

**Democratic Services Section  
Chief Executive's Department  
Belfast City Council  
City Hall  
Belfast  
BT1 5GS**



**Belfast  
City Council**

6th September, 2019

**MEETING OF PEOPLE AND COMMUNITIES COMMITTEE**

Dear Alderman/Councillor,

The above-named Committee will meet in the Lavery Room - City Hall on Tuesday, 10th September, 2019 at 5.15 pm, for the transaction of the business noted below.

You are requested to attend.

Yours faithfully,

SUZANNE WYLIE

Chief Executive

**AGENDA:**

1. **Routine Matters**

- (a) Apologies
- (b) Minutes
- (c) Declarations of Interest

2. **Restricted Item**

- (a) Fossil Fuels (Pages 1 - 4)
- (b) Request for use of Council Facilities - Combined Report (Pages 5 - 8)

3. **Matters referred back from Council/Motions**

- (a) Homelessness Status - Response from Northern Ireland Housing Executive (Pages 9 - 14)
- (b) Rewilding our Wards (Pages 15 - 16)

- (c) Play Facilities for Children with Disabilities (Pages 17 - 18)
- (d) Desecration of Graves (Pages 19 - 20)
- (e) Citywide Multi-Agency Task Force on Mental Health and Suicide (Pages 21 - 22)
- (f) Motion - Climate Strike (Pages 23 - 24)
- (g) Motion - Community Impact of Needle Finds (Pages 25 - 26)
- 4. **Committee/Strategic Issues**
  - (a) Pre consultation to seek views on the successor strategy to the New Strategic Direction for Alcohol and Drugs Phase 2 (Pages 27 - 160)
  - (b) Council Response to Draft Northern Ireland Children and Young People's Plan 2019-2021 (Pages 161 - 218)
- 5. **Finance, Procurement and Performance**
  - (a) Quarter 1 Finance Report 2019/20 (Pages 219 - 226)
- 6. **Physical Programme/Asset Management**
  - (a) Partner Agreements Update (Pages 227 - 230)
  - (b) IFA Intermediate Football League Restructuring and Ground Criteria (Pages 231 - 266)
- 7. **Operational Issues**
  - (a) Proposal for naming new streets and the continuation of an existing street (Pages 267 - 268)
  - (b) Recent Government consultations on New Model Licence Conditions for Caravan Sites and Design Guide for Travellers' Sites in NI (Pages 269 - 396)
  - (c) Request for the hire of Botanic Gardens for a series of music events (Pages 397 - 400)
- 8. **Issues Raised in Advance by Members**
  - (a) Bin Collections Belvoir (Councillor Nicholl to raise)
- 9. **People and Communities Workshop Agenda** (Pages 401 - 402)



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By virtue of paragraph(s) 3 of Part 1 of Schedule 6  
of the Local Government Act (Northern Ireland) 2014.

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of the Local Government Act (Northern Ireland) 2014.

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<b>Subject:</b>	Motion – Homeless Status
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To consider a response which has been received from Mr. Clark Bailie, Chief Executive, Northern Ireland Housing Executive (NIHE), in relation to a motion on Homeless Status which was passed by the Council on 1st July.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to note the response. Representative from the NIHE will be attending a Special Housing Meeting on 16th September and it is suggested that consideration of this matter could be added to the agenda, subject to the relevant NIHE officers being available to attend rather than convening a separate all party deputation.
<b>3.0</b>	<b>Main Report</b>
	<b><u>Key Issues</u></b>

3.1	<p>The Council, at its meeting on 1st July, passed the following motion in regard to Homeless Status and Full Duty Application Status which had been moved by Councillor Hargey and seconded by Councillor Walsh:</p> <p><i>“This Council commends the #FDANODELAY campaign and recognises that people living in hostels and other temporary/emergency accommodation across our society are homeless and deserve to be legally recognised as such by having Full Duty Applicant status awarded.</i></p> <p><i>The Council calls on the NIHE Chief Executive to respond, outlining what measures the NIHE will now take to accurately audit the extent of the problem regarding homeless people who are not recognised as such and what steps will be taken to remedy these oversights.”</i></p>
3.2	<p>At the request of Councillor Ferguson, the proposer agreed to amend her motion to the effect that the Chief Executive of the Northern Ireland Housing Executive be invited to meet with an all-Party delegation from the Council to discuss the motion.</p>
3.3	<p>After discussion, the motion, as amended, was put to the Council and passed.</p>
3.4	<p>A letter was forwarded subsequently to the Chief Executive, NIHE, in relation to the motion. His response is attached.</p>
3.5	<p>The Chief Executive explains that the awarding of homelessness status (Full Duty Applicant Status) is set out in the criteria laid down in The Housing (NI) Order 1998.</p>
3.6	<p>He highlights the fact that, where a person presents to the Housing Executive as homeless, they will respond in accordance with this law and commence enquires accordingly. He explains that a full duty applicant is a person who passes the following four tests for homelessness:</p> <ol style="list-style-type: none"> <li>1. Homeless/threatened with homelessness;</li> <li>2. Eligible for assistance;</li> <li>3. In priority need; and</li> <li>4. Unintentionally homeless.</li> </ol>

3.7	The Chief Executive concludes by pointing out that assessments are carried out on an individual basis by the Housing Executive and when enquiries are complete a notification of decision is given in writing to the applicant.
3.8	He added that should the Council still require a meeting that he would arrange for the appropriate staff to attend.
3.9	<b><u>Financial and Resource Implications</u></b>  None.
3.10	<b><u>Equality or Good Relations Implications</u></b>  None.
<b>4.0</b>	<b>Appendices - Documents Attached</b>
	Appendix 1 - Correspondence from NIHE

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Mr H Downey  
Democratic Services Officer  
Legal and Civic Services Department  
Belfast City Council  
City Hall  
Belfast

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6<sup>th</sup> August 2019

**Your ref: HD/MOH**

Dear Mr Downey

I refer to your letter dated 22<sup>nd</sup> July 2019 with regard to the motion passed at a meeting of Belfast City Council.

