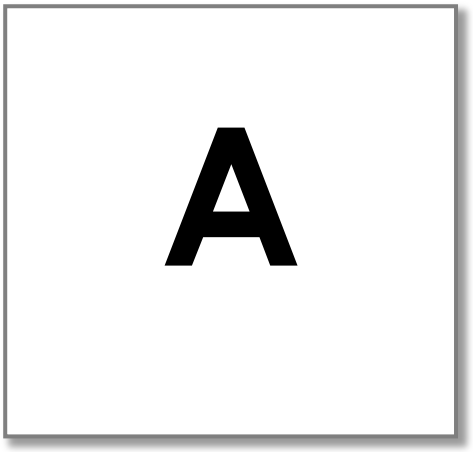
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Minutes of Meeting of Environment Committee of Mid Ulster District Council held on Tuesday 11 October 2016 in Council Offices, Burn Road, Cookstown

Members Present	Councillor Cuthbertson (Chair) Councillors Buchanan, Burton, Gillespie, Glasgow, Kearney, McFlynn, McGinley, B McGuigan, S McGuigan, McNamee, Mulligan, J O'Neill, Reid, Totten
Officers in Attendance	Mr Cassells, Director of Environment and Property Mr Kelso, Director of Public Health and Infrastructure Mr McAdoo, Head of Environmental Services Mrs McDonnell, Principal Environmental Health Officer (Food) Ms O'Kane, Senior Environmental Health Officer Mrs Patterson, Principal Environmental Health Officer (Health and Safety and Licensing) Mr Lowry, Head of Technical Services Mr Scullion, Head of Property Services Mr Wilkinson, Head of Building Control Miss Thompson, Committee Services Officer
Others in Attendance	Councillor Bateson

The meeting commenced at 7.00 pm

E238/16 Apologies

Councillor M Quinn.

E239/16 Declarations of Interest

The Chair reminded Members of their responsibility with regard to declarations of interest.

E240/16 Chair's Business

The Chair, Councillor Cuthbertson, referred to upcoming Britain in Bloom Awards taking place in Birmingham and advised that, in addition to Council representation, members of Castlecaulfield Horticultural Society would also be attending the awards. The Chair advised that there were three official invites to the awards but that five to six members of the Horticultural Society planned to travel to Birmingham for the event and felt that as members of the Horticultural Society would be representing Council it would be in order for Council to make a donation towards their attendance at the awards. The Chair advised that the Society did not qualify for any funding from other sources.

Councillor Burton proposed that Council make a donation of at least £500 towards costs for members of Castlecaulfield Horticultural Society to attend the Britain in Bloom Awards. Councillor Burton stated that the Society had worked well together

all year despite the setbacks in relation to vandalism and felt it sad that only three tickets had been received to attend the awards.

In response to Councillor McNamee's questions the Director of Environment and Property advised that any funding provided would come from the grounds maintenance budget. In relation to precedent, it was advised that there was a previous example of a group receiving funding who did not qualify through other channels.

The Chair felt further consideration should be given to this type of issue with the view of putting something in place for future.

Councillor McFlynn seconded Councillor Burton's proposal stating that it was a terrific achievement for Castlecaulfield Horticultural Society.

Councillor McNamee advised he was not against Council providing funding to the Society but wanted to make sure all bases were covered.

Resolved That it be recommended to Council to provide funding of £500 towards costs of Members of Castlecaulfield Horticultural Society attending the Britain in Bloom awards.

Councillor McGinley asked for update in relation to travellers needs within the Mid Ulster area following recent presentation from Housing Executive.

The Director of Public Health and Infrastructure advised that an undertaking was given by Housing Executive to review traveller needs in Mid Ulster. The Director stated that he would request an update from Housing Executive in relation to this matter.

The Chair, Councillor Cuthbertson advised of travellers currently located on Moy Road albeit on TransportNI ground.

Councillor S McGuigan advised that travellers needs was an ongoing issue and needed to be addressed.

The Director of Public Health and Infrastructure advised he would request update from Housing Executive and report back to future committee.

E241/16 Mid Ulster Community Resuscitation Programme

Ms O'Kane made powerpoint presentation which updated Members on the Mid Ulster Community Resuscitation programme and the action plan which focuses on three key areas of work including –

- Automated External Defibrillators
- Training
- Raising Awareness

Ms O'Kane also advised Members on the 'Restart a Heart Day' initiative taking place on 18 October in which participants will receive training on CPR. Training sessions will be run across the district and invitations were sent to community and voluntary

organisations, post primary schools and workplaces across the district. Members were also invited to attend.

Ms O'Kane advised that, going forward, a 'Call Push Rescue' campaign was currently under development and would be rolled out in 2017. The Call Push Rescue Campaign will aim to –

- Raise awareness of the Call Push Rescue message
- Promote Call Push Rescue Kits to communities and post primary schools
- Train local people to deal effectively in an emergency situation while awaiting Ambulance Services in the event of an out of hospital cardiac arrest

The Chair, Councillor Cuthbertson stated that this was a very worthwhile programme and asked if Council staff could also avail of training.

Ms O'Kane advised that defibrillator training sessions had recently been held and that around thirty members of staff had been trained. This number is in addition to the staff also trained in first aid.

Councillor McGinley stated that first responders were critical in rural areas as they had local knowledge, the Councillor asked how successful the initiative was in areas where first responders are used and what the response times were in areas that are not included in the initiative.

Ms O'Kane advised that first responder initiatives were based on ambulance response times and that there was a view that this initiative needed to be extended within the Mid Ulster area. Ms O'Kane advised that she could feedback to NI Ambulance Service but would also encourage Members to lobby.

Councillor Reid referred to the need for training to those who raise monies to purchase defibrillators for use in the community. The Councillor also asked if there were records of where defibrillators were located throughout the district.

Ms O'Kane advised that a mapping exercise of defibrillator locations was being carried out but expressed the importance of all defibrillators to be registered. Ms O'Kane advised that the need for training had been brought to the attention of NI Ambulance Service.

Councillor Burton also referred to community groups who have availed of funding to purchase defibrillators but don't realise they have to then register the defibrillator and the importance of this. The Councillor also stated that training on defibrillator use can be expensive for community groups.

Councillor B McGuigan asked if, in addition to where a defibrillator was located, there was additional information on who is responsible for a defibrillator.

Ms O'Kane advised that if a defibrillator is registered then there would be a person or persons listed who are trained in its use. Ms O'Kane also advised that work was taking place to promote registration of defibrillators and community resuscitation.

Councillor Bateson left the meeting at 7.20 pm.

Councillor Burton advised that COSTA and CSWAN may be avenues for promoting community resuscitation and registration of defibrillators.

Councillor Gillespie advised he was aware of the location of five defibrillators and would provide this information to Ms O'Kane.

The Chair thanked Ms O'Kane for her presentation following which she withdrew from the meeting at 7.23 pm.

E242/16 Receive and confirm minutes of the Environment Committee meeting held on Tuesday 13 September 2016

Proposed by Councillor McNamee
Seconded by Councillor B McGuigan and

Resolved That the Minutes of the Meeting of the Environment Committee held on Tuesday 13 September 2016 (E204/16 – E226/16 and E237/16) were considered and, signed as accurate and correct.

In relation to item E122/16 Councillor McNamee stated there was a need for a specific meeting in relation to Killymoon bonfire as well as a bonfire working group.

The Director of Public Health and Infrastructure advised that a meeting in relation to Killymoon bonfire could be set up.

Matters for Decision

E243/16 General Regulatory and Enforcement Policy

The Director of Public Health and Infrastructure presented previously circulated report which updated Members on the revised General Regulatory and Enforcement Policy for Environmental Health, Building Control and related regulatory services.

Proposed by Councillor S McGuigan
Seconded by Councillor Burton and

Resolved That it be recommended to Council that the revised General Regulatory and Enforcement Policy for Environmental Health, Building Control and related regulatory services be adopted for implementation.

Councillor Reid referred to previous schemes in relation to control of dispersal of tyres which he did not feel had been successful. The Councillor stated that there was a need for greater control regarding the dispersal of tyres as they created an environmental problem and asked what power Council had to pursue this issue with NIEA.

The Director of Public Health and Infrastructure advised that the policy before Members was in relation to Environmental Health and Building Control controls. He advised that the legislation referred to by Councillor Reid came under control of NIEA.

E244/16 Winter Maintenance – Footpath Snow/Ice Clearance

The Head of Property Services presented previously circulated report which sought approval of the agreement with DfI/TransportNI in relation to the treatment of footpaths in the main town centres within Mid Ulster District Council following heavy snowfall or prolonged freezing.

Councillor Glasgow stated that at a previous meeting he had requested that Coagh Street, Cookstown be included within arrangements for footpath treatment. Councillor Glasgow referred to the hotel located on Coagh Street which he advised was bringing trade to the town and was fully booked for events/weddings, the Councillor felt there had been little attempt made to include Coagh Street within agreement and again requested that treatment of footpaths be extended to include Coagh Street, Cookstown.

The Chair, Councillor Cuthbertson advised that Northland Row, Dungannon, which also had heavy footfall, was not included within arrangements.

The Director of Environment and Property advised that getting agreement was never going to be easy however Council needed to look at criteria which could be applied equally. The Director advised maps circulated as part of the report originated from the Local Development Plan showing the retail cores of each town, the Director stated that he would take direction from Members on the issue however he again advised that Council needed to have sound reasons for making a decision and that individual premises/streets could not be handpicked. Members were reminded that the agreement was only used on one occasion last year.

The Chair, Councillor Cuthbertson understood maps were liable to change as part of Local Development Plan process but he felt that if there were exceptional circumstances then a common sense approach could be taken and that treatment could be undertaken additional to what was included on maps.

The Director of Environment and Property confirmed that treatment of footpaths was driven by circumstances but referred back to the need to have criteria in place.

Councillor McNamee advised that, further to public realm works, some newly laid pavements had not yet been worn in and could be slippery. The Councillor spoke in particular of Loy Street, Cookstown and the need for particular attention in this area following ice/snow.

Councillor Reid felt it would be difficult to achieve a level playing field and used the example of Cookstown which is mainly flat compared to Dungannon on which almost every street was on a hill, on this basis the Councillor felt that Dungannon would require more gritting.

Councillor Glasgow stated he was still of the opinion that Coagh Street should be included within the schedule of footpath treatment, the Councillor felt that the schedule only considered retail premises and stated that the Mid Ulster area did not have many hotels and that hospitality premises should also be included.

Proposed by Councillor B McGuigan
Seconded by Councillor S McGuigan and

Resolved That it be recommended to Council that Mid Ulster District Council enters into the agreement with DfI/TransportNI in relation to the treatment of footways in the main town centres following heavy snowfalls or prolonged freezing.

E245/16 Re-launch of Brown Bin Scheme – Project/Funding Update

The Head of Environmental Services presented previously circulated report which updated Members on progress and funding in relation to the re-launch of the Council brown bin kerbside for the collection of garden and food waste.

Proposed by Councillor McNamee
Seconded by Councillor Kearney and

Resolved That it be recommended to Council to endorse the acceptance and expenditure of the funding on the on the brown bin scheme as outlined in the report.

E246/16 Warp It Reuse Network

The Head of Environmental Services presented previously circulated report which provided information on the Warp It Reuse Network and sought approval for internal implementation of the scheme within Mid Ulster District Council.

Proposed by Councillor Reid
Seconded by Councillor McFlynn and

Resolved That it be recommended to Council to approve the internal implementation of the Warp It Reuse Scheme in Mid Ulster District Council at a cost of £2,300 for the initial year.

E247/16 Consultation on the Licensing and Registration of Clubs (Amendment) Bill

The Head of Building Control presented previously circulated report which provided response to consultation on the Licensing and Registration of Clubs (Amendment) Bill.

The Chair, Councillor Cuthbertson advised he had no problem in relation to the restriction of advertisements in supermarkets as he had witnessed the effect drinking had on young people however he did question the need for additional permitted hours over the Easter period.

Councillor Burton referred to issues previously raised through PCSP in relation to young people drinking. The Councillor also questioned the need to extend additional hours from twenty to eighty five days in a year, she advised that the family life of those living nearby licensed premises were badly affected and that what was already permitted was problematic. Councillor Burton did not feel Mid Ulster Council should endorse any further extension to permitted hours and added that issues related to bus operators/drivers carrying persons to and from premises should also be included within the Council response.

Councillor McGinley advised that, through his employment, he had seen the impacts of alcohol misuse, he stated that minimum pricing of alcohol had little effect and that current opening hours were outdated. The Councillor accepted that advertising could be influential however education also had a part to play. Councillor McGinley proposed that the consultation response as circulated be approved.

Councillor McNamee felt that current legislation was in the dark ages and seconded Councillor McGinley's proposal.

The Chair, Councillor Cuthbertson stated there were laws already in place and questioned why these were not sufficient.

Councillor Reid advised that everyone was aware of the various problems related to drinking and that that some premises do breach laws and serve alcohol after hours. The Councillor advised that, in respect of giving bus operators greater controls, PSNI had stated that their hands were tied on this issue and that legislation had been at Stormont for consideration for seven years.

Councillor Kearney advised that the hospitality industry was in decline and that the proposals under consideration as part of the consultation would be beneficial if policed properly.

Councillor Glasgow stated that Cookstown, Dungannon and Magherafelt all had an active night time economy and that these premises were all paying rates. The Councillor understood there was a need for control but that it was up to PSNI to deal with anti social behaviour outside of premises.

The Director of Public Health and Infrastructure advised that a comment could be included within the consultation response in relation to giving bus operators better control if agreed.

Councillor Burton advised that she wanted to see a successful hospitality industry but that people who live nearby licensed premises were already being tortured by existing permitted licensing hours. Councillor Burton stated she was totally opposed to any extension of licensed trading hours and proposed that Council do not endorse any proposed extension to licensed trading hours.

Councillor Buchanan seconded Councillor Burton's proposal.

Councillor Mulligan also spoke in support of Councillor Burton's comments.

Councillor Reid stated that there was no attempt to damage the coach industry but there was a need to have some sort of policy in place for bus operators to protect them. The Councillor also spoke of the need to educate parents in respect of underage drinking.

Councillor McNamee felt that some of the issues being raised tonight were separate to what was under consideration.

Members voted on Councillor Burton's proposal not to endorse any proposed extension to licensed trading hours.

For – Six
Against – Nine

Members voted on Councillor McGinley's proposal to approve the draft response circulated regarding consultation on the Licensing and Registration of Clubs (Amendment) Bill.

For – Nine
Against – Six

Resolved That it be recommended to Council to approve the draft response circulated regarding consultation on the Licensing and Registration of Clubs (Amendment) Bill.

E248/16 Consultation on amendments of the Building Regulations

The Head of Building Control presented previously circulated report which provided response to consultation on amendment to Building Regulations.

Proposed by Councillor B McGuigan
Seconded by Councillor J O'Neill and

Resolved That it be recommended to Council to respond to consultation on the amendments to Building Regulations as set out in report.

E249/16 Street Naming and Property Numbering

Members considered previously circulated report regarding the naming of new residential housing development at site of Killyman Road, Killyman, Dungannon.

Proposed by Councillor Reid
Seconded by Councillor Burton and

Resolved That it be recommended to Council to name development off Killyman Road, Killyman as Old Corn Mill.

The Chair, Councillor Cuthbertson commented that a house had already been sold in this development under the name Old Corn Mill.

E250/16 Pavement Café Licensing: Proposed Fee Structure

The Principal Environmental Health Officer (Health and Safety and Licensing) presented previously circulated report which provided update on the introduction of the Pavement Café Licensing Scheme coming into effect on 1 October 2016 and information on the setting of the associated fee structure.

The Principal Environmental Health Officer highlighted that, further to the report circulated, SOLACE did not agree to write to Minister for Infrastructure regarding permitted development rights for Pavement Cafés. In addition it was advised that the proposed cost of renewal of a pavement café licence should be £275.

Councillor McNamee advised that this matter was recently discussed at a Cookstown Town Centre Forum and had received negative comments from traders who felt they already pay enough rates without an added expense, the Councillor also stated that pavement café licences would not apply in Cookstown on a Saturday due to market rights. Councillor McNamee proposed that Mid Ulster Council waive the licence fee associated to pavement cafés.

Councillor Reid seconded Councillor McNamee's proposal stating that the weather usually experienced would mean limited need for pavement cafés. The Councillor also felt that businesses pay enough rates.

Councillor McFlynn also felt that Council should waive the licence fee as traders could only make use of it for a maximum of two months per year and that there was already enough burden on businesses.

Councillor Glasgow advised he would also support the waiving of fees.

In response to some discussion it was advised that the licensing of pavement cafés is related to frontage linked to premises and that pop up traders would be considered under other legislation.

The Director of Public Health and Infrastructure advised that a further report would be brought back to committee which would look at the process of management of pavement café licensing.

Councillor Glasgow asked if planning permission would also be required for a Pavement Café Licence.

The Principal Environmental Health Officer advised that some councils were asking for planning permission whilst others were not. She advised that it was the opinion of Mid Ulster Planning that planning permission generally would not be necessary for pavement cafés.

In response to Councillor Mulligan's question the Principal Environmental Health Officer advised that the estimated cost of administering a pavement licence application is £370.

Proposed by Councillor McNamee
Seconded by Councillor Reid and

Resolved That it be recommended to Council that –

- Council waives the licence fee for Pavement Cafés in the Mid Ulster District with a review to take place after the first year.
- The Director for Public Health and Infrastructure has delegated authority under the Pavement Café legislation in line with other licensing functions except where an objection has been made to a licence application or a refusal of license is proposed.
- Given absence of formal guidance to accompany the introduction of the Act that a transitional arrangement is put in place to operate a graduated approach to enforcement over the initial 6 months following the commencement of the Act in order to educate and

assist relevant business prior to the receipt of their licence application.

E251/16 Establishment of a Mid Ulster District Council Bonfire Working Group

The Director of Public Health and Infrastructure presented previously circulated report which proposed the establishment of a Mid Ulster District Council Elected Member Working Group for Bonfires.

Councillor Burton referred to the report mentioned within the Director's report which outlined the roles and responsibilities of agencies in relation to bonfire issues and asked if Members should have viewed this document.

The Director of Public Health and Infrastructure advised this referred to an earlier report commissioned by DOE in 2004 and there had been nothing further since then.

Councillor Burton stated it was important to find a way forward that was respectful. The Councillor also referred to issues in relation to Halloween bonfire at Drumcoo and was not sure a working group was the way forward.

The Chair, Councillor Cuthbertson felt there was a need for a paper outlining the responsibilities of NIEA.

Councillor McFlynn stated that the working group was needed within the district due to the difficulties with some bonfires. The Councillor also felt that the police should be involved in the working group.

The Chair, Councillor Cuthbertson advised that there had been anti social behaviour at last year's Halloween bonfire at Drumcoo however he clarified that the bonfire was not on Council property.

Councillor McGinley stated that the working group should be set up as it was the direction of the Council.

Councillor Reid expressed the need for NIEA to do their job in relation to bonfires and cutting the source of materials (tyres) for such bonfires. The Councillor felt there was no point in another working group.

The Chair, Councillor Cuthbertson felt that Council should write to the Minister in relation to responsibilities regarding disposal of tyres.

Councillor Reid agreed that all Councils should collectively write to the Minister and NIEA regarding their responsibilities. The Councillor added that officers should review arrangements in place within legacy councils of Cookstown, Dungannon and South Tyrone and Magherafelt for controlling the burning of tyres on bonfires. He referred to the position adopted by the former Dungannon and South Tyrone Council on monitoring the disposal of used tyres with the use of a unique identifying mark on tyres from tyre outlets and the need to adopt a process of greater monitoring of such outlets within the district. The Councillor also proposed that this matter be progressed with other councils at a Chief Executive level to explore a way forward.

Councillor McGinley proposed that Committee proceed with establishing working group of five members under d'hondt arrangement.

Councillor B McGuigan seconded Councillor McGinley's proposal.

Nominations were sought -

DUP – Stated they would not nominate to the working group as they did not feel it would resolve issues.

SF – Would nominate two members at a later date.

SDLP- Would nominate at a later date.

UUP – Would not nominate at this stage.

Councillor Kearney felt that, by not nominating to the working group, some parties had missed an opportunity.

Resolved That it be recommended to Council that a Bonfire Working Group be established with Terms of Reference as outlined below –

- Review the current position regarding bonfires set up on Council property.
- Explore the options for reducing negative environmental impacts around bonfires in conjunction with other statutory bodies.
- Propose mechanisms for promotion of Bonfire Safety and sustainable bonfires/celebration events going forward.

Members who wish to sit on the Bonfire Working Group to be advised.

Matters for Information

E252/16 Building Control Report

Members noted previously circulated report which provided update on the workload analysis for Building Control.

E253/16 Entertainment Licensing Applications

Members noted previously circulated report which provided update on Entertainment Licensing Applications across the Mid Ulster District.

E254/16 Willow Harvesting at former Glassmullagh Landfill Site

Members noted previously circulated report which provided update on the harvesting of willow on the site of the former Glassmullagh Landfill Site located on Old Ballygawley Road, Dungannon.

E255/16 Completed Schemes 2015-2016

Members noted previously circulated report which provided update on six completed schemes delivered by Mid Ulster District Council in 2015-2016.

E256/16 The introduction of the statutory Food Hygiene Rating Scheme

Members noted previously circulated report which advised on the introduction of the statutory Food Hygiene Rating Scheme which took place on 7 October 2016.

E257/16 Restart a Heart Day 2016

Members noted previously circulated report which advised on Mid Ulster "Restart a Heart Day" events being held on Tuesday 18 October.

E258/16 PHA Funded Programmes 2016/17

Members noted previously circulated report which provided updated on Public Health Agency (PHA) funding which has been confirmed for three ongoing Health and Wellbeing programmes for 2016/17 namely –

- Accident Prevention
- Energy Efficiency Advice Service
- Make a Change engagement programme

Confidential Business

Proposed by Councillor McGinley
Seconded by Councillor McNamee and

Resolved That items E259/16 – E270/16 be taken as confidential business.

E271/16 Duration of Meeting

The meeting was called for 7.00 pm and ended at 10.05 pm

CHAIR _____

DATE _____

B

Subject	**Review of Public Toilet Opening Hours**
Reporting Officer	**Terry Scullion, Head of Property Services**

1	**Purpose of Report**
1.1	To seek Members approval to review and align the Opening Hours for the Council's Public Toilets.

2	**Background**
2.1	While there is no statutory requirement to provide public toilets they are a vital service, for both residents and visitors to the district. They are especially important for certain groups such as the elderly, or those with certain health conditions, families with young children, as well as visitors. Public toilets can support businesses in boosting local customer footfall, and helping to keep the Council area clean.
2.2	This report does not propose the closure of any public conveniences but seeks to alignment access hours in line with Council's Improvement Objective 1 for 2016/17 which states: "….This objective will deliver a series of actions which complete the standardisation of services across the new Mid Ulster Council area….."

3	**Key Issues**
3.1	The Council currently has approximately thirty one public conveniences within the district. Appendix 1 enclosed lists the toilets, includes the address, an external picture, provides a brief overview of toilet provision and access.
3.2	Some of the toilets detailed are standalone facilities, others are within community facilities, or linked to other Council amenities. It doesn't include the provision provided by others such as retailers and commercial properties in the district which also allow public access.
3.3	Members will note there are a range in quality of public toilets; from the newest provision in Clogher, to some of the older building stock in poor condition such as Rainey Street Public Toilets, in Magherafelt town centre.
3.4	Equally there is a range of opening hours on those facilities controlled and cleaned by Council staff. For instance in the Magherafelt area summer and winter hours are operated. In Cookstown and Dungannon areas opening hours for many are broadly similar, while closing hours vary. In addition Dungannon, Caledon and Coalisland are provided by stand-alone Automatic Public conveniences, accessible 24 hours per day, and serviced through a third party service provider.

3.5	The toilets don't have counters to assess footfall and usage so there is no clear rationale for determining provision levels or access. It would suggest current opening hours are historic, in some cases site related and there is limited consistency across the district.
3.6	For the vast majority of stand-alone public conveniences part time contracts are in place for staff to open, close and clean facilities. Work hours and patterns vary across the District, and it is clear that these have evolved over a period of time such that there is limited consistency district wide. This exercise would also be an opportunity to rationalise these arrangements.
3.7	The staff involved will be directly consulted on any proposed changes which may impact on rotas and hours of work in line with the ongoing Directorate wide Pay and Grading review in conjunction with Organisational Development.
3.8	A report on the proposed opening hours will be brought back to a future committee with the intention to implementing aligned opening hours from 1st April 2017.

4	**Resources**
4.1	**Financial** There are no budgetary implications in the current (2016/17) financial year. Any savings or costs would be identified as part of the budget setting process for 2016-17.
4.2	**Human** There is a potential implication on the working patterns of some employee's, consultation will be carried out directly with any affected employees and appropriate notice given of any changes. This part of the process would be co-ordinated in conjunction with Organisational Development.
4.3	**Basis for Professional/ Consultancy Support** None.

5	**Other Considerations**
5.1	None at this juncture.

6	**Recommendations**
6.1	Members are asked to approve undertaking a review to align the opening hours of Council's Public Toilets.

7	**List of Documents Attached**
7.1	Appendix 1 – Summary overview of Council's Public Convenience facilities.

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Public Toilet Facilities

Mid Ulster District Council

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1. **Augher Public Toilet**
2. **Aughnacloy Public Toilet**
3. **Benburb Public Toilet**
4. **Ballygawley Public Toilet**
5. **Fivemiletown Public Toilet**
6. **Clogher (Old Public Toilets)**
7. **Clogher Old School / New Public Toilets**
8. **Cornmill Car Park & Public Toilets, Coalisland**
9. **Draperstown Public Toilet**
10. **Dunnamore Public Toilets**
11. **Moy Toilets & Public Services**
12. **Polepatrick Nursery & Cemetery Toilet Block**
13. **Desertmartin Public Toilets**
14. **Tobermore Public Toilets**
15. **Newferry Public Toilets / Picnic Area**
16. **Maghera Public Toilets & Car Park**
17. **Knockloughrim Changing & Toilets**
18. **Castledawson Public Toilets**
19. **Fairhill Public Toilets, Cookstown**
20. **Burn Road Public Toilets, Cookstown**
21. **Coagh Public Toilets**
22. **Stewartstown Public Toilets**
23. **Moneymore Public Toilets**
24. **Lough Fea Public Toilets, Cookstown**
25. **Forthill Cemetery Toilets, Cookstown**
26. **Davagh Forest Toilets**
27. **Rainey Street Public Toilet, Magherafelt**
28. **Scotch Street, Dungannon**
29. **Market Square, Dungannon**
30. **Ballyronan Marina (Community Building)**
31. **Battery Harbour (Community Building)**
32. **Caledon Public Toilets**

Comhairle Ceantair
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1. Augher Public Toilets

Crossowen Road, Augher BT77 0AX

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

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Mid Ulster
District Council

2. Aughnacloy Public Toilets

Syndey Street, Aughnacloy BT69 6AE

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

3. Benburb Public Toilets

Main Street, BT71 7JY

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

4. Ballygawley Public Toilets

Church Street, Ballygawley BT70 2HA

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

5. Fivemiletown Public Toilets

Main Street, Fivemiletown BT75 0PG

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

6. Clogher Old Public Toilets (CLOSED)

Station Road, Clogher BT76 0AQ

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

7. Clogher Old School / New Toilets

Main Street, Carleton Road, Clogher BT76 0AA

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

8. Cornmill Public Toilets

Lineside, Coalisland, BT71 4LP

Information

Opening times
24 hour
Charge: Yes

- **Male & Female**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

9. Draperstown Public Toilets (CLOSED)

Derrynoyd Road, BT45 7DN

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

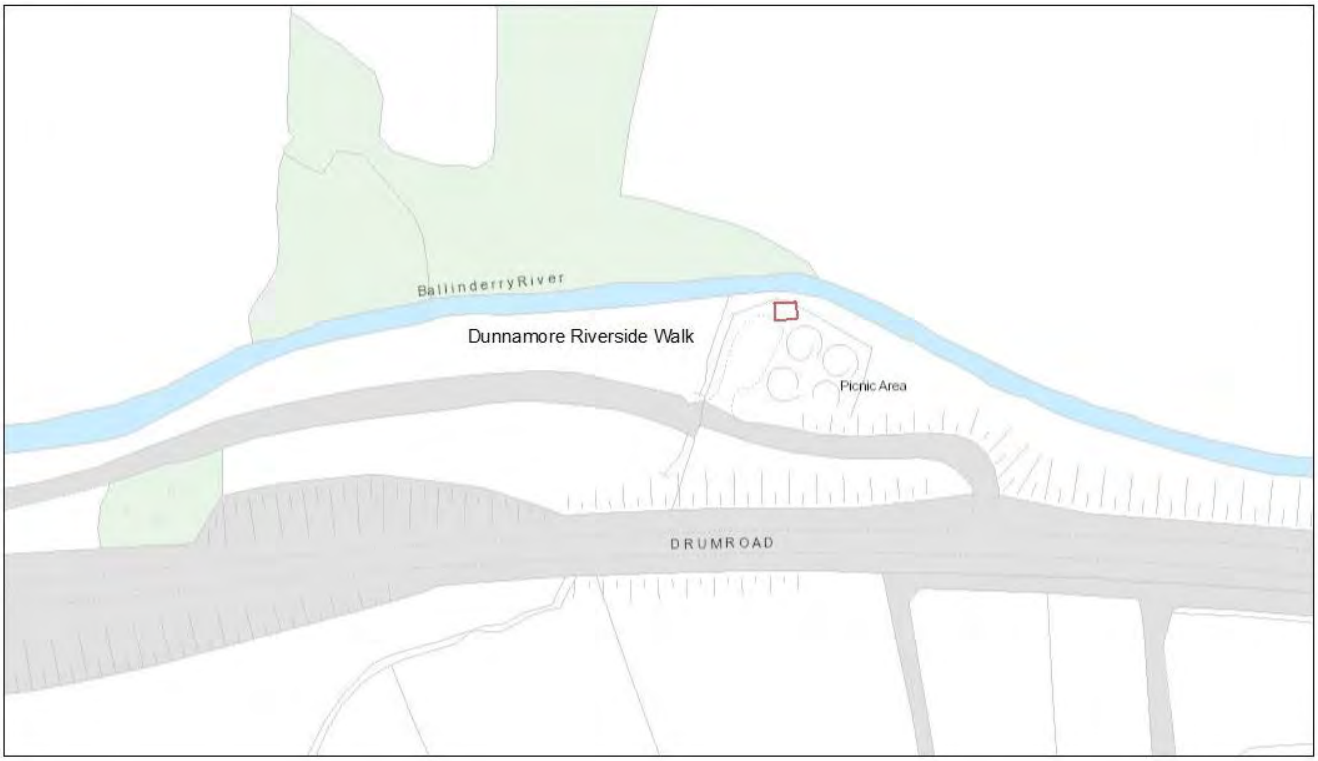
10. Dunnamore Toilets (Riverside Walk)

Killucan, Drum Road, Cookstown

Information

Opening times
8.30am to 6.00pm
Charge: No

- **Male & Female**
- **Disabled**



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

11. Moy Public Toilets

Moy Library, Charlemont Street, BT71 7SG

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

12. Polepatrick Cemetery Toilets – Magherafelt TBC

Castledawson Road, BT45 6PB

Information

Opening times
8.00am to 6.00pm / Dusk
Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

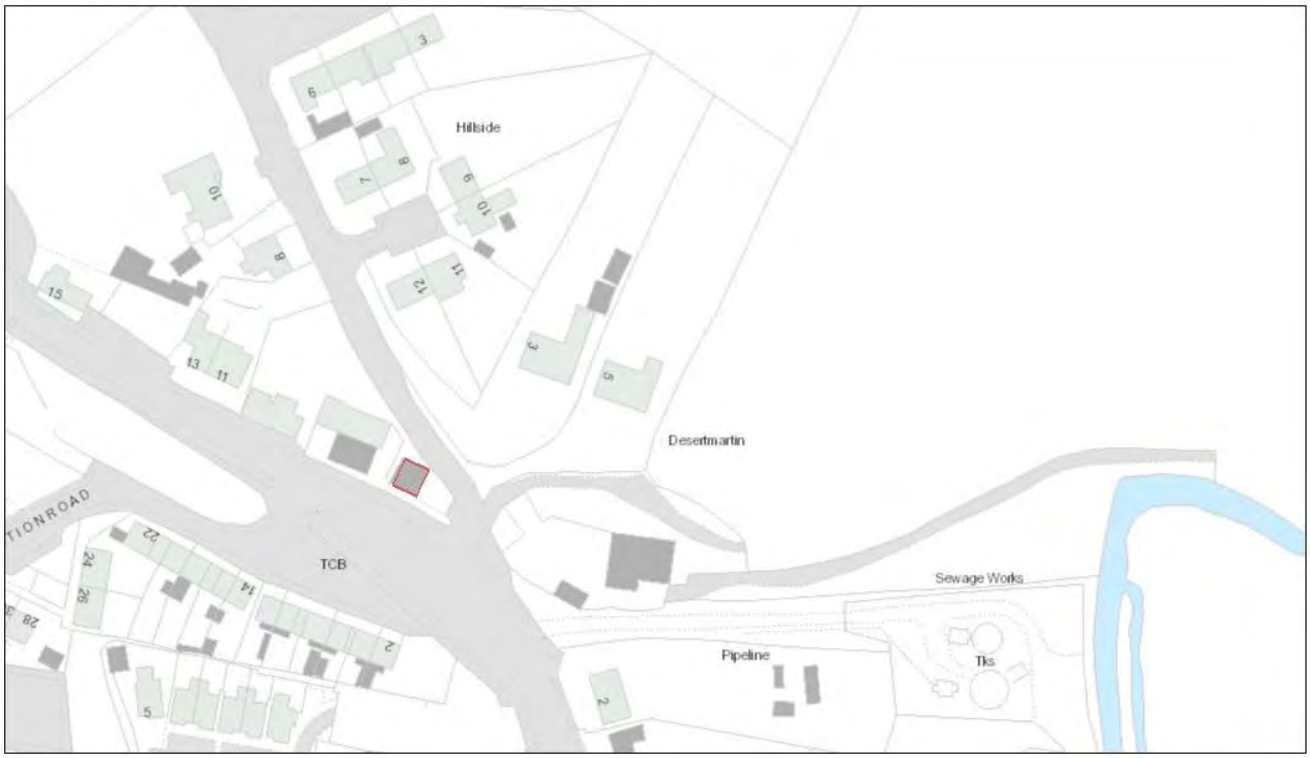
13. Desertmartin Public Toilets

Tobermore Road, Desertmartin BT45 5LD

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**
- **Disabled**



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

14. Tobermore Public Toilets

Lisnamuck Road, Tobermore, BT45

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

15. Newferry Public Toilets TBC

Newferry Road, Bellaghy, BT45 8ND

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

16. Maghera Public Toilets

St. Lurach's Road, Maghera BT46 5JE

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

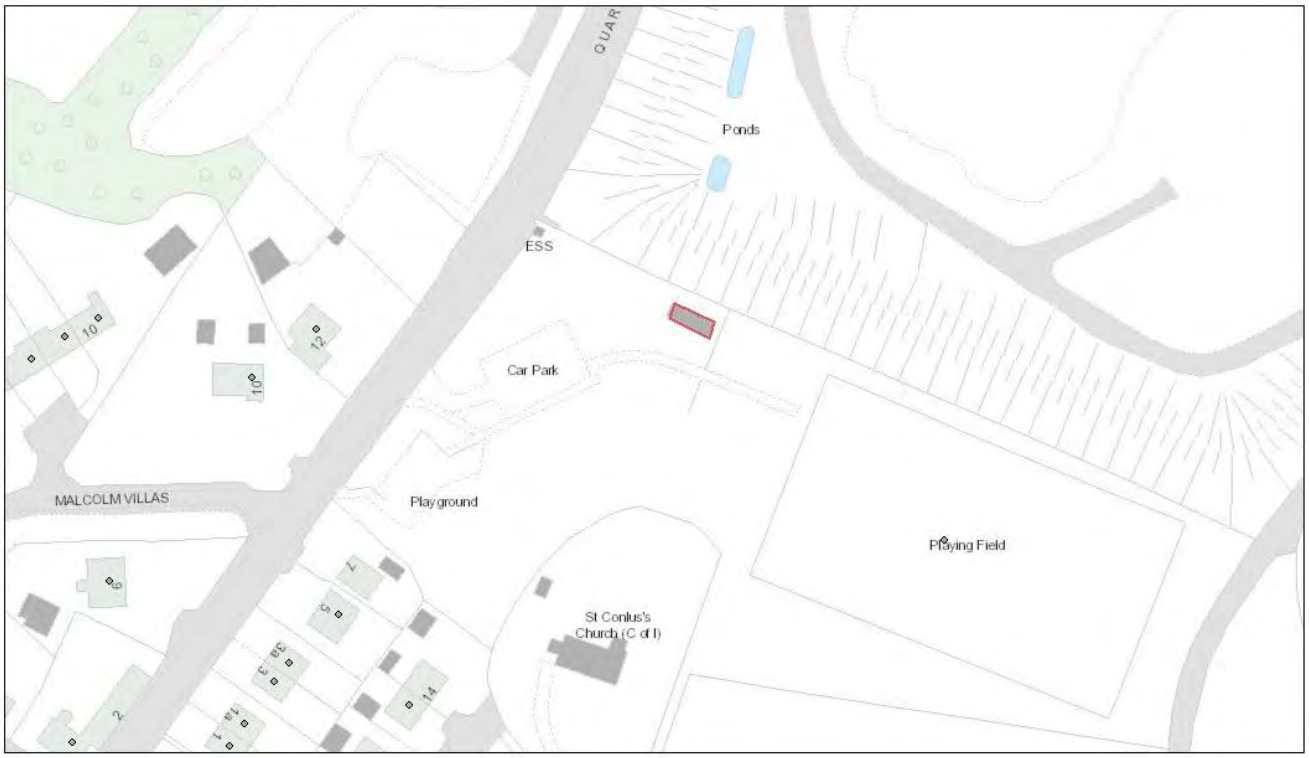
17. Knockcloughrim Toilets TBC

Quarry Road, BT45 8AN

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

18. Castledawson Public Toilets

Moyola Road, BT45 8AN

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

19. Fairhill Public Toilets

Fairhill Road, Cookstown BT80 8AG

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

20. Burn Road Public Toilets - Cookstown

Burn Road, Cookstown BT80 8DN

Information

Opening times
8am to 7pm
Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

21. Coagh Public Toilet (Unisex)

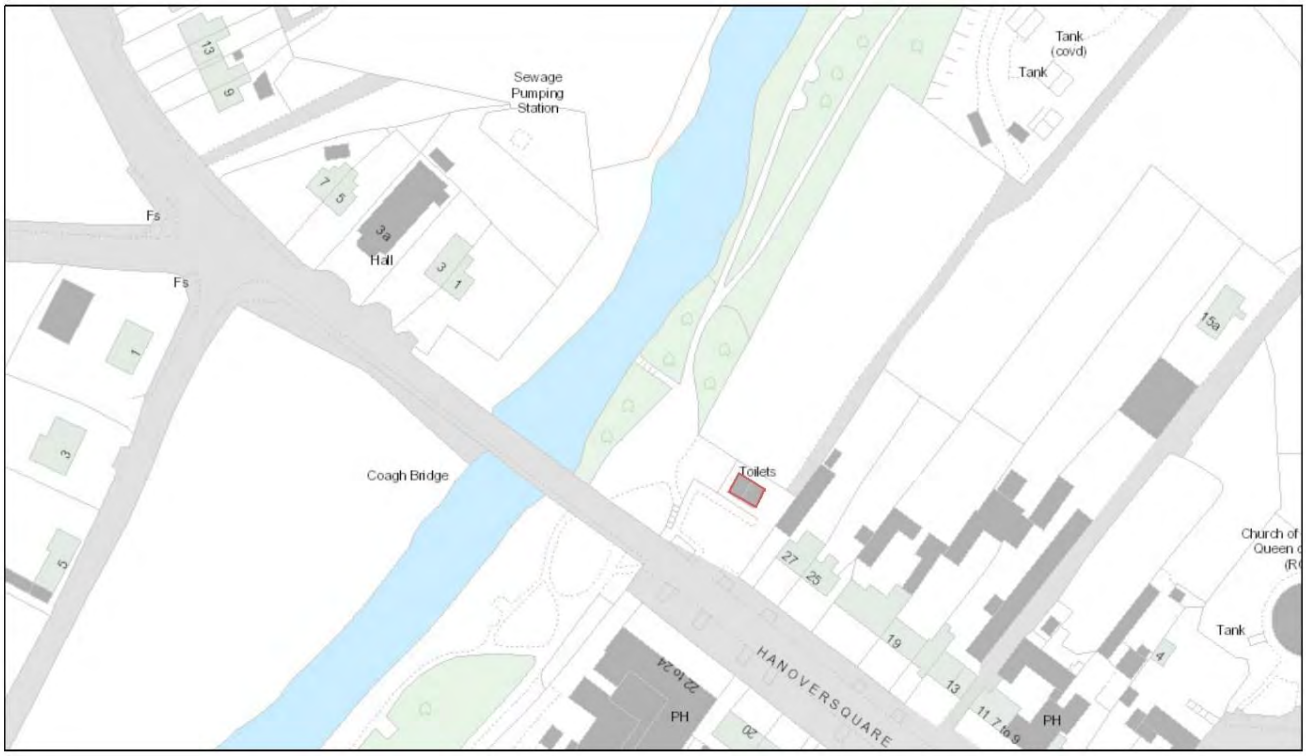
Hanover Square, Coagh BT80 OES

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

22. Stewartstown Public Toilets

North Street, BT71 5JE

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

23. Moneymore Public Toilets

Conyngham Street, BT45 1PX

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

24. Lough Fea Toilets

Lough Fea Road, BT80 9TU

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

25. Forthill Cemetery Toilets, Cookstown

Westland Road South, BT80 8EA

Information

Opening times
8:30am to 6pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

26. Davagh Forest Toilets

Broughderg, Davagh Road BT79 8JH

Information

Opening times
TBC

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

27. Rainey Street Public Toilets, Magherafelt

6A Rainey Street, BT45 5AG

Information

Opening times
Summer: 7am to 10pm
Winter: 7am to 5pm
Charge: No

- **Male & Female**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

28. Scotch Street Public Toilets, Dungannon

Scotch Street

Information

Opening times
8.00am to 6.00pm / Dusk

Charge: No

- **Male & Female**
- **Disabled**
- **Baby Changing Facilities**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

29. Market Square Public Toilets, Dungannon

Market Square, Dungannon

Information

Opening times
24 Hour

Charge: Yes

- **Male & Female**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

30. Ballyronan Marina (Community Building)

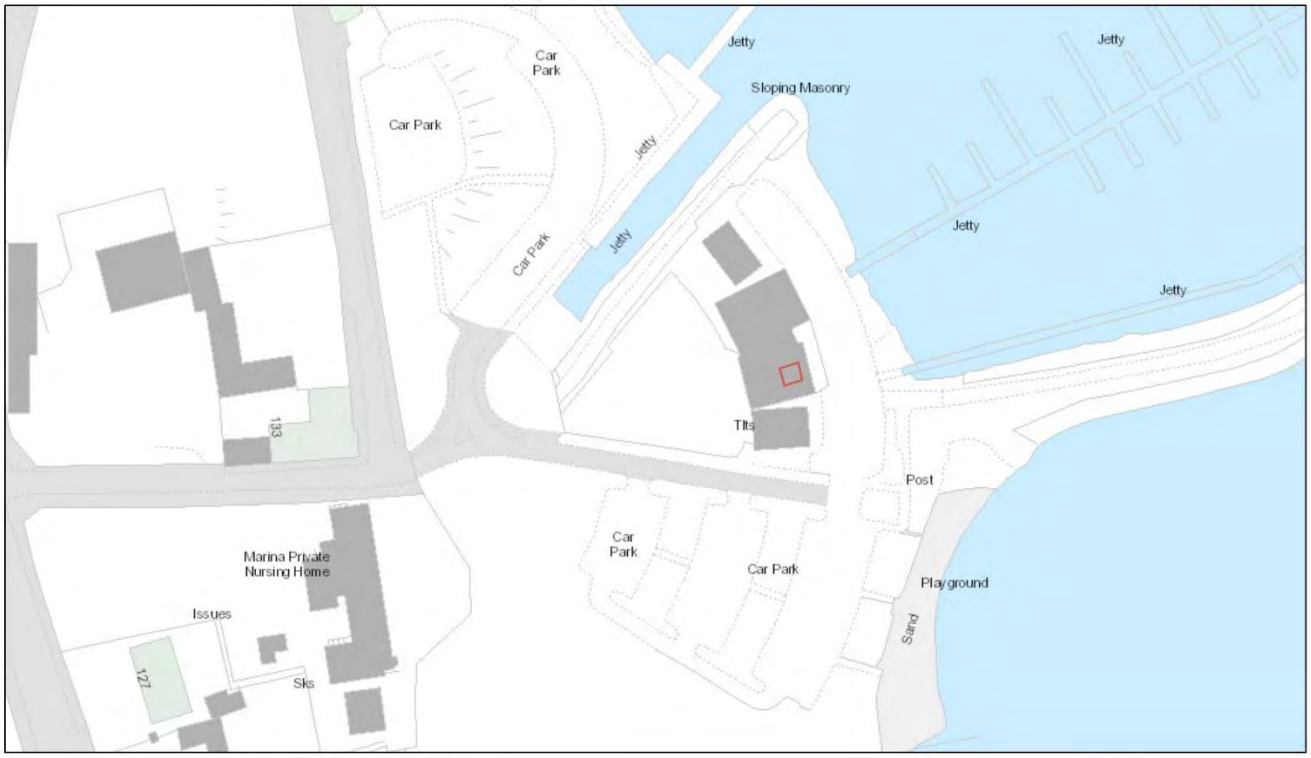
135a Shore Road, Ballyronan

Information

Opening times
10am to 10pm

Charge: No

- **Male & Female**
- **Disabled**



Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

31. Battery Harbour (Community Building)

Battery Road, Ardboe

Information

Opening times
10am to 10pm

Charge: No

- **Male & Female**
- **Disabled**

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

32. Caledon Public Toilets

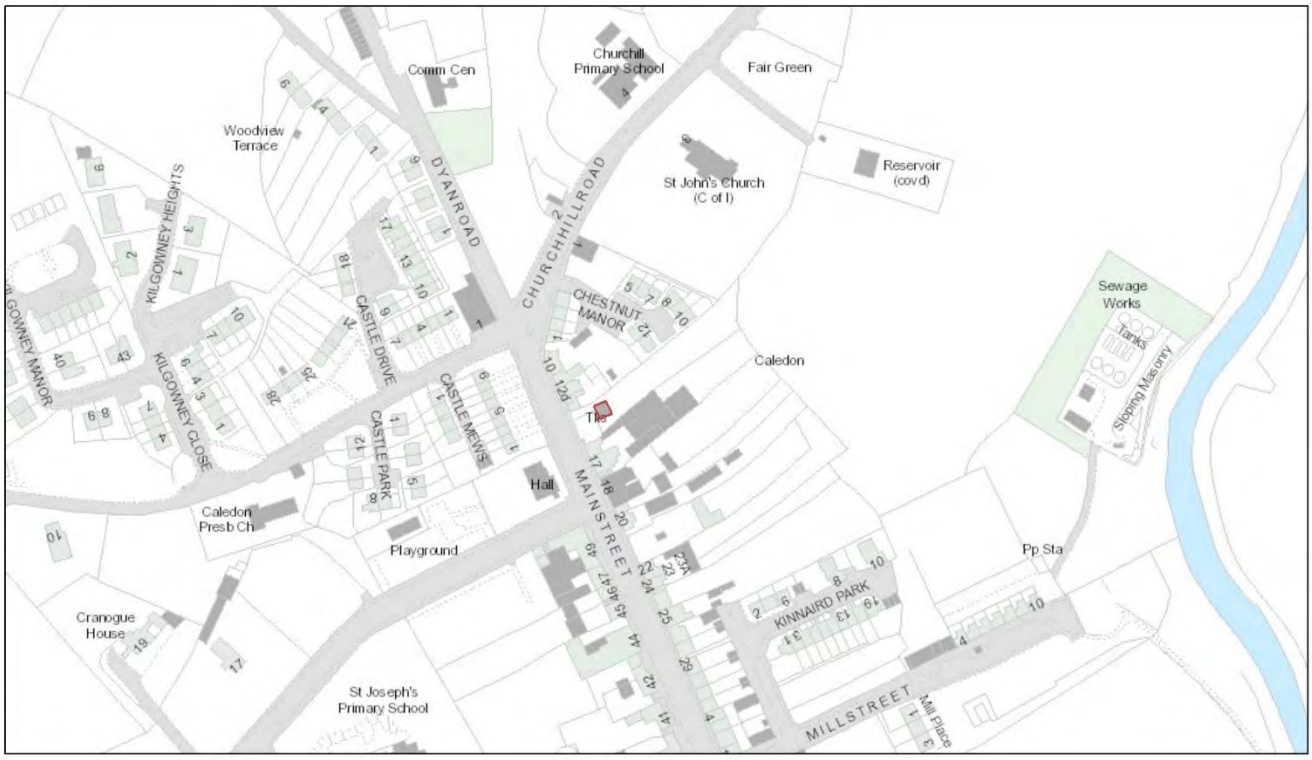
Main Street, Caledon

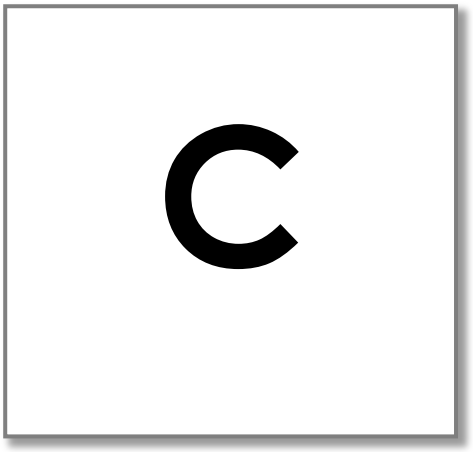
Information

Opening times
24 Hour

Charge: Yes

- **Male & Female**
- **Disabled**




C

Subject	**Street Naming and Property Numbering**
Reporting Officer	**William Wilkinson – Head of Building Control**

1	**Purpose of Report**
1.1	For members to consider the street naming of new residential Housing Developments within Mid-Ulster.

2	**Background**
2.1	In accordance with the Local Government (Miscellaneous Provisions) NI Order 1995 – Article 11 the Council is tasked with the responsibility of approving Street Naming and Numbering of buildings erected thereon. The Policy for Street Naming and Property Numbering as adopted (See Appendix 1) forms the basis for considering proposals for the street naming of new developments.

3	**Key Issues**
3.1	The Building Control Department has received requests for the naming of new residential developments as follows:- I. **Site off Bush Road, Dungannon.** An application has been submitted by L.P.D. Management Limited for the naming of a new residential development off Bush Road, Dungannon. The developer has submitted the following options for consideration (See Appendix 2). **1. Ivy Lane** **2. Hawthorne Lane** **3. Ivy Grove** Due to the explanation for the options proposed within the applicant's request, a link has been demonstrated with the locality in each case in accordance with the Policy as adopted. II. **Site off Coolreaghs Road, Cookstown.** An application has been submitted by P.K. Murphy Developments Limited for the naming of a new residential development off Coolreaghs Road, Cookstown. The developer has submitted the following options for

	consideration. (See Appendix 3). **1. Oakview Manor** **2. Oakview** **3. Oakvale** As the options submitted are linked to the locality in each case, it is considered that each option demonstrates compliance with the policy as adopted. lll. **Site off Hospital Road, Magherafelt** An application has been submitted by J.J. Donnelly for the naming of a new development off Hospital Road, Magherafelt. The developer has submitted the following options for consideration. (See Appendix 4). **1. Bellebrook Mews** **2. Bellebrook Lane** **3. Bellebrook** Due to the explanation for the options proposed within the applicant's request, a link has been demonstrated with the locality in each case in accordance with the Policy as adopted.

