

Public Health Agency Involvement Strategy for Protect Life 2

For PHA commissioned services
under Protect Life 2

This involvement and engagement strategy has been amended in light of restrictions implemented due to the coronavirus (Covid-19) pandemic.

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Glossary of Terms

There are a number of abbreviations within this document. The following list will help to identify what they mean.

BAME	Black, Asian and Minority Ethnic (ethnic minority groups)
C&V	Community and Voluntary organisations
Col	Community of Interest – Belfast and South Eastern Trust areas have a number of Col groups which is made up of individuals and organisations with an interest in the area of suicide prevention.
D&A	Drugs & Alcohol
FLARE	Facilitating Life and Resilience Education – a regional programme aimed at 11-25 year olds.
Flourish!	A regional programme aimed at clergy
HSCT	Health & Social Care Trust - NI has 5 Trusts: <ul style="list-style-type: none">- Northern HSCT- Western HSCT- Southern HSCT- South Eastern HSCT- Belfast HSCT
LGBT	Lesbian, Gay, Bisexual, Transgender
Lifeline	NI regional crisis helpline
NI	Northern Ireland
PHA	Public Health Agency
PL	Protect Life
PL2	Protect Life 2 – the title of the NI Suicide Prevention Strategy
PLIG	Protect Life Implementation Group – each Health & Social Care Trust has a local PLIG who review the implementation of the strategy in their area. PLIG members can include Health & Social Care professionals, C&V organisations, service users, clergy etc
PSNI	Police Service of Northern Ireland
SHIP	Self-Harm Intervention Programme

Stakeholder

Those who feel they have an interest or concern in the issue. This may be because they have been affected by the issue itself or by decisions which may be made. Stakeholders may be individuals or organisational representatives.

Introduction

This Involvement and Engagement Strategy sets out how the Public Health Agency (PHA) will involve and engage with stakeholders to determine how actions within ***Protect Life 2¹: A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019 - 2024***, which the PHA is responsible, can be delivered. This will involve agreeing specific commissioning priorities that PHA will support with the funding available. Through the development and implementation of the Strategy, PHA will work directly with stakeholders and build on the strong working relationships that have been established in taking forward the original Protect Life Strategy.

The Core business of the PHA is highlighted within the Corporate Plan² which highlights the importance of *'active involvement and meaningful engagement of service users and carers [which] is central to maintaining and improving quality, safety and patient experience alongside improving efficiency and effectiveness of services'* (pg. 14).

Purpose of this Involvement Strategy

The PHA want to actively engage and involve stakeholders who have a role in helping reduce levels of suicide. In developing future services it is important that the views of service users, local communities and providers are taken into account in a meaningful and appropriate manner. It is important that there is a clear understanding of the challenges that exist when reviewing or designing services for the community with the financial resources available.

Effective engagement and involvement of internal and external stakeholders is important to raise awareness of opportunities to become involved and to create the opportunity for people to influence and shape the design and delivery of future PL2 services for which PHA have responsibility.

The strategy aims to promote active involvement through having conversations with a wide range of stakeholders. Some of which include: service users and carers, general public, communities, voluntary organisations, key staff/volunteers working in the area of mental and emotional wellbeing and suicide prevention, training providers. The strategy will also engage with those involved in the commissioning of mental and emotional wellbeing and suicide prevention services, PSNI, Education, Faith based organisations, the Departmental Working Group and more.

By meaningfully involving stakeholders in developing an implementation plan, PHA seek to build consensus and support for how future services are shaped and commissioned with the levels of investment available.

¹ <https://www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF>

² https://www.publichealth.hscni.net/sites/default/files/Public_Health_Agency_Draft_Corporate_Plan.pdf

The Protect Life 2 Strategy recognises a multi-agency/sector approach is essential to ensure the objectives and actions are delivered. Whilst the PHA will be leading on progressing a number of actions, the majority of objectives require multiple agencies and partners to work together to ensure the actions set out in the strategy are delivered.

