



**Southern Health & Social
Services Board**

**Protect Life: A Shared Vision
The Northern Ireland Suicide Prevention
Strategy & Action Plan
2006 – 2011**

**Plan of Action within
Southern Investing for Health
Partnership Area**

1st September 2006

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Context

The N Ireland Suicide Prevention Strategy – *Protect Life* Consultation document was published by the Minister for Health, Social Services and Public Safety in March 2006. This was the culmination of the work of the N Ireland Suicide Taskforce and also marked the beginning of a collaborative and determined implementation process to see the number of suicides within N Ireland reduced. A particular focus was placed within the strategy on reducing the number of suicides in young males and also to addressing the rising rates of self harm.

Regional implementation processes and structures are being put in place and each Health & Social Services Board has been asked to take forward a local implementation process to ensure that the aims, objectives and targets within the *Protect Life* strategy are addressed. Central to this local process has been the imperative to engage with local communities, families bereaved by suicide and agencies directly involved with or impacted upon by suicide and its effects.

The *Protect Life* strategy is challenging in its targets and demanding in its processes and sets out clear direction for ensuring that suicide prevention is a core part of everyone's focus.

The Chief Executive and Directors of the SHSSB have asked the Southern Investing for Health Partnership (SIHP) to take the lead in the community engagement process to develop a Southern Area Action Plan by April 2007 and to identify an allocation path for the funding released by DHSSPS to implement this strategy within the Southern Area. This paper outlines a proposed plan of action to achieve this.

***Protect Life* – Suicide Prevention Strategy Implementation Process in the Southern Area**

1.0 AIM: To implement the recommendations of the *Protect Life*: N Ireland Suicide Prevention Strategy within the SHSSB / SIHP area

2.0 Objectives:

- To develop and implement a community engagement process across the SHSSB/SIHP area to explore the recommendations of the *Protect Life* strategy
- To utilise this engagement process to deliver an interim Action Plan by September 2006 and a final Southern Area Action Plan by April 2007
- To identify and implement an appropriate process to allocate the in-year and longer term funding allocated by DHSSPS to SHSSB
- To create appropriate long term structures and mechanisms to promote greater understanding between all sectors, communities and families on the issues which impact on and are impacted by suicide and self harm
- In all processes, to work in the spirit of Investing for Health, namely in a collaborative, inclusive, engaging manner which promotes equity, parity of individual and sector esteem and community involvement at every level.

3.0 Implementation Process

3.1 Project Management

The SIHP Manager will take the lead in achieving the objectives above supported by a project team established within the SHSSB. This will initially comprise of the Consultant with responsibility for Mental Health and the Health Promotion Commissioner. However, as the implementation plan progresses, other expertise including Finance and Contract Departmental support may be required to ensure the Project Team delivers on its agreed outcomes.

3.2 Community Engagement Process and Development of Action Plan

SIHP will take the lead in developing and delivering a community engagement process to ensure the widest possible involvement in the development of the Southern Area Action Plan. A potential process is outlined below with a time-frame and likely outputs.

Community Engagement Process

	Aug 2006	Sept 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007	Feb 2007	Mar 2007
1. Develop and obtain agreement on process								
2. Engage with key individuals, agencies, groups and communities to discuss process								
3. Deliver 8 - 10 community based "Protect Life" events. <ul style="list-style-type: none"> • Awareness Raising • Current Services & projects • Identification of key priorities • Identification of 3 locality groups 								
4. 3 local groups / Communities of Interest Forum to distil priorities into Draft Action Plans								
5. 1 x Action Planning Day to distil 3 plans into one								
6. Draft Action Plan - consultation - development of long term funding processes								
7. Action Plan Endorsed by SIHP & SHSSB								

Central to this process will be ensuring that the widest possible range of individuals, communities and agencies are all included at every stage. In addition to networks and structures already known to be in existence within the mental health and suicide prevention fraternity, every effort will be made through SIHP to ensure that any person, agency or community that wishes to be involved has the opportunity to do so. A wide range of communication approaches will be used to achieve this including:-

- SIHP network and links i.e. Community networks, grant recipients, newsletters, website
- SIHP partner networks i.e. Community organisations/ Statutory agencies / public sector bodies' networks, newsletters, websites, community plasma screens
- Networks established by the two area based Mental Health Promotion Officers
- Using existing bereaved families, issue specific voluntary and community organisations networks
- Specific targeting e.g. Churches, workplaces, high risk groups, emergency services and key professions