4	**Resources**
4.1	**Financial** None
4.2	**Human** None
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	**Other Considerations**
5.1	None

6	**Recommendations**
6.1	It is recommended that consideration is given to the approval of the following proposals for the Street Naming of new residential developments within Mid Ulster.

	1. Site off Bush Road, Dungannon. **Either Ivy Lane** **Or Hawthorne Lane** **Or Ivy Grove** **2. Site off Coolreaghs Road, Cookstown.** **Either Oakview Manor** **Or Oakview** **Or Oakvale** **3. Site off Hospital Road, Magherafelt** **Either Bellebrook Mews** **Or Bellebrook Lane** **Or Bellebrook**

7	**List of Documents Attached**
7.1	Appendix 1 - Street Naming and Property Numbering Policy Appendix 2 - Pro-forma containing street naming proposals, location map and site layout plan for new street off Bush Road, Dungannon. Appendix 3 - Pro-forma containing street naming proposals, location map and site layout plan for new street off Coolreaghs Road, Cookstown Appendix 4 - Pro-forma containing street naming proposals, location map and site layout plan for new street off Hospital Road, Magherafelt.

MID ULSTER DISTRICT COUNCIL

Street Naming and Property Numbering Policy for New Developments

(Article 11 of The Local Government (Miscellaneous Provisions) (NI) Order 1995)

POLICY (Amended)

1. Mid-Ulster Council has the discretion to name all new Streets and Roadways which form part of a New Development, within its District and will exercise that discretion as and when required in accordance with the legislative requirements outlined above.

2. Developers are requested to provide three Street Naming options for the proposed development.

3. Proposed names which incorporate the townland as part of the description in which the new development is located will be given consideration by the Council.

4. Proposed names which includes a name specifically relating to a locality, will be given consideration by the Council.

5. The Council will not accept an application to name a new street to mark any historical or political event.

6. The Council will not accept an application to name a new street after any individual or family, living or deceased.

7. The Council will avoid the naming of a new street with a similar street name to that which is already in place within the locality (or postcode).

8. Where the Council rejects the original options submitted, the developer will be given an opportunity to submit three further options within one month for consideration.

9. Where the Council does not consider that the options submitted are acceptable, they reserve the right to name the streets within the new development.

10. The applicant will receive confirmation of the name approved for the new development.

11. New buildings will be allocated numbers consecutively, with odd numbers to the right hand side and even numbers to the left hand side.

12. The pointer data base will be updated with the approved street naming for the new development and the numbers allocated to each building.

Appendix 2

MID ULSTER DISTRICT COUNCIL

New Street Name Proposals

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

Applicants Name & Address: LPD Management Limited

Description: Mixed Housing Development

Ref: LA09/2015/0393/F

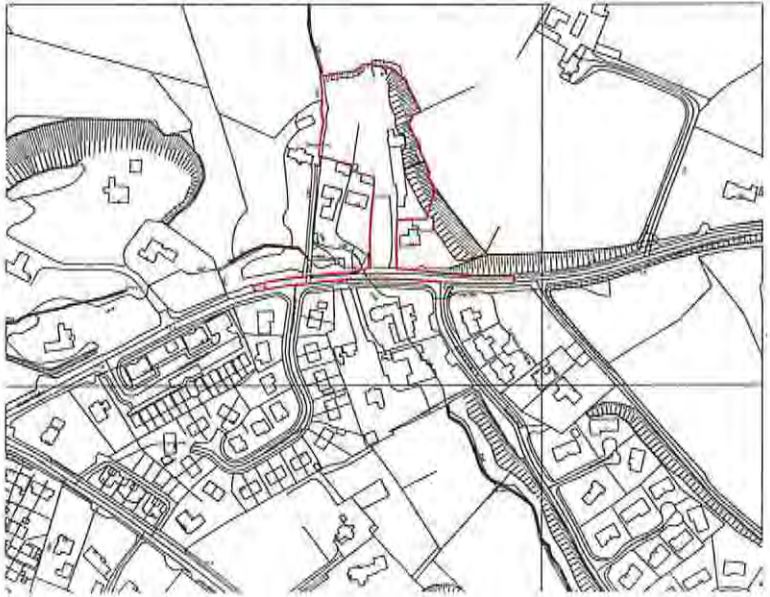
	Proposed Street Name	Linkage to Locality	Reason for Choice
Option 1	Ivy Lane	The lane into site is overgrown with hedgegrow.	The developer wishes to Retain as Much of the varied hedge Grow.
Option 2	Hawthorne Lane	The lane into the site is overgrown with hedgegrow	The developer wishes to Retain as Much of the varied hedge Grow.
Option 3	Ivy Grove	The lane into the site is overgrown with hedge Grow.	The developer wishes to Retain as Much of the varied hedgegrow.

* Please avoid the use of apostrophes, hyphens, full stops and commas.

Please note that street naming proposals should be in accordance with Mid Ulster Council Policy (Attached)

Signed Tom McKenzie (Maison Realestate) Dated 19 Oct 2016

Appendix 2



BUSH ROAD
DUNGANNON

LANFRO INVESTMENTS LTD

SITE LOCATION MAP

1:2500 | FEB 2015

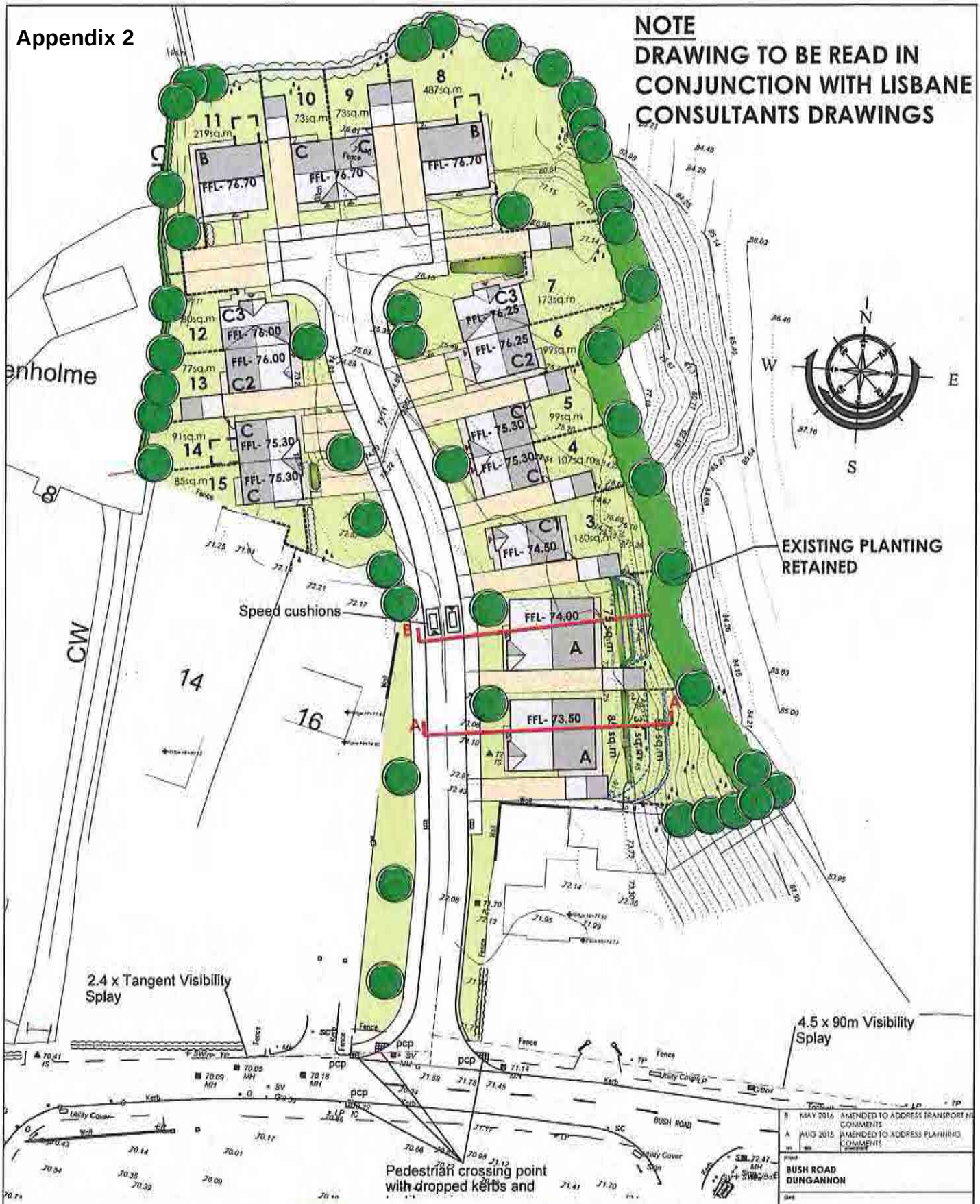
990 | PL/01

KEVIN CARTIN ARCHITECTS Ltd.

DRAWING STATUS | COPYRIGHT

PLANNING ✓ TENDER

Appendix 2


NOTE
DRAWING TO BE READ IN CONJUNCTION WITH LISBANE CONSULTANTS DRAWINGS
EXISTING PLANTING RETAINED
Speed cushions
2.4 x Tangent Visibility Splay
4.5 x 90m Visibility Splay
Pedestrian crossing point with dropped kerbs and
BUSH ROAD
EXISTING HEDGEROWS TO BE RETAINED AUGMENTED
NEW HEDGEROW PLANTING - Garden Hedge - Privit, Ligustrum ovalifolium. 60-80 cm BR planted in double staggered row.
NEW TREE PLANTING - Garden trees. Mountain ash, Sorbus aucuparia, 16-18cm Girth WRB. Beech, Fagus sylvatica, 16-18cm Girth WRB.
GRASSED AREA/ LAWNS
BITMAC
400 X 400 CONCRETE PAVING
VERTICAL TIMBER FENCE STAINED 3NR COATS SADOLIN WOODSTAIN - BLACK
1800MM HIGH TIMBER GATES
LOW RENDERED WALL NOT EXCEDDING 1M IN HEIGHT
MEDIUM / LOW ORNAMENTAL SHRUB PLANTING - Mix of Chaenomeles(crimson & gold), Hebe albicans (red edge), Phormium tenax (purpureum), Hypericum (hidcote), Cytisus (allgold), Skimmia japonica & Ceanothus repens
B MAY 2016 AMENDED TO ADDRESS TRANSPORT NI COMMENTS
A AUG 2015 AMENDED TO ADDRESS PLANNING COMMENTS
BUSH ROAD DUNGANNON
LANPRO INVESTMENTS LTD
SITE LAYOUT PLAN
1:500
FEB 2015
990
PL/ 08
B
KEVIN CARTIN ARCHITECTS Ltd
DRAWING STATUS

MID ULSTER DISTRICT COUNCIL

New Street Name Proposals

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

Applicants Name & Address: PK Murphy Developments Ltd.
91 Sluggan Road
Donaghy, Co Tyrone.

Description: Development at Coolreaghs Road, Cookstown

Ref: Development at Coolreaghs Road, Cookstown.

Mid Ulster District Council
- 7 OCT 2016
Building Control Department
(Cookstown Office)

	Proposed Street Name	Linkage to Locality	Reason for Choice
Option 1	Oakview Manor.	There is large oak trees on the site	large oak tree's on the site and developments close by are named after trees. i.e. The Ashes.
Option 2	Oakview	There is large oak trees on the site	large oak trees on the site and developments close by are named after trees i.e The Ashes
Option 3	Oakvale.	There is large oak trees on the site	large oak trees on the site and developments close by are named after trees i.e. The Ashes.

* Please avoid the use of apostrophes, hyphens, full stops and commas.

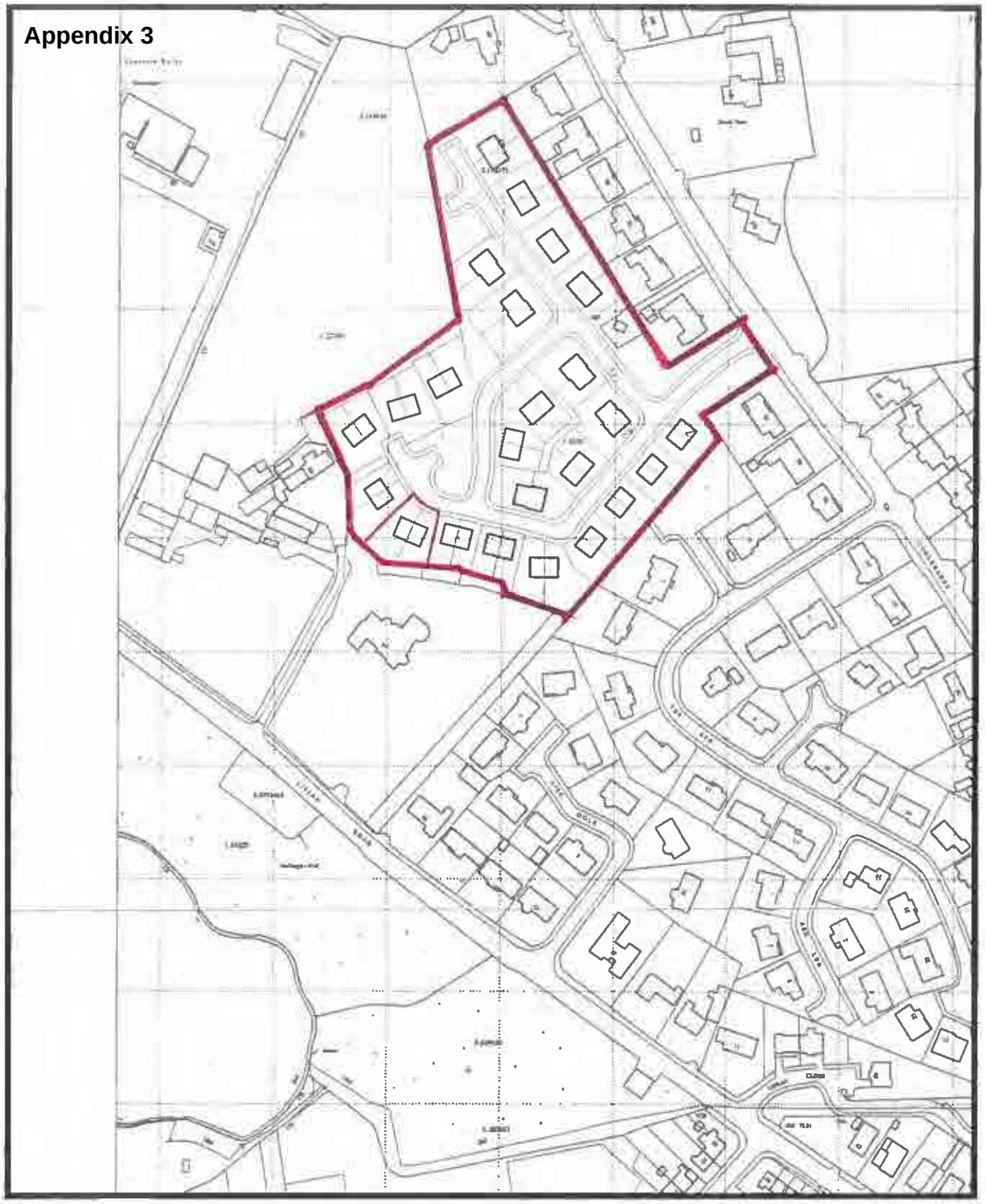
Please note that street naming proposals should be in accordance with Mid Ulster Council Policy (Attached)

Signed .....

Dated 5th October 2016.

Appendix 3

Appendix 3



O.S.N.I REF: 124/03 COPIED UNDER LICENSE NO: 1592

Project :
PROPOSED HOUSING DEVELOPMENT
AT COOLREAGHS ROAD
COOKSTOWN

Drawing :
LOCATION MAP

Project Ref:
O.042

Date :
JUNE 2015

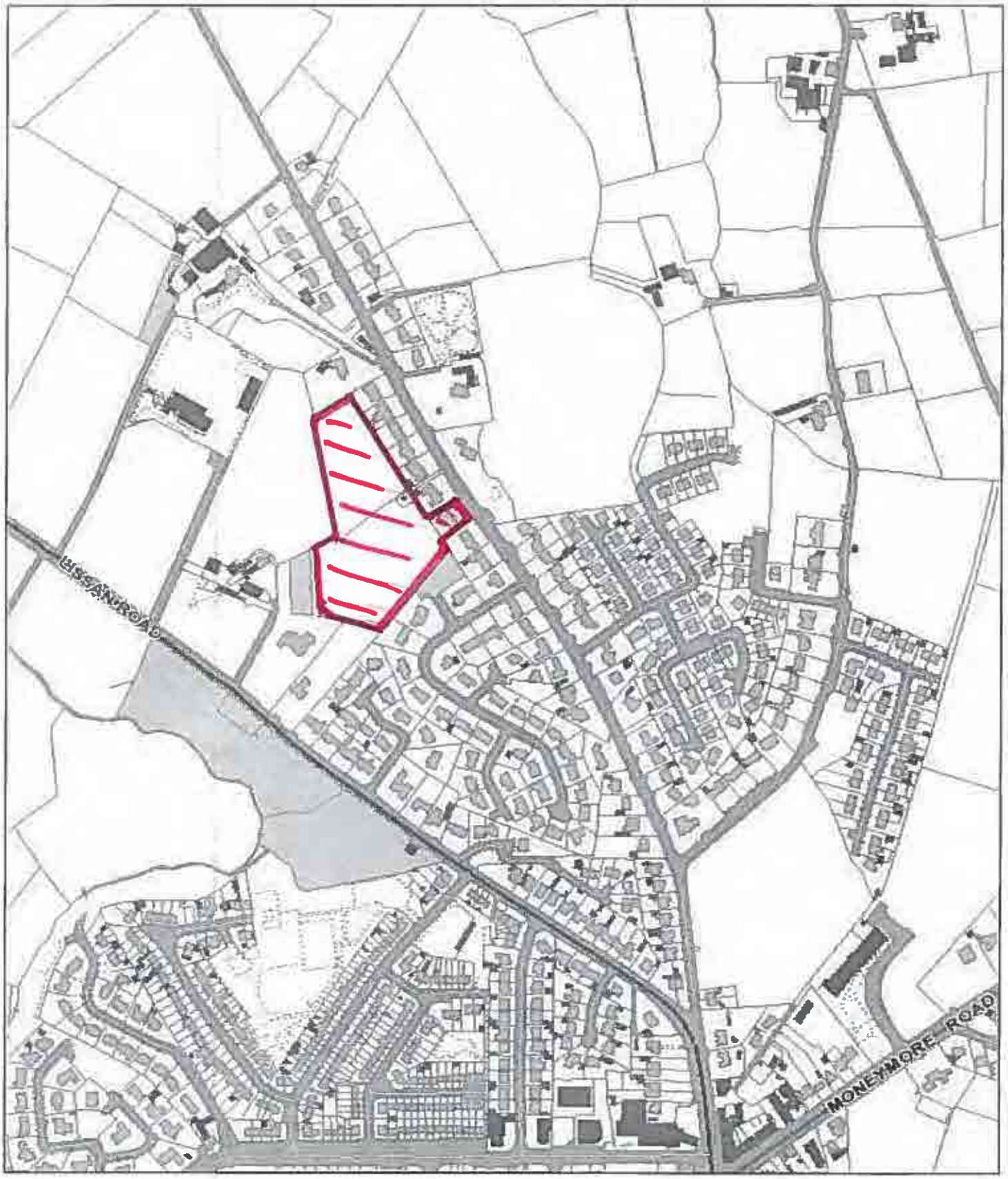
Scale :
1:2500

APS
ARCHITECTS LLP

UNIT T3
Cookstown Enterprise Centre,
Sandholes Road, Cookstown BT80 9LU
028 867 60036
0870 7051030
www aps-architects.co uk
info@aps-architects co.uk

Appendix 3

Mid Ulster Council Address Search



October 26, 2016

Mid_Ulster_Outline

1:5,000

0 0.0425 0.085 0.17 mi

0 0.05 0.1 0.2 km

Appendix 4

MID ULSTER DISTRICT COUNCIL

New Street Name Proposals

Comhairle Ceantair
Lár Uladh
Mid Ulster
District Council

Mid Ulster District Council
20 OCT 2016
RECEIVED
(Magherafelt Office)

Applicants Name & Address: John J Donnelly
21 Hillhead Road, Toomebridge, Co Antrim, BT41 3SF

Description: New build development

Ref:

	Proposed Street Name	Linkage to Locality	Reason for Choice
Option 1	Bellebrook Mews	Close to Bellebrook on old Magherafelt maps	Per linkage to Bellebrook area
Option 2	Bellebrock Lane	close to Bellebrook on old Magherafelt maps	Per linkage to Bellebrook area
Option 3	Bellebrook	Close to Bellebrook on old Magherafelt maps	per linkage to Bellebrook area

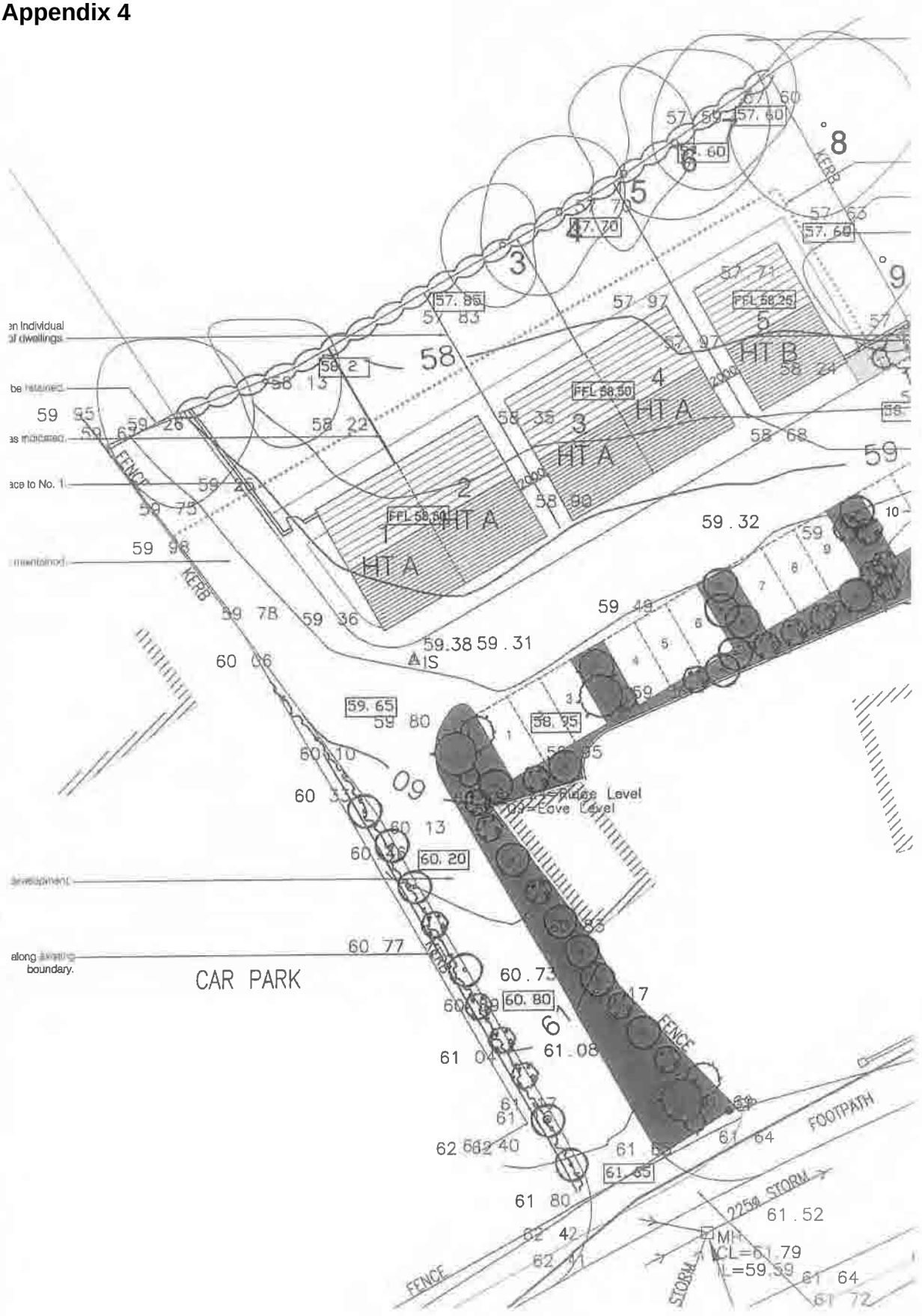
* Please avoid the use of apostrophes, hyphens, full stops and commas.

Please note that street naming proposals should be in accordance with Mid Ulster Council Policy (Attached)

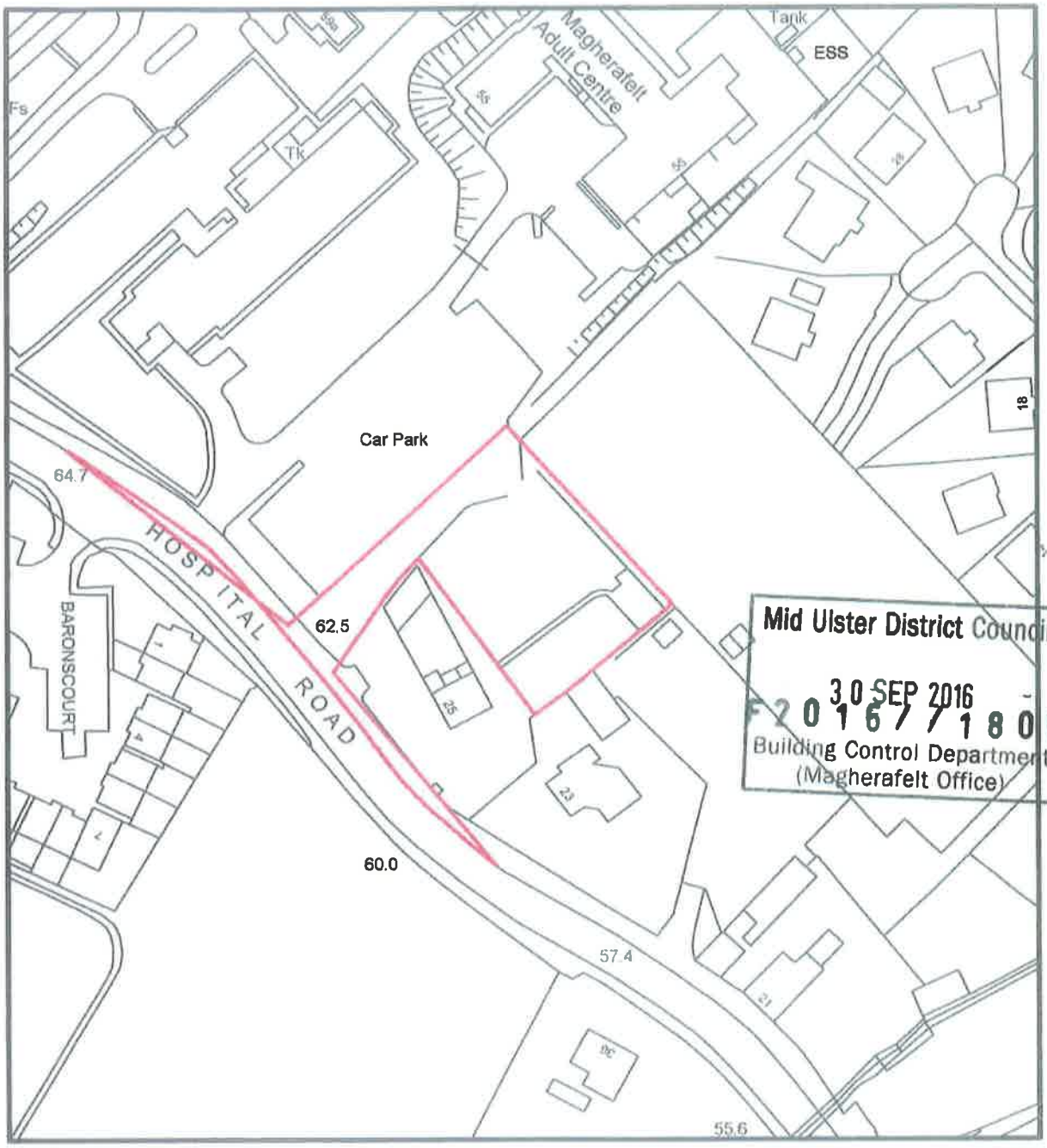
Signed .....

Dated 19/10/2016

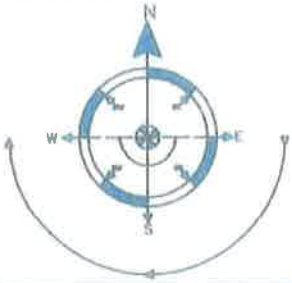
Appendix 4


HT A
HT B
FFL 58.50
FFL 58.25
CAR PARK
KERB
FENCE
FOOTPATH
225φ STORM
MH
CL=61.79
IL=59.59
AIS
Ridge Level
Eave Level
boundary.

Appendix 4



Location Plan
Scale 1:1250
IG. 93-7

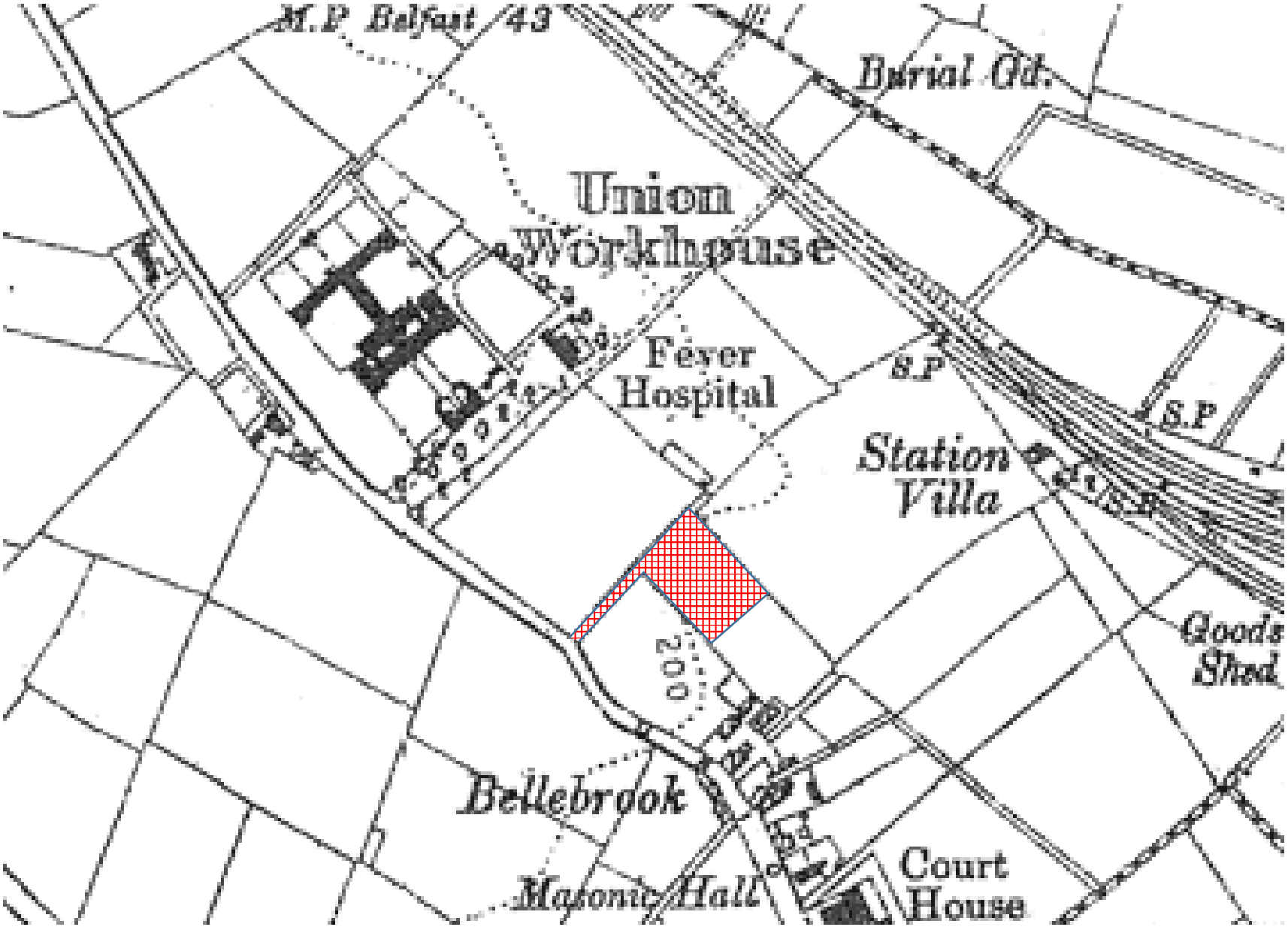


Client: John Donnelly	Scale: 1:1250	Date: September 2006
	File name: 1401-L01.dwg	
	Job No.: 1401	Drawing no.: L01
	Revision:	
Project: Proposed Apartment Development Adjacent to 25 Hospital Road Magherafelt		
Drawing Title: Location Map		

5b Rainey Street
Magherafelt
BT45 5DA
t-028 7930 0866
f-028 7930 0288
info@vision-design.fsnet.co.uk

Vision Design
Architecture & Planning Services

Appendix 4


M.P. Belfast 43
Burial Gd.
Union Workhouse
Fever Hospital
S.P
S.P
S.P
Station Villa
Goods Shed
Bellebrook
Masonic Hall
Court House

D

Subject	Review of Monetary Limits for Gaming Machines and Associated Social Responsibility Issues
Reporting Officer	Fiona McClements

1	**Purpose of Report**
1.1	To seek elected members' views on the review of monetary limits for gaming machines and associated social responsibility issues.

2	**Background**
2.1	The Betting, Gaming, Lotteries and Amusements (Northern Ireland) Order 1985 (and associated regulations) regulates the gambling industry in Northern Ireland and provides for monetary limits on stakes per game and prizes when gambling by way of gaming machines. The monetary limits can be increased by statutory rule. Monetary limits in Great Britain have increased over the last number of years following the passage of the 2005 Gambling Act which introduced a new regulatory system including statutory codes of conduct with social responsibility. In Northern Ireland statutory codes of conduct do not exist and monetary limits have remained static since 2004. The Minister for the Department for Communities (DfC) has decided to consult with industry trade associations, District Councils and the PSNI to seek their views on the monetary limits and on the effectiveness of any current industry codes of practice. The minister has recently written to all Councils in Northern Ireland and would welcome elected members views on the following: • whether monetary limits for gambling should be increased and, if so, to what; • any views in respect of the social responsibility codes of practice which currently operate within the various sectors of the gambling industry.

3	**Key Issues**
3.1	In Northern Ireland, gambling (other than the National Lottery) is regulated under the Betting, Gaming, Lotteries & Amusements (NI) Order 1985 (the 1985 Order). In broad terms the 1985 Order regulates: • Betting, including tote betting, bookmaking on tracks & in offices; • Gaming, including the use, supply & maintenance of gaming machines and gaming in bingo clubs; • Small scale Amusements With Prizes; and • Lotteries (other than the National Lottery). At present licensing of gambling falls mainly to the courts and district councils and enforcement is the responsibility of the police.
3.2	The gambling industry in Northern Ireland is relatively small when compared to GB. Statistics available from the last review of gambling in 2008 show that at that

	time around 2400 persons were employed in all gambling and betting activities in Northern Ireland. A significant number of people were also employed indirectly in the local gambling industry, for example gaming machine suppliers, and in ancillary activities.
3.3	Gaming machines are operated mainly in amusement arcades. However they may also be operated within bookmaking offices, bingo halls and pubs, hotels and registered clubs, and in these situations the numbers that may be supplied on such premises is controlled by the appropriate licence as issued by the courts.
3.4	Other jurisdictions permit gaming machines with high stakes and pay-outs. The NI law permits relatively low-level machine gaming in amusement arcades, bingo halls, bookmaking offices, pubs, hotels and private members clubs. The monetary limits on gaming machine stakes and prizes have not been reviewed for many years and have fallen well behind the limits for the corresponding gaming machine categories in GB.
3.5	Councils are responsible currently for the approval of premises to provide gaming machines in premises used solely for those purposes and for 'approving' persons who may be permit holders for such premises – there are currently nine such premises in the Council area.
3.6	There are currently only two types of machines permitted in NI – machines with a maximum payout of up to £8 per game and machines with maximum payout of up to £25 per game. In a premises which has an Amusement Permit in force, anyone can play £8 prize machines in Northern Ireland – but only persons over the age of 18 can access £25 machines, which must be positioned in a special, monitored area of such premises.
3.7	The relevant trade/ industry has claimed that they cannot get these lower payout machines/new machines as they are being made for the GB market which has much higher limits in both prizes and amount that can be staked per game.
3.8	Council has no legal remit over the types of gaming machines that are allowed in bookies, pubs, private clubs and bars/hotels as this is covered by the courts licensing system, enforceable by the PSNI.
3.9	In relation to adherence to codes of conduct/social responsibility, Mid Ulster District Council already asks persons applying for and holding an amusement permit to sign a Voluntary Code of Conduct concerning the operation of the premises in question; however such a code is only a voluntary agreement. The Code would include requests for example to put up signs about the prohibition of the consumption of alcohol and use of drugs, and that persons wearing school uniforms are not permitted entry. Enforcement of the provision of gaming machines in premises, whether permitted or licensed or illegal falls to the PSNI who often are not in a position to allocate the necessary resources to these types of cases.

4	Resources
4.1	**Financial:** N/A
4.2	**Human:** N/A
4.3	**Basis for Professional/ Consultancy Support:** N/A
4.4	**Other:** N/A

5	Other Considerations
5.1	N/A

6	Recommendations
6.1	That Council respond indicating that any review of monetary limits and use of Social Responsibility Codes of Practice are progressed as part of a wider review of current arrangements for management and control of Betting and Gaming activities and the Department for Communities put in place the necessary consultation arrangements for this purpose.

7	List of Documents Attached
7.1	Letter from the Department for Communities on the review of monetary limits (21st September 2016) (Appendix 1)

Chief Executive/Town Clerk

Department for Communities
www.communities-ni.gov.uk

Social Policy Unit
Level 4, Lighthouse Building
1 Cromac Place
Gasworks Business Park
Ormeau Road
BELFAST BT7 2JB
Tel: (028) 9082 9521

Email: social.policy@communities-ni.gov.uk

21 September 2016

REVIEW OF MONETARY LIMITS FOR GAMING MACHINES AND ASSOCIATED SOCIAL RESPONSIBILITY ISSUES

As you know, the Betting, Gaming, Lotteries and Amusements (Northern Ireland) Order 1985 regulates the gambling industry in Northern Ireland and provides for monetary limits on gambling by way of gaming machines which can be increased by statutory rule.

As you will be aware, monetary limits in Great Britain have increased over the last number of years following the passage of the 2005 Gambling Act which introduced a new regulatory system including statutory codes of conduct with social responsibility at its heart.

In Northern Ireland statutory codes of conduct do not exist and monetary limits have remained static since 2004. The local industry has previously highlighted the challenges this creates for them and the Minister has therefore decided that it would now be appropriate to consult with industry trade associations, District Councils and the PSNI to seek their views on the monetary limits and on the effectiveness of any current industry codes of practice.

I would therefore welcome your views on;

- whether monetary limits for gambling should be increased and, if so, to what;
- any views you have in respect of the social responsibility codes of practice which currently operate within the various sectors of the gambling industry.

I would be grateful if you could reply by 16 November 2016.

Yours sincerely

Liam Quinn
Social Policy Unit

E

Subject	Protect Life 2 – Strategy Consultation
Reporting Officer	Fiona McClements, Head of Environmental Health

1	**Purpose of Report**
1.1	To seek comments from Elected members on the consultation document Protect Life 2, circulated by the Department of Health.

2	**Background**
2.1	This consultation follows on from the previous Protect Life strategy which was refreshed in 2012. It identifies a number of areas for discrete focus to achieve the purpose of reducing inequalities and the overall suicide rate in Northern Ireland. In particular reference is made to tackling repeat self-harm which is a major risk factor for suicide; a focus on those who have been bereaved by suicide; and improving the initial response to the care and recovery of people experiencing suicidal behaviour. The document sets out the strategy's purpose, aims and objections, principles and strategic direction.

3	**Key Issues**
	Extract from the consultation document below:
3.1	In the North of Ireland an average of 274 people die by suicide each year and many more are affected by suicidal thoughts at some point in their lives. Self – harm is considered alongside suicide because it is a major risk factor for subsequent suicide.
3.2	There is a health inequality aspect to the burden of suicide with the suicide rate in the 20% most deprived areas – at around 30 deaths per 100,000 people – almost twice the average in the north of Ireland.
3.3	Men are three times more likely to die by suicide than women. Males aged 20-50 have the highest suicide rate.
3.4	While suicide is not exclusive to specific population groups, risk factors provide a clear indication that certain population groups are vulnerable to suicide.

4	Resources
4.1	**Financial** None
4.2	**Human** None
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	Other Considerations
5.1	MUDC (Closing the Gap) in partnership with the Voluntary Service Bureau Foundation hosted an engagement session at Ranfurly House to provide assistance to anyone in the community who wished to discuss the consultation and make a response. Some of those comments have been reflected in the attached draft MUDC response.

6	Recommendations
6.1	Consider and provide comment on the DRAFT Mid Ulster District Council consultation response document

7	List of Documents Attached
7.1	DRAFT Mid Ulster District Council response
7.2	Consultation document

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Protect Life 2 – a draft strategy for suicide prevention in the north of Ireland Consultation Questionnaire

Please use this questionnaire to tell us your views on the draft strategy.

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*);

Name:	Mark Kelso
Job Title:	Director of Public Health & Infrastructure
Organisation:	Mid Ulster District Council
Address:	15 Circular Road
	Dungannon. Co Tyrone, BT71 6DT
Tel:	03000 132132
Fax:	02887720368
e-mail:	mark.kelso@midulstercouncil.org

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 ☐ No ☒

If No, please state why.

The overall purpose of the strategy should have one clear message “Reduce the Suicide Rate in the North of Ireland”. The overall purpose of the strategy should be more aspirational similar to the “suicide down to zero” concept. The impact of suicide, and in the word of the Ministerial forward, “There are few things worse than a person believing there is no hope or help available and no feasible course of action other than to take their own life.” This crosses all boundaries. This is not to detract from the higher rates in most deprived areas where resources need to be focused.

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

Yes ☒ No ☐

Council would be in agreement with the aims stated on page 13. However within the aims, to gain better understanding of suicidal behaviour, improve identification of suicidal behaviour and response to suicidal behaviour, this aim should also include provision to inform early intervention, support and services.

Another aim through this better understanding, should be to reduce stigma and discrimination and increase help seeking behaviours.

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

Yes ☐ No ☐

If No, please state why.

In addition to the principles on page 14 there should be the underlying principle of community planning to support partnership working.

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)

Consideration should be given to including those intensely affected by suicide being included in the priority groups as they have been noted as being at a higher risk level. This would include support for persons who bring and return persons who have demonstrated suicidal behaviours to and from hospital and carers. In addition the groupings of children's age refers to "under 18 year olds" however the reference on page 34 states a significant increase in suicide in this age group including the rates of self-harming. There is perhaps merit in considering two age bands for children, i.e. under 15 yr. olds and between 15 and 18 year olds in order to identify appropriate support mechanisms. Vets are referred to as a high risk occupation on page 22 but not included in the list of priority groups on page 34

People presenting with self-harm to AD departments have been regarded as high risk and therefore should be included in the priority population groups.

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 ☐ No ☐

It is important that there is connectivity through early intervention and crisis responses, the interconnection of the various strategies and between children, older teenagers and adults so that age does not create a gap in service provision across longer term treatment. This would include relocation as a young adult through care or perhaps across geographical boundaries including University locations. Children depending on their age may not relate to the organization title “Childline” therefore there should be awareness raising of other organizations within the older ages within this age group. Community planning arrangements could assist the roll out of appropriate training on a whole population approach to raise awareness through formalized training for front facing staff. In addition media training should be put in place for local elected representatives for responding to media interest.

The use of social media should be maximized as stated as this is used as a resource by certain sectors of the population to obtain information before accessing GPs and counselling services.
There needs to be support for the wider community groupings in addition to schools and workplaces as not all the population are linked into these settings.
Requires to be linked through to resilience building for young people and families in particular.

OBJECTIVES

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

Yes ☒ No ☐

If Yes, please provide comments.

The Council would support the stated objectives. In addition through the community planning process there should be awareness raising across all statutory agencies as an objective ties in with the WHO myths and facts on page 16.

Objectives through each stage from early intervention through to postvention support should be able to be monitored and evaluated.

Throughout the document there is a connection between some suicidal behaviours and alcohol use across different age groupings. This should be reflected within the objectives or at least strongly linked into the relevant alcohol and drugs strategy

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:

Local government through Community Planning arrangements should be included in the partner organizations. This would be particularly relevant to the community response arrangements, responsible media reporting on suicide and provides the opportunity to train Local government staff in suicide awareness and prevention. Local government have strong links through their work with private employers in conjunction with HSENI.

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:

The local implementation groups through their agreed action plans should be able to monitor and assess some of the objectives, statistical collation should be an aspect of each intervention, where appropriate, while still meeting client needs.

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:

There has been reference to the use of social media which should be explored and developed further, especially in relation to existing evidence relating to males and young adults. There should be strong focus on positive mental health messages and help seeking behaviours and available support. The link between alcohol and drugs and the potential to create temporary depression should be highlighted further among the general population and especially in the younger age groups.

Through community planning there is the opportunity to raise awareness across organisations by training front facing staff.

ANY OTHER MATTERS

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

Comments:

The strategy could have a more positive approach and be more aspirational in its language. It needs to demonstrate more strongly that it is not a standalone strategy but interconnected with other early intervention and schools programmes. It should focus not only on the provision of services but also the timing of that provision. The council would welcome further strengthening of the regulation to restrict or remove suicide promoting internet sites referred to on page 25.

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 dependents 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.

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Protect Life 2:

a draft strategy for suicide prevention in the north of Ireland

Department of Health

September 2016

CONTENTS

MINISTERIAL FOREWORD

There are few things worse than a person believing there is no hope or help available and no feasible course of action other than to take their own life. Each life lost to suicide is a tragic loss of opportunity and potential and each life lost is one life too many.

Suicide is an issue which is much wider than health; it affects us all. I will therefore continue to work with my colleagues on the Ministerial Coordination Group on Suicide Prevention and to apply a cross-government approach to suicide prevention. Above all, we will continue to involve communities and individuals whose lives have been affected by the suicide of family, friends and neighbours. It is only through this co-ordinated working that we can meet the challenge of reducing suicide rates.

Local academic research has shown the impact of transgenerational trauma and high rates of suicide on communities here who have been exposed to years of violence during the period of community conflict. Combined with higher levels of mental health need it is clear that a long-term approach to reduce suicide is a priority for our society.

Suicide rates in the most deprived areas here are three times higher than in the least deprived; for self harm that differential is four times higher. Men continue to be three times more likely to die by suicide than women. As Minister, I am committed to tackling inequalities and I will ensure that resources continue to be focused on reducing these differentials.

This Strategy identifies a number of areas for discrete focus to achieve our purpose of reducing inequalities and the suicide rate in the north of Ireland. In particular tackling repeat self harm which is a major risk factor for suicide; a focus on those who have been bereaved by suicide; and improving the initial response to the care and recovery of people experiencing suicidal behaviour. Our goal is to Protect Life and I believe that this can be achieved through effective evidence-based intervention, treatment and support. I look forward to hearing the views of all stakeholders to this consultation.

Michelle O’Neill MLA
Minister for Health

EXECUTIVE SUMMARY

Overview

North of Ireland context

In the north of Ireland an average of 274 people die by suicide each year and many more are affected by suicidal thoughts at some point in their lives. Self-harm is considered alongside suicide because it is a major risk factor for subsequent suicide. The risk of suicide in the first year after self-harm is between 60-100 times greater than the risk of suicide in the general population. The suicide rate here between 2005 and 2014 has been 15.3 deaths per 100,000 of population.

There is a health inequality aspect to the burden of suicide with the suicide rate in the 20% most deprived areas - at around 30 deaths per 100,000 people - almost twice the average in the north of Ireland and three times the rate experienced in the 20% least deprived areas. The aim of reducing the differential in the rate between the most deprived and least deprived areas average will be retained from the first *Protect Life* strategy.

In addition, there is a gendered aspect to suicide with men three times more likely to die by suicide than women. Males aged 20-50 have the highest suicide rate.

The difficulty in attributing outcomes or impacts to a single suicide prevention strategy is widely recognised since many other factors, such as unemployment and community violence, can exert an influence on suicide rates.

Self-harm is a serious public health issue in its own right. Between April 2013 and March 2014 there were 8,453 presentations at hospital emergency departments here as a result of self-harm. Almost 6,000 people presented and 20% of these on more than one occasion. The rate of self-harm here is 327/100,000 of population - 64% higher than in the south of Ireland. Alcohol was involved in almost half of all presentations.