Evidence base

It is important that local, national and international evidence is considered when developing or re-designing any service. There is also a need to have open conversations about how existing services are being delivered, and consider where there are gaps. Discussions are required in relation to looking at opportunities for restructuring and refocusing services to achieve better outcomes for service users as well as ensuring the strategy objectives are met. In building the evidence-base, PHA will review and validate available evidence in relation to suicide prevention and as part of this process will engage with key stakeholders where appropriate. This will ensure that decision-making around commissioning of suicide prevention services in the future will be evidence-based and fully informed.

Aim

- Work directly with stakeholders throughout the process to ensure that issues / concerns are consistently understood and considered.
- Be proactive in engaging and involving with our internal and external stakeholders.
- Outline the PHA's approach to identifying, delivering and evaluating engagement with service users and carers, stakeholders and the general public.
- Maximise the opportunity for stakeholders to engage and be more involved in planning future services in mental and emotional wellbeing and suicide prevention, as well as specific service areas and post-vention support.

Objectives

- Outline an approach to involvement and engagement that is consistent and structured across Northern Ireland taking into account restrictions imposed due to Covid-19;
- Identify priority areas and key stakeholders for strategic engagement;

- To create the opportunity for stakeholders to influence and shape the design and delivery of services.
- Support priority setting and decision making when reviewing or designing services for the community with the financial resources available.
- Provide public health colleagues and strategic partners with the key messages to support engagement in each of these areas;
- Outline how feedback on the effectiveness of the approach will be sought and used.

Strategic Context

Protect Life 2 – A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019 – 2024 was formally launched on 10 September 2019. The Strategy contains 2 key aims and 10 objectives as outlined below.

PL2 Aims:

1. Reduce the suicide rate in Northern Ireland by 10% by 2024.
2. Ensure suicide prevention services and support is delivered appropriately in deprived areas where suicide and self-harm rates are highest.

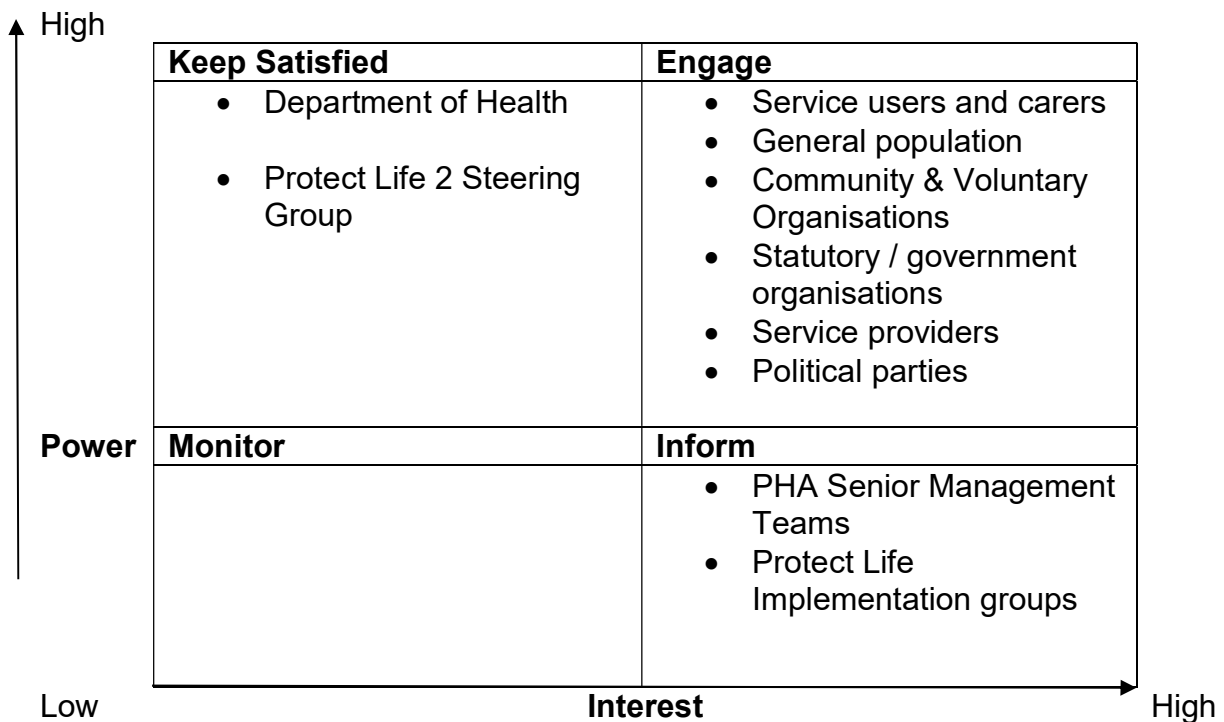
PL2 Objectives:

1. Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention.
2. Improve awareness of suicide prevention and associated services.
3. Enhance responsible media reporting on suicide.
4. Enhance community capacity to prevent and respond to suicidal behaviour within local communities.
5. Reduce incidence of suicide amongst people under the care of mental health services.
6. Restrict access to the means of suicide.
7. Enhance the initial response to, and care and recovery of people who are suicidal.
8. Enhance services for people who self-harm, particularly for those who do so repeatedly.
9. Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour.
10. Strengthen the local evidence on suicide patterns, trends and risk, and on effective interventions to prevent suicide and self-harm.

Stakeholders

The term stakeholders generally refers to those who feel they have an interest or concern in the issue. This may be because they have been affected by the issue itself or by decisions which may be made. Stakeholders may be individuals or organisational representatives.

Stakeholder Analysis



Methodology of Involvement

This strategy aims to ensure appropriate methods of involvement are used to gain the views of as many people as possible that may be impacted by the Protect Life 2 Strategy.

Due to the impact of Covid-19 all methods of involvement will be done remotely.

Online video

Where appropriate a video will be produced to outline each stage of involvement, the background/evidence and how people can contribute and feedback. Subtitles will also be used.

Social Media

Facebook, Twitter and Instagram will be used as a means of engaging and communicating with the wider public.

Engagement Sessions

Engagement events will take place which will be open for all relevant stakeholders. These events will be communicated through social media, local community and contracted organisations and PHA corporate website. Interpreters and/or signers will be available if required and supporting documents will be provided in braille or large text on request.

Note: While COVID restrictions are in place, engagement events will take place via videolink.

Online Survey/questionnaire

Survey or questionnaire will be developed using online tools which facilitate engagement in a democratic way. These will be provided in braille or large text on request.

Post

Hard copies of any surveys/questionnaires used will be posted out on request along with a freepost envelope for return.

Focus Groups

Small focus group sessions (up to 5 people) may be held for identified groups. Interpreters and signers will be available if required. Supporting documents will be made available in braille and large text if required. The option of focus groups will only be available to services users & carers.

Note: While COVID restrictions are in place, focus groups will take place via video-link.

One – to – one (1:1)

There will be opportunities available for 1:1 direct involvement. Interpreters and/or signers will be available if required and supporting documents will be provided in braille or large text. The option of 1:1 contribution will only be available to service users & carers.

Note: While COVID restrictions are in place, one – to – one (1:1) meeting's will take place via video-link.

Reports

The feedback from involvement and engagement events will be analysed and summarised into written reports / papers which will be made available on the PHA corporate website to ensure all stakeholders are kept informed of the outcomes related to engagement events. Those that have attended events will be sent a link to all written reports developed.

Email

A dedicated email address will be available where stakeholders will have the opportunity to feedback on written documents.

Accessing Information

We are committed to making our information as accessible as possible and to promoting meaningful involvement and engagement with our stakeholders.

To ensure the equal access to information between people with particular needs any request for documents in another format or language will be considered.

Accessibility relates to all nine categories covered by Section 75³ of the Northern Ireland Act 1998 including age, gender, disability, ethnicity, sexual orientation, political opinion, dependents, religion and marital status.

Information that is accessible may be provided in printed or as an electronic document. Commonly requested accessible formats include, for example, large print, Braille, audio formats (CD, MP3, video including subtitles or signed content, or Daisy), easy read, electronic format or email and translations.

Equality and Human Rights Screening

This strategy has been screened for equality implications as required by Section 75 and schedule 9 of the Northern Ireland Act⁴ 1998. Equality commission⁵ guidance states that “[t]he purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and / or good relations”.

