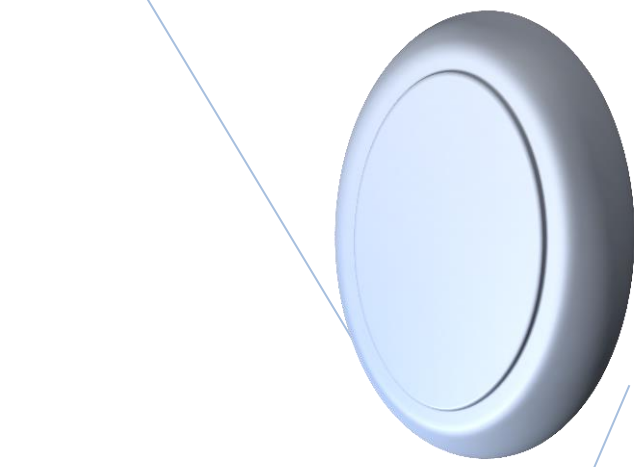
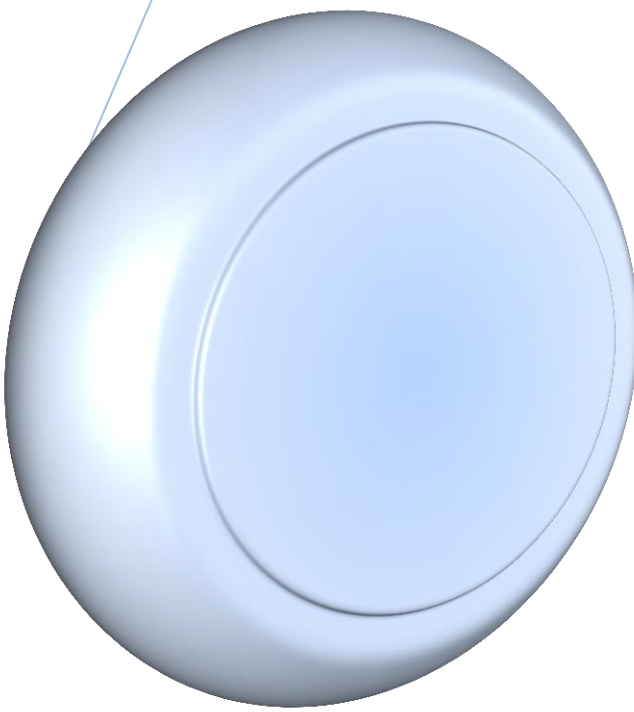
Summary of the Responses Received to the Lifeline Public Consultation





1.0 Introduction

This summary paper is designed to accompany the Lifeline Crisis Response Service Public Consultation Report and PHA Recommendations paper dated 21 January 2016.

There are two sections in this paper; the first is a summary analysis of feedback from the workshops which were held as part of the consultation process. The second section is a summary analysis of the written responses which were received.

In both cases the feedback is split into three categories, they are:

- Commentary in favour of the proposals presented
- Commentary against the proposals presented
- Commentary that suggested a service model enhancement

2.0 Summary Analysis of Feedback Provided Verbally at the Consultation Workshops

A total of 26 workshops were organised, attended by over 300 participants, where a standardised presentation was delivered by PHA representatives and staff took a written note of the discussion, issues raised and main themes. See appendix 1 for the list of the workshops.

This section provides a summary of the notes of each workshop which were facilitated by the Public Health Agency (PHA) as part of the consultation process.

Theme	Reponses received in response to the general process
General Process	**Responses in Support of the Proposed Model:** i. Welcomed the opportunity to input to the process ii. Welcomed the fact the PHA had responded to the points raised in the initial consultation in April-June 2014 iii. Welcomed the fact the PHA had outreached to a range of more vulnerable groups and service users
	Responses which raise concern about the proposed service model: i. Concerns that a single interest group had dominated the public workshops ii. Concerns that the final decision would be made on a popular head count iii. Concern that this was the second consultation since April 2014 and this caused uncertainty for the current service provider's staff and potentially service users. " If it's not broke, why fix it" being commented on several times iv. Concern that the first consultation was based on 157 responses compared to the views of the 50,000 service users since 2006 v. Many found the consultation document lacked sufficient information and having to read the Strategic Outline Business Case (SOBC) in conjunction was cumbersome vi. Others found the questionnaire wordy, too business like, very restrictive and difficult to complete vii. Concerns that the consultation document was a "fait accompli" **viii.** Welfare changes could put more pressure on the service and now was the wrong time for change
	Responses which suggested service enhancement: i. PHA should consider the production of a number of consultation documents, eg: a high level detailed production and an easy read lower level production **ii.** PHA should be producing a readable version for those with communication difficulties and/or where English is not their first language **iii.** It was important that professionals and service users were engaged **iv.** Monitoring of the new service model needed to be outlined and