Priority population groups

While suicide is not exclusive to specific population groups, risk factors provide a clear indication that certain population groups are vulnerable to suicide. The reasons behind the increased risk will vary, but include issues such as victimisation, bullying, isolation, trauma and exposure to violence, hopelessness, and access to lethal

means of suicide. The priority groups identified for suicide prevention are indicated in the text box below:

LGBT people **Migrant populations and ethnic minorities** **Homeless people** **Those who have experienced abuse/conflict, including sexual abuse and domestic violence** **"Looked after" children and care experienced children** **Those with PTSD as a consequence of the conflict in the north of Ireland**	**People who are long-term unemployed** **Certain occupations such as farming, the military (including veteran populations), dentistry, and 'low status' occupations** **Males aged 19 to 55, especially those who live in areas of deprivation** **Those in contact with the justice system** **People with mental illness, including addiction disorder** **Travelling community**

Suicide prevention services

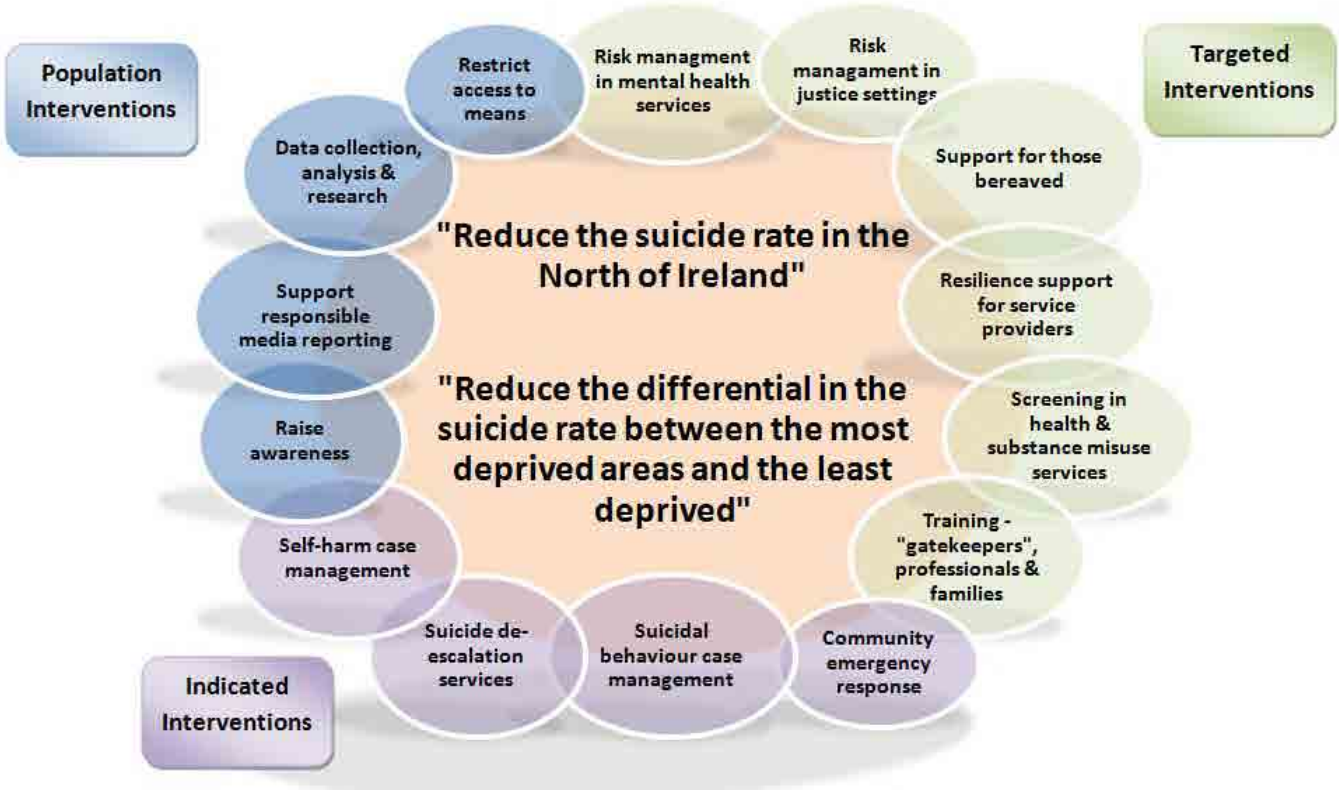
Currently £7m per annum is invested in suicide prevention services in the north of Ireland by the Department of Health (DoH). In addition to this, there is a significant contribution from charities and the community sector; mental health services; and from other Departments. This funding has covered a wide range of services including Lifeline; training; counselling; Self-harm Registry; Self-harm Intervention Service; public information campaigns; and community response plans.

Evidence has supported the continued use of both population-based approaches designed to influence attitudes and behaviours; as well as targeted intervention for groups at higher risk of suicide; and indicated intervention for those in crisis.

Priorities

The proposed priority areas for achieving the aims of the *Protect Life 2* strategy are set out below. It will be essential to ensure that support services and awareness-raising reaches out to all marginalised and disadvantaged groups that are at increased risk of suicide.

We will also seek to raise awareness of high risk occupations and develop a culture of help-seeking among people in occupations that have a high risk of suicide and self-harm.



Objectives

Protect Life 2 will seek to build on what has been achieved through the previous Strategy whilst taking action to address those areas where gaps have been identified or further improvements deemed necessary. Ten objectives, focussing on priority areas and risk factors, have been identified for the Strategy.

Objective 1 – Fewer people who are in contact with mental health services, die by suicide.

28%[1] of people who died by suicide in the north of Ireland were known to mental health services and 50% had been taking medicine for mental illness. Where people at high risk of suicide are known to services, there is an opportunity to reduce that risk and improve patient safety.

Objective 2 – Reduce the incidence of repeat self-harm presentation to hospital emergency departments.

Repeat self-harm is the major risk factor for suicide. Presentation at hospital emergency departments due to self-harm provides an opportunity to act quickly and link those at risk with services.

Objective 3 – Improve the understanding and identification of suicidal and self-harming behaviour, awareness of self-harm and suicide prevention services, and the uptake of these services by people who need them.

Stigma related to suicide remains a major obstacle to suicide prevention efforts. It isolates and may prevent people from seeking help, even though they are in distress. Better understanding of the issues should help reduce stigma and encourage help-seeking behaviour. It should also increase the likelihood of early recognition of suicidal behaviour and suicide risk, thereby improving the chances of early intervention for more people.

Low levels of engagement with mental health services by those who have died by suicide is a cause for concern. This is particularly true for men and probably reflects a reluctance to disclose mental health difficulties. This further highlights the need to raise public awareness of mental health, address stigma around disclosure of suicidal feelings, and encourage help-seeking.

Objective 4 – Enhance the initial response to, and care and recovery of, people who are experiencing suicidal behaviour and to those who self-harm.

Those who are the first point of contact need to have the necessary knowledge, skills and attitudes to deliver compassionate and supportive care. Suicide rates in Scotland have been declining; those responsible for the Scottish *Choose Life* strategy attribute the achievement of a target of training 50% of first responders and health care staff as an important contributory factor for this outcome.

Objective 5 – Restrict access to the means of suicide, particularly for people known to be self-harming or vulnerable to suicidal thoughts.

Reducing access to the means of attempting suicide is a particularly effective prevention intervention because some people make a suicide attempt impulsively in direct response to a personal (and sometimes short term) crisis. The presence of alcohol, particularly alcohol intoxication, increases impulsivity and may create

temporary depression. If lethal means are not available or if the person survives the attempt, suicidal thoughts may pass or there may be time to intervene in other ways or to seek help.

Given that most suicide attempts take place in or near the home and that the most commonly used means are easily accessible, it is recognised that the potential for restricting access to means in all cases is limited. Nevertheless, it is important to be vigilant and to restrict access to means where possible.

Restricting access to means also covers media reporting of suicide which should avoid reporting excessive detail about the methods of suicide.

Objectives for postvention support

Objective 6 – Ensure the provision of effective and timely information and support for individuals and families bereaved by suicide.

Losing a loved one to suicide is one is of life's most painful experiences. The feelings of loss, sadness, and loneliness experienced after any death of a loved one are often magnified in suicide survivors by feelings of guilt, confusion, rejection, shame, anger, and the effects of stigma and trauma. Families and friends bereaved by suicide are at greater risk of depression and future suicidal behaviour and often require specific supportive measures and targeted treatment to cope with their loss.

It is estimated that around six people are intensely affected by every suicide death and a further 60 people are deeply affected. On this basis, an estimated 42,000 people in the north of Ireland have been intensely affected by suicide since 1970 and around 10% of the population have been profoundly affected by suicide.

Objective 7 – Provide effective support for 'self-care' for voluntary, community, and statutory sector staff providing suicide prevention services.

Patient, client or parishioner suicide is very distressing for those who have been supporting the individual on a professional/vocational basis. It can exact a heavy toll on their personal wellbeing and professional confidence. Self-care complements suicide prevention services, and there is a need to consider mechanisms for better

psychological and professional support for those who experience suicide as part of their professional or voluntary practice.

Objective 8 – Enhance responsible media reporting on suicide.

Appropriate media reporting of suicide can make a positive contribution to public understanding of suicide, and to the promotion of help-seeking behaviour and suicide prevention. Inappropriate media reporting causes considerable stress and trauma to those bereaved by suicide and can lead to 'copycat' behaviour, especially among young people and those already at risk.

Objective 9 – Identify emerging suicide clusters and act promptly to reduce the risk of further associated suicides in the community.

There is a risk of 'copycat' suicides, particularly among young people, when a member of a community dies by suicide.

Objective 10 – Strengthen the local evidence base on suicide patterns, trends and risks, and on effective interventions to prevent suicide and self-harm.

The epidemiology of suicide and suicidal behaviour changes needs to be monitored to understand the drivers for suicide and self-harm, and to identify the most at risk groups and individuals. This in turn informs preventative measures and where/at whom these should be targeted. In essence, suicide and self-harm requires ongoing analysis and research.

Governance

The Ministerial Co-ordination group on suicide prevention will continue to provide oversight, leadership and impetus for cross-departmental collaboration and co-ordination. Strategic oversight will continue to be led by DoH who will also continue to support the rollout of the Strategy by setting suicide prevention priorities and outcomes in the relevant commissioning plans for the Health and Social Care system which are updated annually. It is proposed that implementation of the Strategy will be through a new Protect Life 2 Implementation Steering Group chaired by the Public Health Agency. They will be supported by the Suicide Strategy Implementation Body, and Protect Life Implementation Groups. There may be further recommendations around structure arising from the Future Search process in Belfast.

SECTION 1

INTRODUCTION

Chapter 1: STRATEGY PURPOSE, AIMS AND SCOPE

Purpose and aims

The purpose of this strategy is to define priorities and objectives for reducing the prevalence of suicide in the north of Ireland and the differential in suicide rates between the most deprived and least deprived areas here, and to set out an action plan for doing so over the period 2016 to 2021.

The aims are to: gain a better understanding of suicidal behaviour in the north of Ireland; improve the identification of and response to suicidal behaviour; prevent suicide by people in crisis; support recovery from suicidal behaviour and repeat self-harming; and support those bereaved by suicide.

Scope

The strategy focuses primarily on: those who self-harm; those who are in emotional crisis and at risk of suicide; those who are already suicidal; and those who are bereaved by suicide. It also covers population-wide awareness-raising of suicide and suicidal behaviour, and how to respond to this in order to prevent suicide.

There is general consensus that action to address suicide and self-harm must be wide-ranging and address the social determinants that adversely affect our mental health and wellbeing. Policies and programmes that help address the wider societal risk factors for suicide are identified in **Appendix 2** (Policy Context).

The importance of early intervention to enhance the emotional resilience of those groups and individuals who are at risk of poor mental wellbeing is also recognised as this can increase a person's vulnerability to suicidal behaviour in the face of adverse life events. Effective suicide prevention requires measures to sustain positive mental health and wellbeing in people before they become suicidal.

The Department, therefore, intends to develop a specific action plan for the promotion of positive mental health under the Public Health Strategic Framework *Making Life Better*. This will be complementary to the *Protect Life 2* Action Plan and

to the Service Framework for Mental Health which also impacts on the suicide and self-harm agenda.

Principles

The core principles are that strategic action should:

- be evidenced-based, where possible;
- be in effective partnership/collaboration with public and private sector organisations, academia, professional bodies, and voluntary and community agencies - including community groups and organisations representing bereaved families;
- 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;
- strive to reduce inequalities in the burden of suicide; and
- achieve measurable outcomes and be amenable to evaluation.

Chapter 2: SUICIDE AND SELF-HARM – THE NORTH OF IRELAND CONTEXT

Introduction

Suicidal ideation, suicidal intent or behaviour, and self-harm are highly complex social and personal issues and worldwide phenomena. The World Health Organisation has recognised suicide prevention as a global imperative given that an estimated 800,000 people die by suicide annually across the globe.[2] In the north of Ireland, an average of 274 people die by suicide each year and many more are affected by suicidal thoughts at some point in their lives.[3]

Suicidal behaviour differs between gender, age groups, social groups, and socio-economic settings. At a population level, disruption of traditional social structures tends to lead to an increase in suicide rates due to loss of social cohesion and common values. This is compounded where there is an increase in adverse social circumstances such as poverty and unemployment.

Self-harm (non-fatal self-poisoning or self-injury, irrespective of the degree of suicidal intent) is considered alongside suicide because it is a major risk factor for subsequent suicide. The risk of suicide in the first year after self-harm is between 60 to 100 times the risk of suicide in the general population.[4] The *Northern Ireland Lifestyle and Coping Survey* published in 2010 indicates that 10% of 15/16 year olds in the north of Ireland have self-harmed at some stage.

The concept of a 'suicidal process' - which incorporates the development of suicidal ideas, and then non-fatal self-harm, and ending, in some cases, with suicide – has gained ground.[5] However, suicide is not inevitable. This is one of the myths about suicide that the World Health Organisation seeks to expose (see **Box 1**) in order to remove barriers to the effective prevention of suicide. The WHO "myths" and "facts" have helped inform the development of this strategy and the approach that will be taken to suicide prevention in the north of Ireland.

Box 1: WHO myths and facts about suicide[6]

Myth	Most suicides happen suddenly without warning.
Fact	The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.
Myth	Someone who is suicidal is determined to die.
Fact	On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.
Myth	Once someone is suicidal, he or she will always remain suicidal.
Fact	Heightened suicide risk is often short-term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.
Myth	Only people with mental disorders are suicidal.
Fact	Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.
Myth	Talking about suicide is a bad idea and can be interpreted as encouragement.
Fact	Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.

Suicide trends and incidences in the north of Ireland

The Northern Ireland Statistics and Research Agency (NISRA) provides data on suicide trends by age, gender, geographical area and deprivation level.

The suicide rate in the north of Ireland between 2005 and 2014 has been 15.3 deaths per 100,000 of population. The total number of deaths registered over this period is 2,738. This is over three times higher than the total number of deaths in road traffic accidents over the same period. It is estimated that for every death by suicide, six members of the immediate family are intensely affected and up to 60 other people are deeply affected. This means that over the period 2005 to 2014, around 165,000 people in our society have been directly affected by suicide.

In considering the years in which deaths actually occurred, as opposed to when they were registered as suicides, it is clear that suicide rates remained relatively stable up until the late 1990s and then increased steadily until the mid 2000s. The suicide rate

has remained relatively constant since the implementation of *Protect Life* 2006. This may be reflective of the positive contribution of the Strategy given the difficult economic situation in recent years - there is evidence that the global economic recession has had a major effect on suicide, particularly in European males.[7] Nevertheless, it is notable that the north of Ireland experienced an overall increase in suicides in the last decade; while England, Scotland and Wales had a reduction.

Figure 1: Number of Deaths Registered as Suicide 2004-2014

Male

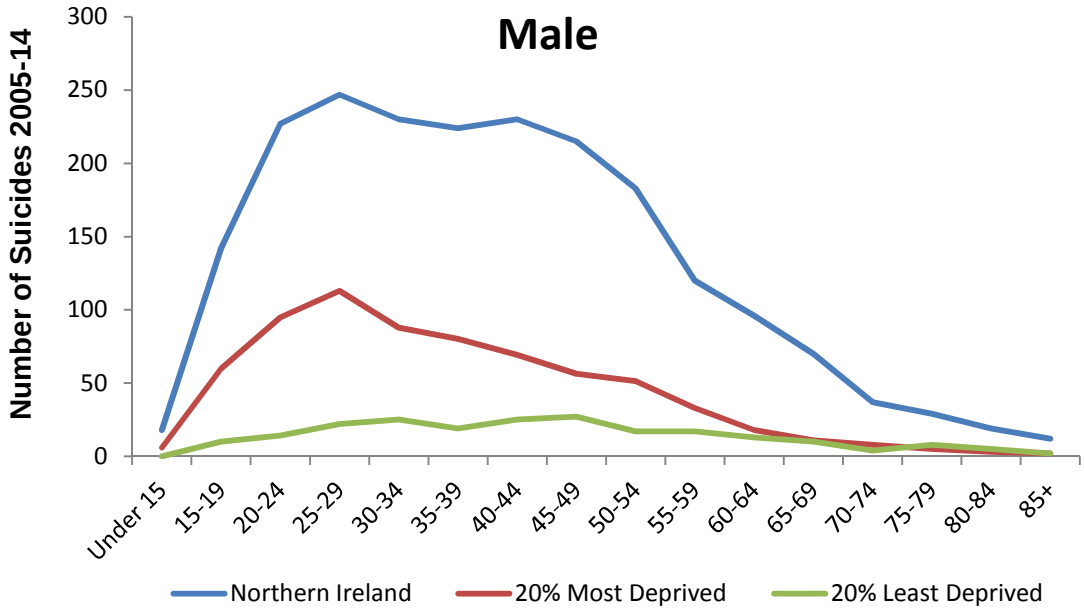
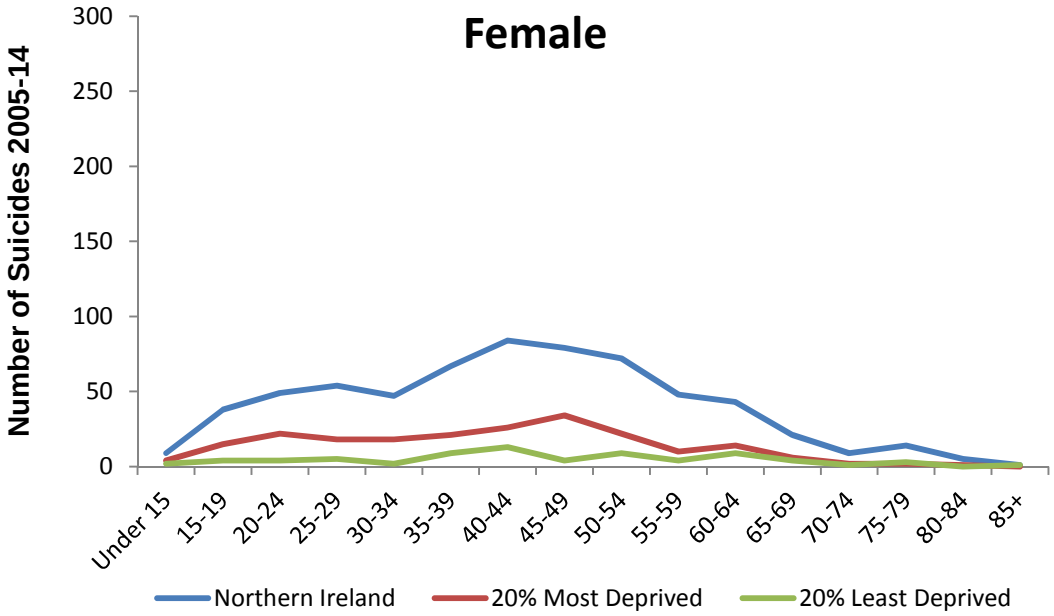


Figure 2: Number of Deaths Registered as Suicide 2004-2014

Female

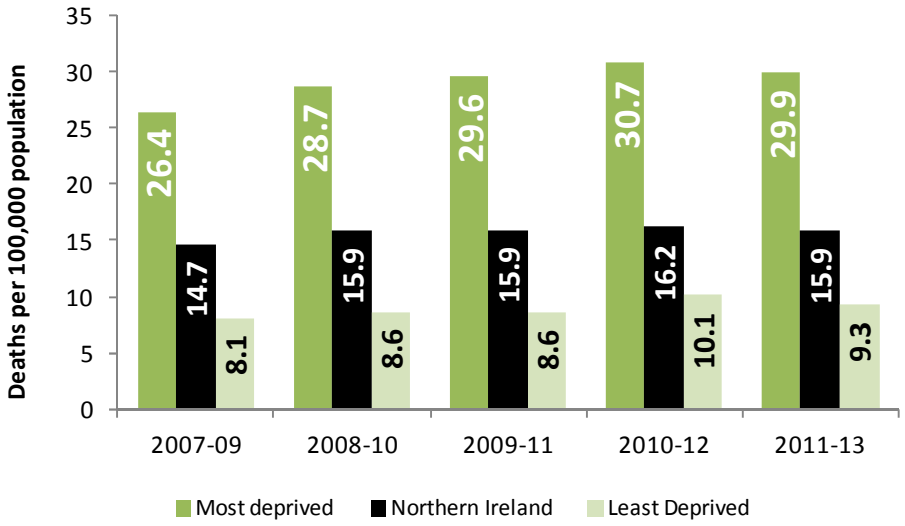


Source: Health & Social Care Inequalities Monitoring System (original deaths data from Demography & Methodology Branch, DFP).

Deprivation

There is a health inequality aspect to the burden of suicide.[8] The suicide rate in the 20% most deprived areas, at around 30 deaths per 100,000 people, is almost twice the north of Ireland average and three times the rate experienced in the 20% least deprived areas. Meanwhile, the suicide rate in rural areas is a quarter lower than the north of Ireland regional average.

Figure 3: Crude Suicide Rate: Deprivation Time Series



Source: Health & Social Care Inequalities Monitoring System

Suicide rates are quoted per 100,000 of population in order to adjust for the underlying population size. Smaller populations tend to produce rates that are less reliable as differences in the number of suicides have a proportionately bigger impact on the rate than in larger populations. For this reason, it is not common practice to use rates per 100,000 when considering suicide prevalence in specific population sub-groups in the north of Ireland, such as ethnic minorities.

When comparing trends over time it is important to consider a relatively long period. Increases and decreases for a year at a time should not be considered in isolation as there may be fluctuations year-on-year which hinder the identification of longer-term trends in suicide rates. For this reason, suicide rates quoted in this document are based on three year rolling averages.

It is clearly important to retain the goal of a substantial reduction in the north of Ireland suicide rate and the aim of reducing the differential in the rate between the most deprived areas and the least deprived. However, the difficulty in attributing outcomes or impacts to a single suicide prevention strategy is widely recognised since many other factors, such as unemployment and community violence, could exert an influence on suicide rates.[9] The Northern Ireland Audit Office has noted

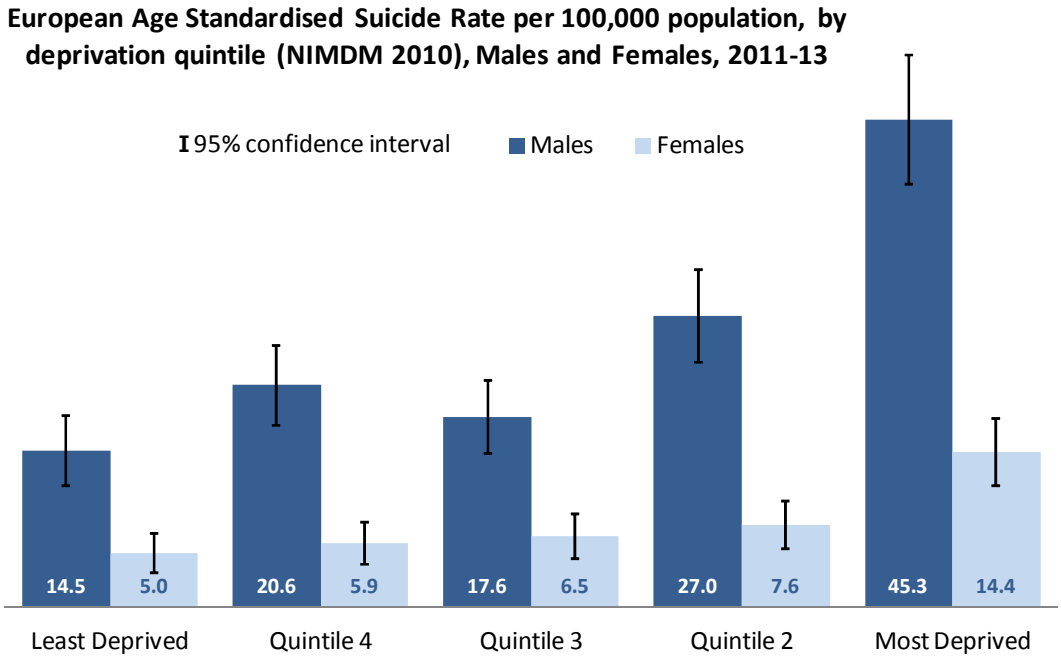
that, while the relative impact of strategies on suicide is important for planning, it is difficult to quantify.[10] In view of this, it is important to identify objectives (see Chapters 6 and 7) on which this strategy can have a measurable impact.

Gender and suicide

It is clear there is a gendered aspect to suicide in the north of Ireland with men three times more likely to die by suicide than women, and males aged 20 to 50 having the highest suicide rate. This is partly the result of differences in the methods used in terms of lethality.[11] [12] There is also evidence that long accepted cultural perceptions of masculinity - characterised by competitiveness, risk-taking and enduring hardship without displaying feelings - impact negatively upon men's help-seeking behaviour. [13] Males can be reluctant to disclose mental health concerns to their GP and often present with physical symptoms rather than mental health issues.

The "*Engaging Young Men Project*",(http://www.mhfi.org/EYMPmappingreport.pdf) cites substantial evidence that young men's inability to seek help for emotional and mental health problems is influenced by low educational attainment, low socio-economic background, and by adopting the traditional masculine ideal. It found that young males in both parts of Ireland are: more likely to turn to alcohol and drugs as coping strategies; less likely to report personal susceptibility to depression; tend not to have the same supportive friendships as young women; and are less likely to confide in family members about emotional issues.

Figure 4



The project also notes that young men use the Internet and technology as a way to seek help for mental health issues in preference to more conventional health services, and that their help-seeking intentions tend to decline as thoughts of suicide increase. This indicates a need for interventions that focus on the different means of suicide used by men and women; their different approaches in coping with psychological distress; and on their different attitudes to help-seeking. Men in particular are known to benefit from many of the broad measures relevant to suicide prevention such as action on alcohol and drugs; economic inactivity; and treatment of depression in primary care.

Urban and rural experiences

Suicide is more prevalent in urban areas, especially in large towns and cities. However, rural dwellers have experienced a unique set of circumstances and challenges in recent years including an ageing population, decline in farm incomes, changing labour markets, and depopulation/migration in some areas.

Certain factors have been identified as creating risk and stress to people living in rural areas over and above the risk factors for suicide affecting general populations. These include isolation, barriers to accessing services, a more conservative approach to help-seeking, heightened stigma associated with mental health issues,[14]

being ‘different’ (e.g. LGBT) in a rural context[15], availability of some means of suicide (firearm ownership, pesticides), and high risk occupational groups such as farmers and vets.

Stigma attached to mental illness is often seen, in rural areas in particular, as posing a substantial threat to reputation, position or role. This can lead to concealment of mental health problems and delay in seeking help until a crisis point is reached. Even at this stage, help might not be sought and the prospect of a suicide attempt becomes further heightened.

It is important that local suicide prevention plans take account of the particular circumstances in rural areas when selecting suicide prevention interventions. While it is recognised that there is a lack of evidence on what works in rural areas to prevent suicide, some useful guidance exists, such as that produced by NHS Health Scotland.[16] This guidance suggests, for example, that given the difficulties in accessing and delivering health services in rural areas, the need to train “community gatekeepers” in suicide awareness and intervention is especially relevant for these communities, as is the provision of crisis helplines.

Self-harm trends in the north of Ireland

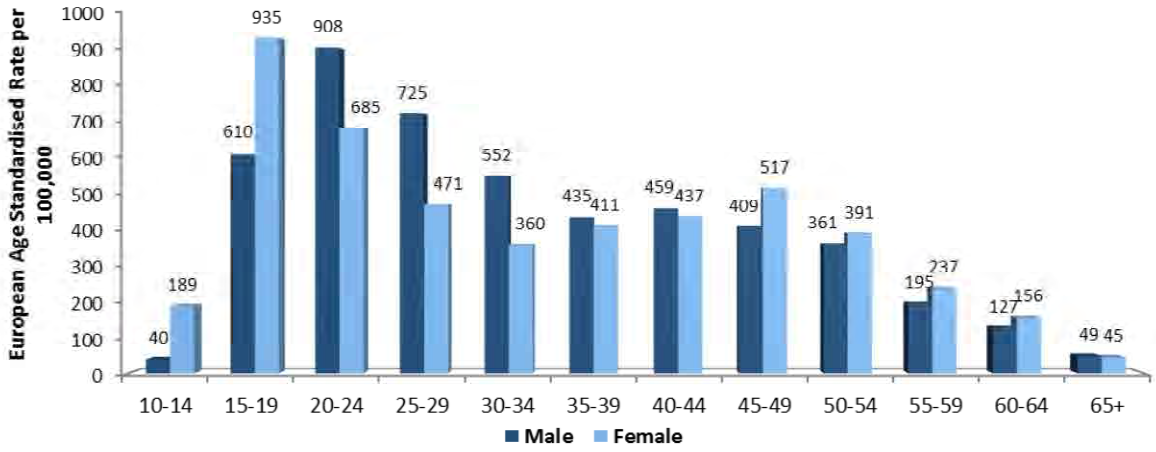
Self-harm is a manifestation of deep emotional distress. People self-harm for numerous reasons, such as (frequently undiagnosed) psychiatric disorder;[17] or as a reaction to adverse life experiences such as bullying, abuse, trauma, and victimisation. There is a clear link between self-harm and suicidal ideation.[18] People who self-harm repeatedly are much more likely to die by suicide (around half of those who die by suicide have a history of self-harm)[19], and many suffer from long-term physical effects of self-injury and self-poisoning, particularly as the intensity of self-injury tends to increase over time in the absence of any support or resolution of the source of the distress.

Self-harm is a serious public health issue in its own right. It is one of the top five reasons for medical admission in the UK. Between April 2013 and March 2014 there were 8,453 presentations at hospital emergency departments in the north of Ireland

as a result of self-harm, involving almost 6,000 people (one-fifth of whom presented on more than one occasion and would, therefore, be considered to have high risk of suicidal behaviour). An additional 3,623 cases presented with suicidal ideation, 65% of whom were male.

The Self-harm Registry Annual Report 2013/14 shows that the rate of self-harm here was 327 per 100,000 of population (64% higher than the south of Ireland), with alcohol involved in almost half of all presentations.

Figure 5: European Age-Standardised Rate per 100,000 of self-harm in the north of Ireland by age and gender, 2013/14



Source: The Northern Ireland Registry of Self-Harm Annual Report 2013/14[20]

The Registry was initially established in the Western Area in 2007 and a report[21] was published in January 2015 covering the incidence of self-harm presentation in the Western Area over the period 2007 to 2012. The main findings were that: the incidence of self-harm presentation was 14% greater in females than in males; rates were much higher among Derry City Council residents than among residents of more rural district council areas; the incidence rate tended to decrease with age; drug overdose was by far the most common method of self-harm; more lethal methods were rare but more common amongst men; almost three-quarters of the patients made only one presentation during the 6-year study period; and the number of presentations increased throughout the course of the day with alcohol involved in 60% of presentations (and even more so in those presentations occurring in the early hours).

It is noted in the study that the findings may indicate that a proportion of self-harm (necessitating hospital treatment for the injury) may be going untreated or being dealt with in primary care in rural areas. The report stresses that this would have implications for service provision and the prevention of suicidal behaviour. It also highlights the importance of deploying mental health staff at peak times to assess self-harm patients, but notes that this is also when the greatest proportion of patients are intoxicated and therefore unsuitable for assessment.

Policy context

Information on the definition and recording of suicide in the north of Ireland and on the law in relation to suicide is provided at **Appendix 1**. Key policies and activity which contribute to improved positive mental health, and which address risk factors for suicidal behaviour are set out at **Appendix 2**. Consideration will be given to achieving better integration of the delivery of these strategies and policies into suicide prevention and postvention activity e.g. bereavement support, Community Response Plan activation, and suicide data analysis.

The policy context has also been informed by NICE evidence-based guidance on the treatment of self-harm, treatment of post traumatic stress disorder and pathways to care. The Department regards this as best practice that Health and Social Care bodies must seek to implement. This guidance is also outlined at **Appendix 2**.

Recent developments – the internet, e-mental health, and the "suicide down to zero" concept

The ***Internet*** can be a powerful tool for suicide prevention, for example, in promoting awareness-raising and signposting to sources of help. Evidence shows that it is being used to access health information about stigmatising illnesses such as depression and that those who self-harm are using it for constructive purposes such as help-seeking and coping strategies.[22]

There is some evidence[23] that the internet is particularly useful for working with and accessing young men and those from minority backgrounds as the element of anonymity provides a safe space for them to explore mental health issues.

Smartphone apps have been developed locally which can provide immediate access to available support at a community level and provide potential de-escalation for users when faced with distressing situations. An app is currently being developed by Mersey Care NHS Trust that will enable clinicians to monitor digital communications by patients (on the basis of the patient's prior consent) including social media accounts, emails and phone calls. If users demonstrate a suicide risk such as visiting a suicide 'hotspot', talking about suicide or missing an appointment, the clinician is alerted by the app to contact them.

The Samaritans have linked with Facebook on a suicide prevention tool[24] that encourages users to flag and report their friends' posts that cause concern. These posts are reviewed by a team at Facebook, with help options sent to those the reviewers deem to be struggling.

The positive use of the Internet and social media in frontline suicide prevention will continue to be explored.

On the negative side, however, some social networking sites facilitate cyber bullying and the promotion of self-harm and suicide. There is also a trend towards social networking sites becoming 'memorials' following the owner's suicide, which can lead to copycat behaviour. The Health Departments in England, Scotland, Wales and here have commissioned a National Investigation into Child Suicide to examine the role of social media and internet sites in suicides amongst children and young people. The results of this study (due in 2016) will help to inform the implementation of this Strategy, as will the Technology and Wellbeing Guidelines being developed by the National Office for Suicide Prevention in the south of Ireland. Initial findings suggest that school-based mental health promotion programmes and regulation to restrict or remove suicide promoting internet sites may be the most feasible preventative measures.[25]

Locally, an e-safety strategy is currently in development by the Safeguarding Board of Northern Ireland (SBNI) to ensure the safety of children and young people when using the internet and electronic media. It will highlight best practice and ensure all children and young people can make best use of the benefits of online activity. It will

contribute to suicide prevention through the encouragement of responsible use of digital and internet technology so that children and young people have the skills to protect themselves from potential risks.

E-mental health is the use of information and communication technologies to support and improve mental health. A European Union policy paper "*Joint Action on Mental Health and Well-being*" (October 2015)[26] considered the potential for mainstreaming existing e-mental health interventions to support suicide prevention. The report highlighted the potential of e-mental health solutions for addressing barriers to help-seeking and improving access to care. Interventions include screening, self-management, e-therapy and applied games.

While acknowledging the many challenges to mainstreaming these interventions, the EU paper recommends: greater inclusion of e-mental health interventions alongside personal contact; increasing the capacity of mental health professionals to integrate e-mental health in their regular practice; and integrating e-mental health into overall e-health policies.

The Health and Social Care Board (HSCB) has published an e-Health strategy[27] and established an e-Health and Care Strategic Programme Board, supported by an e-Health team, to oversee implementation of the strategy. The HSCB works with the PHA to identify international best practice and trends in technology developments and innovation. The potential to develop projects under the strategy that focus on mental health promotion and suicide prevention will be considered.

The ***Suicide Down to Zero*** concept is gaining support among some stakeholders in the suicide prevention field. This concept and approach emerged in the USA through the work of several health care organisations that committed to suicide prevention in their care systems. Its core propositions are that suicide deaths for people in care are preventable, and that the goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

Suicide Down to Zero relies on a system-wide approach to improve outcomes and close care/service gaps through best practice in quality improvement and evidence-

based care. Achieving the 'zero goal' requires organisations to rigorously evaluate performance and use adverse events as opportunities to learn and enhance capacity to save lives in future. The Perfect Depression Care model[28] developed and operated by the Henry Ford Health System in Michigan includes suicide prevention as an explicit goal and has demonstrated an 80% reduction in the suicide rate among health plan members.

On the basis of these approaches, the US National Action Alliance for Suicide Prevention has identified essential dimensions of suicide prevention for health care systems and offers an evolving online toolkit[29] that includes modules and resources to address dimensions such as: leadership; risk assessment; safety planning for each individual; care pathways and treatment of suicidality; workforce development, restriction of lethal means; continuing support after acute care; increased contact and better education for families of people deemed to be at risk; and applying data-driven quality improvement to inform system changes that will lead to improved patient outcomes.

There is a case for establishing suicide prevention as a core component of health and social care services thereby improving coordinated prevention across primary care, in-patient and community mental health services, emergency departments; and linking this to community and voluntary service providers. However, as such a large percentage of suicide deaths are in people not known to mental health services, the overall impact of this approach in terms of reducing suicide rates will be partly dependent on better identification of, and service contact with, people who are suicidal.

A number of NHS Trusts in England (eg Merseycare, South West England, and East of England) are developing *Suicide Down to Zero* approaches. It is intended that this strategy will learn from their progress and consider whether and how this approach can be developed regionally for the north of Ireland.

Chapter 3: SUICIDE, SUICIDAL BEHAVIOURS AND SELF-HARM: RISK AND PROTECTIVE FACTORS

Risk factors

Suicide is the result of highly complex interactions among various risk factors and protective influences which vary from one individual to another.[30] The factors that lead to someone developing a vulnerability to suicidal behaviour (suicidal ideation, suicide planning, suicide attempt) are likely to have their roots in a chain of events and experiences that may have begun years previously, and which, in turn, were shaped by broader socioeconomic determinants. The risk factor patterns also vary across age, sex, and geographic location.

Research[31] has identified and determined the potency of risk factors for suicide and suicidal behaviours. These can be grouped into broad categories:

(a) ***socio-demographic*** characteristics - (sex, age, marital/partner status, education level, employment status, income level, and urban/rural status) that are associated with increased suicide risk in population groups.

(b) ***pre-disposing*** exposures – those which create a long-term propensity or pre-disposition for suicidal behaviour. These include genetic influences, dysfunctional family relationships, and early trauma; they increase individual risk for later vulnerability to suicide when exposed to the more direct risk factors.

(c) ***direct*** exposures – that actually precipitate suicidal behaviours. These include psychiatric disorder (the north of Ireland has a high proportion of people using psychotropic medication[32]), physical illness, alcohol intoxication, and some form of psychosocial crisis in the person's life such as a relationship breakdown.

The presence of risk does not necessarily lead to suicidal behaviour; for example, not everyone with a psychiatric disorder or chronic physical illness attempts suicide. It is the combination of powerful pre-disposing factors with triggering events and characteristics that lead to a suicide attempt. Furthermore, the likelihood of suicide

increases with an increasing number of risk factors. In view of this, society-wide awareness of the risks for suicide is an important preventative measure.

Legacy of conflict

Evidence indicates that the north of Ireland has high levels of, often untreated, post traumatic stress disorder (PTSD) and other mental health disorders as a result of almost 40 years of conflict.[33] Research[34 35] into the effects of decades of violence has indicated strong evidence that experience of the conflict is associated with poorer mental health, particularly depression and alcohol misuse.

Some researchers have suggested a possible link between the conflict in the north of Ireland and the relatively high suicide rates experienced here. The contention is that the increased rates of suicide since the peace agreements in 1998 are the result of a decline in social cohesion and social connectedness (which was characteristic of the conflict period), coupled with high levels of mental disorders (which are partly the result of previous exposure to violence). Further local research[36] found that children who grew up in the worst years of the violence in the 1970s are experiencing the highest suicide rates, indicating that they remain at risk as they grow older.

Plans are underway to establish a new comprehensive Mental Trauma Service. This will support the recovery of those who are experiencing significant mental health issues as a result of trauma, including issues arising from the conflict in the north of Ireland, as well as other causes, such as abuse, assault or accident. It is hoped that one of the outcomes of this service will be that it will form part of the overall drive against suicide.

Other local research

Research,[37] commissioned under the *Protect Life* Strategy, involving in-depth analysis of records on all suicides in the north of Ireland registered over a seven year period, provides further evidence of local suicide demographics. The findings highlight the known associative factors of mental illness, unemployment, alcohol (particularly in young people), and a history of prior suicide attempts. In addition, experience of an adverse incident prior to suicide was common. These experiences

centred on relationship difficulties but also included bereavement, financial difficulties and employment concerns, and physical illness diagnoses.

The study confirmed that the GP was the most frequently contacted healthcare professional prior to a suicide and verified the association between deprivation and incidence of suicide. It also found that, on a per capita basis, deaths in Belfast were 40% higher than the north of Ireland average. This would indicate that a population level response to suicide is required combined with targeted interventions at areas with particularly high levels of suicide and at the more vulnerable population groups.

Taking into account all this evidence, and other studies,[38] [39] together with WHO frameworks and reports[40], it is possible to state the key risk factors for suicide, see **Box 2** which indicates that risk can be addressed at individual, group, and population level. It also indicates that escalation of suicide risk tends to be on a continuum from poor mental wellbeing to suicidal behaviour. This is represented in ***figure 6*** which shows illustrative examples of escalating risk factors together with appropriate risk reduction interventions at the different stages.

Drivers for self-harm

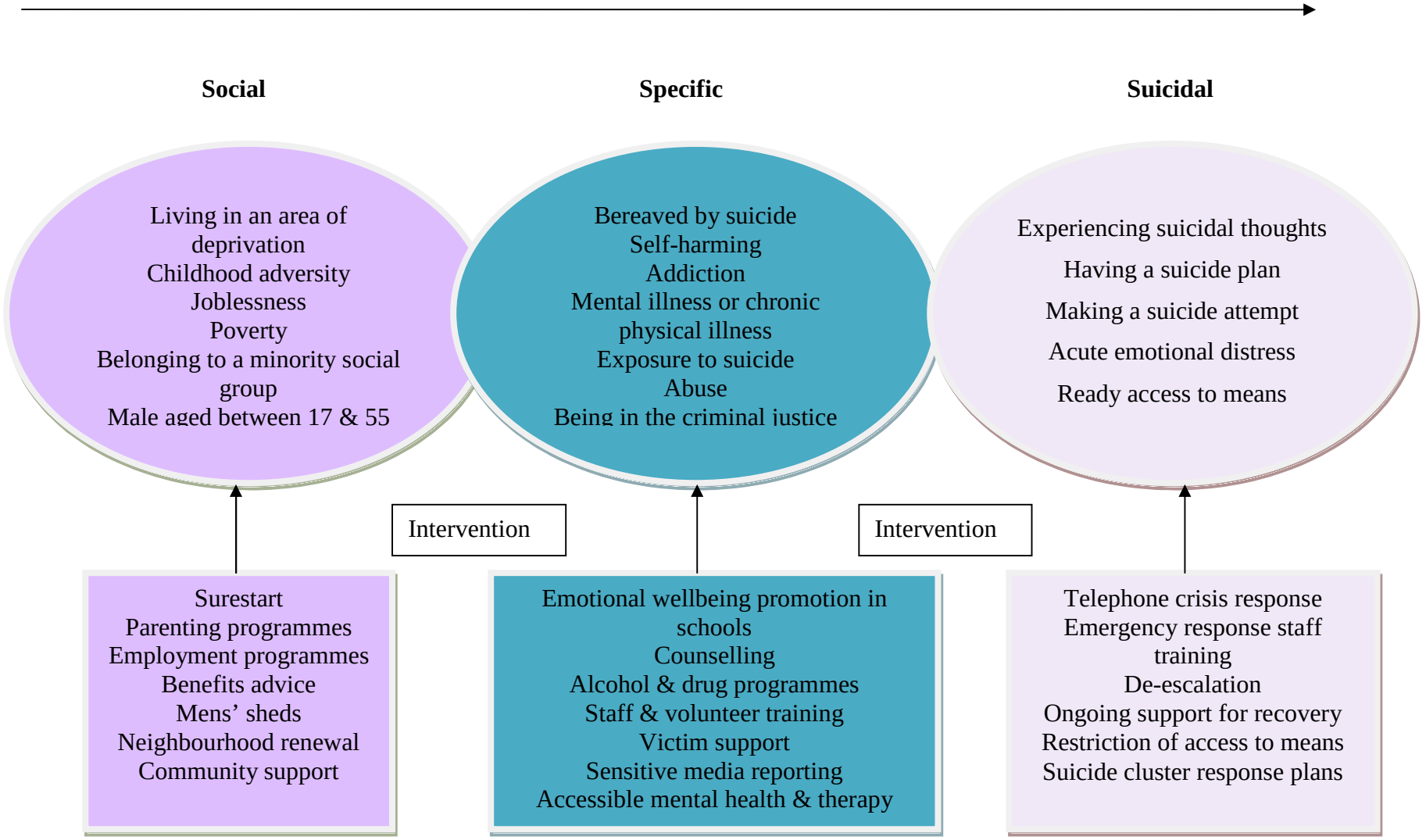
The known drivers for self-harm include depression, alcohol and substance misuse, low self-esteem, low tolerance for emotional distress, and adverse life experiences such as trauma, abuse, neglect, poor family relationships, isolation, and victimisation. In response to these issues, self-harm can be a coping or control mechanism. However, the intensity of self-injury often increases over time and, if there is no resolution of the distress and/or lack of appropriate support, this can lead to a suicidal crisis as coping and control develops into feeling out of control.[41]

Box 2: Risk Factors for Suicide

Environmental and Socio-demographic	Pre-disposing	Direct	Signs of imminent risk
Rapid changes in social structure or values. Economic turmoil. Ready access to lethal means such as firearms, pesticides, highly toxic drugs. Male gender; men have a 3-fold risk of suicide mortality relative to women. Being non-employed. Low income; living in a deprived area. Low educational attainment. Being unmarried, not living with a partner (particularly for men). Age; suicide is currently highest in the 20 to 39 age group (men) and 35 to 54 age group (women). Belonging to a minority group within the overall population. Being a combat veteran. Occupation – e.g. agricultural workers, healthcare workers and machine operatives have raised risk. Stigma associated with help-seeking behaviour for psychiatric difficulties. Poor access to mental health care.	Being in the care of mental health services. Being in contact with the criminal justice system. Experience of being in looked after childcare. Experience of abuse, trauma or violence, including sexual abuse and bullying in childhood or adolescence. Family history of suicide attempts. Lack of social support / social exclusion.	Repeated deliberate self-harm and/or previous suicide attempt(s). Presence of a psychiatric disorder including substance misuse disorder - missed appointments increase the risk. Recent discharge from in-patient psychiatric care. Being prescribed more than one type of psychotropic medication, Major physical illness / severe chronic pain. Exposure to another person's suicide or to sensationalised media account of suicide. Stressful life events/ major loss such as bereavement, divorce, redundancy, financial loss, debt, homelessness, prosecution. Intoxication. Impulsive, reckless or aggressive tendencies; impaired problem-solving. Recent discharge from in-patient psychiatric care.	Expressing suicidal thoughts and, more particularly, evidence of suicide "planning" by the individual. Expressions of hopelessness and pre-occupation with death. Acute emotional distress and/or sudden changes in mood or behaviour Acute substance misuse. Making "final" arrangements such as giving away treasured possessions. Very frequent attendance at GP surgeries, particularly for females, older people and those with a history of mental illness.

Suicide risk can be presented as being on a continuum from poor mental wellbeing to suicidal behaviour, with different interventions being relevant at the different stages.

Figure 6: Escalating suicide risk and illustrative risk reduction interventions at specific stages



Frontline prevention of suicide will focus on recognising and responding to the 'direct' risk factors and with responding to the 'markers' for suicidal behaviour together with broader awareness-raising / promotion of help-seeking behaviour and improved data collection and analysis. Where appropriate, frontline intervention will also focus on addressing the more direct risk factors for suicide, for example reducing repeat self-harming, restricting access to means, patient follow-up post discharge, and suicide bereavement support.

Caution is also needed in approaching some of the risk factors. For example, suicidal behaviour frequently has a significant psychiatric co-morbidity but certain mental disorders are relatively common, and most people suffering from them will not display suicidal behaviour. It is important to bear in mind that not everyone with anxiety, depression, or addiction issues will attempt suicide.

Priority population groups

Although suicide is not exclusive to specific population groups, the risk factors provide a clear indication that certain groups are particularly vulnerable to suicide (see **Box 3**). The reasons behind the increased risk will vary, but may include victimisation, bullying, isolation, trauma and exposure to violence, hopelessness, and access to means.

Box 3: Priority population groups for suicide prevention

LGBT people	**People who are long-term unemployed**
Migrant populations and ethnic minorities	**Certain occupations such as farming, the military (including veteran populations), dentistry, and "low status" occupations**
Homeless people	**Males aged 19 to 55, especially those who live in areas of deprivation**
Those who have experienced abuse/conflict, including sexual abuse and domestic violence	**Those in contact with the justice system**
"Looked after" children and care experienced children	**People with mental illness, including addiction disorder**
Those with PTSD as a consequence of the conflict in the north of Ireland	**Traveller community**
	Those experiencing gender identity issues

The majority of tailored interventions to address the risks that these groups experience are, or will be, delivered within the context of early intervention/resilience building through mental health promotion (a mental health promotion action plan is to be developed under the public health strategic framework *Making Life Better*) or are addressed through related strategies (see **Appendix 2**). This would include, for example, measures to strengthen social relationships for men, employment support programmes, efforts to improve the recognition of depression, services to reduce alcohol misuse, and support to help manage debt.

Other socio-demographic characteristics such as marital status, age, and gender need to be taken into account in assessing suicide risk (in line with NICE guidance) and in developing suicide prevention services that meet the needs of these groups. Many of the "pre-disposing" risk factors also need to be considered in risk assessment and provision of ongoing support for people with suicidal behaviour.

However, particularly high risk individuals requiring immediate intervention are: those who have attempted suicide; those who engage in non-suicidal repeat self-harming; people in emotional and/or social crisis; those in mental crisis; those displaying the signs of imminent risk; and people who have been bereaved by suicide.

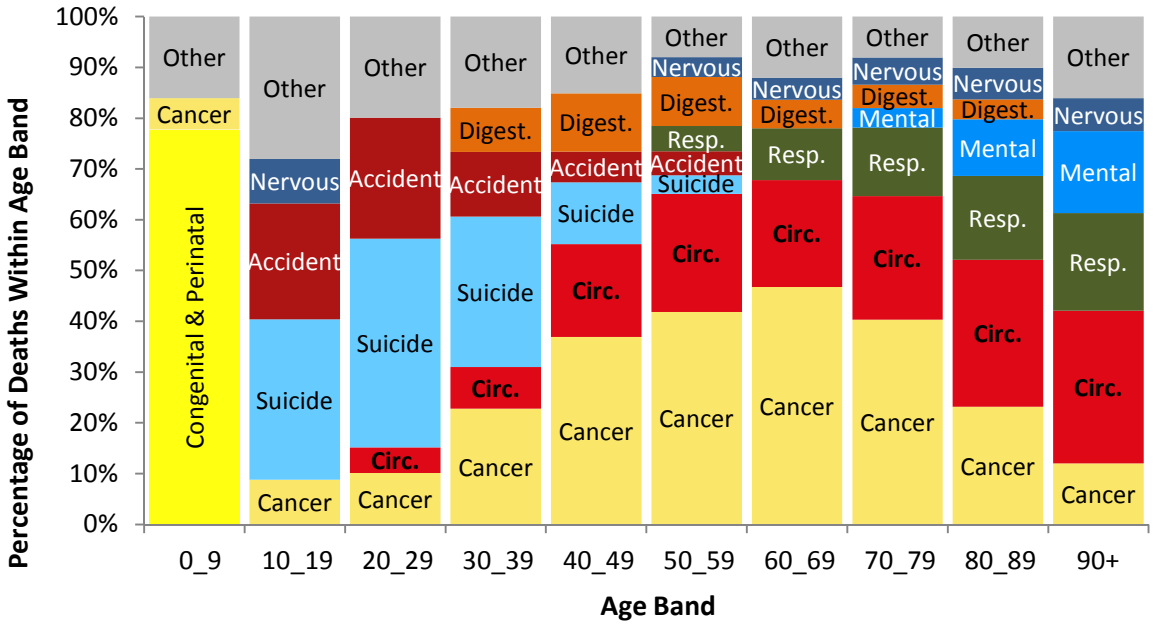
Children and older people

Children are not a specific high risk group for suicide; the rate of suicides in those aged under 18 years of age is low compared to other age groups. However, there was a significant increase in suicide in this age group, in line with that experienced by the general population, between the ten year period covering 1995 to 2004 and the subsequent ten year period 2005 to 2014.

Suicide remains rare amongst the under 15s, however, the threefold increase (from 9 deaths to 27 deaths) over the two ten year periods is a concern and suicide is one of the main causes of mortality in young people (see fig 7) in 2014. Additionally, self-harming, which is strongly associated with future suicide[42], is relatively common among adolescents and teenagers, especially females. Fifteen

to nineteen year olds accounted for 15% of all hospital emergency department self-harm presentations here in 2013/14 and this age group had the highest female rate of self-harm presentation.[43]

Figure 7: proportionate cause of death by age band (2014)



Survey results indicate that a quarter of 16 year olds in the north of Ireland have experienced serious personal, emotional, behavioural or mental health problems in the last year and that this figure increases to 43% for 16 year olds from disadvantaged background.[44] The Lifestyle and Coping Survey has shown that 10% of 15/16 year olds in the north of Ireland self-harm. Girls are also three times more likely to self-harm than boys. The study highlights the crucial role of schools in supporting the mental and emotional wellbeing of children and young people.

