

March 12th, 2021

Notice Of Meeting

You are invited to attend the Active and Healthy Communities Committee meeting to be held on **Monday, 15th March 2021 at 6:00 pm** in .

Chair: Cllr L McEvoy

Vice: Cllr G O'Hare

Members:

Cllr T Andrews

Cllr C Casey

Cllr A Finnegan

Cllr H Gallagher

Cllr M Gibbons

Cllr G Malone

Cllr C Mason

Cllr K McKevitt

Cllr A McMurray

Cllr B Ó'Muirí

Cllr D Taylor

Cllr J Trainor


Cllr W Walker

Agenda

1.0 Apologies and Chairperson's Remarks

2.0 Declarations of Interest

3.0 Action Sheet arising from Active and Healthy Communities Committee Meeting held on 15 February 2021

 *Action Sheet 15 February 2021.pdf*

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Community Engagement

4.0 Community Coordination Hub

 *CCH Update Report for March AHC Committee 2021.pdf*

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 *Appendix 1 - CCH Meeting minutes 24 February 2021 (002).pdf*

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5.0 Installation of RAPID Bins on Council Sites

 *Installation of RAPID Bins at Council sites.pdf*

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6.0 District Electoral Area (DEA) Forums Update Report

 *DEA Fora Update Report for March AHC Committee 2021.pdf*

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 *Appendix 1- DEA Fora Update March 2021.pdf*

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 *Appendix 2 - Slieve Gullion DEA 9 Feb Action Sheet.pdf*

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 *Appendix 3 - Newry DEA Forum Action Sheet 11 February 2021.pdf*

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 *Appendix 4 - Crotlieve DEA Private Forum Meeting February 2021.pdf*

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 *Appendix 5 - Rowallane Action Sheet 23rd Feb 2021.pdf*

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 *Appendix 6 - Slieve Croob DEA Action Sheet Tuesday 23rd February 2021 (002).pdf*

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7.0 Financial Assistance

 *FA report NI Centenaries (002).pdf*

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 *Appendix 1 - NI Centenaries Fund FA call 1 2021-22.pdf*

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Leisure and Sports

8.0 Notice of Motion - Outdoor Recreation NI

 *Notice of Motion Outdoor Recreation NI March 2021.pdf*

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Health & Wellbeing

9.0 Sustainability and Climate Change Forum Actions for Meeting held on 18 February 2021

 *Sustainability and Climate Change Forum Feb 2021 Action Sheet.pdf*

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 *Appendix 1 - SCCF Action Sheet 18 Feb 2021.pdf*

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10.0 Mental Health Strategy - Consultation Response

 *Mental Health Consultation Report.pdf*

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 *Appendix 1 - Mental Health Strategy document.pdf*

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 *Appendix 2 - Mental Health consultation response 050321.pdf*

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11.0 Funding Request from Social Farms and Gardens NI

 *Social Farms and Gardens Subscription Report.pdf*

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 *Appendix 1 - Social Farms Garden Subscription Request NMD.pdf*

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 *Appendix 2 - Social Farms and Gardens Subscription.pdf*

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 *Appendix 3 - Social Farms and Garden Subscription.pdf*

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12.0 DAERA Consultation - Fisheries Management Measures for Marine Protected Areas and Establishment of Scallop Enhancement Sites in Northern Ireland Inshore Region

 *Fisheries Management Consultation 2021 Report.pdf*

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 *Appendix 1 - Fisheries Management MCZ response.pdf*

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For Noting - Community Engagement

13.0 Downpatrick Neighbourhood Renewal Partnership (NRP) Report

 *Downpatrick Neighbourhood Renewal Report.pdf*

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Items deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (NI) 2014

14.0 Castle Park Seasonal Operations

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

Appendix 1 - Castle Park Seasonal Operations - Public Tender March 2021.pdf

Not included

15.0 Leisure Scale of Charges

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

Appendix 1 - Leisure and Sport Scale of Charges 2021.22.pdf

Not included

Appendix 1 - Leisure and Sport Scale of Charges 2021.22.pdf

Not included

16.0 Public Tender - Programme Delivery Partner

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

Appendix 1 - Public Tender Programme Delivery Partner.pdf

Not included

17.0 Milltown Playing Fields - Lease Renewal Warrenpoint Tennis Club

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

 *Milltown Playing Fields - Lease Renewal Warrenpoint Tennis Club March 2021.pdf*

Not included

 *Appendix 1 - Warrenpoint Tennis Club Lease Map.pdf*

Not included

18.0 Facilities Management Agreement for ThreeWays Community Centre, Newry

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

 *Sinking Fund Ropewalk Pitch - March 2021.pdf*

Not included

19.0 CANN Business Case - Approval to Procure Interpretative Signage for CANN Project

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the Council holding that information) and the public may, by resolution, be excluded during this item of business.

 *Business Case for CANN Signage Report.pdf*

Not included

 *Appendix 1 - Business Case CANN Signage.pdf*

Not included

20.0 Single Tender Action for PHILIS

This item is deemed to be exempt under paragraph 3 of Part 1 of Schedule 6 of the Local Government Act (Northern Ireland) 2014 - information relating to the financial or business affairs of any particular person (including the

Council holding that information) and the public may, by resolution, be excluded during this item of business.

 *Single Tender Action for PHILIS Report.pdf*

Not included

 *Appendix 1 - STA form PHILIS Feb21.pdf*

Not included

Invitees

Cllr Terry Andrews

Cllr Patrick Brown

Cllr Robert Burgess

Cllr Pete Byrne

Mrs Dorinnia Carville

Cllr charlie casey

Cllr William Clarke

Cllr Dermot Curran

Ms Alice Curran

Cllr Laura Devlin

Mr Eoin Devlin

Ms Louise Dillon

Cllr Sean Doran

Cllr Cadogan Enright

Cllr Aoife Finnegan

Cllr Hugh Gallagher

Cllr Mark Gibbons

Cllr Oonagh Hanlon

Cllr Glyn Hanna

Cllr Valerie Harte

Mr Conor Haughey

Mrs Janine Hillen

Cllr Roisin Howell

Cllr Mickey Larkin

Cllr Alan Lewis

Mr Michael Lipsett

Cllr Oonagh Magennis

Mr Conor Mallon

Cllr Gavin Malone

Cllr Cathy Mason

Mr Johnny Mc Bride

Colette McAteer

Cllr Declan McAteer

Cllr Leeanne McEvoy

Cllr Harold McKee

Patricia McKeever

Cllr Karen McKevitt

Cllr Andrew McMurray

Cllr Roisin Mulgrew

Cllr Declan Murphy

Cllr Barra Ó Muirí

Linda O'Hare

Cllr Gerry O'Hare
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Cllr Kathryn Owen
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Cllr Henry Reilly
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Cllr Michael Ruane
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Cllr Michael Savage
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Cllr Gareth Sharvin
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Donna Starkey
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Cllr Gary Stokes
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Sarah Taggart
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Paul Tamati
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Cllr David Taylor
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Cllr Jarlath Tinnelly
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Cllr John Trainor
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Cllr William Walker
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Mrs Marie Ward
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ACTIONS OUTSTANDING FROM PREVIOUS ACTIVE & HEALTHY COMMUNITIES MEETINGS

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
AHC/120/2019	Application to DfC: New Model Farm Community Centre proposal, Downpatrick	It was agreed to accept the following recommendations: • that the Committee agree to proceed with an application to DfC for a replacement facility for the Trojan Horse, Downpatrick. Including the development of a business case, design proposals and submission of a planning application.	K Hynds	Ongoing. Funding application to be completed by NHR Officer & CDRCN for submission to DfC. Project meetings ongoing.	N
AHC/148/2019	Healthy Vending Machines in Leisure Centres	It was agreed to note that when clear guidance on minimum nutritional standards (MNS) for Council Catering Outlets and Vending is established, a future report will be brought back to Active and Healthy Communities Committee regarding the potential implementation of these standards.	P Tamati	Tender to be progressed, however, held until full re-opening of Leisure.	N
AHC/202/2019	Sport NI Your School Your Club Funding	It was agreed the update on Newry, Mourne and Down District Council Projects that applied for Your School Your Club was agreed and approval given for the commissioning of the Tennis Bubble Project at Our Lady's in Newry.	P Tamati	Awaiting Building Control approval.	N
AHC/206/2019	Adoption of Suicide Down to Zero	It was agreed that: Council formally adopt the approach and aspiration of Suicide Down to Zero. A suitable launch and media statement to be prepared for Council Chairperson. An amount of £10,000 is allocated to a Mental Health and Suicide Prevention Small Grants Scheme administered through a Financial call subject to the estimates process.	E Devlin	Ongoing Virtual Suicide prevention awareness training to be offered to all members in Feb/March	N

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
		A working group involving the Council, the Southern and South Eastern Health Trusts and local relevant Voluntary Organisations is created to examine ways of attaining the goal of zero suicides across the District.			
AHC/4/2020	Overflow Car Park at Donard Park	<p>It was agreed to proceed: with 'winter arrangements' for the unofficial overflow car park at Donard Park to remain in place until Easter 2020 as per historical arrangement.</p> <p>Winter arrangements – closed from the 1st November to Easter 2020 (10th April)</p> <p>If a budget became available in the interim, the opening of the overflow car park could be brought forward on busy days prior to Easter 2020.</p> <p>The proposed establishment of an official and permanent overflow car parking arrangements at Donard Park as per appendix 1, and commit £250k to Council Capital Programme.</p> <p>Following such approval, a detailed capital proposal will be brought back to Committee for further consideration.</p>	P Tamati	Planning application submitted Jan 2021	N
AHC/6/2020	Annual Licence Agreement with Communities Facilities	It was agreed to replace existing tenancy arrangements within Council Community Facilities to updated Licence Agreements.	J Hillen	Ongoing - Updated valuations being sought by Legal Dept	N
AHC/96/2020	Expression of interest, Derryleckagh Road	It was agreed that the business case submission from Newry Rugby Club for Derryleckagh Field, had been evaluated and met the minimum threshold under the Sports &	P Tamati	Ongoing	N

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
		Community Facility Management & Leasing Policy (2016). It was also agreed to progress to a public expression of interest process in line with the Sports & Community Facility Management & Leasing Policy (2016).			
AHC/97/2020	Expression of interest, Generator House, Newcastle and vacant land adjacent to Burren Village Green	It was agreed that the expression of interest for leasing of the Generator House and Vacant Land Adjacent to Burren Village Green was progressed in line with Councils Sports and Community Facility Management and Leasing Policy (2016).	P Tamati	Ongoing	N
AHC/99/2020	Development of a walking/cycling strategy.	It was agreed to approve Council Officers examining the development of a Walking and Cycling Strategy for the District.	E Devlin	ongoing	N

AHC/114/2020	Action Sheet from 20 September 2020	<p>It was agreed item AHC/102/2020: Autism Friendly Swimming Session to remain on the action sheet.</p> <p>Action sheet was noted.</p>	P Tamati	<p>As per AHC/102/2020</p> <p>Noted</p>	N
AHC/161/2020	Everybody Active 2020	<p>To note that the Sport NI Funding for Council's Everybody Active 2020 programme would be discontinued from 1st April 2021.</p> <p>That efficiencies and provisions be made within the rates estimates process to help absorb the impact of discounted EBA 2020 funding within the Council area. It was further agreed the Council write to the Chief Executive of Sport NI extending an invitation to meet with the Council to discuss matters regarding the discontinuation of Sport NI funding for the Everybody Active 2020 programme and to advise on any other funding avenues which may be available from Sport NI going forward. On receipt of relevant details, Mr P Tamati, Assistant Director, Leisure & Sport, to update Councillor McKeivitt regarding problems with online bookings and cancellation fees at Newry Leisure Centre.</p>	P Tamati	<p>Email sent to Chief Executive of Sport NI seeking her to attend February AHC. No response. Follow up email for March AHC meeting. No Response.</p> <p>Complete</p>	Y
AHC/163/2020	Public Health Agency – Leading the Way Programme Pilot	To approve the development of a Service Level Agreement with the Public Health Agency to deliver a pilot Active Travel programme based on the 'Leading The Way' programme.	E Devlin	Ongoing	N
AHC/004/2021	Notice of Motion on Financial Call for Assistance for Community Groups in Newry, Mourne & Down	It was agreed to approve the motion along with the allocation of a £10,000 Financial Assistance Scheme to allow a spread of applications from community groups across the Newry, Mourne and Down District, subject to approval in the rates process.	E Devlin	Amount allocated in HWB estimates	Y

AHC/005/2021	Notice of Motion on Dunleath Park	It was agreed that an update on Dunleath Park be brought to a meeting of the Downpatrick DEA Councillors as soon as possible and any recommendations from that would come to the Active & Healthy Communities Committee.	P Tamati	Meeting held on Friday 12 th February. Members asked to submit proposals. Design options to be considered and proposals tabled at a follow up meeting in March.	N
AHC/014/2021	Disability Access onto Newcastle Beach	<p>It was agreed to officers explore options for accessibility onto Newcastle Beach.</p> <p>It was agreed to note that the disabled toilet facilities were currently not suitable to accommodate a large changing table and therefore would not be suitable for disabled beach access facilities similar to Cranfield. The Council was currently developing a Public Toilet Strategy which would be brought to the Neighbourhood Services Committee for consideration in the Spring.</p>	M Lipsett	Report to AHC – Feb 2021	N

ITEMS RESTRICTED IN ACCORDANCE WITH PART 1 OF SCHEDULE 6 OF THE LOCAL GOVERNMENT ACT (NI) 2014					
AHC/036/2020	Threeways Community Centre – Refurbishment of Ropework Pitch	It was agreed to: Incorporate the legacy Service Level Agreement into the current Facility Management Agreement for Threeways Community Association in line with other similar facilities. Review booking over the period detailed in the Facility Management Agreement and present options to Council in order to inform potential future investment in the facility.	J Hillen	Ongoing	N
AHC/102/2020	Autism Swimming Sessions Update	It was agreed to retain this item on the Action Sheet.	P Tamati	Suspended until further notice, due to COVID -19	N
AHC/126/2020	Leasing of Jack Mackin Pitch to St John Bosco	It was agreed on the proposal of Councillor Ó Muirí, seconded by Councillor McKevitt, to enter into a formal key holding arrangement with St John Bosco GAC to allow vehicular access to the Car Park at Newry Leisure Centre when access is required to Jack Mackin Park and the St John Bosco Club house outside of Newry Leisure Centre opening hours.	P Tamati	Commissioning meeting held with the Club on 5 th November 2020 – ongoing Awaiting response from St John Bosco legal team. Ongoing	N
AHC/127/2020	Leasing of land, Ballymartin Play Park	It was agreed to enter into a 25-year lease of Mullagh Close in Ballymartin (appendix 1 of officer's report) to facilitate the establishment of a play park in the Ballymartin area as per the Councils Play Strategy.	P Tamati	Ongoing With NIHE legal dept - awaiting sign off.	N

AHC/167/2020	Leisure Public Tenders	The Business Case as per appendix 1 for servicing, repairs and maintenance for facility alarms and CCTV and approve procurement via a public tender for these services and supplies. The Business Case as per appendix 2 for Washroom Services and approve procurement via a public tender for these services and supplies.	P Tamati	Ongoing, NS department now completing facility alarms, CCTV and Washroom services public tender as part of a corporate contract approach.	N
		The Business Case as per appendix 3 for Uniforms and approve procurement via a public tender for these services and supplies. The Business Case as per appendix 4 for servicing, repairs and maintenance for pool moving floors and approve procurement via a public tender for these services and supplies. That officers undertake the appropriate evaluation of the above public tenders in line with procurement guidelines and appoint a preferred bidder and enter into a contract for up to 3 years to the value outlined on each business case.	P Tamati	Ongoing	N
AHC/168/2020	Warrenpoint Community Centre	Accept the business case for professional fees attached to the officer's report and proceed to develop the scheme to planning application stage.	J Hillen	Ongoing	N

AHC/015/2021	Sport NI Your School Your Club Funding Update	<p>It was agreed to note the update provided on Your School Your Club Funding as per the contents of the officer's report and appendix 1.</p> <p>It was agreed to approve 100% funding and delivery of projects at Kilkeel High School in Kilkeel and St Marys High School in Newry as outlined including:</p> <ul style="list-style-type: none"> • Kilkeel High School, Ball Stop • St Marys High School, Changing Room and Gym Upgrade 	P Tamati	Ongoing, works commencing in March.	N
AHC/016/2021	Shimna Integrated College, long term access agreement for Donard Park Sports Facilities	<p>It was agreed to enter into a long-term access agreement with Shimna Integrated College in relation to Sports Facilities at Donard Park and a report brought back to Active & Healthy Communities Committee for approval once the detail of the access arrangement had been agreed with the school</p>	P Tamati	Ongoing	N
AHC/017/2021	Sports Facilities Strategy, Sports Hubs	<p>It was agreed on the proposal of Councillor Trainor, seconded by Councillor Casey, to appoint consultants to develop a sports development strategy for the Council and further develop and prioritise the establishment of Sports Hubs across the District including progressing these to detailed design and planning stage as appropriate.</p> <p>It was also agreed the budget as outlined in the officer's report for the above is added to Councils Capital programme as part of Councils Sports Facilities Strategy list of projects.</p>	P Tamati	Ongoing	N

AHC/017/2021	Sports Facilities Strategy, Sports Hubs	<p>It was agreed on the proposal of Councillor Trainor, seconded by Councillor Casey, to appoint consultants to develop a sports development strategy for the Council and further develop and prioritise the establishment of Sports Hubs across the District including progressing these to detailed design and planning stage as appropriate.</p> <p>It was also agreed the budget as outlined in the officer's report for the above is added to Councils Capital programme as part of Councils Sports Facilities Strategy list of projects.</p>	P Tamati	Ongoing	N
AHC/020/2021	Single tender actions for facility alarms within community facilities	<p>It was agreed to approve the following single tender actions to the value listed within the officer's report to be completed to extend current Facility Alarm contracts (Intruder & Fire) until a Corporate procurement exercise has been completed (Est - April 2021).</p> <ol style="list-style-type: none"> 1. Atlas 2. CHUBB Fire & Security Group 3. Digital Fire & Security 4. Electronic and Security Services Ltd 5. JBC Security Services 	J Hillen	Complete	Y

ACTIONS ARISING FROM ACTIVE AND HEALTHY COMMUNITIES COMMITTEE MEETING – 15 February 2021

Minute Ref	Subject	Decision	Lead Officer	Actions taken/ Progress to date	Remove from Action Sheet Y/N
Action Sheet AHC/206/2019	Adoption of Suicide Down to Zero	Action Sheet Noted It was agreed to double the budget for finance for the Suicide Down to Zero initiative from £10,000 to £20,000.	E Devlin	Actioned	Y
AHC/025/2021	Notice of Motion on Outdoor Recreation NI	It was agreed to note the Notice of Motion and that officers consider the Notice of Motion and table a report at the March Active and Healthy Communities Committee Meeting outlining the next steps. In response to a query from Councillor Gibbons, Mr Lipsett agreed to contact the Director of Enterprise Regeneration and Tourism in relation to BBQ facilities within Kilbroney Park being opened for outdoor learning by schools. Mr Devlin agreed to follow up a query regarding fly tipping from Councillor Malone with Neighbourhood Services Department.	P Tamati M Lipsett E Devlin	Report to March AHC Actioned Actioned	N

AHC/026/2021	Peace IV Local Action Plan	<p>It was agreed on the proposal of Councillor Andrews, seconded by Councillor Ó Muirí, to approve the recommendations of the PEACE IV Partnership (as agreed on 14 January 2021):</p> <ul style="list-style-type: none"> • Procure and appoint relevant facilitators to deliver Capacity Building Programmes for Community Groups in the area of Risk Assessment and Health & Safety in response to Covid-19 situation across the 7 DEAs. Estimated Cost £35,000. • Additionally, it was agreed by the Partnership on 10 September to withdraw project I.8 (Ballyhornan) due to time and budget constraints, and to re-allocate budget to I.12 (BMX Track) if no additional funding became available. <p>As no additional funding has become available, approval is requested:</p> <ul style="list-style-type: none"> • To re-allocate £50,957 from I.8 (Ballyhornan) to I.12 (BMX Track) (subject to SEUPB approval). 	J Hillen	Officers are progressing procurement and all actions	Y
AHC/027/2021	Hire Charges for Community Centres	It was agreed to maintain the hire charge pricing that had been adopted for the 2020/21 financial year for a further year and to adopt the tiered insurance level approach to hirers for, the next two financial years.	J Hillen	Complete	Y
AHC/028/2021	Service Level Agreement with Southern Regional College and South Eastern Regional College	It was agreed to develop a three-year service level agreement with both the Southern Regional College and South Eastern Regional College to progress & manage recreational/accredited training programmes to be facilitated in Council Community Facilities.	J Hillen	Ongoing – Meeting with both groups mid March 2021	N
AHC/029/2021	Community Facilities Strategy	It was agreed to agree to postpone further development of the Draft Community Facility Strategy in order to explore and incorporate strategic priorities as a result of lessons learned from Covid 19.	J Hillen	Complete	Y

AHC/030/2021	Community Coordination Hub	It was agreed to note the report and approve the actions in the Action Sheet for the Community Coordination Hub (CCH) Meeting held on Wednesday 27 January 2021.	J Hillen	Noted	Y
AHC/031/2021	Dfc 3 rd Tranche of Covid 19 Community Support Funding	It was agreed to note the report and agree to the following: <ul style="list-style-type: none"> Approval to the Council's COVID-19 Community Coordination Hub (CCH) to distribute, allocate or award £213,916.85 of the 3rd Tranche of DfC COVID-19 Community Support Funding of £225,175.63, provided by the Department for Communities (DfC), in keeping with the purposes of and conditions of the funding. Council using up to a maximum of 5% (£11,258.78) of the funding of £225,175.63 to fund internal council costs, such as staffing and overheads. 	J Hillen	Being actioned accordingly.	Y
AHC/032/2021	DEA Forums Update Report	It was agreed to note the report and approve the actions in the Action Sheets attached for: <ul style="list-style-type: none"> Mournes DEA Forum Private Meeting held on Wednesday 27 January 2021. Downpatrick DEA Forum Private Meeting held on Tuesday 2 February 2021. 	J Hillen	Action Sheets being actioned accordingly.	Y
AHC/033/2021	Play Strategy Update	It was agreed to approve the following Play Strategy Projects and budget to be progressed in 2021/22: <ul style="list-style-type: none"> New Builds <ul style="list-style-type: none"> Mullagh Close, Ballymartin £140,000 Darragh Cross, Barnamaghery £140,000 Teconnaught, Kilmore £140,000 Martin's Lane, Newry £220,000 Downs Road, Newcastle £180,000 Upgrades <ul style="list-style-type: none"> Kitty's Road, Kilkeel £50,000 	P Tamati	Ongoing	N

		<ul style="list-style-type: none"> • Consolidations <p>Bessbrook, 4 to 2 Charlemont, College, Fr Cullen and Pond field £80,000 Rowallane, 2 to 1 Hillfoot 1 & Hillfoot 2 £80,000 Newry, 2 to 1 Windmill and Heather Park £100,000 Newry, 2 to 1 Springhill and Shandon Park £80,000 Annalong, 2 to 1 Cornmill and Mona View £100,000</p> <p>It was agreed to write to DAERA to request additional funding to allow enhancement of Council's Play Strategy and open up opportunities for more rural areas to be added to the Strategy.</p>			
AHC/034/2021	DAERA Climate Bill Consultation Response	It was agreed to return the Consultation response as presented. The response had been returned by the required date on the proviso that it would be subject to Council Approval.	E Devlin	Response returned	Y
AHC/035/2021	Consultation on Clean Air Strategy for Northern Ireland	It was agreed to return the Consultation response as presented.	E Devlin	Response returned	Y
AHC/036/2021	Memorandum of Understanding with National Food Crime Unit in relation to Food Fraud	It was agreed that the Chief Executive sign the attached Memorandum of Understanding with the National Food Crime Unit in relation to Food Fraud.	E Devlin	MOU signed	Y
AHC/037/2021	Consultation on Organ Donation	It was agreed to return the Consultation response as presented supporting the proposed statutory opt-out system of organ donation.	E Devlin	Response returned	Y
AHC/038/2021	PCSP Report	It was agreed to note the report and Minutes of the PCSP & Policing Committee Meeting held on	J Hillen	Noted	Y

		Thursday 26 November 2020, approved at the PCSP & Policing Committee Meeting on Tuesday 19 January 2021.			
AHC/039/2021	Newry Neighbourhood Renewal Partnership (NRP) Report	It was agreed to note the Newry Neighbourhood Renewal Partnership (NRP) Report.	J Hillen	Noted	Y
AHC/040/2021	Social Investment Fund (SIF) Update	It was agreed to note the report and minutes as presented.	J Hillen	Noted	Y
AHC/041/2021	Newry Leisure Centre Disabled Parking Upgrade	<p>It was agreed to note the planned upgrades works for NLC Disabled Car Parking as per appendix 1 of the report and the securing of £29,925 of funding from the DFC Access and Inclusion Fund.</p> <p>It was agreed to carry out a 6-month review once the Disabled Car Parking upgrade was completed.</p>	P Tamati	Works planned for March 2021	N

ITEMS RESTRICTED IN ACCORDANCE WITH PART 1 OF SCHEDULE 6 OF THE LOCAL GOVERNMENT ACT (NI) 2014					
AHC/042/2021	Financial Assistance	<p>It was agreed on the proposal of Councillor O'Hare, seconded by Councillor Ó Muirí to approve the following:</p> <ul style="list-style-type: none"> Extension Allowances for Capital Projects 2021-2022 Capital Projects: Council to cap the extension period for projects to no more than 12 months post letter of offer end date. Existing Capital Projects Capital project for the period 2019-2020 or earlier, which require an extension beyond 31st March 2021 will be provided with one further 12-month extension (in light of the negative impact on the delivery of projects due to the pandemic). Deed of Charge costs for projects which do not make a finance claim or decommit. Approval for this cost to be paid through the most appropriate cost code. Call 2 Go out to Call 2 in line with themes above which are subject to funding. 	J Hillen	Call 2 being prepared for advertising and the online system is being updated for the call. Extensions will be provided as agreed upon request.	Y
AHC/043/2021	Scheme of Delegation	It was agreed to note the officers report and attachments regarding the Scheme of Delegation for the Director of Active and Healthy Communities.	M Lipsett	Noted	Y
AHC/044/2021	Feasibility Study for Council Solar Farm	It was agreed to approve Officers procuring a feasibility study for development of solar farm pilot on identified council land.	E Devlin	In progress	N

Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 March 2021
Subject:	Community Coordination Hub (CCH) Update Report
Reporting Officer (Including Job Title):	Janine Hillen, Assistant Director Community Engagement
Contact Officer (Including Job Title):	Janine Hillen, Assistant Director Community Engagement

Confirm how this Report should be treated by placing an x in either: -

For decision	x	For noting only
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1.0	Purpose and Background
1.1	<p>Purpose</p> <ul style="list-style-type: none"> To note the report. To consider and agree to approve the actions in the Action Sheet of the Community Coordination Hub (CCH) Meeting held on Wednesday 24 February 2021. <p>Background</p> <p>The information in Appendix 1 attached is provided to update the Committee on recent CCH activity and on activity planned to be undertaken by the CCH and its member organisations.</p>
2.0	Key issues
2.1	To coordinate actions to mitigate the impact of Covid-19 on individuals and groups in the community.
3.0	Recommendations
3.1	<p>That the Committee: -</p> <ul style="list-style-type: none"> Note the report. Agree to approve the actions in the Action Sheet attached for: <ul style="list-style-type: none"> ➤ Community Coordination Hub (CCH) Meeting held on Wednesday 24 February 2021.
4.0	Resource implications
4.1	Support and assistance from partners to deliver actions in the CCH action sheet.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i>

	It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	Appendices
	Appendix 1: Action sheet of the CCH meeting held on Wednesday 24 February 2021.
8.0	Background Documents
	None.