	robust

Theme	Reponses received in response to the separation of service elements
Separation of service elements	**Responses in Support of the Proposed Model:** i. Removes 'potential' conflicts of interest ii. Separation supports safeguarding of professional standards and boundaries iii. Ensures no one organisation can dominate iv. Could help to more clearly define what the service is about and who it is for
	Responses which raise concern about the proposed service model: i. Risk of callers having to repeat story to several staff members - potential for re-traumatisation or disincentive to use the service ii. Concerns regarding follow up and lack of continuity of care for those in crisis iii. Callers may experience lack of consistency iv. Separating elements is a retrograde step and could lead to fragmentation v. Overall governance would be adversely affected vi. Empowerment and enablement is not appropriate in time of crisis vii. Staff transfer from the old model to the new model would be complicated under Transfer of Undertakings (Protection of Employment) regulations TUPE arrangements
	Responses which suggested service enhancement: i. Separation of telephone and follow-up support must not cause delay in service provision. ii. Robust interface required between telephone provider and support services, with a clear service user pathway iii. Information sharing interface is critical - ideally should consider investing in software system that all providers use - would help information exchange and data security iv. Critical to have safeguards including check-in calls and a safety contact v. The concept of "warm-hand" over from the telephone to the support service was needed vi. Need to monitor the number signposted to service to include take-up and outcomes

Theme	Reponses received in response to staffing of helpline
Staffing of helpline	**Responses in Support of the Proposed Model:** i. Skills mix will add value and provide a better service - counsellors alone cannot deal with complex nature of suicide ii. "To be honest it doesn't matter who answers the call as long as there is someone to ring when I am very low and worried that I might do something."
	Responses which raise concern about the proposed service model: iii. Taking away trained counsellors demeans the effort, time and money they have invested in becoming professional helpers - disrespectful to profession.
	Responses which suggested service enhancement: i. Trained counsellors should be taking the calls ii. Clinical experience and qualifications relevant to crisis intervention for suicide/self-harm vital - need clear specifications on these iii. Call operators should be qualified to handle the various calls they will receive iv. Call operators must have adequate support including regular clinical supervision and personal therapy - calls can be hard to hear and potentially traumatising

Theme	Reponses received in response to proposed helpline model
Proposed Helpline Model	**Responses in Support of the Proposed Model:** i. To retain the 24/7, 365 days a year free to call model ii. If it's a crisis line that de-escalates someone then they do not need to be a trained counsellor iii. Ensure equity of access
	Responses which raise concern about the proposed service model: i. Concerns that call operators would not be properly qualified ii. A listening ear model was insufficient to address the needs of people in crisis iii. Signposting was insufficient, would reduce confidence in the service and patients were less likely to avail of follow up support iv. How would a person in crisis remember a reference number and name of follow on support if they didn't have a pen/paper on hand or they were in too great a crisis v. Query on how do you ensure and maintain standards across a multi-disciplinary team vi. People in crisis often struggle to make the initial contact, they need supported through the process, the model doesn't do this vii. Need to ensure that those on low to medium risk can access support, this is the most at risk group in this model they will be neglected viii. Removal of check-ins and follow up support was a retrograde step ix. It is difficult to maintain a database of services available detailing where individuals at low risk can be signposted x. The Samaritans already provide a listening ear service - this would be duplication

	Responses which suggested service enhancement: i. Clear processes for 3rd party referrals into the helpline ii. Use of a separate contact number for professional updates and contact so as to keep the helpline free for those who need it iii. Ensure there are clear qualification and skills standards for call operators iv. Need to ensure the model provides for check-ins and follow up support v. Need to ensure there is an accessible and updated database of other services to where people can be signposted vi. Service needs to look at how it can use new technology to engage with vulnerable people and in particular those where English is not their first language, including those who are deaf. vii. Call operators need to be trained on transgender awareness and engagement with those who self identify with that community viii. It is critical that there is family engagement and/or support networks are identified (in particular a safety contact)

Theme	Reponses received in response ot model for Psychological Therapies
Model for Psychological Therapies	**Responses in Support of the Proposed Model:** i. The potential for increased capacity was welcomed ii. Good evidence base for talking therapies
	Responses which raise concern about the proposed service model: i. The model has too much emphasis on clinical input, need to consider the role of family and support networks ii. There is no demand for the increased capacity
	Responses which suggested service enhancement: i. Consider the inclusion of a family support session similar to the Self-harm Intervention programme (SHIP) project ii. Need a clear criteria for allowing more than 5 sessions for any one individual but also limit the number iii. Need a process for discharge, clarity about what happens next iv. If the identified funding is not used for psychological therapies there needs to be clarity on how it will be distributed v. Need to broaden the access to criteria to beyond those who have been assessed as high or immediate risk vi. Providers require transgender awareness training