It is recognised that children who have suicidal thoughts and behaviours are likely to have experienced influencing factors that differ in some respects to those experienced by adults and that they have different needs in terms of support and care. There are also some important differences in the methods of suicide used by younger people compared to adults.

The *National Investigation into Suicide in Children and Young People*[45] identified the key risk factors as being bullying, academic pressures and exam stress,

concerns about sexuality, increased use of novel psychoactive substances ('legal highs'), family problems, and certain physical health conditions such as acne and asthma. The harmful effect of online social media that encourages self-harm or suicidal behaviours, the impact of cyber-bullying, and relationship breakup are also particularly important issues for children and young people.

The investigation report recommends that agencies that work with children and young people (particularly those in the health, social care, youth justice and education sectors) can contribute to suicide prevention by recognising the pattern of cumulative risks and stress that lead to a suicide attempt. Improved recognition of these features by families and children themselves, together with good access to self-harm services and CAMHS, would also enhance prevention.

ChildLine provide a key frontline intervention service – there are over 1,000 annual calls to ChildLine from children in the north of Ireland where suicide is the main reason for the call. Findings from ChildLine[46] indicate that children need to be able to talk openly about mental health in order to reduce the stigma surrounding it; they need to be listened to and have their worries taken seriously and they need to be assisted in taking control over what happens next.

As with children, older people are not a specific high risk group for suicide however the suicide rate among those aged 65 and over increased from a rate of 6.3 deaths per 100,00 in 2001-03 to a rate of 7.9 deaths per 100,000 in 2012-14.

People over the age of 65 are more likely to have physical health conditions that can lead to social isolation and depression.[47] For example, it is estimated that 10% of older people in Ireland are affected by chronic loneliness.[48] Depression affects up to 5% of over 65s at any point in time, with milder forms of mood disorder being present in a further 10 to 15%.[49] They are also more likely to experience bereavement and unmanaged depression.

Efforts to improve the management of physical illness, and the diagnosis and treatment of depression are particularly relevant to suicide prevention amongst older people. Bereavement support and efforts to strengthen social relationships

are also particularly relevant in this age group. For example, increasing awareness of depression amongst older adults in general and use of cognitive behavioural therapy (CBT) for older adults who suffer from depression have shown to be effective in reducing levels of suicide in this age group.

According to research carried out by Age UK[50], befriending schemes have proved one of the more effective services for combating both isolation and loneliness. The Good Morning scheme[51] is another example of a community support service aimed at helping older and vulnerable people remain independent in their own homes. It provides daily phone calls, alerting others if a call is not answered, thus providing service users and their families with peace of mind. In addition, the service provides telephone support, enabling users to share worries and concerns and connecting them with local community activities and services.

Victims of the conflict

Support programmes for victims of the conflict assist in developing the psychological and emotional resilience of those affected. The Public Health Agency has also supported Charter NI and the Ashton Centre Bridge of Hope through Protect Life funding which work specifically with those affected by the conflict. The Agency has also undertaken a programme looking at the emotional health needs of ex-combatants. This focus on programmes to support the needs of those affected by the conflict who may potentially have untreated PTSD will continue. Ongoing work in relation to the new Mental Trauma Service will also address these issues in future.

Protective factors

In addition to interventions geared towards reduction of the risk factors, it is important to enhance protective factors which reduce a person's vulnerability to suicidal behaviours and help them cope with difficult circumstances. Most protective factors are concerned with increasing resilience and connectedness, and include:

- the cultivation and maintenance of strong personal relationships;

- healthy lifestyle practice such as exercise, adequate sleep, moderation in alcohol intake;
- willingness to seek help for mental, emotional or social problems;
- ready access to quality care for mental and physical illness;
- a service response to those in distress that incorporates kindness, compassion, understanding, hope, and a non-judgemental listening ear;
- skills in problem solving, conflict handling, and non-violent resolution of disputes;
- positive self-esteem, religious/spiritual beliefs that support the self;
- restricted access to lethal means.

These will be covered in the future positive mental health action plan but are also important in helping those who experience suicidal behaviour to make a recovery and/or reduce the likelihood of a further attempt.

Assessing suicide risk at individual level

Suicide remains a relatively rare event, while the risk factors associated with it are common - this makes suicide very difficult to predict. However, assessing the risk of suicide in a person expressing suicidal thoughts or presenting with self-harm is crucial in preventing deaths.

There are a number of risk-predicting score systems for determining suicidal intent, however, none have good predictive ability and NICE recommends that these should not be used for assessment.[52] Instead, a comprehensive clinical/psychosocial interview should be used for assessment. NICE Clinical Guideline 133 on the long-term management of self-harm (referenced above), sets out what should be covered in the assessment interview and in the follow up care plans.

At the point at which a person attempts suicide, they are likely to be in an emotionally charged state with issues such as consumption of alcohol, fluctuating moods in mental disorders, and changing life events further narrowing their perspective. While no assessment can be entirely predictable, accurate

assessment followed by appropriate support and treatment, including the removal of access to preferred means, where possible, will save lives.

The National Confidential Inquiry into Suicide and Homicide (NCISH) Northern Ireland longitudinal study[53] noted that in 90% of mental health patient suicides, immediate risk at final contact with services had been assessed as low. The report acknowledges the difficulty in effective risk prediction and recommends that risk management needs to be improved for the majority of patients if the few who will otherwise die by suicide are to be reached. In practice, this requires comprehensive care plans addressing key clinical problems such as treatment refusal, missed contact, and substance misuse.

The Inquiry has recommended that mental health services review their risk management processes to ensure they are based on a comprehensive assessment of risk. The existing guidance on risk assessment and management contained in "*Promoting Quality care Guidance*" (DoH, May 2010)[54] has been reviewed with the intention of having new procedures in place under the regional Mental health Care Pathway "*You in Mind*" in 2017.

Conclusion

Suicide in the north of Ireland appears 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 to our relatively high suicide rate.

In addressing those most at risk there must be a focus on providing accessible support and treatment for people who have suicidal thoughts. These services also need to address the diverse needs of different sub-groups in terms of age, gender, sexual orientation, social class, and locality (urban/rural).

Chapter 4: OVERVIEW OF SELF-HARM AND SUICIDE PREVENTION SERVICES

Protect Life 2006-2016

The original *Protect Life* Strategy was developed in 2005/06 in response to concerns raised by community groups based in disadvantaged areas – particularly in North and West Belfast – about significantly increased incidence of suicide in those areas. The Strategy was initially designed for a five-year period and was subsequently refreshed in 2012.

The refreshed strategy set new objectives and a target for a reduction in the differential in suicide rates between the 20% most deprived areas and the north of Ireland average, while maintaining an overall reduction in suicide as the long-term goal. Initial findings are that the gap is widening, although the gap between the most deprived and least deprived areas has reduced.

From 2006/07 to 2015/16 over £50m has been invested by DoH in the implementation of *Protect Life*. Investment in other activities across government also contributes to suicide prevention and a number of Departments have invested directly in suicide prevention initiatives. In addition, those organisations engaged in suicide prevention at community level and regional charities have allocated additional funding and resources into the drive against suicide through their own fundraising activities. The total invested in suicide prevention in recent years is, therefore, well in excess of the overall DoH funding.

This funding has supported the wide range of services outlined at **figure 8** that have been developed, refined, piloted, and explored over the duration of *Protect Life*. The approach taken is in keeping with that adopted by other national suicide prevention strategies and is in line with the common themes recommended in UN, WHO, and EU policy documents while maintaining a local perspective.

Figure 8 - Services delivered under Protect Life

Further detail on these services and initiatives is provided in **Appendix 3.**

The department has issued a set of principles to underpin the delivery of services to those at risk of self-harm and suicide who attend primary care general practice, out-of-hours GP services and hospital emergency departments.

There are a number of key suicide prevention services connected with *Protect Life* but not funded under it. These include: Samaritans which provides support to those in crisis and those who have been bereaved, provides media guidelines and collates statistics from Ireland and Britain to produce a Suicide Statistics report[55]; ChildLine which has a role in supporting and counselling children and young people with suicidal ideation; and the rural helpline[56] which can provide information and advice on a range of issues including depression, stress, loneliness, debt and addictions.

Mental health services

People with mental illness are at increased risk of suicide. This risk is heightened further for those with severe mental illness, in-patients, people recently discharged from psychiatric hospital, and those who refuse treatment in the community. Mental health services are not delivered under the umbrella of *Protect Life* but are intrinsic to suicide prevention.

The Regional Mental Health Care Pathway "*You in Mind*"[57] sets out the standards expected by all mental health and psychological therapy services. Where a person is experiencing a mental health crisis, which potentially compromises their personal safety, the pathway stipulates that mental health services will make face to face contact with the individual within two hours of receiving a referral. In other circumstances – such as when a person's psychological and emotional wellbeing is deteriorating and intervention is needed to avoid a crisis or where a person is experiencing emotional and psychological difficulties but is not in crisis - longer appointment waiting times are stipulated.

In line with Bamford recommendations, the focus over recent years in mental health service development has been on early intervention, home treatment services, the development of psychological therapy services and the establishment of Primary Care Talking Therapies. The latter provide counselling and life coaching, and will improve access to psychological care for people who are experiencing emotional difficulties.

In relation to frontline crisis intervention, mental health services include: out-of-hours; in-patient and community-based services; the psychiatric liaison service; emergency crisis resolution and home treatment teams; crisis assessment and intervention teams (CAIT) for children who present at hospital emergency departments; and the "Card Before You Leave" service based in hospital emergency departments. The new Rapid Access Interface Discharge model (RAID) in the Northern Trust area will help shape future service provision. These are all priority settings and services for suicide prevention.

Importantly, the Care Pathway also makes commitments to instil hope, enable personal recovery, involve family in supporting recovery, and to promote personal safety through a personal safety plan. Mental health services focussed on recovery include alcohol and drug addiction services, psychological and trauma therapies, drug therapies, family therapy, and Primary Care Talking Therapies Teams. Not everyone referred to these services will have a diagnosed mental illness, but most will be suffering emotional difficulties. Social support is also an important element in the recovery approach.

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NICISH)

NICISH examines and reports on all deaths by suicide in people who have been in contact with mental health services within the 12 months prior to their deaths. The aim is to improve learning, identify approaches to prevention, and help ensure that safety within mental health services is enhanced. The main findings from the Inquiry's recent annual reports[58] and its longitudinal study[59] into suicide in the north of Ireland over the period 2000 – 2008 are outlined in **Box 3**.

Box 3: Confidential Inquiry findings

- "Patient suicides" represent 28% of general population suicides in the north of Ireland, an average of 67 patient suicides per year. In-patient suicides account for an average of 3 deaths per year.
- The first three months after discharge from in-patient care, and especially the first two weeks, is a time of high suicide risk. Comprehensive care planning prior to discharge should be a key component in the management of risk.
- Inter-agency working is necessary to address adverse social issues faced by patients prior to discharge.
- Self discharge represents a high risk in the first week after discharge.
- Suicide is frequently preceded by missed appointment/contact with services; follow up after patient discharge should take place within 7 days together with assertive community outreach in response to missed appointments.
- Living alone is a common antecedent of suicide in patients under home care.
- 63% of patients who died had a history of alcohol misuse.
- A degree of pessimism exists amongst staff about the preventability of suicide.
- The serious adverse incident reporting system needs to recognise the complexities of clinical risk management.
- Increasing use of prescription opiates as a means of suicide indicates that clinicians should enquire about patients' use of opiate containing painkillers when assessing suicide risk and should limit the duration of prescription opiates as is already done with anti-depressants.

The Inquiry has also produced a checklist "Twelve points for a safer service" which provides guidance on suicide prevention for mental health services. This checklist is included at **box 4**

Box 4: National Confidential Inquiry into Suicide and Homicide by People with mental Illness: twelve points for a safer service – checklist for local services

Staff training in the management of suicide risk every 3 years

Patients with severe mental illness and a history of self-harm to receive the most intensive level of care

Individual care plans to specify action to be taken if patient is noncompliant or fails to attend

Prompt access to services for people in crisis and for their families

Assertive outreach teams to prevent loss of contact with vulnerable and high-risk patients

Atypical anti-psychotic medication to be available for all patients with severe mental illness who are non-compliant with "typical" drugs because of side-effects

Strategy for dual diagnosis covering training on the management of substance misuse, joint working with substance misuse services, and staff with specific responsibility to develop the local service

In-patient wards to remove or cover all likely ligature points, including all non-collapsible curtain rails

Follow-up within 7 days of discharge from hospital for everyone with severe mental illness or a history of self-harm in the previous 3 months

Patients with a history of self-harm in the last 3 months to receive supplies of medication covering no more than 2 weeks

Local arrangements for information-sharing with criminal justice agencies

Policy ensuring post-incident multidisciplinary case review and information to be given to families of involved patients

Adverse incident reporting on suicide and attempted suicide

Serious adverse incident reporting is a process by which the circumstances surrounding attempted suicide by, or suicide of, patients within health services are investigated in order to improve learning and develop safer services. However, the Donaldson Review; *The Right Time, The Right Place*[60] found that while data is available on serious adverse incident types (including suicide and suicide attempts), it isn't gathered in a way that facilitates identification of systemic weakness and, therefore, misses opportunities for improving patient safety.

Donaldson also found that the timescales for serious adverse incident reporting can limit the investigation into the root causes of patient suicides, thereby reducing the potential for preventing recurrences. He has identified a need for some flexibility in the mental health field where the avoidable factors in a death can be very complex and are only discernible after interviewing many people. The review places emphasis on learning from incident investigations in a way that will improve safety in mental health services across the north of Ireland rather than on focussing on actions that will only make a difference in the particular unit where the incident occurred.

As part of their review programme, the Regulation and Quality Improvement Authority (RQIA) plan to include a review of suicide prevention services in their 2018/2021 programme.

Other priority settings and services for the prevention of self-harm and suicide

In addition to mental health services, a range of service providers come into regular contact with people who self-harm or who are suicidal and with people who have been bereaved by suicide. This includes hospital emergency department and ambulance staff, police custody and prison staff, GPs and other primary care staff, social services and social care staff, fire service personnel, clergy, pastoral staff in schools and colleges, and certain community-based groups. The associated settings in which these service providers operate are important locations for frontline suicide prevention.

Given that service providers in these settings have a vital role as the first point of contact for, and care of, those with suicidal behaviours and those self-harming, it is essential that they are equipped to provide effective support and deal sympathetically with extremely distressed people. They need to have the necessary knowledge, skills and attitudes to recognise, assess, manage, and initiate appropriate follow-up for people who are at high risk of suicide. This requires appropriate training in suicide awareness and management of those who are suicidal, as well as in terms of attitudes towards people who have self-harmed or attempted suicide and their relatives/carers.

The specific self-harm and suicide prevention roles of these priority services are set out at **Appendix 3** along with the further detail on services delivered directly under *Protect Life* 2006 - 2014.

Research and data collection

Research is an ongoing strand supported under *Protect Life*. It is also acknowledged that research is commissioned by other groups involved in suicide prevention and by local universities. The focus on local research will continue and topics for new studies will be considered as part of the action plan for *Protect Life 2.*

Systematic, timely, reliable and comprehensive data collection on suicide and self-harm is essential in order to understand the factors associated with suicide in a region, and to provide responsive and effective suicide prevention services. Data gathering on suicide and self-harm here is through the mechanism of the Self-harm Registry, the Sudden Death Notification process, NCISH, and the General Register Office which highlights current trends and provides comprehensive surveillance.

However, the existing databases do not provide information on life events, prior suicidal behaviour, occupation, pharmacological profiles, etc and the quantity of information on Coroners' files – in terms of witness statements collected by police officers and medical reports – varies greatly from case to case.

Research commissioned under *Protect Life*[6162] looked at data from the Coroners' files and from GP files over specific timeframes. The former established a database of deaths by suicide for 1,671 suicides that occurred here between 2005 and 2011. These approaches provide a potential model for ongoing data collection and analysis. The Scottish Suicide Information Database (ScotSID)[63], which is a central repository for information on all suicide deaths in Scotland provides a further potential model for more connected, comprehensive data collection and analysis.

However, the collation and analysis of this type of qualitative data is expensive and time-consuming. Furthermore, the unreliability of data, particularly in relation to

adverse events, remains a major limitation until such time as this data is made more reliable.

Cross-departmental working

Other government departments are involved in suicide prevention work at operational level and through their participation in the Ministerial Co-ordination Group on Suicide Prevention. This work mostly addresses the more indirect risk factors for suicide and self-harm and is not funded under *Protect Life*. However, it constitutes an important contribution to suicide prevention and is complementary to *Protect Life*. The key initiatives and programmes are outlined at **Appendix 2**.

Chapter 5: STRATEGIC DIRECTION FOR IMPROVING SUICIDE AND SELF HARM PREVENTION

Development of this strategy

The draft strategy has been informed by a review of international research on suicide risk and suicide prevention, the evaluation of *Protect Life*, evaluation of services and programmes delivered under *Protect Life*, cross-departmental engagement, and feedback from some 20 pre-consultation engagement workshops.

Evidence of what works in suicide prevention

Frontline prevention for those at high risk and/or in crisis

A review of the evidence for *Protect Life* was undertaken by the National Suicide Research Foundation at University College Cork. Its findings are supported by the European Framework for Action on Mental Health and Wellbeing "*preventing depression and suicide work package*"[64] and other national reviews[65] [66]. Taken together they indicate substantial research evidence for the effectiveness of the interventions outlined in **Box 5**. These reviews also found some evidence of effectiveness for a wide range of specific interventions. These are outlined in **Appendix 4**.

In addition, the WHO recommends:

- Inter-sectoral collaboration.
- Comprehensive and integrated data collection for improved surveillance, plus access to 'real-time' data – which helps to identify 'at risk' groups, emerging trends in suicide, potentially emerging clusters and new means of suicide.
- Early identification, assessment, and treatment of people at risk of developing suicidal behaviour.
- Promotion of public and professional awareness about mental wellbeing, suicidal behaviours, suicide prevention, and effective crisis management.
- Research examining the effectiveness of specific interventions and population studies in selected "at risk" groups.
- Improved integration of clinical services, including substance misuse.

Box 5: Evidence-based effective interventions for suicide prevention

- Restriction of access to the means and methods of suicide - including the use of physical barriers at "hotspot" locations, the promotion of safer prescribing, a reduction in the accessibility of certain over-the-counter drugs, and continued restriction of access to firearms.
- Development of clinical guidelines for use by staff when dealing with people who are at risk of suicide or self-harm.
- Programmes (including psychological behaviour therapies) that enhance coping and problem solving skills of those who self-harm.
- Follow-up care of suicide attempters.
- Low threshold crisis intervention helplines.
- Primary care training in depression recognition, referral, and treatment.
- Multi-level community-based programmes covering training, public awareness -aising and the provision of support groups.
- Restriction of alcohol consumption.
- Media reporting guidelines and responsible reporting of suicidal events.

In relation to mental health services, a study in England and Wales found that those services which implemented recommendations from the National Confidential Inquiry into Suicide and Homicide by those with mental illness had a lower suicide rate than services which did not act on Inquiry recommendations.[67] Three recommendations in particular were associated with a lower suicide risk, namely: 24-hour crisis services; having a policy for patients with dual diagnosis (drug and alcohol problems in combination with mental illness); and multidisciplinary reviews after suicide.

The National Confidential Inquiry into Suicide and Homicide (NCISH) also recommends: prioritising the care of patients on discharge through effective care planning and risk monitoring, routine early follow-up, and provision of access to psychological services; ensuring that partner agencies address adverse social factors that add risk in male patients especially housing, debt, unemployment and

alcohol misuse; working more closely with the patient's family around discharge planning, appointments and treatment/crisis management. Following each NCISH report the HSCB and PHA draw up a combined action plan and work through the recommendations.

Postvention support

Suicide has a life-altering impact on bereaved family and friends. Those bereaved by suicide tend to feel more stigmatised, rejected, and abandoned than those bereaved in other ways.[68] They may experience erosion of social bonds and heightened anxiety of further suicides in the family. In some cases self-recrimination and feelings of guilt can also arise. These issues introduce additional stress leaving those bereaved highly vulnerable to trauma, poor mental health, emotional problems, physical ill-health and suicide.[69] [70]

It also needs to be recognised that many bereaved families have put considerable effort into seeking and negotiating help for a family member, as well as providing direct support and prompting emergency intervention when necessary. This will all have had a heavy emotional toll on the family.

Effective and timely emotional and practical support for those bereaved by suicide is essential to help the grieving process, prevent longer term emotional distress, and promote healing. This type of intervention is generally described as "postvention" and is, in many ways, a form of prevention of mental ill-health and suicide prevention.

There is very limited evidence about effective interventions for those bereaved through suicide. While some people bereaved by suicide may not respond to professional support and advice, others simply lack the understanding about what to expect, who to turn to, or have no awareness about useful coping strategies. However, while each suicide survivor and every family's circumstances are unique, there may be shared aspects of suicide and of coping with the suicide of a family member. This information needs to be made available to bereaved families.

Most studies[71] [72] have focused on the self-reported needs of those bereaved, while local research[73] has examined the impact of suicide on the bereaved and their subsequent uptake of services. Indications are that, in the immediate period following the death:

- the most valued support is that provided by family, friends and neighbours;
- formal "first responder" support (ie that provided by emergency medical service staff, police, GP, clergy, funeral home staff) is helpful as long as it is informed and compassionate;
- lack of communication and information about the death and the investigation, and inappropriate communication, contribute to greater hardship and trauma;
- documentation provided by the coroner's office is important to family members and helps in later decision-making about help seeking;
- any media reporting which distorts the facts of the death or sensationalises it causes trauma, while obtrusive media interest is a source of distress;
- active intervention from schools' staff to ensure that bereaved children are supported is important and is sometimes overlooked;
- those bereaved have mixed views to the offer of medication from their GP, some find it helpful as an initial coping mechanism whereas, for others. it delays coming to terms with the reality of the death.

In the longer-term, informal support continues to be important but many feel it necessary to seek help outside of their immediate social network. Support groups specific to suicide loss are regarded as one of the most important coping mechanisms, particularly the peer support aspect of this service. For many people, GPs and the clergy are also sources of ongoing support and help with their healing. Getting back to a routine is also important for many bereaved people, particularly for men.

Bereaved spouses generally value counselling for their children, particularly through bereavement services, such as Cruse and Barnardos, which are accessed directly or via a GP or social services referral.

Other postvention which has been reported as helpful includes: brief cognitive behaviour therapy family intervention with a psychiatric nurse; psychologist-led

group therapy for bereaved children led by psychologists; and combined health professional and volunteer group therapy intervention for adults. However, difficulty in finding and accessing this type of support is often an issue.

It is known that suicide can trigger suicidal behaviour in others within an associated group or area. It is important that potential clusters are identified at the earliest opportunity and an early intervention response is put in place as necessary. Therefore, postvention also includes surveillance of suspected suicide deaths and the activation of response plans to help communities address a number of potentially linked suicides and to prevent further deaths arising from this.

The aim of postvention is to enable those left behind to better face the challenges of suicide bereavement and restore confidence and control in their lives.

Evidence of what works in preventing self-harm

The effective assessment and management of self-harm, especially where people present in hospital emergency departments, represents a significant opportunity to reduce repetition of self-harm and future suicide risk.

Various studies have indicated the most effective approaches to the prevention of self-harm; these are outlined in **Box 5**. The report on the PHA Self-harm symposium also promotes the need to make more use of the Self-harm Registry data, in terms of translating the broad information into meaningful reports, and increasing awareness of self-harm in the primary care setting.

In 2013, NICE published a new quality standard (QS 34[74]) to improve the quality of care and support for people who self-harm. This covers the initial management of self-harm and the provision of longer-term support for people who self-harm. In addition to its clinical guideline (CG133[75]) on the longer term management of self-harm, NICE has produced a guideline (CG 16)[76] on the short term management of self-harm which covers the treatment of self-harm within the first 48 hours of the incident.

The 2010 *Lifestyle and Coping Survey*, commissioned by the Department, surveyed self-harming amongst 15 and 16 year olds. It found that 10% of respondents had self-harmed, that self-harming was more frequent amongst girls, and that boys with sexual orientation concerns had a high risk. The survey also indicated that influencing factors include the Internet, and social networking sites. There has been progress on the recommendations from the survey report, including promoting awareness among staff and pupils, development of critical incidence response plans in all schools, and promotion of responsible internet coverage of self-harm.

Box 6: Evidence-based effective interventions for the prevention of self-harm

- Early identification of people at risk of self-harm through skills training for professionals and volunteers working in the healthcare and community sectors. This includes self-harm awareness-training for hospital emergency department staff in improving knowledge, attitudes towards self-harm and suicide.[77] The report on the Public Health Agency Self-harm symposium 2015[78] emphasises the need for skilled staff in hospital emergency departments who are trained in the understanding and clinical management of self-harm.
- Uniform procedures for the assessment and aftercare of self-harm patients who present at hospitals. Psychosocial assessment following self-harm is associated with lower rates of non-fatal repetition.[79] [80]
- Screening for psychiatric symptoms in self-harming patients and appropriate phramacological treatment for any diagnosed psychiatric disorder.
- Detection and treatment of co-morbid disorders such as alcohol-related disorders (alcohol is involved in almost half of all presentations).
- Brief psychological treatment (cognitive behavioural therapy/problem solving therapy) that is specifically structured for people who self-harm,[81] and dialectical behavioural therapy for patients who repeatedly attend hospital emergency departments as a result of self-harm.[82] [83] NICE guidance on the management of self-harm also recommends psychosocial assessment following self-harm.
- Provision of a card for emergency contact.[84]

Evaluation of Protect Life

The Evaluation of *Protect Life* [85] highlighted the importance of a population approach to suicide prevention combined with selective targeting of 'gatekeepers' and high risk groups such as LGBT people and ethnic minorities. It also noted that the most effective strategies aim to improve existing services that deal with suicidal

people; address the issue of access to means; and are clear on contributions to suicide from drugs and alcohol.

In considering the position here, it indicated that waiting times and travel/transport issues were significant barriers to accessing suicide prevention services. In general, areas identified as requiring particular attention were.

- ***Service delivery*** - provision of support for families living with people at risk of suicide; greater support for people who live in rural areas; improving the hospital emergency department response; provision of tailored support for older people; and ensuring clearer pathways of support.
- ***Training and awareness-raising*** - training for GPs; awareness-raising in secondary schools.
- ***Collaboration/co-ordination*** - better joint working of frontline health and social care staff and community and voluntary sector staff and volunteers.
- ***Research*** - achieving a better understanding of why people engage in suicidal behaviour.

The evaluation report recommended.

- ***Small number of strategic actions*** - a reduced number of strategic actions to aid explicit linking from the Strategy to commissioning plans.
- ***Evaluation & reporting*** - a robust monitoring and evaluation framework and more transparent reporting on resource allocation against strategy objectives.
- ***Collaboration*** - continuation of cross-sectoral partnership working; further support for GPs and secondary care clinicians to work in partnership with the community and voluntary sectors; better connections with substance misuse services; collaborative working and sharing of learning with other jurisdictions; and the inclusion of suicide prevention actions within relevant Government Departments' business plans.

Feedback from pre-consultation engagement

Feedback from the twenty pre-consultation workshops indicated that, in general, the suicide prevention services delivered under *Protect Life* performed reasonably well and needed to be retained in the new strategy. Ongoing statutory, community and voluntary partnership was seen as vital for the delivery of effective intervention. The existing approach - in terms of working with communities of interest,

engagement in Protect Life Implementation Groups, and the person-specific and population-based interventions – were also highly valued.

A number of specific services and programmes were identified as vital to the new strategy, and a number of proposals were made for enhancing these services to address some current gaps in provision and reach. These services and proposals for enhancement are set out in **Box 7**.

Suggestions for addressing gaps and/or enhancing existing services were:

- ***Lifeline*** - increase referrals between Lifeline and the voluntary and community sector; consider enhanced use of social media for the service including the use of apps; ensure that training on the role of Lifeline is included in training packages for hospital emergency departments; explore potential for improving accessibility and awareness of the service in rural areas.

- ***Hospital emergency departments*** – provision of a quiet room where a patient's dignity is respected if in a mental health crisis; improved communication with the person accompanying individual who requires support; training courses should highlight that experience at an emergency department is often an individual's first contact and needs to be positive; compassionate and understanding staff attitude.

- ***Primary Care*** – greater recognition that GPs have a critical role in preventing suicide given that they are the main source of professional support for someone in the community seeking assistance with emotional distress; further awareness-raising of community and voluntary counselling services as potential referral services; an empathetic response for an individual in need attending primary care.

- ***Families*** – better support for families where a relative has suicidal intentions or has made a suicide attempt. Families require information regarding local support and guidance on how to access that support. (*Note: the PHA has developed a support booklet for families and carers of those who have self-harmed, attempted suicide, or had suicidal thoughts and this has been made available to all Trusts for use in hospital emergency departments*). There is concern that clinicians can be reluctant (on the basis of patient confidentiality) to inform families about aspects of risk and to open a channel of communication with the family.

- ***Sudden death notification process*** – better sharing of information, reduction in time taken to notify local Trusts, more comprehensive recording of information, suicide awareness and suicide prevention training for police officers attending bereaved families.

- ***Scene of death*** – better training for PSNI and NIAS staff relating to handling of the deceased's remains, particularly the length of time left in situ at the scene of the death.

- ***Bereaved families and friends*** – establishment of formal policies, procedures or standardised guidance for responding to suicide bereaved families in the primary care setting.

- ***Self-care*** – better support for the wide range of professionals who experience the loss to suicide of a patient or client. It was noted that a structured system of care and support for healthcare and frontline staff that provide intervention for suicidal people is in place in Ayrshire in Scotland and may provide a model for such a service.

Box 7: Feedback from pre-consultation engagement workshops

Service to be continued	***Potential enhancements***
Counselling services	Sufficient resourcing to meet demand for counselling and reduction in waiting times; improved availability of counselling services in rural areas; common standards to ensure consistency and quality.
Training programmes	Further rollout to "gatekeepers" such as clergy, undertakers, justice staff, fire service, ambulance service, counsellors, and parents; enhanced training for teachers and youth workers; regular refresher sessions.
Media campaigns and reporting	More positive use of the Internet and social media; provide training for parents and teachers on cyber-bullying; consideration of whether a direct suicide prevention campaign is now timely; explore possibility of a media campaign with bereaved family members; targeted information campaigns for high risk groups.
Sudden Death Notification	Flexibility to allow more than one family member to be involved; enhanced training for PSNI officers who interface with the bereaved.
Community Response Plans	Better learning from each occasion that plans are activated; training for those involved in implementing the plans; improved links with school critical incident plans.
Card Before You Leave	Adopt a standardised approach in all Trusts to ensure consistent implementation; address high rates of missed appointments.
Self-harm Registry	Explore potential for roll out to primary care and voluntary & community groups to help provide a more complete picture of the level of self-harm; improve stakeholder knowledge about the Registry & the useful role it can play.
Local research	Focus on bereaved families and those who have made suicide attempts; research to improve evaluation of programme impacts.
Data collection	Improved data collection & quality of information; improved sharing of information & linkages between data systems to capture and recognise trends in suicidal behaviour across the north of Ireland.
Co-ordination & collaboration	Improved co-ordination between PSNI and health; better engagement with organisations involved in relationship issues eg Relate and divorce solicitors; tangible links to be made with other influencing strategies, such as those dealing with access to therapeutic services and addressing substance; clear referral pathways; greater clarity on, and co-ordination of, bereavement support available within the voluntary sector.
Reducing access to means	No specific comments.

The need for suicide and self-harm prevention

In addition to the relatively high incidence of suicide and self-harm in the north of Ireland, as outlined above, the need for services is highlighted by the fact that there have been almost 600,000 calls to the Lifeline service since it was set up in 2008 (an average of 1,500 calls per week), over 1,000 annual calls to ChildLine from children in the north of Ireland where suicide is the main reason for the call, and 100,000 calls annually to Samaritans.

Conclusion and priority areas

People can and do recover from suicidality and self-harming behaviour. There is some robust evidence for interventions that work in preventing suicide and for interventions that reduce repeat self-harming. The evidence for reducing suicide risk and for addressing poor mental wellbeing in those bereaved by suicide is more limited.

Feedback from pre-consultation engagement indicates that most existing *Protect Life* services are valued and should be retained with some adjustments or enhancements. This feedback also highlights some areas where stakeholders consider there are gaps in current service provision, for example, in support for families with a family member at high risk of suicide and support for "self-care" in those who deliver suicide prevention services.

Taken together - the evidence, pre-consultation engagement, and learning from implementation and evaluation of *Protect Life* - indicates the need for: general population-based approaches designed to influence attitudes and behaviours; targeted intervention for groups at higher risk of suicide, such as those who self-harm, and which address the more "direct" risk factors for suicide; as well as 'indicated' intervention for those in crisis.

Population based approaches are universal interventions aimed at the whole population. Under *Protect Life 2* they will include: restriction of access to means for suicide; supporting responsible media reporting; tackling stigma; increasing public and professional awareness; and encouraging help-seeking behaviour.

Interventions delivered through associated strategies for preventing substance misuse, fostering supportive communities and schools, preventing domestic and sexual abuse, addressing poverty, and supporting victims are also relevant.

Targeted interventions are directed towards those groups known to be vulnerable to suicide and may be delivered in specific settings. They will include: efforts to improve detection and management of psychiatric disorders in primary care (especially depression and PTSD); identification and treatment of substance misuse; effective risk management within mental health services and in the follow-up of patients after hospital discharge in line with NCISH recommendations; mental health screening for people with chronic physical illness; encouraging help-seeking behaviour amongst young to middle-aged males; risk management within justice settings; promotion of guidance on crisis management and suicide/self-harm prevention in schools; and suicide bereavement support programmes.

Targeted intervention will also encompass training for front line emergency response services and "community gatekeepers" (including those who respond to the needs of "raised risk" groups identified in Chapter 3) and the promotion of self-care for the staff who deliver these services.

Indicated interventions are for individuals in circumstances that place them at a high risk of suicide and/or who are showing signs of suicidal behaviour (e.g. people who repeatedly self-harm or have previously attempted suicide, people in social/emotional crisis). They will include: suicide de-escalation services; access to psychological services; and effective self-harm and/or suicidal behaviour case management (all with a view to promoting recovery).

Underlying all of this is a need to ensure good quality *data* on suicide and self-harm which can inform improvement to prevention services. This requires systematic, comprehensive, and timely data collection and analysis. The linking of the various suicide and self-harm related datasets (together with other health datasets at some point in the future) is a priority as this will support analysis and provide enhanced information on suicide and self-harm issues and trends. Better learning from the investigation of serious adverse incidents related to suicide and suicide attempts of

people engaged with health and social care services is also a priority. Furthermore, it is intended that the learning from the activation of community response plans is incorporated into a more integrated approach to improving our understanding of suicide and self-harm in the north of Ireland.

Engaging men in suicide prevention services is a challenge, however, given the high prevalence of suicide in men aged from their late teens to late 50s, it is an area which must be addressed. Indications are that programmes which centre on sport and physical activity show promise and it is recognised that community outreach programmes into traditional male environments is a necessary step. There is potential to make greater use of the Internet and technology to engage men in addressing mental health issues. Research[86] has also highlighted the need for a focus on more appropriate terminology; men are deterred by the term 'mental health' and seem more at ease with terms such as "mind health" or 'mental fitness'.

Given that 72% of people who have died by suicide here had not been in contact with mental health services in the 12 months prior to their death, there also needs to be a focus on removing barriers to accessing suicide prevention and mental health services, and improving individual's, especially men's, willingness to use these services. This also indicates a high level of undiagnosed mental illness and highlights the importance of other health and social care services as settings for the identification of those at risk of suicide – a ScotSID 2015 report "Contact with multiple healthcare services prior to death"[87] found that 70% of people who died by suicide in Scotland had recent contact with health services.

Postvention support

It is clear that postvention services require flexibility to accommodate differences in coping styles, gender differences and situation differences. However, in general it is important to ensure that those bereaved have ready access to practical and emotional support. Support also needs to be provided to the bereaved individuals' closest network, as informal support from wider family and friends is the main source of comfort and practical help for most people and, in some cases, is the only form of support that the bereaved person requires.

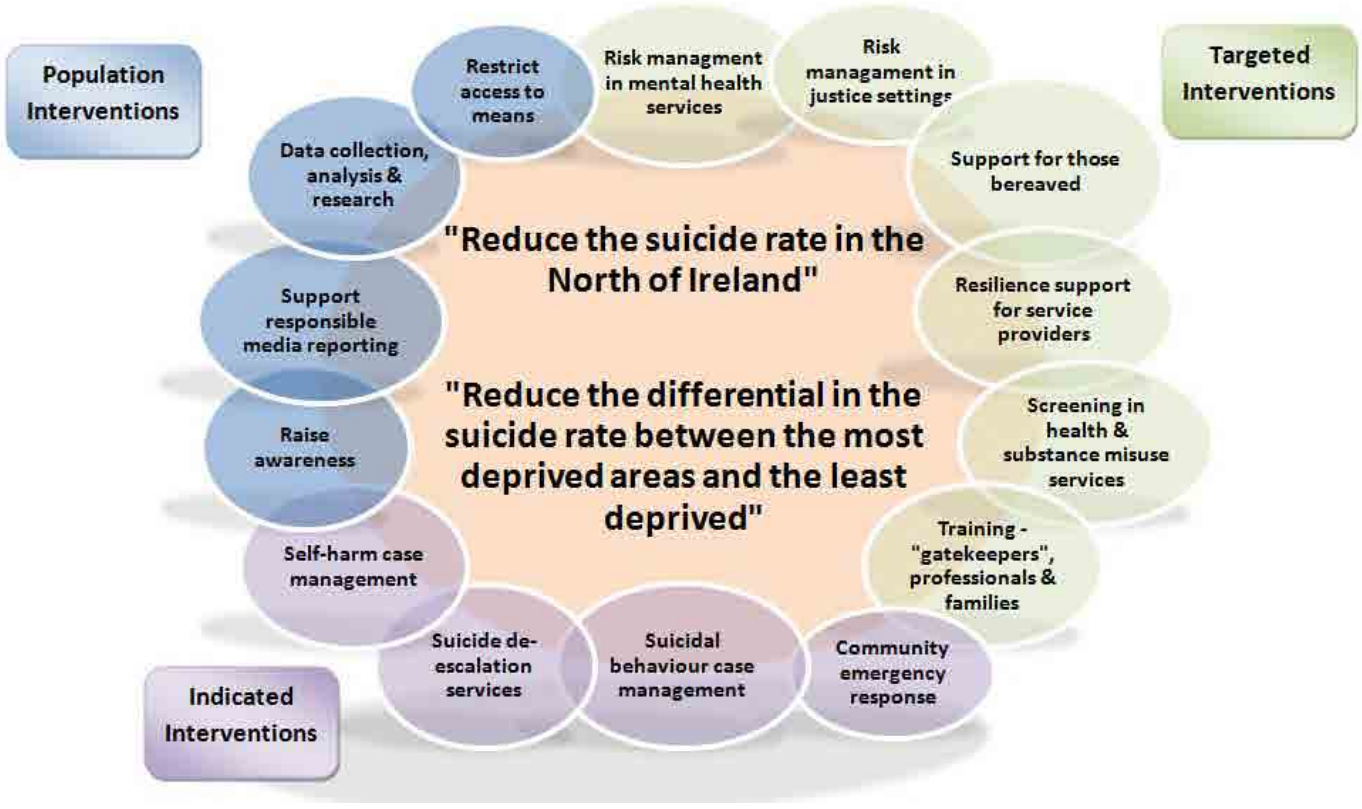
It is also true that many bereaved people look beyond family and friends for support but are often unaware of the sources of this support. Bereaved families and friends need to be made aware of these services in a way that doesn't confuse and overwhelm them and may need to try different types of support – ranging from counselling to talking therapies to peer support – at different stages before they find an approach that helps them to cope with their loss.

Postvention includes support to assist in the management of the immediate crisis and follow-up support as needs change over time. Immediate support may be provided by bereavement support workers, clergy, GPs, health professionals, voluntary and community groups and funeral directors. Longer term assistance can be provided by professional counsellors or therapists, as well as by those bereaved by suicide who have already experienced the same tragedy. Professionals who provide support in the immediate aftermath of a suicide should be appropriately trained.

Suicide can also be traumatic for communities and those who interacted with the deceased in a professional capacity such as counsellors, GPs, and psychiatrists, as well as the emergency services who attend the scene. For example, emerging findings from local research[88] commissioned under *Protect Life* indicates that the suicide of a patient tends to exact a heavy toll on the GP's wellbeing and professional confidence.

The proposed priority areas for achieving the twin aims of this strategy are set out in **Figure 9**.

Figure 9: Strategic priorities



SECTION 2

MAKING IT HAPPEN

Chapter 6: OBJECTIVES AND PRIORITIES

The proposed approach for *Protect Life 2* is to build on what has been achieved through the previous strategy whilst taking action to address those areas where gaps have been identified or where further improvement and focus have been identified as necessary. In addition, consideration will be given to the more recent developments in the field of suicide prevention in terms of how they can be incorporated into the strategic action plan.

In light of this, the objectives for the strategy are set out below. In developing these objectives consideration has been given to the priority areas identified in Chapter 5 and to the major risk factors for suicide in people who are already in emotional distress.

Objectives for frontline intervention to prevent suicide

Objective 1 – Fewer people who are in contact with mental health services, die by suicide.

28% of people who died by suicide in the north of Ireland were known to mental health services and 50% had been taking medicine for mental illness. Where people at high risk of suicide are known to services, there is an opportunity to reduce that risk and improve patient safety.

Objective 2 – Reduce the incidence of repeat self-harm presentation to hospital emergency departments.

Repeat self-harm is the major risk factor for suicide. Presentation at hospital emergency departments due to self-harm provides an opportunity to act quickly and link those at risk with services.

Objective 3 – Improve the understanding and identification of suicidal and self-harming behaviour, awareness of self-harm and suicide prevention services, and the uptake of these services by people who need them.

Stigma related to suicide remains a major obstacle to suicide prevention efforts. It isolates and may prevent people from seeking help, even though they are in

distress. Better understanding of the issues should help reduce stigma and encourage help-seeking behaviour. It should also increase the likelihood of early recognition of suicidal behaviour and suicide risk, thereby improving the chances of early intervention for more people.

Low levels of engagement with mental health services by those who have died by suicide is a cause for concern. This is particularly true for men and probably reflects a reluctance to disclose mental health difficulties. This further highlights the need to raise public awareness of mental health, address stigma around disclosure of suicidal feelings, and encourage help-seeking.

Objective 4 – Enhance the initial response to, and care and recovery of, people who are experiencing suicidal behaviour and to those who self-harm.
Those who are the first point of contact need to have the necessary knowledge, skills and attitudes to deliver compassionate and supportive care. Suicide rates in Scotland have been declining; those responsible for the Scottish *Choose Life* strategy attribute the achievement of a target of training 50% of first responders and health care staff as an important contributory factor for this outcome.

Objective 5 – Restrict access to the means of suicide, particularly for people known to be self-harming or vulnerable to suicidal thoughts.
Reducing access to the means of attempting suicide is a particularly effective prevention intervention because some people make a suicide attempt impulsively in direct response to a personal (and sometimes short term) crisis. The presence of alcohol, particularly alcohol intoxication, increases impulsivity and may create temporary depression. If lethal means are not available or if the person survives the attempt, suicidal thoughts may pass or there may be time to intervene in other ways or to seek help.

Given that most suicide attempts take place in or near the home and that the most commonly used means are easily accessible, it is recognised that the potential for restricting access to means in all cases is limited. Nevertheless, it is important to be vigilant and to restrict access to means where possible.

Restricting access to means also covers media reporting of suicide which should avoid reporting excessive detail about the methods of suicide.

Objectives for postvention support

Objective 6 – Ensure the provision of effective and timely information and support for individuals and families bereaved by suicide.

Losing a loved to suicide is one is of life's most painful experiences. The feelings of loss, sadness, and loneliness experienced after any death of a loved one are often magnified in suicide survivors by feelings of quilt, confusion, rejection, shame, anger, and the effects of stigma and trauma. Families and friends bereaved by suicide are at greater risk of depression and future suicidal behaviour and often require specific supportive measures and targeted treatment to cope with their loss.

It is estimated that around six people are intensely affected by every suicide death and a further 60 people are deeply affected. On this basis, an estimated 16,500 people in the north of Ireland have been intensely affected by suicide over the 10 year period 2005-2014 and around 165,000 have been deeply affected.

Objective 7 – Provide effective support for 'self-care' for voluntary, community, and statutory sector staff providing suicide prevention services.

Patient, client or parishioner suicide is very distressing for those who have been supporting the individual on a professional/vocational basis. It can exact a heavy toll on their personal wellbeing and professional confidence. Self-care complements suicide prevention services, and there is a need to consider mechanisms for better psychological and professional support for those who experience suicide as part of their professional or voluntary practice.

Objective 8 – Enhance responsible media reporting on suicide.

Appropriate media reporting of suicide can make a positive contribution to public understanding of suicide, and to the promotion of help-seeking behaviour and suicide prevention. Inappropriate media reporting causes considerable stress and trauma to those bereaved by suicide and can lead to 'copycat' behaviour, especially

among young people and those already at risk.

Objective 9 – Identify emerging suicide clusters and act promptly to reduce the risk of further associated suicides in the community.

There is a risk of 'copycat' suicides, particularly among young people, when a member of a community dies by suicide.

Objective 10 – Strengthen the local evidence base on suicide patterns, trends and risks, and on effective interventions to prevent suicide and self-harm.

The epidemiology of suicide and suicidal behaviour changes needs to be monitored to understand the drivers for suicide and self-harm, and to identify the most at risk groups and individuals. This in turn informs preventative measures and where/at whom these should be targeted. In essence, suicide and self-harm requires ongoing analysis and research.

CHAPTER 7 – STRATEGIC ACTION PLAN

This high level action plan sets out the strategic actions necessary for the achievement of the stated objectives of frontline intervention to prevent suicide and of postvention to support those bereaved by suicide. A more detailed, timetabled action plan with associated indicators of progress will be developed following public consultation. The Public Health Agency will lead on the process of developing the more detailed implementation plan.

As the strategy focuses on those who are in crisis, suicidal, or self-harming, most of the actions address the needs of high risk groups and individuals. However, some more broadly-based actions are included, e.g. those that are concerned with awareness raising, suicide surveillance/data gathering, and research. An underlying principle is that, where it is appropriate and feasible, the actions need to be tailored and relevant to the needs of specific high risk groups such as LGBT individuals, men aged from their twenties to late fifties, those in the criminal justice system, and those with mental illness.

OBJECTIVE 1: FEWER PEOPLE WHO ARE IN CONTACT WITH MENTAL HEALTH SERVICES, DIE BY SUICIDE	
Action	**Lead organisation**
Continue to fund north of Ireland participation in the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.	DoH
Mental health and psychological therapies service developments in line with the Programme for Government and Bamford evaluation recommendations.	DoH, HSCB.
Support improvements in areas of practice to make mental health services safer for people at risk of suicide in line with National Confidential Inquiry recommendations.	HSCB
Explore the feasibility of applying the “zero suicide” approach (initially) in mental health services.	HSCB
Improve the process for learning from suicide and self-harm related adverse incidents.	RQIA,HSCB
Implementation of clear protocols and pathways of care between mental health and other HSC services	

OBJECTIVE 2: REDUCE THE INCIDENCE OF REPEAT SELF-HARM PRESENTATION TO HOSPITAL EMERGENCY DEPARTMENTS	
Action	**Lead organisation**
Implement NICE guidance on the short and longer term management of self harm – particularly with regard to admission, psychosocial assessment, evidence based interventions and staff training.	HSCB,PHA
Evaluation of the RAID model for future roll out regionally.	HSCB
Provide self harm support and recovery services across the north of Ireland.	PHA
Use the Self Harm Registry to inform effective service provision for patients who self-harm or who present in crisis.	HSCB
OBJECTIVE 3: IMPROVE THE UNDERSTANDING AND IDENTIFICATION OF SUICIDAL AND SELF HARMING BEHAVIOUR, AWARENESS OF SELF-HARM AND SUICIDE PREVENTION SERVICES, AND THE UPTAKE OF THESE SERVICES BY PEOPLE WHO NEED THEM	
Action	**Lead organisation**
Develop, deliver & evaluate training in suicide awareness and suicide prevention targeted at “first responders” and community “gatekeepers”.	PHA, DofC, PSNI, NIPS, DoJ
Social marketing programmes to enhance public understanding of suicide & self-harm; including targeted awareness programmes for the specific higher risk groups identified in this strategy.	PHA, DofC
Increase help-seeking behaviour and awareness of services	PHA
Encourage universities, colleges and training organisations to promote, via their pastoral care arrangements, a culture of help-seeking behaviour and suicide awareness particularly among young people.	DfE
Encourage employers to create an environment that helps ensure the mental health wellbeing of their employees at work.	HSENI (DfE)
Suicide prevention co-ordinators working in community and voluntary and statutory sector	PHA, HSC Trusts
Screen (for self-harm behaviour) those patients being treated for substance misuse, acute physical health conditions, and mental health conditions.	HSCB, HSC Trusts
Develop a mental health promotion action plan with a clear focus on investment in the formative years	DoH
Strengthen cross-departmental engagement in addressing risk factors for suicide and self-harm	PHA
Promote positive use of the internet and social media in relation to suicide prevention	PHA

Provide access to services for prisoners with mental illness or at risk of suicide/ self harm	DoJ, SEHSCT
Develop and implement policies, guidance and resources for schools to include positive mental health; protecting life and the management of critical incidents	DE
OBJECTIVE 4: ENHANCE THE INITIAL RESPONSE TO, AND CARE AND RECOVERY OF PEOPLE WHO ARE EXPERIENCING SUICIDAL BEHAVIOUR AND TO THOSE WHO SELF-HARM	
Action	**Lead organisation**
Development of a comprehensive Mental Trauma Service	DoH
Provide accessible de-escalation services for people in crisis and at high risk of suicide.	PHA
Deliver targeted suicide prevention services for people who are in priority groups	PHA
Provide support to post primary schools and the post primary cohort in special schools through the Independent Counselling Service	DE
Maintain, review and further develop quality standards for the provision of mental and emotional wellbeing and suicide prevention services.	PHA
Commission and evaluate statutory, community & voluntary sector services against these standards	PHA
Provide timely, accessible and responsive suicide and self harm prevention services	PHA
Strengthen out of hours capacity to de-escalate individuals presenting in social and emotional crisis.	PHA
Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviours.	HSCB, HSC Trusts
Support families and others affected by a suicide attempt.	PHA
Establish effective links between primary care and sources of information and suicide prevention support in the community.	PHA, HSCB
Complete the roll-out of improving access to psychological therapies	HSCB
Assertively reach out to those at risk of experiencing suicidal behaviour and link them into appropriate support and care with a focus on recovery	PHA
Explore feasibility of developing a system to monitor and evaluate outcomes for individuals accessing services.	PHA
Provide farm families health checks and signpost to advice services on mental health issues	PHA, DAERA
Provide access to services for prisoners with mental illness or at risk of suicide/ self harm	DoJ
Adapt the environment for those held in custody to reduce possibility of suicide	DoJ
Development and implementation of a suicide and self-harm strategy to cover NIPS including a review of Supporting Prisoners At Risk	DoJ

OBJECTIVE 5: RESTRICT ACCESS TO THE MEANS OF SUICIDE, PARTICULARLY FOR PEOPLE KNOWN TO BE SELF-HARMING OR VULNERABLE TO SUICIDAL THOUGHTS	
Action	**Lead organisation**
Adapt the environment for those held in custody to reduce possibility of suicide	DoJ
Explore options for reducing the risk of suicide at high risk locations including the Foyle riverfront and bridges	PHA, DfI
Monitor changing behaviours or trends in suicide methods.	PHA
Work with professional groups to reduce inappropriate prescribing of medicines commonly used in intentional overdose	HSCB
Support adherence to legislation limiting access to paracetamol through awareness raising	HSCB
OBJECTVE 6: ENSURE THE PROVISION OF EFFECTIVE AND TIMELY INFORMATION AND SUPPORT FOR INDIVIDUALS AND FAMILIES BEREAVED BY SUICIDE	
Action	**Lead organisation**
Continued support for bereaved families representative groups to enable them to influence policy and service design and delivery	PHA
Provision of effective and timely services and information for those bereaved by suicide	PHA, HSC Trusts
Awareness raising with health and education providers of increased risk of suicide and self harm by those bereaved by suicide	PHA
OBJECTIVE 7: PROVIDE EFFECTIVE SUPPORT FOR “SELF CARE” IN VOLUNTARY, COMMUNITY AND STATUTORY SECTOR STAFF PROVIDING SUICIDE PREVENTION SERVICES	
Action	**Lead organisation**
Support for professionals who experience the loss of a patient or client to suicide	PHA
Provision of reflective practice for those working in field of suicide prevention	PHA
Promote Take 5 programme to enhance emotional wellbeing	PHA
Implementation of PHA standards toolkit for organisations commissioned to provide suicide prevention and mental and emotional wellbeing services	PHA
OBJECTIVE 8: ENHANCE RESPONSIBLE MEDIA REPORTING ON SUICIDE	
Action	**Lead organisation**
Promote use of media guidelines on reporting of suicide; review and update as necessary.	PHA
Monitor articles and broadcasts and report and challenge inappropriate reporting	PHA
Awareness raising with journalism students and media groups	PHA

OBJECTIVE 9: IDENTIFY EMERGING SUICIDE CLUSTERS AND ACT PROMPTLY TO REDUCE THE RISK OF FURTHER ASSOCIATED SUICIDES IN THE COMMUNITY	
Action	**Lead organisation**
Further development and evaluation of SD1 process	PHA
Further development and evaluation of Community Response Plans	PHA
OBJECTIVE 10: STRENGTHEN THE LOCAL EVIDENCE BASE ON SUICIDE PATTERNS, TRENDS AND RISKS, AND ON EFFECTIVE INTERVENTIONS TO PREVENT SUICIDE AND SELF-HARM	
Action	**Lead organisation**
Commission, publish and share local research on suicide and self-harm prevention interventions	PHA
Evaluation of Protect Life commissioned services	PHA
Longitudinal study of self harm trends in north of Ireland	PHA
Improve understanding of causes of suicide, best practice and effective interventions in suicide prevention	PHA
Support promotion and delivery of IASP 2019 Congress	PHA
Enhance North South cooperation on suicide prevention and sharing of policy and research	DoH, PHA
Ensure standardised socio-demographic monitoring to help identify gaps in service access	PHA
Improve data collection and analysis of self harm and suicide	PHA

CHAPTER 8 – IMPLEMENTATION, GOVERNANCE AND MONITORING OF PROGRESS

It is proposed that strategic oversight will continue to be led by DoH, with strategy implementation led by the PHA. DoH will continue to support the rollout of the strategy by setting suicide prevention priorities and outcomes in the relevant commissioning plans for the Health and Social Care system which are updated annually. The roles of other groups involved in the oversight and delivery of the strategy are set out in this chapter.