NEWRY, MOURNE & DOWN DISTRICT COUNCIL

**Minutes of Community Coordination Hub Meeting
Wednesday 24 February 2021 @ 2:30pm**

In Attendance:

Chair: Janine Hillen (Community Engagement)

Michael Lipsett (Active & Healthy Communities)

Aisling Murray (Coordination and Logistics)

Sinead Trainor (Health and Wellbeing)

Rosemary McDonnell (Community Advice NI & Strategic Stakeholder Forum)

Nicholas McCrickard (CDRCM)

Aisling Rennick (DEAs)

Sarah McClory (Programmes Unit)

Alan Beggs (GIS Mapping)

Ruth Allen (SHSCT)

Gerard Rocks (SHSCT)

Lynda Vladeanu (SESCT)

Lauren McMenamy (Community Planning)

Jason White

Apologies:

Damien Brannigan (DEAs)

Raymond Jackson (Confederation of Community Groups & Strategic Forum)

Martina Flynn (PCSP)

Julie McCann (Community Services)

Sonya Burns (Programmes Unit)

Paul Tamati (Leisure & Sport)

Item	Issue Raised	Agreed:	Referred to	Action taken
2.	Actions from last meeting	<ul style="list-style-type: none"> Letter issued to DfC requesting an extension to year-end deadline 31 March 2021. No reply received to date. Roll out of Area at Risk Programme & Community Centre Programmes – online programmes rolled out and up to 540 warmer packs issued to younger people. 		
3.	New Years' Honours Nominations	<ul style="list-style-type: none"> AR had emailed a request for extension re deadline for submission of names was sent but no reply so far. AM will phone DfC to follow up on possibility of extension. AR had 4 names submitted by coordinators as nominees – Richard Owen, Saintfield area, Issac Hanna, Former Councillor, Seamus McCabe, PIPS and Sharon, Homestart Slieve Croob area. Nominations are confidential and there is no guarantee an award would be granted. Hub approval given for DEA Coordinators to submit application for these names. Community Voluntary Sector to put forward nominations if they have any further suggestions from the community. 	AM AR RMcD & NMCC	
4.	Updates	<ul style="list-style-type: none"> Warm Well & Connected Scheme has allocated 96k inside 4 weeks to over 100 small groups in NMD area. All online activities with approx. 8000 participants. Food Access Scheme/Food Pallet Scheme – 3 distribution centres now all fully operational. Clanrye are providing overall co-ordination of the programme. All food banks/partner organisations can place an order for distribution once weekly. To decrease chance of duplication all orders to go through same channel. 96k credit with Lynas for food, household products and personal hygiene products. Disappointment was expressed regarding logistical support from Lynas – orders never come complete, often most needed items are missing. The CCH was asked if possible to raise the issue through Nicola Creagh or others to address the problem. RMcD will link in with MDT Team, Martina McAloone & Jacqueline Morton, SHSCT regarding the referral process. 	Hub RMcD	

		<ul style="list-style-type: none"> Norbrook may wish to continue to make donations of free weekly meals for up to 250 people. JH to email Norbrook regarding end date of the scheme. 	JH	
5.	Correspondence	<ul style="list-style-type: none"> None 		
6.	Dates & times of future meetings	<ul style="list-style-type: none"> Wednesday 24th March 2021 		

Next Meeting: Wednesday 24 March 2021 at 2.30pm

Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 March 2021
Subject:	Installation of RAPID Bins at Council Sites
Reporting Officer (Including Job Title):	Janine Hillen, Assistant Director Community Engagement
Contact Officer (Including Job Title):	Martina Flynn, Safer Communities & Good Relations Manager

Confirm how this Report should be treated by placing an x in either:-

For decision	x	For noting only	
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1.0	Purpose and Background
1.1	<p>Purpose</p> <ul style="list-style-type: none"> To consider and agree the installation of a RAPID Bin at the following Council sites - <ul style="list-style-type: none"> Shimna Road Car Park, Newcastle Irish Street Car Park, Downpatrick Downpatrick Street Car Park, Saintfield Windmill Street Car Park, Ballynahinch Bridge Centre, Killyleagh Newtownhamilton Community Centre, Newtownhamilton Newry Street Car Park, Warrenpoint Public Conveniences (Rear Wall), The Square, Crossmaglen <p>Approval has been obtained from each asset holder to install the Bins at the above locations.</p> <p>Background</p> <p>RAPID (Remove All Prescription and Illegal Drugs) is a community-led initiative supported regionally by the PSNI and Public Health Agency, and locally by the Policing and Community Safety Partnership (PCSP). RAPID raises awareness of the risks of using and misusing prescription drugs, and facilitates the removal of these from the community by providing a secure facility (in the form of a RAPID Bin) for the safe and anonymous disposal of these.</p> <p>RAPID launched in Belfast in 2010 and there are now more than 35 RAPID Bins located across Northern Ireland – more than 180,000 items of prescription medicine have been disposed of since the scheme began.</p> <p>The most recent statistics from the Public Health Agency indicate that the majority of drug-related deaths in Northern Ireland are due to the misuse of a variety of prescription medicines, often taken with alcohol and illicit drugs. Figures from NISRA (Northern Ireland Statistics & Research Agency) also confirm that people living in the most deprived areas in NI are four times more likely to die from a drug-related death than those in the least deprived areas. The Newry, Mourne & Down District Council area is currently ranked the 3rd most deprived Council area in NI (NISRA).</p>

	<p>Newry, Mourne & Down PCSP works in partnership with a range of other agencies to encourage the disposal of unused medicine to help reduce the incidences of drugs being misused or illegally shared. Since late 2018 the PCSP has overseen the installation of RAPID Bins at the following locations across the Council District –</p> <ul style="list-style-type: none"> - The Nautilus Centre, Kilkeel - North Street Car Park, Newry - Hughes Extra NISA Complex, Camlough - The Ballymote Centre, Downpatrick - Brennan's Garage Complex, Dundrum - Mulkerns Eurospar Complex, Killeavy - Newry Leisure Centre, Newry <p>Over 40,000 items of prescription drugs have been removed from these RAPID Bins since October 2018. This is one of the highest disposal rates in Northern Ireland; the RAPID Bin located at North St Car Park in Newry has the highest disposal rate in the Southern area.</p> <p>Each RAPID Bin is attached securely to a wall or the ground – once bolted it cannot be stolen or moved, and it is not possible to physically remove or retrieve any of the contents. Bins are emptied on a monthly basis by the PSNI – once removed the contents are counted, recorded and disposed of or destroyed by the PSNI. The PSNI have sole access to the key for any Bin installed by the PCSP – no other individual or agency can access the contents at any time.</p>
2.0	<p>Key issues</p> <p>These sites have been identified as suitable locations for the installation of a RAPID Bin due to the high level of public use and significant footfall at each site. The Bin will be installed externally at each site.</p> <p>A full risk assessment has previously been carried out by the Council's Safety, Health & Emergency Planning Officer who advises that -</p> <ul style="list-style-type: none"> i) Any RAPID Bins installed on Council premises will be covered by Council Public Liability Insurance as this falls under Occupiers legal liability. ii) The risk associated with the use of the RAPID Bins is extremely low and would be little different from other facilities on Council premises such as bins, defibs, street furniture etc. iii) The RAPID Bins are installed and emptied by others (PSNI) and Council therefore has no legal liability in this respect. <p>The Council's insurance broker has further confirmed that there are no concerns with extending Public Liability Insurance once further locations are confirmed. The RAPID Bins will be installed by Safeguard Devices who have all necessary cover for carrying out the installations and ongoing product liability cover. The PCSP will be responsible for the installation of each Bin and all associated costs.</p> <p>The further installation of RAPID Bins at other Council premises, facilities and sites will need to be considered on a case by case basis.</p>
3.0	<p>Recommendations</p>

3.1	<p>That the Committee:-</p> <ul style="list-style-type: none"> Agree to proceed with the installation of a RAPID Bin at the following sites - <ul style="list-style-type: none"> Shimna Road Car Park, Newcastle Irish Street Car Park, Downpatrick Downpatrick Street Car Park, Saintfield Windmill Street Car Park, Ballynahinch Bridge Centre, Killyleagh Newtownhamilton Community Centre, Newtownhamilton Newry Street Car Park, Warrenpoint Public Conveniences (Rear Wall) , The Square, Crossmaglen
4.0	Resource implications
4.1	No resource implications - all actions are budgeted for in the 2021/22 PCSP Action Plan (including installation costs).
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks</p>

	<p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	Appendices
	None
8.0	Background Documents
	None

Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 March 2021
Subject:	District Electoral Area (DEA) Forums Update Report
Reporting Officer (Including Job Title):	Janine Hillen, Assistant Director Community Engagement
Contact Officer (Including Job Title):	Damien Brannigan, Head of Engagement

Confirm how this Report should be treated by placing an x in either: -

For decision	<input checked="" type="checkbox"/>	For noting only	<input type="checkbox"/>
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1.0	Purpose and Background
1.1	<p>Purpose</p> <ul style="list-style-type: none"> To note the report. To consider and agree to approve the actions in the Action Sheets attached from the DEA Forum Private Meetings listed in 3.1 below. <p>Background</p> <p>The information in Appendix 1 attached is provided to update the Committee on recent DEA activity and on activity planned to be undertaken by the DEAs (subject to COVID-19 restrictions).</p>
2.0	Key issues
2.1	Any activity undertaken by the DEAs must be compliant with COVID-19 guidance and restrictions.
3.0	Recommendations
3.1	<p>That the Committee: -</p> <ul style="list-style-type: none"> Note the report. Agree to approve the actions in the Action Sheets attached for: <ul style="list-style-type: none"> ➤ Slieve Gullion DEA Forum Private Meeting held on Tuesday 9 February 2021. ➤ Newry DEA Forum Private Meeting held on Thursday 11 February 2021. ➤ Crotlieve DEA Forum Private Meeting held on Tuesday 16 February 2021. ➤ Rowallane DEA Forum Private Meeting held on Tuesday 23 February 2021. ➤ Slieve Croob DEA Forum Private Meeting held on Tuesday 23 February 2021.
4.0	Resource implications
4.1	Support and assistance from partners to deliver actions in the DEA action plans.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)

5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	<p>Due regard to Rural Needs (please tick all that apply)</p>
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	<p>Appendices</p>

	<ul style="list-style-type: none"> ➤ Appendix 1: Update on the ongoing work of the DEAs. ➤ Appendix 2: Action Sheet of Slieve Gullion DEA Forum Private Meeting 9 February 2021. ➤ Appendix 3: Action Sheet of Newry DEA Forum Private Meeting 11 February 2021. ➤ Appendix 4: Action Sheet of Crotlieve DEA Forum Private Meeting 16 February 2021. ➤ Appendix 5: Action Sheet of Rowallane DEA Forum Private Meeting 23 February 2021. ➤ Appendix 6: Action Sheet of Slieve Croob DEA Forum Private Meeting 23 February 2021.
8.0	Background Documents
	None.

Appendix 1

The following information is provided to update the Committee on recent DEA activity and on activity planned to be undertaken by the DEAs (subject to COVID-19 restrictions).

All People in Newry, Mourne and Down Enjoy Good Health and Wellbeing:

Level of Health Status:

All People in Newry, Mourne and Down Live in Respectful, Safe and Vibrant Communities:

Downpatrick, Rowallane and Slieve Croob DEAs have partnered with Homestart to implement craft sessions with families. This programme is for the whole family, allowing the parents and children to engage together and make connections with other families struggling during the pandemic. It allows them to share their experiences and helps in their forming and development of relationships.

Slieve Gullion DEA will continue the delivery of the virtual gardening programme linking local Men's Shed's with local women's groups. The project has been very successful with over 20 participants at each session. The men's and women's groups will continue to meet throughout the month of March.

Slieve Gullion DEA has linked in with "Spanner in the Works" to deliver an online play for older people on mental health. The session will take place virtually on Friday 26 March.

Crotlieve DEA has rolled out a 6-week Jojingles programme in partnership with Rostrevor Mother and Toddler group. The interactive dance sessions will allow the group to reconnect following COVID and help reduce rural isolation in the area.

Level of Civic Participation and Good Relations:

All the DEAs will be delivering an "Around the World Through Arts Programme" in March. The Good Relations virtual programme will run for 5 weeks and will include a variety of learning about different cultures through art, dance and music. 10 primary schools will be participating.

The "Power to Change Programme" aims to empower women across the Slieve Gullion, Newry, Mournes and Crotlieve DEAs through participating in a 7 week online programme focusing on skills development, employability, resilience and in giving participants a better understanding of diversity and good relations. 20 participants will be taking part.

The "Shared Musical Culture" project aims to provide opportunities to experience new cultures and traditions to help participants to better understand the shared significance of musicality and language. This programme will be delivered across the Mournes and Newry DEAs and will be particularly focused on Ulster Scots traditions and language and Irish traditions and language. The project will benefit 20 participants.

Level of Personal Safety and Crime:

Slieve Gullion DEA has linked in with the PSNI and PCSP to deliver a safety talk for older people on current scams and keeping safe in their homes. The virtual session will take place on Wednesday 24 March and will include information packs for all participants.

Slieve Gullion DEA has delivered another anti-drug awareness workshop aimed at young people in secondary schools in the Meigh, Forkhill and Jonesborough areas. The session took place on 17 February with 16 participants taking part.

Newry, Mourne and Down District Council

Action Sheet of Slieve Gullion District Electoral Area (DEA) Forum Private Meeting held on Tuesday 9th February 2021 at 4.30pm via Teams

Chairperson:	Councillor Aoife Finnegan
In Attendance:	Councillor D Taylor Councillor M Larkin Councillor P Byrne Councillor D Murphy Councillor O Magennis Councillor B O'Muiri
Independent Members:	Teresa Nugent, Rural Health Partnership Sinead Boyce, Saint Oliver Plunkett Youth Club
Statutory Partners:	Raymond Jackson, Confederation of Community Groups Stephen Simpson, PSNI Mark McGaritty, PSNI
Council Officials:	Taucher McDonald, DEA Coordinator Slieve Gullion Aisling Rennick, Engagement & Development Manager Julie McCann, Head of Community Services, Facilities & Events Martina Flynn, Safer Communities & Good Relations Manager
Apologies:	Graeme Reynolds, PSNI

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed.
DEA/SG/16/2020	Declaration of Interest	No Declarations of Interest were made.	Noted.
DEA/SG/17/2020	Matters arising from Action Sheet from meeting held on 8 December 2020 via Teams	Proposed by Cllr Finnegan and Seconded by Cllr Taylor.	Noted.
DEA/SG/19/2016	WiFi in Community Centres	Head of Community Services, Facilities & Events gave an update on Wifi installation in community centres.	Noted.
DEA/SG/20/2020	Health and Wellbeing Directory	Directory of Services to be distributed to Forum.	Directory of Services currently under review - update requested for next meeting.

DEA/SG/21/2020	DEA Forum Membership	Independent recruitment process under review.	Noted.
DEA/SG/23/2020	Halloween	Ardross Multi-Agency meeting to be set up to look at possible programmes with CRJ to address anti-social behaviour issues in the area particularly around Halloween.	Cllr Finnegan and S Boyce to link with the community groups to organise.
DEA/SG/24/2020	Up-Coming projects and events up to March 2021	Virtual Photography Course to begin in January. Course now completed. DEA Coordinator provided an update to the Forum.	Noted.
DEA/SG/27/2020	Projects and Programmes	DEA Coordinator provided an update on the following upcoming programmes and initiatives: Health & Well-being, Shared Schools, Women's Capacity Building, Drug Awareness Workshops, Care Packs, Translated Voice Notes, and Primary Schools Inter-Cultural programme.	Noted.

DEA/SG/29/2020	Additional Rapid Bin for Slieve Gullion	Additional location for Rapid Bin for Slieve Gullion to be identified.	Update – the following locations to be considered for next meeting: Newtownhamilton- near toilet block Camlough- Vivo Shop Crossmaglen – Casey’s Shop
DEA/SG/30/2020	Community Support	Supports for local community groups using Council run facilities. Update - Risk Assessments on centres have been completed and will be brought to AHC before next meeting.	Completed.
DEA/SG/31/2020	Diversionsary Christmas Event in Crossmaglen	Christmas Drive in Cinema Event in Crossmaglen. Update – Events cancelled due to Covid-19 restrictions.	Drive in Cinemas to be looked at after restrictions ease.
DEA/SG/32/2020	Letter of Support	Letter of Support for Bessbrook Institute’s DAERA application to be drafted.	DEA Coordinator to draft and forward on – Completed.
DEA/SG/33/2021	Food Pallet Scheme	CCG to forward on details regarding Food Pallet Scheme to DEA Coordinator.	DEA Coordinator to forward on details to Forum members.

DEA/SG/34/2021	Mullaghbawn Community Centre Roof	Maintenance Department to meet with new parish priest to discuss.	Head of Community Services, Facilities & Events to update Forum.
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The meeting ended at: 5.26pm.

Next meeting scheduled for Tuesday 13 April 2021 at 4.30pm on Teams.

Newry, Mourne and Down District Council

Action Sheet of Newry District Electoral Area (DEA) Forum Private Meeting held on Thursday 11th February 2021 at 1.00pm via Microsoft Teams

Chairperson: Councillor Roisin Mulgrew

In Attendance: Councillor Charlie Casey
Councillor Valerie Harte
Councillor Gary Stokes
Councillor Gavin Malone
Councillor Michael Savage

Independent Members: Raymond Jackson, CCG
Eamon Connolly, BID
Noreen Rice, Newry Neighbourhood Renewal Partnership
Jacinta linden, Wellbeing Action Partnership
Jessica Kane, Newry Chamber of Commerce
Colin Hanna, NMEA

Statutory Partners: Ryan Duffy, PSNI
Warren Roberts, PSNI
Liam Gunne, NIHE
Pauline McQuillan, EA Youth Service

Council Officials: Kerri Morrow, Newry DEA Coordinator
Claire Loughran, PCSP Officer
Conor Haughey, Head of Outdoor Leisure
Aisling Rennick, Engagement & Development Manager

Apologies:

Martina Flynn, Safer Communities & Good Relations Manager
Brian Lockhart, Orange Order

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed
DEA/N/2021/1	Willie Malley Statue Project	Request to ERT Department to invite all Newry Councillors to the ERT meeting when Willie Malley Statue Group Item is scheduled.	Actioned.
DEA/N/2021/2	Bins at Catherine Street – Corner House Bar area	DEA Coordinator to request that relevant officer within Environmental Health contact landlords to ask them to deal with the bins being left out overflowing and with discarded waste.	DEA Coordinator to progress with relevant officials.
DEA/N/2021/3	Daisyhill Walking Trail	Map to be circulated to DEA members.	DEA Coordinator to progress with relevant officials.
DEA/N/2021/4	Play Strategy Update 2021	Request that public consultations and surveys are circulated with the DEA Forum Members and local community representatives.	DEA Coordinator to progress with relevant officials.
DEA/N/2021/5	Food Distribution Community scheme	Circulation of further detail in relation to the food schemes in the area.	DEA Coordinator to progress.
DEA/N/2021/6	Genealogy Programme	Request DEA Coordinator identify potential to deliver another genealogy programme online over the coming months.	DEA Coordinator to progress.

DEA/N/2020/7	Community centre Update	Request an update on the schedule for reopening community centres across the District from relevant department.	DEA Coordinator to progress with relevant officials.
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The meeting ended at: 3.30 pm

Newry, Mourne and Down District Council

Action Sheet of Crotlieve District Electoral Area (DEA) Forum Private Meeting held on Tuesday 16th February 2021 at 13.00pm via Microsoft Teams

Chairperson:	Councillor Declan McAteer
In Attendance:	Councillor Mark Gibbons Councillor Michael Ruane Councillor Karen McKevitt Councillor Jarlath Tinnelly Councillor Gerry O'Hare
Independent Members:	Tania Bailie – Confederation of Community Groups
Others:	Phillip Weston – Outdoor Recreation NI Raymond Jackson - Confederation of Community Groups (CCG) Lawrence Bradley - Confederation of Community Groups (CCG)
Council Officials:	Shirley Keenan – Crotlieve DEA Co-ordinator Aisling Rennick – Engagement & Development Manager Danielle Begley - Biodiversity Officer Conor Haughey - Head of Outdoor Leisure
Apologies:	Clare Shields – County Down Rural Community Network Thelma Thompson – Altnaveigh House Eileen Murphy – Wellbeing Action Partnership Damien Brannigan - Head of Engagement Carrie Crawford – Education Authority Deirdre Magill – Southern Health & Social Care Trust

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed.
DEA/C/34/2020	Declaration of Interest.	Declaration of Interest declared at item DEA/C/37/2020 by Cllr K McKeivitt as a landowner.	COMPLETED.
DEA/C/35/2020	Matters arising from Action Sheet from meeting held on 8 th December 2020.	Action sheet confirmed as a true and accurate record.	COMPLETED.
DEA/C/36/2020	DEA Co-ordinator's Report/ Spend and Action Plan.	Planned Projects agreed by Forum Members along with associated budget. Projects: Gardening, Women's Programme, Schools Programme, Mother and Toddler programme. Other projects on hold due to COVID-19.	DEA Co-ordinator to continue with delivery and implementation.

DEA/C/37/2021	Community Trail Plan.	Presentation by ORNI.	ORNI advised they would discuss the new suggested sites internally and report back to the Forum at a later date. COMPLETED.
DEA/C/38/2021	Food Pallet Scheme.	Presentation by CCG.	Information distributed. COMPLETED.
DEA/C/39/2021	Bee Keeping Request.	Proposed by Cllr McAteer and Seconded by Cllr McKeivitt: The DEA Forum is supportive of the request subject to consultation with residents and the wider Crotlieve area.	COMPLETED.
DEA/C/40/2021	Clermont Gardens.	For Noting.	Matter flagged with DEA Forum as requested by Council's Age Friendly Coordinator.

DEA/C/32/2021	Warrenpoint Town FC.	Request from Warrenpoint Town Football Club via Cllr Mark Gibbons for Council to erect lighting inside Council property boundary.	DEA Co-ordinator to refer matter to relevant Council department. COMPLETED. ITEM TO REMAIN ON AGENDA.
DEA/C/33/2021	Lighting at Ringmacilroy Park.	Matter raised regarding lack of lighting provision preventing youth work in area.	DEA Co-ordinator to facilitate meeting with relevant Council department, Education Authority and PSNI. COMPLETED.
DEA/C/07/2020	Update on Toilets in Warrenpoint Park.	DEA Co-ordinator to obtain update.	Matter ongoing – relevant Council officer updating DEA Co-ordinator.
DEA/C/08/2020	Historical Walking Tours.	Item to remain on agenda.	Relevant Council officer contacted and matter passed to ERT Department. DEA Co-ordinator to obtain updates.
DEA/C/09/2020	Update on Warrenpoint Baths.	Item to remain on agenda.	Councillors were recently updated by ERT Department and will continue to be updated.

DEA/C/10/2020	Date of next meeting.	20 th April 2021 at 18.00pm	DEA Co-ordinator to forward papers and Teams Link.
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The meeting ended at: 14:10 pm

Newry, Mourne and Down District Council

Action Sheet of Rowallane District Electoral Area (DEA) Forum Private Meeting via Microsoft Teams on Tuesday 23rd February 2021 at 11.00 a.m.

Chairperson: Councillor William Walker (Councillor Owen had technical issues)

In Attendance: Councillor Patrick Brown
Councillor Kathryn Owen
Councillor Robert Burgess

Independent Members: Brian Gamble, Saintfield Development Association
Richard Orme, Ballynahinch Community Collective
Lise Curran, County Down Rural Community network

Council Officials: Aisling Rennick, Engagement & Development Manager
Ellen Brennan, Rowallane DEA Co-Ordinator

Apologies: Councillor Terry Andrews
Roisin Erskine, Arts/Culture
Lawrence Murphy, SANDSA
Damien Brannigan, Head of Engagement

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed.
DEA/ROW/6/1/2021	Welcome and apologies.	Councillor Walker (Acting Chairperson) welcomed everyone to the meeting and tendered apologies from Councillor Andrews, Roisin Erskine and Lawrence Murphy.	Noted.
DEA/ROW/6/2/2021	Action sheet from meeting of 17 th December 2020.	Richard Orme proposed the Action Sheet as an accurate record with Councillor Owen seconding the proposal.	Proposed and seconded as a correct record.
DEA/ROW/6/3/2021	Declarations of Interest.	No declarations of interest were made.	Noted.
DEA/ROW/6/4/2021	Shrigley Clock.	Councillor Brown provided an update on progress in relation to the disposal of Community Asset. He advised that today was the deadline for expressions of interest from groups/individuals and following this DTNI would speak to the most suitable interested parties to move this project forward. Lise Curran advised she was happy to work with any of the groups/individuals on sourcing funding for their projects.	Members noted this update report.

		Councillor Walker advised that the Bell was currently in the possession of the NIHE for safekeeping.	
DEA/ROW/6/5/2021	Speeding problems at Magheraknock Road and Lisburn Road/Street .	The DEA Coordinator read emails from the PSNI and DFI received on this matter and following discussion it was AGREED that Councillor Walker and Richard Orme would raise this issue with the PCSP to get a speed indicator sign erected at this location and include Darragh Cross in this request. Following discussion, the recommendation was made that a letter asking for a review of the existing legislation in relation to the criteria for applying speed limits, traffic calming, rumble strips etc., should be sent to Minister Mallon highlighting the areas discussed.	DEA Coordinator to prepare a letter for onward transmission to Minister Mallon DfI on behalf of the DEA.
DEA/ROW/6/6/2021	Rewilding of public areas and greening of Alleyways projects.	Brian Gamble advised that Saintfield will be in touch to suggest suitable spaces for rewilding. Richard Orme suggested Beedhams Lane Ballynahinch be included. Councillor Burgess made a suggestion for an alleyway in Saintfield and agreed to contact the DEA Coordinator to progress this matter as there was a question of ownership. The DEA Coordinator AGREED to contact the NIHE to see if Moses Arch in Killyleagh could be considered.	DEA Coordinator to coordinate a response of the suggestions for return to Danielle Begley Biodiversity Officer.

DEA/ROW/6/7/2021	Update on enhanced leisure provision for Ballynahinch.	The DEA Coordinator advised that Council Officials had been working to develop options for consideration by Councillors and a meeting would be scheduled to discuss these in the near future. Richard Orme requested that he be included in the discussions as he had participated in the initial meeting with the MP and Council officials.	Members noted the update. DEA Coordinator to request inclusion of Richard Orme in any future meetings to present options for enhanced leisure provision in Ballynahinch.
DEA/ROW/6/7/2021	Update on Action Plan 2020/2021.	The DEA Coordinator gave an update on progress to date which was noted by all present.	Update Noted.

The meeting concluded at 12.06 p.m.

Newry, Mourne and Down District Council

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Action Sheet of Slieve Croob District Electoral Area (DEA) Forum Private Meeting held on Tuesday 23rd February 2021 at 3.30pm via Microsoft Teams

Chairperson:	Councillor Roisin Howell
In Attendance:	Councillor Alan Lewis Councillor Andrew McMurray Councillor Catherine Mason
Independent Members:	Heather Holland, County Down Rural Community Network (CDRCN) Alan Dumigan, Down Senior Forum Patricia McMurray, South Eastern Domestic and Sexual Violence Partnership (SEDEVSP)
Others in attendance:	Mona Conway, Northern Ireland Housing Executive (NIHE) Paula Aiken, Northern Ireland Housing Executive (NIHE)
Council Officials:	Priscilla McAlinden, Slieve Croob DEA Coordinator Aisling Rennick, Engagement & Development Manager
Apologies:	Catherine Kennedy, Loughinisland Youth Club Felix Blaney, Castlewellan Community Partnership Councillor Hugh Gallagher

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed.
DEA/SC/3/2021	Declaration of Interest	No Declarations of Interest were made.	Noted.
DEA/SC/4/2021	Matters arising from Action Sheet of meeting held on 15 th December 2020	Action Sheet from 15 th December 2020 were proposed as a true record.	Proposed by Councillor Andrew McMurray Seconded by Councillor Cathy Mason
DEA/SC/5/2021	Food Pallet Scheme	DEA Coordinator to email members Food Pallet Scheme criteria and information on The Bryson Fund. Members to contact local Food Bank with referrals.	DEA Coordinator to action. Members to action.
DEA/SC/6/2021	Rapid Bin Update	Issues highlighted regarding the proposed installation of Rapid Bin at The Lodge, Castlewellan. DEA Coordinator to forward issues to PCSP Officer. DEA Coordinator to liaise with PCSP Officer to investigate why Castlewellan Community Centre and Council Car Park were unsuitable locations for Rapid Bin.	DEA Coordinator to action. DEA Coordinator to action.