A Full Duty Applicant is a person to whom the Housing Executive owes a duty under the homelessness legislation, Article 10(2) of the Housing (NI) Order, 1988.

The awarding of homelessness status (Full Duty Applicant status) is set out in the criteria laid down in The Housing (NI) Order 1988.

Where a person presents to the Housing Executive as homeless, we will respond in accordance with this law and commence our enquiries.

The Housing Executive is prohibited from taking a blanket approach to awarding Full Duty Applicant status to residents living in a homeless hostel.

A full duty applicant is a person who passes all four tests for homelessness. Our enquiries will determine whether or not the applicant meets the four statutory homelessness tests, which are defined in law.

Those four tests, which are applied, are:-

1. Homeless/threatened with homelessness
2. Eligible for assistance
3. In priority need; and
4. Unintentionally homeless.

Assessments are carried out on an individual basis by the Housing Executive and when enquiries are complete, a Notification of Decision is given in writing to the applicant. If an

individual's circumstances change, we would encourage them to visit us to be re-assessed.

If you still require a meeting I will make arrangements for the appropriate staff to attend.

Yours sincerely



**C Bailie**  
**Chief Executive**



<b>Subject:</b>	Motion – Rewilding our Wards
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of: Rewilding our Wards which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<p><b><u>Key Issues</u></b></p> <p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Councillor Garrett and seconded by Councillor Canavan:</p>

	<p><i>“We commend this Council for the work and projects it undertakes across the city to enhance biodiversity and increase environmental protection.</i></p> <p><i>Rewilding spaces in the heart of our communities not only enhances and adds to the good work already undertaken to protect the environment; but also confirms our commitment as a Council to challenge the climate emergency we have already recognised is upon us.</i></p> <p><i>We call on this Council in each of our city’s 60 electoral wards to rewild, as a minimum, 1 extra space each year outside of what is already planned or programmed.</i></p> <p><i>We further call on this Council to promote this initiative and working alongside members in each ward to identify achievable and appropriate sites, where working with the community we create rewilded spaces that local communities can feel part of challenging climate change.”</i></p>
3.2	In accordance with Standing Order 13(f), the Motion was referred without discussion to the People and Communities Committee.
3.3	<p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p>
3.4	<p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
4.0	<b>Appendices - Documents Attached</b>
	None



<b>Subject:</b>	Motion – Play Facilities for Children with Disabilities
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of Play Facilities for Children with Disabilities which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<p><b><u>Key Issues</u></b></p> <p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Alderman McCoubrey and seconded by Councillor Smyth:</p>

	<p><i>“This Council recognises the need to improve play facilities for those children with disabilities, and undertakes to engage with those in the sector who can best advise on making play facilities more accessible.</i></p> <p><i>An audit should be undertaken of current facilities across the city and opportunities for disability improvements identified, work to be completed through the course of the current council term.”</i></p>
3.2	In accordance with Standing Order 13(f), the Motion was referred without discussion to the People and Communities Committee.
3.3	<p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p>
3.4	<p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
<b>4.0</b>	<b>Appendices - Documents Attached</b>
	None



<b>Subject:</b>	Motion – Desecration of Graves Belfast City Cemetery
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of the Desecration of Graves Belfast City Cemetery which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<b><u>Key Issues</u></b>

	<p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Alderman Copeland and seconded by Alderman Rodgers:</p> <p><i>“That this Council:</i></p> <p><i>Notes with grave concern and mounting anger the recent desecration of graves within Belfast City Cemetery, and resolves to renew and redouble its efforts to upgrade the facilities at the cemetery and to work with other partner agencies to ensure that such wanton rampage of destruction is never repeated, and that those responsible are brought before the courts.</i></p> <p><i>This facility is for everyone, and we as a Council need to look after the needs of all the communities who are buried, visit and are bereaved.”</i></p>
3.2	In accordance with Standing Order 13(f), the Motion was referred without discussion to the People and Communities Committee.
3.3	<p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p>
3.4	<p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
<b>4.0</b>	<b>Appendices - Documents Attached</b>
	None





<b>Subject:</b>	Motion – Citywide Multi-Agency Task Force on Mental Health and Suicide
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of a Citywide Multi-Agency Task Force on Mental Health and Suicide which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<u><b>Key Issues</b></u>

	<p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Councillor Baker and seconded by Councillor Magennis:</p> <p><i>“This Council notes with serious concern the growing number of people who have taken their own life over recent times and extends its deepest sympathy to all those effected. We call on the Lord Mayor to convene a citywide multi-agency task force to respond to the serious concerns regarding mental health and suicide in our City.</i></p> <p><i>The task force, using all their collective resources, should map out an action plan of front facing initiatives such as the successful Multi agency `road safe road show` to engage schools, youth organisations, businesses and citizens on our response to resilience, emotional well-being and positive mental health.</i></p> <p><i>This Council needs to use every partner, every power and every strategy at its disposal to reach out to our citizens, let them know we care and we are there for them and that is ok not to be ok.”</i></p>
3.2	In accordance with Standing Order 13(f), the Motion was referred without discussion to the People and Communities Committee.
3.3	<p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p>
3.4	<p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
4.0	<b>Appendices - Documents Attached</b>
	None