Managing and steering implementation

Feedback from pre-consultation engagement on the development of this draft strategy stressed the importance of retaining and clarifying the frontline suicide prevention governance structure already in place for *Protect Life*.

It is proposed that the implementation of this strategy will be managed under the direction of a newly established *Protect Life 2* Implementation Steering Group, chaired by the PHA. This was a weakness under previous governance arrangements and will now be addressed. The role of the steering group will be to monitor and report on progress of the actions in the costed implementation plan and to direct corrective action where necessary to address implementation delays. Terms of reference will be developed for the steering group and these will be representative of the make-up of the group.

The steering group may establish working groups to advise on and progress specific areas within suicide prevention such as research and evaluation, awareness raising and media reporting, training, development of standards and good practice guides, restricting access to means, collaboration with other jurisdictions, and postvention support.

Given that it is now accepted that no single government Department can hold sole responsibility for suicide prevention, it is proposed that the Ministerial Co-ordination Group on Suicide Prevention (which already has an expanded remit for mental health promotion) will continue to provide oversight, political leadership, and

impetus for cross-departmental collaboration and co-ordination on suicide prevention. Fundamental to recovery is social integration; education, training and employment.[89] Therefore, effective suicide prevention needs to be connected with services delivered through strategies for education, employment, elimination of poverty, and promotion of social inclusion.

It is proposed that the Suicide Strategy Implementation Body (SSIB) will continue to operate as the regional stakeholder representative body tasked with the remit of providing advice and strategic direction on issues relating to suicide and self-harm, as well as providing a challenge function on strategy implementation when necessary. SSIB is currently chaired by a representative from the voluntary and community sector, with secretariat support provided by DoH Population Health Directorate. This arrangement has worked well and it is proposed that this continues. The support and leadership shown by colleagues in the voluntary and community sector has been a major strength in the drive against suicide and we look forward to this continued partnership working.

The importance of the effective implementation of *Protect Life* at local level in a way that takes account of locality needs, (eg urban and rural, and areas of deprivation), capabilities and existing services cannot be overstated. It is proposed that the Protect Life Local Implementation Groups (PLIGs) continue with their role of developing local action plans (based on *Protect Life 2*), overseeing and reporting on the delivery of these action plans, and securing input from a wide range of local agencies and groups in the drive against suicide.

Effective communication between the above groups will be facilitated by sharing agenda papers and minutes of meetings between the groups (in summary as appropriate).

Representatives of bereaved families participate in SSIB and in each of the PLIGs. These representatives have an important role in giving bereaved families influence in the development of suicide prevention policy and in implementation of the strategy. It is proposed that this formal role continues to be facilitated, and that

bereaved families organisations are encouraged to continue to develop networks of bereaved families across the north of Ireland.

Collaborative working with other jurisdictions

The evaluation of *Protect Life* stressed the importance of collaborative working and sharing of learning with other jurisdictions. There will be continued focus on developing a rolling all-island action plan and links with England, Scotland and Wales will be enhanced.

Resources and resource allocation

Over recent years, resources for the implementation of the *Protect Life* Strategy have averaged around £7 million per annum from DoH with this allocation being split evenly between funding for the Lifeline service and funding for the other elements of *Protect Life*, ie training, awareness raising, community-led prevention and postvention services, research, the self-harm registry, and the employment of local suicide prevention co-ordinators.

However, it is important to emphasise that this is not the totality of funding for suicide prevention in the north of Ireland. Other government departments (DAERA, DE, DfC and DoJ) have funded suicide prevention initiatives, statutory mental health services provide suicide prevention intervention from the mental health services budget, and the community and voluntary sector brings substantial funding to the drive against suicide through the self-financing of local programmes by numerous charities and community groups. It is also important to note that the PHA combines *Protect Life* funding with its budget for mental health promotion in its thematic delivery of suicide prevention and mental health promotion services.

One of the recommendations from the evaluation of *Protect Life* and a common theme in feedback from engagement in the development of this draft document has been the need for more sustainable funding in the form of longer term funding commitments to community and voluntary sector delivery partners. This process is now underway as the PHA rolls out the new procurement of community and voluntary delivered suicide prevention services. The new contracts will commit to

three-year funding for those organisations that are successful in the tendering process.

Governance

The Ministerial Co-ordination group on suicide prevention will continue to provide oversight, leadership and impetus for cross-departmental collaboration and co-ordination. Strategic oversight will continue to be led by DoH who will also continue to support the rollout of the Strategy by setting suicide prevention priorities and outcomes in the relevant commissioning plans for the Health and Social Care system which are updated annually. It is proposed that implementation of the Strategy will be through a new Protect Life 2 Implementation Steering Group chaired by the Public Health Agency. They will be supported by the Suicide Strategy Implementation Body, and Protect Life Implementation Groups. There may be further recommendations around structure arising from the Future Search process in Belfast.

Measurement, review and evaluation

An evaluation framework will be developed prior to the launch of the strategy. This will include indicators which provide a means to measure progress towards the strategic objectives. The indicators will be classified as “process indicators” e.g.,the number of sessions of training delivered and “impact indicators” e.g. changes in knowledge and skills. The Public Health Agency will lead on developing these indicators and on the identification of the necessary data sources to monitor their progress over time.

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CHAPTER 9 – EQUALITY SCREENING AND RURAL PROOFING

Equality Screening

Section 75 of the Northern Ireland Act 1998 (the Act) requires designated public authorities to comply with two statutory duties:

Section 75 (1) - In carrying out the functions as they relate to Northern Ireland there is a requirement 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;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

Section 75 (2) - In addition, without prejudice to the obligations above, in carrying out the functions as they relation to Northern Ireland the Department is required to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

In line with the Department's Equality Scheme the Department has completed a provisional Equality Screening and concluded that a full Equality Impact Assessment is not required. The attached consultation questionnaire seeks views on the potential impact of the policy on Equality of Opportunity, Good Relations and Human Rights. The screening decision will be reviewed in light of evidence from this consultation.

Rural Proofing

Rural proofing is the process by which all major policies and strategies are assessed to determine whether they have a differential impact on rural areas and, where appropriate, adjustments are made to take account of particular rural circumstances.

In line with government guidance from 2002, the Department has completed a rural-proofing survey and concluded that a full impact assessment is not required.

CONSULTATION

Confidentiality and access to information legislation

The Department will publish a summary of responses following completion of the consultation. 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 gives the public a right of access to any information held by a public authority, namely DHSSPS 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 the confidentiality of responses please contact the Information Commissioner’s Office.

Consultation Questions

The following is a list of the consultation questions. Please use the consultation booklet available online to respond; return your responses to phdconsultation@health-ni.gov.uk

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

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

Q3. Do you agree with the stated principles of the Strategy? if not, what alternatives do you suggest? (p15)

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 identified in this list? (p 34)

Q 5. 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 addresses? (p 56-58)

Q 6. Do you agree with the stated objectives of the Strategy? If not, what alternatives do you suggest (p 66-69)

Q 7. 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)

Q 8. 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)

Q 9. We would welcome your views on how best to raise public awareness of suicide, suicidal ideation, suicidal behaviour and self-harm.

Q 10. Please provide any other comments or suggestions that you feel could assist with the development and delivery of the Strategy.

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?

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?

Q13. Is there an opportunity for the draft Strategy to better promote equality of opportunity or good relations?

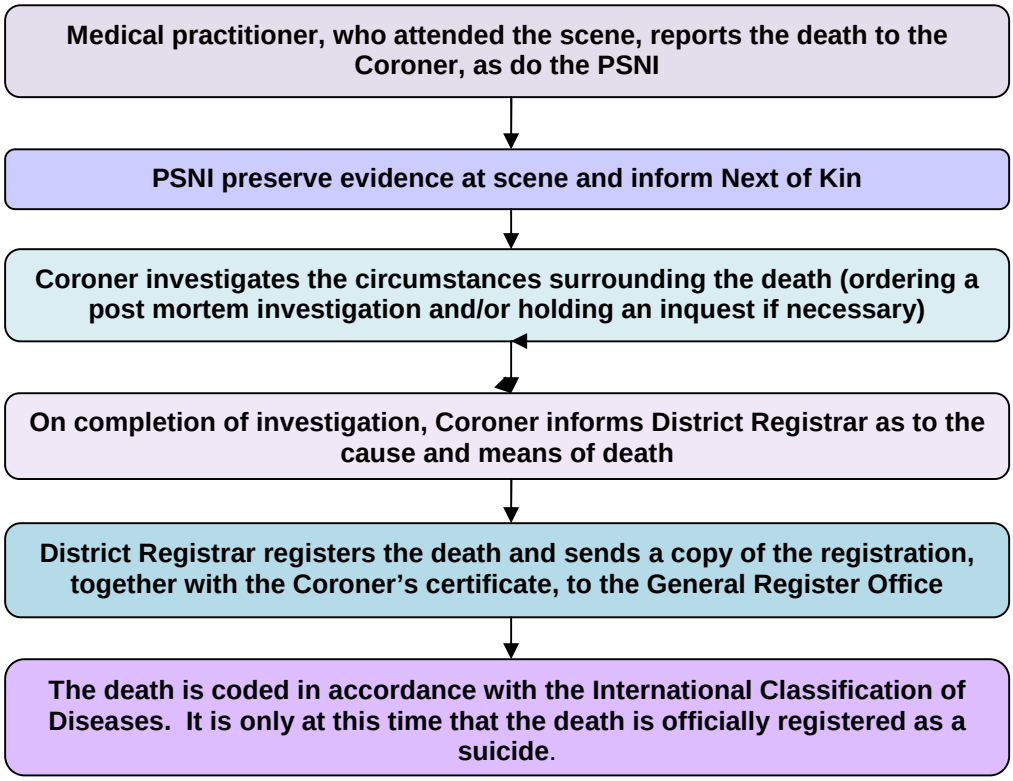
Q14. Are there any aspects of the Strategy where potential human rights violations may occur?

Appendix 1 – Policy context; definition and recording of suicide, and the law in relation to suicide

Definition and recording

Official statistics on suicide are provided by the Northern Ireland Statistics and Research Agency (NISRA) and are based on deaths where the underlying cause was of "intentional self-harm" and deaths due to "events of undetermined intent". The purpose of including deaths of "undetermined intent" is to correct for the known under-reporting of suicide. The figure below outlines the steps in the process for registering a death as suicide in the north of Ireland official statistics.

Registering a death as suicide



The registration process takes from 6 to 12 months on average, if there is no inquest. NISRA statistics relate to deaths registered (but not necessarily occurring) in a given year.

There are important differences in suicide investigation and recording across countries which makes direct comparison of suicide rates between the nations somewhat problematic. In England, Wales and the south of Ireland an inquest is held into every suspected death by suicide. This requires coroners to apply the principle of "*beyond reasonable doubt*", in reaching a verdict of suicide; whereas in the north Ireland the Coroner will normally determine the cause of death "*on the balance of probabilities*", which is a less stringent concept of proof.

One further difference is that following an inquest, coroners in England and Wales may use "*narrative verdicts*", which are narrative accounts of the circumstances surrounding a death. In coding such deaths, where the Office of National Statistics (ONS) cannot be clear from the narrative verdict that the cause of death was suicide, the death is coded as "*accidental*" rather than of "*undetermined intent*".

A key difference in recording in the south of Ireland, is that the latter does not include deaths classified as of "*undetermined intent*" in its official suicide statistics. There are even wider differences in the way that other countries investigate, classify, register, and report deaths as suicide. Consequently, international comparisons of suicide rates need to be treated with caution.

Data available from official statistics bodies on suicide is limited. It includes gender, age, means of death, marital status, and residence (to Council, HSC Trust, Parliamentary Constituency/Assembly Area level). It does not include information such as ethnicity, sexual orientation, and socio economic status.

The law in relation to suicide

Suicide was not decriminalised in north of Ireland until 1966 with the passing of the Criminal Justice Act (Northern Ireland) 1966. The 1966 Act created an offence of "*assisting, aiding or abetting suicide*". A person commits an offence if they intentionally encourage or assist the suicide or attempted suicide of another person. (who does not need be known to, or even identified by, the suspect). The suspect may commit the offence of encouragement even if a suicide attempt does not occur. The "*assisting, aiding or abetting*" offence carries a maximum penalty of 14 years' imprisonment.

The Act was amended by the Coroners and Justice Act 2009 to provide that a person who arranges for someone else to encourage or assist the suicide or attempted suicide of another person is also liable. The amendment also makes it clear that a suspect who puts pressure on the victim comes within the scope of this offence. These amendments are designed to make it clear that the offence of encouragement applies to an act undertaken via a website, such as posting to an online chat room or social networking site with the intention of encouraging another person to take their own life.

In the context of websites which promote suicide, the suspect may commit the offence if they intend that one or more of their readers will attempt suicide. A further consequence of the amendment is that it places an onus on internet service providers to act when they are notified that potentially offensive material has been posted on their websites.

The Public Prosecution Service issued policy guidance in 2010 on "*Prosecuting the Offence of Assisted Suicide*"[90] clarifying the position on evidential and public interest factors relevant for and against prosecution in cases of encouraging and assisting suicide.

Place of safety

A "*place of safety*" is somewhere a person – who is considered to be suffering from a mental disorder and, as a consequence, is at risk of serious physical harm - is brought under the Mental Health (Northern Ireland) Order 1986. This can be any hospital, any police station, or other suitable place the occupier of which is willing temporarily to receive the person while other arrangements are made for their care.

A police station should only be used in exceptional circumstances, when no other suitable place is available, and for the minimum length of time necessary. In practice, the PSNI (if they are involved) will normally bring such a person to the nearest hospital emergency department – particularly where the person is also highly distressed and displaying suicidal behaviour. At the "*place of safety*", the person is examined by a medical practitioner and interviewed by a social worker specially trained in mental health. Where the person has consumed alcohol or drugs, the mental health assessment may be delayed until they are deemed fit to be assessed.

Work has been ongoing between the HSCB and the PSNI to develop and agree protocols for the handover of a person in these circumstances, including where the person is intoxicated and/or exhibiting signs of drug taking. The detailed pathway flowcharts for various scenarios under the Mental Health (NI) Order 1986 which are set out in GAIN Guidelines[91] on the use of the Order assist greatly with this work.

Appendix 2 – Detailed policy context; strategies, programmes and national guidance relevant to suicide prevention and postvention

Protect Life 2 is being introduced within a policy environment that will impact on the delivery of policy aims for the prevention of suicide and self-harm. The table below provides an overview of national and international policy guidance, national best practice guidance, and north of Ireland strategies and programmes which have the potential to impact on, and contribute to, the prevention of suicide and self-harm.

The wider social determinants of mental health and wellbeing are largely addressed in associated strategies such as the Public Health Strategic Framework "*Making Life Better*" and cross-departmental strategies on poverty, children and young people, community safety, neighbourhood renewal, and social inclusion.

International policy guidance	Overview	Lead agency
Preventing Suicide: a global imperative WHO (2014)	These set out guiding principles for the development and implementation of national strategies. They cover population level interventions, approaches to vulnerable sub-populations at risk, and individual intervention.	World Health Organisation

Risk factor	Relevant policy, action or intervention	Lead agency
Deprivation	Improving Children's Life Chances: the Child Poverty Strategy (2011) The aims of the strategy are to: reduce the number of children in poverty; and reduce the impact living in poverty on children (their lives and life chances). Pathways to Success: A Strategy for those young people Not in Education, Employment or Training (NEETs) Establishing an initial broad strategic direction and supporting cross-Departmental actions to reduce the number of young people most at risk of remaining outside of education, employment or training. Strategy for Children and Young People (2006-16) The aim of this strategy is to ensure that by 2016 all our children and young people are fulfilling their potential.	The Executive Office Department for the Economy The Executive Office
Unemployment	Steps to Success programme to build	Department for

	skills and experience to find a job Disability employment services to support people with health conditions and disabilities Support Equality Through Inclusive Employment - An Employment Strategy for People with Disabilities The strategy contains proposals that will help the Department, working in partnership with others, to address the difficulties and inequalities that people with significant disabilities are attempting to overcome in employment	Communities Department for Communities Department for Communities
Substance misuse	The New Strategic Direction for Alcohol and Drugs Phase 2 (2011-16) a framework for reducing alcohol and drug related harm in The north of Ireland Hidden Harm Action Plan. Responding to the needs of children born to and living with parental alcohol and drug misuse in The north of Ireland	Department of Health Department of Health
Mental and emotional wellbeing	Making Life Better – Strategic Framework for Public Health (2013) Designed to provide direction for policies and actions to improve the health and well being of people in the north of Ireland and to reduce health inequalities. NI Service Framework for Mental Health and Wellbeing (2011) Aims to improve the mental health and wellbeing of the population of the north of Ireland, reduce inequalities and improve the quality of health and social care in relation to mental health. Infant Mental Health Framework (2016) This Infant Mental Health Framework represents a commitment by the Public Health Agency, Health and Social Care Board and Trusts, as well as academic, research, voluntary and community organisations across the north of	Department of Health Department of Health Public Health Agency

	Ireland, to improve interventions from the ante-natal period through to children aged three years old. ProMenPol – Promoting and Protecting Mental Health Aims to support the practices and policies of mental health promotion in three settings: schools, workplaces and older people's residences. Improving Dementia Services in The north of Ireland – A Regional Strategy The strategy makes recommendations aimed at improving the services and support arrangements currently available for people with dementia, their families and their carers. Tackling Rural Poverty and Social Isolation – A New Framework Aims to tackle poverty and social isolation in rural areas through organisations working in partnership to design and implement measures which target the needs of vulnerable people.	The European Network for Mental Health Promotion Department of Health Department of Agriculture, Environment & Rural Affairs
Mental health	A Strategy for the Development of Psychological Therapy Services (2010) This strategy has the overarching aim of improving the health and social wellbeing of the population of the north of Ireland by improving access to psychological therapies and by being more responsive to service user's needs. Personality Disorder: A Diagnosis for Inclusion. NI Personality Disorder Strategy (2010) Mental Capacity Bill which fuses mental health and mental capacity law into a single piece of legislation Delivering excellence, supporting recovery: Professional Framework for	Department of Health Department of Health Department of Health

	Mental Health Nursing in NI (2011-2016) To provide a framework that will enable the achievement of a world class mental health nursing service, that is designed to meet the vision and aspirations of Bamford, and by doing so, will provide safe and optimum nursing care that achieves for service users and their carers the best possible experiences and outcomes. Bamford Action Plan (2012-15) to support the Bamford review of mental health and learning disability Reports from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness The Inquiry produces a wide range of national reports, projects and papers – providing health professionals, policymakers, and service managers with the evidence and practical suggestions they need to effectively implement change.	Department of Health University of Manchester, Centre for Mental Health & Safety
Domestic abuse Housing and homelessness	Stopping Domestic and Sexual Violence and Abuse Strategy (2016) The vision of the Strategy is to have a society in the north of Ireland in which domestic and sexual violence is not tolerated in any form, effective tailored preventative and responsive services are provided, all victims are supported, and perpetrators are held to account. Homelessness strategy (2012-17) The aim of this homelessness strategy is that long term homelessness and rough sleeping is eliminated across the north of Ireland by 2020.	Department of Health Northern Ireland Housing Executive
Offending	Strategic Framework for Reducing Offending (2013) The Strategic Framework seeks to promote more effective use of resources attached to current and future strategies and programmes of all	Department of Justice

	criminal justice organisations, and across Government and other sectors, to reduce offending.	
Legacy of the conflict	Strategy for Victims and Survivors (2009) This strategy is designed to provide the outline of a coherent and comprehensive approach for taking forward work on a range of issues relating to victims and survivors.	The Executive Office
Low educational attainment	Every School a Good School: A Policy for School Improvement (2009) This policy aims to support schools and teachers in their work to raise standards and overcome barriers to learning some pupils may face. Generating our Success: The The north of Ireland Strategy for Youth Training (2015) This strategy outlines the future direction for youth training in The north of Ireland and sets out the new policy commitments and an implementation plan to ensure their delivery. Success through Skills: Transforming Futures This ten year strategy looks at the current skills base, examines the skills we will need in future to grow the The north of Ireland economy and highlights areas for action.	Department of Education Department for the Economy Department for the Economy
Raised risk groups	Draft Sexual Orientation Strategy – under development by OFMdFM Caring for Carers: Recognising, Valuing and supporting the Caring Role It addresses, in a practical way, the support that carers want, and need, to allow them to continue caring, and to give them as much access as possible to the same opportunities that the rest of us enjoy. Care Matters in The north of Ireland – a Bridge to a Better Future Strategy (2009)	 Department of Health Department of Health

	The document looks at how best we can invest in a range of preventative services designed to help children and their families stay together. For those who need to come into care, we want to strengthen kinship care and more flexible forms of foster care. Living with Long-term Conditions – A Policy Framework A strategic driver for the reform and modernisation of services for adults in the north of Ireland living with long term conditions irrespective of condition or care setting.	Department of Health

Relevant NICE guidance	
Clinical guideline on Post Traumatic Stress Disorder (CG26)	Although published in March 2005, DoHdecided to review it in April 2012 for applicability to the health and social care sector in the north of Ireland. A Cochrane review on psychological therapies for PTSD in children was published in 2012. The findings are in line with NICE clinical guideline 26 in supporting the use of psychological therapies, particularly CBT.
Clinical guideline on Self-harm: short-term treatment & management (CG16)	Evidence-based clinical guideline for professionals involved in the management of people who self-harm within the first 48 hours of an incident. It recommends that risk assessment tool and scales should not be used to predict future suicide or repetition of self-harm, or to determine who should be offered further treatment & who should be discharged. It supports offering integrated & comprehensive psychosocial assessment of needs & risks, taking account of the fact that each person self-harms for individual reasons.
Clinical guideline on Self-harm: longer-term management (CG133)	Deals with the longer-term psychological treatment & management of both single & recurrent episodes of self-harm. Based on the clinical guidelines, NICE quality standards identify the key markers of high-quality self-harm services.
Clinical guideline on Common mental health disorders: Identification and pathways to care (CG123)	Guideline for primary and secondary care clinicians, managers and commissioners. Notes that depression is the most common disorder contributing to suicide. Recommends that people with a common mental health disorder are always asked directly about suicidal ideation and intent. Where there is a risk of self-harm or suicide, assessment should include whether the person has adequate social support and is aware of sources of help. Intervention should

	include arranging help appropriate to the level of risk. Where the person presents a high risk of suicide, manage the immediate problem first and then refer to specialist services and, where appropriate inform families and carers. Where the suicide risk is considerable & immediate risk, refer them urgently to the emergency services or specialist mental health services. Assessment should take into account toxicity in overdose, if a drug is prescribed, and potential interaction with other prescribed medication and, if necessary, limit the amount of drug(s) available, consider increasing the level of support, such as more frequent direct or telephone contacts.
Clinical guideline on Depression in children and young people: Identification and management in primary, community and secondary care (CG28)	Recommends that in the assessment of a child or young person with depression, healthcare professionals should always ask the patient and their parent(s) or carer(s) directly about the child or young person's alcohol and drug use, any experience of being bullied or abused, self-harm and ideas about suicide. High recurrent risk of self-harm or suicide should be used by healthcare professionals as criteria for referral to tier 4 services: Inpatient treatment should be considered for those who present with a high risk of suicide or of serious self-harm.

Appendix 3 – Current programmes and priority settings/services for preventing self-harm and suicide

A wide range of programmes, initiatives, and services have been developed and delivered under *Protect Life* over the past eight years. These are described below and include some initiatives that have been explored and/or piloted but not yet fully developed.

Lifeline – 0808 808 8000
Free-to-call confidential telephone helpline for people who are experiencing emotional crisis and who are at risk of suicide. Aims to: de-escalate clients at risk of self-harm or suicide; provide an immediate response proportionate to the client's assessed risk; deliver short term rapid response community based counselling; and refer clients for on-going support, as appropriate. Public Health Agency has undertaken a consultation on proposals for a new Lifeline crisis response service.
Training
Suicide and self-harm prevention training courses have been delivered covering: mental health awareness and support (Mental Health First Aid and primary care training on depression awareness); suicide & self-harm awareness (Suicide Talk, safeTALK, & Introduction to Self-harm); and suicide/self-harm intervention (ASIST – Applied Suicide Intervention Skills Training, Storm – Skills-based Training on Risk Management, Understanding Self-Harm). Training has been targeted at frontline staff such as those working in hospital emergency departments, primary care, mental health services, ambulance service, third sector organisations engaged in suicide prevention, prison staff, and the police. Other 'community gatekeepers' such as youth workers, sports coaches, and clergy have also been actively involved. The PHA introduced a regional training programme in November 2012 to help ensure that organisations providing suicide prevention/mental health training meet set standards and that consistent, high quality training is provided.
Community support
A wide range of community and voluntary group led services have been made available under *Protect Life*. These include counselling, therapy support services, locality-based prevention, crisis intervention, and bereavement support initiatives. These services are procured and delivered against "*Quality Standards for Services Promoting Mental Health and Emotional Wellbeing and Suicide Prevention*" developed by the PHA. The standards cover corporate governance and clinical service delivery, and promote safe and effective practice of services for the patient/client. A process of re-procurement of community-based services against these standards was undertaken. Re-procurement was also designed to introduce longer term contracts in order to assist providers to undertake longer term planning and enhance the stability of service provision. Capacity building support has also been provided (through a small grants scheme) to help local community organisations develop the knowledge and skills to introduce suicide prevention services in their localities.
Self-harm prevention
A Regional Self-Harm Steering Group oversees the delivery of data gathering on self-harm & a range of self-harm intervention services. *The Self-harm Registry* Following a successful pilot, launched in the Western Area in 2007, the Self-harm

Registry was implemented in all hospital emergency departments from April 2012. It records data on presentations at hospital emergency departments as a result of self inflicted injury or poisoning and presentations due to severe emotional distress. The data provides a unique opportunity for comparative analysis on the extent and complexity of self-harm in our society, helps in identifying trends, and informs the design of support services. Published reports based on this data highlight challenges for emergency departments in terms of training staff, understanding the issues relating to self-harm, and ensuring effective interfaces between acute and mental health services.

Self-harm intervention services

Two pilot self-harm specific services were supported in the Western Trust area, (i) a community-based counselling service known as the Self-Harm Interagency Network which was integrated into the referral pathways of statutory services, and (ii) the resourcing of additional staff within the Trust's mental health services to address the issue of self-harm. These pilots have informed the development of the Self-Harm Intervention Programme (SHIP), in operation regionally and the training of emergency department staff – a training programme has been developed (in line with the NICE guidance on the management of self-harm) and is currently being rolled out. SHIP is delivered by community and voluntary sector organisations. It provides counselling to help improve coping skills, and offers education and support to carers/families to help them better understand and cope with the issue. Access to the service is through GPs.

A Dialectical Behaviour Therapy Service is currently being delivered in the SEHSCT through its Mental Health and Psychological Therapy services. This service, which is recommended by NICE, is a recovery focussed psychological treatment designed primarily for high suicidal and self-harming people that works intensively with the individual to help them enhance their skills in regulating emotional arousal and in tolerating emotional distress.

Card Before You Leave service (CBYL)

Provides patients, who present at hospital emergency departments as a result of self-harm and/or in emotional distress, with access to ongoing care in the community following their discharge. Patients assessed as being of no immediate risk to themselves and who might require future care from mental health services, are discharged with a card giving details of a fixed-time appointment to attend community mental health services the following day and contact numbers for support. (Patients considered to be at high risk of suicide are usually offered an urgent health assessment in the emergency department or on the ward.) In some circumstances clinicians may decide that a follow-up phone-call is more appropriate. The card also gives details of contact numbers for support. The new Rapid Access Interface Discharge model (RAID) in the Northern Trust area will help shape future service provision and evaluation of this pilot may reduce the need for a next day appointment card to be issued.

Media reporting

Updated Samaritans and Irish Association of Suicidology media guidelines for the responsible reporting of suicide and self-harm were issued in 2014. A dedicated resource in this area through the Public Health Agency and also proactive engagement by HSC Trusts has helped to ensure these guidelines are adhered to and that media reporting is responsible and proportionate. The media are generally receptive to feedback and training has been provided to journalists.

Reducing access to means

Custody Settings

Protect Life sought to ensure the environment for those held in custody had been suitably adapted to reduce the possibility of suicide. All The north of Ireland Prison

Service new build residential accommodation is designed to reduce ligature points, including use of lower risk cell furniture and anti-ligature fittings, observational cells with CCTV monitoring, and direct phone contact with helpline services in place for those prisoners identified to be of immediate risk of suicide or self-harm.
All PSNI custody facilities are ligature free. There are clear policies and guidelines regarding detained persons and when detained persons are not in cells there is constant observation.

Mental health settings

Minimising potential ligature points within inpatient mental health settings has been an NCISH recommendation for some years. Staff in mental health units carry out risk assessments of accommodation and, where possible, take steps to reduce or eliminate ligature points.

Other high risk locations

High bridges have a global association with suicide attempts. The Foyle Bridge is one such site. Suicide risk can be reduced by limiting access to these sites and making them safer. However, previous work to consider structural changes to Foyle Bridge to provide a suicide barrier highlighted difficulties in both cost and technical adaptation. The PHA is now exploring a health and wellbeing initiative at the Bridge and riverfront to engage users, promote positive messages and facilitate physical activity in order to reduce associations and perceptions of the bridge as a means of suicide.

Introduction of legislation to limit the size of packs of paracetamol, salicyates and their compounds sold over the counter, supported by guidance on best practice in the sale of pain relief medication has reduced access to medications associated with suicide attempts.

Existing strict rules on gun control also contribute to access restriction.

Place of safety

A Place of Safety is defined in legislation as any hospital, any police station or other place (such as a residential or nursing home) where the occupier is willing to keep the individual. They are places where police officers can take an individual, who they believe is suffering from a mental disorder and is in immediate need of care and control, for the purpose of having them medically examined and, if necessary, assessed by an approved social worker. Within the HSC, hospital emergency departments are designated as “Places of Safety”. This ensures: 24 / 7 access to medical examination; access to medical treatment if required; access to urgent mental health assessment; and ease of access to psychiatric ward.

Joint working protocols have been developed between PSNI, NI Ambulance Service and HSC Trusts to improve processes and working relationships, to reduce the time police officers have to remain, and to clarify the most appropriate “Place of Safety” in any given circumstances. There has also been additional investment to improve the mental health response in emergency departments with the objective to provide a two hour urgent response time on a 24/7 basis.

A number of options are available for people with serious mental illness for care, post mental health assessment. These include: inpatient admission (24/7), Crisis resolution (24/7), Home Treatment (7/365), Community and Voluntary sector services. A relatively new 6 bedded Home Treatment House is available in the Belfast HSC Trust area. This service is available to patients for short term treatment of up to 2 weeks who do not require acute admission to hospital but cannot stay at home.

Safe place

During the implementation of Protect Life, there have been repeated requests for a "Safe Place" service to be made available. This is seen as somewhere that a person experiencing a social or emotional crisis could have time out for crisis resolution for them and their families. It is also seen as facilitating access to Tier 1 prevention and early intervention services, and supporting clients to avail of these services to address underlying social or emotional issues. Similar services exist in Dublin (Pieta House), Manchester (The Sanctuary), and Leeds (Dial House).

Consideration by the Belfast HSC Trust was inconclusive regarding the need for this service (the estimated annual cost for such a service was significant at around £450k per facility). A PHA audit of Protect Life service providers in 2013/14 showed that 60% included crisis de-escalation as part of the contract. However, a gap in service provision was identified out-of-hours. The Self-harm Registry indicates that 75% of attendances are out of hours.

Further work is required to explore the concept of a safe place and its feasibility and service specification if funding is available. An options appraisal will be developed by the PHA and HSCB to determine the requirement for the service and optimal delivery on either a regional or local basis. This will include consideration of virtual pop up safe places; accommodation safe place; reprofiling of existing Protect Life service provision.

Public information / awareness raising

Public information and education campaigns

A wide range of media has been used to deliver positive mental health messages and to raise awareness of suicide and self-harm prevention. To date the campaigns have focused on reducing the stigma associated with mental health, encouraging help-seeking behaviour, raising awareness of early warning signs of mental health problems, promoting recovery, and raising awareness of sources of help. This focus reflects the available evidence base which suggests that a normalisation of mental health issues broadly, and a de-stigmatisation of mental and emotional health and mental illness and encouraging a help-seeking approach is the most effective approach. Feedback on recent mental health and wellbeing awareness campaigns such as '*The Boxer*', '*Under the Surface*', and "*The Fog*" have been positive. These campaigns were designed to reach all of those most at risk of attempting suicide or self-harm, and particularly males in the most deprived areas.

PHA qualitative research has highlighted a potential risk that tackling suicide awareness directly may further increase public perception of the frequency of suicide here, thereby helping to normalise it and possibly engendering suicide imitation.

The promotion of Lifeline, mental health promotion and public awareness programmes on have also contributed to raising awareness of suicide, self-harm and their prevention.

Minding Your Head

The Minding Your Head website, www.mindingyourhead.info/, is a central resource for information on protecting mental and emotional wellbeing. The website also provides a signposting function to a list of local services which can provide support for those in need.

North/South collaboration

Protect Life and the previous south of Ireland suicide prevention strategy, *Reach Out*, have been implemented in parallel. The new suicide prevention strategy for the south, *Connecting for Life,* was issued in 2015. A review of evidence commissioned to inform the development of *Connecting for Life* was shared with this Department and has informed the development of the draft *Protect Life 2*. Close parallel working will continue aided by further development of the All Island Action Plan in suicide prevention. This plan

contains a rolling programme of actions which are regularly reviewed and updated at the biannual health and food safety sectoral meetings of the North South Ministerial Council.

Flourish!

Churches and suicide prevention

The Clergy's role within society inevitability means a requirement to support people who are vulnerable and experiencing an emotional crisis in their lives. The PHA - working with the Churches' Community Work Alliance NI, Lighthouse Ireland, and clergy from the four main Christian churches in Ireland - has developed the *Flourish!* Initiative to support the clergy in this role. Under *Flourish! s*uicide awareness guidelines[92] have been developed for the clergy and pastoral teams to provide support for people bereaved/affected by suicide and to promote positive mental health. Training has been developed on "Faith and Mental Health" and "Pastoral Care for the Suicidal Person and for the Bereaved Family". This training has been accepted by the four main All-Island theological colleges for their student-clergy training programmes. A handbook which provides advice on speaking about mental health and suicide during a religious service has also been distributed together with advice on dealing with the media. A self-care toolkit has also been developed in light recognition of the stressful nature of the work undertaken by the clergy in this regard.

Flourish! www.wewillflourish.com is being delivered on an All-Island basis.

Sudden death notification

SD1 process

The responsibility of the first police officer at the scene of a sudden death is to summon a doctor to pronounce death, maintain the scene, establish the facts and circumstances surrounding the death and ensure the death has been reported to the Coroner. The family of the deceased is also spoken to as a priority in order to obtain vital information surrounding the death. The Sudden Death Notification form (SD1) is used by the PSNI to notify relevant statutory agencies about a sudden death and whether the death was probably a suicide. Prompt notification helps to ensure that timely support is offered to grieving families and friends.

A surveillance process is in place in that SD1 forms are sent to the local Trust and the PHA who both monitor the information. Each Trust area has a system in place to follow up with next of kin (if they have given consent) and provide access to support services. An arrangement is also in place by which the Coroner's Office provides the PHA with monthly anonymised data - date of birth, gender, locality and known methodology - on cases it deals with. This information is used by the PHA to cross reference the SD1 data.

Real time surveillance is necessary to identify emerging clusters of suicide and activate the existing community response plans to prevent further suicide attempts. It also helps to identify new methods of suicide, commonly used locations, or associated factors (such as intake of a specific drug) early on. In this regard, the SD1 process contributes to action on restriction of means of suicide. The system is regularly refined and it will be possible in future to reconcile SD1 data with NISRA suicide statistics to ensure accuracy and consistency.

PSNI training and guidance

In cases of suspected suicide, police officers are bound by the "*Service Procedure on Police Investigations into Unexpected, Unexplained or Suspicious Deaths*" which provides guidance on how they should proceed in the investigation of those deaths where the cause of the death is not immediately known. The need for potential forensic examination presents a challenging set of competing needs for the police in terms of

securing the scene whilst acting with sensitivity and care for the relatives. Additional training has been developed for officers to ensure accurate completion of the "Sudden Death Notification Forms" in a sensitive manner. They also complete Mental Health First Aid and ASIST training.

Suicide surveillance and emergency community response plans

In the context of potentially linked suicides, plans are in place (*Community Response Plans*) in all Health Trust and can be activated at short notice to generate a co-ordinated multi-agency response to prevent further deaths. Activation of this response is linked to ongoing surveillance to identify emerging suicide "clusters" through the Sudden Death Notification process. Community response plans have been activated on numerous occasions over the past few years. Following de-activation a de-briefing is conducted to draw out learning from both the event and the response to it.

Data Collection

The National Confidential Inquiry into Suicide and Homicide (NCISH) by People with Mental Illness

NCISH is part of the Clinical Outcome Review Programme and is commissioned by the four Health Departments in England, Scotland, Wales and the north of Ireland to provide definitive figures on suicide, homicide, and sudden unexplained death in patients under mental healthcare. The Inquiry collects information on all general population suicides in from the NI Statistics and Research Agency. This data is submitted to HSC Trust mental health services in order to identify those with a history of mental health service contact in the 12 months before death. Detailed clinical data are then obtained for these individuals. The aim is to identify factors associated with suicide, assess the quality of mental health care and, make recommendations to stimulate improvement in safety and effectiveness.

The Inquiry also: undertakes complementary projects, such as analysis of contact with primary care services of those who later died by suicide; produces annual reports; and produces specific themed reports, such as its ten year longitudinal study on suicide amongst those known to mental health services in the north of Ireland. It has also examined the quality of the process of risk assessment to gain an understanding of why many suicides occur in people who have been deemed to be at low risk by the clinicians. The NCISH "*Twelve points for a safer service – checklist for local services*" is set out at Box 4, p 45. There has been some progress in local mental health services in implementing these recommendations.

The Northern Ireland Statistics and Research Agency (NISRA) suicide statistics

NISRA produces mortality statistics for the north of Ireland. In relation to deaths by suicide this information includes; sex and age; area; multiple deprivation measure; registration and occurrence data. This is useful for identifying trends but does not allow for more detailed analysis.

The Self-harm Registry

Role is set out earlier in this table.

Research

Local research is an integral part of suicide and self-harm prevention policy. It contributes to a better understanding of the drivers for suicide and self-harm, and helps to inform data collection, the identification of at risk groups and individuals, and effective prevention approaches. Significant research projects have been commissioned and published under *Protect Life*. Research has also been commissioned and/or undertaken by local suicide prevention organisations, charities, and universities.

Postvention support/intervention

A range of suicide postvention services and resources provided by statutory services and within the voluntary and community sector to assist those bereaved by suicide. These include:

Health Trust Bereavement Support Workers/Family Suicide Liaison Officers whose role is to work with local community organisations to increase awareness of existing suicide bereavement support services. Some of the Trusts have produced 'Bereaved by Suicide' booklets.

Information
PHA has produced a booklet 'Bereaved by Suicide' which provides local information on the availability of bereavement support services.

The prevention roles of a number of the other priority services not delivered directly under Protect Life 2006-2016 are outlined at **table 1**.

Table 1: Priority services and settings for the prevention of suicide and self-harm

Priority service / priority setting	Intervention / service	Comments
Hospital emergency departments and ambulance services	Risk assessment. Referral to self-harm prevention intervention. Referral to suicide prevention services. Initiation of the self-harm care pathway in line with NICE guidelines on the management of self-harm in primary and secondary care..	A significant proportion of people who die by suicide have had relatively recent contact with a hospital emergency department and those contacts frequently related to a mental health crisis. Following up with these individuals is a vital means of suicide prevention. Non-judgemental treatment of self-harm and presentation with suicidal ideation in emergency departments encourages future help-seeking and engagement with services. In light of this, a programme of training has been initiated for emergency department staff to enhance the skills and support the attitudes necessary to recognise, assess, signpost and initiate follow up for those who present in distress.
Primary care	Management of mental illness. Identification and assessment of suicide risk. Referral to appropriate support, eg crisis de-escalation, mental health services, psychological therapy, mental health services. Bereavement support and access to local bereavement support services.	The majority of mental health problems are managed within primary care and a high percentage of problems presented in primary care are psycho-social. Around 30% of all consultations concern some form of psychiatric problem.[93] Primary care is one of the most common services used in the months prior to suicide and offers a significant opportunity for suicide prevention intervention.[94] However, recognition of risk and referral to specialist mental health services tends to be low[95]. Programmes have been delivered to primary care in relation to depression awareness and suicide prevention training.

Justice services, prisons and custody suites		The Bradley Report (2009)[96] on people with mental health conditions or learning disabilities in the Criminal Justice System indicated that the prevalence, among suspects and offenders, of mental disorders and learning disabilities is very high – with one survey showing that over 90% of prisoners had a psychiatric disorder (this definition included hazardous drinking and drug dependence). The Report also noted that rates of neurotic disorder in prisoners were higher for women than in men and highlighted the particular difficulties faced by women in the criminal justice system. There is also evidence that people who die by suicide may be at least as likely to have been in contact with police as mental health services in the months before death.[97] People in the criminal justice system are at increased risk of self-harm and suicide; prisons and police custody suites are therefore priority places for focussing suicide prevention efforts. The Welsh Government has issued policy implementation guidance: *Mental Health Services for Prisoners in Wales* designed to help prison and healthcare staff to adopt measures which are designed to identify need, risk and potential of those admitted to custody to take their own life. The emphasis is placed on reception screening and immediate follow-up of risk indications. In the north of Ireland there has been joint working between DoJ and Health to implement the Bradley Review recommendations, other reviews such as Criminal Justice Inspectorate Report '*Mental Health not a marginal issue'*, and the criminal justice-based actions in the *Protect Life Action Plan*. In relation to self-harm and suicide prevention, this has included: training for prison officers, probation staff, and police custody staff in suicide awareness and prevention; and improving the reception screen process for mental health conditions and suicide risk. Other criminal justice based services in place include: - the Samaritans prisoner *Listener* scheme (a peer support scheme where prisoners are trained and supported by Samaritans to listen in confidence to fellow inmates). - Promotion of ligature free custody settings - Mental health, suicide prevention and self-harm awareness training for frontline prison and custody staff.

		- NI Prison Service Supporting Prisoners At Risk (SPAR) procedures. Going forward, DoJ and DHSSPS will develop discrete criminal justice suicide and self-harm prevention actions as part of the new strategy and as an integral part of the new Healthcare in Criminal Justice Strategy. **Prisons and custody settings** There has been significant progress made in providing suicide prevention training for frontline prison and police custody staff. This remains a priority and will continue. PSNI requires all custody officers to be as a minimum Suicide Alertness for Everyone (safeTALK) trained. There are a significant number of custody officers who are Applied Suicide Intervention Skills Training (ASIST) trained. This training requirement will be regularly reviewed and delivered. For the Prison Service, significant numbers of operational staff who work and engage directly with prisoners have been trained in the Supporting Prisoners at Risk (SPAR) procedures. A similar number of staff have received training in ASIST. All recruits to the custody prison officer and prison custody officer roles have completed training programmes which includes identifying and supporting prisoners at risk and challenging anti-social behaviour and bullying, with a focus on embedding a culture of care and support. The probation board has also been delivering mental health training to its staff. Those in prisons or PSNI custody are provided with access to appropriate services form mental health needs or if at risk of suicide or self-harm. Where there are any medical concerns or where a detained person is under the influence or alcohol or drugs PSNI ensures that a detainee will be assessed by a Healthcare Professional. Where a detained person is seriously ill they are conveyed to hospital via ambulance. Within the NI Prison Service the medical needs for all vulnerable offenders including those identified as having mental health and/or addiction diagnosis are provided by the South Eastern Health and Social Care Trust. All prisoners have access to the Samaritans helpline and Lifeline crisis response helpline 24 hours per day.
Community-led suicide and self-harm prevention	Awareness raising on suicide prevention. Suicide and mental	Community and voluntary sector service providers are often the first point of contact for individuals in emotional despair and their families. Community groups have a key role in delivering frontline suicide prevention support, reducing stigma associated with help-

	awareness training, suicide prevention training. Crisis intervention/de-escalation. Signposting & referral to specialist services. Recovery support through counselling, complementary therapies, & self-help support groups. Bereavement support (children & adults). Self-harm intervention. Research.	seeking for suicidal thoughts and behaviour, and raising awareness and local capacity for suicide prevention. The Community Support Package has been in place since the inception of *Protect Life*. The Public Health Agency continues to procure a range of suicide prevention and self-harm intervention services from the community and voluntary sector. Self-funding by the sector is an important additional contributor to the drive against suicide. Community and voluntary sector resources and supports include organisations (local, regional and national) that provide bereavement support and specialist bereavement support for children. The Families Voices Forum is a regional group of those bereaved by suicide in the north of Ireland and has helped in shaping suicide postvention policy and programmes. The Forum also strives to address the issue of stigma which surrounds suicide.
Schools, further and higher education	Guidance on managing critical incidents in order to minimise the impact and reduce risk of "copycat" behaviour. Protect Life in Schools. Anti-bullying policies and a whole school approach to the promotion of positive mental health and wellbeing. Schools counselling service.	These are priority settings for suicide and self-harm prevention in children and young people. However, apart from evidence that training for teachers increases their confidence in recognising those who may be at risk of suicide and referring them appropriately for help, there is no evidence that school-based suicide prevention programmes have a long-term impact on suicidal behaviour and help-seeking in the longer term. Indications are that school-based intervention needs to be broadly based (as it currently is) on a whole school approach to the promotion of positive mental health and emotional resilience. On a practical basis, the Department of Education (working with Health) has produced comprehensive guidance on *Managing Critical Incidents in Schools* which covers the postvention response in the school setting. This provides a detailed process for schools to follow when an incident, including a suicide that is in any way linked to the school community, has occurred. It includes advice on supporting peers in class and students who are distressed, advice on memorials and commemorations, advice on home visits and for briefing staff and pupils on how best to support individuals returning to school, and longer term follow-up for the school community.

		Broader guidance on suicide and self-harm prevention has also been developed for schools as part of the Department of Education "iMatter" programme. The "*Protecting Life in Schools*" document was launched in March 2016. A schools-based counselling for the post primary sector has also been funded. It is designed to support children and young people with emotional and behavioural difficulties and, potentially, contributes to suicide and self-harm prevention efforts, being suitably placed and accessible to children and young people in crisis. Further and higher education colleges have a range of support services available for students.
Coroners Service for The north of Ireland	Provision of information to bereaved relatives.	***Coroners Liaison Officers*** who are designated to families following a bereavement to help explain the preliminary cause of death; provide information on the post-mortem process, and explain the Coroner's investigation. The Coroner's Service Charter sets out the standards of service that bereaved family members can expect from the Coroners Service and is available at: https://www.courtsni.gov.uk/en-GB/Publications/UsefulInformationLeaflets/Documents/p_uil_Coroners_Charter/Coroners-Service-Charter.pdf

Appendix 4 - Suicide and self-harm interventions for which there is moderate to low evidence of effectiveness

- Evidence indicates that antidepressants may be beneficial[1] especially in elderly people, and that lithium reduces suicide risk.[1]
- Increased awareness of depression and suicidal behaviour amongst older adults
- CBT oriented interventions for older adults who suffer from depression
- Self-harm and suicide awareness training for hospital emergency department staff.[1]
- Screening and improved understanding of clinical, psychological, sociological and biological risk to help identify high risk individuals in health care settings, and subsequent management of risk.[1]
- Immediate de-escalation crisis helplines, both for the wider population and targeted at certain vulnerable groups (with peer support) have been successful in engaging seriously suicidal individuals and in reducing immediate risk.[1]
- Addressing suicidal behaviour - safety planning (working collaboratively with the individual to develop an action plan for times of crises); specific forms of intensive psychotherapy
- Multi-level community-based suicide prevention programmes and access to a local emotional health and wellbeing support network for families in times of distress..
- Psychological, pharmacological, or nueromodulatory treatment of mental disorders.
- Public information campaigns to de-stigmatise mental illness, encourage a culture of help-seeking for mental health concerns, and increase awareness of suicide prevention.
- Physical adaptation of custody and prison environments, eg to eliminate ligature points and training for prison and police custody staff.
- Screening of prisoners for mental health issues, and improved access to mental health services and emotional wellbeing support for prisoners.
- Provision of support and information to promote awareness of suicide risk among people caring for someone with a mental illness.
- Provision of accessible support networks in local communities for survivors of abuse.
- Provision of accessible support services for marginalised and disadvantaged groups such as LGBT people, ethnic minorities, rural communities and people who experience economic deprivation.
- Programmes to reduce domestic violence and bullying.
- Support for the establishment of protective social networks.