DEA/SC/7/2021	Housing Needs	<p>Presentation by NIHE regarding Housing Needs in Slieve Croob.</p> <p>Slieve Croob Housing Needs Presentation to be emailed to members on a confidential basis.</p> <p>NIHE to forward information on the history of housing stock in Drumee Drive, Castlewellan, the public consultation outcomes and future plans for housing in this area.</p> <p>Members of the public on the waiting list for a house in Ballynahinch may desire housing in Drumaness but due to lack of stock in Drumaness choose Ballynahinch on housing form. NIHE to be mindful of this when carrying out rural needs assessment for Drumaness.</p>	<p>DEA Coordinator to action.</p> <p>Acting Head of Place Shaping South (NIHE).</p>
DEA/SC/8/2021	Action Plan Update	<p>All Forum members approved project proposals outlined and associated budget.</p> <p>Members agreed to consider a token of thanks to community groups who delivered the food parcels during the first lockdown.</p>	<p>DEA Coordinator to action.</p> <p>DEA Coordinator to request the Council consider a tangible form of recognition for groups who supported the Slieve Croob DEA Community Hub</p>

DEA/SC/9/2021	Date and time of next meeting	Next Meeting is scheduled to take place on 20 th April at 3.30pm.	DEA Coordinator to action.
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The meeting ended at: 4.35pm

Report to:	Active Healthy Communities
Date of Meeting:	15 th March 2021
Subject:	Financial Assistance
Reporting Officer (Including Job Title):	Janine Hillen Assistant Director Community Engagement
Contact Officer (Including Job Title):	Sonya Burns – Head of Programmes Ciara Burns – Project Coordinator

Confirm how this Report should be treated by placing an x in either:-

For decision	X	For noting only	
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1.0	Purpose and Background
1.1	<p>Call 1 additional NI Centenaries for Financial Assistance opened on 8th February 2021 and closed on 8th March 2021 for the aforementioned theme.</p> <p>To be fair and reasonable in the roll out of the new EGMS those who have passed basic eligibility and are successful at stage two however have some documents outstanding will be provided with an opportunity to submit them prior to a letter of offer being issued.</p> <p>Attached are reports which provide a breakdown of the number of applications (39), pass and fail at each stage of the process, geographical spread of the applications received and a breakdown of the final budget allocations to successful applicants.</p>
2.0	Key issues
2.1	<p>To issue letters of offer in a timely manner to enable groups to sufficient time to organise their project delivery in line with COVID-19 restrictions.</p> <p>Ongoing COVID-19 restrictions will require groups to complete a risk assessment to take into account ongoing regulations alongside other project risks.</p> <p>Roll out of the EGMS has resulted in us trying to take a reasonable and fair approach in terms of Basic Eligibility.</p>
3.0	Recommendations
3.1	<ul style="list-style-type: none"> To award as per the attached appendix for £43,713. To provide successful groups with outstanding documentation the opportunity to submit prior to the Letter of Offer being issued.
4.0	Resource implications
4.1	

	<p>Revenue/Payroll: Funding will be allocated from Good Relations and internal Council Budget</p> <p>Capital:</p>
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p>

	Rural Needs Impact Assessment completed	<input type="checkbox"/>
7.0	Appendices	
	Report on NI Centenaries call.	
8.0	Background Documents	

NI Centenaries Fund Financial Assistance 2021/2022 Call 1
Newry, Mourne and Down District Council

Applications received 39

24 Applications recommended for funding

61.5% of applications awarded

Amount requested from successful applicants **£44,483.00**

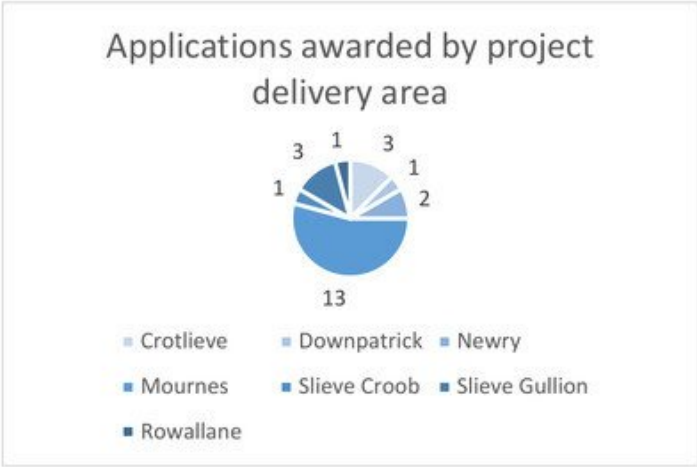
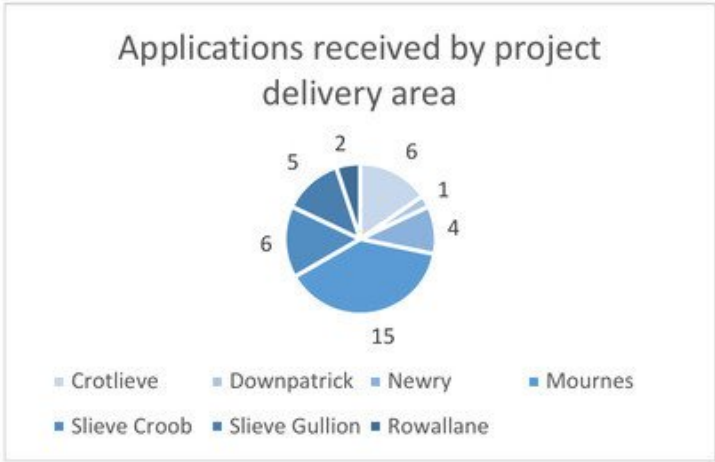
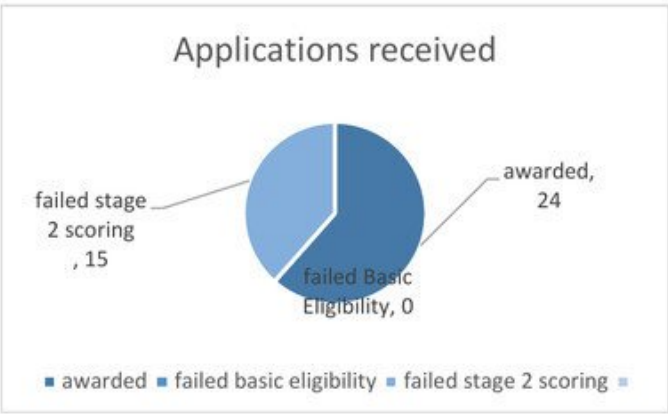
Total amount awarded **£43,713.00**

Of the 39 applications:

0 failed basic eligibility = 0%

15 Failed stage 2 scoring = 38.5%

24 Passed stage 2 and awarded = 61.5%



Appendix

Breakdown of Applications per stage and final amount recommended for award.

Stage 1 = 0 Fail

Group	Passed basic eligibility

Stage 2 = 15 fail

Group	Passed basic eligibility	Stage 2
1197	Yes	No
1423	Yes	No
1469	Yes	No
1538	Yes	No
1591	Yes	No
1592	Yes	No
1599	Yes	No
1607	Yes	No
1614	Yes	No
1616	Yes	No
1624	Yes	No
1629	Yes	No
1643	Yes	No
1644	Yes	No
1655	Yes	No

Stage 1 & 2 = 24 Passed & 24 Recommended for Awarded

Group	Passed basic eligibility	Stage 2	Recommended Amount Awarded
1116	Yes	Yes	£1,250.00
1132	Yes	Yes	£2,000.00
1142	Yes	Yes	£2,000.00
1165	Yes	Yes	£2,000.00
1166	Yes	Yes	£1,900.00
1194	Yes	Yes	£2,000.00
1262	Yes	Yes	£2,000.00
1277	Yes	Yes	£2,000.00
1285	Yes	Yes	£1,950.00
1293	Yes	Yes	£2,000.00
1338	Yes	Yes	£1,300.00
1351	Yes	Yes	£2,000.00
1404	Yes	Yes	£1,960.00
1415	Yes	Yes	£1,450.00

Appendix

1495	Yes	Yes	£2,000.00
1594	Yes	Yes	£1,894.00
1606	Yes	Yes	£2,000.00
1612	Yes	Yes	£1,450.00
1630	Yes	Yes	£1,959.00
1635	Yes	Yes	£1,800.00
1637	Yes	Yes	£2,000.00
1642	Yes	Yes	£2,000.00
1648	Yes	Yes	£2,000.00
1649	Yes	Yes	£800.00
Total Awarded			£43,713.00

END

Report to:	Active and Healthy Communities Committee (AHC)
Date of Meeting:	15 th March 2021
Subject:	Notice of Motion – Outdoor Recreation NI
Reporting Officer (Including Job Title):	Paul Tamati, Assistant Director: Leisure and Sport
Contact Officer (Including Job Title):	Conor Haughey, Head of Outdoor Leisure.

Confirm how this Report should be treated by placing an x in either:-

For decision	x	For noting only	
1.0			Purpose and Background
1.1			<p>The purpose of this report is to consider and agree the Notice of Motion for Outdoor Recreation NI received by Councillor McMurray.</p> <p>‘In light of the increase on visitors accessing outdoor amenities which are prevalent in our district, this Council shall, within its structures, create a group regarding Outdoor Recreation within the district. The primary objectives of this group will be to Manage, Promote and Educate regarding outdoor recreation within our district. This will be a constituted group within Council. Its makeup will be representative of both statutory and voluntary sector agencies. As well as those who have a remit for development & management of outdoor recreation. Communication will be made in the first instance with National Governing Bodies and Agencies to ascertain what role Councils in other areas of Ireland, Britain and Europe have had in positively managing access and recreation with our outdoor spaces.’</p>
2.0			Key issues
2.1			<p>Outdoor recreation is a broad and prevalent dynamic throughout the NMDDC area. The facilitating, promoting, managing, and maintaining Outdoor Recreation activities, events and facilities sits with a range of Council departments, external statutory and community and voluntary partners.</p> <p>There is clearly established strategic documentation relating to Outdoor Recreation which sets out the strategic direction for Outdoor Recreation across NI. The key strategic document is The Great Outdoor Action Plan for Northern Ireland www.outdoorrecreationni.com/publication/strategies/our-great-outdoors-the-outdoor-recreation-action-plan-for-northern-ireland</p> <p>A majority of Outdoor Recreation aspect delivered by Council sit with the ERT department including Slieve Gullion, Kilbroney Park, Castlewellen Park, Delemont Park, and associated mountain biking and walking running trails. Many public rights of way also sit within the ERT department and they also work with a number of statutory agencies regarding outdoor recreation.</p>

	<p>There are a number of multi-agency groups currently established across the district with a focus on outdoor recreation which ERT section also engage with including:</p> <ul style="list-style-type: none"> • Mournes Outdoor Recreation Forum • South Armagh Outdoor Recreation Forum • Irish Uplands Forum • Mournes Multi Agency Group • Visitor Advisory Group <p>AHC work in partnership with a number of statutory agencies in relation to supporting sporting clubs relating to outdoor sporting activities, the development of community trails across the district and the establishment of Councils play strategy focusing on residential play parks across the district. Furthermore the Environmental health section is currently taking forward the development of a walking and cycle strategy for the district.</p>
3.0	Recommendations
3.1	<p>That AHC Committee consider and agree the Notice of Motion and that:</p> <ul style="list-style-type: none"> • The creation of an Outdoor Recreation group be referred to ERT Committee for consideration, and any established group to have representation from the AHC and NS departments.
4.0	Resource implications
4.1	<p>Revenue: There are no anticipated revenue budget implications associated with this report other than officers time.</p> <p>Capital: There are no identified capital budget implications associated with this report.</p>
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p>

	<p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> <p>If no, please complete the following:</p> <p>The policy / strategy / plan / public service is not influenced by rural needs <input type="checkbox"/></p>
7.0	Appendices
	None
8.0	Background Documents
	The Great Outdoors Action Plan for Northern Ireland

Report to:	Active and Healthy Communities
Date of Meeting:	15 th March 2021
Subject:	Sustainability and Climate Change Forum
Reporting Officer (Including Job Title):	Eoin Devlin Assistant Director Health and Wellbeing
Contact Officer (Including Job Title):	Sheena McEldowney Head of Sustainability

Confirm how this Report should be treated by placing an x in either:-

For decision	<input checked="" type="checkbox"/>	For noting only	<input type="checkbox"/>
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1.0	Purpose and Background
1.1	<p>To note the report from the Sustainability & Climate Change Forum which took place on Thursday 18th February 2021.</p> <p>To consider and agree to approve the actions in the attached Action Sheet.</p>
2.0	Key issues
2.1	The actions arising from the meeting are attached 'SCCF Action Sheet 18 February 2021' in Appendix I.
3.0	Recommendations
3.1	Consider and agree to approve the actions in the attached Action Sheet.
4.0	Resource implications
4.1	None
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i>

	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	Appendices
	Appendix I: SCCF Action Sheet 18 February 2021
8.0	Background Documents
	None

Sustainability and Climate Change Standing Forum

Thursday 18th February 2021 at 3.00pm via Teams

Councillors present: Cllr Brown, Cllr Andrews, Cllr Tinnelly, Cllr Enright, Cllr Clarke, Cllr Owen, Cllr Taylor,

Chaired by Councillor Clarke

Officers present: E Devlin, S. McEldowney, M Lipsett

Apologies for non-attendance: Cllr Stokes, Cllr Mason, Cllr Curran, J. McBride

No declarations of interest.

Agenda Item Number	Subject	Agreed way forward (if matter requires Committee/Council approval, a separate Report should be compiled and submitted to Committee)	Lead Officer	Actions taken/Progress to date	Remove from Action Sheet Y/N
3.0	Review Actions SCCF 17 Dec 2020	<p>S McEldowney reviewed the actions from SCCF held on 17 Dec 2020.</p> <p>Cllr Enright to forward contact details for Strangford Community Group involved in Sustainable Village Planning application to enable them to be invited to present at future SCCF.</p> <p>After discussion it was agreed that Officers amend action under 5.0 'Paper would be taken to Strategic Finance Working Group on Battery Storage Pilot at Saintfield Ctr.'</p> <p>To:</p>	<p>S. McEldowney</p> <p>S. McEldowney</p>	<p>Noted</p> <p>In-Progress</p> <p>In-progress</p>	<p>Y</p> <p>N</p> <p>N</p>

		'Paper to be taken to AHC Committee to seek approval to carry out a feasibility study on identifying community buildings for battery storage pilot.'			
4.0	Presentation from Woodland Trust	<p>Ian McCurley and Gregor Fulton delivered presentation on planned Woodland Trust projects within the District. Presentation to be circulated to Members.</p> <p>After discussion, Councillors agreed that an audit of council estate lands, appropriate for tree planting, to assist with flood risk should be carried out. Matter to be referred to NSD.</p>	<p>S. McEldowney</p> <p>S. McEldowney</p>	<p>Noted</p> <p>In-progress</p>	<p>Y</p> <p>N</p>
5.0	Sustainability Update	<p>Ms McEldowney provided an update on sustainability work carried out over the past number of months.</p> <p>Cllr Enright advised of his concerns regarding erosion at Tyrella Beach. After discussion it was agreed that a site meeting with ERT Officers and SCCF members, to discuss erosion at</p>	<p>S. McEldowney</p> <p>S. McEldowney</p>	<p>Noted</p> <p>In-progress</p>	<p>Y</p> <p>N</p>

		the sea facing end of the dunes on Tyrella Beach should take place. Matter to be referred to ERT.			
6.0	Meeting with Louth County Council Climate Group	Proposed date for meeting 10 th May 2021 at 4pm was agreed. J McBride to confirm with LCC.	S. McEldowney	Noted	Y
7.0	Date of next meeting	Thursday 21 st May 2021	S. McEldowney	Noted.	Y

Signed: _____ Lead Officer

Report to:	Active and Healthy Communities
Date of Meeting:	15 March 2021
Subject:	Mental Health Strategy 2021-2031 Consultation Document
Reporting Officer (Including Job Title):	Eoin Devlin Assistant Director of Health and Wellbeing
Contact Officer (Including Job Title):	James Campbell Head of Environmental Health-Residential

Confirm how this Report should be treated by placing an x in either: -

For decision	x	For noting only	
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1.0	Purpose and Background
1.1	That Committee consider and agree to return the attached Consultation response
2.0	<p>Key issues</p> <p>The publication of a 10-year Mental Health Strategy was identified as an priority of the Northern Ireland Executive in New Decade, New Approach (NDNA). This Draft Mental Health Strategy sets out 29 high-level actions to take forward significant strategic change over the next decade. Not all actions will be initiated at once; implementation will be taken forward through a phased approach to ensure the greatest impact. Detailed plans will be developed to progress the implementation of the Strategy. The final Strategy will be accompanied by a funding plan for the same 10-year period. The Strategy can be found at;</p> <p>https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-mhs-draft-2021-2031.pdf</p> <ul style="list-style-type: none"> • Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England. • Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. • The legacy of the Troubles is also recognised as having a significant impact on mental health in Northern Ireland. • According to the Youth Wellbeing Child and Adolescent Prevalence Study, among children and young people, one in ten (11.9%) experienced emotional problems, with significantly higher rates in deprived areas. • The advent of the global Covid-19 pandemic has also significantly impacted mental health in Northern Ireland. • This draft Strategy sets out 29 key, high-level actions under three overarching themes. The themes are, Promoting Wellbeing and Resilience through Prevention and Early Intervention, Providing the Right Support at the Right Time and New ways of working.
3.0	Recommendations

3.1	That the Committee agree to return the attached Consultation response.
4.0	Resource implications
4.1	None to Newry Mourne and Down District Council. Within current resource.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Department of Health Strategy document. DOH will be responsible for screening.</p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i> DOH Strategy document. DOH will be responsible for any consultation.</p>
6.0	Due regard to Rural Needs (please tick all that apply)

6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service DOH Strategy document. DOH will be responsible for screening.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> <p>If no, please complete the following:</p> <p>The policy / strategy / plan / public service is not influenced by rural needs <input type="checkbox"/></p>
7.0	Appendices
	<p>Appendix 1: NMDDC Consultation Response</p> <p>Appendix 2: Department of Health Mental Health Strategy 2021-2031</p>
8.0	Background Documents
	None

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Ministerial foreword

Mental ill health is a huge challenge for our society. Too many people struggle with being mentally unwell and too many people find it difficult to find the help and support they need when they need it. Mental illness and suicide are severely impacting our communities, limiting the life chances of our young people and constraining our potential across society.

I am determined to reduce the number of people across all sections of our society who wake up every morning and struggle with their own mental health challenges. As such I want to ensure that they have the mental capacity and support to enjoy richer, more fulfilled lives.

Since becoming Health Minister I have repeatedly noted that mental health is one of my top priorities. I have taken action by publishing a Mental Health Action Plan, including a Covid-19 Mental Health Response Plan, on 19 May 2020, by appointing Northern Ireland's first ever Mental Health Champion with cross-Departmental support, and by making new financial resources available. I am therefore very pleased to build on this by publishing this consultation version of a 10 year Mental Health Strategy. The draft Strategy intends to provide a clear direction of travel to support and promote good mental health, provide early intervention to prevent serious mental illness, and to provide the right response when a person needs specialist help and support.

To drive the strategic change needed, this draft Strategy sets out 29 key, high-level actions under three overarching themes. The first, Promoting Wellbeing and Resilience through Prevention and Early Intervention, is key to ensuring we put the right conditions in place to support our communities to stay mentally well throughout their lives. The second, Providing the Right Support at the Right Time, covers a range of service improvements that ensure better access to support when it is needed, putting the person's needs right at the centre. And the third theme, New Ways of Working, sets out the key changes that will support these improvements across the system, with the ultimate aim of improving outcomes for people.

Of the 29 actions, four stand out. Firstly, I am creating a year on year action plan for mental health promotion. This will entail ongoing work to identify and agree actions that can help to support positive mental health across our community, and prevent mental illness developing. Secondly, I am committing to significant improvements in primary care mental health services, with greater responsibility for our GPs, working through their GP Federations. This will involve completing the roll out of psychological therapies hubs and additional investment to increase availability and accessibility of talking therapies at a local level. This will help to ensure that the system focusses on people and their needs, rather than expecting individuals to conform to a rigid system.

Thirdly, I am proposing better integration between statutory and community and voluntary sectors; this is key to harnessing the huge experience, skills and expertise within the community and voluntary sector to complement and supplement statutory support. Fourthly, I will take forward the creation of a single mental health service. I will do this, not by changing organisational boundaries to create new silos, but by ensuring we have structures in place to deliver regional consistency, quality and access across Northern Ireland. Implementing these four core actions, together with the other 25 outlined in the draft Strategy, will fundamentally reform our approach to mental health in Northern Ireland and will create the foundation for a population with better mental health.

This Strategy is particularly important during these difficult times. I am well aware of the challenges faced by the population as result of the Covid-19 pandemic and the restrictions on everyday life. It is therefore more important than ever that we consider what we want our mental health services of the future to look like. We have an excellent opportunity to build our response to the mental health impact of the pandemic into a strategic vision and foundation for the future, building on our own specific context to drive significant change and improvement for the next decade, and beyond.

As I have previously noted, excellent work has been done in recent years to improve mental health services, to support positive mental health and to help those suffering from mental ill health. It is important to recognise we are not starting from zero; without the dedicated work and effort of those working in this field we would undoubtedly be in an even more difficult position than we are now. It is therefore important that we provide the right tools and support to allow those dedicated to supporting people with their mental health to continue to do so.

The publication of the consultation draft of the Strategy is an important step in this process. However, there remains important work to be done; we then have to work collaboratively to implement the Strategy over the next 10 years.

I would like to thank all those who have been involved in developing this draft Strategy. Your voice, your experience, your expertise and your input have been instrumental in getting us to this point, and this work could not have been done without you.

Robin Swann MLA
Health Minister

Summary of actions

Theme 1 – Promoting wellbeing and resilience through prevention and early intervention

Promotion, early intervention and prevention

ACTION 1. Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach. The action plan must consider groups disproportionately affected by mental ill health which often struggle to access early intervention services.

ACTION 2. Expand talking therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team. This will expand the delivery of psychological therapies across Northern Ireland to improve the mental wellbeing of the population and prevent the establishment of mental disorders.

Promoting children and their families' positive mental health

ACTION 3. Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

ACTION 4. Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

Theme 2: Providing the right support at the right time

Child and adolescent mental health

ACTION 5. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people.

ACTION 6. We will meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.

ACTION 7. Create clear and regionally consistent urgent, emergency and crisis services to children and young people.

Mental health and older adults

ACTION 8. Ensure adult mental health services cater for older adults with mental ill health, provide adequate support and structures and are mindful of the particular challenges older people face. The artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.

Community mental health

ACTION 9. Refocus and reorganise primary and secondary care mental health services around the GP Federations to ensure a person centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system.

ACTION 10. Further develop recovery services, including Recovery Colleges, to ensure that a recovery focus and approach is embedded in the whole mental health system.

ACTION 11. Fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise.

Psychological therapies

ACTION 12. Embed psychological services into mainstream mental health services. Psychological therapies will be available across all steps of care.

ACTION 13. Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

Physical healthcare and mental illness

ACTION 14. Ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care.

ACTION 15. Ensure that all mental health patients are screened for physical health issues on admission. Across all mental health services, help and support should be provided to encourage positive physical health and healthy living.

In-patient mental health services

ACTION 16. Continue the capital works programme to ensure an up to date in-patient infrastructure. Also consider alternative options to hospital detentions in line with legislative changes to ensure the best outcomes for patients and to ensure that those who need in-patient care can receive the best care available.

ACTION 17. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

ACTION 18. Develop regional low secure in-patient care for the patients who need it.

Crisis services

ACTION 19. Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.

Co-current mental health issues and substance use (dual diagnosis)

ACTION 20. Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.

Specialist interventions

ACTION 21. Continue the rollout of specialist perinatal mental health services.

ACTION 22. Ensure access to evidence based treatments and interventions for people presenting with a first episode psychosis and develop a psychosis network.

ACTION 23. Create a personality disorder service and enhance the specialist interventions available for the treatment of personality disorder in Northern Ireland.

ACTION 24. Create a regional eating disorder service.

Theme 3: New ways of working

A regional mental health service

ACTION 25. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.

Workforce for the future

ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.

ACTION 27. Create a peer support and advocacy model across mental health services.

Data and outcomes

ACTION 28. Develop a regional outcomes framework in collaboration with service users and professionals, to use as a method to underpin service development and delivery.

Innovation and research

ACTION 29. Create a centre of excellence for mental health research with dedicated funding.

The current state of mental health in Northern Ireland

Mental health problems

1. Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England.
2. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. Low-income groups have higher rates of mental health conditions, particularly severe and enduring problems, than high-income groups.¹ People with mental ill health have a higher risk of economic hardship.
3. The legacy of the Troubles is also recognised as having a significant impact on mental health in Northern Ireland; in 2008, 39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles. Deprivation and high rates of mental and physical illness co-occur in the areas most impacted by the violence.²

39% OF THE POPULATION IN NORTHERN IRELAND HAS REPORTED EXPERIENCING A TRAUMATIC EVENT RELATING TO THE TROUBLES

4. According to the *Youth Wellbeing Child and Adolescent Prevalence Study*, among children and young people, one in ten (11.9%) experienced emotional problems, with significantly higher rates in deprived areas. One in six have a pattern of eating disorder, and almost one in ten of 11-19 year olds reported self-injurious behaviours. The prevalence study found that anxiety and depression is 25% more common in children and young people in Northern Ireland compared to other parts of the UK.³

1 IN 10 CHILDREN AND YOUNG PERSONS EXPERIENCED EMOTIONAL PROBLEMS AND 1 IN 6 HAVE A PATTERN OF EATING DISORDER

¹ Boardman et al, 2010, *Social exclusion and mental health - How people with mental health problems are disadvantaged: An overview*.

² Ulster University, 2019, *Review of Mental Health Policies in Northern Ireland: Making Parity a Reality*.

³ Bunting et al, 2020, *Youth Wellbeing Child and Adolescent Prevalence Study*.

5. The advent of the global Covid-19 pandemic has also significantly impacted mental health in Northern Ireland. Lockdown, shielding and social distancing, the closure of schools, working from home, increased deaths, reduction in face to face services, as well as the restrictions on funeral rites during the pandemic have had an impact on the emotional wellbeing of many, including those with existing mental health conditions. In addition, evidence has shown increased levels of acuity presenting to acute mental health services. It is highly likely that we will see increased levels of need for a number of years due to the ongoing impact of the pandemic on our society's mental health.

Strategic context

6. There has been a transformation in mental health services over the last 20 years. The *Bamford Review* was established by the Minister of Health, Social Services and Public Safety in October 2002. The Review provided a forward plan for mental health and learning disability policy and services and also focused on the existing provisions of the Mental Health (Northern Ireland) Order 1986, and directed that in future particular account be taken of issues relating to incapacity, human rights, discrimination and equality of opportunity.
7. The *Bamford Review* led to important improvements in care for people with mental health problems, including a significant reduction in long stays in mental health hospitals – meaning more people living well in our communities. We have also made significant improvements in the involvement of people with lived experience in the commissioning and delivery of services, and the establishment of Recovery Colleges has embedded a recovery-oriented practice in mental health services and ensured a greater number of peer support workers.
8. The *You in Mind – Regional Mental Health Care Pathway* launched in 2014 provides a care pathway for people who require mental health care and support. The pathway recognises that all treatment and care needs to be highly personalised and recovery orientated. The *Working Together: A Pathway for Children and Young People through CAMHS* launched in 2018 and provides a similar pathway for children and young people who require mental health care and support.
9. Other recent drivers, including Lord Crisp's report on acute psychiatric care and the Bengoa review *Systems not Structures*, have driven further improvement and additional investment. The Department of Health's 2016 response to the Bengoa review, *Health and Wellbeing 2026: Delivering Together*, set out a ten year plan to transform health and social care in Northern Ireland. Delivering Together promotes a model of person centred care focused on early intervention, prevention and supporting independence and wellbeing. It identified mental health as a priority area and committed to building capacity in communities,

developing services to deal with trauma, and achieving parity of esteem with physical health.

10. In recent years, public attitudes towards mental health have improved, an ethos of co-production and co-design has been promoted, and a greater focus on human rights has improved the lives of many suffering from mental ill health. The cross-Departmental policies Making Life Better and Protect Life 2 have driven extensive work on health promotion and suicide prevention by addressing health inequalities and risk factors for suicide and self-harm. We have also seen additional investment in mental health through the establishment of, for example, Multi-Disciplinary Teams and mental health primary care workers in some areas, as well as mental health liaison services in Emergency Departments. The mental health response to the Covid-19 pandemic has also helped to promote and encourage the use of digital resources to support mental wellbeing and mental health.
11. However, gaps in provision remain, services are coming under increasing pressure due to increasing demand and staffing issues, and there remains a stigma attached to mental health. Mental health is still not viewed or treated in the same way as physical health, and despite the injection of additional resources is still underfunded when compared with other UK jurisdictions: in 2018/19 approximately £300m was allocated to mental health, representing around £160 per person in Northern Ireland. During the same period spend in England was £12.2bn, representing around £220 per person, and in Ireland investment equated to over £200 person.⁴

MENTAL HEALTH SPEND IN NORTHERN IRELAND IS 27% LESS THAN ENGLAND AND 20% LESS THAN IRELAND

12. In addition, barriers to access mental health services remain, particularly for some marginalised groups who are considered to be at higher risk of mental ill health. This may be due to social exclusion or isolation, communication barriers, or they may be in some way stigmatised by society.
13. To tackle some of these issues in the short to medium term, and set the foundations in place for longer term strategic change, in May 2020 the Department of Health published a new Mental Health Action Plan. The 38 actions in the Action Plan fall into three broad categories: immediate service developments; longer term strategic objectives; and preparatory work for future

⁴ There are differences in how mental health spend is calculated. However, even considering such factors there is a significant under investment in Northern Ireland.

strategic decisions. Work is continuing to implement the Action Plan, and improvements are already being realised that will directly benefit people using mental health services. Other actions being taken forward will directly influence, complement and contribute to strategic decision making in the years to come.

What needs to change

14. Despite the improvements we have seen in mental health services in recent years and the positive experiences of many people accessing support, there remains much to be done to achieve real, meaningful and lasting change for all.
15. We consistently hear the same messages from people using mental health services: waiting lists are too long for psychological therapies, crisis support is not available when it is needed, those with specific needs often find themselves outside of service criteria and therefore unable to access the right type of help and support, and that earlier intervention is needed to prevent or delay the onset of more serious mental health problems.
16. Across Northern Ireland targets for access to services are regularly missed, with almost 2,000 people waiting more than 9 weeks for access to adult mental health services, 240 children and young people waiting more than 9 weeks for core CAMHS services and more than 900 people waiting more than 13 weeks for psychological therapies.⁵
17. We know that if we can provide effective mental health interventions early, the outcomes for individuals and their families are much better. Care and treatment must therefore be available when and where they are needed. We must create systems that work together to reduce waiting lists, that support people at their time of crisis so people do not end up in Emergency Departments, that help people in their recovery to and promote full participation in society. Our mental health system needs to be family focused in its practice to ensure that individual recovery also supports family recovery.
18. It is clear, therefore, that in the same way as there must be a continued strategic focus on parity of esteem between mental and physical health. Attention must also be given to parity within it to ensure equality and equity of access to mental health services for all, with a focus on recognising and meeting the individual's specific needs.