<b>Subject:</b>	Motion – Climate Strikes
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Sara Steele, Democratic Services Officer
<b>Contact Officer:</b>	Sara Steele, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of Climate Strikes which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<p><b><u>Key Issues</u></b></p> <p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Councillor Matt Collins and seconded by Councillor Smyth:</p>

	<p><i>“This Council notes the global call made by young people, workers, environmental organisations and concerned citizens to mobilise “climate strikes”, beginning on 20th September, 2019.</i></p> <p><i>The Council wishes to see a transition to the end of fossil fuels and the implementation of urgent action to avoid climate breakdown and catastrophe.</i></p> <p><i>Belfast City Council supports the climate strikes taking place in this city on 20th September, and pledges to help publicise, facilitate and lend practical support to climate activists taking to the streets on this historic day.”</i></p> <p>At the meeting it was moved by Councillor Danny Baker and seconded by Councillor Murphy that an additional paragraph be added to the end of the motion, namely:</p> <p><i>“This Council aims to be a leader on tackling climate change and, therefore, will carry out a scoping exercise to identify both Council and public land which would be suited towards the planting of trees and reforestation of our City and furthermore commits to making our own Council fleet carbon neutral by 2030, which is in line with our statutory agencies’ ambitions.”</i></p>
3.2	After discussion, the motion, as amended, was put to the Council and passed.
3.3	The Council agreed that the additional paragraph would be required to be referred to the People and Communities Committee for its consideration.
3.4	<p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p>
3.5	<p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
<b>4.0</b>	<b>Appendices - Documents Attached</b>
	None



<b>Subject:</b>	Motion – Community Impact of Needle Finds
<b>Date:</b>	10th September, 2019
<b>Reporting Officer:</b>	Louise McLornan, Democratic Services Officer
<b>Contact Officer:</b>	Louise McLornan, Democratic Services Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report/Summary of Main Issues</b>
1.1	To bring to the Committee's attention the Motion in respect of the Community Impact of Needle Finds which was referred to the Committee by the Council on 2nd September.
<b>2.0</b>	<b>Recommendation</b>
2.1	The Committee is requested to <ul style="list-style-type: none"> <li>Consider the motion and take such action thereon as may be determined.</li> </ul>
<b>3.0</b>	<b>Main Report</b>
3.1	<p><u><b>Key Issues</b></u></p> <p>The Council, at its meeting on 2nd September, considered the following Motion which had been moved by Councillor McLaughlin and seconded by Councillor Donnelly:</p>

3.2	<p>“This Council notes with alarm the increased volume of needles found on streets in inner city surrounding communities, both used and otherwise. The safety ramifications for families who reside in such areas are extensive and obvious.</p>
3.3	<p>This Council has a duty of care to the citizens of Belfast including assisting them in fulfilling their ambitions and striving towards the goals of the Belfast Agenda.</p>
3.4	<p>Urban inner city surrounding communities are lived in neighbourhoods, not fully part of the City Centre but neither are they suburbs. Such localities face problems associated to air pollution, high volumes of commuter car parking, dense housing developments, fractured infrastructure and historical failings associated to place and space planning.</p>
3.5	<p>One contemporary impact of such failings resides in limited usable green and natural safe play sites.</p>
3.6	<p>The evidenced needle finds across urban inner city surrounding communities are ordinarily in sites of overgrown shrubbery, vacant green sites, beside hedge rows and alongside well used play and walking areas.</p>
3.7	<p>This Council cannot and should not accept increased street needle finds as a natural and inevitable consequence of a growing City. Such an acceptance is a direct contradiction to the aims and visions of the Belfast Agenda. This neither supports those at risk of addiction or resident families.</p>
3.8	<p>Whilst we recognise the massive value of the work undertaken by the Council’s Community Safety structures and the Sharp Removal Programme, this motion seeks a report focused on the immediate areas surrounding the city centre in the contemporary context, detailing the volume of finds, associated costs of removal, correlations if and where they exist, site contexts and recommendations moving forward based on good practice elsewhere.”</p>
3.9	<p>In accordance with Standing Order 13(f), the motion was referred, without discussion, to the People and Communities Committee.</p> <p><b><u>Financial and Resource Implications</u></b></p> <p>None.</p> <p><b><u>Equality or Good Relations Implications</u></b></p> <p>None.</p>
4.0	<p><b>Appendices - Documents Attached</b></p>
	<p>None</p>



<b>Subject:</b>	Pre consultation to seek views on the successor strategy to the New Strategic Direction for Alcohol and Drugs Phase 2
<b>Date:</b>	10 September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director of City & Neighbourhood Services
<b>Contact Officer:</b>	Ryan Black, Director of Neighbourhood Services Alison Allen, Neighbourhood Services Manager (West)

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	There have been significant levels of concern in recent years around alcohol and drug misuse in Belfast and the wider region. More recently, the inter-dependency between alcohol/drugs and mental health/suicide has been recognised and the need for those issues to be considered more effectively together.
1.2	In recognition of this, the Department of Health have initiated a pre consultation on the successor strategy to the New Strategic Direction for Alcohol and Drugs Phase 2.
1.3	At Committee on 6 August 2019, Members asked that given the importance of the issue, an extension should be requested from the Department of Health. The Department of Health have agreed that the pre-consultation period would be extended.