Appendix 5 – Glossary

Adverse Incident/Serious Adverse Incident	The Donaldson Review[xcviii] defines an adverse incident as any event that could have or did lead to harm to people (80k to 90k are reported annually in NI) & a serious adverse incident as one which involved the serious injury or unexpected death of a service user, an unexpected risk to a service user, or serious self-harm including by any person in the community who has been in receipt of mental health services within the previous 12 months.
Attempted suicide	A potentially self injurious action with a non-fatal outcome for which there is evidence, either explicit or implicit, that the individual intended to kill himself or herself.
Common mental disorders	Anxiety and depressive disorders are often called "common mental disorder" and are largely treated by primary care (GPs).
Depressive disorder	Depressive disorder (Depression) is a common mental health condition. It includes being sad or unhappy but is much more than this. A person with depressive disorder may experience intense emotions of anxiety and hopelessness. They may be unable to experience pleasure, lose interest or motivation, and have very negative views about themselves and the future with feelings of guilt, worthlessness. These problems interfere with the way a person is able to function in their relationships or at work, and may become prolonged or recurrent. The symptoms of depression are seen as occurring on a continuum of severity and persistence from mild depression to major depression. The condition is often accompanied by anxiety.
Emotional resilience	Relates to how people feel about themselves, their interpretation of events, and ability to cope with adverse circumstances. This differs in individuals and therefore people have different vulnerability to the adverse effects of negative environments. Emotional resilience is the capacity that allows individuals to adapt and overcome adverse circumstances and events, and thrive despite adversity and stress in their lives. This ability to cope in the face of environmental adversities, is the result of a complex interplay of many factors contributing to an individual's level of emotional resilience.
First Responders	Police officers, ambulance and hospital emergency department staff, prison officers, social care workers, and fire-fighters.
Gatekeepers	Typically include: primary health care providers; mental health care providers; those providing addiction services; teachers; human resources staff; community leaders; spiritual and religious leaders; sports organisations; and youth offending services providers.
Health inequalities	Have been defined as 'the systematic and avoidable differences in health outcomes between social groups such that poorer and / or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluent'.
Mental health	Refers to the successful performance of mental functions in terms of thought, mood, and behaviour.
Mental health condition / mental health needs	Generally refers to symptoms that meet the criteria for clinical diagnosis of mental illness, or symptoms at a sub-clinical threshold which interfere with emotional, cognitive or social

	function thereby affecting how we go about our everyday lives. Describes all mental disorders or illnesses including common conditions, such as depression and anxiety, as well far less common and enduring conditions such as schizophrenia or bipolar disorder.
Mental illness	The term that refers collectively to all diagnosable mental disorders that affect the person's cognitive functioning.. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning. Covers a broad spectrum of mental health problems including Depression, Anxiety and Panic disorders, Post Traumatic Stress Disorders, Obsessive Compulsive Disorder, Addictions, Eating Disorders, Schizophrenia, Bipolar and Personality Related Disorders.
National Confidential Inquiry into Suicide and Homicide by People With Mental Illness (NCISH)	NCISH collects data on all suicides and homicides by people in contact with psychiatric services (in the year prior to death) in the UK. It monitors trends and collects detailed clinical information. Data are published along with recommendations for changes to clinical practice and policy aimed at reducing the risk of suicide and homicide. In addition to core work, the Inquiry carries out time limited specific studies. NCISH is based in the Centre for Suicide Prevention, part of the Psychiatry Research Group in the School of Medicine at Manchester University. DHSSPS contributes to the cost of the work of the Inquiry in The north of Ireland.
NICE	The National Institute for Health and Clinical Excellence. The Institute provides guidance and advice to improve health and social care. Guidance published by NICE since June 2006 is considered locally for its application to the north of Ireland and, where appropriate, is endorsed by the Chief Medical Officer for implementation in the Health and Social Care Sector.
Prevention	Primary prevention – promoting population mental health and wellbeing. Secondary prevention – interventions targeting high risk groups.
Recovery	It is not easy to define 'recovery' from a mental health condition. Traditionally the term recovery has implied being free from symptoms. However, the recovery model is about personal control over one's life and experiencing a good quality of life whether there are symptoms or not. In this sense work can be part of recovery. The National Institute for Mental Health in England describes recovery as something that people experience as they become empowered to achieve fulfilling, meaningful lives and both contribute and belong to their communities.
SCIE	The Social Care Institute for Excellence aims to improve the lives of people who use care services by sharing knowledge about what works.
ScotSID	The Scottish Suicide Information Database – a dataset linking records on all probable suicide deaths in Scotland with the individuals' demographic details and previous contact with particular healthcare services. The aim of maintaining the database is support research, policy-making, and preventive activity. Specific reports can be produced such as a summary

	of the broad characteristics and circumstances of those who died by suicide or an examination of the contact by the deceased with specific healthcare services prior to death compared to the general population.
Self-harm	Self-harm refers to a wide range of behaviours including self-poisoning with or without suicidal intent, and self-injury.
Stigma	Causes an individual to be classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.
Suicidal Ideation	The existence of current wishes to die by suicide or of taking action to end one's own life.

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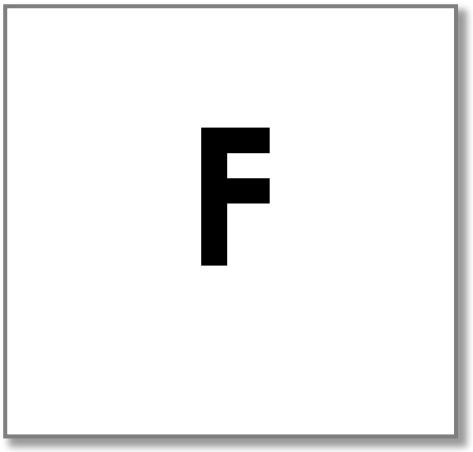
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Subject	Officer Authorisation
Reporting Officer	Mark Kelso – Director Public Health & Infrastructure

1	**Purpose of Report**
1.1	To update Elected Members on the Authorisation Procedure for staff within Environmental Health and Building Control services .

2	**Background**
2.1	Councils must ensure that all enforcement staff appointed to undertake duties on their behalf are appropriately authorised for this purpose (e.g. EHO 's , BCO's, Technical officers, Dog wardens, Enforcement officers and Tobacco control staff). It is equally important to ensure that all officers are competent to undertake the powers bestowed on them by their authorisations.

3	**Key Issues**
3.1	Council approved the Director of Public Health and Infrastructure in March 2015 with Delegated Authority for the authorisation of officers and enforcement of relevant statutory powers on their behalf – see Appendix 1 – Discharge of Statutory Functions . The Authorisation Procedure attached to this report outlines how these arrangements are implemented across the Environmental Health and Building Control Services on behalf of Council . The document outlines the process by which authorisations are administered for all new , recently qualified and experienced staff , together with the arrangements for those who transfer duties in service , or in from other Councils . In accordance with Council procedures all new staff commencing employment with Mid Ulster Council will continue to be notified to the monthly meeting of the Policy and Resources Committee by Director of Organisational Development for the purposes of formal appointment and designation .

4	**Resources**
4.1	**Financial** None
4.2	**Human** None
4.3	**Basis for Professional/ Consultancy Support**
4.4	**Other** None

5	**Other Considerations**
5.1	The Authorisation Document will be updated as required .

6	**Recommendations**
6.1	That members approve the Delegated Authority and Authorisation arrangements for Environmental Health and Building Control services to Director of Public Health and Infrastructure in accordance with Section 2 and 7 of Local Government Act (NI) 2014 .

7	**List of Documents Attached**
7.1	Appendix 1 - Delegated Authority and Authorisation Procedure

Mid Ulster District Council

AUTHORISATION PROCEDURES FOR ENVIRONMENTAL HEALTH AND BUILDING CONTROL SERVICES

1.0 INTRODUCTION

District Councils must ensure that enforcement officers appointed to undertake duties on their behalf are appropriately authorised for this purpose (e.g. EHO 's , BCO's Technical officers, Dog wardens, Enforcement officers and Tobacco control officers). Councils should ensure that officers are competent to use the powers bestowed on them by their authorisations. An authorisation must be linked to individual officers' qualifications and experience. Newly qualified officers will have their powers of enforcement restricted until they gain further training and experience.

An officer's authorisation documents may be requested to be produced both in Court and 'in the field'. It is important that officers have appropriate authorisation for this purpose .

2.0 DELEGATION OF AUTHORITY

Mid Ulster District Council has authorised the Director of Public Health and Infrastructure to discharge its functions in relation to the authorisation of all staff in, or acting on behalf of, the Environmental Health and Building Control Service – see Appendix 1 .

The power to delegate authorisation to the Director Public Health and Infrastructure is as conferred by Section 2 and Section 7 of the Local Government Act (NI) 2014 and as referenced in Section 47(a) of the Local Government Act (NI) 1972, and Article 26 of the Local Government (Miscellaneous Provisions) (NI) Order 1985.

This authorisation enables officers to undertake the duties allocated to them under Statute .

3.0 TRAINING AND QUALIFICATIONS

Officers must be appropriately trained / qualified to carry out the work for which they are authorised.

Guidance on training / qualifications in the core functions of health and safety and food control are contained in the Health and Safety at Work (NI) Order 1978 Article 20 document entitled 'Provision of a Trained and Competent Inspectorate' issued by HSENI and the Food Law COP and Practice Guidance respectively.

Each member of the Environmental Health and Building Control Services will compile and maintain a training record.

The format for officers' training records is contained in Appendix 2.

4.0 EXPERIENCE AND COMPETENCE

The level of experience achieved and demonstrated will assist in the determination of authorisation for each officer within Environmental Health and Building Control services .

Within Environmental Health the core functions of Health and Safety and Food Control have identified specific guidance on experience and competence. These are contained within :-

- The Health and Safety at Work (NI) Order 1978 Article 20 document entitled 'Provision of a Training and Competent Inspectorate' issued by HSENI in May 2004, the NI Local Authority Health and Safety Liaison Group document entitled Competence Development for Officers Enforcing Health and Safety Legislation (June 2005), and
- The Food Law Code of Practice and Practice Guidance

The principles detailed in these documents are generally applicable to other core functions.

Officers employed by Councils are likely to be:

- newly qualified officers;
- experienced officers newly assigned to a core function;
- officers experienced in the core function(s) in which they are working;
- officers with supervision responsibility to support and sign off competency levels.

Each of these categories of officer requires separate consideration as set out below:-

4.1 Newly Qualified Officers

4.1.1. Induction Training

New officers will receive induction training from an appropriate experienced/senior officer. Induction training should include details of the department's enforcement philosophies (e.g. enforcement -v- education), enforcement policies, administration and office procedures, allocation of equipment and instructions on their use, sampling and inspection programmes, complaint procedures, corporate health and safety policy, associated guidance and departmental procedures, etc.

All new officers will be provided with access to appropriate legal documents and codes of practice, relevant forms, ID Cards and appropriate protective clothing, mobile phone etc.

4.1.2 Supervision

For an initial period, new officers will be accompanied by an experienced officer on joint inspections of the full variety of premises/activities in the area. For a further period, the new officer will be allowed to carry out low risk inspections accompanied by an experienced officer. The duration of this supervision period will be determined by the appropriate supervising officer based on an assessment of demonstrated competence.

4.1.3 Low Risk Inspections/Activities

The new officer will then be allocated a district or a group of premises and for an appropriate period, he/she will inspect only low risk

premises or carry out 'low risk' activities e.g. in the case of food premises, hygiene risk categories D & E. During this phase, the application of risk scoring by the officer will be assessed by the appropriate Principal/Senior EHO (other designated Officer).

N.B. It is suggested that a minimum period of 2 months is spent carrying out low risk activities.

4.1.4 Medium Risk Inspections/Activities

Providing satisfactory progress is noted, new officers will be allowed to carry out medium risk inspections/activities during a second period - the length to be determined by the supervising officer.

4.1.5 High Risk Inspections/Activities

Subject to satisfactory continuing progress, new officers may inspect high risk premises/activities in a third phase.

NOTE - Authorisation to serve statutory notices during any of the above stages will be determined by the officer's progression and development.

4.2 Newly Assigned Officers

Newly assigned officers will already possess many of the necessary skills of a competent officer. However those officers who are moved to a new core function may not yet have gained the necessary technical skills and specialist knowledge required by the core function. Hence this category of officer should receive induction training and appropriate supervision before being allowed to progress from low to high risk activities in a period determined by their senior officer. The progression of a newly assigned officer is likely to be much quicker than that of the newly qualified officer.

4.3 Officers qualified and experienced in the Core Function(s) in which they are working.

These officers will be considered as being competent and be authorised accordingly. Where such officers are transferring from another Authority, documentary evidence of their experience and the extent of their authorisation will be obtained from their previous employer e.g. transfer of copy of relevant section of their personal file (see Section 6.0 below).

4.4 All Officers

All officers will be encouraged to develop and maintain their competence by seeking advice when required from their experienced / senior colleagues .

A programme of training and updates will be provided for all officers. This will be based on an assessment of individual training needs , during performance management reviews and /or by using training needs analysis. All training will be provided in accordance with Mid Ulster Human Resources arrangements .

4.5 Record of experience

It is desirable to document the progress of officers through each of the various stages of induction training, supervision, inspections etc. as outlined in Section 4.0 above. The format for recording experience in respect of particular core service areas /statutes should be documented for this purpose and signed off by their supervising officer .

5.0 AUTHORISATION DOCUMENTS

The experience of officers, along with their qualifications and general enforcement background, will be the basis on which their authorisation is granted.

The Head of Service will review all officer's training record (see Section 3.0 above and Appendix 2) which will be considered in conjunction with documentation relating to their experience (see Section 4.5) in assessing competence to perform the duties for authorisation .

The Director of Public Health and Infrastructure will consider the relevant documentary evidence presented in each instance for the purposes of officer authorisation and indemnification .

6.0 PERSONAL FILE

A personal file will be compiled and maintained for each authorised officer including EHO's , BCO's , technical officers, dog wardens, enforcement officers, Tobacco Control Officers, etc. The authorisation document requires to be kept up to date by each officer.

Each file will contain the following:

- Training record.
- Experience log/authorisation document as outlined above

This file will be the reference document to be used in the event of a challenge to the officer's authority and/or competence in any circumstances, including court appearances.

7.0 GENERIC IDENTITY CARD

Each officer will be issued with the following:

- General ID card, with photograph and written caution.

Appendix 1

COUNCIL MINUTES

EXTRACT FROM COMMITTEE MINUTES ON AUTHORISATION OF ENVIRONMENTAL HEALTH STAFF. Committee date 4th March 2015

E29/15 Discharge of Statutory Functions within Public Health and Infrastructure Department from 1 April 2015

Mr Kelso presented a report advising Members on the arrangements for the administration of Statutory and Regulatory functions within the Directorate of Public Health and Infrastructure from 1 April 2015.

Mr Kelso indicated that enforcement and regulatory responsibilities for existing statutory council functions will transfer to Mid Ulster District Council on 1 April and the Council had a duty to make appropriate arrangements for the implementation of these responsibilities from that date. Members were made aware of the range of statutory provisions covered within this remit.

In reference to arrangements for the discharge of functions Mr Kelso advised that under Section 7 (4) b of Local Government Act (NI) 2014 the Committee may delegate responsibility for discharge of relevant statutory function to an officer to act on their behalf. Regulation 9 of The Local Government (Transitional, Supplementary, Incidental Provisions and Modifications) Regulations (Northern Ireland) 2014, provides the statutory rationale where required for transfer of existing arrangements from predecessor Councils to Mid Ulster.

In accordance with the statutory provisions, Mr Kelso proposed that the Director of Public Health and Infrastructure be authorised to act for and on behalf of Council by delegated authority in the authorisation of staff for in service provision and the regulation and enforcement of relevant statutory powers conferred on Council for this purpose. Mr Kelso advised that a further paper on authorisation and draft Enforcement Procedures would be brought to the Committee for consideration, once the Council has been statutorily constituted in April.

Proposed by Councillor McGuigan
Seconded by Councillor McNamee and 5 – Environment Committee (04.03.15)

Resolved That it be recommended to Council that the Director of Public Health and Infrastructure be authorised to act for and on behalf of Mid Ulster District Council by ‘delegated authority’ in the authorisation of staff in service provision, and the regulation and enforcement of relevant statutory powers conferred on Council for this purpose.

Appendix 2

QUALIFICATIONS AND TRAINING RECORD

Name of Officer: _____

Date Appointed: _____

Membership of Professional Bodies:

_____

_____

_____

_____

Previous Employment History:

_____

_____

_____

_____

_____

_____

Professional Qualifications* (Third Level/Post Graduate)	**Date Obtained**

*Copies of certificates should be attached.

Additional Training from 1st April 2015	Date	No Hrs CPD

*Copies of certificates/course details/CPD certificates, etc. should be attached.

APPENDIX 3

LIST OF REGULATORY CONTROLS

Legislation - as current *

Animal By Products Regulations (NI) 2003
Anti-Social Behaviour (NI) Order 2004

Betting, Gaming, Lotteries & Amusements (NI) Order 1985
Building Regulations (NI) Order 1979 (as amended)
Building Regulations (NI) 2012 (as amended)
Building (Prescribed Fees) Regulations (NI) 1997 (as amended)

Caravans Act (Northern Ireland) 1963
Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991
Cinemas (NI) 1994
Clean Air (Northern Ireland) Order 1981
Clean Neighbourhoods and Environment Act (NI) 2011
Construction Products Regulations 1991
Consumer Protection Act 1987

Dangerous Dogs 1991
Dogs (NI) Order 1983

Energy Performance of Buildings (Certificates and Inspections)(Amendment) Regulations (NI) 2014
Environment (NI) Order 2003
European Communities Act 1972

Fire & Rescue Services NI Order 2006
Food and Environment Protection Act 1985
Food Hygiene Regulations (NI) 2006
Food Labelling Regulations (NI) 1996
Food (Northern Ireland) Order 1989
Food safety (Temperature Control) Regulations (NI) 1995
Food Safety (Northern Ireland) Order 1991

General Product Safety Regulations 2005
Good Rule and Government Bylaws

Hairdressers Act (NI) 1939
Health and Safety at Work (Northern Ireland) Order 1978
Health and Personal Social Services (NI) Order 1978
High Hedges Act (NI) 2011

Industrial Pollution Control (Northern Ireland) Order 1997

Licensing (NI) Order 1996
Litter (Northern Ireland) Order 1994
Local Government Act (Northern Ireland) 1972 - Byelaws
Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1985
Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1992

Legislation (contd.)

Noise Act 1996

Petroleum (Consolidation) Act (NI) 1929
Pleasure Grounds Bylaws
Poisons (Northern Ireland) Order 1976
Pollution Control and Local Government (Northern Ireland) Order 1978
Pollution Prevention and Control Regulations (Northern Ireland) 2003
Private Tenancies (NI) Order 2006
Public Health Acts 1878 to 1971
Public Health and Local Government (Miscellaneous Provisions) Act 1949

Rats and Mice Destruction Act 1919
REACH Enforcement Regulations 2008
Rent (Northern Ireland) Order 1978

Shops (Sunday Trading etc) (Northern Ireland) Order 1997
Street Trading Act (Northern Ireland) 2001
Smoking (NI) Order 2006 and associated Regulations
Sunbeds Act (Northern Ireland) 2011
Safety of Sports Grounds (Northern Ireland) Order 2006

Tobacco Advertising and Promotion Act 2002

Volatile Organic Compounds in Paints, Varnishes and Vehicle

Refinishing Products Regulations 2005

Waste and Contaminated Land (NI) Order 1997
Welfare of Animals Act (NI) 2011
Welfare Services Act (Northern Ireland) 1971

EC Regulations

Regulation (EC) No 178/2002 Laying Down the General Principles and requirements of Food Law, Establishing the European Food Safety Authority and Laying Down Procedures in Matters of Food Safety

Regulation (EC) No 852/2004 The Hygiene of Foodstuffs

Regulation (EC) No 853/2004 Laying Down Specific Hygiene

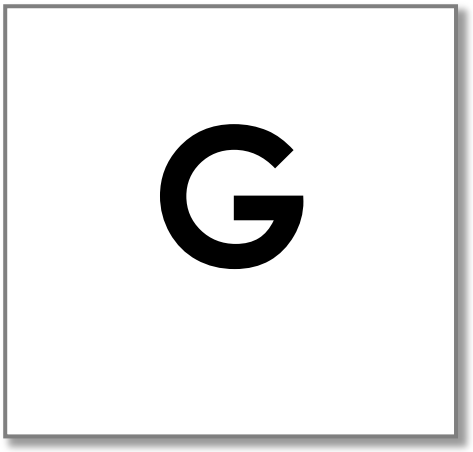
Rules for Food of Animal Origin

Regulation (EC) No 854/2004 Laying Down Specific Rules for the Organisation of Official Controls on Products of Animal Origin Intended for Human Consumption

Regulation (EC) No 882/2004 Official Controls Performed to Ensure the Verification of Compliance with Feed and Food Law, Animal Health and Animal Welfare Rules

Regulation (EC) No. 1907/2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals.

***This is not an exhaustive list and may be subject to amendment .**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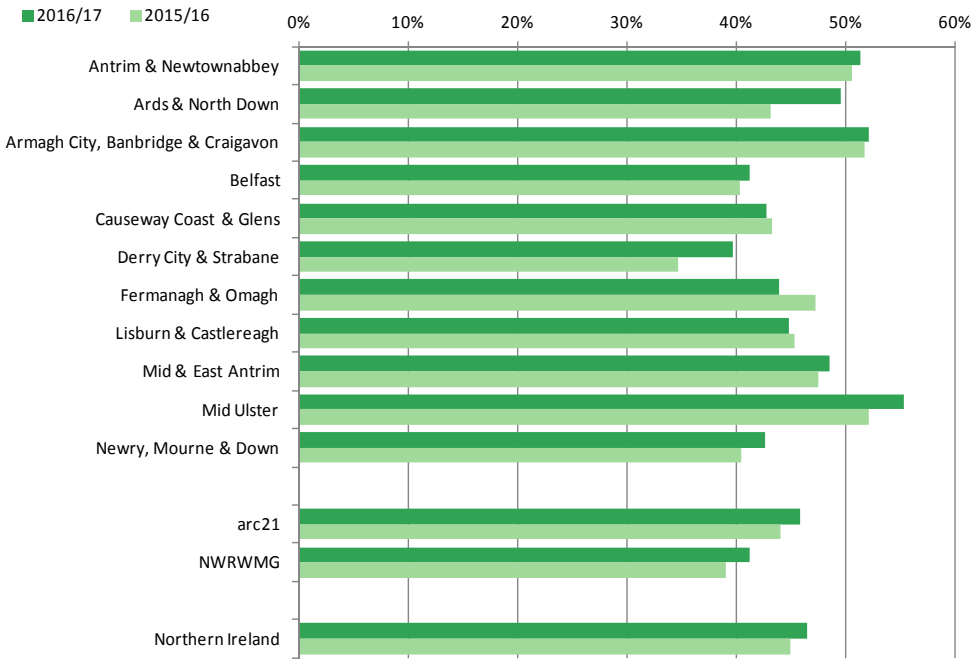
Subject	**Northern Ireland Local Authority Collected Municipal Waste Management (LACMW) Statistics Report for April to June 2016**
Reporting Officer	**Mark McAdoo, Head of Environmental Services**

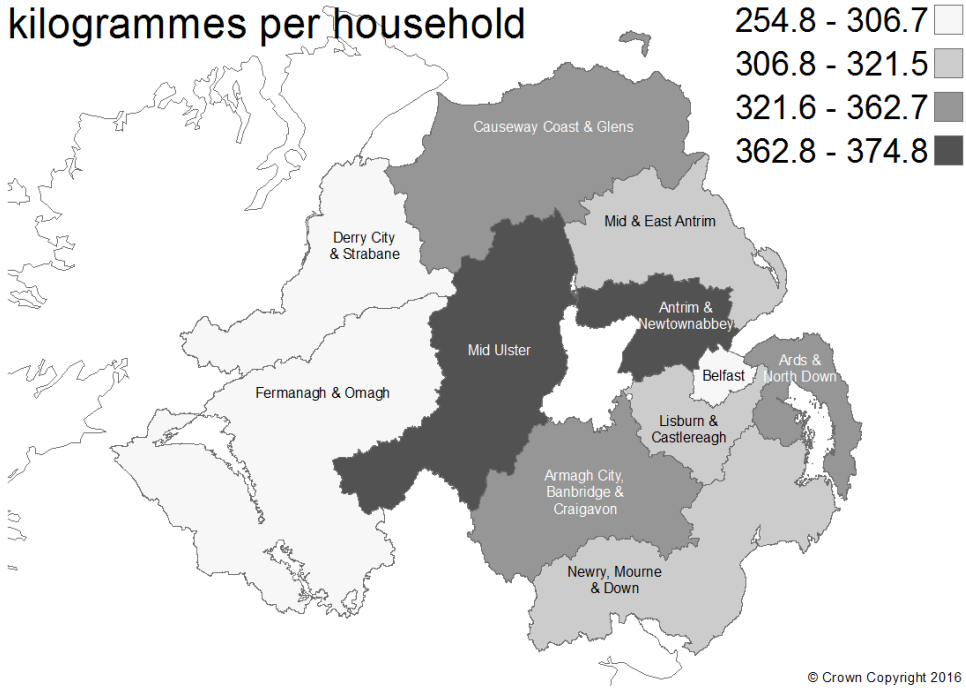
1	**Purpose of Report**
1.1	To update members on the Councils performance in relation to recycling and landfill diversion as outlined in the NIEA Northern Ireland Local Authority Waste Management Statistics Report for the first quarter 1st April to 30th June 2016.

2	**Background**
2.1	The above (provisional) report was published on 20th October by the Department of Agriculture, Environment and Rural Affairs (DAERA). The data in the report is based on quarterly returns made to Wastedataflow, a web based system, used by all local authorities throughout the UK to report on local authority collected municipal waste (LACMW). This is the first quarterly report which allows a direct comparison to be made for the new Councils to the corresponding quarter last year i.e. April to June 2015. A full copy of the report can be accessed via below: • https://www.daera-ni.gov.uk/publications/northern-ireland-local-authority-collected-municipal-waste-management-statistics-april-june-2016

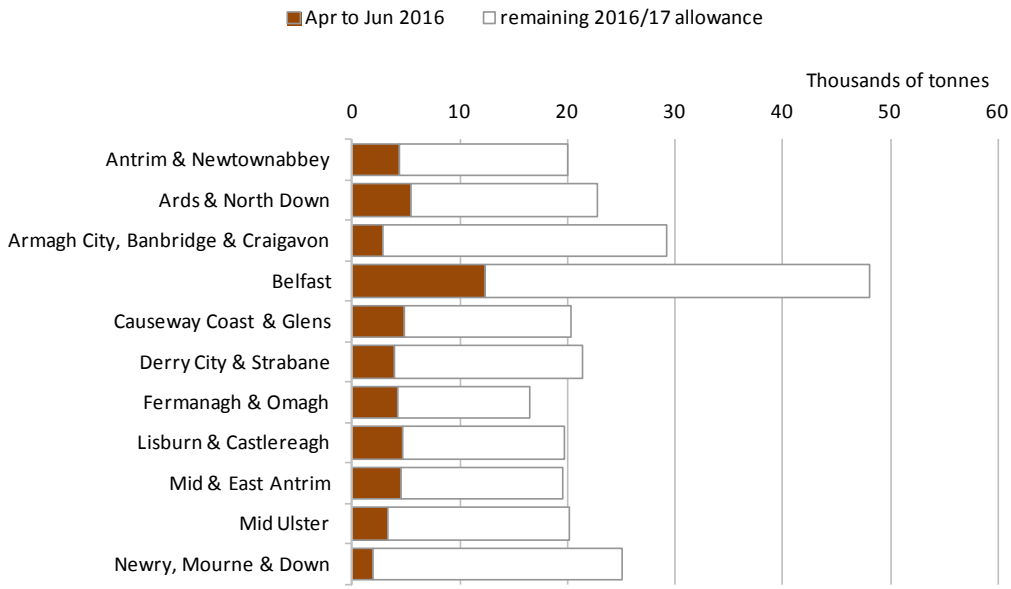
3	**Key Issues**
3.1	Northern Ireland's councils collected 262,883 tonnes of LAC municipal waste between April and June 2016. This was a 3.5% increase on the 254,007 tonnes collected during the same three months of 2015.
3.2	The household waste preparing for reuse, dry recycling and composting rate was 46.4% between April and June 2016. This was an increase on the 44.9% figure recorded during the same quarter period last year.
3.3	The household waste landfill rate was 37.0%, a further reduction on the 40.1% recorded during the same three months of 2015. There were 52,373 tonnes of BLACMW sent to landfill between April and June 2016 which was 6.0% lower than the 55,711 tonnes sent between the same three months of 2015.
3.4	In respect of the key performance indicator (KPI a) relating to the amount of our household waste sent for recycling/composting I am pleased to report that Mid Ulster District Council achieved the highest rate of all eleven Councils during the quarter with a figure of 55.3%. This represents a 3.2% increase on the 52.1% rate for the corresponding quarter of last year (as illustrated in graph shown below):



In respect of waste arisings per household (KPI h) the second largest recorded during the quarter was in Mid Ulster at 373 kg per household. This is an increase on the 367 kg per household generated during the same quarter last year.



3.5 With regard to the Northern Ireland Landfill Allowance Scheme (NILAS) allocation Mid Ulster District Council utilised only 16.1% of the available annual allowance (20,231 tonnes) during the first quarter i.e. landfilled only 3,266 tonnes of Biodegradable Local Authority Collected Biodegradable Municipal Waste (BLACMW). This was the third lowest utilisation of all eleven Councils and represents a decrease on the 17.5% figure for the same quarter last year.

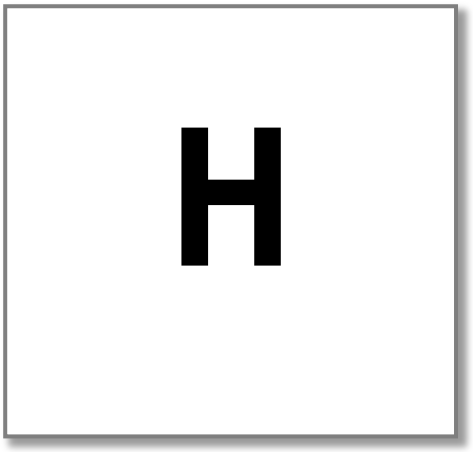


4	Resources
4.1	**Financial** None
4.2	**Human** A significant amount of time is spent by the Recycling Officers in gathering, collating and submitting the necessary data for quarterly Wastedataflow and NILAS returns.
4.3	**Basis for Professional/ Consultancy Support** None required

5	Other Considerations
5.1	The report confirms that Mid Ulster is experiencing the highest increase in municipal waste arisings, up 8.9% (to 21,749 tonnes) compared to the same quarter last year, which will have implications on the level of resources required for waste management.

6	Recommendations
6.1	Members are asked to note the performance of Council as outlined in this report.

7	List of Documents Attached
7.1	None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Subject	**Town and Village Awards 2016**
Reporting Officer	**Terry Scullion, Head of Property Services**

1	**Purpose of Report**
1.1	To update members of local success at the various town and village awards in 2016.

2	**Background**
2.1	Council submitted entries for the five largest settlements and a range of other villages to both the NIAC Best Kept Awards and Ulster in Bloom in 2016.
2.2	Both are annual awards that promote achievement and excellence in Horticulture, Amenity and Environmental Sustainability and is important in recognising high quality environments to live and work. Both horticultural awards encourage cities, towns and villages right across Northern Ireland to look their best, boosting civic pride through beautiful plant and floral displays. Both competitions continue to attract great interest.
2.3	In addition Council endorsed an application to the RHS Britain in Bloom awards this year for Castlecaulfield, following a first place finish in their category in Ulster in Bloom 2015.

3	**Key Issues**
3.1	Notably for Council in the 2016 Translink Ulster in Bloom Competition winner for the 'Village category' was Castlecaulfield, with Donaghmore in a very close second place. While this achievement is a repeat of the results in 2015, it is recognition of the efforts of Council, local businesses and local communities. The awards presentation for this event will be held in March 2017.
3.2	In the Open and Direct Best Kept Awards 2016 there was success again for Castlecaulfield winning the Best Kept Small Village category.
3.3	The results of the 2016 Royal Horticultural Society Britain In Bloom Awards in Birmingham were announced earlier this month. Castlecaulfield achieved a Gold award, was joint overall winner in the overall Village Category, and collected two special awards (i.e. Overcoming Adversity and a Community Champion Award). This is a significant achievement for the Council and for the village on a first entry to Britain in Bloom.
3.4	Results and judges comments are included in the appendices. There is lots of useful feedback to consider for areas throughout the district that were less successful to plan for next year.

4	Resources
4.1	**Financial** Within existing budgets.
4.2	**Human** Within existing resources.
4.3	**Basis for Professional/ Consultancy Support** None

5	Other Considerations
5.1	None at this juncture.

6	Recommendations
6.1	Members are asked to note the contents and appendices enclosed.

7	List of Documents Attached
7.1	Appendix 1 – Ulster in Bloom Results and Judges Comments
7.2	Appendix 2 – NIAC Best Kept Award Results and Judges Comments
7.3	Appendix 3 – Britain in Bloom Letter and Results

CATEGORY	PLACINGS		
	1ST	2ND	3RD
CITY	**Derry City** - Derry City and Strabane District Council	**Belfast City** - Belfast City Council	
LARGE TOWN	**Ballymena** - Mid and East Antrim Borough Council	**Antrim** - Antrim and Newtownabbey Borough Council	**Omagh** - Fermanagh and Omagh District Council
TOWN	**Coleraine** - Causeway Coast and Glens Borough Council	**Larne** - Mid and East Antrim Borough Council	**Enniskillen** - Fermanagh and Omagh District Council
SMALL TOWN	**Ahoghill** - Mid and East Antrim Borough Council	**Randalstown** - Antrim and Newtownabbey Borough Council **Whitehead** - Mid and East Antrim Borough Council	**Newcastle** - Newry, Mourne and Down District Council
LARGE VILLAGE	**Cullybackey** - Mid and East Antrim Borough Council	**Groomsport** - Ards and North Down Borough Council	**Hillsborough** - Lisburn and Castlereagh Borough Council **Saintfield** - Newry, Mourne and Down District Council
VILLAGE	**Castlecaulfield** - Mid Ulster Council	***Donaghmore*** - Mid Ulster Council	**Ballynure** - Antrim and Newtownabbey Borough Council
SMALL VILLAGE	**Charlestown Village** - Armagh City, Banbridge and Craigavon Borough Council	**Scarva** - Armagh City, Banbridge and Craigavon Borough Council	**Ballyeaston** - Antrim and Newtownabbey Borough Council
MOST IMPROVED	**Cullybackey** - Mid and East Antrim Borough Council		
'ROSES IN TOWNS' TROPHY	**Awarded to Lisburn** Presented by Belfast City Council to the city, town or village, (other than Belfast), who uses roses to the best advantage in public areas.		
ULSTERBUS TOURS COMMUNITY CHAMPION AWARD	**Bill Pollock** Brighter Whitehead		
SPECIAL AWARDS	**Awarded to the following for outstanding presentation:** 1. Fermanagh and Omagh District Council - Biodiversity Award 2. Mary Peters Track, Belfast City Council - Biodiversity Award 3. Newtownards Memorial Garden, Ards and North Down Borough Council 4. Garden of Reflection, Derry City - Derry City and Strabane District Council 5. The Old George, Bar & Restaurant, Rathfriland		

CATEGORY	1st	2nd	3rd
BEST STATION AWARD	Londonderry Bus Station – Foyle St	Newcastle Bus Station	Ballymoney Railway Station
COMMUNITY RAIL HALT AWARD	Whitehead Railway Station	Greenisland Rail Halt	Carnalea Rail Halt

NILGA – Ulster In Bloom Judges Comments 2016

Moneymore, Large Village, Mid Ulster District Council

Introduction

Nice permanent planting at the Magherafelt side, although it is a bit weedy. Some nice beds and baskets. The park is an excellent facility with lovely features and is well maintained. The village is neat and tidy.

Horticultural Achievement

Areas of Achievement

Nice permanent planting at Magherafelt side, some baskets and nice bed at Smith Street and good bed at Conyngham Street

The bed at Bridger Street is very effective

Manor Park is a lovely facility and well maintained. Recreation Centre well kept

Areas for Improvement:

Whole village needs more impact from floral displays.

Environmental Responsibility

Areas of Achievement:

Manor Park great resource for wildlife and pond and wildflower area adds to this

Areas for Improvement:

Could make more of heritage.

Community Participation

Little evidence of community participation, public awareness or sponsorship.

Magherafelt, Town, Mid Ulster District Council

Introduction

Excellent beds at some of the entrances to the town. The bed at the Diamond is lovely but there is not a lot else in the centre of the town. Signage is attractive.

Horticultural Achievement

Areas of Achievement

Excellent bed at entrance from Tobermore, and also at Desertmartin side and a nice display at the Wine Box

The bed at the diamond is well planted and very colourful

The Polepatrick Cemetery is well kept

Areas for Improvement:

While some beds are great there is little else except at the Castledawson end of the town, more is needed in the centre of the town

The bed at the Moneymore Road is not planted.

Environmental Responsibility

Areas of Achievement:

Town is clean and tidy.

Areas for Improvement:

Need to look for ways to improve biodiversity.

Could do much more to celebrate heritage.

Community Participation

Little evidence of community participation, awareness of Ulster in Bloom or sponsorship.

Ballyronan, Small Village, Mid Ulster District Council

Introduction

The marina area is well kept and a great resource.

All the bedding is good.

Village clean and tidy.

Horticultural Achievement

Areas of Achievement

The boat is well planted and there are some good towers, baskets and tubs.

The park, as always, is well maintained

Areas for Improvement:

Greater impact required.

Environmental Responsibility

Areas of Achievement:

Good biodiversity in area round the marina, good information board here.

Whole village clean and tidy.

Areas for Improvement:

More could be done for local heritage.

Community Participation

Not much evidence of community participation – need to encourage this. Also lack of sponsorship and no Ulster in Bloom posters in display.

Caledon, Small Village, Mid Ulster District Council

Introduction

This a lovely village with an attractive main street so it is a shame that more effort was not made with the floral displays.

The beds at the entrance and the planters at Caledon Arms are good but there are not enough baskets along the street to give impact.

Kinnard Park is well maintained and there are some nice private gardens.

Horticultural Achievement

Areas of Achievement

The beds and baskets are good.

Signage is attractive.

Areas for Improvement

Little impact from floral displays - need more quantity

Environmental Responsibility

Areas of Achievement:

Village is clean and free from litter and graffiti.

Areas for Improvement:

Most areas could be improved

Community Participation

Lack of community obvious – need to encourage this.

No evidence of public awareness of Ulster in Bloom.

Coagh, Small Village, Mid Ulster District Council

Introduction

The beds in the main street look good. There are some nice baskets and grass areas well mown. Local gardens are neat and generally well kept.

Horticultural Achievement

Areas of Achievement

The beds in the main street, surrounded by the stone walls, are really lovely.

The bed at the junction is good.

One of the houses at Windsor Villas has lovely pots.

Areas for Improvement:

The permanent planting at Windsor villa is full of mares tail.

More floral displays needed to make real impact.

There is potential here with an already attractive village - just need to do more.

Environmental Responsibility

Areas of Achievement:

No sign of litter or graffiti.

Rural location gives plenty of area for wildlife.

Areas for Improvement:

Could do more to develop local heritage and improve biodiversity.

Community Participation

No real evidence of community participation - try to encourage this.

Need obvious display of In Bloom posters or sponsorship - these are easy marks to get and Coagh is missing them!

Dungannon, Town, Mid Ulster District Council

Introduction

Dungannon Park is a lovely facility, well maintained. Railway Park also nicely maintained.

The painted fake front s to the shops in Church Street are well executed and improve the look of the street.

While the troughs in the street are good the baskets are not great – they don't make an impact.

The display at the roundabout on the Cookstown Road and the Council offices are excellent.

Horticultural Achievement

Areas of Achievement

The parks are well maintained –especially Dungannon Park where the grounds are really well looked after and there is lovely permanent planting along the entrance to the car park. The bedding and permanent planting around the café is also good.

The troughs in the square are very good and the roundabout at the Cookstown side excellent with the butterflies. There is a lovely display at the Council offices and the roses here are also good.

The fake fronts in Church Street help improve the look of the street.

Areas for Improvement:

There is a weedy area heading out towards the bus station and the baskets are not of great quality making little impact.

There is nothing at the Moy side of the town or towards the M1 roundabout where there is potential for something special.

Environmental Responsibility

Areas of Achievement:

Areas in the parks provide opportunity for wildlife habitats.

Town fairly litter free and no sign of graffiti

Community Participation

Need to improve community participation and awareness of Ulster in Bloom.

Remember up to 10 points are easily obtained by prominent display of Ulster in Bloom posters.

Maghera, Small Town, Mid Ulster District Council

Introduction

There are a few nice beds and some good permanent planting but apart from a really good display in one if the businesses there is little to commend this town as regards Ulster in Bloom.

Horticultural Achievement

Areas of Achievement

Some attractive beds e.g. at Grove Terrace and near Presbyterian church.

Permanent planting at Meeting House Ave and the green space here is well mown.

There is a lovely display at Jack's bar continuing round the corner to front of Walsh's hotel.

Areas for Improvement:

Could improve everything.

Environmental Responsibility

Areas of Achievement:

Rural location provides areas for wildlife.

Little – except for recycling.

Areas for Improvement:

Apart from recycling all area could be improved.

Community Participation

Little evidence of community participation or sponsorship.

Tobermore, Village, Mid Ulster District Council

Introduction

Some lovely beds particularly the begonias along the wall the bed at Maghera side and the display at Lisnamuck Road.

The tubs along the Main Road are good and the fake walls are effective.

There are a some colourful private gardens.

Grass areas are well mown and the village is neat and tidy.

Horticultural Achievement

Areas of Achievement

Very good bed at Maghera side and an excellent display on the main street at Lisanamuck Road. Good choice of plants/colours,

The begonias along the wall are very effective, and the tubs along the main street are good.

There are 2 beds at entrance to Edmund Court and an excellent begonia mound bed at Wood Road

Some very colourful private gardens especially at No 18 Edmund Court and No 5 Mill Crescent.

The grass areas are well mown.

Areas for Improvement:

More impact needed – what is there is good but more needed.

Environmental Responsibility

Areas of Achievement:

Good use of fake walls.

Village is clean and tidy.

Areas for Improvement:

No obvious celebration of local heritage.

Could look for ways to increase biodiversity.

Community Participation

Areas of Achievement:

Good to see some sponsorship.

Areas for Improvement:
Little evidence of community participation or awareness of Ulster in Bloom.

Coalisland, Small Town, Mid Ulster District Council

Introduction

There are a few baskets and a couple of beds but nothing else that we could see.

Horticultural Achievement

Everything could be improved

Environmental Responsibility

Areas of Achievement

No sign of litter or graffiti.

Rural location gives plenty of area for wildlife.

Areas for Improvement

Could do more to develop local heritage and improve biodiversity.

Community Participation

Everything could be improved.

Pomeroy, Small Village, Mid Ulster District Council

Introduction

Not a great deal to see in this town, Classicana has a good display.

There are a few baskets, but not all are of good quality, and some nice window boxes.

The areas round the churches are well maintained.

Horticultural Achievement

Areas of Achievement

The display at the Classicana is good but not backed up by much else. There are a few baskets and the area was generally neat. The area round the churches are attractive and well maintained.

Areas for Improvement

More effort needed.

Environmental Responsibility

Areas of Achievement

Rural location provides plenty of area for wildlife.

Areas for Improvement

Most areas could be improved.

Community Participation

Lack of community participation – need to encourage this.

No evidence of public awareness of Ulster in Bloom or sponsorship.

Cookstown, Small Town, Mid Ulster District Council

INTRODUCTION

Cookstown prides itself as a retail centre, and has a busy main thoroughfare with which to highlight the sense of civic pride about the town.

HORTICULTURAL ACHIEVEMENT

Areas of Achievement:

Good visual impact from the low bedding at the main roundabouts entering the town.

Some very nice basket planting on the main street, with good colour impact. The central planting is good, but wasn't as well developed as on the occasion of our last visit.

Some good individual private gardens on fountain lane, Cloghogue Road and around the Phoenix school.

Cemetery planting good.

Hotel had a very pleasantly maintained and planted facade.

Areas for Improvement:

Some of the permanent planting was in need of more detailed maintenance.

The overall impact of the main thoroughfare could be increased.

ENVIRONMENTAL RESPONSIBILITY

Areas of Achievement:

The local buildings and built environment was generally well kept.

The fort view area was a pleasant green space environment for visitors.

The streetscape on the main thoroughfare is good.

Areas for Improvement:

There was evidence of some noxious and invasive species of weeds growing along verges and roadsides.

COMMUNITY PARTICIPATION

Areas of Achievement:

Some individual businesses were making an effort to participate, although it wasn't clear if this was consciously part of the UIB competition.

Some private residences also had visually good planting schemes along with decorative plantings.

Areas for Improvement:

Overt promotion of the UIB competition would no doubt be of benefit to the local effort.

Stewartstown, Small Village, Mid Ulster District Council

INTRODUCTION

Stewartstown is a pleasant village with a well proportioned central square, which has elements of a strong community spirit and which could do well with a more focused collective effort.

HORTICULTURAL ACHIEVEMENT

Areas of Achievement:

Nice to see the Presbyterian Church getting involved although the planters used were a little small to create much impact.

Other planters like the tower planters were in good shape with good colours and impact.

Areas for Improvement:

Using more appropriate containers, even if it meant fewer in number, could be of benefit for the overall impact.

ENVIRONMENTAL RESPONSIBILITY

Areas of Achievement:

There were some good information signs about the local heritage and history within the village centre.

Areas for Improvement:

More emphasis placed on unused and derelict properties, which showed some signs of neglect and even vandalism, and which detracted a little from the overall impact.

COMMUNITY PARTICIPATION

Areas of Achievement:

Nice to see the primary school getting involved with decorative horticulture for the pupils.

Some businesses were also involved within the village centre, the victuallers as an example. There is an obvious community development group and this could be encouraged to take more part in UIB in future to assist the council effort.

Areas for Improvement:

More business and community involvement would be of benefit.

BEST KEPT AWARDS

NORTHERN IRELAND AMENITY COUNCIL

Northern Ireland Amenity Council
Graham House
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Tel: (028) 9040 3681
Fax: (028) 9040 3682
Email: niamenity@btconnect.com
www.niacbestkept.com

Charity Registration No: XR24537

PATRON: JOE MAHON

18th October 2016

Terry Scullion
Mid Ulster Council
Burn Road
Cookstown
Co Tyrone
BT80 8DT

Dear Terry

2016 Open + Direct Insurance Best Kept Towns, Villages and Housing Areas

Congratulations on your achievement in this year's Awards and I know that your participation has helped in no small way to improve our lovely environment

I have pleasure to enclose the judges' comments and would ask you to bring them to the attention of the appropriate people in the Council.

I look forward to working with you in 2017 which marks the 60th anniversary of Best Kept Awards.

Yours sincerely

Bridgeen McIlroy
Executive Officer

2016 NIAC Best Kept Awards Results

Category Winners are:

- Best Kept City Winner – Derry City
- Best Kept City Runner Up – Belfast
- Best Kept Large Town Winner – Antrim
- Best Kept Large Town Runner Up – Banbridge
- Best Kept Medium Town Winner – Enniskillen
- Best Kept Medium Town Runner Up – Armagh
- Best Kept Small Town Winner – Randalstown
- Best Kept Small Town Runner Up – Newcastle
- Best Kept Large Village Winner – Ahoghill
- Best Kept Large Village Runner Up – Broughshane
- Best Kept Small Village Winner – Castlecaulfield
- Best Kept Small Village Runner Up – Loughgall
- Most Improved Winner – Newtownards
- Welcome Award Winner – Charlestown
- Best Kept Community Achiever - Helen Boyd (Tidy Randalstown)
- Overall Winner – Randalstown
- The President's Trophy - Wildflower Alley (College Park Ave. Residents Assoc)

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Dungannon

Council:- Mid Ulster

Date:- 4th August 2016

Weather conditions:- Cloudy and bright

Category Entered:- Medium Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **Name Plate**

LOCATION: DUNGANNON **Boundary definition:** Name signs.

Date: 4th August 2016 **Weather conditions:** Cloudy, bright.

(1) General appearance.

The approach roads to Dungannon are well maintained and tidy with that from the M1 junction especially so. Market Square has recently been the subject of an Environmental Improvement Scheme which is still 'work in progress'. It has been thoughtfully planned and the mix of asphalt with cobbled pavers is most effective. There are ample car parks, none of which was overly filled. Litter bins were sufficient in number and appropriately placed. None were overflowing. Apart from the Hill of the O'Neills area, there did not appear to be much in the line of public seating, although when the EIS is complete, this may change. Street lighting is of a fairly standard design. A wide range of recyclables is accommodated for in the Tesco car park and it was maintained in a very tidy manner.

(2) General tidiness and cleanliness.

Dungannon has to be commended for the absence of any long term litter. Some fairly recent litter was, however, visible at the entrance to the Hill of the O'Neills feature and also at bus stops in Market Square. Weeds were also evident in the Perry Street West car park. There was no evidence of vandalism or fly posting and, although wall murals were present on some gable walls, there was no graffiti. Oaks Road has a lot of unregulated advertising relating to businesses in the Oaks Centre. This is quite unsightly. No great evidence of dog fouling was seen.

(3) Business premises.

Ranfurley House has been refurbished and very sympathetically restored. The Viscounts Restaurant- a converted church hall – is a Gothic style building with a beautiful stained glass window which is very tidy and has colourful floral displays. Northland Row was, no doubt, once an impressive terrace of beautiful buildings but is now in need of a facelift with weeds growing out of chimney and loose electric cables. The grounds of the Council offices are well maintained with attractive landscaping. Salt Nightclub and Fort Bar in Scotch Street have become

very unkempt. In George Street, screening has been erected in order to disguise a vacant site. Not only is this effective, but it contains pictures illustrating life in the street over the years. A vacant site at the corner of Greer's Road and Anne Street has become very unsightly. There are also some vacant properties in John Street. It is disappointing to note that a large building in Market Square beside Ranfurley House still has anti-bomb security fencing to the front. The judge wonders why this has not been removed and an otherwise attractive building cleaned up.

(4) Natural environment and open spaces.

Dungannon Park is a superb facility with impeccably maintained grounds and a most attractive lake. It would be a big asset to any town. The grounds of the Royal School are well kept whilst Railway Park, another green area, is well looked after. The judge was pleased to note that loose grass cuttings were being raked up when he was present. The Hill of the O'Neills is a new Visitors Centre with extensive grounds which give magnificent views of the surrounding countryside. The planting of trees in Market Square is welcomed. Particularly impressive was the display of flowers on the roundabout near the hospital. Their positioning on metal sculpted butterflies is especially innovative.