⁵ Correct as of 31 October 2020.

19. It is vital that we use the learning from the impact of Covid-19 to ensure we have a system that works to prevent or delay the onset of mental health problems, and that truly meets the needs of its users.
20. Leaders across the system must take decisive steps to break down barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, and improve outcomes. This requires a culture change with better outcomes as the core focus and accountable leadership embedded in our workforce. This will mean regionality of services to ensure consistency of delivery. This will avoid unwarranted variation for patients and ensure better treatment outcomes.
21. And we need to focus on putting the right foundations in place to support our workforce to meet the needs of the people using services, by increasing training numbers, having well trained staff and ensuring we are using the workforce in the best way possible.
22. By learning from our experience to date, by listening to the views and suggestions of people with lived experience, carers and other experts across organisations and sectors, we can ensure that the future for mental health in Northern Ireland is brighter, more positive and reflective of the needs of our population.
23. The changes proposed in this Strategy are the result of co-design and co-production with people with lived experience, carers, professionals, managers and academics. The work started in 2018 through 2019 with the development of the Mental Health Action Plan, and has continued throughout 2020 during the Strategy development process. A large number of people with wide experience have told us that much good has been done over the last decade, but that much more needs to be done.
24. During the process people have told us we need to focus on promotion, early intervention, prevention and family focussed recovery. We have been told that this should include ensuring a good start in life, providing effective support early through primary care and accessible treatment and ensuring that people who are usually difficult to reach are targeted.
25. We have also been told that we need to focus on putting the person and the family at the centre and model services around their needs; that we need to ensure that the same services are available across Northern Ireland; and that services and interventions need to be evidence based.

Vision for the future

26. We have listened to stakeholders through the process of co-producing this draft Strategy, and we recognise the key issues that matter to them: consistency and equity of access to services, support across the lifespan, choice, a focus on quality of life, and the need to put the person right at the centre of every decision. We have also heard how co-production and co-design must become the standard at every stage of policy and service design, and individual care planning.
27. We have translated the views shared with us into a vision and 7 founding principles, which set out what we want to achieve for mental health in Northern Ireland over the next decade. The 7 principles must be the foundations upon which each of the actions set out in this Strategy are based – they are core threads which must feature in all work to take forward the implementation of the Strategy.

Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone across the lifespan, which supports recovery, and seeks to reduce stigma. We want a system that ensures consistency and equity of access to services, regardless of where a person lives, and that offers real choice.

We want a mental health system that breaks down barriers to put the individual and their needs right at the centre, respecting diversity, equality and human rights, to ensure people have access to the right help and treatment at the right time, and in the right place.

And we aspire to have mental health services that are compassionate and able to recognise and address the effect of trauma, that are built on real evidence of what works, and which focus on improving quality of life and enabling people to achieve their potential.

28. To achieve this vision, we need to invigorate and energise our communities and organisations, to promote a culture change that will bring about real improvements for the population in Northern Ireland. We need to focus on

learning from our experiences and supporting each other. We need to stop people falling through gaps in services by putting the foundations in place for true collaboration and integration, working together with and supporting our partners in the voluntary and community sector to provide high quality support and services on the ground.

29. The work to implement this vision and the actions made in this draft Strategy must be based on the same core, founding principles:

- I. Meaningful and effective co-production and co-design at every stage.*
- II. Person centred care and a whole life approach – a system that meets the needs of the person, rather than expecting the person to fit into a rigid system.*
- III. Care that considers and acknowledges the impact of trauma – where staff have the appropriate knowledge and skills and are aware of the impact of trauma, particularly in the context of Northern Ireland.*
- IV. Choice – meaning choice in treatment to fit the needs and preferences of the person.*
- V. Early intervention, prevention and recovery as a key focus – all decisions should be made with this in mind.*
- VI. Evidence informed decisions - services and interventions built upon sound evidence of what works.*
- VII. The specific needs of particularly at risk groups of people, and the barriers they face in accessing mental health services, should be recognised and addressed.*

30. This draft Strategy builds upon this vision and founding principles to set out 29 key actions to bring about change to mental health in Northern Ireland. The actions are set out under 3 overarching themes:

- **Promoting wellbeing and resilience through prevention and early intervention**
- **Providing the right support at the right time**
- **New ways of working**

Theme 1 – Promoting wellbeing and resilience through prevention and early intervention

31. Health is closely linked to the conditions in which people are born, grow, live, work and age, and inequities in power, money and resources – the social determinants of health.⁶ The mental health and wellbeing of the population in Northern Ireland is therefore not just a health and social care issue, it is societal. The Northern Ireland Executive has recognised that promoting and maintaining good mental health cuts across all Departments and all aspects of life. The establishment of the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention, and the appointment of the NI Mental Health Champion, demonstrates the clear commitment across the Northern Ireland Executive to joint working to improve society's mental health and wellbeing.

Mental Health Champion

In April 2020, cross-Departmental support was secured, through the Northern Ireland Executive, to formally establish a Northern Ireland Mental Health Champion role. The creation of such a role was in response to wide ranging calls from across the mental health sector for the creation of a strong, effective and independent voice to advocate on their behalf. The Mental Health Champion is therefore a joint initiative across the NI Executive and fully supported by all Executive Ministers. As a signal of the collaborative will for the role to succeed, funding for the role is shared across Departments.

The purpose of the Mental Health Champion is to integrate a mental health friendly ethos into all policies and services developed and delivered by the NI Executive and to enhance the level of collaborative working on, and awareness of, psychological wellbeing, mental health, suicide and recovery in Government Departments. The role is also to be a voice for people with lived experience, who are often not heard in the public debate.

32. When considering what impacts on our population's mental health, and how to improve it, we must consider this wider context. If we want to achieve our vision of a system that promotes positive mental health and seeks to enable people to achieve their potential, it is hugely important to invest in measures to promote and support emotional wellbeing and resilience, to raise awareness of mental health and reduce the stigma associated with it, and prevent and delay the onset of mental health problems as far as possible.

⁶ World Health Organization *Social determinants of health* https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Promotion, early intervention and prevention

33. Outcomes:

- Better mental health among the wider population, evidenced by a reduction of % of population with GHQ12 scores ≥ 4 (signifying possible mental health problem).
- Better interagency cooperation to promote wellbeing and resilience.
- Wider awareness of mental health within the health and social care sector outside the mental health profession.
- Wider awareness of how mental health can be impacted by every day decisions and strategic policy directions outside the health and social care sector.

34. Good mental health is linked to good physical health and positive relations with families, friends, and colleagues. It enables us to fulfil our potential, engage in community life, and lead full and rewarding lives. The natural and built environments in which we live, work, visit and play can impact profoundly on our wellbeing. Surroundings that are well-planned, designed and maintained may help prevent, and support recovery from, mental illness.

35. Prevention of mental health problems and early intervention when they occur is both possible and cost-effective. People's mental health is shaped by a number of social, economic, cultural and environmental factors, which can make people more or less likely to develop a mental health problem. Evidence shows that poverty and mental ill-health are closely associated, and disadvantage can have long-term consequences.⁷ We also know that the Troubles has had a lasting impact on both social deprivation and levels of mental ill health. In Northern Ireland we need to continue to work together across government, sectors and the whole of society to implement existing policies designed to address deprivation, poverty and social cohesion issues, and other social determinants of mental ill health. The four new social inclusion strategies (Disability; Anti-Poverty; Gender; and Sexual Orientation) currently being developed are also likely to include interventions from across government Departments that will contribute to improving our population's mental health and wellbeing.

Case Study: Urban Villages

This headline action of the Executive's Together: Building a United Community strategy is a good relations programme in places with a history of deprivation and social tension. Mental Health has been prioritised by local communities in Strategic Framework documents covering five Urban Village areas across

⁷ Mental health and poverty in the UK – time for change? ([Jed Boardman](#) et al, May 2015)

Belfast and Derry/Londonderry, and is the focus of many community-led projects supported by the Urban Villages Initiative.

The strategic focus on this issue by local communities demonstrates that poor mental health is a barrier preventing communities from thriving in a post-conflict society. This also reflects intergenerational trauma arising from a legacy of division. To support local efforts, a €6.1m EU PEACE IV funded project called 'Our Generation' was launched in September 2020. This three year programme will work in Urban Village areas and border counties and co-design local approaches to build emotional resilience and improve the mental health of young people.

36. As part of this, as a society we need to continue to provide opportunities for individuals and communities to look after their own emotional wellbeing and mental health, for example, by providing access to green and blue spaces, opportunities for exercise, leisure activity and social interaction, including volunteering opportunities, as well as access to housing and employment, all of which are proven to have an impact on emotional and mental wellbeing.

Case Study: Connswater Community Greenway

This £40 million project in East Belfast was developed by EastSide Partnership and delivered by Belfast City Council. Funded by the Big Lottery Fund, Belfast City Council, the Department for Communities and the Department for Infrastructure, the Connswater Community Greenway opened in September 2017. It provides vibrant, attractive, safe and accessible green and blue spaces for leisure, recreation, community events and activities.

Among the wide range of facilities it has created are a 9km linear park making provision for walking, wheeling and cycling along the course of three rivers; 16km of foot and cycle paths, hubs for education, interpretation points and tourism and heritage trails, a wildlife corridor from Belfast Lough to the Castlereagh Hills, and C.S. Lewis Square – an events and activities space.

The route links with the Comber Greenway which is also improving the quality of life for the people of east Belfast, including the 40,000 residents and pupils and students attending 23 local schools and colleges. A whole new greener environment has emerged to link local residents to parks, leisure facilities, businesses, shopping centres, schools and colleges.

Greenways promote active travel, connect people and communities, create green safe spaces, and encourage community members to volunteer to keep them clear and looking great for everyone to enjoy. In all of these ways, they help to enhance both our physical and mental health.

37. We also need to address public and individual knowledge, awareness and understanding of mental health. By doing this we can make mental health part of everyday conversation, and reduce the stigma still associated with mental ill health. We can raise awareness of the steps individuals, families, friends and carers can take to look after their own mental health, and support others. And we can also seek to ensure there is a clear message around when and how to seek help and support. This could be achieved through public awareness campaigns that increase people's mental health literacy, and may also include targeting specific groups of people who may be vulnerable to mental ill health, for example, peer support programmes for LGBT+ young people, debt advice for people on low incomes, or outreach programmes for ethnic minorities, refugees and asylum-seekers.

Case Study: Sport Wellbeing Hub

The Sport Wellbeing Hub is an online resource which Sport NI launched in April 2020. It offers the sports sector and communities wellbeing support during the Covid-19 pandemic. The Hub was developed in partnership with the PHA and Inspire to help sports users to create their own wellbeing care-plan, as well as giving guidance on support through a guided self-assessment. The hub is for everyone across the sporting community, those who are involved in sport, at all levels and all abilities. The Sport Wellbeing Hub provides a range of innovative tools and resources including a guided self-assessment via 'chatbot'; self-help programmes and digital intervention tools; a searchable '5 ways to wellbeing' map; a wellbeing information library; and video content featuring some of our sporting heroes talking about mental health.

38. It is important to focus on the promotion of wellbeing, prevention and early intervention throughout the whole life of the person, incorporating initiatives from perinatal and early years through childhood and early adulthood, working life and into later life.
39. As adverse childhood experiences (ACEs) have been found to account for 29.8% of mental disorders,⁸ prevention of ACEs is key to preventing mental ill health among children and in later life. For children, a key focal point for prevention is in connection with schools. Evidence shows that school-based programmes for children and adolescents have achieved a reduction in depressive symptom levels of 50% or more a year after the intervention; and anxiety disorders can

⁸ Kessler et al, 2010, *Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys*, British Journal of Psychiatry 197(5).

successfully be prevented by strengthening emotional resilience, self-confidence and cognitive problem-solving skills in schools.⁹

Case study: mental health in schools

The Department for Education recognises the importance of embedding mental health and wellbeing into all educational settings, and has been working collaboratively with other agencies to develop a Framework for Children & Young People's Emotional Health and Wellbeing in Education.

The main emphasis of this work is to support schools to promote emotional health and wellbeing at a universal level, through a holistic, multi-disciplinary approach, providing early and enhanced support for those children and young people who may be at risk or showing signs of needing further help. £5m has been made available by Department for Education to enable the implementation of this Framework in 2020/21 and subsequent years, and Department of Health has agreed to provide an additional £1.5m from 2021/22 onward. A range of proposals are currently being considered – all of which have a focus on promotion, prevention and early intervention, through which Education, Health and Community services can work together in an integrated way.

40. Prevention of mental health problems in the workplace is of particular importance, both in terms of its impact on economic productivity, but also given the impact of the Covid-19 pandemic on working practices. Increased isolation due to home working coupled with increased stress, particularly for those working on the front line or in public facing roles, means that it is more important than ever to invest in strategies and measures to support the wider workforce in staying mentally well. This involves demonstrating commitment at the highest levels of the organisation to mental wellbeing, reducing stigmatising attitudes and discrimination, tackling the causes of workplace stress, providing training and support to managers, and providing early intervention supports for employees.

Case Study: Buy Social – mental health in procurement

Buy Social works to maximise the social benefits delivered through public investment. This includes social considerations on public contracts, which require Public Sector Contractors to deliver certain initiatives as part of the contract. Work is ongoing by the Department of Finance to consider the possibility of including Buy Social on relevant public sector contracts to benefit the mental health of employees working on these contracts, through for example,

⁹ Scott, S. (2005). *Do parenting programmes for severe child antisocial behaviour work over the longer term, and for whom? 1 year follow up of a multicenter controlled trial*. Behavioural and Cognitive Psychotherapy, 33(4), 403–421. <https://doi.org/10.1017/S135246580500233X>

employment opportunities for those that are disadvantaged from the labour market, work experience and business in education opportunities, digital skills training for people at risk of digital exclusion and a requirement that contractors have a health and well-being policy in place in for staff.

41. The mental health impact of unemployment is also widely recognised. Again, action across government to provide financial and emotional support to those who have become unemployed, and to help people back into work where possible, plays an essential role in preventing the occurrence of mental health problems.

Case Study: Employment Support

Through Work Coaches the Department for Communities (DfC) works in collaboration with contracted and specialist local providers to support people with physical and mental health conditions. Support is provided through the Workable (NI), Access to Work (NI), European Social Fund projects and the Condition Management Programme (CMP) to help people realise the ambition to work and achieve mental health improvement and stability. DfC delivers CMP in collaboration with the Department of Health. It is a work-focused, rehabilitation programme, aimed at improving the employability of our people by supporting them to understand and manage their health condition(s), including mental health, to enable them to progress towards, move into and stay in employment.

DfC is in the process of standing up a suite of new programmes to improve the employment prospects of those impacted by the Covid-19 pandemic. This will include a specific focus on our youth and those with health and disability support needs who are particularly vulnerable in the labour market and subsequently at risk for longer term health and wellbeing issues. The Department also has a team of Work Psychologists who are responsible for leading on the work and health agenda and developing the capacity of our front line teams to support people with mental ill-health.

42. For certain sectors, for example, the rural and farming community, mental health is a particular concern. This can be due to physical isolation from communities, worries about livelihood, or anxiety regarding personal and family safety. Research by the Farm Safety Foundation revealed that 84 per cent of farmers under the age of 40 believe that mental health is the biggest hidden problem facing farmers (up from 81 per cent in 2018).¹⁰ It is important to reach out to harder to reach groups to intervene early and prevent the onset of mental health problems.

¹⁰ Farm Safety Foundation *Mental Health in Agriculture*, <https://www.yellowwellies.org/mind-your-head/>.

Case Study: Tackling Rural Poverty and Social Isolation Framework

The Tackling Rural Poverty and Social Isolation (TRPSI) Framework supports the development and delivery of initiatives to address the Framework's three priority areas of financial poverty, access poverty and social isolation. Through this Framework, DAERA supports a range of initiatives to promote better mental health and wellbeing amongst farmers.

The Rural Support charity operates a telephone Helpline and signposting service for farmers and rural dwellers in stress. Their volunteers support clients with a range of issues pertaining to farming matters and stress. Rural Support are currently delivering mental health awareness training workshops entitled 'Coping With The Pressures of Farming', covering mental wellbeing and suicide awareness and prevention funded by Farm Family Key Skills Programme.

Through the Farm Families Health Checks Programme, on an annual basis, 2,600 rural dwellers avail of a comprehensive physical and mental health screening service.

43. Mental health among students is also an area that has come into increasing focus, particularly in the context of the Covid-19 pandemic. Anxiety and stress about exams, money worries, housing and social interactions can all contribute to poor mental health among students. It is important that we continue to work across government and sectors to intervene early to provide support to help students stay emotionally well and build resilience to support them in their learning journeys and lives beyond.

Case Study: Mood Matters for Students

The Mood Matters for Students programme is a free online Student Mental Health Programme which has been designed especially for students to deal with the impact on mental health arising from the Covid-19 pandemic. The programme, which is delivered by Aware NI, is based on the Mood Matters for Adults programme commissioned by PHA and gives participants knowledge and skills which can be used to maintain or regain good mental health and build resilience to deal with life's challenges.

The programme is based on cognitive behavioural concepts and introduces the 'Five Areas Approach' which participants use to challenge and change unhelpful thinking and behaviour in order to make a positive difference to their lives. It also features the 'Take5 for Your Emotional Wellbeing' which focuses on the five most evidenced ways of looking after our mental health i.e. Connect, Be Active, Take

Notice, Keep Learning and Give and teaches us how we can build these into our everyday lives.

44. Prevention actions in later life should focus on promoting active and healthy ageing as well as addressing the living conditions and environments that support wellbeing and allow people to lead a healthy life.¹¹ For many older adults, social contact is key to building emotional resilience and staying mentally well. For others, staying active, both physically and mentally, contributes to their mental wellbeing. As a society we must continue to value the contribution older adults make to our communities, and continue to provide opportunities and support for them to look after their mental health whether through social groups or befriending schemes, access to physical activity, or other advice and support. The Executive's Active Ageing Strategy, which has been extended to May 2022, includes a number of actions which contribute to positive mental health among our older population.

Case Study: Arts Council and NI Screen

There has been much research into the powerful contribution that engaging with arts and creativity can make to mental health. The Arts Council plan to reopen its Arts and Older People programme in 2021, which funds projects addressing social and mental health issues in older people. This is particularly welcome given the impact that lockdown and other aspects of the Covid-19 pandemic may have had on older people.

Northern Ireland Screen's Digital Film Archive outreach programme delivers free themed presentations based on the content of the archive to audiences across NI including community groups, charities and care homes. Recent collaborative projects include PLACE EE, a transnational inter-generational project, which works with older people in sparsely populated rural areas to improve wellbeing.

45. In Northern Ireland, for those with a recognised mental disorder mental health promotion, prevention and early intervention is often secondary to the delivery of specific mental health services. Often, this is not in the patient's best interests. To improve this we need to ensure that promotion, prevention and early intervention is mainstreamed in service delivery and across different sectors. This will require a renewed focus to ensure that mental health promotion meets the needs of those who need early intervention. This can include targeted approaches to groups more likely to be adversely affected by mental ill health, such as BAME groups, refugees and asylum seekers, people with a specific

¹¹ Policy direction for aging and older people can be found in the Department for Communities' *Active Ageing Strategy*. <https://www.communities-ni.gov.uk/publications/active-ageing-strategy-2016-2022>

trauma exposure, LGBT+ people, people with a physical or sensory disability and persons with an intellectual disability.

ACTION 1. Create an action plan for promoting mental health through early intervention and prevention, with year on year actions covering a whole life approach. The action plan must consider groups disproportionately affected by mental ill health which often struggle to access early intervention services.

46. Early intervention can prevent the escalation of mental health problems. This can, for example, be through providing therapy in primary care to prevent depression and ensuring fast access to psychological therapies. This means providing primary care with the tools to provide mental health early intervention services. In Northern Ireland, the roll out of primary care multi-disciplinary teams, including mental health workers, provides better access to mental health support in an easily accessible format where people need it. This support is now available for an increasing part of the population.
47. The then Department of Health, Social Services and Public Safety's 2010 *Psychological Therapies Strategy* recommended integration of psychological therapies across all steps of mental health services. In practice this has led to the establishment of talking therapy hubs, managed by Trusts. Effective talking therapy hubs can provide early intervention and prevent a worsening of mental ill health of the population. However, the availability of talking therapy hubs varies across Northern Ireland, with services unavailable to significant parts of the population.
48. By expanding the availability of talking therapy through local hubs to ensure complete coverage across Northern Ireland, we can ensure early intervention services are available to the whole population. This needs to happen together with primary care. The hubs should therefore become part of primary care services and be developed in conjunction with the development of mental health in primary care multi-disciplinary teams.
49. In practice that means ownership of the talking therapy hubs will be transferred to primary care, with further integration with the multi-disciplinary teams and with the community and voluntary sector. This will ensure greater and easier access to early intervention in the form of psychological therapies.
50. Expansion of talking therapy hubs with involvement from the community and voluntary sector will increase the availability of psychological intervention which means waiting times will be reduced and people will have easier access to talking therapies when they need it.

ACTION 2. Expand talking therapy hubs, which are resourced sustainably, to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider work on establishing mental health as an integral part of the primary care multi-disciplinary team. This will expand the delivery of psychological therapies across Northern Ireland to improve the mental wellbeing of the population and prevent the establishment of mental disorders.

Promoting children and their families' positive mental health

51. We have already noted the importance of focusing on the promotion of prevention, early intervention and wellbeing throughout a person's whole life. However, if we can give every child born a good start in life, and support them and their families throughout their childhood, we can significantly reduce the likelihood of future mental health problems occurring.
52. Outcomes:
 - Improved mental health among children and young people using key indicators from the 2020 Youth Wellbeing Child and Adolescent Prevalence Study.
53. Positive social and emotional development in infancy helps children feel safe and better able to develop cognitively and prepares them more fully for transitions into education. Children and young people who have strong attachments with parents and caregivers have an increased likelihood of experiencing good mental health throughout their lifetime.
54. Children's mental health and emotional wellbeing is nurtured primarily in the family. Therefore a key priority for all services is to support parents and carers. A secure parent/child relationship is a key building block for the development of positive attachment and helps to build emotional resilience in children. This support needs to continue into childhood and adolescence. Like cognitive capabilities, resilience, social and emotional skills are malleable. They can be taught and developed throughout childhood, adolescence and beyond.
55. Work needs to continue across sectors to promote positive social and emotional development throughout the period of childhood and adolescence. In practice this means building on existing good practice and areas of collaboration, such as between the health and education sectors, and seek out new, innovative ways of working to ensure children have the best start to improve their chances of a happy, healthy life.

ACTION 3. Further promote positive social and emotional development throughout the period of childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

56. Children with global developmental delay or neurodevelopmental disorders can present with particular behavioural challenges which require specialist support for the child and their parents. Seven out of ten people with autism also have a condition such as anxiety, depression, Attention Deficit Hyperactivity Disorder or Obsessive Compulsive Disorder. The best way to support children and young people with an intellectual disability is to provide specialised parenting education and support programmes.
57. In Northern Ireland the approach to children with developmental delays or neurodevelopmental disorders is often characterised by approaches where the education and support needed is not always provided. In addition, mental health services are not always accessible due the setting of thresholds which often don't allow services to be based around the individual.
58. We need to ensure that the needs of these children and young people are considered as part of a whole system approach, where their needs come first. This means working across service boundaries.
59. It also means providing dedicated programmes to help parents understand the function of their child's behaviours of concern and teach the child new skills that can be used to replace behaviours of concern, as well as teaching the parents strategies to promote positive behaviour and positive mental health. It is vital that specialist mental health and well-being services are available for families caring for children and young people with neurodevelopmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD), intellectual disability or Autism Spectrum Disorder (ASD) and for the young people themselves. These services should work in partnership with other child health services including paediatrics and health visiting.

ACTION 4. Provide enhanced and accessible mental health services for those who need specialist mental health services, including children and young people with disabilities. The services must be able to cater for the disabilities, including physical and sensory disabilities, ASD and intellectual disabilities. This must include help and support for parents and families.

Theme 2: Providing the right support at the right time

60. In Theme 1 we have set out the importance of promoting positive mental health and resilience, and of intervening early to prevent the onset of mental health problems. However, for some individuals more targeted mental health support may be required.
61. Our vision for mental health services is about putting the person and their needs at the centre and ensuring people have access to the support that they need, at the right time and in the right place.
62. This theme therefore focuses on ensuring access to a broad range of services across the lifespan and covering the spectrum of need, from Children and Adolescent Mental Health Services through to support for older people with mental ill health, and covering the range of services provided from community to inpatient and specialist services. Providing services at the right time means that support has to be available when people need it. That might be through appropriate crisis support, but it also means ensuring quicker access to appropriate services without multiple onward referral processes – a “no wrong door” approach. We also need to consider support for individuals with mental health needs holistically, to ensure that they do not fall between gaps in services if they have a dual diagnosis of mental ill health and an addiction, and to ensure they receive support for their physical health as well as mental health.

Child and adolescent mental health

63. Outcomes:
 - Children and young people should receive the care and treatment they need, when they need it, without barriers or limitations. This should be evident through shorter waiting lists.
 - Reduction in difficult transitions for children and young people, by improved outcomes in 10,000 more voices and similar user surveys.
 - A regional approach to the delivery of child and adolescent mental health services.
64. The 2020 *Youth Wellbeing Child and Adolescent Prevalence Study*¹² provides estimates of common mental health problems in children and young people in Northern Ireland. At any time one in ten children and young people are experiencing anxiety or depression, which is roughly 25% higher in the child and youth population in comparison to other UK nations. One in twenty young people aged 11-19 years display symptoms of post-traumatic stress disorder. One in six

¹² Bunting et al, 2020, *Youth Wellbeing Child and Adolescent Prevalence Study*.

children and young people in Northern Ireland engaged in a pattern of disordered eating and associated behaviours. About one in ten of 11-19 year olds reported self-injurious behaviour with nearly one in eight reporting thinking about or attempting suicide.

1 IN 20 – POST-TRAUMATIC STRESS DISORDER

1 IN 10 – ANXIETY OR DEPRESSION

1 IN 6 – PATTERNS OF EATING DISORDER

1 IN 10 – SELF-INJUROUS BEHAVIOUR

65. Child and Adolescent Mental Health Services (CAMHS) provide services to children and young people and are organised according to a stepped care model. This is aimed at delivering the appropriate level of care, at the earliest point, that best meets the assessed needs of the child or young person. This is delivered through the CAMHS Integrated Care Pathway which sets out quality service standards across the different steps of care.
66. The stepped care model with its recovery ethos has provided a foundation which has facilitated improvements to the delivery of CAMHS. However, our model has become a system which tends to define itself in terms of services, meaning that young people with complex needs, or who do not meet narrow criteria for a particular service, may have difficulty accessing treatment. Combined with resource limitations this has led to long waiting times with 240 children and young people waiting longer than 9 weeks for core step 3 CAMHS, with over 120 waiting longer than 26 weeks.¹³

OVER 120 CHILDREN AND YOUNG PEOPLE WAIT MORE THAN 6 MONTHS FOR STEP 3 CAMHS

67. To help overcome this we need to focus on the needs of the young person and see them as individuals with a unique set of needs. This must involve improving our system so that service users and families can navigate it easily and it is adaptable to the way that symptoms and needs fluctuate. In practice this means improving the flexibility in the system.
68. Currently CAMHS funding is approximately £20-25m per year, which is between 6.5% and 8.5% of the total mental health budget. This must increase to 10% of

¹³ Correct as of October 2020.

the overall mental health budget. This will allow meaningful investment to ensure the stepped care model can be flexible and meet the needs of young people.

69. The structures of CAMHS will change to ensure that the needs of young people are met. CAMHS will need to move away from working focussed solely on the steps of the stepped care model, towards a model where the steps provide indication of level of care modelled on the individual child or young person's needs.

ACTION 5. Increase the funding for CAMHS to 10% of adult mental health funding and improve the delivery of the stepped care model to ensure it meets the needs of young people.

70. Improved delivery of the stepped care model in CAMHS should incorporate an inclusion health approach. This acknowledges that some groups are disadvantaged when it comes to access to services, or more likely to experience mental ill health. These groups include looked after children, children in immigrant or ethnic minority populations, substance use populations, children with physical health problems and physical and sensory disabilities, children of parents with mental health problems or with parents in prison, young people in the LGBT+ population, travellers, those at the transition juncture to adult services and children and young people with intellectual disabilities.

Case study: co-located mental health services for young people in contact with the justice system

As part of the review of CAMHS and the introduction of the new Stepped Care Model in the Southern Health and Social Care Trust it was identified that young people within the justice system, although they appeared to have considerable levels of mental health needs, struggled to engage with CAMHS. From this, the concept of a pilot mental health worker co-located within CAMHS and the Youth Justice Agency (YJA) was developed.