Projected outputs

1. Number of events facilitated across the SIHP area and number of sectors, individuals and communities engaged in the process
2. Locality based Groups / Communities of Interest / Forums established (or where they exist included in process) and supported to be engaged in both the long term and short term process. Possible Communities of Interest developed might include, a Southern Area Families Forum, an Emergency Services / Service Providers Forum, a Self Harm Forum
3. Draft Action Plan presented to SIHP and SHSSB by March 2007
4. Implementation of Action Plan, including monitoring and evaluation processes commenced April 2007

4.0 Allocation of DHSSPS Funding

4.1 Context

A total of £1.9 million has been allocated in 2006 / 07 to implement the *Protect Life* strategy. A final strategy with specific targets will be published in the autumn and local action plans are to be developed in year. DHSSPS have highlighted a number of regional and local priority initiatives and target areas to be addressed. These are outlined in the table below:

4.2 Regional Allocation of Suicide Prevention Strategy Funds

Action	Co-ordination	Amount
1. Awareness Campaigns	DHSSPS / HPA	£350,000
2. Training & Development (GPs, Practice Staff, Teachers etc)	DHSSPS, with input from HPA and Boards/Trusts	£360,000
3. Research Projects	DHSSPS	£210,000
4. Pilots: Profiling Help Line Mentoring	DHSSPS EHSSB WHSSB	£45,000 } Balance of £175,000 to be split
5. Community Support Programme	4 Boards / IFH Partnerships	£700,000 (on capitation basis)
6. Capacity to Implement the Strategy	DHSSPS (4 Boards/IFH)	£70,000

As can be seen from the table above, a number of initiatives will be taken forward regionally. However, specific allocations have been made to Health & Social Services Boards to take forward initiatives and programmes identified in their local Action Plans. The SHSSB have

been allocated **£129,591** under the Community Support programme identified at 5 in the table and **£15,000** capacity funds under 6 in the table. Both of these allocations are to be spent in this financial year.

As some of the initiatives identified in the table above are being taken forward regionally, the Southern Area Project Team and any Communities of Interest Forums established as a result of the community engagement process will need to be fully aware of the local implications of these regional programmes. This will be ensured by the presence on the soon to be established Suicide Strategy Implementation Body (SSIB) of a member of the Project Team and an identified community sector representative (likely to be Colin Loughran from Action Mental Health) from the Southern Area who will be expected to report back into the Southern area process.

DHSSPS make it clear that the £129,591 allocation is to be used

“...to support local communities with the development of initiatives that will help achieve a reduction in the levels of suicide and self harm in N Ireland. Specific provision should be allocated for the development of young male outreach projects and support for families bereaved by suicide”.

(Letter to SH&SSB CEX 04.07.06 P Osborne)

In taking this guidance into consideration, mindful of the short time-scale available to allocate funds in-year and the imperative to develop a long term action plan with a spending plan against it, the process following proposes a way forward to ensure that Southern Area funds are spent in-year on programmes and initiatives which truly represent community based needs. It assumes the following principles:-

- That for 2006 – 07, only **non-recurrent** allocations are made
- That the Southern Area Action Plan developed by April 2007 will have identified programmes and initiatives for which longer term funding will be allocated
- From April 2007, those programmes and initiatives identified above enter into contractual arrangements with SHSSB for a minimum of 2 years to deliver outputs and outcomes which will be monitored through SHSSB processes to ensure probity and accountability

- That appropriate monitoring and evaluation processes for the long term contracts awarded from April 2007 are implemented in association with the local Community of Interest / Forums established as part of the Community engagement process to ensure continued involvement of all parties.

The following table identifies a proposed allocation of the non-recurrent funding within 2006 – 07.

4.3 Allocation of Southern Area Funds in 2006 - 07

Action	Budget	Purpose
1. Community Engagement Process	£1,000	Venue, Hire & Hospitality
2. Additions to SIHP Website	£1,000	Information awareness & engagement
3. Mapping Exercise	£2,000	Update current mapping exercise and ensure it is up-dated during engagement process. Disseminate
4. Community Grant Programme	£50,000	Single bids – max £1,000 Cluster bids – max £3,000 Advertising - £2,000
5. Service Delivery Programme	£60,000	Existing Service providers in statutory / voluntary & community sectors. Cluster Bids welcomed
6. Suicide / Self Harm Actions in Mental Health Strategy	£15,000	Already identified
Total	£129,000	
Request to SIHP at October meeting to allocate £15k to process	£15,000	To fund programmes on reserve list at 5 & 6
Total	£144,000	

4.4 Process for 2006 – 07

A proposed process, key milestones for this and potential outcomes are identified in the table below.