³ <https://www.legislation.gov.uk/ukpga/1998/47/section/75>

⁴ <https://www.legislation.gov.uk/ukpga/1998/47/schedule/9>

⁵

<https://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/S75GuideforPublicAuthoritiesApril2010.pdf#:~:text=to%20help%20public%20authorities%20understand%20what%20is%20required,with%20the%20approval%20of%20the%20Secretary%20of%20State>. Page 40.

A copy of the screening document can be found at [here](#) and will be provided as hard copy on request.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The strategy will therefore not be subject to an equality impact assessment.

Similarly, this strategy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

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Evaluation⁶⁷

Objective	Indicators	Data Collection
Outline an approach to involvement, engagement and review that is consistent and structured across Northern Ireland taking into account restrictions imposed due to Covid-19.	<ul style="list-style-type: none"> • Completed involvement and engagement strategy. • Completed involvement plan outlining approach for priority areas. • Detailed involvement and engagement schedule which is relevant to Northern Ireland • Clear details of involvement methodology which is consistent with current public health guidance. 	<ul style="list-style-type: none"> • Copy of involvement and engagement strategy. • Copy of involvement / review plan(s). • Copy of engagement / review schedule(s) • Copy of involvement /review methodology
Identify priority areas and key stakeholders for strategic engagement / review.	<ul style="list-style-type: none"> • Clear details of involvement methodology which is consistent with current public health guidance Stakeholders identified for strategic engagement / review 	<ul style="list-style-type: none"> • Copy of involvement / review plan(s) outlining key stakeholders.
Create the opportunity for stakeholders to influence and shape the design and delivery of services	<ul style="list-style-type: none"> • Stakeholders are aware of how they can engage and become involved. • Completed stakeholder involvement plan • Number of online survey questionnaires received. • Data is gathered from stakeholders, summarised and made available. • Number of engagement events 	<ul style="list-style-type: none"> • Involvement / review plan(s) • Copy of Press Releases / videos or media used to promote awareness. • Post event evaluation outlining satisfaction levels with engagement opportunities.

⁶ Indicators and data collection methods may altered dependent on consultation

⁷ Not all indicators / data collection methods may be relevant to all engagement processes.

Objective	Indicators	Data Collection
	<ul style="list-style-type: none"> • Number of participants • No of requests for 1-1 involvement • No of requests for requests for focus groups • Stakeholder analysis • % of stakeholders reporting satisfaction levels with engagement opportunities. • % of registered stakeholders that are accommodated at stakeholder events • % of appropriate 1-1 requests that have been fulfilled. • % of appropriate focus group requests that have been fulfilled. • % of participants who reported the approach to be appropriate / relevant. • Stakeholders are advised how data is used. 	<ul style="list-style-type: none"> • Completed equality access forms. • Evidence of accessibility requests being met. • Evidence of equality requests being met. • Participation records • Copy of reports / discussion papers outlining / comparing inputs and evidence of best practice. • Social Media analytics
Support priority setting and decision making when reviewing or designing services for the community with the financial resources available	<ul style="list-style-type: none"> • Reports / discussion papers published / made available outlining: <ul style="list-style-type: none"> ○ a summary of input from stakeholders and how it has / will be used. ○ comparisons of views expressed; ○ specific points made that are not being taken forward, • Stakeholders are advised how data is used 	<ul style="list-style-type: none"> • User Feedback from: <ul style="list-style-type: none"> ○ completed online questionnaires ○ Engagement events ○ 1-1's ○ Focus groups ○ Email records • Minutes of meetings
Provide public health colleagues and strategic partners with the key messages to support engagement in each of	<ul style="list-style-type: none"> • Workshops • Meetings • Agreed roles and responsibilities • Staff confident in supporting engagement events 	<ul style="list-style-type: none"> • Workshop notes • Minutes of meetings • Circulars and information • Agreed presentation for engagement events.

Objective	Indicators	Data Collection
these areas.		
Outline how feedback on the effectiveness of the approach will be sought and used.	<ul style="list-style-type: none"> • % of participants who reported the approach to be appropriate / relevant. 	<ul style="list-style-type: none"> • Post event evaluation outlining satisfaction levels with engagement opportunities