Commencing in March 2019, a Senior Mental Health Practitioner worked collaboratively across the CAMHS and the YJA teams in Banbridge and Portadown respectively. The service was established and sought to determine more clearly the level of mental health need within the youth justice population.

The service has enabled children coming into contact with the YJA to be assessed and supported directly, with referrals made to CAMHS where appropriate, including the promotion of services available within their multi-disciplinary team. Mental health assessment tools have also been developed for use by YJA to support early intervention with children and their families. The co-location of these services is delivering improved outcomes for children involved

with the youth justice system and has been positively received from the children involved, their families, CAMHS and YJA alike. The pilot has resulted in more children having better access to mental health services, which in turn, contributes to their desistance from offending. This pilot has been co-funded by SHSCT and YJA in 2020 and, such has been its success to date, consideration is now being given to rolling it out across Northern Ireland.

71. Whilst policy direction in Northern Ireland has been set towards equality of access, CAMHS services vary from Trust to Trust in terms of their organisation and remit and there is potential, particularly for vulnerable children, to be 'bounced around' or to 'fall through gaps' and to face barriers to accessing CAMHS.

Case Study: Equal Access to services

In 2014 the Southern Health and Social Care Trust reorganised their services to ensure children and young people with an intellectual disability had equal access specialist CAMHS. A 'no wrong front door' approach, with timely access to specialist assessment and therapeutic intervention, has led to improved outcomes for children and young people. The Trust have fewer children and young people with an intellectual disability prescribed psychotropic medication and have reduced the need for, and duration of, inpatient assessment and treatment. This service has been recognised for its innovation, child-centred approaches and clinical excellence across the UK and Ireland.

72. Going forward, particular consideration of these vulnerable groups must be had when developing and improving services for children and young people. This will incorporate a 'no wrong front door' approach meaning that children and young people from vulnerable groups will no longer be passed from service to service and should mean fewer hospitalisations and less use of medication.

ACTION 6. We will meet the needs of vulnerable children and young people when developing and improving CAMHS, putting in place a 'no wrong door' approach.

73. The regional care pathway and stepped care model has brought improvement and more consistency in acute and crisis care for children and young people across Trust services in recent years. There are, however, still significant variations across Trusts with reports of some young people waiting too long in Emergency Departments.
74. A quarter of CAMHS referrals in Northern Ireland are emergency or urgent compared to the average for the UK of just over one in ten. On average 40% of

children assessed in crisis do not need CAMHS treatment, so having highly skilled staff at crisis points is essential to ensure that children and families get the best and most appropriate care including within the community and voluntary sector.

1 IN 4 CAMHS REFERRALS ARE EMERGENCY OR URGENT EVEN THOUGH 4 IN 10 OF THE REFERRED ARE NOT IN NEED OF CAMHS TREATMENT

75. The recently established CAMHS managed care network and partnership board provides a platform for improving urgent, emergency and crisis CAMHS services in Northern Ireland. We will, through this network, develop regionally consistent urgent, emergency and crisis services to children and young people.
76. This means we will have a better response to children and young people in crisis, with the right provisions at the right time to prevent further escalation and provide timely interventions.

ACTION 7. Create clear and regionally consistent urgent, emergency and crisis services to children and young people.

77. Currently young people who continue to need mental health treatment and care transition from CAMHS to adult mental health services with the aim for the transition to be completed around their 18th birthday. There is no regional protocol in Northern Ireland for the transition of young people from CAMHS to adult mental health services and transition pathways vary across the five health and social care trusts.
78. Whilst Trusts have worked to establish and improve transition pathways there is a persistent reality of poor service user experience. The IMPACT study on transitions in Northern Ireland, found that none of the young people transitioning experienced an "optimum transition". The study also identified inequities with those prescribed medication and those with psychotic disorders most likely to transfer, whereas service users with autism/ASD are generally transferred back to primary care.
79. We need to improve transitions. An expert review is currently ongoing and will inform the policy direction and a way forward.

Mental health and older adults

80. Outcomes:

- All older adults who need mental health services will receive the care and treatment they need.
- Old age psychiatry services are no longer based on an age threshold but on the needs of the person.

81. The world's population has been growing exponentially in the past century and correspondingly, the proportion of older adults is increasing rapidly. Mental ill health is common among older adults and in Northern Ireland it is estimated that a mental health problem is present in 40% of older adults seeing their GP, 50% of older adults in general hospitals and 60% of care home residents. Under-diagnosis is reported as a chronic problem. Older adults with mental illness are more likely to require domiciliary or institutional care. They are more prone to physical co-morbidity and have higher rates of frailty and vulnerability.

**40% OF OLDER ADULTS ATTENDING GP
50% OF OLDER ADULTS IN GENERAL HOSPITAL
60% OF CARE HOME RESIDENTS
HAVE MENTAL HEALTH PROBLEMS**

82. Older adults are vulnerable to the full spectrum of mental illness seen in younger adults, with anxiety disorders particularly prevalent. In addition they have predictably higher rates of mental illness associated with physical illness, frailty and dementia. Social challenges include isolation, bereavement and economic poverty. Even so, evidence suggests older adults receive proportionally less help than other age groups. Depression affects around 22% of men and 28% of women aged 65 years and over, yet it is estimated that 85% of older adults with depression receive no help at all from statutory services.

**22% OF MEN AND 28% WOMEN OVER 65
SUFFER FROM DEPRESSION**

83. The legacy of trauma related to the Troubles poses a particular challenge in Northern Ireland. A person who was 18 at the beginning of the conflict will be 68 years old in 2020 and may present to older adults' services where there is an under provision of psychologically informed, recovery strengths focused interventions.

18 YEAR OLDS AT THE START OF THE TROUBLES TURNED 68 IN 2020

84. Mental health services for older adults in Northern Ireland have not kept up with the changing demand. Old age psychiatry still largely operates on an outmoded concept of health and aging with a cut-off at the age of 65. The increasing number of relatively physically well over 65s may have their needs met by working-age services. However the physically frail older adult (including those under the age of 65 with chronic illness and the elderly older adult) may have needs that result from the physical effects of ageing, needs which are better addressed in specialist old age services.
85. Safeguarding the rights of the frail and older adults will require identification of needs and planning of systems that deliver the right service, in the right way at the right time. Going forward we will recognise that chronological age alone is not sufficient to determine what services are needed and how they are best delivered.
86. In Northern Ireland that means we need to plan services based on the needs of the person, rather than their age.

ACTION 8. Ensure adult mental health services cater for older adults with mental ill health, provide adequate support and structures and are mindful of the particular challenges older people face. The artificial cut off in adult services at the age of 65 will stop and people will be supported by the right service based on their individual needs.

Community mental health

87. Outcomes:
 - A mental health system that is person centred, where the system adapts to the need of the person.
 - Reduction in waiting lists.
 - Increase in service user satisfaction through methods such as 10,000 voices.
88. According to the Mental Health Foundation it is estimated that just 40% of those with mental health problems in Northern Ireland were able to access effective mental healthcare. 79% of those with a mental disorder who sought treatment felt they had not received the service they need.

ONLY 40% OF THOSE WITH MENTAL ILL HEALTH WERE ABLE TO ACCESS MENTAL HEALTHCARE

89. Community based services will be evidence based, organised on a stepped care model, the core principle of which is that people are matched to interventions that are appropriate to their level of needs and preferences. However, at all times the services must be adaptable to people and their needs. This includes understanding the underlying factors for the needs, such as social factors, trauma and addictions, including gaming and gambling addiction.
90. In Northern Ireland that will see secondary and community mental health services in a population area focused and integrated around GPs with primary care as the hub for mental health care. This will involve a fundamental change in the operation of secondary mental health, moving away from current service structures which can seem fragmented towards joined-up locality based approaches centred upon populations in GP Federation areas. Services will be organised to work collectively in responding to the spectrum of need of the population, including those with more severe mental health problems, through collaborative and consultative models of care across primary, secondary and community care. This will put professionals where the people are to ensure the system fits the needs of the people.

GOING FORWARD MENTAL HEALTH SERVICES WILL BE FOCUSSED AROUND THE GP TO ENABLE EASY ACCESS FOR THOSE WHO NEED HELP

91. In practice this means co-design of local pathways of care across primary and secondary care and across the range of available community resources in each Federation area. It will mean involvement of all actors in the delivery of mental health; GPs, Health and Social Care Trusts and the community and voluntary sector. It will also mean including people with lived experience, their family and carers in the co-design process.
92. At the heart of this is the primary care multi-disciplinary team which will include mental health workers. We already have 44 mental health practitioners in primary care covering five GP Federation areas. Over the next few years we will spend over £1m per year to improve access to mental health in the primary care multi-disciplinary team.
93. The GP with the primary care multi-disciplinary team will be the first port of call in the newly structured mental health system. In combination with an increase in

the accessibility of talking therapies through new talking therapy hubs overseen by GPs (see action 2) many people will have their needs met without needing further escalation. This will lead to quicker access to services, less referrals and better outcomes for people.

94. The effect of this will be noticeable for all. It is expected that this will reduce waiting times, that it will ensure timely access to services from primary and secondary care and the community and voluntary sector and that it will improve the user satisfaction with access to services.

ACTION 9. Refocus and reorganise primary and secondary care mental health services around the GP Federations to ensure a person centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system.

95. The new models of service delivery across mental health will be founded on an ethos of recovery based care. This will ensure that all those with mental ill health receive the support they need.
96. The Recovery College model represents a valuable resource that could be better used and valued – however a more comprehensive roll out of the recovery and wellness agenda will require time and resources. Currently staff engagement in co-production activities through Recovery Colleges has largely been optional. A truly recovery-focused service will view involvement with Recovery Colleges as integral to practitioners' professional development. Existing expertise in the region within the voluntary and community sector will be part of this, in particular their valuable experience in training and pathways to employment.
97. In practice that means cementing the role of Recovery Colleges and ensuring accessibility of Recovery Colleges to those who need it wherever they are in Northern Ireland.

ACTION 10. Further develop recovery services, including Recovery Colleges, to ensure that a recovery focus and approach is embedded in the whole mental health system.

98. The effective delivery of a community based model of mental health is not possible without the full integration of the community and voluntary sector.
99. Historically, work with the community and voluntary sector has developed incrementally and whilst essential their availability, focus and configuration is uneven across Northern Ireland. It is important that these supports are available to those who need them, wherever they are. We must harness the skills and

experience that exist in the community and voluntary sector to ensure that this is used to benefit people with mental ill health.

100. In practice this means seeing the community and voluntary sector as partners who are fully integrated in ensuring improved outcomes for the population. This means fully including the sector in the planning, development and delivery of mental health services. Going forward all service delivery mechanisms must include consideration of the role of the community and voluntary sector.
101. This will mean the development of protocols for formal involvement and integration of the sector in the development of mental health services, in order to harness their expertise.

ACTION 11. Fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise.

Psychological therapies

102. Outcomes:

- Availability of psychological services at the time when people need it.
- Reduction in waiting times to access psychological services.
- Integrated psychological therapies in mainstream mental health services.
- Use of all available methods and technology to meet the needs of the people.

103. An important part of community mental health services is the use of psychological therapies. However, across Northern Ireland there are inequalities in provision of and access to these services. Waiting lists for psychological therapies are long with over 2,400 adults and 269 children and young people waiting longer than 13 weeks and over 750 adults and 81 children and young people waiting longer than a year.¹⁴

**750 ADULTS AND 80 CHILDREN AND YOUNG
PEOPLE HAVE WAITED OVER A YEAR FOR
PSYCHOLOGICAL THERAPIES**

104. Improving access to effective psychological therapies is therefore a fundamental component to improving the mental health of the population.

¹⁴ Correct as of October 2020.

105. In practice, to ensure improved access to effective psychological interventions, it is essential to match the right level of intervention to the individual seeking support, at the right time. This will require having a sufficient workforce with the right knowledge, skills and competencies to meet demand and deliver psychologically informed interventions to a high quality.
106. Improving access must encompass a whole life approach, be evidence based and trauma informed, placing the service user at the centre such that they are equal partners in their own self defined and self-directed care. Beyond increasing access to high quality interventions, there is also a need to fully integrate psychological therapies pathways within mental health services. Existing regional variations in service delivery means that in some areas people have to wait excessively long for psychological therapies.
107. This means embedding psychological services into mainstream mental health services, both in primary and secondary care. In primary care this means further rollout of talking therapy hubs (see action 2). In secondary care this mean integrated community mental health teams where psychology is one of the tools for the successful outcomes for the patients. This will ensure that psychological therapies are available across all steps in the stepped care model.
108. This will reduce the time people have to wait for psychological therapies and no one should ever wait longer than a year to access these services.

ACTION 12. Embed psychological services into mainstream mental health services. Psychological therapies will be available across all steps of care.

109. Since the Covid-19 outbreak, individuals attending mental health services have received support in innovative, alternative ways using digital technology (e.g. tele-therapy sessions). While these supports should not be viewed as replacements or proxy versions of traditional psychological therapies modalities, they represent an important new avenue of support by providing additional stand-alone treatment models.
110. In Northern Ireland new initiatives have been developed rapidly throughout 2020, including an Apps Library, on-line Stress Control classes and the usage of virtual platforms to deliver group and individual psychological interventions.

THE PANDEMIC HAS HELPED US FIND NEW WAYS OF DELIVERING SERVICES

111. Going forward we must build on the experiences from the pandemic and bring in the good new practices into the delivery of services. This means developing and

providing digital delivery of mental health services. This will help people to self-help, meaning less people need to access traditional methods and that those who are in traditional methods can have positive outcomes quicker.

ACTION 13. Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

Physical healthcare and mental illness

112. Outcomes:

- People with mental health difficulties will enjoy the same quality of life as the general population and have the same life expectancy.
- People with Serious Mental Illness will be offered, and encouraged to participate in, an annual health check.
- Reduction in % of patients who are smoking.

113. In Northern Ireland people with severe and enduring mental illness have a reduced life expectancy of 15 to 20 years because of poor physical health. Addressing this requires a cultural change and systematic approach across our communities, primary care, secondary care and specialist acute services. Every part of the mental health system, at every opportunity, should be asking about smoking, weight, alcohol intake and exercise and supporting change – the physical healthcare of mental health patients is everybody's responsibility.

LIFE EXPECTANCY OF PEOPLE WITH SEVERE AND ENDURING MENTAL ILLNESS IS 15 – 20 YEARS LESS THAN THE GENERAL POPULATION

114. The main responsibility for the physical monitoring of mental health patients receiving treatment in secondary care rests with secondary care. However, often patients with severe and enduring mental health issues see their GP more frequently than secondary care teams. Given the poor physical health outcomes of those with a long term mental illness, we believe there is a need to increase the focus on monitoring the physical health of those with a mental illness. That will mean using every interaction with patients to monitor and seek to improve their physical health.

115. The physical health of mental health patients must become every day practice during routine interactions with mental health patients in primary care, whether

or not the main responsibility for their treatment rests with secondary care services.

116. People with mental ill health will see the effects of this by being asked questions about their physical health when seeing their GP. This will lead to a quicker identification of physical healthcare needs which will improve outcomes for people.

ACTION 14. Ensure that monitoring of the physical health of mental health patients becomes everyday practice in primary care.

117. The physical wellbeing of mental health patients continues in secondary care mental health services, and in particular of those who are cared for in acute settings.
118. In practice this means that all mental health patients should be subject to physical health screening. All patients should also have a combined healthy eating and physical activity programme as part of medication initiation and as part of their recovery plan.

ACTION 15. Ensure that all mental health patients are screened for physical health issues on admission. Across all mental health services, help and support should be provided to encourage positive physical health and healthy living.

In-patient mental health services

119. Outcomes:

- Acute in-patient bed occupancy levels in line with the Royal College of Psychiatrists recommendations.
- Regional consistency in length of stay.
- Better life outcomes for patients with a long term intensive mental health need.

120. Whilst community mental health services provide the best outcomes for most people who are mentally ill, inpatient services are required for those where an effective community intervention is not possible.

121. In Northern Ireland the acute inpatient care system has for many years been under extreme pressures. Bed occupancy has consistently been around 100%, even though the Royal College of Psychiatrist's recommended occupancy level is 85%.

AVERAGE ADULT ACUTE MENTAL HEALTH IN-PATIENT BED OCCUPANCY BETWEEN 1 JUNE AND 30 NOVEMBER 2020 WAS 101.2%

122. This has led to an in-patient system that operates in crisis mode, where it is not possible to provide therapeutic intervention as required and due to the pressures the focus is often on patient maintenance rather than recovery.
123. The difficulties of providing therapeutic improvements in in-patient settings is further hampered by the old in-patient infrastructure. About half the acute in-patient beds are in facilities which do not routinely have single bed bedrooms, that have not seen significant upgrades for decades and that do not meet recognised best practice standards.
124. Over the last decade we have invested £57m on building new mental health units across Northern Ireland. This has provided state of the art, single bed bedroom units where the physical infrastructure is helping in the recovery journey of the patient.

WE HAVE SPENT £57M ON NEW MENTAL HEALTH UNITS AND WILL SPEND A FURTHER £170M

125. The capital works programme to replace the existing in-patient units will continue over the next decade, with a further £170m to invest in a further three new units. When continuing this programme, it is important that new inpatient developments meet the changing needs of the population. This means including consideration of integrated learning disability wards in mental health units, consideration of a specialist perinatal mother and baby unit and a specialist eating disorder unit.
126. Across Northern Ireland there are also significant variations in average patient length of stay (varying from 12 days in one Trust to 42 days in another). Whilst there are demographic and geographic differences between the Trusts, we must get a better understanding of the regional variations to ensure consistent quality services will be provided.
127. Mental health patients will notice that the new units have single bed bedrooms, where the units will be built to help deliver state of the art therapeutic options. We expect this to lead to a reduction in in-patient stay length with less incidents and problems on the wards.
128. For the small cohort of detained patients, the recent first phase commencement of the Mental Capacity Act provides for a framework for deprivation of liberty in

the community. This allows us to consider new ways of dealing with patients who require detention. Going forward we will use this change in legislation to consider if these patients can be cared for safely in the community. This will allow for greater community integration and a more normal life for patients.

ACTION 16. Continue the capital works programme to ensure an up to date in-patient infrastructure. Also consider alternative options to hospital detentions in line with legislative changes to ensure the best outcomes for patients and to ensure that those who need in-patient care can receive the best care available.

129. Across the in-patient units in Northern Ireland there are a number of patients who have a high level of needs who require a longer period of time to respond to treatment. This patient group are often detained under the Mental Health Order and are often in hospital for a very long time, measured in months and years.
130. This patient group, usually consisting of people with complex psychosis who are at risk of being unable to achieve or sustain successful community living, are not in need of acute mental health inpatient beds, but still form up to 20% of the acute in-patient population.
131. Acute in-patient services do not provide the best outcomes for this patient group and are often less effective. A better approach to meet their needs would be a dedicated rehabilitation service based on a recovery model. Rehabilitation services form part of a pathway to recovery for people with schizophrenia and related psychoses. Rehabilitation can be provided in a variety of settings, accepting referrals from acute wards and delivered through inpatient rehabilitation, community based rehabilitation services and various levels of care and support in the community, including supported living, nursing and residential care home options.
132. In Northern Ireland we will create a sustainable rehabilitation service that meets the needs of the patients. In practice that means creating a regional structure for mental health rehabilitation, with specialist community teams and a recovery ethos.
133. This will lead to better outcomes with fewer readmissions and fewer hospital stays for this patient group. This will give them the opportunity to enjoy better lives fully integrated in society.

ACTION 17. Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

134. A number of mental health patients in hospital have needs which are higher than what can ordinarily be provided in mental health in-patient units across Northern Ireland. Low secure services are for people detained within a legislative framework that cannot be treated in other settings because of the level of risk or challenge they present. They do not require the provisions of medium secure care as provided by the Shannon Clinic. Such patients may have been in contact with the criminal justice system but others may present other risks.
135. The mixing of patients who have low secure needs with the general mental health population, including those detained under the Mental Health Order but not deemed low secure risk, increases the risk of conflict and reduces recovery times for both patients groups. Specialist low secure services will help in the provision of the accurate assessment and management of risk.

WE WILL PROVIDE LOW SECURE SERVICES

136. We will therefore provide regional specialist in-patient services for patients with a higher need in dedicated low secure settings. This will support patients with severe presentations that are gravitating towards the criminal justice system resulting in loss of the potential for recovery and potentially family breakdown. This will also lead to less conflict on existing mental health wards and overall shorter patient stay in hospital.

ACTION 18. Develop regional low secure in-patient care for the patients who need it.

Crisis services

137. Outcome:
 - A regional mental health crisis service.
 - Effective help and support for people in crisis, through a regional crisis service, with a resultant reduction in Emergency Department attendance for mental health patients.
138. A recent report by the Royal College of Psychiatrists found that 40% of mental health patients have been forced to resort to emergency or crisis services and one in ten people in distress end up in Emergency Departments. People in crisis require help and support and no-one should have to wait for that help.
139. Crisis services exist to provide support to some of the most vulnerable patients in a very difficult time of their lives. Over recent years a number of pilots of new crisis services have been tried in Northern Ireland, including cooperation between the PSNI, the ambulance service and HSC Trusts (Multi Agency Triage

Team), community crisis intervention service in Derry/Londonderry and others. Other improvements to crisis and urgent care services include the creation of mental health liaison in Emergency Departments.

Case study: Multi Agency Triage Team

The Multi Agency Triage Team (MATT) pilot commenced its service in July 2018, as a collaborative project which involved two Police Officers, a Community Mental Health Practitioner and a paramedic working together to respond to people experiencing a mental health crisis, aged 18 and over, who have accessed the 999 or 101 system. The pilot was initially established as a 2 year initiative, in the South Eastern Health and Social Care Trust, however following positive feedback from service users and MATT staff the service was extended to cover Belfast Health and Social Care Trust in August 2019.

MATT has successfully assisted in the de-escalation of crisis with signposting to appropriate services and through reducing presentations at Emergency Departments.

140. While the pilots have been providing good results, it is important that the development of crisis response services are an integrated part of the wider mental health system.
141. Effective crisis services will mean fewer people with mental health problems attending Emergency Departments. It will also mean that people with existing mental illness who find themselves in crisis have clear contact pathways and access to the right service when they need it.
142. We need to improve the mental health crisis response. An expert review is currently ongoing and will inform the policy direction and a way forward.

ACTION 19. Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.

Co-current mental health issues and substance use (dual diagnosis)

143. Outcomes:
 - A reduction of patients with a co-current mental health and substance use issue that are non-compliant with mental health treatment
 - A person centred approach to care that focusses on the person, rather than expecting the person to fit the system.

- Better health and social outcomes for those with co-current mental health and substance use issues.
144. Access to services for people who have a co-occurring mental health and substance use problem, often called “dual diagnosis”, has been an ongoing concern. For some individuals, their drug use and mental health is inter-related. Both general mental health difficulties and symptoms associated with psychological trauma can lead people to “self-medicate” with alcohol and drugs to manage these aversive feelings. However, this heightened level of alcohol and drug use can, in turn, result in an exacerbation of these mental health issues.
145. Guidelines are clear; no matter where the individual with co-occurring issues is first referred to, whether mental health or substance use services, clinicians and services users must work collectively together to address the issues and people should not be referred back and forward between different services unnecessarily.

DUAL DIAGNOSIS GUIDELINES ARE CLEAR – SERVICES SHOULD WORK COLLECTIVELY TO ADDRESS THE NEEDS OF THE PERSON

146. However, service users often report difficulties in accessing services and unclear lines of referral. The response must ensure that mental health services and substance use services consider the patient first, and adjust the systems to fit the patient, rather than expect the patient to fit the system.
147. The creation of a dedicated dual diagnosis service is not the answer. Such a service would be at risk of receiving “difficult” referrals that mental health and substance use services do not feel able to treat. Instead, the most effective approach is likely to be mental health and substance use services that work together.
148. In practice, to achieve this vision support will be provided to ensure services work collaboratively and that existing pathways are followed. This will take the form of a managed care network with experts in dual diagnosis to ensure capacity building and appropriate pathways.

ACTION 20. Create a managed care network, with experts in dual diagnosis supporting and building capacity in both mental health and substance use services, to ensure that these services meet the full needs of those with co-occurring issues.

Specialist interventions

149. Mental health services in Northern Ireland are normally provided in generalist services. Such a system allows a wide angle approach to mental health to capture a large group of people without unnecessary referrals. However, generalist services do not always cater for the needs of specific groups.
150. The evidence from other countries is clear. Specialist interventions set up correctly within a wider generalist mental health system works and provides better outcomes for patients and shorter recovery times. Going forward we will address the shortfall in Northern Ireland and will provide specialist interventions where they are needed.
151. When developing specialist interventions we must remember that we have a relatively small population. Some specialist interventions will not be available in Northern Ireland as they cannot be provided safely.
152. Currently we send approximately 12 to 15 patients detained under the Mental Health Order per year to specialist treatment in England and Scotland. These patients often stay away from family and friends for a very long time. We will, where possible, develop specialist in-patient provisions to avoid sending these people to England and Scotland.
153. Outcome:
 - Effective specialist interventions that meet the needs of the people, when they need it.
 - A person centred service that avoids silos and where persons are treated as individuals.
 - The right specialist interventions when needed, with quicker outcomes thus reducing the time people require mental health interventions.
154. Perinatal mental health is a priority for prevention and early intervention with poor perinatal mental health affecting not only mothers but also increasing the risk of poorer outcomes in health, educational and social outcomes for children. This potentially creates a cycle of poorer mental health in subsequent generations.
155. Northern Ireland is behind the rest of the UK with regards to specialist perinatal mental health care, with only a specialist consultant-led perinatal mental health service within the Belfast Trust. For mothers requiring inpatient mental health care there is no mother and baby unit in Northern Ireland, and mothers requiring admission are cared for on general adult mental health wards with no opportunity for their child to be accommodated alongside them.

156. We have started the work to develop a regional specialist perinatal community mental health service. This will help expectant and new mothers experiencing mental ill health, reduce in-patient care and promote strong, secure, attachments with their children. We will continue to roll out specialist perinatal mental health services, including in-patient services.

ACTION 21. Continue the rollout of specialist perinatal mental health services.

157. An early intervention in psychosis approach has been shown to reduce the severity of symptoms, improve relapse rates and significantly decrease the use of inpatient care, in comparison to standard care. A recent meta- analysis of outcomes at 6 to 24 months concluded an early intervention in psychosis approach was associated with superior outcomes compared with treatment as usual regarding all outcomes, including hospitalisation risk, bed-days, symptoms, and global functioning.
158. In Northern Ireland psychosis interventions are provided within community mental health teams, home treatment and throughout in-patient services. They are not as integrated as they could be and do not always help patient recovery. To overcome this we will create a psychosis network to ensure early intervention psychosis care, access to evidence based treatments and interventions for people with psychosis.

ACTION 22. Ensure access to evidence based treatments and interventions for people presenting with a first episode psychosis and develop a psychosis network.

159. It is estimated that up to 50% of those attending psychiatric outpatient clinics, 50% of those in psychiatric inpatient services and 80% of the prison population meet the criteria for a personality disorder. 45% of those presenting to Emergency Departments with self-harm have a personality disorder, with 9-10% of those with a personality disorder dying by suicide and with 45-77% of those who die by suicide potentially having a personality disorder. It is estimated that the total cost to the UK economy is £35bn.
160. Specialist interventions are often needed for people with personality disorder. We will therefore create a personality disorder service, with a tiered approach. This will provide a clear model across mental health services where personality disorder specialists can provide services across regionally agreed pathways which will ensure that people get the care they need when they need it.
161. This will reduce the number of detained patients with emotionally unstable personality disorder that have to be transferred to England and Scotland for specialist treatment. It will also reduce the number of in-patients with personality

disorders. It is also expected that it will further the life satisfaction of those with personality disorder through getting effective specialist care and treatment when they need it.

ACTION 23. Create a personality disorder service and enhance the specialist interventions available for the treatment of personality disorder in Northern Ireland.

162. Northern Ireland has a regional network for the provision of services for people with an eating disorder. However, the outcomes for patients with eating disorders in Northern Ireland are lower than in other close jurisdictions and some of our service provisions do not currently meet National Institute for Health and Care Excellence (NICE) guidelines.
163. To improve the outcomes for patients with an eating disorder, we will provide further investment so that eating disorder services can achieve optimum staffing levels and skill mix to deliver effective care across the pathways. In practice this includes additional nursing and dietetic staff to support the treatment and safe supervision of patients with an eating disorder in local mental health in-patient units, including the regional CAMHS unit and paediatric wards.
164. Additional support will allow all eating disorder presentations to be subject to immediate referrals and such referrals to be considered without delay. Treatment support should include normal day activities and intensive day treatment should be further developed in line with NICE guidance.
165. We will also decide the future of eating disorder in-patient services. Currently a number of patients travel to England and Scotland for specialist treatment, keeping them away from family and friends who can often help recovery.

ACTION 24. Create a regional eating disorder service.