Theme	Reponses received in response to model for Complementary Therapies
Model for Complementary Therapies (CT)	**Responses in Support of the Proposed Model:** i. Welcomed the fact the PHA were positively responding to recommendations in the previous consultation ii. Considered a good tool to help de-escalate people and help them access support and build confidence iii. Counselling was not for everyone and the use of CT could help broaden the range of services that could be offered
	Responses which raise concern about the proposed service model: i. There is a lack of evidence of effectiveness of CT in terms of suicide and self-harm ii. This was a waste of public money and reduces the creditability of the service iii. Without a controlled access pathway it is open to potential abuse iv. 2 Sessions of CT was insufficient for people in crisis v. Some people have difficulty around the ethical and religious basis for CT
	Responses which suggested service enhancement: i. It is critical that those delivering CT have experience and skills in dealing with people in crisis ii. Providers must have transgender awareness training

Theme	Reponses received in response to Model for Face-to-face De-escalation
Model for Face- to – Face De-escalation	**Responses in Support of the Proposed Model:** i. There is a need for drop-in support in local areas
	Responses which raise concern about the proposed service model: i. Where would the drop-in services be located and how could equity of access be assured, especially in rural areas ii. High risk and open to abuse, how can it be monitored iii. How would people for whom English is not their first language, including the deaf, access and get support from this service iv. The proposed budget of £100,000 was too small to address need v. How would staff safety be addressed vi. Lack of clarity around the skills needed to provide this service
	Responses which suggested service enhancement: i. Need to consider operation out of hours and/or 24/7 provision ii. Need to have a clear pathway into counselling and must be monitored iii. Need to consider assertive outreach to those most vulnerable iv. Consideration needs to be given to moving the funding within budget lines to address the interventions that were more effective. v. Consideration should be given to pop-up clinics vi. Need to ensure a skills standard is set to address the service

Theme	Reponses received in response to commissioning the helpline from the NIAS
Commissioning the Helpline from the Northern Ireland Ambulance Service (NIAS)	**Responses in Support of the Proposed Model:** i. Didn't matter who provided the service as long as there was support there for when someone in crisis was in need
	Responses which raise concern about the proposed service model: i. Are NIAS interested and do they have the skills and capacity ii. Moving from a community provider to a statutory provider will undermine confidence , increase stigma and create a barrier iii. Will not address issues around access for men or for those in rural areas iv. The current providers give a better service and attitude to the statutory sector v. There is a lack of public confidence in NIAS, especially in rural areas where people have experience long delays and problems getting ambulances out vi. Poor experience of engagement with NIAS in the past and don't want an ambulance calling at their home because of the stigma vii. Poor industrial relationships in NIAS that will impact on the service viii. Risk of poor working conditions for staff working the Lifeline service ix. Support structures for call operators who will manage difficult calls do not exist x. Lifeline was created out of expressed need from the C&V sector and that's where it belongs, this is moving funding from the C&V sector into the statutory sector xi. Procurement would provide better opportunity for innovation and competition xii. C&V sector can provide more flexibility than the statutory sector xiii. There is a lack of integration between NIAS and Mental Health (MH) services xiv. The suggested contingency plans are insufficient as "Breathing Space" is not 24/7
	Responses which suggested service enhancement: **i.** There needs to be a detailed service specification for the service with clear monitoring arrangement

Theme	Consultation Reponses
Procurement of Follow-on support services	**Responses in Support of the Proposed Model:** i. Agreement that those could not be provided by the statutory sector and should be procured by public tender ii. The model would allow for benchmarking and comparison iii. Will help improve local access, especially for rural areas
	Responses which raise concern about the proposed service model: i. There are more advantages in having one regional provider than five local providers. ii. 5 separate contracts would lead to inconsistencies, dilute the service iii. 5 different providers would make signposting more difficult and confusing iv. 5 providers will reduce research potential v. 5 providers will make monitoring more complicated vi. The specifications will be too challenging for most Community & Voluntary (C&V) providers vii. This will result in duplication of services that are already available locally
	Responses which suggested service enhancement: i. Need to ensure there are clear processes to exchange information between the helpline and the follow-on support services providers as well as between local providers ii. Local providers would need to provide flexibility in terms of venues within and outside of the immediate geography iii. The settings must be discrete and minimise stigma to ensure access iv. The services need to dovetail with Trust based services

Theme	Reponses received in response to anticipated benefits
Anticipated Benefits	**Responses in Support of the Proposed Model:** i. Good if they can be achieved
	Responses which raise concern about the proposed service model: i. It was felt unlikely that the anticipated outputs would be realised as having signposting, and access only for those at immediate risk, will reduce demand
	Responses which suggested service enhancement: No issues raised

Theme	Reponses received in response to communications and PR
Communications and Public Relations (PR)	**Responses in Support of the Proposed Model:** No issues raised
	Responses which raise concern about the proposed service model: i. The public need to know that the telephone service is being provided by NIAS ii. The good connections established by the current provider will be lost iii. The current service is well known by the public and service providers - any change could impact on confidence iv. The value of the work done before and training will be lost
	Responses which suggested service enhancement: No issues raised