1.4	Following the comments of a number of Members at People and Communities Committee on 6 August 2019, the draft response (Appendix 1) has been updated.
<b>2.0</b>	<b>Recommendations</b>
2.1	<p>The Committee is asked to</p> <ul style="list-style-type: none"> <li>• Approve the draft consultation response at Appendix 1.</li> </ul>
<b>3.0</b>	<b>Main report</b>
3.1	<p><u>Key Issues</u></p> <p>The draft consultation response is attached at Appendix 1 for Members consideration.</p>
3.2	<p><u>Financial &amp; Resource Implications</u></p> <p>There are no financial and resource implications for Council at present.</p>
3.3	<p><u>Equality or Good Relations Implications/Rural Needs Assessment</u></p> <p>The consultation document confirms that the Department of Health are aware of their equality, good relations and rural needs legal obligations in these matters.</p>
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	<p>Appendix 1 Draft Council Response</p> <p>Appendix 2 Consultation Document <a href="https://www.health-ni.gov.uk/consultations/nsd-pre-consultation">https://www.health-ni.gov.uk/consultations/nsd-pre-consultation</a></p> <p>Appendix 3 Summary Report Strategic Discussion November 2017</p>



## APPENDIX 1 - BELFAST CITY COUNCIL DRAFT RESPONSE

### PRE CONSULTATION TO SEEK VIEWS ON THE SUCCESSOR STRATEGY TO THE NEW STRATEGIC DIRECTION FOR ALCOHOL & DRUGS PHASE 2

#### Introduction

Belfast City Council welcomes the opportunity to consider and input into the pre consultation exercise to seek views on a successor strategy to the 'New strategic direction for alcohol and drugs phase 2' issued by the Department of Health on 17 May 2019. People & Communities Committee on 06 August agreed the consultation response enclosed. This response remains subject to ratification by Council on 2 September 2019 following which we can update our response with any changes and notify you of this.

Councillors continue to raise concerns about the impact of alcohol and drugs on individuals, families and communities in Belfast on an ongoing basis. As a result, a strategic round table workshop took place on this issue in 2017, facilitated by the Belfast Strategic Partnership and including Elected Members, following two notices of motion on alcohol & drugs and suicide & drug related death.

The key messages coming from that workshop were the need for strategic leadership, joint commissioning, focused outcomes, systemic change from silo working and services to integrate early and preventive interventions centred on the person's immediate and ongoing needs. A further Officer workshop on 9 July 2019 agreed these issues remain current and provide an accurate reflection of the continuing challenges experienced when operating in this area.

It remains our position that there is a need for effective leadership and that any new strategy needs to integrate and align with community planning structures regionally to ensure both regional and local impact.

We also believe any strategy must recognise the inextricable link between alcohol/drugs and mental health/wellbeing. For that reason outcomes should align with Belfast Agenda where the city seeks to ensure no one is left behind, everyone reaches their potential and experiences good health and wellbeing.

The strategy needs to be able to facilitate flexible inter-agency action across organisations but ensure collective accountability. This should include preventative universal services as well as targeted services for those individuals in need of specific help.

Additionally, the strategy should recognise the potential for non-health related services to play a positive role in addressing these issues and draw those services in to the accountability arrangements e.g. PSNI and Education. It should also seek to explore the relationship between enforcement, prevention and intervention in maximising successful outcomes.

Finally, given the prominence of related outcomes in the Belfast Agenda, Council would like to emphasise that it wants to be an active participant and co-producer of strategies to address these issues in Belfast for the benefit of its citizens.

#### Consultation Response

1. **What is your name:** Belfast City Council

2. **What is your email address:** allena@belfastcity.gov.uk

3. **Is your response on behalf of an organization:** Yes

4. **From your experience and from the findings of the Review/other sources of evidence, does NI still need a substance misuse strategy?**

Yes

5. **Should it cover both Alcohol & drug misuse**

Yes, however the strategy should integrate more effectively with other relevant strategies i.e. mental health and wellbeing (including suicide)

**If you wish please explain your choice**

Council seeks a straightforward approach to the next strategy and this begins with the vision to ensure we leave no one behind. The strategy therefore should be clear on how it is supporting individuals, families and communities

6. **Should they have equal priority**

Yes

7. **What should the overall vision be for any future substance misuse strategy?**

As outlined in the Belfast Agenda we need to provide the opportunity for all our residents to lead healthy, engaged and fulfilling lives as part of vibrant, growing, welcoming and sustainable communities and neighbourhoods. Any future strategy needs to capture how early prevention from accessing substances that cause harm is delivered; regulating or enforcing where needed to ensure opportunity to harm is reduced and where that is not possible create treatment and support for individuals, families and communities to enable the recovery throughout their lives.

**8. Should a future substance misuse strategy have a set of values and principles?**

A future strategy underpinned by values and principles is welcomed, however the Council believes further work is required to agree values and principles that can operate across enforcement, prevention and intervention approaches.

**9. What overall outcome should we seek to achieve?**

The overall outcome should align with Belfast Agenda where the city seeks to ensure no one is left behind, everyone reaches their potential and experiences good health and wellbeing. Additionally, given the cross cutting nature of this issue, the overall outcome should seek to demonstrate how an integrated strategy adds value above and beyond the work of the relevant individual organisations.