Theme 3: New ways of working

166. We have set out in this Strategy the strategic changes to mental health services to support individuals throughout their lives. But we need to ensure we have the right framework, structures and support in place to make these changes happen and improve outcomes for individuals.
167. Our vision sets out our desire to ensure consistency and equity of access across Northern Ireland, and to provide a choice of services that are based on evidence of what works. And we need to find a way of measuring how these changes are positively impacting people on an individual level.
168. Having a skilled, compassionate and trauma informed workforce is key to achieving the change required. Our mental health workforce is dedicated and committed to supporting the people they work with, but the system too often hampers their best efforts. It is important to provide the right environment to support staff to do their utmost to recognise and meet the needs of the people they work with.
169. We also need to build on existing and new evidence to allow us to be ambitious and innovative as we seek to bring about lasting change.

A regional mental health service

170. Outcomes:
 - A regional approach to mental health with regional consistency in service delivery.
 - Less confusion for patients using services across Trusts measured through service user satisfaction surveys.
 - Improved experience for those transitioning between Trusts.
171. In Northern Ireland mental health services are delivered through integrated health and social care trusts. This is different than in other close jurisdictions. The integrated structures have significant advantages. Our approach creates an integrated system with a single employer and budgets, integrated management (which fosters inter-professional working) and integrated approaches to hospital discharges.
172. However, the Lord Crisp report into mental health services in Northern Ireland noted that whilst there are significant strengths in the Northern Irish system, there are also weaknesses around commissioning arrangements and that the organisational boundaries get in the way of improving quality and efficiency. Mental health does not always get the same attention as physical health in HSC

Board and Trust decision making. This negates the positive impacts an integrated health and social care system across physical and mental health can have.

173. To overcome the current challenges, we will create regional structures where there is regional oversight of service development and delivery. This will ensure greater consistency, overcoming the sometimes confusing range of different types of service provision in different Trust areas. The regionality that is needed will extend to service models, service delivery and service structures, including service names and language.
174. In practice that means we will create a regional mental health service network which will include professional leadership responsible for regionality in service models and development. This includes ensuring consistency in the services offered across Northern Ireland. The Encompass programme offers us a significant opportunity to start to build this regional consistency. As we roll out new, digitally enabled ways of working this will drive regional discussions on consistent care pathways, data collection, nomenclature and standards.

A REGIONAL MENTAL HEALTH SERVICE WILL ENSURE REGIONALITY IN SERVICE PROVISIONS

175. Trusts will still be responsible for service delivery and patients will interact with the Trusts. Even so, a regional mental health service will directly benefit patients by removing variations in service availability. It will improve the movement of patients across Trust boundaries and will aid understanding of the system among users.

ACTION 25. Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development.

Workforce for the future

176. Outcomes:

- A well supported workforce that is fit for the future and meets the needs of those who are mentally ill.
- An increase in the number of training places for mental health professionals.
- An increase in the number of staff employed in mental health services.
- A workforce who have training in meeting the needs of particular high risk groups, suicide prevention skills and trauma informed practice.

177. The significant and enduring mental health needs of Northern Ireland's population have been repeatedly demonstrated and have clear links to well-established socioeconomic determinants of health and the legacy of the troubles. For staff in mental health services, there appears to be an ever increasing demand, more complexity in presentation, and recruitment and retention challenges.
178. Across Northern Ireland mental health services are struggling with high vacancy rates, with some Trusts reporting mental health nurse vacancy rates of over 20%. Over the last few years we have increased training places at local universities for mental health nurses by 85%. Going forward we will continue to train more mental health nurses.

OVER 20% OF MENTAL HEALTH NURSING POSTS IN HSC TRUSTS ARE VACANT

179. Whilst the number of vacant psychiatry posts are not higher than the rest of the UK, the use of locums to fill vacant posts is very high with a combined locum and vacant posts rates at 22%. Whilst locums can fulfil the duties of a permanent psychiatrist, the effectiveness is often reduced due to lack of stability and lack of patient knowledge. We will work with the relevant bodies to ensure that the psychiatry workforce is sufficient to meet the demand.

22% OF PSYCHIATRIST POSTS ARE EITHER VACANT OR FILLED BY LOCUM STAFF

180. The number of approved social workers in Northern Ireland has increased over the last few years. However, there is still an estimated gap in the number of approved social workers required and it is estimated that at least a further 25% are required.
181. We have significantly increased the training places in clinical psychology, but there is still a shortfall in the availability of clinical psychologists and fewer training places per head than other parts of the UK.
182. Going forward, multidisciplinary working – with a skilled, supported workforce that is equipped to meet the demands – is central to the future provision of mental health services as it provides the strength of the biopsychosocial approach and creates an effective working environment that enables each professional and group of professionals to use their own unique skills, knowledge, and abilities. Teams with wide skill sets can better meet the individual's needs by creating a tailored blend of personalised interventions that provide consistency, cohesion,

and choice. Strong, well trained multidisciplinary teams therefore can deliver safer, more effective services that can meet the depth and breadth of the challenges faced during the individual's recovery journey by developing and implementing a shared intervention plan from each profession's unique perspective.

183. In practice this means considering the existing workforce and new models of working in a comprehensive workforce review. This will allow informed decision making as to where the focus on training, recruitment and retention needs to be and help us create a workforce for the future. This may include bringing in new professions and skill sets to the mental health workforce and normalising new care and treatment options.

ACTION 26. Undertake a review of the mental health workforce, including consideration of increasing training places and training of the existing workforce.

184. Critical to the development of mental health services now and into the future must also be greater engagement and support for the peer support worker role and advocacy. Peer support workers and advocates use their own lived experience and knowledge to help and support individuals in their recovery journey. In Northern Ireland peer support workers have been partially rolled out, with uneven coverage across the Trusts. Clearer regional guidance, a consistent approach and job descriptions across Trusts will help improve the impact that peer support and advocates can have and improve outcomes for patients.
185. Going forward we will create clear roles and guidance for peer support workers and advocates and integrate peer support fully in the multi-disciplinary team.

ACTION 27. Create a peer support and advocacy model across mental health services.

Data and outcomes

186. Outcomes:

- A clear, evidence based outcome framework which allows evidence to be the foundation for decision making.
- A robust data set which is comparable across Trusts to measure performance and to determine what works.

187. To ensure we have the right services that meet the needs of the population we must have data to measure outcomes. In Northern Ireland, only a small number

of individual mental health services have adopted successful outcomes frameworks.

188. Going forward, we will create a new regional outcomes framework together with professionals and service users. Broadly, this framework should include areas such as patient safety, accessibility (timely access, appropriate demand, demographics), acceptability (person centred, service-user views on intervention), efficiency, equitability (geographical parity), and integration (inter-service interfaces). This will help us in evaluating what works and ensuring we are providing services that deliver good outcomes for people while providing value for money. The Encompass programme, which will be replacing a number of existing software systems, provides us with the opportunity to access a much richer pool of data and information to help inform and improve practice. We will need to work together regionally to exploit this opportunity.

ACTION 28. Develop a regional outcomes framework in collaboration with service users and professionals, to use as a method to underpin service development and delivery.

Innovation and research

189. Outcomes:

- A regional approach to mental health research which produces quality outcomes.

190. In Northern Ireland research is coordinated through the Public Health Agency Research and Development office. However, there is only one dedicated mental health research nurse, with a stronger focus on physical healthcare issues. To ensure that mental health in Northern Ireland benefits from innovation and research we will seek to create a more innovative and research focussed culture. This will allow us to shape research to include our specific needs, including the legacy of the Troubles on the population's mental health, and the use of technology, particularly given the recent experience during the Covid-19 pandemic.

191. In practice there will be a renewed emphasis on mental health research and innovation through increased research funding and by the establishment of a centre of excellence which supports research and innovation, acting as an exemplar and a point of contact for clinical staff and voluntary and community sector providers seeking to innovate, test ideas, or implement emerging knowledge.

192. When we do this, it is important that we avoid duplication of research effort, and we learn from other places rather than seeking to answer questions locally which have already been answered across other nations. A central centre of excellence will ensure effective working and tangible outcomes. This will also ensure that mental health patients in Northern Ireland are the first to experience innovative ideas.

ACTION 29. Create a centre of excellence for mental health research with dedicated funding.



Mental Health Strategy 2021-2031 Consultation Response Document

Personal details	
Name	James Campbell
Email address	James.campbell@nmandd.org
Are you responding on behalf of an organisation?	Yes
Organisation (if applicable)	Newry, Mourne and Down District Council
Vision and Founding Principles	
Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?	
Fully Agree	
Please add any further comments you may have	
Newry, Mourne and Down District Council agrees that with all relevant partners working together to achieve this vision there will be an improvement in outcomes and quality of life for those with mental health needs in Northern Ireland.	
Do you agree the founding principles set out provide a solid foundation upon which to progress change?	
Fully Agree (delete as applicable)	
Please add any further comments you may have	
Newry, Mourne and Down District Council welcome that the work in implementing the vision and the actions made in this Strategy are based on seven founding principles, we believe they are core to implementing this Strategy.	

Theme 1: Promoting wellbeing and resilience through prevention and early intervention
Do you agree with the ethos and direction of travel set out under this theme?
<p>Fully Agree (delete as applicable)</p>
<p>Please add any further comments you may have</p> <p>Newry, Mourne and Down District Council agrees that promoting and maintaining good mental health is not just a health and social care issue but is a societal issue that cuts across departments and all aspects of life, due to people's mental health being shaped by a number of social, economical, cultural and environmental factors.</p> <p>Council welcomes the establishment of an Executive working group on mental health and the appointment of a Mental Health Champion. We also note the outstanding work that the interim Mental Health Champion has completed to date and will ensure that our Health and Wellbeing Department commits to working with them to implement this strategy.</p>
Do you agree with the actions and outcomes set out under this theme?
<p>Fully Agree (delete as applicable)</p>
<p>Please add any further comments you may have</p> <p>Although Council support the outcomes expressed in paragraph 33 and we are glad to see the Strategy highlight the importance of good physical health and the natural and built environment for good mental health, we believe there is not enough recognition within this Theme of the role provided by Council and in particular the work of the Community Planning Partnership.</p> <p>Councils have a role in provision of sport, leisure facilities and parks, in development planning, in community development and engagement, housing standards, health improvement and a partnership role - in tackling social deprivation. Council looks forward, through the implementation of this Strategy and the new collaborative working relationships to assist in ensuring that the Strategy brings about a positive change in mental health.</p>
Theme 2: Providing the right support at the right time
Do you agree with the ethos and direction of travel set out under this theme?
<p>Fully Agree (delete as applicable)</p>
<p>Please add any further comments you may have</p>

Providing the right support at the right time, with the person and their needs at the centre is fundamental to the delivery of services that meet the needs of our population. As individuals transition to adult services and move across HSCT regions they are particularly vulnerable to falling through the cracks and it is hoped this is considered in the 'no wrong door approach'. It is recommended that this approach is prioritised.

The commitment to ensure that those with a dual diagnosis of mental ill health and an addiction, will also receive support for their physical health will support recovery is welcomed.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree

(delete as applicable)

Please add any further comments you may have

Council welcomes the identification of specific outcomes for our children, young people and for older people.

Council would recommend the outcome to reduce the % of patients who are smoking to be extended to those that are engaged in alcohol and drug misuse and eating disorders.

Council supports the principle that there should be 'no wrong front door' in relation to accessing care (Action 6) and is also supportive of there being a better transition pathway for young people into adulthood in relation to mental health (para 79).

Council supports the move towards joined-up locality based approaches centred upon populations in GP Federation areas (para 90), with services focussed and integrated around GPs. However, it is recognised that there can be difficulties experienced in some areas in providing and maintaining GP services.

Council would highlight the importance of co-design in local pathways across primary and secondary care and across the range of available community resources in each Federation area and strongly believes that the Council should be involved in this co-design. This would make full use of the amenities provided by the Council. We therefore believe that local government should be referenced in this section of the Strategy.

Council would again highlight the vital role that they play in enabling better physical healthcare (paras 112-118) and the importance of this to improving mental health.

Theme 3: New Ways of Working

Do you agree with the ethos and direction of travel set out under this theme?

Fully Agree

(delete as applicable)

Please add any further comments you may have

This theme focuses on having the right framework, structures and support in place to make the changes under the previous themes happen and improve outcomes for

individuals. It considers regional leadership, consistency, a well-supported workforce, with increased training and staff numbers.

This support should be extended to the Community and Voluntary sector if they are to play a meaningful role in the services provided by the Hubs under Theme 1.

Do you agree with the actions and outcomes set out under this theme?

Fully Agree

(delete as applicable)

Please add any further comments you may have

Council welcomes the ethos of consistency and equity of access across Northern Ireland but would also want to see a productive relationship emerging locally with Local Commissioning Groups and District Councils in addition to GP Federations.

The intent to upskill and enlarge the workforce involved in mental health service provision is welcomed as this will be key to improving mental health across Northern Ireland. The intent to create a peer support and advocacy model is also to be welcomed.

Council looks forward to more effective collection and use of data providing a robust base from which to improve mental health in Northern Ireland.

Prioritisation

If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you, and 5 being the 5th most important to you)?

- | | |
|---|---|
| 1 | Action 25- Develop a regional mental health service, operating across the five HSC Trusts, with regional professional leadership, responsible for consistency in service delivery and development. |
| 2 | Action 9 – Refocus and reorganise primary and secondary care mental health services around GP Federations to ensure a person-centred approach, working with statutory and community and voluntary partners to create local pathways within a regional system. |
| 3 | Action 2 –Expand talking therapy hubs, which are resourced sustainably to ensure Northern Ireland wide coverage. The hubs should be managed by primary care and link with the wider network on establishing mental health as an integral part of the primary care multi-disciplinary team. This will expand the delivery of psychological therapies across Northern Ireland to improve the mental wellbeing of the population and prevent the establishment of mental disorders. |

4	Action 19 – Create a regional crisis service to provide help and support for persons in mental health or suicidal crisis. The crisis service must be fully integrated in mental health services and be regional in nature.
5	Action 11- Fully integrate community and voluntary sector in mental health service delivery across the lifespan including the development of a protocol to make maximum use of the sector's expertise.
<p>The strategy states that Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence than England. Despite this mental health spend in Northern Ireland is 27% less than England. Council would wish to see continued and increased investment in mental health in Northern Ireland to close the gap in this health inequality.</p>	
Impact Assessments/Screenings	
Do you agree with the outcome of the Impact Assessment screenings?	
<p>Fully Agree (delete as applicable)</p>	
Please add any further comments you may have	
Do you agree with the Equality Impact Assessment (EQIA)?	
<p>Fully Agree (delete as applicable)</p>	
Please add any further comments you may have	

Thank you for taking the time to respond to the consultation.

Please submit your completed response by **5pm on 26 March 2021** using the details below:

E-mail:

mentalhealthstrategy@health-ni.gov.uk

Hard copy to:

Department of Health
Adult Mental Health Unit

Room D4.26
 Castle Buildings
 Stormont
 Belfast
 BT4 3SQ

Please note: To allow for the full 12 week consultation period required, responses relating to the **EQIA** will be accepted after the close of the main consultation, but must be received by 5pm on Monday 12 April 2021.

Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 th March 2021
Subject:	Funding request from Social Farms and Gardens NI
Reporting Officer (Including Job Title):	Eoin Devlin Assistant Director Health and Wellbeing
Contact Officer (Including Job Title):	Sheena McEldowney, Head of Sustainability

Confirm how this Report should be treated by placing an x in either:-

For decision	<input checked="" type="checkbox"/>	For noting only	<input type="checkbox"/>
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1.0	Purpose and Background
1.1	To consider and agree to provide funding of £800 to Social Farms and Gardens for 2021-22 year.
2.0	Key issues
2.1	<ul style="list-style-type: none"> Social Farms and Gardens (SF&G) is a UK wide charity supporting communities to farm, garden and grow together. They support thousands of grass root organisations from small fruit and veg plots on urban housing estates to large-scale rural care farms; transforming lives and connecting people. Council have previously agreed to pay an annual subscription to Social Farms and Gardens. They are now requesting renewal of the annual contribution of £800 for our continuing membership of the organisation (Appendix I) and have provided a copy of their NI report for 2020/21 (Appendix II) and a report on activity in NMD (Appendix III). Since July 2019 Social Farms & Gardens (SF&G) have been working in the Newry Mourne & Down area networking community growing projects with each other, to build relationships, trust and capacity. From mid March 2020 onwards the programme was adapted to be delivered remotely, to ensure groups could continue to develop and grow their produce. This included online zoom meetings and online grow your own informational videos. SF&G also delivered the 'Lockdown Gardening' which involved funding local groups to distribute compost and seeds to their neighbours to grow at home during lockdown. This reached approx. 190 households in the NM&D area. 7 of the groups made a joint application to council for funding to purchase and distribute fruit trees and bushes to families over winter, following the success of

	<p>lockdown gardening. The 'Forest Fruits' programme is currently being delivered in partnership with local groups.</p> <ul style="list-style-type: none"> The partnership with Social Farms and Gardens has been very successful, and the group are interested in developing this partnership and working on increasing interest in local food, in community growing, and in climate action.
3.0	Recommendations
3.1	That the Council agree to provide funding of £800 to Social Farms and Gardens for the 2020-21 year.
4.0	Resource implications
4.1	£800 provision has been made within existing budget.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>

6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> <p>If no, please complete the following:</p> <p>The policy / strategy / plan / public service is not influenced by rural needs <input type="checkbox"/></p>
7.0	Appendices
	<p>Appendix I Letter from SF&G dated 12 Feb 2021</p> <p>Appendix II SF&G report on resilience of community growing in NI 2020</p> <p>Appendix III Activity in NMD</p>
8.0	Background Documents
	<p>http://www.daera-ni.gov.uk/consultations/consultation-development-fisheries-management-measures-marine-protected-areas-mpas-and-establishment</p>



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Sheena McEldowney

*Active and Healthy Communities Directorate
Newry, Mourne and Down District Council
O'Hagan House
Monaghan Row
Newry BT35 8DJ*

12/2/2021

Dear Sheena,

Since July 2019 Social Farms & Gardens have been working in the Newry Mourne & Down area networking community growing projects with each other, to build relationships, trust and capacity. We have run 4 large networking events. The first was in Newcastle, the 2nd in Hilltown, the third in Rathfriland and the last one in Warrenpoint. We also ran a leaflet workshop, when 5 groups attended and designed promotional leaflets for their project, which we printed 200 copies of each with social enterprise printers.

From mid March onwards we worked to adapt our programme to be delivered remotely, as well as delivering the Lockdown gardening programme, which 4 NM&D groups participated in. This involved funding groups to distribute compost and seeds to their neighbours to grow at home during lockdown. This reached approx. 190 households in the NM&D area.

We have a very active Whatsapp group with 27 community groups participating, supporting each other practically as well as moral support, and sharing information. 7 of the groups made a joint application to council for funding to purchase and distribute fruit trees and bushes to families over winter, following the success of lockdown gardening, which we are in the middle of delivering.

The majority of this work has been funded through our National Lottery Community Funded programme, but has been greatly supported and enhanced by the involvement of NM&D council. Council members of SF&G are entitled to 2 days of our time to support local groups or council officers with community growing initiatives. The initial networking event in Newcastle was run as part of our work for the NM&D council's membership of SF&G. This event was pivotal, as we invited a broad range of groups, and were able to



tell them about the upcoming lottery project, get their input into how it would run, and therefore had a broader range of groups and more input into the design of the programme.

The partnership with Newry Mourne & Down council has been fruitful, and we would be interested to develop this partnership to address emerging needs in the sector regarding increased interest in local food, in community growing, and in climate action. The support from Eamonn Keaveney and yourself has also been vital to the success of our work, and we appreciated you attending events, and sharing useful information and contacts, which we are able to pass on to our groups, and encouraged our work.

As an organisation we are keen to support the building of local food movements, and helping community growing projects find their place in contributing to local food production. We continually engage with members to explore key issues for food system resilience: soil health, water management, local markets, access to finance, access to land, land-based livelihoods.

In the long term we would like to see the NM&D community growing network become established and self sustaining. We are prepared to support it in some capacity until that happens, though our Lottery funded work in this area comes to an end this year. Community growing will only become more important in the future. Any help from council to encourage and support this emerging network will encourage the groups involved and strengthen the sector in NM&D for generations to come.

We'd love to keep working with you to develop this network, and believe we share the same goals. Circumstances are aligning to make this work very useful and of the moment. You'll see from the feedback that the groups would love to have a closer relationship with the council. These groups are delivering really essential services to our communities, especially during lockdown. I'm also attaching our report, on how vital the work done by community growing projects is at present.

Newry Mourne & Down's membership of Social Farms & Gardens is up for renewal in March, for the year 2021/22, renewal will cost £800 plus VAT. We hope you feel your past membership has been value for money and would like to continue the relationship. If so please just let me know.

Many thanks for all you and Eamonn's help and enthusiasm, and all the best for 2021.

Kind Regards, Miriam Turley

Report on the Resilience of the Community Growing Sector in Northern Ireland

June 2020



Social **Farms**
& **Gardens**



Celebrating
40
years
1980 - 2020



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The background of the page is a solid green color. Overlaid on this are several white, wavy, concentric lines that form a stylized, organic shape, possibly representing a flame or a leaf. These lines are arranged in a way that they seem to flow from the bottom left towards the top right. The word "Introduction" is written in a white, sans-serif font, centered horizontally and positioned below the main graphic element.

Introduction

The Seed has been Planted

This report was completed in June 2020 during the Covid 19 pandemic. We left our offices in Belfast and Derry/Londonderry on 12 March 2020 and have not yet returned. The whole country has been in 'Lockdown' for 12 weeks to stop the spread of the corona virus. We were scheduled to have our annual forum for our members on Saturday 28th March at the wonderful Playtrail in Derry all the arrangements had been made, it was a packed agenda with workshops on everything from forest play to making a geodesic dome. We had booked a film maker to record all the activities, it had to be cancelled along with all the other small and large events planned across the world in this period.

For community gardeners the season was just beginning, seeds had been ordered and tentative shoots were emerging, nature was just waking up when the human world was closing down. It is our busiest time of year – what could we do in Lockdown? We were already working on a Growing Resilience programme across NI, building capacity, increasing skills, and strengthening networks; this was the time to be resilient. We took a chance, although suppliers had been inundated and temporarily closed, we sourced and ordered a large wholesale supply of organic vegetable seeds and launched 'Lockdown Gardening'. We were so grateful that our funder the National Lottery, Community Fund, People & Communities programme supported us. This was an initiative to support our community growing members to turn their growing from Community Growing to Growing in the Community – to distribute safely compost and seeds for people to grow at home or to bring on plants at their sites and then distribute them in their communities. It was urgent, people were at home and had the time, maybe for the first time in their lives, to germinate seed and grow their own supply of fresh vegetables. The community growing groups responded quickly and efficiently; we continue to support groups taking part in Lockdown gardening. We had filming in our minds from our cancelled forum event and initially thought the film maker could record our Lockdown videos but that was difficult with 'social distancing' so we set about it ourselves and the very popular 'Lockdown Videos' were launched with staff and members contributing.

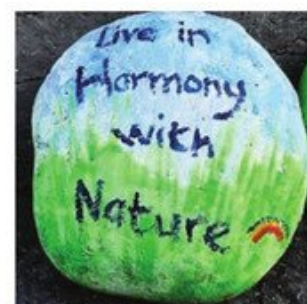
The simple gardening at home of course is not always so simple, sometimes trial and error, but when you succeed - joy! To see a seed germinate is so hopeful, especially at a time of crisis it is good for the soul. This activity connects people with the wider discussion on the production of our food – where does it come from? how fresh is it? is it organic? what has it been sprayed with? food supplies and food security; It also connects people to the discussions on physical, mental and environmental wellbeing – how much the outdoors mean to us, how much nature contributes to our wellbeing – people are resetting their values.

As we take the tentative steps of coming out of Lockdown, we are facing, not just a recession but a depression while conversely nature is experiencing a recovery from less human activity. We have an opportunity to reset priorities. Can we transition to a new economy and environment that takes account of nature? – the seed has been planted.

Patricia Wallace, Country Lead Social Farms & Gardens

Miriam Turley, Growing Resilience Officer

Conor O'Kane, Growing Resilience Officer



Summary



Summary

In order to represent our members, Social Farms & Gardens has produced this report to try to set out areas in which community growing organisations can be better supported to play their role in community resilience.

Community Growing has become increasingly popular in Northern Ireland, and many communities are benefitting from increased access to the outdoors, lifelong learning, good food and community. The sector is built on the work of local community organisations and their volunteers, with a contribution in terms of land from support organisations, the statutory sector, local Councils and Housing Executive.

In recent months staff and volunteers in the community growing sector have worked tirelessly to ensure their neighbours remain fed and connected.

The sector is achieving so much and is well loved. But it is also precarious. Funding is short term and hard won, with many grants not contributing to staff or core costs. Land is not owned by the groups using it, and the quality of tenancy agreement varies. Encouragement for groups to develop social enterprises only works out for some groups and can be an unrealistic or unsuitable aim for others. The move to providing more healthcare in the community could place even more stress on the sector if not properly resourced and supported.

This report aims to describe the breadth of activity in the sector, summarise the needs of the sector, and make recommendations for how funders, commissioners and others in the statutory sector can structure their support to best support those working to improve the lives of people in their community. It was written with input from those working in the sector and aims to be representative.

In these uncertain times, with many challenges and opportunities on the horizon, not least the Covid 19 crisis and the climate emergency, a strong, connected community growing sector will provide stability and resilience in our communities, and is something to be proud of.

The fostering of resilience is critical to protecting and promoting health and wellbeing at both the individual and community level. Resilient communities respond proactively to new or adverse situations, prepare for economic, social, and environmental change and deal better with crisis and hardship.

The Cabinet Office's 2019 Community Resilience Development Framework states that:

"Community resilience is enabled when the public are empowered to harness local resources and expertise to help themselves and their communities to:

- prepare, respond, and recover from disruptive challenges, in a way that complements the activity of Category 1 and 2 emergency responders.
- plan and adapt to long term social and environmental changes to ensure their future prosperity and resilience.

Community resilience requires a participatory approach to emergency management."

■ The Current Sector

The Community Growing Sector in Northern Ireland

In recent years we have seen a substantial rise in interest in community growing which has produced a wide diversity of community growing initiatives. From community orchards to street planting schemes, from guerrilla gardening to forest gardens, the choice of what type of project to set up is broad and very much depends on the needs of the local community, the resources on offer and the type and area of land available.

This new interest in community growing has been supported by a number of different funding streams - through local Councils, the Housing Executive and the Public Health Agency, The European Union Programme for Peace and Reconciliation in Northern Ireland and the Border Region of Ireland (Peace III) 2007 - 2013, which provided the financial basis for a number of new community gardens to be set up across Northern Ireland and the Border areas. Since then, the National Lottery Community Fund has provided project funding, and the National Lottery 'Space and Place' funding has provided capital grants for many projects.

In addition, there are a number of different agencies promoting community growing and allotments; notably Social Farms & Gardens, The Conservation Volunteers, Groundwork Northern Ireland, and Grow It Yourself. Together these organisations constitute a level of support for community growing initiatives.

Community growing delivers a variety of benefits to communities in a variety of ways. For example, from information provided by our members, community growing projects in NI deliver sessions to their members, increasing skills and health and wellbeing; they are increasing our food security; they are increasing biodiversity and providing much needed food for pollinators, urban gardens are recognised as being one of the most beneficial landscape types for pollinators. Some community gardens provide services on behalf of Government and statutory organisations, for example, therapeutic sessions for people with health needs through the health trusts and activities for people on probation.

Community gardens and allotments provide a space for community to grow, and while there can always be challenges in bringing people together and the interactions that follow, it is arguably preferable to the atomisation and isolation that characterise modern life.



Grow NI Community Garden, The Waterworks, North Belfast

During the recent Covid 19 crisis small community growing groups around Northern Ireland were quick respond, safely, and effectively, to the needs of their communities. They led the way in diversifying their activities, providing food delivery to the vulnerable and isolated, checking in on neighbours through phone-round schemes, and later on in lockdown encouraging their neighbours to grow at home, so that fresh food is still being provided locally. Indeed the rise in interest in growing at home has been a positive feature of the crisis and could characterise the “new normal” after lockdown.

Other sites adapted their working practices and continued to operate, contributing to the local food supply in times when food insecurity was causing panic buying in the supermarkets.