Theme	Reponses received in response to Equality Impact Assessment
Equality Impact Assessment	**Responses in Support of the Proposed Model:** i. Welcomed the fact PHA had reached out to at-risk groups to engage them in the consultation
	Responses which raise concern about the proposed service model: i. Concern that the needs of children and young people (C&YP) aren't being addressed ii. Concern that General Practitioners (GPs) and Caregivers aren't being considered in the model
	Responses which suggested service enhancement: i. Need close liaison with Child and Adolescent Mental Health Services (CAMHS) ii. Need to ensure the needs of the deaf community are addressed iii. Need to ensure the needs of transgender community are considered in the model

3.0 Summary of Responses from Consultation Questionnaires

This section provides a summary of the responses from the 159 written responses, of these there were 26anonymous response received. Some of the responses were not received in the questionnaire format but in letter form. These responses were included within the analysis.

It should be noted that for many responses, a negative response against an element of the proposal did not indicate total opposition towards the suggestion. For example the negative comment may have been a reflection that the proposal should have been enhanced more and this was more clearly described in the supporting commentary. Such examples have been fully recorded in the qualitative analysis.

In respect of question 10 in the questionnaire, which provided respondents with the opportunity to provide additional commentary on the proposed model, responses were analysed and assimilated into the relevant qualitative section(s) so as to ensure that they could be considered against the appropriate element of the model.

3.1: Do you agree with the proposed Telephone Crisis Helpline service element of the new model as outlined above?

Theme	Reponses received on the proposed model for telephone helpline
Proposed Model for Telephone helpline	**Responses in Support of the Proposed Model:** I. Agreement to retain the free 24/7, 365 days a year access for all ages II. Refocus the service on immediate crisis intervention III. Welcomed the model of enablement/empowerment and signposting IV. The skills mix of call operators could add value and cater for a diverse range of needs V. Listening is a key component of helplines and may be all that a caller requires VI. Liked the financial model of capping the cost and awarding a block grant. Cost effective over time VII. Like the wording of the model, person centred and should be promoted to all parents VIII. Partnership work was necessary and the links to emergency services
	Responses which raise concern about the proposed service model: I. Preferred the current model with direct referrals into support, outreach and check-ins II. Concerns on the stratification of callers by risk assessment as a basis for access to follow on care. Risk is very dynamic and needs reviewed III. Concerns that those on low risk will be excluded from follow on support and this is the most at risk group. Criteria are very restrictive IV. Enablement & Empowerment not appropriate for people in crisis, that is part of the recovery journey V. Emphasis should be on support not signposting. Signpost would lead to a poor uptake and duplication, VI. Formal capacity assessment as covered by the Northern Ireland Mental Health Capacity Bill would be required to determine safety VII. Strategic Outline Business Case (SOBC) is not clear on the skills and qualifications for call operators and management. Risk of skills loss especially that of counsellors VIII. Listening ear/signposting was considered a downgrading of the Lifeline service IX. The proposed changes were for financial reasons/cost cutting reasons X. Continuum of care will be lost, loss of confidence in the service by service providers, will increase demand on emergency services and waiting times XI. Inappropriate to benchmark the model with “Breathing Space”

	XII. Model is unethical, not client/service user centred
	Responses which suggested service enhancement : I. Need for more safety measures, check-in calls, safety contacts and support for service users II. Critical the call operator stayed on the line until the caller was safe III. Accurate up to date information on services to signpost to is required and should include a broad range of options IV. Consideration is needed on the criteria for direct referral over signposting V. Call operators need the right clinical experience to work with those at risk of suicide or self-harm

Theme	Reponses received on the proposed separation of the telephone helpline from the follow-on support
Proposed Separation of the Telephone Helpline from Follow On Support	**Responses in Support of the Proposed Model:** I. Separation of the management function was appropriate and removes potential for conflict of interest, enables objective assessments and ensures no one organisation can dominate the sector II. Reduces the risk around service failure on one element, safeguards professional standards and boundaries III. Doesn't matter who answers the phone as long as they are skilled to help people in crisis
	Responses which raise concern about the proposed service model: I. Concern on the impact separation will have on service users , increased risk and lives could be lost, will create additional barriers for service users II. Loss of continuity of care, creates a fragmented care pathway, different Information Computer Technology (ICT) systems and data management and may cause delays III. Separation will diminish quality IV. Risk to communication and information sharing V. Callers having to repeat their story will lead to re-traumatisation VI. Lack of evidence to justify the separation VII. Separation will increase the expenditure on administration VIII. Concerns that disagreement between helpline and follow-on support providers will fall back on the GP IX. Staff taking calls should not be counselling at the same time X. Separation is retrograde and a big mistake, needs to be a single provider XI. At variance with international suicide prevention best practice XII. Having to call two numbers will heighten anxiety
	Responses which suggested service enhancement: No suggestions