**10. What indicators should we be measuring to demonstrate that we are working to the overall outcomes?**

Further work is required on this, however it is essential that the impact measurement tool is agreed and available for use by all partners particularly as part of delivering collaboratively via community planning. If not, it is essential a single approach is agreed for data management and evidence gathering/building services and commissioning or we continue to work in a disparate silo way and make it more difficult operationally to respond effectively. The indicators should focus more on the difference the strategy makes at an individual, family and community level and less on how much was done.

**11. What do you believe the key focus of the strategy should be?**

Council agrees with the key areas of focus detailed below, but would highlight the strategy should explore further how these areas interact with each other for added value and maximum effect.

- Regulation, legislation & enforcement
- Supply reduction
- Prevention/early intervention
- Harm reduction
- Treatment and support
- Recovery

Council believes that further detailed consideration is required to understand how decriminalisation, changes to the legal classification of different types of drug and safe injecting facilities ('drug consumption rooms') could positively help achieve the stated policy objectives above.

Council also believes that any future strategy should appropriately address the ongoing challenges with insufficient investment to meet demand for addiction services at both the prevention and early intervention stages but also at the more chronic stages where inpatient care is needed. Council believes there is an urgent need for more dedicated facilities to address addiction.

Finally, Council believes that the strategy should consider how these issues affect not just the individual and family, but also the communities and neighbourhoods they live in, for example in the form of increased drug paraphernalia and crime.

**12. Are you aware of any other sources of evidence, research or studies that would support action to address substance misuse and your proposed outcomes and indicators?**

A discussion note from a strategic workshop held by Belfast Strategic Partnership in 2017 is enclosed with the response and covers the main Belfast issues that remain relevant. Council also believes lessons should be learned from the positive outcomes achieved in other jurisdictions experiencing similar challenges, particularly the Portuguese model. Additionally, Council would also wish to highlight the recommendations in the West Belfast Drugs Panel Report (June 2018).

**13. Who needs to be involved if we are to effectively address substance misuse & address the outcomes and indicators you proposed?**

Council believes as the convener of community planning in Belfast, it should be an active participant in addressing substance misuse as part of delivering the outcome where everyone fulfils their potential and experiences good health and wellbeing to ensure no one is left behind. Additionally, service users, families, GP's, commissioners of services and delivery agents should be included.

**14. Were there any gaps in the previous strategy that need to be addressed?**

Council believes any strategy aimed at addressing the serious harm caused by drugs and alcohol should have seriously considered the potential for positive outcomes to be achieved from decriminalisation, changes to the legal classification of different types of drugs and safe injecting facilities. This was not present in the previous strategy and Council believes it should be included in any future strategy.

Council also believes the previous strategy lacked specific detail on how the necessary resources (financial and staff) and infrastructure (facilities) would be put in place to support the policy aims and objectives and that this should be addressed in any future strategy.

Finally, as above, Council believes any future strategy should fully explore the impact of drugs and alcohol on communities and neighbourhoods, for example in the form of increased drug paraphernalia and crime.

**15. Are you aware of evidence-based actions that would meet these Page 30**

A large body of evidence is available both nationally and internationally fully exploring the matters referred to above.

**16. Are you aware of any innovative approaches or low cost/ no cost actions that would make a difference?**

These have been referenced above at point 12.

**17. Have you any views on where existing or additional resources should be prioritized?**

This is difficult to respond to as the previous strategy is not explicit regarding all costs. However, Council does believe there is sufficient local, national and international evidence demonstrating how prevention delivers better outcomes and value for money in the long term.

**18. Substance misuse does not have an equal impact on society. Do you believe the strategy should prioritise any of the at risk population groups?**

As outlined previously, Councils' approach to inclusive growth does recognise the need for universal services as well as services that may be targeted towards at risk population groups (including at risk geographies). However, Council believes that further detail is needed in any future strategy on who are 'at risk' population groups and the evidence supporting this.

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# **New Strategic Direction for Alcohol and Drugs Phase 2**

## **Final Review – October 2018**

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## Executive Summary

The cross-departmental strategy to reduce the harm related to substance misuse in Northern Ireland, known as the New Strategic Direction for Alcohol and Drugs (NSD) Phase 2, was launched in 2012. This is the final update and review of the outcomes and indicators set out in that document. The preceding update reports are also available online at: <https://www.health-ni.gov.uk/publications/alcohol-and-drug-misuse-strategy-and-reports>.

The report is structured as follows:

- **Chapter 1** sets out the background to the development of the strategy and summarises the approach taken in the NSD Phase 2
- **Chapter 2** outlines the approach taken to this review;
- **Chapter 3** provides an update on the key indicators over the life of the Strategy;
- **Chapter 4** shows progress on the outcomes and outputs in the NSD Phase 2;
- **Chapter 5** sets out the outcome of stakeholder engagement and views on the implementation of the NSD Phase 2; and
- **Chapter 6** provides a summary and concluding comments.

Overall, progress has been made during the implementation of the NSD Phase 2 – especially at the population level.

### *Indicators*

Since the original strategy was published in 2006, we have seen some encouraging signs in relation to reductions in substance misuse at the population level – for example, there have been significant reductions in the levels of binge drinking and the percentage of young people who drink and get drunk. Among adults, prevalence of illegal drug misuse has largely plateaued and we are continuing to see significant numbers of individuals and families access treatment and support services for alcohol and drug misuse. In addition, drug misuse among young people has fallen significantly.