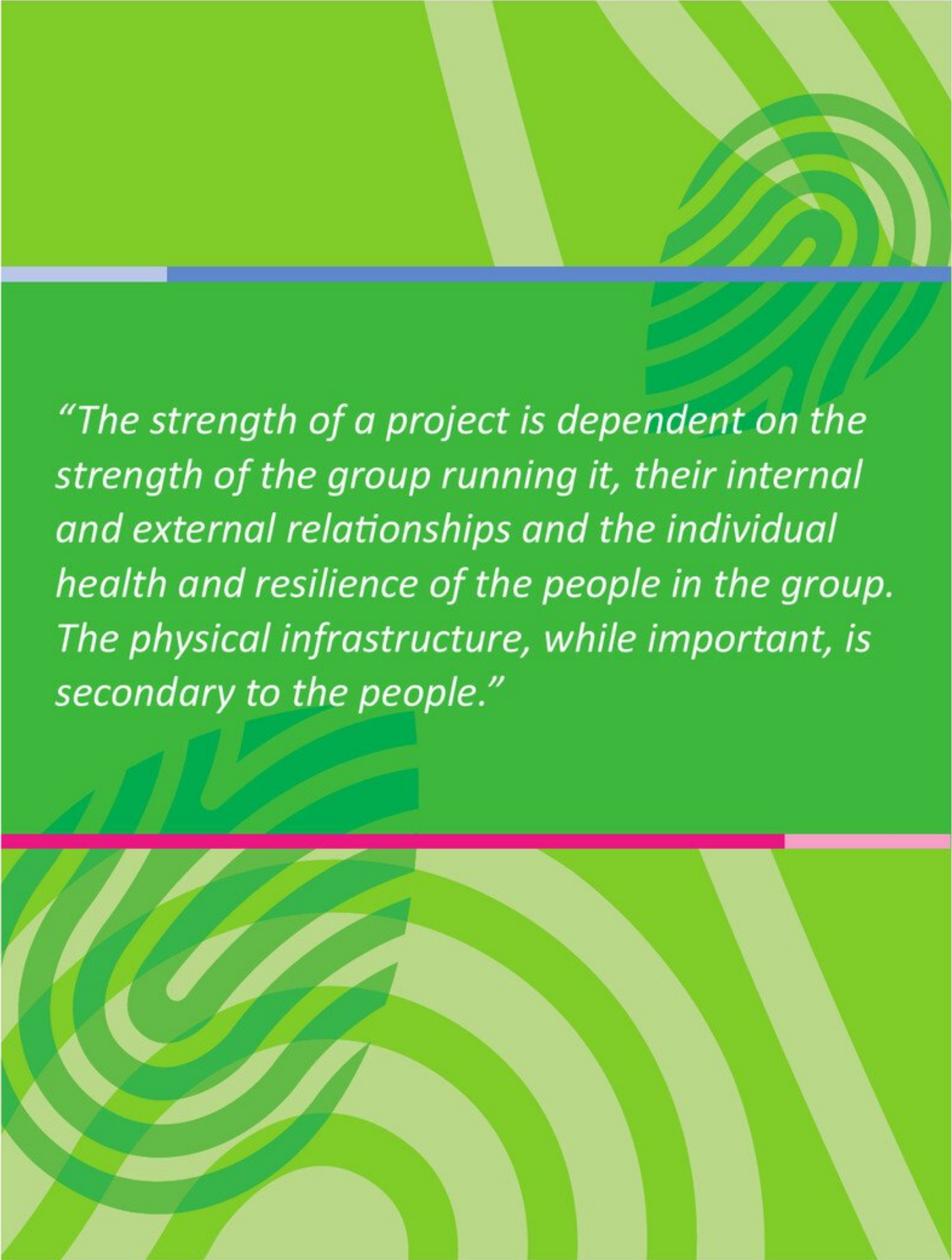
The groups that were best able to adapt and respond quickly to the situation were the ones that had strong infrastructure in place: secure access to land and control of decision making processes, core funding or funding that could be repurposed, and strong core staff and volunteer teams.



Patrick Frew, Cloughmills Community Action Team

While all these benefits are being delivered by community gardens in Northern Ireland, rarely will one project be able to deliver all of them. The strength of a project is dependent on the strength of the group running it, their internal and external relationships and the individual health and resilience of the people in the group. The physical infrastructure, while important, is secondary to the people. Funding and support for gardens could be as varied as the projects they are supporting, sometimes financial, sometimes in kind or operational support, sometimes networking and training, sometimes access to land. Support will work best when tailored to the group receiving it, and when based on a relationship of trust, and acknowledging the scant administrative resources in small groups. In reality some groups opt to avoid funding applications because of the administrative burden, and others suffer because their lead volunteers' time is taken up with paperwork. Additionally many groups do not have secure tenure on the land they are using.

The contribution these initiatives and groups have made and can continue to make can be maximised and appreciated at this time, and adaptations to the support they receive made to enable them to continue.



“The strength of a project is dependent on the strength of the group running it, their internal and external relationships and the individual health and resilience of the people in the group. The physical infrastructure, while important, is secondary to the people.”

The Benefits of Community Growing

Over the last few years there has been a growing body of evidence supporting the benefits of community growing, green spaces and outdoor education for physical and mental wellbeing. Horticultural and other tasks involved in community growing such as regular exercise alongside healthier eating patterns, usually the result of eating fresh produce grown in the garden are often cited in such research. This **Garden Organic study** reviews the extensive scientific literature showing the benefits of gardening and community food growing for both physical and mental health. It presents a compelling case for action by health professionals and the NHS; local authority planners and Government planning policy specialists to create, protect and promote gardening and community food growing.

A 2015 report produced by FCFCG (Federation of City Farms and Community Gardens now Social Farms & Gardens) shows that involvement in community growing can act as a ‘powerful tool’ to help vulnerable people, bring communities together and encourage people to adopt greener and healthier behaviours. The report tracks the progress of growing and green space projects funded by Big Lottery Fund ‘Communities Living Sustainably’ programme.

Most community growing projects are not just for “a little bit of gardening”; they encompass multifunctional sites that yield holistic and sustainable outcomes in areas such as: individual and community health and wellbeing; food production; tackling food waste including distributing surplus food; community development and community cohesion through working together and events like community meals; habitat conservation; climate action; watershed management; and social interaction - inspiring people to act on their own behalf and promoting both sharing and stewardship of land (See diagram page 12).

For this work to engage more people, the opportunities for community growing need to link to, and sometimes directly address, the intersecting issues in the community, like income levels, skills, engagement, capacity and other demographics and inequalities. The most successful community growing projects already do this, while many of our members may not yet recognise that they are actually in a strong position to do more.

Good for us and Good for Nature



Community Growing Benefits





Models of Community Growing

Community Gardens

Community gardens tend to be gardened and managed collectively by community groups, and through this approach have the potential to involve, and be of benefit to, a greater number of people. For this reason, community gardening is a common option for a new site when not much land is available, and where community development, cohesion and empowerment is a prime driver.

There are many different models of community garden - see diagram page 13 for some common types. The design of each garden is dependent on use, with some focused on the community side, others on health, others more production focused, and others designed for wildlife. Other factors affecting design are budget, features of the site aspect, slope etc, what the surroundings of the garden are and who will be using it.



Donegall Pass Community Garden - 'The Garden of Eatin'
Donegall Pass Community Forum



Eden Allotments - Participatory Budgeting Vote
Mid & East Antrim Council

Projects Based within a Larger Organisation

Some garden projects are under the wing of larger charities, for example mental health and disability charities or community associations, whose staff manage the financial and legal work of running the garden and gardeners run the practical side of things.

Some community gardens and allotments are managed by council, with varying degrees of management involvement from gardeners. Some local Councils have their own community growing strategies. The responsibility for allotments and community growing will straddle some departments of Council, for example, Land and Property/Estates, Parks and Open spaces and Leisure, and Community Development departments. Council and larger charity-owned projects often find there are benefits from having a formal or informal management committee made up of gardeners, as this increases participant involvement in running the garden, and provides valuable information and support to staff involved. Constituted management committees will find it easier to access funding for their project.

Health and Wellbeing Based Projects

Recent years have seen a growing number of health and wellbeing-based projects in Northern Ireland. All community garden projects provide an opportunity for increased physical and mental health for those using them, but some projects make this their main focus, and provide carefully designed sites and programmes with specific health outcomes in mind.

With the introduction of direct payments for placements on health focused programmes, new links are being formed between commissioners and small growing projects. The direct payments system can be time intensive for smaller projects to set up, as at the present time it involves reaching out and finding people who will benefit from the project for example making links with social workers and health professionals, trust staff and members of the public. Most projects working in this field will provide free taster sessions, and it is harder for smaller organisations to absorb the cost of this time. Block funding may suit smaller organisations better.

It is important for the sustainability and quality of the placements provided that health and wellbeing focused gardens are sufficiently recompensed for the placements they provide. This should include full cost recovery of, for example, the cost of training staff, of making site adjustments to accommodate the needs of participants, etc. Commissioners should also ensure that adequate training is available for projects hosting people with special needs, to safeguard all involved.

SF&G would like to suggest that such a referral fund, similar to the **Social Farming Referral Fund**, could benefit the sector, and should be discussed with all stakeholders to strengthen the sector during this transitional period.

Community Based Projects

Community growing projects that aim to be an open space for a range of people from the community often have a very different structure from more focused health and wellbeing projects. These projects may have a more horizontal structure, with less distinction between gardeners, participants, volunteers, and management. Community based projects may maximise the empowerment potential of including gardeners in the management of the site and programme. This is something that may be missing from gardens and allotments managed by larger organisations and councils, as discussed above.



Suzi Miller, Peas Park, North Belfast



Shared Space Projects

Peace Gardening

At one time in Northern Ireland, Shared Space would have been considered places where members of Protestant and Catholic communities could live or use space together regardless of their religious background. The concept of shared space now includes people from all religious and ethnic backgrounds, physical abilities, class, gender, and other factors. On a local platform, increased diversity within society had moved the agenda beyond a Protestant/Catholic discussion to encompass the multiple new minority ethnic communities, both established and emerging. Economic migrants, refugees and asylum seekers often have other needs that need to be taken into consideration when developing shared spaces. Northern Ireland boasts a number of Peace Gardening sites, where the emphasis of design, communication and activities is on respect and inclusion.

Gardens of Sanctuary



For people who are forced to flee conflict and persecution to find safety and sanctuary elsewhere, community gardens, city farms and other growing spaces can offer vital and unique opportunities to find community, improve mental and physical health and to learn and share skills. In 2019 Social Farms & Gardens and City of Sanctuary, in partnership with GROW NI, ran a training on Gardens of Sanctuary, looking at the needs of Community Garden projects aiming to host refugees and asylum seekers. The main messages from the training were that working with asylum seekers and refugees

requires a great deal of skill and training. While there are several highly skilled practitioners working in Northern Ireland, inexperienced gardens may host people with complex needs with the best of intentions, but without the necessary skills and training. Gardens hosting refugees and asylum seekers must be properly and consistently resourced, have access to training for staff and volunteers in hosting roles, and have chances to network with other similar projects to share experiences and resources.

The Gardens of Sanctuary resource pack, report and case studies provide information about involving asylum seekers and refugees in gardens, and can be accessed at <https://cityofsanctuary.org/group-activities/gardens-of-sanctuary/>

Voluntary Projects

Many smaller projects that run on little or no budget. Examples of this include guerrilla gardening, alley-way gardening and the well-known Incredible Edible movement. Operating on a small budget has many benefits, including minimising paperwork and arduous administrative work, flexibility and adaptability, independence of aims and objectives, ability to respond to local need and conditions, asking for help locally

from businesses and other organisations, relying on volunteer labour and good will, and a DIY/recycling culture; this involves reusing materials, developing skills to build and make things yourself rather than buying them in. Most local councils provide in-kind support to community gardens, either through access to land, or community development support. These practices have value in themselves, as they rely on and build social capital, and are sustainable in the longer term.

Community Growing During Covid 19

As time has gone on there is increasing evidence that transmission of the Covid19 virus outside is less likely. This obviously gives hope to community gardens that with sensible social distancing practices in place and rotational workloads, they may become safe centres for meaningful socialising and work. To allow safe work in community gardens users must be prepared to follow stricter rules than were hitherto adhered to.

Lockdown Gardening Project

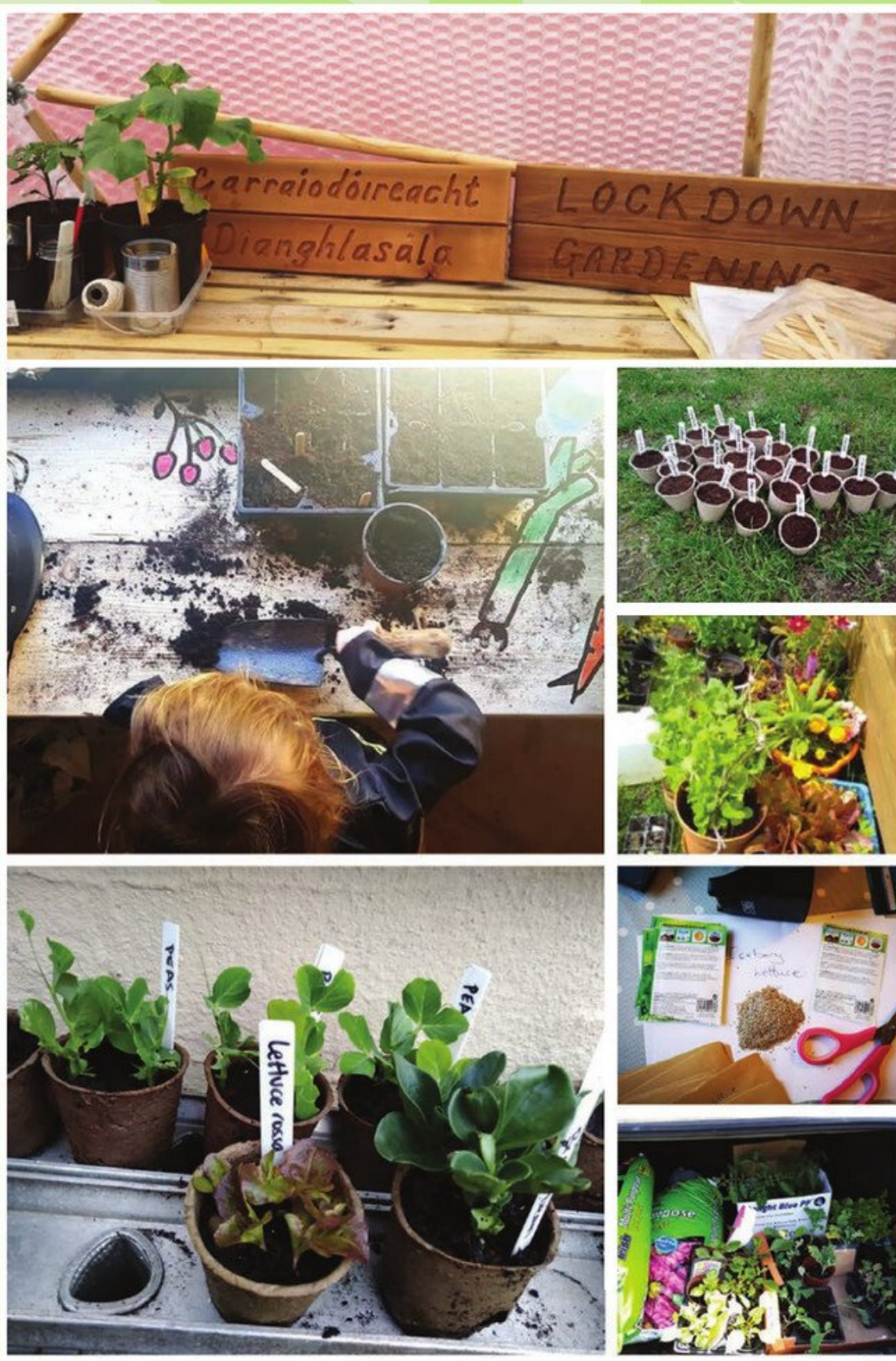
During the lockdown, food gardening really took off with more people taking it up than ever before – and this in the face of difficulties obtaining basic supplies like compost and seeds. It would seem that our basic need to hoard for security can be translated into a wiser and wider need to create a store of growing plants, shared and saved seeds and a wider sharing of knowledge, hints and tips through videos, blogs, and live online gardening sessions. Social Farms & Gardens launched 'Lockdown Gardening'. We were so grateful that our funder the National Lottery, Community Fund, People & Communities programme supported us. This was an initiative to support our community growing members to turn their growing from Community Growing to Growing in the Community. It was urgent, people were at home and had the time, maybe for the first time in their lives, to germinate seed and grow their own supply of fresh vegetables. The community growing groups responded quickly and efficiently; We produced a series of Lockdown Gardening videos https://www.facebook.com/pg/farmgarden.NorthernIreland/videos/?ref=page_internal which proved extremely popular themselves. We enabled community gardens throughout Northern Ireland to play an active role in their communities at this time. Some chose to distribute seeds and compost to new gardeners while others grew on plants for later distribution, some did a mixture of both. 28 gardens were involved in the initial phase with great feedback and results coming in. These included traditional community gardens, new community groups without a site, school groups, disability action groups, and allotment projects amongst others.

Safe sites

Some larger sites such as Ballymagowan Allotments in Derry~Londonderry concentrated on food production with fewer people on site. Ballymagowan, which supplies food to the local Social Supermarket had workers who continued to tend their crops and took more land into production during the lockdown.

We applaud the good practice, ingenuity, and inventiveness of all our community growers, as whatever funding environment they find themselves in, they consistently manage to grow plants and deliver huge benefits to their communities.

Lockdown Gardening





The Current Social Farms & Gardens' Covid 19 survey



Mark Roberts, Playtrail, Derry/Londonderry

The Social Farms & Gardens Members' survey was carried out in April and May 2020 and is helping us understand how the current situation is affecting our 1600+ members across the UK, how they are responding to the crisis, and what their support needs are. It builds a picture of how the pandemic is affecting our sector nationally.

It found that in Northern Ireland one third of respondents' projects were closed completely and others were operating in some manner.

Half of the projects were carrying out site maintenance, food growing and gardening (with social distancing). 12% expected to grow less food than usual, 33% expected to grow more, and 25% expected to grow the same as usual. 38 % of groups are facing financial issues or reduced funding as a direct result of the crisis. 42% of Northern Ireland members are already working with others in their communities to help support vulnerable people or are planning on doing so.



Support for Community Growing

Funding for the Community Growing Sector



Most community growing projects are currently reliant on independent trust funding. Community growers we spoke to say they spend a lot of unpaid hours completing applications and administering grants. Most grants do not pay core costs, a notable exception is the National Lottery Community Fund, who encourage applicants to apply for full cost recovery. Timely delivered funding is essential to allow programmes to run, assets to be maintained and developed, staff to be paid and a sense of security to surround a project. Expecting or allowing a quality project which is caring for vulnerable people in the community and using the hard-won skills of staff and volunteers to run on a shoestring is not sustainable, and ultimately counterproductive.

Funders, Councils and other statutory bodies in Northern Ireland are starting to change the way they work with smaller groups, for example by building direct personal relationships with groups, making application forms and grant processes more appropriate, and championing the work done by small community groups in their area. Support organisations, for example, The Conservation Volunteers, Groundwork, Grow It Yourself (GIY), Social Farming Support Service and Social Farms & Gardens, can also provide a valuable link between larger funders and support organisations and smaller community growing projects.

Some groups advertise for volunteers with administrative and grant writing skills, but this kind of volunteer takes a long time to train and often moves on. Some groups say they prefer to run things on volunteer labour and get help from local businesses or other organisations. Others are skilled at running events or other fundraisers, and a few have capital assets that produce a regular income which funds their activities.

It seems the Covid 19 crisis allowed funders more flexibility. Northern Ireland funders responded to the crisis by adapting application procedures and project priorities, offering additional unrestricted funding to some projects, rediverting funds into new schemes, and communicating with funded projects to encourage them to adapt what they were doing to the situation. This rapid empowerment of local communities was needed and appreciated.

Some Councils have found ways to support communities in their growing without directly managing the site, for example by providing the land, maintaining water and boundaries, providing free compost and seeds, providing meeting space free of charge for management associations, or offering to help with printing costs etc, providing occasional parks staff to help with the heavier jobs on site, providing networking events for community growers, and providing financial assistance through their small grants schemes.

Community growing projects that are meeting a public need should be publicly funded. Community growing projects deliver health and well-being and community health and social well-being, social cohesion, community relations and community care all responsibilities of central, regional, and local government. Very few projects receive public funding, and where they do, they have had to establish additional resources, skills, and knowledge in accessing, administering, and accounting for the funding. In pursuit of this it diverts the projects from their core activities. Many groups we spoke to say they survive in spite of local funding.



"Our experience is that our community garden has kept going in spite of a lack of local funding. I can't imagine what it would be like if, for example, the Council or the PHA saw what we are doing and offered to pay our core costs and freed up our workers to do the work. It is hard; while you are scrabbling round looking for funding from Trusts you have no energy to focus on the resources that are under your nose – you almost miss seeing the potential of the people around you and their creativity to take a project forward. You can be worrying about how to satisfy a funder rather than looking at where people's energy is at."

"We recently got long term funding, which we are so happy about, but the application process was all consuming. You have to take your eye off everything else, it is not just the person writing the application, the whole organisation gets pulled in, and sometimes there's no energy for anything else."

Community Asset Transfer

Asset transfer is a process to allow a community organisation to take over publicly owned land or buildings, in a way that recognises the public benefits that the community use will bring. This may be at a discounted price, with a grant or other support, or simply the agreement to transfer something the public authority did not plan to sell.

Supporting community asset transfer is one way public bodies can increase the resilience of local groups responding to local need.

Communities having ownership of an asset can contribute to many common goals. Communities who own and manage their own assets are able to protect key local service/facilities that may otherwise be lost, and allows generation of income that can be re-invested locally. It allows better stewardship of local assets because the community owns and uses them. It can change attitudes and relationships, because it gives the group credibility with funders/other stakeholders and heightens the group's profile and improves perceptions of it. Local ownership of assets instils a renewed sense of pride and confidence in the community, provides local people with a meaningful stake in the future development of the place in which they live and/or work and can increase participation - membership, volunteering, attendance at meetings. Independence and control over the future of the asset can allow groups to make long-term plans and give leverage, enabling the community to negotiate further investment.



Kelley Hann, Drumnaph Community Nature Reserve

Though there are examples of different types of Community Asset Transfer (CAT) in Northern Ireland, there is still the need for a major culture shift to staff in statutory organisations recognising the potential for CAT to unlock the power of communities to address their own needs. This may take the form of councils and other statutory landowners establishing a register of land suitable for CAT, and staffing the management of community applications to use such land, including support for communities to negotiate that use, as well as the implementation of an NI wide policy around CAT, currently in the hands of DSD, supported by Development Trust NI (DTNI). DTNI have run a number of successful events, especially around trying to communicate examples of best practice from Scotland, where Community Asset Transfer is well supported in government legislation and there is a rich case study history providing evidence of its benefits. DTNI are also working with a number of councils in NI to list their assets, the first step in making them more accessible to communities.

During the last few months there had been a groundswell in people wanting to work to improve their local communities and contribute to the food supply. During the "Stay at Home" period people have looked to their neighbourhood and communities and have seen how community growing could improve them. The demand for access to land is at an all time high.

SF&G can envisage a future where statutory landowners encourage communities to approach them with their vision for statutory-owned land, work creatively with them to make it happen, and recognise that this approach gives projects the best chance of success. Indeed, some local Councils, and the Housing Executive are encouraging this approach within their own staff.

Models of Community Growing Networks around the UK and Ireland

At Social Farms & Gardens we know that the conversations and connections made between community gardens will lead to a stronger voice for the sector in general. Research demonstrates that higher levels of social capital are associated with better individual and community health and well-being. Here are some examples of community growing networks in the UK and Ireland that connect people and strengthen local resilience.

Growing Resilience Networks in Northern Ireland

SF&G have been working for the past 5 years in Northern Ireland to create online and real-life networks between community garden groups. The Growing Resilience programme, supported by the National Lottery Community Fund, works to support staff and volunteers in the community growing sector to connect, share skills, build confidence and support one another; strengthening their ability to work sustainably and withstand changes in an ever-changing landscape.

Growing Resilience networks are based on shared interests, shared experience and problems involved in running a community growing projects, and trying to encourage warm personal connections between the people in the sector, by making events convivial, with a focus on food, and bringing people together regularly, allowing friendships to develop. The feedback from this work and the effect on the sector so far has been great. During the Covid 19 crisis members have shared support and information, seeds, plants and inspiration to rise to meet the challenge.



Common Ground NI

Incredible Edible

Incredible Edible Todmorden is a local food partnership that encourages community engagement through local growing. Incredible Edible started small, with the planting of a few community herb gardens in Todmorden, and today has spin-offs in the U.S. and Japan, counting over 100 groups in the UK and 600 world-wide. Incredible Edible empowers ordinary people to take control of their communities through active civic engagement, redefining prosperity through the power of small actions.

Nottingham Growers Network

NGN is a networking initiative that aims to build links between community growing groups in the Nottingham area, who share an interest in gardening with respect and care for the environment. The work of the initiative will also be shaped by what groups would like. Membership of the network is open throughout the Nottingham and surrounding area.

Bristol Food Network

Bristol Food Network C.I.C. supports, informs, and connects individuals, community projects, organisations and businesses who share a vision to transform Bristol into a sustainable food city. The network among other things, runs the Bristol Food Connections Festival, runs campaigns, has published a food action plan for Bristol, and provides information and resources.

Community Gardens Ireland

CGI works to support and promote community gardens in Ireland and Northern Ireland. The organisation is entirely volunteer run. Through Facebook and the group's website they connect projects with each other, providing support and promotion, and the exchange of ideas. CGI hold gatherings around the island of Ireland, in various garden venues, including networking and training in each event.

Grow It Yourself

Local GIY groups began by meeting in person to share their knowledge and develop new ideas, building awareness for a sustainable and healthy lifestyle. Each local group would hold a monthly meeting where there would be a variety of activities, including guest speakers, seed and seedling swaps, garden/farm visits and demonstrations. Members are also encouraged to form meitheals with their fellow GIYers to complete any gardening related tasks that would be too big for one person to do alone e.g. making raised beds or pruning an orchard. In recent years GIY groups moved increasingly online, and there are a number of well used local GIY facebook groups.

Dublin Community Growers

Dublin Community Growers is a network of community gardeners who meet monthly within central Dublin. An open group, they meet to discuss community gardening projects, and the issues faced by these projects. Dublin Community Growers also organise events to promote community gardens as amenities to be valued. The core ethos of Dublin Community Growers is represented by social inclusion, and environmental responsibility. Dublin Community Growers support organic principles and animal welfare.

Conclusion

Community Growing is thriving in Northern Ireland, and is contributing vastly to local health, environment, and community. However, an unrealistic expectation has been placed upon the voluntary community growing sector to deliver statutory responsibilities without sufficient support or funding. While this is one of the most vibrant sectors in Northern Ireland's community and voluntary sector, it is also one of the most precarious. A strategic approach to supporting the community growing sector will pay off in terms of increased capacity in the sector, less burnout, staff and volunteer retention and ultimately better provision for beneficiaries.

Community Development

Community growing makes a unique contribution to community development, good relations and social cohesion. Community growing provides a communal space for people to come together, a valuable 'Shared Space' in our communities. Community growing must come from the community, and when it does, it needs nurtured supported and resourced.

Health and Well-Being

Community growing provides the opportunity for people to come together to experience and enjoy growing healthy fresh food. Slowing down to the pace of nature gives real health benefits to physical and mental well-being. Sometimes the simplest projects are achieving the greatest impact on personal and community health and well-being, achieving the targets in local council community plans and targets in strategies of government departments.

Specific Physical and Mental Health Benefits

The physical, mental and social health benefits have been well documented. Social Prescribing and Green Prescriptions for specific health needs have been talked about for nearly 10 years but adequate administration and financial resources have not been allocated.

Strategic Approaches to Unlocking Land Assets for Community Use

Support is required across all local and regional government, and public agencies to facilitate the access and management of land by local communities.

Recognition of Expertise and Training

The skills and expertise in this sector in NI need to be recognised. Future training needs planned with academic and educational bodies for community horticulture, social and therapeutic horticulture, eco-therapies, specific design requirements for sites and specialist horticulture techniques.

Recommendations

The following recommendations are intended to contribute to the conversation about how to build a thriving community growing sector in Northern Ireland.

Support for the Community Growing Sector

1. The role of community growing projects in fulfilling a range of needs in our society, including a response to the Covid 19 crisis and climate emergency should be recognised and taken into account when considering support for the sector.
2. The nature of the organisations fulfilling these roles should also be recognised, as small, locally based, volunteer led, adaptable and embedded. Support should be tailored to their strengths and needs, which may not be the same as other community and voluntary sector organisations.
3. The range of models of community growing projects should be recognised and valued by those providing support to them.
4. Community growing projects starting out should be given as much support as they need with the aim of autonomous management of the site by gardeners but allowing as much time as each group needs in the journey to autonomy and self-sufficiency.

Funding for the Community Growing Sector

5. The benefits of community growing projects straddle many functions of local government, a range of NI government departments and associated public agencies. Accordingly this makes it very difficult for projects to access appropriate statutory support and resources. Following on from the exemplar pilot programmes that have been carried out on hard-won short-term funding and the good will of the sector, a new funding resource should be established for the community growing sector. This would allow projects to engage with local and regional government and public agencies, enabling them to access statutory support and resources and to co-devise appropriately resourced programmes. For example engagement is required with:
 - Department for Communities – Unique Contribution to Community Development
 - Department of Health - Social Prescribing/Green Prescriptions
 - Public Health Agency – Health and Well-being
 - Department of Education, Training and Employment - Training
 - Office of the First Minister and Deputy First Minister - Cross cutting themes
 - Local Councils, NI Housing Executive, Department of Communities and the Development Trust NI – Land Access and Community Asset transfers.
6. Funders, commissioners and support organisations should develop direct face to face relationships with those they are working with to determine what each group needs.