(5) Presentation of private residential areas.

Dungannon has a wide mix of housing types and areas. Circular Road has some older houses which are very well cared for. In Woodbourne Crescent and Windmill Drive there are some which are untidy and not so well looked after.

(6) Evidence of business and community involvement.

The local council, past and current, would appear to have been working with local business people in encouraging shoppers to come to the town. Their booklet and shopping guide is testimony to this.

(7) Aspects deserving special commendation.

- The excellent Dungannon Park.
- The Hill of the O'Neills Visitors Centre and viewing area.

(8) Aspects needing improvement.

- Although probably a reflection of the current economic situation, the many vacant sites in the town do detract from its overall appearance.

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Magherafelt

Council:- Mid Ulster

Date:- 3rd August 2016

Weather conditions:- Showery

Category Entered:- Medium Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

LOCATION: MAGHERAFELT

Boundary definition: 30 mph signs

Date: 3 August 2016 **Weather conditions:** Showery.

(1) General appearance.

A public realm town centre improvement scheme is currently under way in the town centre and, clearly, has an impact on the appearance of the town. All of the approach roads are tidy and give the impression of a well ordered town. The approach from the Castledawson roundabout is particularly pleasing with several large houses and well-tended gardens. It was noted that some street names were missing. Car parks were adequate in number with that in King Street being litter free. Litter bins were plentiful and none were found to overflowing or had litter lying around them. Light fittings were standard in design and no wirescape evident. The recycling point in the Diamond Centre car park was very tidy whilst the main recycling centre on Ballyronan Road was well laid out and was maintained in a clean and user-friendly condition. It also had facilities for the collection of a comprehensive range of recyclables.

(2) General tidiness and cleanliness.

Litter, which had the appearance of being present for a long time, was evident in many of the entries in the town centre. There was also a considerable amount in the car park beside the Ulsterbus station and at the Bridewell entrance to the Old Burial Ground. Litter which had been more recently deposited was present in various locations, but not to any great extent. No evidence of vandalism was seen, nor was any great amount of graffiti obvious. Fly posting was found to a fairly minor extent on some lamp standards. Advertising of an unregulated nature was present near the entrance to a small commercial/industrial area on the Castledawson road. It was also considered to be present in King Street. Dog fouling did not seem to be a problem. The Meadowbank Sports Arena is an excellent facility – spacious and with very well maintained grounds. The Children's play area is particularly good. The public toilets in Rainey Street were disappointing. They are very dated and barely adequate with a lot of graffiti present.

(3) Business premises.

Magherafelt is a busy market town with many small and long established businesses. This is very welcome. McClenaghan's butchers had an innovative and characterful display and was a well-kept building as was that of McAtamneys. The N. I. Hospice shop was also a premises which has been kept in excellent decorative order. The grounds of all the churches are well cared for reflect well on their respective caretakers. The Bridewell former gaol and courthouse had been very sympathetically restored and is now a Tourist Information Centre. Whilst there are unoccupied business premises, they are not too detrimental to the overall impression of the town, although an untidy vacant site beside Union Road Presbyterian Church is unsightly.

(4) Natural environment and open spaces.

There are many colourful floral displays in the town with the one at the junction of the Tobermore Road and the Desertmartin Road being especially pleasing. The grounds of both the primary school and the High School are extensive and are well maintained. Similarly the grounds of the Mid Ulster Hospital are well laid out and tended.

(5) Presentation of private residential areas.

There is a wide variety of housing in Magherafelt. Residents in general, do seem to have a sense of pride in their homes and look after them with care and attention. Many of the houses in Westland Gardens had very colourful displays in their front gardens whilst on the Tobermore Road and in Mount Royal there was a wider range of houses. Some were new and had landscaped their gardens with no small degree of care.

(6) Evidence of business and community involvement.

It is difficult to determine the extent of business and community in the town. The fact that business premises are generally well kept and housing developments similarly so would indicate that there is a sense of civic pride present.

(7) Aspects deserving special commendation.

- Some of the business premises referred to earlier and their display of goods.
- The floral display at the junction of the Tobermore and Desertmartin roads.

- The Bridewell visitor information centre.

(8) Aspects needing improvement.

- The presence of long term litter in a number of locations.
- The completion of the public realm scheme will result in an improvement in the town centre.
- The vacant site close to Union Road Presbyterian Church.

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Cookstown

Council:- Mid Ulster

Date:- 30th July 2016

Weather conditions:- Cloudy and bright

Category Entered:- Medium Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

LOCATION: COOKSTOWN **Boundary definition:** Nameplace sign.

Date: 30 July 2016 **Weather conditions:** Cloudy, bright.

(1) General appearance.

The approaches to Cookstown along the main arterial routes are all well maintained with verges neat and tidy. That from the south is especially impressive with a metal sculpture. These approaches give a favourable first impression of the town where an environmental improvement scheme is under way. Directional signage in the town is of a standard design. Car parks are plentiful and there is ample parking available on the Main Street. Within the town centre there is not a great deal of public seating, but that near the Burnavon Theatre is especially welcome. Litter bins are plentiful throughout the town and none was overflowing. This made the presence of so many cigarette butts at various locations disappointing. A large municipal cemetery on the Westland Road is tidy and well cared for. Street lighting is of a standard design with no great evidence of unsightly wirescape.

(2) General tidiness and cleanliness.

Although the town is substantially free from obvious litter, the presence of cigarette butts in a number of locations was disappointing. These were outside Time Nightclub, at the entrance to the car park beside Supervalu in Orritor Street and in the car park Tesco which, otherwise, was very clean. The car park at Burn Road beside Campbell's Electrical was most untidy with butts, weeds and broken glass present. Litter was also evident in the grounds of the Old Railway Stationhouse. No obtrusive unauthorised advertising was seen and there was an absence of dog fouling. The automatic public toilets were satisfactory and, commendably, no evidence of graffiti or vandalism was seen.

(3) Business premises.

Cookstown has a wide range of commercial premises and, in general terms, are well maintained. Like most towns, it has its share of vacant premises but these do not overly impact on the visual impression of the town. Molesworth Presbyterian Church is well cared for and very tidy. The old railway yard is rather untidy, but it is recognised that it is being

used as a temporary site for the environmental improvement scheme. The Royal Hotel is very clean and tidy. Landscaping in the vicinity of the Marks and Spencer store is very good and the entrance to this retail park is impressive with the grass verges tidily cut. A vacant site close to this area is, however, very unsightly with its hoarding having fallen over. The former Poundstretcher store is now vacant and has become derelict. The Campbell's Electrical store is quite dilapidated. The Ulsterbus station is tidy and well laid out.

(4) Natural environment and open spaces.

The town has a number of colourful floral displays and these look exceptionally well. The Gunning Moore bowling green is in pristine condition and is immaculately kept. It must be a joy to play on. The adjacent children's play area is also very tidy and was being well used at the time of judging. Cookstown has a very long and wide main street, but the presence of many trees helps to break the strong built-up impression that might otherwise be the case.

(5) Presentation of private residential areas.

Housing developments throughout the town are neat and tidy with many residents taking great care of their properties and their gardens. Many of these are off the Westland Road and are especially well tended.

(6) Evidence of business and community involvement.

Cookstown has the appearance of being a thriving market town with a wide variety of family businesses. This is most commendable and the judge is of the view that it has not been adversely affected by large out-of-town shopping centres.

(7) Aspects deserving special commendation.

The fact that Cookstown has such a wide variety of shops and well laid out housing.

(8) Aspects needing improvement.

Cognisant of the fact that many towns are suffering from a reduction in the number of shops trading, it is noteworthy that there does seem to be an increase in the number of vacant premises, some of which are becoming rather unsightly.

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:- Ballyronan

Council:- Mid Ulster

Date:- 3rd August 2016

Weather conditions:- Overcast but dry

Category Entered:- Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

This village is set in a very picturesque location on the shores of Lough Neagh. The visitor passing through the Main Street would get a good impression, but it is only when the area around the marina is explored that the full charms become apparent.

(2) General cleanliness and tidiness:

There was an absence of litter even in the centre of the village and the general appearance of the village is very tidy indeed. The hall in the centre of the village detracts a little.

(3) Natural environment and open spaces:

The adjoining Ballyronan Wood is a great asset to the village and has been utilised well including with the provision of interpretive panels. There is good planting through the village with a boat theme near the centre and tubs, beds and hanging baskets used to good effect, especially around the shop and the bars. There is a Blue Flag at the shore.

(4) Presentation of immediate private residential areas including house frontages and gardens:

Very good and some excellent.

(5) Evidence of community involvement:

There is a Community Play group in the Marina site, and an outdoor gym and playpark with swings, all of which are well maintained

(6) Judge's discretionary mark and comments

A little unsightly in the centre of the village does little to detract from a most pleasant village.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Planting around the village and at Rorima.

(ii) Good signage including Canoe trail.

(iii) Seating and picnic tables are provided widely.

Please list below three aspects where improvements could be made

(i) Hall in centre of village could be smartened up.

(ii)

(iii)

Signed: S. Rowlett
(Judge(s)

Date: 1-9-16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Steartstown
Council:-	Mid Ulster
Date:-	3rd Augus 2016
Weather conditions:-	Light rain
Category Entered:-	Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:
Stewartstown has an attractive setting in a fine landscape. Like many villages the services are under pressure and there is a little evidence of empty businesses in the Square and in streets leading up to it. However efforts to maintain the appearance of the village are commendable.

(2) General cleanliness and tidiness:
Generally very neat. St. Patrick's Church is a fine building, well maintained. St. Ronan's School and Stewartstown PS were both well kept. The former Police Station is clearly empty but is quite well presented, in the circumstance.

(3) Natural environment and open spaces:
Generally good. Tubs planted in some places including half barrels at West Street signs. Hanging baskets along the main approach road from Coagh. Some buildings in the Square had fine window boxes. Ardskeagh & Henderson Parks some small weeds.

(4) Presentation of immediate private residential areas including house frontages and gardens:
Some very good. Other areas were a little less well kept. West Street Drive was a little unkempt. There was non-recent kerb painting at Longfurrow Close.

(5) Evidence of community involvement:
This had to be inferred from those well presented residences and businesses. There was a very informative panel in the Square highlighting the Plantations importance to the O'Neills.

(6) Judge's discretionary mark and comments

A potentially very pretty village which is making efforts to present itself as well as possible.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Seating and planting in the square

(ii) Playpark well kept.

(iii) Historical connection made for visitors

Please list below three aspects where improvements could be made

(i) Public toilets were functional but rather old fashioned

(ii) A few vacant properties in Square and approach roads.

(iii)

Signed: S. Rouse
(Judge(s)

Date: 1-9-16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Caledon
Council:-	Mid Ulster
Date:-	3rd August 2016
Weather conditions:-	Cloudy with some rain
Category Entered:-	Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

This attractive conservation village has a historic core of fine houses, some grand and some more modest. The village has made the most of this backdrop to produce a place which is very pleasant to visit.

(2) General cleanliness and tidiness:

Generally very good. There is an absence of litter and the overall appearance is of a very neat village. There was a little advertising on telegraph poles.

(3) Natural environment and open spaces:

The floral displays have a grey foliage theme throughout the village which is very attractive. Hanging baskets are much in evidence. The front of the former National School is well planted.

(4) Presentation of immediate private residential areas including house frontages and gardens:

Some excellent and most are good. Kinvara Park has some well presented properties, although the garages could be improved. Castle Drive is well presented, although there were some small weeds in pavements. Hill St. properties are well kept.

(5) Evidence of community involvement:

The old courthouse is used by local businesses

(6) Judge's discretionary mark and comments

A fine village which is charming and historic. It is well presented for locals and visitors alike.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Tidy planting around the village

(ii) Well kept and presented historic buildings

(iii) Excellent & informative interpretive panel

Please list below three aspects where improvements could be made

(i) Even more could be made of the rich history of this village.

(ii)

(iii)

Signed: S. Roulston
(Judge(s)

Date: 1-9-16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Donaghmore
Council:-	Mid Ulster
Date:-	3rd August 2016
Weather conditions:-	Rain
Category Entered:-	Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH/Name plate**

JUDGES REMARKS

(1) General appearance:

This is a most attractive village which has been enhanced considerably with floral displays and a general air of tidiness and civic pride. It is a very pleasant place to visit and the ancient High Cross makes a very special cultural focus of which the residents can be rightly proud.

(2) General cleanliness and tidiness:

Generally excellent. There were some small weeds and a little small litter in the housing area behind the Primary School and in Bravery Court there were some small weeds, but these were the exception. It is a very neat village.

(3) Natural environment and open spaces:

Very well presented with excellent planting of tubs and hanging baskets which are well maintained. There are some outstanding plantings at entrances to housing areas and schools. The floral displays at the churches are also very commendable.

(4) Presentation of immediate private residential areas including house frontages and gardens:

Generally very good and quite a number were excellent. Ivy Terrace is particularly notable.

(5) Evidence of community involvement:

This village is clearly well kept as a result of solid community support, and the provision of household planting would suggest a strong level of support.

(6) Judge's discretionary mark and comments

This is a very well kept and welcoming village, for residents and for visitors.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Various plantings around the village

(ii) The fine properties in the village are well maintained and shown to their full potential.

(iii) The interpretive panel at the High Cross is very useful

Please list below three aspects where improvements could be made

(i) Evidence of community involvements is inferred, and could be made more explicit

(ii)

(iii)

Signed: S. Rowlands
(Judge(s)

Date: 6th August 2016

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:- Castlecaufield

Council:- Mid Ulster

Date:- 3rd August 2016

Weather conditions:- Overcast and some rain

Category Entered:- Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

This is a fine village which makes the most of its heritage, particularly the splendid castle. It is well presented with clear pride from the local community and is a pleasure to visit.

(2) General cleanliness and tidiness:

Very good indeed and often excellent. The play park and playing fields are very well kept.

(3) Natural environment and open spaces:

There is good planting throughout, even a bank at the castle. The whole car at the entrance from Donaghmore is a nice touch, as is the imaginative planting at the former creamery site. The recreation of Caufield Halt, complete with railway memorabilia, is very well done. Fine planting around the copper beech tree in the centre of the village, including an innovative 'Incredible Edible patch'.

(4) Presentation of immediate private residential areas including house frontages and gardens:

Very good and, in many instances, excellent.

(5) Evidence of community involvement:

This is evident throughout the village and is most creditable. It is particularly clear in the central planting where local business sponsorship has been acknowledged. It also is clear across the businesses in the village. This is to be much elaborated.

(6) **Judge's discretionary mark and comments**

A fine and well presented village which is a credit both to the council and to the local community.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Very good planting throughout the village

(ii) Fine card, which is well presented

(iii) Thought has gone into the plantings with local history brought to life.

Please list below three aspects where improvements could be made

(i) Buildings not in use could be improved further

(ii)

(iii)

Signed: S. Poulton
(Judge(s)

Date: 6th August 2016

Final Round

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Castlecaufield

Council:- Mid Ulster

Date:- 1st September 2016

Weather conditions:- Dull

Category Entered:- Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:
A very pleasant village. Creamery Bridge on corner particularly beautiful. Main Street with banks of wild flowers and planters. There is obvious pride shown by the community. Camefield Halt was fantastic. Overall no weeds and mature trees adding to the beauty.

(2) General cleanliness and tidiness:
No litter, or dog fouling Streets were exceptionally clean, weed free and tidy.

(3) Natural environment and open spaces:
The corner at Church of Ireland and the "Ladybird" car are outstanding in their presentation as is Camefield Halt Corner. The Castle is a grand feature and the "Welcome" sign at the playpark draws you in.

(4) Presentation of immediate private residential areas including house frontages and gardens:
The residents and shopowners obviously take a great pride in their properties. The gardens and shop fronts are in great order. There is a general feeling of well-being in this village.

(5) Evidence of community involvement:
The Horticultural Society has been very active and instrumental in achieving such a high standard.

(6) **Judge's discretionary mark and comments**

This village is truly a "jewel" in the countryside
Commendations go to the residents the Horticultural Society, Shop owners and Council for their imaginative presentations

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Artistic presentations

(ii) Exceptional tidiness

(iii) Total Community involvement

Please list below three aspects where improvements could be made

(i) It is difficult to find anything for improvement!

(ii)

(iii)

Signed: R Reid
(Judge(s)

Date: 2/9/16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Coagh
Council:-	Mid Ulster
Date:-	3rd August 2016
Weather conditions:-	Overcast/dry
Category Entered:-	Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

(6) Judge's discretionary mark and comments

Hanover Square is very attractive and the river walk is very pleasant. Other parts of the village are less well presented; but overall this is a pleasant place.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Plantings in Hanover Place

(ii) High Tec and free toilet facilities are exemplary.

(iii) Riverside walk is a great amenity

Please list below three aspects where improvements could be made

(i) Removal of ~~painted~~ painting on kerbs & lamposts.

(ii) Former police station is not pleasant.

(iii)

Signed : S. Rouse
(Judge(s)

Date: 1-9-16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Moneymore
Council:-	Mid Ulster
Date:-	1st August 2016
Weather conditions:-	Cloudy and bright
Category Entered:-	Large Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

MONEYMORE IS A BUSY HEAVY THROUGH TRAFFIC VILLAGE. DELIGHTFUL GEORGIAN BUILDINGS INCLUDING THE NEW AND OLD MARKET HALLS. MOST ARE IN FINE STATE, BUT SOME COULD BE FRESHENED UP. IF THE BOARDED UP WINDOWS OF THE POST OFFICE COULD BE DISGUISED, THE EXTENSIVE COVERING OF IVY WOULD BE ACCEPTABLE. STREET LIGHTING FITS IN WELL. FLY POSTING & GRAFFITI OBSERVED IN MAIN STREET

(2) General cleanliness and tidiness:

ALL AREAS WERE GENERALLY CLEAN & TIDY. LITTER BINS AND DOG LITTER BINS WERE IN LOCATION & USED. LARGE RECYCLING FACILITY WAS OBSERVED AND FUNCTIONING.

(3) Natural environment and open spaces:

PICNIC TABLES AT 30 MPH SIGN ON COOKSTOWN EXCELLENT MANOR PARK DISAPPOINTING DUE MUCH LITTER. FEW PICNIC TABLES SOME VERY OVERGROWN AREAS. PATH EDGES BROKEN. MAZE REQUIRES RE STRUCTURING.

LEISURE CENTRE & PLAYGROUND IN FINE CONDITION & MAINTENANCE

(4) Presentation of immediate private residential areas including house frontages and gardens:

MOST GARDENS & FRONTAGES WERE ATTRACTIVE & COLOURFUL
SOME GOOD PLANTING OF SHRUBS & TREES
THE ORANGE HALL COMPLEX WAS MOST ATTRACTIVE

(5) Evidence of community involvement:

ONE WOULD HAVE LIKED TO SEE MORE EVIDENCE OF THIS
IT DID APPEAR IN KEY AREAS. BUT NOT AS OBVIOUS ACROSS AND IN THE WHOLE VILLAGE.

(6) **Judge's discretionary mark and comments**

THIS IS AN INTERESTING AND HISTORIC VILLAGE, FULL OF CONSTANT TRAFFIC - YET MAINTAINS A DIGNITY THROUGH ITS BUILDINGS AND RESIDENTS.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) [redacted]

(i) BRIDGER STREET FLORAL AND TRACTOR MAINTENANCE PROGRAMME

(ii) RECREATION CENTRE AND PLAYGROUND.

(iii) BLUE PLAQUES PROVIDE A SATISFYING HISTORICAL BACKGROUND TO MONEY MORE.

Please list below three aspects where improvements could be made

(i) IMPROVED SIGNAGE AT MANOR PARK - MAINTENANCE PROGRAMME UPDATE

(ii) ATTENTION TO BOARDED UP WINDOWS AT POST OFFICE WOULD ASSIST IN ACCEPTABILITY

(iii)

Signed: Vernon Lolyhmore
(Judge(s)

Date: 1/8/2016

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:- Pomeroy

Council:- Mid Ulster

Date:- 5th August 2016

Weather conditions:- Cloudy

Category Entered:- Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

CARRICKMORE ROAD - 30 M.P.H. SIGN MISSING. OTHERWISE GOOD APPROACH ROAD.
NO RECYCLING UNIT - BUT RECYCLING BINS IN GROUNDS OF ST MARY'S PRIMARY SCHOOL.
PUBLIC SEATING - STREET LIGHTING - GOOD.
SOME UNNAMED HOUSING AND STREETS.
GIVE WAY SIGN IN SQUARE COVERED WITH FOLIAGE.
SOME LITTER BINS.

(2) General cleanliness and tidiness:

NO VANDALISM - GRAFFITI - FLY POSTING - INAPPROPRIATE ADVERTISING - NO DOG FOULING.

A LITTLE FRESH AND LONG TERM LITTER FOUND.
LOUGHBRACKEN ROAD - UNFINISHED BUILDING SITE / OVERGROWN AREA.
SOME TREE PLANTING ON THIS ROAD.
EDENDOIT RD - PRESBYTERIAN CHURCH & HALL } WELL KEPT.
FIRE STATION
ALSO - LITTLE FIELD WITH A LOVELY DONKEYS.

(3) Natural environment and open spaces:

VILLAGE SQUARE. - SEATING - CAR PARKING ROUND CHURCH - NICE FEATURE.
DUKY STREET - ONE HOUSE A RIOT OF ~~COLOUR~~ COLOUR.
SOME GOOD FLOWER TUBS AND HANGING BASKETS.

(4) Presentation of immediate private residential areas including house frontages and gardens:

ST MARY'S CHURCH BUILDING - GROUNDS WITH BEECH TREES WELL KEPT.
SHANROY PARK - SPECTACULAR 10FT SILVER MODEL LADY WITH GOLD HARP AT ENTRANCE.
CARHAN ALVING - GOOD HOUSING - GRASS AREA - TREES.
RESIDENTAL HOUSING - A WITTLE MORE FLORA & FAUNA.

(5) Evidence of community involvement:

THERE SEEMS TO APPEAR TO BE SOME INVOLVEMENT.

(6) Judge's discretionary mark and comments

NICE COUNTRY VILLAGE.
NO TOILETS
ADEQUATE ON STREET PARKING.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) NO - VANDALISM - GRAFFITI - FLY POSTING - DOG FOULING.

(ii) GOOD - SQUARE WITH FLORAL DISPLAY.

(iii) LOVELY DECORATED HOUSE IN LUCY ST.

Please list below three aspects where improvements could be made

(i) PROVISION FOR RECYCLING CENTRE.

(ii) ATTENTION TO MISSING 30 M.P.H SIGN.

(iii) RESIDENTIAL - A LITTLE MORE FLORAL COLOUR

Signed: R Semple.
(Judge(s) Claire A. Semple

Date: 5 - 8 - 16.

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:-	Tobermore
Council:-	Mid Ulster
Date:-	29th June 2016
Weather conditions:-	Overcast and showery
Category Entered:-	Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:

APPROACH ROADS - IMPRESSIVE - GOOD FLOWER BEDS AND COLOUR. WELL KEPT.
(JUNCTION OF DRAPERSTOWN RD AND WOOD RD FENCED OF AREA - OVERGROWN WITH RUSTIC MACHINERY)
COSY COTTAGE SHOP - TOO MANY ADVERTISING SIGNS ON SURROUNDING FOOTPATH.
GOOD LITTER BINS.

(2) General cleanliness and tidiness:

VERY CLEAN - BINS - DOG FOULING BINS
MAIN ST - GREAT SHOW OF FLOWER TUBS, WINDOW BOXES
BEAUTIFUL WALL TOPPED WITH GOOD - DISPLAY. TREES ON MAIN ST - GOOD FEATURE EDMUND COURT - LOVELY FLOWER BED (NW)
COLOURFUL HOUSE GARDENS
3 DERELICT HOUSES - TWO DECORATED - ONE UNSIGHTLY - AGITY.
3 WELL KEPT CHURCHES - LOVELY YEW TREES IN OLD CHURCH (PRESBYTERIAN) GRAVEYARD.
MCKINNEY MEM. HALL - WITH TWO NEW SOLDIER STATUES FOR SOMME ANNIVERSARY

(3) Natural environment and open spaces:

ATTRACTIVE PICNIC AREA WITH SEATING AND TABLES - ALSO TENNIS COURTS - PLAYGROUND BEHIND. EXERCISE EQUIPMENT ON LARGE OPEN GREEN - WELL KEPT ON DESERTMARTIN ROAD
TOILETS - CLEAN - MAYBE UPDATED A LITTLE
SMALL RECYCLING YARD ALSO.

(4) Presentation of immediate private residential areas including house frontages and gardens:

CHURCH VIEW HILLSBOROUGH CRES AND PARK - GOOD OPEN GRASS AREAS WELL KEPT. CASTLE PK CALEDON PK - WELL KEPT HOUSING. GRASS AREAS WELL KEPT. SOME - JUST A LITTLE - WEEDS ON KERB EDGES. FOUND HOUSING TIDY AND WELL KEPT.
(CALEDON RD)

(5) Evidence of community involvement:

SEEMS TO BE A GOOD DEAL OF COMMUNITY INVOLVEMENT - WITH TIDY HOUSING - WINDOW BOXES HANGING BASKETS - EVEN ON PRIMARY SCHOOL.

TOKEN MOOR CONCRETE - FOR ITS SIZE WELL KEPT.
NAME SIGN ON LISNAHOCK ROAD - COULD NOT READ WITH DIRT.

30 MPH SIGN - GROWN OVER

(6) Judge's discretionary mark and comments

A PLEASURE TO VISIT.
WELL KEPT COLOURFUL AND OBVIOUSLY GOOD COMMUNITY INVOLVEMENT.
TOILETS BLOCK - MAYBE A LITTLE UPDATING.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) APPROACH ROADS.

(ii) COLOURFUL MAIN STREET.

(iii) WELL KEPT OPEN AREAS

Please list below three aspects where improvements could be made

(i) MAYBE MORE RECYCLING FACILITY.

(ii) DERELICT PROPERTY AND SURROUNDING GARDENS ON DESSERTMARTIN ROAD.

(iii) UPDATE TOILETS.

Signed: _____
(Judge(s)

Date: _____

Final Round

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Village Category)

Place Name:- Tobermore

Council:- Mid Ulster

Date:- lst September 2016

Weather conditions:- Dull

Category Entered:- Small Village

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS

(1) General appearance:
The harbour area and waterside housing frontages are attractive, the rest of the village is disappointing. Some run-down shop frontages and lots of neglected weedy areas. Approach road verges need attention.

(2) General cleanliness and tidiness:
There is ample public seating and litter bins. No vandalism, graffiti, fly posting, dog fouling or inappropriate advertising evident.

(3) Natural environment and open spaces:
Packet Park is pleasant. Castle grounds have been mown. Woods abound on road along by the pier.

(4) Presentation of immediate private residential areas including house frontages and gardens:
Private residential areas and newbuild are attractive.

(5) Evidence of community involvement:
No evidence of community involvement.

(6) **Judge's discretionary mark and comments**

The Quay Road and Square are most attractive with brightly painted houses.

NOTE; (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation

(i) Information plaques

(ii) Quay Road houses

(iii)

Please list below three aspects where improvements could be made

(i) Toilets

(ii) Shop frontages

(iii)

Signed: R Reid Jackie McAfee
(Judge(s)

Date: 31-8-16

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:-	Maghera
Council:-	Mid Ulster
Date:-	29th June 2016
Weather conditions:-	Fair
Category Entered:-	Small Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS - MAGHERA

(1) General Appearance:

- Sadly many of grassy verges on the approach roads were not cut on the day of judging.
- There was good provision of public seating and litter bins.
- The pavement areas in centre of the town were neat and tidy and generally clean.
- Car parks were generally neat and tidy.
- There were a good number of well maintained and showy shrub and flower beds at various locations around the town.
- Many of the business premises had hanging baskets and other flower arrangements.

(2) General Cleanliness and Tidiness:

- Some of the roads/pavements and streets were weedy.
- There was some fresh litter, but the town was generally clear of long term litter.
- Vandalism and graffiti were generally absent.
- Fly posting in a few places was noticed.
- There was good provision for recycling, which was clean and tidy.

(3) Business Premises: decorative repair order of commercial property, including landscaping (where appropriate):

- Walsh's Hotel was particularly attractive with floral arrangements.
- The business premises were generally in good decorative order, with very few exceptions.
- There were virtually no derelict premises in and around the town.

(4) Natural Environment and Open spaces:

- The grassy area adjacent to the houses on Crawfordsburn drive was well maintained.
- Children's play areas in the town have good facilities.
- The Leisure Centre with adjacent play area and sports field was clean and well kept.
- The secluded Walled Garden is most attractive with maintenance in progress. It contains a great variety of flowers, shrubs and vegetables,with additional plantings going on. It is well worth coming to the town to see!
- Some open spaces around the town were overgrown and untidy.

(5) Presentation of immediate private residential areas including house frontages and gardens:

- Private residential housing and gardens were generally in good condition, with a few exceptions. It is obvious that many take pride in their property.

(6) Evidence of Business and Community Involvement:

- There was little evidence of business and community involvement.

(7) Judges discretionary Mark

- Maghera is a very pleasant clean provincial town and a pleasure to visit
- The Walled Garden is a great asset to the town. This and the Garden Centre are an attraction for visitors.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation.

1. The recently restored Walled Garden is a real gem! It is a very attractive well maintained public space and a credit to all those involved in its creation.
2. Good use is made of appropriate spaces around the residential parts of the town to create and plant up flower beds.
3. The owners of business premises that have put up hanging baskets etc. are to be commended for their efforts.

Please list below three aspects where improvements could be made.

1. The general public's awareness of the restored Walled Garden needs to be raised significantly – the judges almost missed it!. Consider erecting large signs at its entrance to the garden, as well as other directional signs, perhaps the main A6, Glenshane Road.
2. Some of the road and street signs were obscured by overgrown grass.
3. Some of the flower beds were in need of weeding.

Signed _____

Judge(s)

Dated _____

Final Round

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Maghera

Council:- Mid Ulster

Date:- 25th August 2016

Weather conditions:- Sunny

Category Entered:- Small Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **Name Plate**

JUDGES REMARKS

1 General Appearance

On the whole the approach roads were neat and tidy. Verges had recently been cut. There were litter bins in evidence but some in the town do need to be repainted as they look quite shabby. Car park at St Lurachs Road was generally tidy and there was a pleasant floral display at the end of the road. The public toilets however need attention.

2 General Cleanliness and tidiness

There was some fresh litter evident in several locations throughout the town. Some flyposting in a few places as well. The telephone box outside the chapel is in a very poor state.

3 Business premises: decorative and repair order of commercial property including landscaping where appropriate

The commercial centre lacks colour and there does not seem to be a sense of commitment from local businesses to enhance the appearance of the town. Walsh's Hotel was the only exception as it has floral arrangements.
There are several empty lots in the town which detract from it's appearance.

4 Natural environment and open spaces

The Walled Garden is a gem. It is still in the process of completion but it still offers a fantastic array of flora and colour. Local schools have been involved in creating figures/sculptures made from recycled materials.
Some open spaces around the town were a bit overgrown and untidy.

5 Presentation of immediate private residential areas including house frontages and gardens.

Generally good but with some exceptions

6 Evidence of business and community involvement.

There was little evidence of business and community involvement in the town.

7 Judges Discretionary Mark

The town centre lacks visual impact. The Walled Garden would benefit from more obvious signage to attract visitors.

NOTE; Not part of the marking sheet

Please list below three aspects which deserve special commendation.

1. **The Walled Garden**
2. **The frontage of Walsh's Hotel**

Please list below three aspects where improvements could be made.

1. **A concerted effort to brighten up the commercial centre of the town**
2. **Additional public seating would be recommended.**

M. Keating & D. Burton
Judges

Date: 26 August 2016.

NORTHERN IRELAND AMENITY COUNCIL
OPEN + DIRECT INSURANCE BEST KEPT AWARDS 2016
JUDGING SHEET (Town Category)

Place Name:- Coalisland

Council:- Mid Ulster

Date:- 28 June 2016

Weather conditions:- Rain, showers

Category Entered:- Small Town

Boundary definition: Nameplate/40mph limit/30mph limited (deleted as appropriate)
*For judging purposes, the limits of judging should normally be 40mph restriction signs or 30mph signs (in absence of the former).

In some cases the judges should use his/her discretion, e.g., where housing/industrial developments have taken place in recent years near but beyond the speed limits, or where there are no clearly defined limits to the city/town being judged.

Please state which limits you used:

Welcome sign/30 and 40 mph. **30 MPH**

JUDGES REMARKS - COALISLAND

(1) General Appearance:

- The approach roads were good in parts with some in need of grass cutting.
- Public seating is sparse throughout the town.
- There is a general absence of street signs around the centre of the town.
- The flowerbeds on the Dungannon Road were attractive, although in need of weeding.
- There is attractive image art on a wall on on Ballynakilly Road.

(2) General Cleanliness and Tidiness:

- There was a profusion of inappropriate advertising and fly posting throughout the town. In particular at the Ballynakilly Road / A45 B520 junction.
- There was fresh and lots of long term litter through the town. Of special note was the area opposite Springisland Shopping Centre.
- No dog fowling was noticed during visit.
- There was significant graffiti in various locations in the town.

(3) Business Premises: decorative repair order of commercial property, including landscaping (where appropriate):

- The Library and Chartered Architect building is most attractive and is a great asset to the town.
- Many of the commercial buildings are in poor decorative order, or in poor state of repair. e.g. McGirr's Bar.
- The brick chimneys are attractive and a reminder of the town's industrial heritage.
- Both major supermarkets are attractive with good parking facilities.
- The derelict police station and the derelict cottage on Main Street are an eyesore.

(4) Natural Environment and Open spaces:

- The open grassed area adjacent to Newell's Store had lots of litter.
- Gortgonis Sports Pavilion and adjacent sports ground, including outdoor fitness apparatus, were in good condition.

(5) Presentation of immediate private residential areas including house frontages and gardens:

- House frontages were generally neat and tidy, a few having attractive hanging baskets.
- Most house and gardens were in good order, with a few exceptions.

(6) Evidence of Business and Community Involvement:

- The Coalisland Residents and Community forum actively promote community events.
- Apart from some roadside flower planting there isn't much evidence of community involvement in brightening up the town.

(7) Judges discretionary Mark

- Coalisland has a disappointing town ambience. Although there are a number of modern and restored properties which enhance the town, the town centre is rather drab and unimpressive.

NOTE: (Not part of the Marking Sheet)

Please list below three aspects which deserve special commendation.

1. The retention of the brick built chimney stacks add interest to the industrial heritage.
2. The library / architect building is very attractive.
3. The green area in front of Newell's supermarket and adjacent walks are attractive.

Please list below three aspects where improvements could be made.

1. More floral displays would help, especially around the town centre.
2. The derelict and abandoned buildings, although in private ownership, detract greatly from the visual impact of the town.
3. Fly posting, inappropriate advertising and graffiti are widespread, and are mostly an eyesore.

Signed _____

Judge(s)

Dated _____

nilga northern ireland local government association

the voice of local government

BRITAIN IN BLOOM with the RHS ULSTER

Councillor Trevor Wilson
Chair
Mid Ulster District Council
Dungannon Office
Circular Road
Dungannon
BT71 6DT

19th October 2016

Re: Britain in Bloom 2016 Results

Dear Councillor Wilson

On behalf of the Northern Ireland Local Government Association, I would like to congratulate you on your council's wonderful successes in achieving a Gold Award and joint category winner in the "Village" category for Castlecaulfield, along with two special awards in the 2016 Royal Horticultural Society (RHS) Britain in Bloom awards.

Your council has already achieved many great successes in the Translink Ulster in Bloom competition and has gone on to further accomplish huge recognition in this year's RHS Britain in Bloom awards, the overall results of which were a significant achievement for Northern Ireland. I would like to express my sincere admiration to you and to the many volunteers and supporters in your area for all their hard work and dedication and I welcome this further recognition for your council's work.

I would encourage you to put this letter within the agenda of the Council or the most appropriate Standing Committee. Your council is a credit to Northern Ireland.

Yours sincerely

Derek McCallan
Chief Executive, Northern Ireland Local Government Association

CC. Mr Anthony Tohill, Chief Executive, Mid Ulster District Council and Mr Terry Scullion, Head of Property Services, Mid Ulster District Council.

Mid Ulster District Council
24 OCT 2016
RECEIVED
(Magherafelt Office)

Northern Ireland Local Government Association
Bradford Court, Upper Galwally, Castlereagh, BT8 6RB
tel: 028 9079 8972 email: office@nilga.org web: www.nilga.org twitter: @NI_LGA

RHS Britain in Bloom 2016
UK Finals Full Results

Please note that results are listed in alphabetical order by entry name. Results in ***bold italics*** indicate a category winner.

Overall Results:

Entry	Category	Region/Nation	Award
Aberdeen	***City***	***Scotland***	***Gold***
Ahoghill	***Champion of Champions***	***Ulster***	***Gold***
Amersham	Town	Thames & Chilterns	Silver Gilt
Barwick in Elmet	Large Village	Yorkshire	Gold
Beer	Large Village	South West	Silver Gilt
Belfast	Large City	Ulster	Gold
Bellingham	Village	Northumbria	Gold
Birmingham	Champion of Champions	Heart of England	Gold
Bournemouth	Coastal (over 12k)	South & South East	Gold
Bute	Coastal (up to 12k)	Scotland	Silver Gilt
Canterbury	Small City	South & South East	Gold
Castlecaulfield	***Village***	***Ulster***	***Gold***
City of London	Town	London	Silver Gilt
Cleethorpes	Champion of Champions	East Midlands	Silver Gilt
Colchester	Small City	Anglia	Silver Gilt
Coleraine	***Large Town***	***Ulster***	***Gold***
Colwyn Bay	Large Town	Wales	Silver Gilt
Congleton	Large Town	North West	Gold
Corbridge	Small Town	Northumbria	Gold
Dalston	Large Village	Cumbria	Silver Gilt
Deal	Coastal (over 12k)	South & South East	Silver Gilt
Derry	Small City	Ulster	Gold
Dufftown	Large Village	Scotland	Silver Gilt
Durham	Champion of Champions	Northumbria	Gold
Elswick	***Village***	***North West***	***Gold***
Evington (Leicester)	Urban Community	East Midlands	Silver
Exeter	Small City	South West	Silver Gilt
Exmouth	Coastal (over 12k)	South West	Silver Gilt

Farnham	Large Town	South & South East	Silver Gilt
Filey	Coastal (up to 12k)	Yorkshire	Gold
Fordham	Village	Anglia	Silver Gilt
Freckleton	***Small Town***	***North West***	***Gold***
Gogarth (Llandudno)	Urban Community	Wales	Silver Gilt
Great Yarmouth	Coastal (over 12k)	Anglia	Silver Gilt
Haddington	***Town***	***Scotland***	***Gold***
Harrogate	***Small City***	***Yorkshire***	***Gold***
Hillsborough	***Large Village***	***Ulster***	***Gold***
Immingham	Town	East Midlands	Gold
Kendal	Large Town	Cumbria	Silver Gilt
Kippax (Leeds)	***Urban Community***	***Yorkshire***	***Gold***
London Borough of Ealing	Large City	London	Silver Gilt
London Borough of Havering	City	London	Silver Gilt
London Borough of Tower Hamlets	City	London	Silver Gilt
Loughborough	Small City	East Midlands	Gold
Lytham	Champion of Champions	North West	Gold
Mablethorpe	Coastal (up to 12k)	East Midlands	Silver
Mancroft, The Lanes (Norwich)	Urban Community	Anglia	Silver
Market Harborough	Large Town	East Midlands	Gold
Mathern with Pwllmeyric and Mounton	Village	Wales	Silver Gilt
Middleton by Wirksworth	Village	East Midlands	Silver Gilt
Midsomer Norton	Town	South West	Silver Gilt
Newcastle	Coastal (up to 12k)	Ulster	Silver Gilt
Oldham	City	North West	Gold
Perth	Large Town	Scotland	Gold
Portishead	Large Town	South West	Gold
Rugby	Small City	Heart of England	Gold
Ryde	Large Town	South & South East	Silver Gilt
Silloth on Solway	Coastal (up to 12k)	Cumbria	Silver Gilt
Southport	***Coastal (over 12k)***	***North West***	***Gold***
St Brelade	***Coastal (up to 12k)***	***Jersey***	***Gold***
St Georges (Bristol)	Urban Community	South West	Silver
St Martin	Town	Guernsey	Silver Gilt
St Peter Port	Coastal (over 12k)	Guernsey	Gold
St Pierre du Bois	Champion of Champions	Guernsey	Gold
St Saviour	Town	Jersey	Silver Gilt

Studley	Small Town	Heart of England	Silver Gilt
Tenby	Coastal (up to 12k)	Wales	Silver Gilt
Upton Upon Severn	Large Village	Heart of England	Silver Gilt
Walthamstow Village (London)	Urban Community	London	Silver Gilt
Whitehead	Small Town	Ulster	Silver Gilt
Wigan	***Large City***	***North West***	***Gold***
Wisbech	Large Town	Anglia	Gold

RHS Britain in Bloom Discretionary Award Results

The RHS Britain in Bloom Discretionary Award nominees and winners are selected by the RHS Britain in Bloom UK Judging Panel to recognise excellence in particular areas.

Britain in Bloom with the RHS Young People's Award
Presented to the finalist deemed to involve young people from across the community in the best way.

- ***Kippax, Leeds***

Britain in Bloom with the RHS Young People's Special Award

- ***Ryan Thomson, from Dufftown, Scotland***

Britain in Bloom with the RHS Conservation and Wildlife Award (in association with 'Springwatch Do Something Great')

Presented to the finalist that best demonstrated duty and commitment to the protection and enhancement of the flora and fauna in their local environment.

- ***Tower Hamlets Cemetery Park (London Borough of Tower Hamlets)***

Britain in Bloom with the RHS Environment Award
Presented to the finalist that best demonstrated responsible management of resources and/or high quality sustainable landscaping practices within their entry.

- ***Wigan, North West***

Britain in Bloom with the RHS Heritage Award

Presented to the finalist that best demonstrated outstanding commitment to the ongoing care and development of their local heritage.

- ***Hillsborough, Ulster***

Britain in Bloom with the RHS Public Park Award - Given in Memory of David Welch
Presented to the park (including publicly run pay-on-entry parks, gardens and botanic gardens) designed for horticultural excellence, with appropriate planting, high standards of maintenance, including infrastructure, conserving wildlife, cleanliness, features of interest and community involvement.

- **Joint Winners:** ***Duthie Park (Aberdeen, Scotland) and Park View 4 U (Lytham, North West)***

Britain in Bloom with the RHS Overcoming Adversity Award

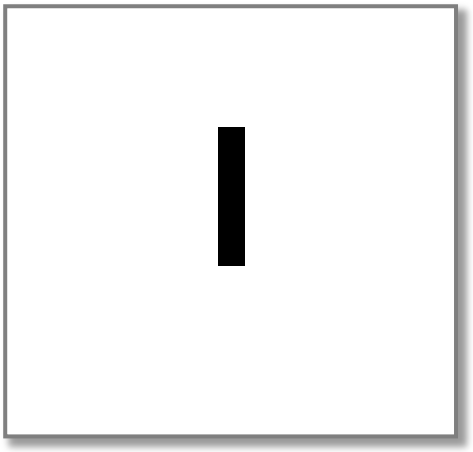
Presented to the finalist that best demonstrated effectively overcoming challenges within their campaign within the last 12 months; be it for example, flooding or vandalism.

- **Multiple Winners:** ***Aberdeen, Scotland; Birmingham, Heart of England; Castlecaulfield, Ulster; Corbridge, Northumbria; Kendal, Cumbria; Upton upon Severn, Heart of England***

Britain in Bloom with the RHS Community Champion Award

Presented to an individual or individuals who demonstrated exceptional commitment and dedication to the Britain in Bloom cause in their community.

- ***Margaret Cox, London Borough of Tower Hamlets***
- ***Patricia Flag, Midsomer Norton***
- ***Anne Fraser, Dufftown***
- ***Pam Grant, Harrogate***
- ***Paul Hayhurst, Elswick***
- ***Bill Jefferson, Silloth on Solway***
- ***Bernie McKenna, Castlecaulfield***
- ***Pauline Morris, Southport***
- ***Paul Myers, Midsomer Norton***
- ***Andy Rush, Loughborough***
- ***Jackie Surtees, Upton upon Severn***
- ***Ken Windibank, Portishead***



Subject	**Department for Infrastructure/Transport NI: The Church Street/Mullagh Road, Maghera (Abandonment) Order (NI) 2016**
Reporting Officer	**Andrew Cassells, Director of Environment and Property**

1	**Purpose of Report**
1.1	To inform Members in relation to proposals from Department for Infrastructure/Transport NI to make an Abandonment Order under Article 68 (1) of the Roads (Northern Ireland) Order 1993.

2	**Background**
2.1	Department for Infrastructure/Transport NI have previously consulted the Council with a proposal to make an order to carry out an abandonment of 285 metres of superseded road at ChurchStreet/Mullagh Road Maghera.
2.2	This paper is therefore confirmation that The Church Street/Mullagh Road, Maghera (Abandonment) Order (NI) 2016 was made on 20 October 2016 and will come into operation on 7 December 2016.

3	**Key Issues**
	The following outlines the proposal to be brought to the attention of the Environment Committee.
3.1	**Proposed abandonment of a length of road at Church Street/Mullagh Road, Maghera** The Department for Infrastructure/Transport NI, proposes to carry out an abandonment of an area of 285 metres of superseded roadway extending from its junction with Mullagh Road to its junction with Church Street, Maghera. (Appendices 1-3)

4	**Resources**
4.1	**Financial:** None
4.2	**Human:** None
4.3	**Basis for Professional/ Consultancy Support:** None
4.4	**Other:** None

5	**Other Considerations**
5.1	On coming into operation of the abandonment, the area of road in question shall cease to be maintainable by the Department and the public right of way shall be extinguished. The abandonment has been requested by the adjacent frontager.

	The Department is the owner of the bed and soil of the area to be abandoned. Following the abandonment the Department has agreed that land will be incorporated into the garden of the adjacent property. (Appendix 4)

6	**Recommendations**
6.1	That the Environment Committee notes The Church Street/Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016 – S.R.2016 No. 382 as submitted by the Department for Regional Development.

7	**List of Documents Attached**
7.1	Appendix 1 – Letter from Department of Infrastructure/Transport NI dated 20 October 2016 – Proposed Abandonment Church Street/Mullagh Road, Maghera.
7.2	Appendix 2 – Schedule Part 1 & Part II under Article 68 (1) of the Roads (NI) Order 1993
7.3	Appendix 3 – Sketch maps – Location of proposed length of Church Street/Mullagh Road, Maghera to be abandoned to road traffic.
7.4	Appendix 4 – Explanatory Memorandum to the Church Street/MullaghRoad, Maghera (Abandonment) Order (Northern Ireland) 2016 – S.R.2016 No.382.

TRANSPORT LEGISLATION BRANCH

Department for Infrastructure
An Roinn Bonneagair
www.infrastructure-ni.gov.uk

The Chief Executive
Mid Ulster Council
Magherafelt Office
Ballyronan Road
Magherafelt
BT45 6EN

Room 301
Clarence Court
10-18 Adelaide Street
Belfast
BT2 8GB

Tel: 02890 540510
Email:
Blathnaid.mcalorum@infrastructure-ni.govuk

Your ref:
Our Ref: RDS10/1/2/15
Date: 20th October 2016

Dear Sir

The Church Street / Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016 – S R 2016 No. 382

Please find enclosed a copy of the above-mentioned Statutory Rule and associated map for your information.

Yours faithfully

pp Shirley Stockers

Blathnaid McAlorum

Blathnaid McAlorum
Department for Infrastructure

Enc

INVESTORS IN PEOPLE

STATUTORY RULES OF NORTHERN IRELAND

2016 No. 382

ROADS

The Church Street / Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016

Made - - - -	*20th October 2016*
Coming into operation -	*7th December 2016*

The Department for Infrastructure(**a**) makes the following Order in exercise of the powers conferred by Article 68(1) and (5) of the Roads (Northern Ireland) Order 1993(**b**) and now vested in it(**c**).

The Department in accordance with Article 68(4) of that Order proposes to abandon the area of road described in the Schedule as it is no longer necessary for road traffic.

Notice has been published, served and displayed in compliance with paragraphs 1, 2 and 3 of Schedule 8 to that Order.

One objection was received and subsequently withdrawn.

Citation and commencement

1. This Order may be cited as The Church Street / Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016 and shall come into operation on 7th December 2016.

Application

2. The area of road described in the Schedule is abandoned.

3.—(1) All existing cables, wires, mains, pipes or other apparatus placed along, across, over or under the abandoned area of road shall be retained.

(2) All existing rights as to the use or maintenance of such cables, wires, mains, pipes or other apparatus shall be preserved.

Sealed with the Official Seal of the Department for Infrastructure on 20th October 2016

(L.S.)

G F McKenna
A senior officer of the Department for Infrastructure

(**a**) 2016 c. 5 (N.I.)
(**b**) S.I. 1993/3160 (N.I. 15)
(**c**) S.R. 1999 No. 481 Article 6(*d*) and Schedule 4 Part IV

SCHEDULE

Article 2

AREA OF ROAD TO BE ABANDONED

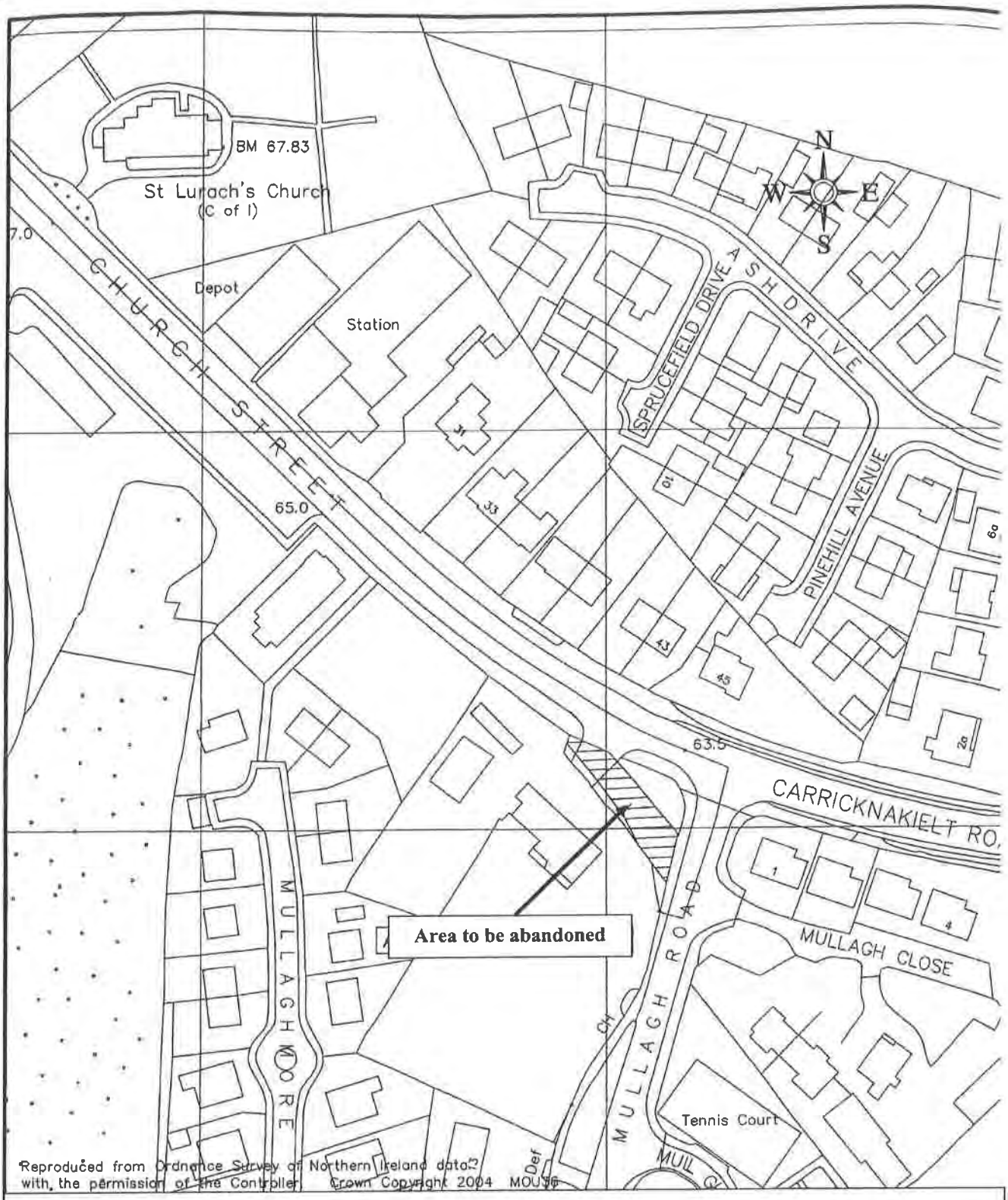
An area of 285 square metres of superseded road extending from its junction with Mullagh Road to its junction with Church Street, Maghera, more particularly delineated and shown hatched on Map No. IN1/16/82834.