However, this is being offset by increases in a range of indicators related to harm. For example, hospital admissions and deaths are still high and rising, and there are ongoing concerns about polydrug misuse, the misuse of prescription drugs and New Psychoactive Substances. There appears to be a significant cohort of people engaging in increasingly risky behaviours, causing an acute increase in related harms. There are also growing pressures on key services – such as Substitute Prescribing – where plans are in place to deal with unacceptable waiting lists.

### *Outcomes*

In terms of progress against the outcomes within the NSD Phase 2, the majority of the 141 outcomes are on track for achievement (many of the outcomes are long term and ongoing in nature). 24 (17%) of the outcomes have been fully completed, 98 (70%) of the outcomes are classed as being on track for achievement, and 17 (12%) of the outcomes progress is being made but with some delay. 2 (1%) of the outcomes are not on target for achievement.

### *Stakeholder Views*

Stakeholders felt that NSD Phase 2 acted as a driver for increasingly effective collaboration and partnership working at both strategic and operational level, and successfully raised the profile of alcohol and drug-related harm in Northern Ireland. In particular, the consistency, diversity of representation and commitment of the NSD Steering Group was recognised. The Regional Commissioning Framework for Alcohol & Drugs was credited with bringing about service improvements in terms of better availability, accessibility, equity, co-ordination and consistency. Investment in workforce development was also highlighted, as was the progress made on embedding transition to an evidence-informed harm reduction approach.

Against this, it was felt there should have been greater alignment between strategic and operational elements of NSD Phase 2, along with greater integration across the strategic agendas of other government departments. Also by placing focus on acute service provision issues, more structured opportunities may have been missed for evidence-informed future planning. There could have been a better response to unintended outcomes and change management issues caused by the implementation of the Regional Commissioning Framework, and benefits could also



have accrued from more data sharing and critical evaluation on existing programmes and services.

### *Conclusions*

Learning from NSD Phase 2, and other developments such as the draft *Programme for Government* and *Making Life Better*, we now propose to consider the development of a successor strategy. We anticipate that the first stage of this work, pre-consultation, would be completed by the end of 2018/19. In addition, we anticipate that this work would be taken forward at the same time as the work to review and further develop the Regional Commissioning Framework for Alcohol and Drug Services.

It is vital to note that until any new strategy is in place, the direction set out by the NSD Phase 2 and its governance structures will remain in place to ensure we continue to take co-ordinated action to prevent and address the harm related to substance misuse in Northern Ireland.

## 1. Background to the NSD Phase 2

### Introduction

- 1.1 Alcohol and drug misuse, and their related harms, cost our society over £1 billion every year. However, this financial burden can never describe the impact that substance misuse has on individuals, families and communities in Northern Ireland. Alcohol and drug misuse therefore continue to be recognised as significant public health, community safety, and social issues.

### New Strategic Direction for Alcohol and Drugs (NSD)

- 1.2 In 2005, the Department of Health (DoH) led the development of a cross-sectoral strategy that sought to reduce the harm related to both alcohol and drug misuse. DoH launched this strategy, entitled the *New Strategic Direction for Alcohol and Drugs* (NSD), in 2006.

### NSD Phase 2

- 1.3 It was agreed that, rather than undertaking a full new strategic development process, the existing NSD would be reviewed, revised, and extended until 2016. This decision was taken to ensure a consistent approach on the issue over a ten-year period and to ensure that resources continue to be directed at front-line services, programmes and interventions. This process also allowed the NSD Phase 2 to reflect new trends and re-direct effort to where it is most needed or to where new issues/concerns were emerging.

### NSD Phase 2 – Final Document

- 1.4 Following the consultation, the NSD Phase 2 was revised and refined to take on board the issues raised. The final document was then approved by the former Executive and launched by the then Health Minister in January 2012. The full NSD Phase 2 document is available online at: <https://www.health-ni.gov.uk/sites/default/files/publications/DoH/alcohol-and-drug-new-strategic-direction-phase-2-2011-16.pdf>

## **The Five Pillars**

1.5 The NSD Phase 2 identified five supporting pillars, and these pillars provided the conceptual and practical base for the Strategy. The five pillars were:

- Prevention and Early Intervention;
- Treatment and Support;
- Law and Criminal Justice;
- Harm Reduction;
- Monitoring, Evaluation and Research.

## **Themes**

1.6 Two broad themes, “Children, Young People and Families” and “Adults and the General Public”, were also identified to enable an integrated and co-ordinated approach to tackle the issue. In delivering on the NSD, organisations were encouraged to focus on specific sub-groups within these themes.

## **Values and Principles**

1.7 The values set out in the NSD Phase 2 are the basic tenets on which the strategy, and its implementation, was built. These values were:

- Positive, Person Centred, Non-Judgmental and Empowering;
- Balanced Approach;
- Shared Responsibility;
- Equity and Inclusion;
- Partnership and Working Together;
- Evaluation, Evidence and Good Practice-based;
- Consultation, Engagement, Transparency;
- Addressing Local Need;
- Community-based;
- Long-Term Focus;
- Value for Money and Invest to Save;
- Built on Existing Work; and
- Access to information.