7. Longer term contracts and funding cycles should be considered to allow projects to retain staff, reduce time spent working on funding applications, allow relationships to develop between staff and participants, and allow long-term strategic thinking within projects and the sector.
8. In funding and supporting projects which are hosting people with special health needs, funders and commissioners should assess the method of funding and consider a range of funding models to find a suitable option for the project in question.
9. Free taster sessions for health and wellbeing placements should be funded by commissioners on an ongoing basis.
10. A referral fund similar to the Social Farming Referral Fund should be developed for community growing projects.

Land for Community Growing Projects

11. All public agencies should develop community asset transfer policies. This could lead to creating and maintaining an online register of unwanted and underused land and assets and having staff and procedures for transferring assets to community groups that are willing and able to manage them.
12. Public agencies should network with community groups and each other to discover land use agreements which work for all involved to maximise benefit for the public.

Training for the Community Growing Sector

13. Future training should be planned with academic and educational bodies for community horticulture, social and therapeutic horticulture, eco-therapies, specific design requirements for sites and specialist horticulture techniques.
14. A coordinated programme of training should be provided to all health and wellbeing projects, but especially those providing services for our Health Trusts and the Public Health Agency. This could be funded and designed by a consortium of community growers, service users, social and therapeutic horticulture practitioners, support organisations, commissioners, and funders.

Case Studies

Case Studies from

Cloughmills Community Action Team

GROW NI

Lackan Cottage Farm

Castlecaufield Horticultural Society during Covid 19

Peas Park

Stormont Workplace Allotments

Community Alley Growing

Blossoms at Larne Lough

Common Ground NI Nature Based Therapies

Follow this link

<https://www.farmgarden.org.uk/40-years-40-stories>

Social Farms & Gardens



About us

Our vision and mission

Our vision

People and communities reaching their full potential through nature-based activities as a part of everyday life.

Our mission

To improve the health and wellbeing of individuals, communities and the environment through nature-based activities.

Our history

In April 2018, the Federation of City Farms and Community Gardens and Care Farming UK merged to form Social Farms & Gardens. The charity combines over 60 years' experience of farming, gardening and growing.

Our 1,000 plus members are unified by one vision – the use of nature-based activities as a catalyst to transform the lives of people and the communities in which they live.

What we do

Advocate and campaign for greater recognition, funding and opportunities for nature-based activities.

We present a united voice for organisations and groups delivering nature-based activities. We influence policy makers and work with partners in the voluntary, public, private and academic sectors to improve the health and wellbeing of individuals, communities and the environment.

Provide expert advice, support and a free membership scheme to support communities to grow in sustainable ways. We are proud to support thousands of grass root organisations from small fruit and veg plots on urban housing estates to large-scale rural care farms, transforming lives and connecting people.

Design and deliver innovative training programmes which empower and enable communities to thrive and grow. We provide practical support and training UK wide to thousands of grass roots organisations and groups.

Forge pathways for our members to access commissioned services and demonstrate that they deliver high quality provision. We promote income generating opportunities for organisations and groups to ensure they can sustain their activities. We promote quality assurance for members to deliver their work with confidence, pride and impact.



Newry Mourne & Down Community Growing Network



Community Growing Network in Newry Mourne & Down

Since July 2019 Social Farms & Gardens have been working in the Newry Mourne & Down are networking Community growing projects with each other, to build relationships, trust and capacity.

Initially supported through Newry Mourne & Down District Council's membership of Social Farms & Gardens.

Value added through a one year National Lottery Community Fund Programme called 'Growing Resilience', focused in the NM&D area.



Achievements in the past 18 months

- 4 in real life networking events
- 3 Zoom get togethers
- Lively Whatsapp group with 27 local groups represented.



- 2 gazebos available as a shared resource for groups to borrow
- A workshop attended by 5 groups in which they designed promotional leaflets for their project. Each group then received 200 copies of their leaflet.
- A popular online training session on how to use Zoom.





- 4 groups participated in the Lockdown Gardening programme distributing seeds and compost to households in the area, reaching approximately 190 households.
- 14 groups participated in our Fruit Forest programme over the autumn/ winter of 2020.
- Successful joint funding application between 7 of the groups to NM&D council to secure £1.4k for fruit bushes for communities

Feedback on Growing Resilience NM&D: The Benefits of Networking

Networking is a great way of exchanging ideas and experiences.

It's always great to talk to like minded people even if it's virtually.

Networking, co operation, sharing knowledge, all making a basis for community and sustainability...




The network brings to light the amount of work going on across the area.

We have benefited in many ways from practical help at our site from other group members coming down, to advice, support and referrals to suppliers and recommendations etc

I must say I'm excited by the growth in this group, and the sharing of ideas and funding applications, thanks so much for facilitating so effectively

The networking is not just a good idea but an essential part of putting sustainability into the heart of this work. It's only through connections that and individual initiative can survive over the long term.

The networking is good in so many ways

Feedback on Growing Resilience NM&D: What we'd like more of.

To work together more on shared projects, like a rotating community festival

Sharing of enthusiasm, plants etc ideas. It is great to know that there are so many different groups engaged in gardening.


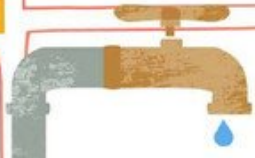

Good idea to work with council workers. They have the resources to help. Look at Bio Diversity Plans that councils have and support actioning these

More Zooms and hopefully meet ups in the future. Webinars around specific subjects e.g. growing herbs or whatever. Maybe have question time sessions where people share growing experience. More on ecology in garden

For the group going forward perhaps zooms on particular topics etc and when regulations allow visits to other more established community gardens, so we can get inspiration and network more etc

More topic based work (even using the experience of members of the network)

Going forward quarterly zoom sessions to see how council can support us like happens in other council areas.


Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 th March 2021
Subject:	DAERA consultation request on development of fisheries management measures for Marine Protected Areas and establishment of scallop enhancement sites in the Northern Ireland inshore region
Reporting Officer (Including Job Title):	Eoin Devlin Assistant Director Health and Wellbeing
Contact Officer (Including Job Title):	Danielle Begley, Biodiversity Officer

Confirm how this Report should be treated by placing an x in either:-

For decision	X	For noting only	
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1.0	Purpose and Background
1.1	That the Committee agree to return the attached Consultation response. The response will be returned by the required date (31 st March) on the proviso that it will be subject to Council Approval.
2.0	Key issues
2.1	<p>Newry, Mourne and Down District Council has been asked to provide views on fisheries management measures being considered by DAERA for Marine Protected Areas and on the establishment of scallop enhancement sites in the Northern Ireland inshore region.</p> <p>Well managed Marine Protected Area (MPA) networks are recognised internationally as one of the ways of protecting our marine environment and international commitments have been made accordingly.</p> <p>The latest assessments for both the Marine Strategy Framework Directive (MSFD) and Habitats Directive have identified that overall our benthic habitats are not reaching the required status, and the main pressure is from physical damage of the seabed from fishing gear.</p> <p>Newry, Mourne and Down Council have a number of Marine Protected Areas within our district, including Strangford, Murlough and Carlingford Lough. It is important that fisheries within these areas are managed appropriately to ensure no further damage to their features.</p>
3.0	Recommendations
3.1	That the Committee agree to return the attached Consultation response. The response will be returned by the required date (31 st March) on the proviso that it will be subject to Council Approval.

4.0	Resource implications
4.1	None
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>
5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	Due regard to Rural Needs (please tick all that apply)
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

	<p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p> <p>If no, please complete the following:</p> <p>The policy / strategy / plan / public service is not influenced by rural needs <input type="checkbox"/></p>
7.0	Appendices
	Appendix 1: NMDDC Fisheries Management MCZ Response
8.0	Background Documents
	http://www.daera-ni.gov.uk/consultations/consultation-development-fisheries-management-measures-marine-protected-areas-mpas-and-establishment

Consultation on the development of fisheries management measures for Marine Protected Areas and establishment of Scallop enhancement sites in the Northern Ireland inshore region

Background

The seas around Northern Ireland have a wide variety of marine wildlife and contain rich and varied habitats that support a diverse abundance of living organisms. As an island-based society, the sea has always had an important role to play, offering a source of food, recreation and a place of work to many.

Fishing makes an important contribution to the Northern Ireland economy and, in particular, the economy of coastal communities.

After the transition period with the EU ends, the UK will no longer be bound by the Common Fisheries Policy and will have control over access to its seas and the fisheries resources it contains. The UK will become an independent coastal state and exercise its responsibilities in accordance with the UK Marine Policy Statement (MPS), the UN Convention of the Law of the Sea (UNCLOS), the UN Sustainable Development Goals, and the UN Convention on Biological Diversity.

Sea Fisheries management is largely devolved and DAERA has responsibility for the management of the Northern Ireland zone, which encompasses both the inshore and offshore regions, and for Northern Ireland registered fishing vessels wherever they fish.

Marine protection needs to evolve to protect habitats that capture carbon, such as in shellfish beds, seaweeds and sea grasses. Management of activities that impact on ecosystem functions is required, to contribute to climate change effects.

Development of fisheries management measures for Marine Protected Areas (MPAs)

Well managed Marine Protected Area (MPA) networks are recognised internationally as one of the ways of protecting our marine environment and international commitments have been made accordingly.

The latest assessments for both the Marine Strategy Framework Directive (MSFD) and Habitats Directive have identified that overall our benthic habitats are not reaching the required status, and the main pressure is from physical damage of the seabed from fishing gear

Marine Protected Areas within Newry, Mourne and Down District

Strangford MPA

The Strangford Marine Protected Area (MPA) contains a Special Area of Conservation (SAC), a Special Protection Area (SPA) and a Marine Conservation Zone (MCZ). Further information on each designated area is provided below.

SAC

Strangford Lough is a large marine inlet with a broad shallow basin and a deep central channel connected to the Irish Sea by the Strangford Narrows. It has been designated a marine SAC as it contains habitat types and/or species which are rare or threatened within a European context.

The site has been designated for the following qualifying features:

- large shallow inlets/bays and coastal lagoons;
- reef;
- mudflats and sandflats not covered by seawater at low tide;
- coastal lagoon, and
- harbour (common) seal (*Phoca vitulina*).

Further detail on Strangford Lough SAC can be found at: <https://www.daera-ni.gov.uk/protected-areas/strangford-lough-sac>.

SPA

Strangford Lough SPA is Northern Ireland's most important coastal site for wintering waterfowl, and it is important for breeding terns. The SPA boundary is entirely coincident with the boundary of the SAC.

Further detail on Strangford Lough SPA can be found at: <https://www.daera-ni.gov.uk/protected-areas/strangford-lough-spa>.

A number of fisheries management measures already exist within Strangford Lough:

- The Inshore Fishing (Prohibition of Fishing and Fishing Methods) (Amendment) Regulations (Northern Ireland) 2003) prohibited the use of mobile fishing gear in Strangford Lough.
- The Strangford Lough (Sea Fishing Exclusion Zones) Regulations (Northern Ireland) 2012) created no fishing zones to protect Horse mussel beds.

- A pot fishing permit scheme was introduced for the remainder of Strangford Lough in 2014.
- The Department is supporting a three year inshore Vessel Monitoring System (iVMS) pilot project in Strangford Lough.

MCZ

Strangford Lough Marine Nature Reserve (MNR) was re-designated as Northern Ireland's first MCZ on the introduction of the Marine Act (Northern Ireland) 2013. The MCZ boundary is larger than the SAC/SPA boundary extending to the outer area of Strangford Lough, with a difference of 16.51km².

The Department is currently working on the development of proposed MCZ (pMCZ) features and will consult with stakeholders on these.

Three out of the four broad scale habitats present within the area outside the Strangford Lough SAC, within the MCZ boundary, were identified as gaps in the MPA network assessment in Northern Ireland 13. These include sublittoral coarse sediment and small areas of moderate and low energy circalittoral rock.

Although work to refine the list of pMCZ features is still ongoing, the proposed list will include Priority Marine Features (PMFs) present within these broad scale habitats, such as tide-swept channels and subtidal gullies. Additionally, important blue carbon habitat features such as kelp habitat are also present in this area.

Demersal mobile gear

As there is an existing demersal gear ban within Strangford Lough SAC, the level of demersal mobile gear fishing within the wider MPA is considered as low. Some of the non-designated habitat features present in the MCZ area outside the SAC, are considered gaps in the current network of MPAs and therefore should be considered for protection.

To protect these features, the Department's recommended option for demersal mobile gear is to remove these fishing pressures by extending the existing mobile gear prohibition in the SAC to include the MCZ features outside the SAC boundary. In summary, the prohibition would apply to the entire MPA. The estimated value of the loss of fishing opportunity is £208 per annum.

Static gear

Existing regulations will remain in place for the SAC. The level of exposure to static gear fishing in the Strangford Lough MPA, including the outer area of the MCZ, is considered as low. Some of the non-designated habitat features present in the MCZ area outside the SAC, are not represented in the current network of MPAs and therefore should be considered for protection.

To protect these features, the Department recommends the introduction of a managed pot fishery to limit the level of risk. Further detail regarding the managed pot fishery proposals can be found at the end of the 'Formulation of the management options' section. There is no expected loss of fishing opportunity from the introduction of the managed pot fishery.

Consultation questions

Questions relating to Strangford Lough MPA are summarised below:

7.1. Do you support the recommended option, to extend the existing prohibition of demersal mobile gear fishing in the SAC, to include the full extent of the MCZ?

Yes, Newry Mourne and Down District Council support the recommendation to extend the existing prohibition of demersal mobile gear fishing in the SAC, to include the full extent of the MCZ.

7.2. Do you support the proposed measures to manage pot fishing, such as following best practice on biosecurity, mandatory vessel position monitoring, pot tagging, recording of bycatch and entanglements of protected species and the continued use of more selective gear within the MCZ area outside the SAC?

Yes, Newry Mourne and Down District Council support the proposed measures to manage pot fishing within the MCZ.

7.3. Do you agree with the assessment of the current value of fishing within the MCZ area, outside the SAC? 7.4. Is there any further evidence that should be considered in terms of values, costs or benefits?

Yes, Newry Mourne and Down District Council trust that the values within this report are accurate.

Murlough Special Area of Conservation

The site adjoins Dundrum Bay and includes the shallow waters of the Bay itself, of importance as the largest area of shallow sub-littoral sandbanks in Northern Ireland. The inter-tidal sands and muds are also extensive, and the beach area at Ballykinler is important as a haul-out for harbour (common) seals. The terrestrial element comprises the major dune systems of Murlough and Ballykinler, together with the relatively intact low dunes and ridges within Royal County Down golf club. These host a range of dune communities, but most important, are the dune heath and grey dune grasslands.

The site has been designated for the following qualifying features:

- Atlantic decalcified fixed dunes (*Calluno-Ulicetea*);
- Atlantic salt meadows (*Glauco-Puccinellietalia maritimae*);

- Dunes with *Salix repens* spp. *Argentea* (*Salicion arenariae*);
- Embryonic shifting dunes;
- Fixed dunes with herbaceous vegetation (grey dunes);
- Mudflats and sandflats not covered by seawater at low tide;
- Sandbanks which are slightly covered by seawater all the time;
- Shifting dunes along the shoreline with *Ammophila arenaria* (white dunes);
- Marsh Fritillary (*Euphydryas aurinia*); and
- Harbour (common) Seal (*Phoca vitulina*).

Further detail on Murlough SAC can be found at: <https://www.daera-ni.gov.uk/publications/reasons-designation-special-area-conservation-murlough>.

Within Dundrum Bay, trawling and seine netting are currently prohibited through the The Inshore Fishing (Prohibition of Fishing and Fishing Methods) Regulations (Northern Ireland) 1993 within the sea area to the landward side of an imaginary line drawn from the Chapel (near Miner's Town, County Down) at Rossglass Bay to Roaring Rock.

Demersal mobile gear

The level of demersal mobile gear fishing within Murlough SAC is considered to be low, mainly due to the existing demersal mobile gear ban, which applies to a large area of the SAC. As the designated sandbank features are highly/moderately sensitive to demersal mobile gear fishing pressures, the risk of damage is moderate. To mitigate this risk, the Department recommends removing these pressures by extending the existing demersal mobile gear ban to include the entire SAC. The estimated value of loss of fishing opportunity from this prohibition is £712 per annum.

Static gear

The level of static gear fishing activity taking place in Murlough SAC is considered as low. As the designated sandbank features are moderately sensitive to static gear fishing pressures, the risk of damage is moderate. To mitigate this risk the Department recommends the introduction of a managed static gear fishery throughout the SAC. Further detail regarding the managed static gear fishing proposals can be found at the end of the 'formulation of management options' section. There is no expected loss of fishing opportunity from the introduction of the managed pot fishery.

Harbour Seals

At present, there is no evidence to suggest that fishing activities within MPAs in the Northern Ireland inshore region are having an adverse impact on the harbour

(common) seal feature. Tools to assess sensitivities of marine mammals are currently being developed through Marine Line Information Network (MarLIN)¹⁴.

Consultation questions

Questions relating to Murlough SAC are summarised below:

8.1. Do you support the recommended option, to extend the existing prohibition of demersal mobile gear fishing in Dundrum Bay, to include Murlough SAC?

Yes, Newry Mourne and Down District Council support the recommendation to extend existing prohibition of demersal fishing gear fishing in Dundrum Bay to include Murlough SAC.

8.2. Do you support the recommended option to manage pot fishing throughout Murlough SAC?

Yes, Newry Mourne and Down District Council support the recommendation to manage pot fishing throughout Murlough SAC.

8.3. Do you support the proposed measures to manage pot fishing, such as following best practice on biosecurity, mandatory vessel position monitoring, pot tagging, recording of bycatch and entanglements of protected species and the continued use of more selective gear?

Yes, Newry Mourne and Down District Council support the recommended best practice methods for managing pot fishing and encourage the recording of bycatch to improve our species records within the area.

8.4. Do you agree with the assessment of the current value of fishing within Murlough SAC?

Newry Mourne and Down District Council trust that the values stated within this document are accurate.

8.5. Is there any further evidence that should be considered in terms of values, costs or benefits?

No

Carlingford Lough Marine Conservation Zone

Carlingford Lough is a narrow and shallow sea lough that lies on the east coast of Ireland, located at the border of Northern Ireland and the Republic of Ireland. The Marine Conservation Zone (MCZ) is located off the northern shore and lies north of the navigation channel in the inner part of the Lough.

The MCZ has been designated for the following qualifying features:

- Habitat *Philine quadripartita* (White lobe shell, previously *Philine aperta*); and
- *Virgularia mirabilis* (Sea-pen) in soft stable infralittoral mud.

This habitat is only present in Carlingford Lough; throughout the coast off Northern Ireland individual records of *Philine quadripartita* and *Virgularia mirabilis* have been recorded. *Philine quadripartita* and *Virgularia mirabilis* occur in high densities within the MCZ and this habitat is thought to be a temporal variant of other sublittoral cohesive mud and sandy mud communities.

Further detail on Carlingford Lough MCZ can be found at: <https://www.daera-ni.gov.uk/publications/carlingford-lough-mcz>.

Demersal mobile gear

The level of exposure to demersal mobile gear fishing in Carlingford MCZ is considered as low. The designated feature *Philine quadripartita* and *Virgularia mirabilis* in soft stable infralittoral mud is present throughout the MCZ and is highly sensitive to pressures from demersal mobile gear fishing, warranting a moderate risk of damage rating. To protect these features, the Department recommends prohibiting demersal mobile gear fishing within the MCZ.

Static gear

The level of exposure to static gear fishing in Carlingford MCZ is considered as low. As the designated features are moderately sensitive to static gear fishing pressures, the risk of damage is moderate. To mitigate this risk the Department recommends the introduction of a managed static gear fishery throughout the MCZ. Further detail regarding the managed static gear fishing proposals can be found at the end of the 'formulation of management options' section. There is no expected loss of fishing opportunity from the introduction of the managed pot fishery.

Consultation questions

Questions relating to Carlingford Lough MCZ are summarised below:

9.1. Do you support the recommended option, to prohibit demersal mobile gear fishing throughout Carlingford Lough MCZ?

Yes, Newry Mourne and Down District Council support the recommendation to prohibit demersal fishing gear fishing throughout Carlingford Lough MCZ.

9.2. Do you support the recommended option to manage pot fishing throughout Carlingford Lough MCZ?

Yes, Newry Mourne and Down District Council support the recommendation to manage pot fishing throughout Carlingford Lough MCZ.

9.3. Do you support the proposed measures to manage pot fishing, such as following best practice on biosecurity, mandatory vessel position monitoring, pot tagging, recording of bycatch and entanglements of protected species and the continued use of more selective gear?

Yes, Newry Mourne and Down District Council support the recommended best practice methods for managing pot fishing and encourage the recording of bycatch to improve our species records within the area.

9.4. Is there any further evidence that should be considered in terms of values, costs or benefits?

No

Proposals to establish Scallop enhancement sites

Background

The king scallop, *Pecten maximus*, is a long lived scallop which can commonly grow to 150mm in length or more. In Northern Ireland fishing for scallops has been established since the 1930s and while historically the fishery consisted of a small number of vessels, it has now greatly expanded. In 2015, 76 vessels, ranging in size from 9m to over 30m in length, reported landings of 1,300 tonnes of scallops into Northern Ireland ports, with a first sale value of £2.7 million.

Scallops are fished using dredges and the management measures proposed in Part 1 of this consultation will ensure that fishing for scallops does not cause damage to the designated features of marine protected areas. There are a number of existing management measures to protect scallop stocks, including gear restrictions, minimum landing sizes and curfews that apply to the fishery.

With increasing exploitation of scallop stocks around the Northern Ireland coast, the Northern Ireland Scallop Association is being proactive in working with industry to enhance long-term sustainability of stocks and together with Seafish, commissioned the Agri-Food and Biosciences Institute (AFBI) to undertake a scallop larval dispersal study with a view to identifying potential sites for reseeded. For further information please see: <https://www.seafish.org/document/?id=AD0B23C5-5BE6-48A7-BCDC-67BFB09285DA>.

This study identified four sites that have habitat conditions suitable for reseeded, with one site within Newry Mourne and Down District Council area, Roaring Rock (Dundrum Bay).

Reseeded is a frequently used option for scallop stock enhancement but it is reliant on sourcing suitable seed. Other options include translocation of scallops from

fishable areas to the reseeding site where they would be protected from future fishing and left to act as a breeding stock, and the use of spat collectors.

In Northern Ireland, no legal protections currently apply to preserve areas for scallop enhancement. However, the Roaring Rock site is located within Dundrum Bay, where trawling and seine netting are prohibited through the Inshore Fishing (Prohibition of Fishing and Fishing Methods) Regulations (Northern Ireland) 1993. The Roaring Rock site is also located within the Murlough Special Area of Conservation (SAC) designated area.

Proposed management options

The recommended management option for all four scallop enhancement sites is the **prohibition of demersal mobile gear use, throughout each site**. To ensure scallops remain protected in these areas, **the prohibition of hand diving / gathering of scallops** is also recommended. There is currently no requirement for any change to static gear fishing within the proposed sites.

Consultation questions relating to the scallop enhancement sites

Do you support the recommended option, to prohibit demersal mobile gear fishing throughout the entire Roaring Rock scallop enhancement site?

Yes, Newry Mourne and Down District Council support the recommended option to prohibit demersal mobile gear fishing throughout the entire Roaring Rock scallop enhancement site.

Is there any further evidence that should be considered in terms of values, costs or benefits?

No

Report to:	Active and Healthy Communities Committee
Date of Meeting:	15 March 2021
Subject:	Downpatrick Neighbourhood Renewal Partnership (NRP) Report
Reporting Officer (Including Job Title):	Janine Hillen, Assistant Director Community Engagement
Contact Officer (Including Job Title):	Damien Brannigan, Head of Engagement

Confirm how this Report should be treated by placing an x in either:-

For decision	<input type="checkbox"/>	For noting only	<input checked="" type="checkbox"/>
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1.0	Purpose and Background
1.1	<p>Purpose</p> <ul style="list-style-type: none"> To note the report. To note the attached Action Sheet of the Downpatrick Neighbourhood Renewal Partnership (NRP) Meeting listed in 3.1 below. <p>Background</p> <p>The attached Action Sheet of the Downpatrick NRP Meeting held on Tuesday 18 February 2020 is provided to update the Committee on the on-going work of Downpatrick NRP.</p>
2.0	Key issues
2.1	None.
3.0	Recommendations
3.1	<p>That the Committee:-</p> <ul style="list-style-type: none"> Note the report. Note the following Downpatrick NRP Action Sheet as attached: <ul style="list-style-type: none"> > Action Sheet of Downpatrick NRP Meeting held on Tuesday 18 February 2020, approved at the Downpatrick NRP Meeting held on Wednesday 17 February 2021.
4.0	Resource implications
4.1	None.
5.0	Due regard to equality of opportunity and regard to good relations (complete the relevant sections)
5.1	<p><i>General proposal with no clearly defined impact upon, or connection to, specific equality and good relations outcomes</i></p> <p>It is not anticipated the proposal will have an adverse impact upon equality of opportunity or good relations <input checked="" type="checkbox"/></p>

5.2	<p><i>Proposal relates to the introduction of a strategy, policy initiative or practice and / or sensitive or contentious decision</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>The policy (strategy, policy initiative or practice and / or decision) has been equality screened <input type="checkbox"/></p> <p>The policy (strategy, policy initiative or practice and / or decision) will be subject to equality screening prior to implementation <input type="checkbox"/></p>
5.3	<p><i>Proposal initiating consultation</i></p> <p>Consultation will seek the views of those directly affected by the proposal, address barriers for particular Section 75 equality categories to participate and allow adequate time for groups to consult amongst themselves <input type="checkbox"/></p> <p>Consultation period will be 12 weeks <input type="checkbox"/></p> <p>Consultation period will be less than 12 weeks (rationale to be provided) <input type="checkbox"/></p> <p><i>Rationale:</i></p>
6.0	<p>Due regard to Rural Needs (please tick all that apply)</p>
6.1	<p>Proposal relates to developing, adopting, implementing or revising a policy / strategy / plan / designing and/or delivering a public service</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Rural Needs Impact Assessment completed <input type="checkbox"/></p>
7.0	<p>Appendices</p>
	<p>Appendix I: Action Sheet of Downpatrick NRP Meeting held on Tuesday 18 February 2020.</p>
8.0	<p>Background Documents</p>
	<p>None.</p>

Newry, Mourne and Down District Council

Action Sheet of Downpatrick Neighbourhood Renewal Partnership Meeting held on Tuesday 18th February 2020 at 4.00pm in Murphy's Bar & Restaurant, Downpatrick

Chairperson:	Nicholas McCrickard	County Down Rural Community Network (CDRCN)
In Attendance:	Anthony Trainor Cadogan Enright Susan Casement Lillian Swaffield Alison McCarthy Jeanette McCarthy Doreen Brown Jenny Laverty Lisa Perry Patricia Kearney Donna Marks Michaela Hannaway Deborah Finlay Dan McEvoy Anne McKeever Tatiana Seed Owen McDonnell	Stream Street Residents Association (SSRA) Stream Street Residents Association (SSRA) Bridge Street, Mount Crescent Bridge Street, Mount Crescent Tosu Ur Tosu Ur Tosu Ur Flying Horse Ward Community Forum/CDRCN (FHWCF) Flying Horse Ward Community Forum (FHWCF) Flying Horse Ward Community Forum (FHWCF) Marian Park Community Association (MPCA) Model Farm Community Association (MFCA) Model Farm Community Association (MFCA) Downpatrick Community Collective South Eastern Trust (SET) South Eastern Regional College (SERC) Northern Ireland Housing Executive (NIHE)
Council Officials:	Katrina Hynds Aisling Rennick Laura Higgins	Downpatrick DEA Co-Ordinator Engagement & Development Manager Admin Officer

Apologies:

**Raphael Crummy
Danny Quinn
Macartán Digney
Lorraine Coulter**

**Department for Communities (DfC)
Meadowlands Community Association (MCA)
Marian Park Community Association (MPCA)
South Eastern Trust (SET)**

ITEM	SUBJECT	DECISION	FOR COMPLETION – including actions taken/date completed or progress to date if not yet completed.
DNRP/02/2020/1	Apologies	Noted	
DNRP/02/2020/2	Minutes of DNRP Meeting held on 26 th November 2019	Minutes were proposed as a true reflection by Dan McEvoy, seconded by Lisa Perry	
DNRP/02/2020/3	Promoter's Reports	All reports noted	

		Tatiana Seed invited all DNRP representatives to 'Driving to Success' presentation day, 11 th March 2020 11.45am	
DNRP/02/2020/4	Response from Policing Board ref independent members	Correspondence was noted	
DNRP/02/2020/5	Matters Arising	Aisling Rennick advised members that Call 2 Financial Assistance opens on 16 th March 2020	
	Matters Arising	All members reminded to return contact detail forms as per GDPR guidelines as soon as possible to Laura Higgins via email or post	Members to forward to DEA Office
	Matters Arising	Tatiana Seed advised DNRP that SERC open days will take place on 4 th & 7 th March 2020	Noted

The Meeting ended at 5:30pm