3.2 Do you agree with the proposed Lifeline Psychological Therapy service as outlined above? Yes / No / Not sure

Theme	Reponses received on the proposed model for the psychological therapies
Proposed Model for the Psychological Therapies	**Responses in Support of the Proposed Model:** I. Important they are retained as part of the service, positive and support the service user II. They can empower people in the long term III. Providers can offer a wider service user base and catchment IV. Will increase choice and parity across trust area ensuring locality sensitive V. The focus on those at immediate risk was welcomed, a specialist service for a targeted group that will reduce inappropriate referrals /duplication / replication
	Responses which raise concern about the proposed service model: I. Current model is better, service has to stay with lifeline II. Risk of repeat assessments frustrating service users III. 5 sessions was inadequate, IV. Lack of follow up support and check-ins V. The focus on those at immediate risk only overlooks those in the low to moderate risk who are still suicidal VI. Too many rules and restrictions around access VII. Should not be provided by the HSC Trust VIII. The model would cause delays in accessing the service IX. Concern that those on other waiting lists won't be eligible
	Responses which suggested service enhancement: i. Need to be regionally based to ensure equity of access ii. Needs to be more accessible with an appropriate access threshold iii. Need clarity around what the psychological therapies will be - needs to be more than Cognitive Behavioural Therapy iv. Mindfulness should be included v. Support for families/carers should be included vi. There should be flexibility for more than 5 sessions, could it be 6 months or long term work vii. Need to improve links with other stakeholders viii. Those on waiting lists should not be automatically excluded if their risk is high ix. PHA should invest in software that all providers would be using x. More consideration needed around the care pathway after the 5 sessions xi. Monitoring needs to be robust

3.3 Do you agree with the proposed Complementary Therapy element as outlined above?

Theme	Reponses received on the proposed model for complementary therapies
Proposed model for Complementary Therapies	**Responses in Support of the Proposed Model:** i. Service user experience said they were beneficial in helping them through crisis ii. Good as a precursor to psychological therapies iii. Can help empower service users as part of a self-care support and enables choice iv. Useful in engaging "hard to reach" groups v. Support the proposal that the provider of the CT is also the provider to the talking therapies
	Responses which raise concern about the proposed service model: i. Lack of an evidence base, National Institute for Health and Care Excellence (NICE) guidelines and inappropriate use of resources ii. Not appropriate for deadline with people in immediate crisis iii. 2 sessions is inadequate to be meaningful, will raise expectations of service users iv. CT could actually be harmful to vulnerable people, lacks regulation, vulnerable groups more at risk from CT such as trauma, sexual abuse, domestic violence v. Funding should be better used on evidence base interventions such as family support, children and young people vi. Risk of duplication of existing services
	Responses which suggested service enhancement: i. CT along with psychological therapies would help regulate their use ii. Consider other actives such as social activities iii. Invest in creative therapies rather than complementary therapies iv. Invest in family support services rather than CT v. Invest in mindfulness vi. Invest the money in Short Message Service (SMS) or new technology services vii. Need regional standards, Regulation etc viii. Consider a pilot scheme in the first instance to measure effectiveness

3.4 Do you agree with the proposed local face-to-face de-escalation service element of the new model?

Theme	Reponses received on the proposed model for face-to-face de-escaluation
Proposed model for face to face de-escalation	**Responses in Support of the Proposed Model:** i. Welcomed the proposal and the fact that the PHA had listened and responded to feedback from the initial consultation ii. Would increase safety options and accessibility especially for those who will not or cannot phone a support line
	Responses which raise concern about the proposed service model: i. SOBC not clear on how the service would be delivered/ clinically managed ii. Lack rationale, can't understand it, nebulous, ludicrous, a knee- jerked reaction, iii. Care pathway - not appropriate to have to ring in to the helpline will cause undue stress, signposting not adequate iv. Concerns with interface with frontline services, in particular the crisis response teams and how they can cope with demand v. Budget allocation was inadequate vi. Concerns around the governance, monitoring and regulation to ensure consistency and safety vii. Difficult to provide an accessible service to everyone especially in rural areas and divided communities viii. Already being provided so risk of duplication – what is the added value ix. If people won't use a helpline what makes the PHA think they will use this type of service
	Responses which suggested service enhancement: i. Must be locality based ii. Must be a regionally based service to provide equality iii. Need to ensure flexibility and appropriateness to direct into support, avoid duplication of reliving the experience iv. Clear service user care pathway that avoids additional anxiety, no wrong door v. Needs integrated with frontline crisis services. Crisis teams need to be involved in the service design vi. Needs independent regulation and review to ensure appropriate use and effectiveness vii. Need to ensure the service is provided by skilled and experienced staff with 24/7 access to support viii. Needs a larger budget to be safe and effective ix. Build the skills already in the community x. This should be part of the helpline xi. Need to consider outreach for those who can't access the

	service xii. The service needs to be appropriately promoted without adding to the stigma xiii. Put the resource into the Emergency Department (ED)

3.5 Do you agree with the proposed delivery model of commissioning the telephone helpline element of the service from the Northern Ireland Ambulance Service (NIAS)?