## **Overall Aim**

1.8 The overall aim of the NSD Phase 2 was to: *“reduce the level of alcohol and drug-related harm”*.

## **Long-Term Objectives**

1.9 The NSD set a range of overarching long-term objectives to:

- provide accessible and effective treatment and support for people who are consuming alcohol and/or using drugs in a potentially hazardous, harmful or dependent way;
- reduce the level, breadth and depth of alcohol and drug-related harm to users, their families (including children and young people), their carers and the wider community;
- increase awareness, information, knowledge, and skills on all aspects of alcohol and drug-related harm in all settings and for all age groups;
- integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Policy;
- develop a competent and skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse;
- promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or misuse drugs;
- continue to effectively tackle the issue of availability of illicit drugs and young people’s access to alcohol; and
- to monitor and assess new and emerging illicit drugs and take action when appropriate.

## **Key Priorities**

1.10 Although the NSD Phase 2 sought to address a wide range of issues, a number of Key Priorities were identified. These formed the cornerstone of work over the life of the Strategy and reflected those issues that had been identified to be of crucial importance through the Review and the consultation. The Key Priorities, and high level updates on progress against these, are set out in the following table:

<b>KEY PRIORITY</b>	<b>UPDATE</b>
<b>Developing a Regional Commissioning Framework</b>	The Alcohol and Drug Services Commissioning Framework, which covers all tiers of service, was issued for consultation in March 2013. The document has been finalised and used to inform the last round of tendering and commissioning which concluded in 2015. Agreement has been reached on the reconfiguration of Tier 4 addiction services and the new model should be operational soon. Further work is now being undertaken to consider Tier 3 addiction services.
<b>Targeting those at risk and/or vulnerable</b>	The strategy, and its implementation, continues to target those at risk and/or vulnerable – this is on the basis of local needs assessment and prioritisation.
<b>Alcohol and drug-related crime including anti-social behaviour and tackling underage drinking</b>	Key links have been made between NSD Phase 2, the Community Safety Strategy, the Strategic Framework for Reducing Offending and alcohol licensing. At the local level, we continue to promote joined up work between Drug and Alcohol Co-ordination Teams (DACTs), Policing and Community Safety Partnerships (PCSPs), and local councils.
<b>Reduced availability of illicit drugs</b>	<p>Key links have made between NSD Phase 2, the Organised Crime Task Force, the Community Safety Strategy, and the Strategic Framework for Reducing Offending. At the local level, we continue to promote joined up work between DACTs, PCSPs, the PSNI and local councils.</p> <p>We have also been working with the Home Office to identify and reduce access to new substances of concern. The Department lobbied for a general ban on the sale of New Psychoactive Substances at the UK level, and this resulted in the passing of the UK-Wide Psychoactive Substances Act in January 2016.</p> <p>Work has also been undertaken to reduce the availability of illicit prescription medicines.</p> <p>Clearly though illegal and illicit substances are still available and criminal gangs still operate in this area. We also need to continue to recognise the impact of the internet and the “dark web” on sales.</p>
<b>Addressing community issues</b>	DACTs, the new Connection services, and Independent Sector Forums (ISFs) continue to bring forward issues from local communities, and put in place action and programmes to address these. Community Planning in local Councils and PCSPs also play a role in identifying problems within communities and seeking local solutions to local problems.

<b>Promoting good practice in respect of alcohol and drug-related education and prevention</b>	The Alcohol and Drug Services Commissioning Framework sets out the evidence base for what works in alcohol and drug education and prevention, and a range of services has been commissioned in light of this work. We have continued to work towards the implementation of appropriate NICE Guidelines.
<b>Harm Reduction approaches</b>	We are continuing to support and develop Substitute Prescribing, Needle and Syringe Exchange, Naloxone Provision, and other Harm Reduction approaches. These services are under pressure and need to continue to be reviewed and developed.
<b>Workforce Development</b>	Workforce development is a key part of the Commissioning Framework, and its roll-out is now being supported.

## Emerging Issues

1.11 The NSD Phase 2 recognised that, since publication of the original NSD, a number of new issues had emerged. These issues were identified, noted and considered by the NSD Steering Group and the relevant Advisory Groups. This process was also informed by the Drug and Alcohol Coordination Teams (DACTs), the Advisory Council on the Misuse of Drugs, the British-Irish Council Substance Misuse Sectoral Group, and research. These issues included:

- prescription or over-the-counter drugs;
- New Psychoactive Substances;
- families and hidden harm;
- recovery;
- mental health, suicide, drug and alcohol misuse, sexual violence and abuse, and domestic violence;
- a population approach to alcohol misuse;
- local funding; and
- the Review of Public Administration.

## Funding

1.12 It is difficult to estimate the total funding that has supported the implementation of the NSD Phase 2. For example, a proportion of the Police Service of Northern Ireland budget will be spent on reducing supply, and a proportion of the Education budget will be spent on resilience and knowledge raising but it is

impossible to disaggregate these out from overall budgets and universal approaches.

1.13 We do know that approximately £16 million per year has been invested in services (including prevention and awareness raising, early intervention, harm reduction and treatment and support) in support of the Regional Commissioning Framework for Alcohol and Drug Services. While there have been some reductions in funding over the period – such as Trust savings or the removal of Department of Justice funding from Arrest Referral Schemes – overall the budget has remained relatively stable. However, there is a continuing pressure on services – particularly Substitute Prescribing Services – and this means it is vital that we continue to look at our service models and ensure that any additional investments in the future are aligned to those services and approaches shown to have the most impacts, and to flexibly respond to emerging issues and pressures.

