will develop it in conjunction with a multi-agency implementation

group. We would invite your views on the draft action plan and welcome suggestions on additional actions. (p 70-74)

Comments:
The strategic actions for the proposed 'protect life' action plan are set out in the strategy under each of the objectives. In the introduction to the strategic actions it is explained that the strategy focuses on those who are in crisis, suicidal, or self harming and most of the actions address the needs of high risk groups and individuals. A number of the actions, particularly those under objective 3, do however appear to, or could, address protective factors as well as risk factors. For example, the suicide prevention coordinators working in the community, voluntary and statutory sector, the development of a mental health action plan with a clear focus on investment in the formative years, the provision of access to services for prisoners with mental illness or at risk of suicide and self harm, etc. It is suggested that greater emphasis is given to the protective factors; i.e. building resilience and connectedness in the development of the strategic actions.

In developing the action plan BCC would welcome incorporation of the principles of co production and co design in the implementation of the strategy.

MEASUREMENT, REVIEW AND EVALUATION

Q8. Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. We would welcome your views on how best to monitor and assess the impact of the Strategy over time. (p 78)

Comments:
It was noted that the strategy is proposing to use an evaluation framework with process and impact indicators. It is suggested that this is linked to an outcome based strategic framework for delivering effective suicide prevention measures.

AWARENESS RAISING

Q9. We would welcome your views on how best to raise public awareness of suicide, suicidal ideation, suicidal behaviour and self-harm.

Comments:

No specific comments

ANY OTHER MATTERS

Q10. Please provide any other comments or suggestions that you feel could assist the development and delivery of the Strategy.

Comments:

BCC welcomes the new suicide prevention strategy, Protect Life 2, recognising that it aims to build on the first protect life strategy, which was refreshed in 2012 and that it continues with the aim of reducing the rate of suicide in the north of Ireland and in reducing the inequality of the increasing suicide rate in areas with the highest levels of deprivation compared with the overall rate.

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. 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. However the actual aims and objectives of the strategy appears to be orientated around treatment and crisis response with limited focus on tackling the wider social and economic causes 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 which contribute to suicide prevention, a core principles of this new strategy.

A strategy which improves and enhances existing services and addresses some of the gaps in service provision is welcome however the question remains will a 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. 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 reduce impact.

When considering the policy context in more detail as set out in Appendix 2 it is clear that it is very broad reflecting the complexity inherent in tackling suicide prevention; but the new strategy, Protect Life 2 provides a real opportunity to realise the aspirations of the draft PFG 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. The strategic priorities in Protect Life 2 as set out in figure 9 are divided into three main areas, population interventions, targeted interventions and indicated intervention and these are explained in the section ‘Conclusion and priority areas’. 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.

The proposed oversight and governance arrangements 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 protects 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 both the number of suicides and the differential that exists between the most and least deprived areas. 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.

The development of a strategic action plan under Protect Life 2 will be pivotal in the successful implementation of the strategy. To strengthen it as a key driver for suicide prevention across the north of Ireland it is suggested that it should incorporate and consolidate 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.

STATUTORY EQUALITY DUTIES

Q11. Are the actions set out in this draft Suicide Prevention Strategy likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

If Yes, please state the group or groups and provide comment on what you think should be added or removed to alleviate the adverse impact

Yes ☐ No ☒

Comments:

Q12. Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in the consultation document may have an adverse impact on equality of opportunity or good relations?

If you answered yes to this question, please give details and comments on what you think should be added or removed to alleviate the adverse impact.

Yes ☐ No ☒

Comments:

Q13. Is there an opportunity for the draft Strategy to better promote equality of opportunity or good relations?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☒

Comments:

Q14. Are there any aspects of the Strategy where potential human rights violations may occur?
If you answered yes to this question, please give details as to how.

Yes ☐ No ☒

Comments:

Please return your response questionnaire.
Responses must be received no later than 5pm Friday 4 November 2016
Thank you for your comments.

Annex A

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. **If you do not wish information about your identity to be made public, please include an explanation in your response.**

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence, if it is necessary to obtain that information in connection with the exercise of any of the Department's functions, and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the web site at: https://ico.org.uk/)

Annex B

Equality and Human Rights

Section 75 of the Northern Ireland Act 1998 requires departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required.

Departments also have a statutory duty to ensure that their decisions and actions are compatible with the Human Rights Act 1998 and to act in accordance with these rights.