Theme	Reponses received on the proposed model to commission the telephone element from NIAS
Proposed model to commission the telephone element from NIAS	**Responses in Support of the Proposed Model:** i. NIAS has the appropriate regional experience, resources, established relationships to deliver the service and it makes sense ii. Public confidence to manage people in crisis iii. Established links and integration with other frontline services, would be efficient and would provide the appropriate response iv. Will ensure objective assessment, clinical governance and avoid conflict of interests v. Will improve regional accessibility and consistency
	Responses which raise concern about the proposed service model: i. Money been taken from the C&V sector and loss of community ethos ii. If known it was being provided by a statutory body this would become a barrier, put people off/stigma iii. Non-statutory bodies are more accessible iv. Concern that calls will be recorded on medical records, break down of confidentiality and trust v. Concern that there will be an increased risk of ambulance call outs vi. There will be a loss of innovation, services too rigid, championing of suicide prevention will be lost, lack of competition vii. NIAS experience is physical health not mental health. Lack experience and skills viii. Lifeline callers need a different type of response to people ringing NIAS ix. PHA were being dishonest about the proposals and the service models x. Concerns about ringing 999 and staff were not skilled or experienced xi. The care pathway will put more strain on existing crisis services and lacks involvement from GPs and Social workers xii. Moves from a social model to a medical model of care xiii. Contingency plans were inappropriate and they would not help people in risk xiv. NIAS have a poor industrial relations records which affects public confidence xv. There would be considerable costs moving the service into NIAS. Too much money on management, new ICT

	systems, xvi. Lack of evidence to justify a change of this magnitude. Needs peer reviewed xvii. The current provider already has a workable structure, good relationships with other stakeholders including emergency services. xviii. There will be the loss of expertise, investment and networks that went into the current service xix. Concern about what will happen to current Contact NI staff xx. Procurement had more advantages than commissioning
	Responses which suggested service enhancement: i. Could Value Cabs not have been considered as a provider ii. Need to ensure staff answering the calls are appropriately skilled, trained and qualified iii. Ensure the proposed model is financially viable iv. Monitoring and Evaluation are vital with good Key Performance Indicators (KPIs), needs independently reviewed v. Service must be promoted as Lifeline and not NIAS

3.6 Do you agree with the proposed procurement of the Lifeline support services through competition from non-HSC organisations based on the five Local Commissioning Group (LCG) / Trust boundaries?

Theme	**Reponses received on commissioning the follow-on support fro a 5 locality basis**
Commission the follow on support services from a 5 locality basis	**Responses in Support of the Proposed Model:** i. Beneficial and would meet service users' needs in a local environment ii. Need to be based in the community and non-statutory providers iii. Would provide greater integration locally iv. Make the services more equitable and accessible, improve flexibility and local responsiveness v. Improve working relationships with the local Trust vi. Will empower local groups and promote collaboration vii. Will promote competition and prevent one group from dominating the sector
	Responses which raise concern about the proposed service model: i. Risk of inconsistencies in provision and quality across areas – could create 'postcode lottery' ii. The current model already provide regional coverage iii. Concern about procurement from non-statutory sector - risks conflicts of interest and lack of commitment to engage with Health and Social Care (HSC) services iv. Concerns about the complexities and issues associated public procurement – likely to reduce competition v. Potential to increase bureaucracy and management costs vi. Will cause fragmentation in the care pathway putting users at risks vii. Preferable to have one provider – this is what the evidence base advocates as being safer and won't lose efficiency viii. Makes evaluation and research more difficult, there is a lack of evidence for this model and PHA approach ix. The model limits choice, some people may prefer to travel for support x. Not person centred xi. Confusing not enough information xii. Will lead to job losses xiii. Will not meet rural needs xiv. Will dilute the branding xv. Don't like the model, ridiculous, shocking xvi. Governance and Information management concerns xvii. Would be better placed in the ED

	Responses which suggested service enhancement: i. Using existing providers who already have the facilities and infrastructure ii. Consider sub dividing into small contracts to reflect local boundaries iii. Needs to be flexible so that people can have appointments outside their immediate area iv. Regulation and regionally agreed standards are vital to promote consistency. One area that was felt to be particularly important was response times to first counselling session v. Consideration should be given to allocating more resource to areas where suicide rates are higher e.g. rural areas vi. There must be robust mechanisms to follow up on those who do not attend for appointments following signposting/referral from helpline vii. Consideration for the needs of C&YP and linking to family support hubs viii. Clarification needed regarding who is responsible for regional governance ix. There should be processes in place for collaboration and information sharing across the 5 areas x. PHA need to be mindful of how C&V organisations will be expected to meet the contract timeframes so they can bid xi. Give the work to Contact xii. May require rebranding and all providers should carry the branding xiii. Consider making the contract long term to allow for stability and skills to be developed