Process Action	Sept 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007	Feb 2007	Mar 2007
1. Commission update and dissemination of current service / initiatives in Southern Area							
2. Add "Protect Life" section to SIHP website - information / awareness - engagement							
3. Support existing suicide / self harm actions identified in Mental Health Promotion Action Plan							
4. Targeted Service Provision - Bidding process - Bids solicited / assessed / awarded - SLA's agreed							
5. Community Grant Programme - application process developed and advertised							
- assessment / awarded							
6. Evaluation & Monitoring							

To implement these processes the following approaches are proposed:

4.4.1 Community Grant Programme

A specific programme would be developed using an adaptation of the SIHP Community Small Grant Programme process. It would be envisaged that grants would be awarded to individual Community Groups up to a maximum of £1,000 and to clusters of Community Groups up to a maximum of £3,000. The grants would be to build community capacity, gain technical assistance to

ultimately bid for contracts to provide services and programmes from April 2007 and also for the delivery of targeted programmes and projects in line with identified themes (based on target groups and settings in the *Protect Life* strategy). Funding must be awarded by December 2006 for programmes to be completed by March 2007, with final reports and financial statements to be submitted by the end of May 2007

4.4.2 Service Delivery Programmes

In tandem with the Community Grant Programme, existing services providers (in the Statutory, Voluntary or Community Sectors) currently delivering programmes, initiatives and services targeting suicide, self harm or mental health within the SHSSB area will be invited to bid for programme funds (minimum £2,500 – maximum £7,500 for a single bid and £10,000 for a cluster bid). Programmes must be delivered within the financial year 2006 – 07 and specific contractual arrangements will be developed to ensure identified outcomes and outputs are delivered. Again, all programmes **must** address specific identified themes within the *Protect Life* strategy.

Further details of each programme will be developed including application processes, development of assessment criteria and an appropriate assessment process as a matter of urgency. The Community Grant process will be publicly advertised as well as promoted through SIHP communication channels. The Service Delivery programme will be advertised to all identified service providers within the SHSSB area from the Statutory, Voluntary and Community Sectors. In both programmes collaboration will be encouraged through the solicitation of cluster bids. In the Community Grant Programme, up to 3 Community Groups can come together to submit a joint bid for £3,000. In the Service Delivery Programme, two agencies (one of which must be from the Community sector) can also come together to submit a joint bid. This level of collaboration will be actively encouraged in the assessment process.

4.4.3 Overarching Principles of Funding

- All funding awarded through this programme must address the strategic aim of the *Protect Life* strategy namely: “*To reduce the N Ireland suicide rate, particularly among young people and those most at risk*”. (NB May change with publication of final strategy in Autumn)
- In addition, all applications for programme funding must support the guiding principles as set down in the strategy and identify whether the intervention for which funding is being sought is focusing on a targeted or population approach
- While a robust process for both the Community Grant and Service Delivery Programmes will ensure that only those grants and services which address the identified assessment criteria are funded within the limits of the funding available, the need to ensure a geographical balance of awards across the Southern area will be monitored
- The administration and management of both the Community grant and Service Delivery Programmes will adhere to SH&SSB financial procedures and accountability standards and in particular will endeavour to adhere to the principles of regularity, propriety, value for money and clarity of responsibility and accountability

5.0 Delivery Capacity

The processes identified above to both develop a Southern Area Action plan and allocate the DHSSPS funding in-year are demanding in themselves, but are further compounded by the added pressure of having to be delivered within a tight timescale. This will require additional capacity on the part of SIHP to deliver. It is envisaged that the SIHP Manager will be required to spend a minimum of 2 days per week on this issue until March 2007 to ensure all the processes are facilitated in a timely and inclusive manner. Appropriate arrangements will be required to ensure that this time is available, through a re-deployment of her current workload and that of the existing SIHP administrative support staff. A bid for additional support will be made against the £15,000 identified capacity funding in Table 4.2 (6) to SHSSB.

In addition, specialist expertise from the finance and contracts departments within SHSSB will be required to ensure that processes are established and implemented in line with SHSSB financial accounting processes and to ensure robust allocation of funding in the short and long term.

After April 2007, it is envisaged that a continuous role for SIHP will be required to ensure that the community engagement process is central in overseeing the implementation, evaluation and adaptation of the Southern Area Action Plan.

Lyn Donnelly
Investing for Health Manager
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Contact Details

Mrs Lyn Donnelly
Southern Investing for Health Partnership
Investing for Health Manager
Tower Hill
Armagh
BT61 9DR
Tel: 028 37 414606 Fax: 028 37 414634
Email: helengi@shssb.n-i.nhs.uk

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