A copy of the map has been deposited at the Department's Headquarters, Room 301 Clarence Court, 10-18 Adelaide Street, Belfast and TransportNI Western Division, County Hall, Drumragh Avenue, Omagh.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order abandons the area of road described in the Schedule.



DEPARTMENT FOR INFRASTRUCTURE

Map No. IN1/16/82834 referred to in "The Church Street / Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016" made by the Department on 20th October 2016 and coming into operation on 7th December 2016.

SCALE 1:1250

EXPLANATORY MEMORANDUM TO

The Church Street / Mullagh Road, Maghera (Abandonment) Order (Northern Ireland) 2016

S.R. 2016 No. 382

1. Introduction

1.1. This Explanatory Memorandum has been prepared by the Department for Infrastructure to accompany the Statutory Rule (details above) which is laid before the Northern Ireland Assembly.

1.2. The Statutory Rule is made under Article 68(1) and (5) of the Roads (Northern Ireland) Order 1993 and is subject to the negative resolution procedure.

2. Purpose

2.1. The purpose of the rule is to abandon 285 square metres of road at Church Street / Mullagh Road, Maghera.

3. Background

3.1. On the coming into operation of the abandonment the area of road in question shall cease to be maintainable by the Department and the public right of way over it shall be extinguished.

3.2. The abandonment has been requested by the adjacent frontager. The Department is the owner of the bed and soil of the area to be abandoned. Following abandonment the Department has agreed that the land will be incorporated into the garden of the adjacent property.

4. Consultation

4.1. The PSNI and Mid Ulster Council have have been advised but no acknowledgements were received. The former Magherafelt District Council was also notified and confirmed that it had no objections.

4.2. A notice in respect of the proposed abandonment was published in the local press for two successive weeks, a notice was posted on site and the statutory undertakers were notified of the proposal. Northern Ireland Electricity Limited initially objected to the proposed abandonment but following extensive negotiations the objection was subsequently withdrawn. No other objections or representations were received.

5. Equality Impact

5.1. Consideration has been given to compliance with section 75 of the Northern Ireland Act 1998. No equality issues have been identified by the Department and no issues were raised following the publication of the notice in the press.

6. Regulatory Impact

6.1. A Regulatory Impact Assessment was not considered necessary as the proposal does not result in any costs or savings to business, charities or the voluntary bodies.

7. Financial Implications

7.1. None.

8. Section 24 of the Northern Ireland Act 1998

8.1. Consideration has been given to compliance with section 24 of the Northern Ireland Act 1998. No human rights issues have been identified by the Department and no issues were raised following the publication of the notice in the press.

9. EU Implications

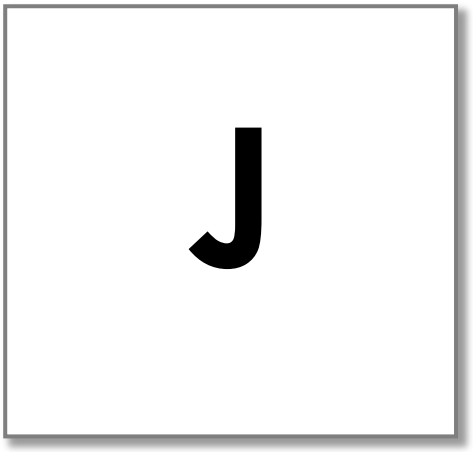
9.1. Not applicable.

10. Parity or Replicatory Measure

10.1. Not applicable.

11. Additional Information

11.1. Not applicable.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Subject	**Building Control Report**
Reporting Officer	**William Wilkinson – Head of Building Control**

1	**Purpose of Report**
1.1	To provide members with an update on the workload analysis for Building Control across Mid-Ulster District Council.

2	**Background**
2.1	Building Control applications are received in three different forms:- a Full Applications - submitted with detailed working drawings. b Building Notices - minor work not usually requiring detailed plans, e.g. provision insulation to roof space, etc. c Regularisation Applications – where work has been carried out without an approval, an application must be submitted for retrospective approval.

3	**Key Issues**		
3.1	**Workload Analysis**	**October 2016**	**Accumulative 2016/17**
	Total number of Applications	**102**	**1306**
	Full plans applications received	**50**	**540**
	Building Notices applications received	**39**	**618**
	Regularisations applications received	**13**	**148**
	Estimated value of works submitted	**£8,314,000**	**£70,480,000**
	Number of inspections carried out by Building Control Officers	**819**	**6547**
	Commencements	**160**	**1470**
	Domestic Dwellings	**48**	**352**

	Domestic alterations and Extensions Non-Domestic work	**100** **12**	**1033** **85**
	Completions Domestic Dwellings Domestic alterations and Extensions Non-Domestic work	**182** **56** **120** **6**	**1341** **320** **977** **44**
	Property Certificates Received	**174**	**1263**
3.2	Over the past month a number of significant applications have been received as noted in Appendix 1.		

4	**Resources**
4.1	**Financial** Within current budgets
4.2	**Human** Within current staffing arrangements
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

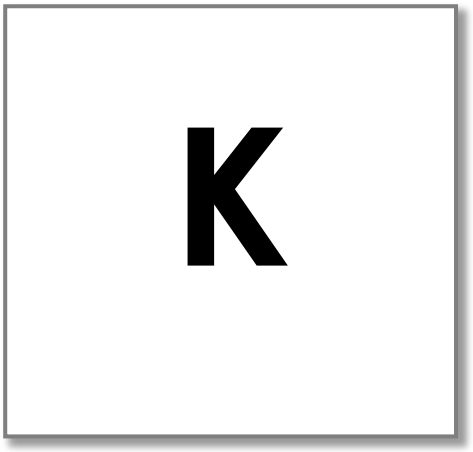
5	**Other Considerations**
5.1	None

6	**Recommendations**
6.1	Members are requested to note the content of this report.

7	**List of Documents Attached**
7.1	Appendix 1 - List of significant applications received by Building Control.

Significant Developments 27th September 2016 – 25th October 2016

Applicant	Location of Development	Details of Development	External value of development
John Donnelly	Hospital Road, Maghafelt	Erection of 5no. dwellings (average floor area 93m^2) B.C. fee - £1,362	£438,030
Sperrin 55	Creagh Industrial Park, Toome	Erection of 2no. Portal Frame Buildings. B.C. fee - £5240	£959,055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Subject	**Entertainment Licensing Applications**
Reporting Officer	**William Wilkinson**

1	**Purpose of Report**
1.1	To update members on Entertainment Licensing Applications across Mid Ulster District Council.

2	**Background**
2.1	The Council has responsibility for Licensing Places of Entertainment in accordance with The Local Government (Miscellaneous Provisions) (NI) Order 1985. Entertainment Licensing applications are received on a continued basis across the District. Statutory Consultations are carried out with PSNI and NIFRS for each entertainment licence application (grant or renewal) submitted. An officer will carry out an inspection of each place of entertainment to ensure compliance on site and that all certification and information deemed necessary in accordance with the approved policy has been addressed.

3	**Key Issues**
3.1	As previously agreed a list of applications for all grant/renewal of Entertainment Licences in Mid Ulster District Council is attached (see Appendix 1). The number of applications received on a monthly basis will vary depending on the date of expiry of the current licence. Each application is accompanied by the following documentation: 1 A current Fire Risk Assessment detailing the following: (a) means of escape from premises (b) management responsibilities for day to day safety aspects (c) details of review on an annual basis The fire risk assessment submitted is audited by the inspecting officer 2 Electrical certification is required for the following: (a) General electrical installation (b) Emergency lighting system

	(c) Fire alarm system 3 Details of current public liability insurance for premises 4 Copy of public advertisement in local press

4	**Resources**
4.1	**Financial** None
4.2	**Human** None
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	**Other Considerations**
5.1	None

6	**Recommendations**
6.1	Members are requested to note the content of this report.

7	**List of Documents Attached**
7.1	Appendix 1 – Schedule of applications received for the Grant/Renewal of Entertainment Licences.
7.2	Appendix 2 – Schedule of Entertainment Licence applications which have been granted/renewed.

Appendix 1

Schedule of applications received for the Grant/Renewal of Entertainment Licences in September 2016

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
H J McCracken	The Farmer's Rest Bar	1 Tullynure Road , Cookstown BT80 9XH	Annual	Day(s) : Monday to Saturday From : 11:30 To 23:00	50
B Morris	Glenavon House Hotel	52 Drum Road Cookstown BT80 8JQ	Annual	Day(s) : Monday to Saturday From : 11.00 To 01:00 Sunday From : 12:00 To 01:00	1050

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
North Eastern Education and Library Board	Magherafelt High School - Assembly Hall	30 Moneymore Road Magherafelt BT45 6AF	14 Unspecified Days	Day(s) : Monday - Saturday From : 17:00 To 23:00	500
M McElhatton	Greenvale Hotel	57 Drum Road Cookstown BT80 8QS	Annual	Day(s) : Monday to Sunday From : 11:30 To 01:30	465
J O'Hagan	Killyman St Mary's Community Centre	Drumaspil Road Dungannon	Annual	Day(s) : Monday To Sunday From : 08:00 To 02:00	300
R McAleer	McAleer's Bar	5-11 Donaghmore Road Dungannon BT70 1EZ	Annual	Day(s) : Monday To Saturday From : 11:30 To 01:00 Sunday From : 11:30 To 24:00	330

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
A Martin	Tullylagan County House Hotel	40b Tullylagan Road Cookstown BT80 9AY	Annual	Day(s) : Monday to Sunday From : 11:30 To 01:00	310
C Sheeran	Battle Of Benburb	241- 247 Derryfubble Road Benburb BT71 7JS	Annual	Day(s) : Monday To Friday From : 13:00 To 01:00 Saturday From : 11:30 To : 01:00 Sunday From : 11:30 To 24:00	90
J Eagleson	Errigle Keerogue Church Hall	Ballinasaggart Ballygawley	14 Unspecified Days	Day(s) : Monday To Sunday From : 19:00 To 24:00	280

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
G McCulloch	St Swithin's Church Hall	47 Church Street Magherafelt BT45 6AP	14 Unspecified Days	Day(s) : Monday To Sunday From : 18:00 To 24:00	380
G P Eastwood	Dunleath Bar	58-66 Church Street Cookstown BT80 8HT	Annual	Day(s) : Monday to Saturday From : 11:30 To 01:00 Sunday From : 12:00 To 24:00	135
O Mulligan	Mulligans	33 Chapel Street Cookstown BT80 8QB	Annual	Day(s) : Monday to Thursday From : 12:00 To 23:00 Friday & Sunday From : 12:00 To 24:00 Saturday From : 12:00 To 01:00	160

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
C Martin	Cartwheel Bar	25 James Street Cookstown BT80 8AA	Annual	Day(s) : Monday to Saturday From : 11:30 To 01:30 Sunday From : 12:00 To 00:30	92
S Canavan	Killymoon Golf Club	200 Killymoon Road Cookstown BT80 8TW	Annual	Day(s) : Tuesday – Friday From :18:00 To 23:00 Saturday From : 14:00 To 24:00 Sunday From : 14;00 To 23:00	210

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
L McMahon	St Patrick GFC	111a Ballyneil Road Moneymore BT45 7TE	Annual	Day(s) : Monday to Sunday From : 11:00 To 23:00	220
S Thom	Royal Hotel	64-72 Coagh Street Cookstown BT80 8NG	Annual	Day(s) : Monday to Sunday From : 11:30 To 01:30	809
T Jebb	The Oldtown Inn	12-14 Oldtown Street Cookstown BT80 8EF	Annual	Day(s) : Monday to Saturday (inclusive) From : 11:30 To 01:00 Sunday From : 12:30 To 24:00	60
1 Oak Leisure Ireland Limited	Time Bar Venue	40-42 James Street Cookstown BT80 8LT	Annual	Day(s) : Monday To Sunday From : 12:00 To 01:30	905

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
P Mullan	Mullan's Bar	52 William Street Cookstown BT80 8NB	Annual	Day(s) : Monday to Thursday From : 11:30 To 23:30 Friday to Saturday From : 11.30 To 01:00 Sunday From : 12:00 To 24:00	70
Mid Ulster District Council	Leisure Centre	76 Fountain Road Cookstown BT80 8QF	Annual	Day(s) : Monday To Friday From : 06:30 To 22:30 Saturday From : 08:30 To 18:30 Day(s) : Sunday From : 13:30 To 18:30	1350

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
P Mullan	Mullan's Bar	52 William Street Cookstown BT80 8NB	Annual	Day(s) : Monday to Thursday From : 11:30 To 23:30 Friday to Saturday From : 11:30 To 01:00 Sunday From : 12:00 To 24:00	70
N Coney	Ardboe Parish Centre	105 Mullanahoe Road Dungannon BT71 5AX	Annual	Day(s) : Monday to Sunday From : 11:00 To 24:00	1000
H Quinn	Central Inn	27 William Street Cookstown BT80 8AX	Annual	Day(s) : Monday To Sunday From : 11:30 To 01:30	100

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
I Thom	Braeside Bar	221 Orritor Road Cookstown BT80 9NB	Annual	Day(s) : Monday to Saturday From : 11:00 To 01:30 Sunday From : 11:00 To 00:30	153
D Wheeler	Royal School Dungannon	2 Ranfurly Road Dungannon BT71 6EG	14 Unspecified Days	Day(s) : Monday To Sunday From : 9:00 am To : 01:00 am	432
A Rocks	Johnny Fox's Bar	3 Ballyneil Road Magherafelt BT45 6JE	Annual	Day(s) : Monday – Sunday From : 11:30 To : 01:00	85

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
B Heron	Evergreen Social Club	27 Moss Road Cookstown BT80 0BZ	Annual	Day(s) : Monday – Friday From : 20:00 To 23:30 Saturday From : 20:00 To 01:00 Sunday From : 12:00 To 22:30	75
C Loughran	Mill Wheel Bar & Lounge	60 Dunnamore Road Cookstown BT80 9NX	Annual	Day(s) : Monday To Tuesday From : 11:30 To 23:30 Wednesday To Sunday From : 11:30 To 01:30	125
C Eastwood	Pot Black Snooker Club	2b Burn Road Cookstown BT80 8DJ	Annual	Day(s) : Monday To Sunday From : 08:00 To 02:00	86

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
R Forbes	The Bridge Bar	86 Ballinderry Bridge Road Coagh BT80 0BT	Annual	Day(s) : Monday To Thursday From : 11:00 To 01:00 Friday to Saturday From : 11:00 To 01:30 Sunday From : 11:00 To 01:00	120
M Devlin	The Marina Centre	135a Shore Road Magherafelt BT45 5JA	Annual	Day(s) : Monday to Sunday From : 09:00 To 01:30	400
1 Oak Leisure Ireland Limited	Lanyon Hall & Black Horse Bar	21-23 Molesworth Street Cookstown BT80 8NX	Annual	Day(s) : Monday To Sunday From : 12:00 To 02:00	1115

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours proposed	Max No of Patrons
P Toner	The Thatch Bar	19 Molesworth Street Cookstown BT80 8NX	Annual	Day(s) : Monday to Saturday From : 11:30 To 01:00 Sunday From : 12:30 To 24:00	50
1 Oak Leisure Ireland Limited	Lanyon Hall & Black Horse Bar	21-23 Molesworth Street Cookstown BT80 8NX	Annual	Day(s) : Monday To Sunday From : 12:00 To 02:00	1115
C Eastwood	Brewery Lane Bar	52 William Street Cookstown BT80 8NB	Annual	Day(s) : Monday to Saturday From : 11:30 To 01:00 Sunday From : 12:00 To 24:00	80

Appendix 2

Schedule of applications issued for the Grant/Renewal of Entertainment Licences in September 2016.

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
G McCulloch	St Swithin's Church Hall	St. Swithins Church Hall 47 Church Street Magherafelt BT45 6AP	14 Unspecified Days	Day(s) : Monday To Sunday From : 18:00 To 24:00	12/10/2016
P Gervin	Gervin's Bar	1 Barrack Square Coalisland BT71 4JG	Annual	Day(s) : Monday To Saturday From : 11:30 To 01:00 Sunday From : 12:00 To 00:00	03/10/2016
S Brown	Lisnagleer Community Hall	21 Lisnagleer Road Dungannon BT70 3LN	14 Unspecified Days	Day(s) Monday To Saturday From : 19:00 To 01:00 Sunday From : 17:00 To 01:00	03/10/2016

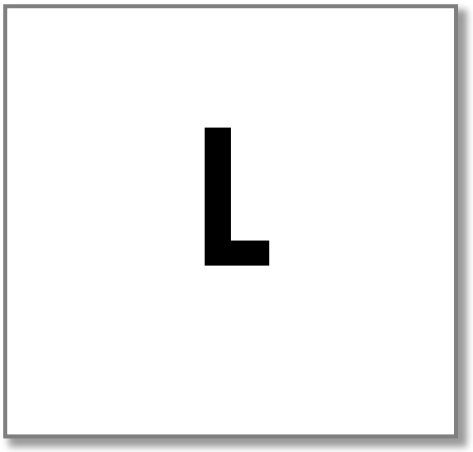
Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
G Williamson	The Valley Hotel	60 Main Street Fivemiletown BT75 0PW	Annual	Day(s) : Monday To Saturday From : 11:30 To 01:30 Sunday From : 12:30 To 01:00	11/10/2016
Rev P Byrne	Coalisland Parochial Centre	12 Stewartstown Road Coalisland BT71 4PF	14 Unspecified Days	Day(s) : 14 Unspecified Dates Within The Licensed Period From : 19:30 To 01:00	11/10/2016
S Hughes	Fall's Bar	6a Reenaderry Road Aughamullan Coalisland BT71 4QN	Annual	Day(s) : Monday To Saturday From : 11:30 To 01:30 Sunday From : 12:00 To 24:00	18/10/2016

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
S O'Neill	Derrytresk Gac	100 Annaghmore Road, Derrytresk Coalisland BT71 4QZ	Annual	Day(s) : Monday To Thursday From : 18:00 To 23:00 Friday From : 16:00 To 23:00 Saturday From : 11:30 To 11:00 Sunday From : 12:30 To 22:00	11/10/2016
N McMullan	Dungannon Presbyterian Church Halls	53a Scotch Street Dungannon BT70 1BD	14 Unspecified Days	Day(s) : Monday To Friday From : 9.00 To 01:30 Saturday From : 13:30 To 24:00	11/10/2016
B Mussen	Assembly Hall - St Patrick's College	25 Coleraine Road Tamnymullan Maghera BT46 5BN	14 Unspecified Days	Day(s) : Monday To Sunday From : 19.00 To 22.00	03/10/2016

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
C Forbes	Cashino Palace	1 Cemetery Road Cookstown BT80 8EA	Annual	Day(s) : Monday To Sunday From : 12.00 To 23:00 Monday To Saturday From : 12:00 To 23:00 Sunday From : 14:00 To 23:00	11/10/2016
E McCaffrey	The Auction Rooms	24 The Square Moy BT71 7SG	Annual	Day(s) : Monday To Saturday From : 12:00 To 01:30 Sunday From : 12:00 To 24:00	11/10/2016
M McNally	The Mill Court Bar And Restaurant	40 Main Street Coalisland BT71 4NB	Annual	Day(s) : Monday To Thursday From : 10:00 To 23:00 Friday And Saturday From : 10:00 To 24:00 Sunday From : 10:00 To 23:00	11/10/2016

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
P Worrall	Cohannon Inn	212 Ballynakelly Road Dungannon BT71 6HJ	Annual	Day(s) : Monday To Sunday From : 11:00 To 01:00	18/10/2016
M Wilson	Mal's Bar & Rtaurant	62 Hillhead Road The Creagh (Etre And Otre) Toome Londonderry BT41 3SP	14 Unspecified Days	Day(s) : Monday To Saturday From : 12:30 To 01:00 Sunday From : 12:30 To 21:30	06/10/2016
R Mulholland	Ballyscullion House	61 Ballyscullion Road Ballyscullion West Bellaghy BT45 8NA	Annual	Day(s) : Monday To Sunday From : 10:00 To 01:00	06/10/2016

Name of Applicant	Name of Premises	Address of Premises	Type of Licence	Days and Hours Granted	Date of Issue
P Mulgrew	The Roadside Tavern	36-38 The Square Stewartstown BT71 5HX	Annual	Day(s) : Monday to Saturday From : 11.00 To 01.00 Sunday From : 12:00 To 24:00	11/10/2016
P Sandford	Dungannon Rugby Football Club	Stevenson Park 36 Moy Road Dungannon BT71 7DS	Annual	Day(s) : Monday To Saturday From : 12:00 To 23:00 Sunday From : 12:00 To 18:00	18/10/2016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Subject	**Research on Derelict / Idle Sites and Buildings**
Reporting Officer	**William Wilkinson**

1	**Purpose of Report**
1.1	To advise members on the commencement of an initial research survey by the Department of Finance on prominent derelict / idle sites and buildings across Mid-Ulster

2	**Background**
2.1	Following a recent review of non- domestic rating policy, considerable support had been expressed for the imposition of an annual levy on derelict lands and buildings in urban areas. Subsequently, correspondence was received from the Department of Finance and Personnel (see Appendix1) seeking help from all Councils in identifying "prominent" properties (land, or derelict buildings or both) in private ownership that have been lying vacant or idle for a long time and are considered to have a detrimental effect on the amenity of an area and/or are inhibiting its regeneration. Recently, the Department of Finance – Land and Property Services, launched an on-line portal to carry out research across the province to carry out research to identify the issues associated with developing and defining policy in this area.

3	**Key Issues**
3.1	The identification of the derelict / idle sites and buildings will assist the Department of Finance to assess the level of income which may be achieved by the introduction of an annual levy on such properties. The Building Control Department is currently actively undertaking the initial research by updating the Land and Property Services on-line portal with details of derelict / idle buildings and neglected sites. Appendix 2 contains details of properties recorded on the LPS on-line portal to date. The Department of Finance circulated criteria which the Building Control Officers can utilise to identify relevant sites and buildings within the District. Sites and Buildings which fall within any of the criteria as noted below are being identified and details recorded on the Land and Property Services on-line portal: • Structures which are in a ruinous, derelict or dangerous condition; or • The neglected, unsightly or objectionable condition of the land or of structures on it; or

	• Buildings / Sites with the presence, deposit or collection of litter, rubbish, debris or waste; or • Idle sites and buildings that are reasonably well maintained and secure where nothing has progressed and having the effect of significantly inhibiting the regeneration of a wider area. The information relating to the properties is strictly on the properties and does not include descriptions, history or ownership details. Location of sites and examples are contained in Appendix 3 The Department of Finance have indicated that the information gathering exercise which is currently in progress may run for a period of up to two years to ensure that a detailed view of the current position is obtained.

4	**Resources**
4.1	**Financial** None
4.2	**Human** None
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	**Other Considerations**
5.1	None

6	**Recommendations**
6.1	It is recommended that the Members note the content of this report.

7	**List of Documents Attached**
7.1	Appendix 1- Correspondence from Department of Finance and Personnel
7.2	Appendix 2 - Schedule of Derelict / Dilapidated Buildings and neglected sites
7.3	Appendix 3 - Location of derelict sites and buildings identified in each town / village within Mid-Ulster to date

RATING POLICY DIVISION
Carleton House

1 Cromac Avenue

Gasworks

Belfast

Tel: 02890 909326

Email: brian.mcclure@dfpni.gov.uk

Department of Finance and Personnel

23rd May 2016

Ms Anne Donaghy

Chief Executive

Mid and East Antrim Council

Dear Anne,

INITIAL RESEARCH INTO A LEVY ON DERELICT/IDLE SITES AND BUILDINGS

I am writing to all Council CEOs about this matter. The Department is considering responses to the recent review of non-domestic rating policy and in this context the considerable support expressed for the imposition of an annual levy on derelict land and buildings in urban areas.

The response from Local Government has been broadly supportive, with various councils and NILGA keen to see more research being carried out.

NILGA's response (drawing on the corporate views of many councils in regard to developing local economies) stated:

> *"Potential lobbying activity for a similar (to ROI) levy in Northern Ireland was considered within the context of NILGA's work related to the ongoing transfer of regeneration powers from DSD but, should DFP instead wish to further a similar approach, NILGA would strongly support further research into this issue".*

I am seeking the help of all councils in identifying 'prominent' properties (land, or derelict buildings or both) in private ownership that have been lying vacant or idle for a long time and are considered to have a detrimental effect on the amenity of an area and/or are inhibiting its regeneration.

Current thinking is at a very early stage and this enquiry is simply a piece of research to help identify the issues associated with developing and defining policy in this area. The Department recognises that this is a highly sensitive issue and one that needs to be thoroughly examined before any options are put forward.

One thing is already clear, however, a broadly based levy on development land is likely to have unintended consequences. Therefore, more targeted (albeit regionally consistent) approaches are being considered, including other more positive measures to incentivise the use and development of 'idle' properties in urban areas.

As you may be aware from briefing provided to DOE's Finance Working Group, and as referenced by NILGA, the Irish Government has recently introduced legislation to allow levies and other incentives to be introduced. The Scottish Government is also considering adopting similar measures.

The legislation in the South defines a derelict site as any land or property that "detracts, or is likely to detract, to a material degree from the amenity, character or appearance of land in the neighbourhood of the land in question because of:

- structures which are in a ruinous, derelict or dangerous condition, or
- the neglected, unsightly or objectionable condition of the land or of structures on it, or
- the presence, deposit or collection of litter, rubbish, debris or waste.

Needless to say, Northern Ireland can adopt different criteria but it seems a good enough starting point for this initial exercise. I would, however, ask you to **also include 'idle' sites and buildings** that are reasonably well maintained and secure, but where nothing has progressed for years and which are having the effect of **significantly** inhibiting the regeneration of a wider area.

Land and Property Services is currently advising us on a simple way of identifying such properties in your Council Area, using Spatial NI, which is a 'free to use' digital mapping product and I will write again with advice on the process involved. I hasten to add that we are not expecting Councils to spend a lot of time and effort on this exercise; we do not need an exhaustive list, we simply need you to identify the most obvious properties in your respective areas. We do not require descriptions, nor history, nor details of ownership. However, it would be helpful if you could flag any properties that meet the criteria but which are being 'managed' in other ways through existing legislation.

I appreciate you will have questions such as who will administer this and where will the revenue go. These are all matters that will have to be considered in due course. All we are trying to do at the moment is to establish what the issues are, their scale and the need for intervention. Although the recent 'rates consultation' touched on this and flagged it up as an issue, when this exercise is completed I would also welcome your views on whether you consider derelict sites to be a problem worthy of further action beyond other statutory measures that are available or planned.

I should be grateful for your cooperation in this exercise and I will write again in a week or two with advice on the process for reporting back. In the meantime, it would be most helpful if you could refer the matter to the relevant management team to consider.

Many thanks in anticipation.

Yours sincerely

BRIAN McCLURE

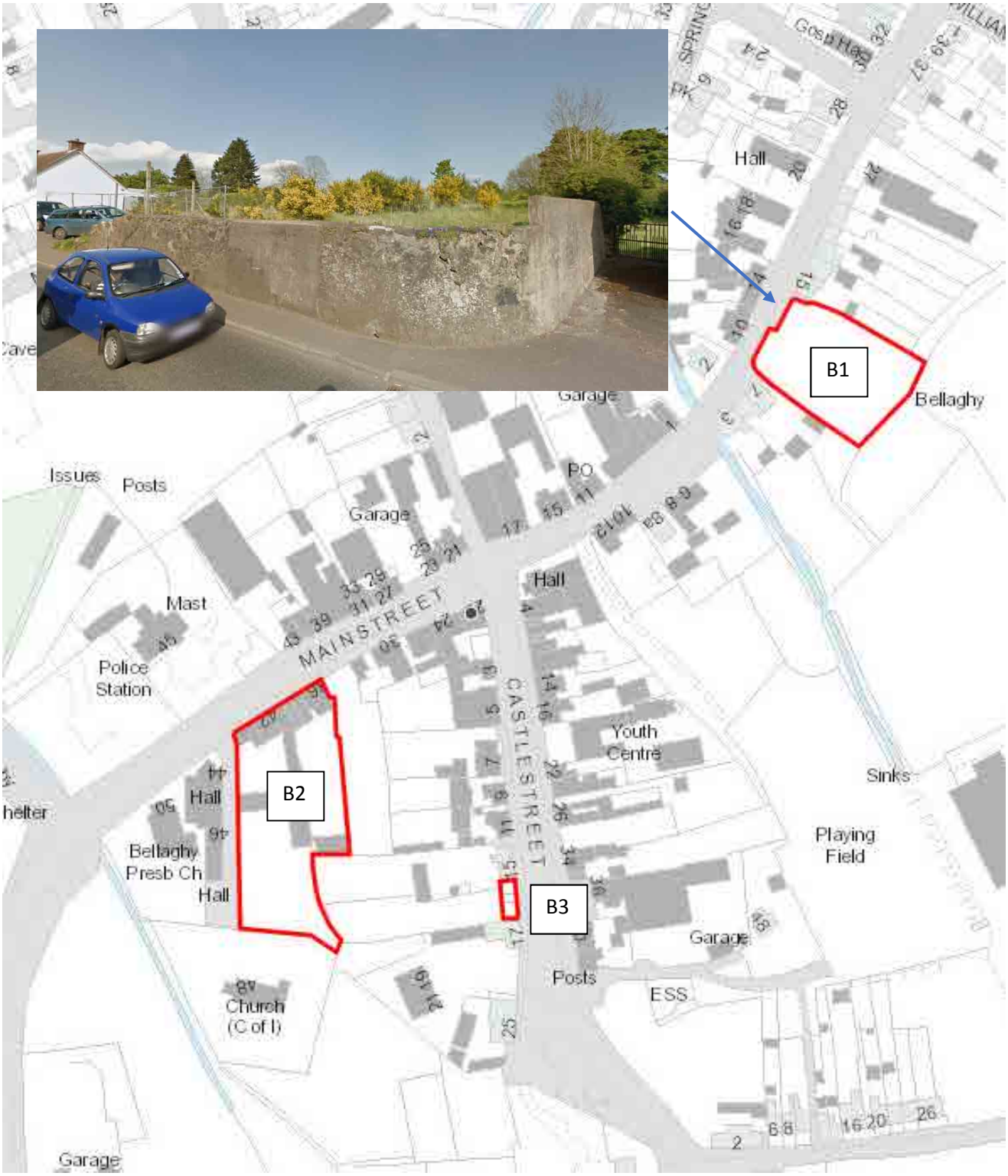
Appendix 2

Mid Ulster Council - LPS Online Portal Spreadsheet

Town Map Ref	Address	Team	Comments	Uploaded to Portal	Date
F3	Lakebourne Lodge Ballagh Road Fivemiletown	Dungannon	Prominent idle site	Yes	18/08/2016
F2	Murley Court Fivemiletown	Dungannon	Application for 9 No. Townhouses - Idle	Yes	18/08/2016
S3	Galvally Way Stewartstown	Cookstown	Application for 18 No. Dwellings not started	Yes	18/08/2016
T1	Main Street Tobermore	Magherafelt	Application for 17 Houses not started	Yes	19/09/2016
DR1	Magherafelt Road Draperstown	Magherafelt	Erection of Light industrial Units	Yes	19/08/2016
MA1	Moneymore Road Magherafelt	Magherafelt	Erection of 18 Apartments and 2 Townhouses	Yes	19/08/2016
B2	Main street Bellaghy	Magherafelt	Erection of 4 Dwelling	Yes	19/08/2016
COK9	28 Dungannon Road Cookstown	Cookstown	Erection of Retail Warehousing in a highly	Yes	05/09/2016
MO2	Ministers Walk Moneymore	Cookstown	Erection of 5 Dwellings/Flats	yes	05/09/2016
MO1	25 High Street Moneymore	Cookstown	Derelict Building	Yes	22/09/2016
MO1	23 High Street Moneymore	Cookstown	Former Post Office	Yes	22/09/2016
MO3	Cookstown Road Moneymore	Cookstown	Idle building site at edge of town	Yes	22/09/2016
P1	28-30 Main Street Pomeroy	Cookstown	Erection of 2 no. retail units and 1 no. flat	Yes	26/09/2016
P2	Between 100-110 Main Street Pomeroy	Cookstown	infill site between 100-110 Mains Street Pomeroy	Yes	26/09/2016
S2	31 Hillhead Stewartstown	Cookstown	Former Police Sation	Yes	26/09/2016
S1	26-28 North Street Stewartstown	Cookstown	Derelict unsightly building	Yes	26/09/2016
CO2	21/23/25 Main Street Coagh	Cookstown	Derelict unsightly building	Yes	26/09/2016
CO1	60 Main Street Coagh	Cookstown	Former Police Sation	Yes	26/09/2016
D1	Donaghmore Road Dungannon	Dungannon	Council owned large infill building site	Yes	28/09/2016
D2	Donaghmore Road Dungannon	Dungannon	Cleared site of former school	Yes	28/09/2016
D3	69 Donaghmore Road Dungannon	Dungannon	Derelict dwelling on main route into town	Yes	28/09/2016
E4	186 Eglish Road	Dungannon	Idle single dwelling	Yes	07/10/2016

Town Map Ref	Address	Team	Comments	Uploaded to Portal	Date
E5	180 Eglish Road	Dungannon	Idle single dwelling building site known as 180	Yes	07/10/2016
E2	1 Gorestown Road Dungannon	Dungannon	Idle single dwelling building site known as 1	Yes	07/10/2016
C1	Millbrook Coalisland	Dungannon	Idle multiple dwelling building site known as	yes	07/10/2016
E1	Shanmoy Downs Eglish Dungannon	Dungannon	Idle multiple dwelling building site known as	Yes	07/10/2016
COK8	2 Drum Road Cookstown	Cookstown	Idle building site at edge of town	Yes	07/10/2016
COK6	53 Union Street Cookstown	Cookstown	Derelict house with some reported dangerous	Yes	07/10/2016
COK5	Old Coagh Road Cookstown	Cookstown	Infill site at times subject to dumping with debri	Yes	07/10/2016
COK2	56 Milburn Street Cookstown	Cookstown	demolished house - idle site	Yes	07/10/2016
COK3	65/67 Milburn Street Cookstown	Cookstown		Yes	07/10/2016
COK4	38 Milburn Street Cookstown	Cookstown	Derelict house.	Yes	07/10/2016
COK1	26 Moneymore Road Cookstown	Cookstown	Derelict house.	Yes	07/10/2016
COK7	54 James Street Cookstown	Cookstown	Derelict house.	Yes	07/10/2016
F1	Clooneen Road Fivemiltown	Cookstown	Ruins located off main road no evidence of	Yes	19/10/2016
B1	9, 11, & 13 William Street Bellaghy	Magherafelt	Demolished buildings formely known as 9, 11	Yes	25/10/2016
B3	Between 15 & 17 Castle Street Bellaghy	Magherafelt	ruin building and intact building between 15 & 17	Yes	25/10/2016
C2	36 The Square Coalisland	Dungannon	Residential house and commercial shop	yes	25/10/2016
C3	12, 14, 16 & 18 Barrack Street Coalisland	Dungannon	Demolished buildings formly known as 14, 16,	Yes	25/10/2016
C4	Brackaville Road Coalisland	Dungannon	Infill site subject to fly tipping and debris disposal	Yes	25/10/2016
C5	Brackaville Road Coalisland	Dungannon	Infill land/site subject to fly tipping an dumping	Yes	25/10/2016
C6	Brackaville Road (3) Coalisland	Dungannon	Site subject to rubbish and tipping	Yes	25/10/2016

B – Bellaghy


B1
B2
B3
Bellaghy
Hall
Garage
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Issues
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MAIN STREET
CASTLE STREET
Youth
Centre
Sinks
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Hall
Church
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Garage
Posts
Garage

CO - Coagh


BALLINDERRYBRIDGEROAD
WELLBOURNE CRESCENT
WINDSOR TERRACE
Post
Pavilion
Playing Field
THE CRESCENT
THE COURTYARD
Church of Our Lady Queen of Hope (RC)
Tank
PH
HANOVER SQUARE
Toilets
CO1
CO2

C - Coalisland

COK - Cookstown

DR - Draperstown

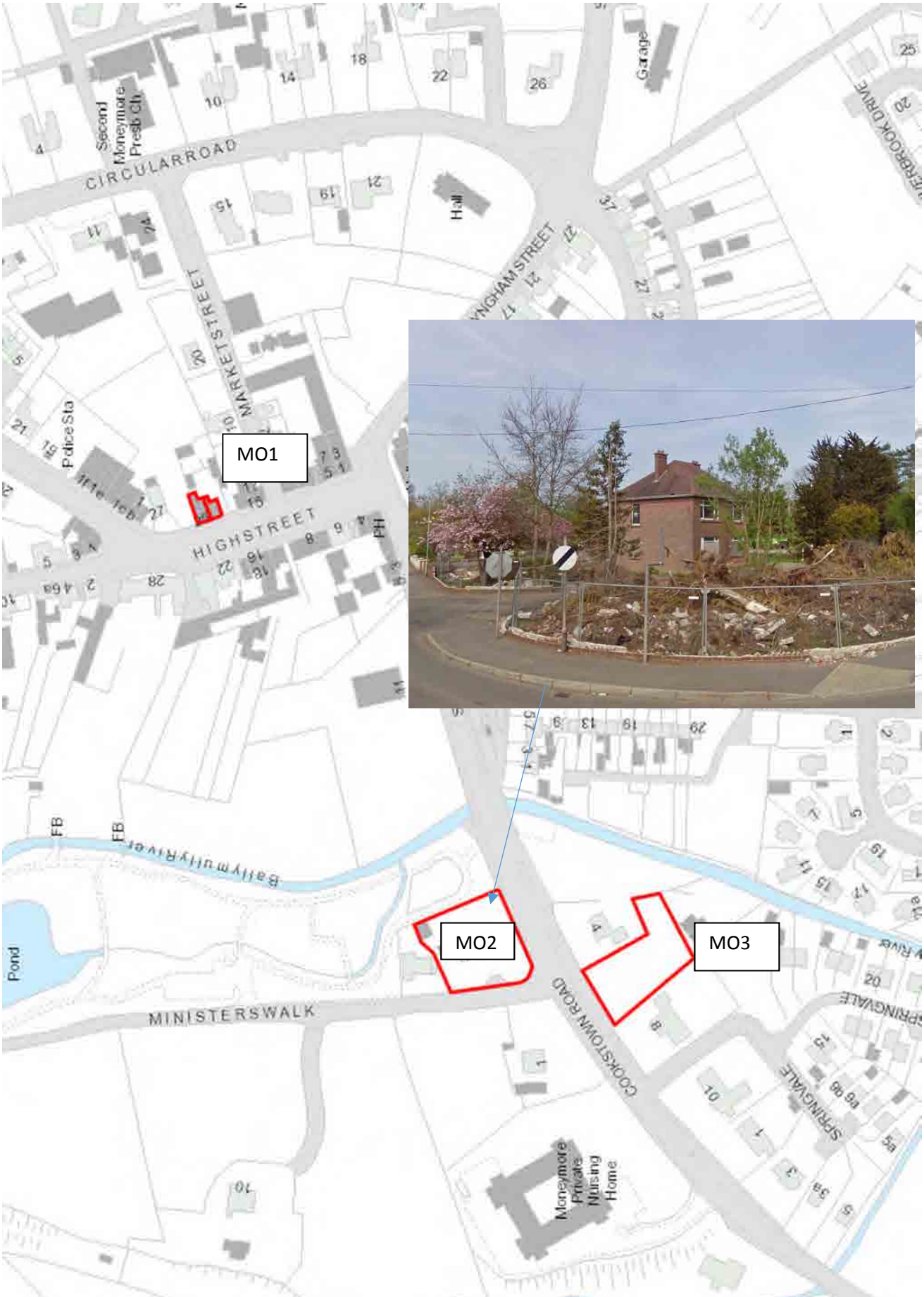
D - Dungannon

E - English

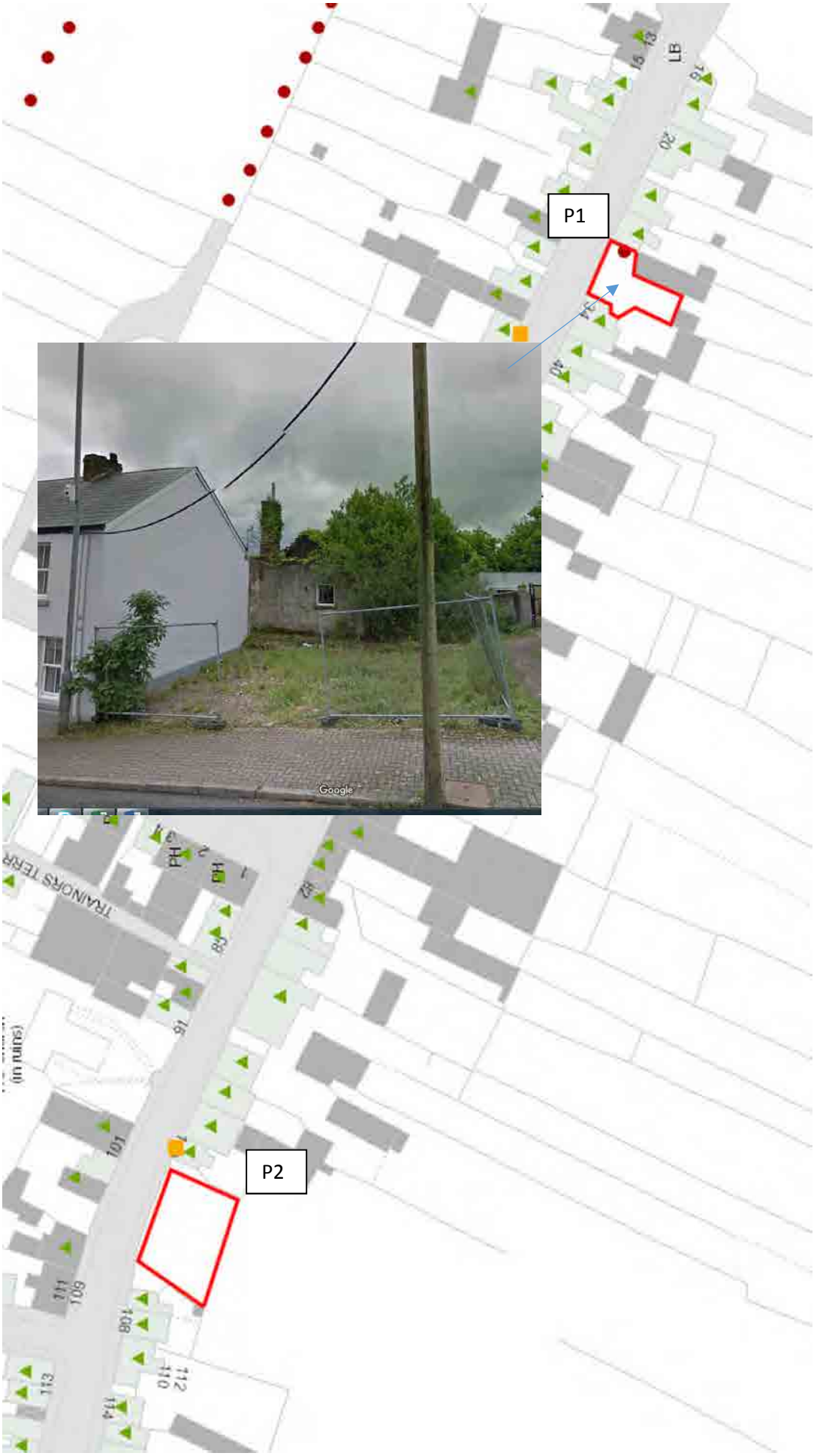
F - Fivemiletown

MA - Magherafelt

MO - Moneymore



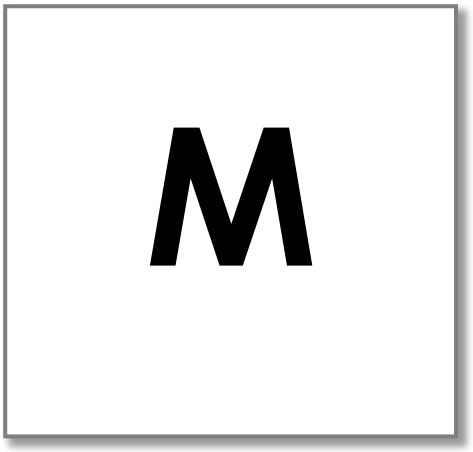
P - Pomeroy



S - Stewartstown

T - Tobermore


T1
CARSON COURT
CHURCH VIEW
HILLMOUNT CRESCENT
CASTLE PARK
HAZEL GROVE
CALMORE PARK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Subject	Restart a Heart Day 2016
Reporting Officer	Fiona McClements, Head of Environmental Health

1	**Purpose of Report**
1.1	To update Members on the Mid Ulster "Restart a Heart Day" event, this was held on Tuesday 18th October 2016.

2	**Background**
2.1	Mid Ulster District Council in partnership with the Northern and Southern Health and Social Care Trusts organised a district wide CPR event to provide training to as many people across the Mid Ulster District Council area as possible in one day. This event was supported by The British Heart Foundation NI, The Northern Ireland Ambulance Service, Cormac Trust, some local schools and community organisations. This event was part of a wider action plan on Community Resus and defibrillators being led by the council. Restart a Heart Day is an annual European initiative which aims to raise awareness of the importance of bystander Cardiopulmonary Resuscitation (CPR) to increase the chance of survival when someone has a cardiac arrest and is part of a wider action plan on Community Resuscitation and defibrillators being led by the Council.

3	**Key Issues**
3.1	**765 participants** took part in the successful training sessions across the council venues and local post primary schools on the day. This included morning and evening sessions at; Cookstown Leisure Centre Dungannon Leisure Centre and the Event Space at the Hill of the O'Neill Greenvale Leisure Centre
3.2	Participating schools included; Rainey Endowed School, Magherafelt Sperrin Integrated College, Magherafelt St. Colm's High School, Draperstown St. Mary's College, Clady St. Mary's Grammar School, Magherafelt St. Patrick's College, Maghera St. Pius X College, Magherafelt Dungannon Integrated College Holy Trinity College, Cookstown
3.3	Each training session was led by the local health trust community resus staff and delivered by local CPR volunteers.

	Photographs from the events were taken and shared on the council's social media site. Some photos have also been included in the appendix. Feedback from the events which was collected through a questionnaire has been very positive with many participants interested in finding out about other training opportunities. Plans are in progress to review all feedback which will help shape the Community Resus action plan for moving forward in partnership with the local Health Trusts

4	**Resources**
4.1	**Financial** None
4.2	**Human** Council EH health and wellbeing staff were responsible for organising the event. CPR trained council staff members (4 Env Health and 2 Leisure Services) supported volunteers on the day of the event to deliver training.
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	**Other Considerations**
5.1	None

6	**Recommendations**
6.1	That members note the success of the 'Restart a Heart Day' held on Tuesday 18 October 2016

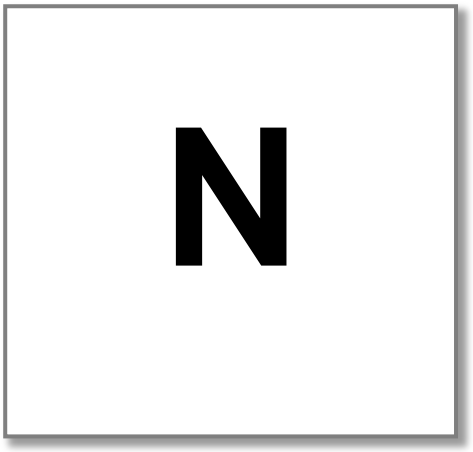
7	**List of Documents Attached**
7.1	Photographs of the event


Mid Ulster
Restart
a Heart Day


KUKRI
ULR
Mid Ulster
Restart
Heart Day


BALL MUST BE
KEPT BELOW
HEAD HEIGHT


Learn to
Save a Life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Subject	Houses in Multiple Occupation Act (NI) 2016
Date	November 2016
Reporting Officer	Fiona McClements

1	**Purpose of Report**
1.1	To provide an update in relation to the Houses in Multiple Occupation (HMO) legislation and the current progress with the transfer of this function to Councils

2	**Background**
2.1	The Transfer of the HMO function to Councils as part of the Regeneration Bill was initially deferred. The Bill was formally introduced to the Northern Ireland Assembly on 7 September 2015. . The purpose of the Bill was to enable better regulation of Houses in Multiple Occupation (HMO), by introducing a system of licensing and new provisions about standards of housing. It also aims to streamline the definition and clarify the law in some other aspects. New proposals to improve upon the current HMO legislation will introduce: • A new HMO definition; • A licensing scheme; • A fit and proper person test; • New enforcement powers; • New powers to issue a prohibition notice; and Powers to open statutory information sharing gateways to assist in the identification and regulation of HMOs.

3	**Key Issues**
3.1	During the last mandate the Assembly passed new HMO legislation which is now known as the Houses in Multiple Occupation Act (Northern Ireland) 2016. This new legislation will transfer responsibility for regulating HMOs from the Housing Executive to councils. A stakeholder group, consisting of Departmental officials and representatives from councils and the Housing Executive has met on a number of occasions to take forward the transfer and to progress a work programme to get councils ready for their future role. Following a recent procurement competition the Department has commissioned Cogent Management Consultants to provide an economic appraisal with options including potential set up costs in order to fulfil its commitment and the assurance given that sufficient resources will be provided for councils to operate the licensing scheme. This will examine options for a suitable delivery model for Councils to administer the Licensing scheme. It will consider the viability of 3

	possible options, an 11 Council approach, 2/3 council and a one council model. The preferred option to be agreed by the Regional programme board for ratification by SOLACE. The assignment will also examine the fees required to ensure the future regime is rates neutral and will include a benchmarking exercise with fees currently charged by Councils in England, Scotland & Wales. The appraisal will also consider transition costs. Consultants have agreed scheduled meetings with council representatives throughout this month with a view to providing a draft report around the end of November. DFC Officials continue to draft the regulations required for implementation and have consulted with councils on each of these to date, it is their intention is to have these completed with a commencement date of no later than April 2018.

4	**Resources**
4.1	**Financial** Not yet available
4.2	**Human** Not yet available
4.3	**Basis for Professional/ Consultancy Support** None
4.4	**Other** None

5	**Other Considerations**
5.1	

6	**Recommendations**
6.1	Councillors are asked to note the content of this update.

7	**List of Documents Attached**
7.1	None