3.7 Do you have any comments on the anticipated benefits?

Theme	Reponses received on the anticipated benefits from the proposed model
Anticipated Benefits from the proposed model	**Responses in Support of the Proposed Model:** i. Welcomed the potential increase capacity from the service and proposed additional funding ii. Has potential to reduce suicides iii. Ensures better distribution of the budget to ensure equity of access across NI and building of capacity in local areas iv. the proposals demonstrated that PHA are listening to the needs of the community, and that this would raise the profile of mental illness and tackle stigma v. Renews emphasis of follow on service on those in crisis in a holistic approach vi. Promotes partnership working vii. Removes potential conflicts of interest between helpline and follow on viii. Cost-effective and will save money ix. As long as the service is person centred benefits will be realised

	Responses which raise concern about the proposed service model: i. It was felt that the numbers do not make sense – with the new model, fewer people will meet the criteria for follow on support, and sign-posting approach will likely result in reduced uptake - but the numbers of sessions are being increased. Unlikely that these numbers will be met. ii. Concern expressed about inclusion of complementary therapies in view of lack of evidence base for these iii. Current service felt to be better – already delivers these benefits iv. Number of sessions too restrictive to realise long-lasting benefits v. Service is being downgraded – listening ear approach not sufficient. Will affect quality of the service vi. Figures misleading – they do not factor in that Contact has a programme where trainee counsellors see service users free of charge and the potential for a loss of skills base vii. Costs per session seem low viii. Does not provide a baseline for access by Lesbian, Gay, Bisexual and Transgender (LGB&T) community
	Responses which suggested service enhancement: i. There is a need for flexibility in the budget to ensure it goes where there is need and where there is evidence of effectiveness ii. Family support and services needs to be included to really make an impact on suicide rates iii. Should build on what is already in place iv. Safety measures need to be included i.e. check in, outreach and warm handover v. Regional monitoring vital to ensure resources are being used in best way possible vi. Timely responses needed and keep the focus on recovery vii. Re-direct the funding earmarked for complementary therapies into evidence based services for better outcomes

3.8 Do you agree with the proposed marketing / promotion evaluation element of the Lifeline service model?

Theme	Reponses received on the proposed model for PR and Communications
Proposed Model for Public Relations (PR) and Communications	**Responses in Support of the Proposed Model:** i. Brand should be kept – well established and recognised ii. All parts of service should be branded as one package iii. Cost effective to retain the present format as rebranding is very expensive iv. Need continued promotion and awareness raising to encourage access and ensure purpose of service understood v. Support expressed for previous advertising campaigns vi. Disagree that public need to know it is NIAS they are ringing - a person in crisis will not care who they are ringing as long as its accessible and they are supported, vii. Contact details should be memorable, some felt number too long viii. Community capacity building contracts will also help to raise awareness of the service at local level, ix. Appreciate information available on the website
	Responses which raise concern about the proposed service model: i. Concern that the service being delivered is changing and keeping branding the same is misleading and will damage confidence ii. Association with NIAS and multiple providers for follow on will dilute brand iii. The current consultation was felt to have damaged the reputation of and confidence in the service iv. Allocation to PR/ marketing felt to be high
	Responses which suggested service enhancement : i. A consistent and clear message is needed on what the service is about and who it is for. ii. More openness needed around the use of the word suicide in marketing iii. Emphasis should be placed on reducing stigma iv. There needs to be more promotion and awareness raising in a range of outlets – Television, waiting rooms, billboards, schools, newspapers, sports venues, community centres, boxing clubs,

	supermarkets, gyms v. More needs to be done to target hard to reach groups, in particular men, LBG&T, Traveller Community, those living in rural areas and those where English is not first language/difficulties with literacy. Could allocate part of budget for these, and consider where best to place marketing to reach these groups – e.g. for men sports venues/car fests, agricultural shows vi. Some felt that the public need to be aware of the changes to manage their expectations of the service vii. There should be monitoring and evaluation of marketing campaigns and this should be shared viii. More should be done to use social media/new technologies, both for marketing and for users to contact the service ix. Partners should be utilised to help with promotion x. Vital that provider continues to engage with community groups, initiatives like the 5 Ways to Wellbeing should be used

Theme	Reponses received on the proposed model for evaluation
Proposed model for evaluation	**Responses in Support of the Proposed Model:** i. Evaluation and monitoring, and implementation of changes were needed, is vital to ensuring an effective service that offers value
	Responses which raise concern about the proposed service model: i. Budget for evaluation excessive ii. Measures used in evaluation not always correct iii. Insufficient information provided on promotion and evaluation element iv. This aspect of the proposal looks as if it remains unchanged from the status quo
	Responses which suggested service enhancement : i. An independent, external evaluation of the current service should be conducted, based on current performance, and this should be built upon, including clinical governance ii. It is important to include outcomes and not just processes/outputs in evaluation iii. Reviews should take place regularly – especially if a new service introduced iv. Service user voice must be included in evaluation v. Outcomes of evaluation must be disseminated (including to Protect Life Implementation group (PLIG) and Suicide Strategy Implementation Body (SSIB) and acted upon in a timely fashion vi. Investigate why people don't attend appointments vii. Consider using the Big Lottery evaluation model viii. Replace Monitoring and Audit with independent academic research

3.9 Equality Impact Assessment

Theme	Reponses on the Equality Impact Assessment
Equality Impact Issues	**Responses in Support of the Proposed Model:** No comments
	Responses which raise concern about the proposed service model: i. concerns raised around pathway for C&YP ii. concerns raised around lack of involvement of families/carers and family interventions iii. Concern signposting approach will disadvantage those who are less articulate or of lower educational/socioeconomic status, disabled and Autism Spectrum Disorder (ASD) etc iv. Homeless people no fixed address – follow on services based on postal address v. Model does not provide specific services for LGB&T community vi. Proposed model disadvantages men vii. Concerns from some of those with depression and mental health problems viii. Concern re those in rural/isolated areas with limited access to transport and feasibility of service model providing for them ix. Need to consider carers x. There is major challenge in ensuring the needs of the Black and Minority Ethnic (BME) communities are met through the existing Lifeline model and any proposed new model xi. Equality Impact Assessment (EQIA) does not mention victims of historic institutional abuse or those effected by the legacy of the troubles xii. Service Users who consume alcohol and drugs are falling through the loop within the service and do require more support as alcohol can be a real risk to someone following through with suicide xiii. Issue of barring regular users

	Responses which suggested service enhancement : i. Recruitment of staff from or with experience of working with minority communities ii. Use of minority groups in advertising, and targeted promotion iii. Increased funding for at risk groups/areas iv. Ensure accessibility and that people can access services somewhere they feel safe and do not have to undertake excessive travel to get to v. Staff training – although recognise that training may not be enough vi. Suggestions for C&YP – should be dedicated, specialist provision – not just seen as an exception; family support hubs important; consider what therapies work well for C&YP eg. Complementary, art/music therapies; use new technologies e.g. texting/online vii. Suggestions for those with ASD and address their specific needs viii. Need to address cultural and language barriers and ensure callers can talk in their own first language ix. For homeless consider outreach element to increase engagement and not using address as means of tracking x. Commission distinct LGB&T follow on services regionally to complement proposed locality provision. xi. Consideration regarding Lifeline staff – must be flexibility and accessibility for them if new provider xii. Should be evaluation of equality impact xiii. Suggestions for those in prison/Police Service Northern Ireland (PSNI) systems xiv. Information should be passed on to Traveller community groups xv. Offer follow on services to all risk levels including low and moderate risk – not just those at high/immediate risk – cannot ration right to life xvi. Regular review of barred numbers required

Appendix: 1

List of Lifeline Consultation Workshops

Date	Address and contact details
10am, 7 Sept	PUBLIC event. Antrim Civic Centre
2pm, 7 Sept	PUBLIC event, Lagan Valley, Lisburn
2pm, 10 Sept	PUBLIC event, Enterprise Centre, Omagh.
10am, 14 Sept	PUBLIC event, Farset International, Belfast
2pm, 14 Sept	PUBLIC event, Towerhilll, Armagh
10am, 15 Sept	PUBLIC event, Skainos, Belfast
10am, 10 Oct	Contact STAFF event, HQ, Lanyon Building, North Derby Street, Belfast
10am, 16 Oct	PUBLIC event. Gransha Park House, Derry / Londonderry.
2pm, 20 Oct	Greater Shankill Suicide & Self-Harm RG, Belfast
10am, 21st Oct	PUBLIC event. SE Protect Life Implement Group, Downpatrick,
6pm, 21st Oct	PUBLIC event. Crescent Arts Centre, South Belfast.
7pm, 22 Oct	Belfast Trans gender community.
10.30am, 26th Oct	Family Voices Forum in Belfast.
10am, 27 Oct	Early Years staff who work with Traveller community, Belfast and southern areas.
10am 28 Oct	Early Years staff who work with Traveller community, north and western areas.
6.30pm, 27th Oct	East Belfast Community Development Agency,
2pm, 28th Oct	Service user advocacy group, Fermanagh New Horizon, WHSC Trust.
7pm, 29th Oct.	British Deaf Association NI. Belfast
2pm, 2nd Nov	Northern HSCT Service User group, New Horizon, Holywell.
7pm, 2nd Nov	Southern HSCT MH Forum, Lurgan.
4pm 4th Nov	MACs Supporting Children & Young People. Belfast
1.30pm, 5th Nov.	BME community, Rural Community Network, Cookstown

10am, 9 Nov	Helplines Network NI. Representatives from individual NI based helplines
10am, 10 Nov	Briefing with BHSC Trust Mental Health Services Management team.
10am, 17 Nov.	New Horizons, AMH, Antrim
12pm, 18 Nov.	Niamh Louise Foundation, Dungannon