## 2. The Process to Review the NSD Phase 2

- 2.1 At its meeting on 25 October 2017, the NSD Steering Group agreed the Terms of Reference for the review of the NSD Phase 2 (see **Annex A**).
- 2.2 The aim of this review was to evaluate the impact of NSD Phase 2 on its aims of preventing and addressing harm related to substance misuse in Northern Ireland. This comprehensive, inter-departmental evaluation, facilitated and led by DoH, fully considered the outputs of the strategy, i.e. what has been done and the outcomes, what difference this has made to people's lives, etc. It also considered the effectiveness of the current NSD structures with a view to making recommendations on the way forward.
- 2.3 The review considered three specific aspects of the implementation of the NSD Phase 2 strategy:
- a. **Outputs** – i.e. the action taken by Government Departments and their agencies, through the NSD structures, and the progress made.
  - b. **Outcomes** – i.e. the impact that NSD Phase 2 had on the range of indicators and outcomes it set out to achieve and the differences made for the public, service users and carers.
  - c. **Stakeholder views and structures** – i.e. a review of the views of key stakeholders on the delivery of the NSD and the associated structures, in the context of recent and emerging Government policy.
- 2.4 The review also began the process for considering the necessary actions and structures to take forward to prevent and address substance misuse following the end of the current Strategy.
- 2.5 Importantly, given the nature of the funding and the interconnectedness of the actions and outcomes with other government strategies and actions, the review did not explicitly deal with value for money at the strategic level – but the organisations delivering on individual actions should be continuously monitoring the value for money of these.









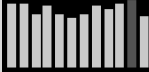




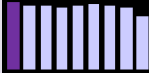
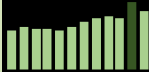
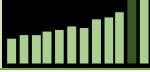
### 3. Update on NSD Phase 2 Indicators

- 3.1. To measure the extent to which the overall aim of reducing alcohol and drug-related harm is being met, the NSD Phase 2 established a set of Indicators that can be used for this purpose. These are set out below (and are colour-coded to match the sections that follow):

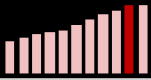
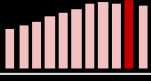
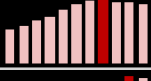

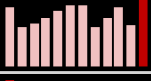
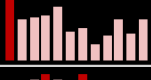








Alcohol	Drugs
Prevalence	Prevalence
Binge drinking	Blood borne viruses
Numbers presenting for treatment	Numbers presenting for treatment
Hospital admissions	Hospital admissions
Deaths	Deaths
Crime	Crime
Drink driving	Drug driving
Public confidence	Public confidence
	Criminal gangs

- 3.2. Progress against indicators is reported as the information becomes available. It should be noted that for the majority of these indicators we were seeking a reduction in the figures. However, in respect of some of the areas – particularly those presenting for treatment and public confidence – an increase in the numbers is actually positive as it means more people are seeking help for their misuse and this should lead to long-term reduction in related harm. When reporting against these indicators, where possible and appropriate, figures will be broken down by Section 75 groups and particularly in terms of age, gender and geographical area.
- 3.3. The table below summarises the overall movement in the key indicators, since the beginning of the NSD. In addition, **Annex B** contains a range of infographics showing more detail on changes to a range of statistics over the period of the strategy, and full data tables are also being published separately alongside this report.

Alcohol			Trend Shape	Pre- and Post-strategy data comparison
Prevalence	Adults	Proportion of respondents who drink		↑ 75% in 2006/07, 80% in 2016/17
	Adults	Proportion of respondents exceeding recommended weekly drinking limits		↓ 24% in 2010/11, 20% in 2015/16
	Young people	Proportion of young people that have ever drank alcohol		↓ 55% in 2007, 32% in 2016
	Young people	Of those who drink, the number who have been drunk		↓ 55% in 2007, 45% in 2016
Binge drinking	Adults	Percentage of those who drank in the last week who engaged in at least one binge drinking session		↓ 38% in 2005, 31% in 2013
Numbers presenting for treatment	All	Number presenting for treatment for alcohol only		↓ 3,476 in 2007, 2,577 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for alcohol only		↓ 62.3% in 2007, 43.2% in 2017
	All	Number presenting for treatment for both alcohol and drugs		↑ 989 in 2007, 1,356 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for both alcohol and drugs		↑ 17.7% in 2007, 22.7% in 2017
Hospital admissions	All	Admissions for alcohol related conditions		↑ 9,573 in 2008/09, 11,636 in 2016/17
	All	Admissions for conditions relating to alcohol and drug use		↓ 1,944 in 2008/09, 1,148 in 2016/17
Deaths	All	Deaths due to Alcohol		↑ 217 in 2005, 289 in 2016
Crime	All	Proportion of crimes where alcohol is a contributory factor		↓ 20% in 2012/13, 19% in 2016/17
Drink driving	All	Number of drink driving detections		↓ 3,992 in 2008, 2,834 in 2017
	All	Number of convictions for Alcohol/Drug driving offences		↓ 3,377 in 2007, 1,924 in 2017
Public confidence		Public concerns about alcohol related issues in their local area		↔ 46.1% in 2012, 43.3% in 2016

Drugs			Trend Shape	Pre- and Post-strategy data comparison
Prevalence	Adults	Lifetime use of drugs (i.e. ever used drugs)		↔ 28% in 2006/07, 28% in 2014/15
	Adults	Use of drugs within the last year		↓ 9% in 2006/07, 6% in 2014/15
	Adults	Use of drugs within the last month		↔ 4% in 2006/07, 3% in 2014/15
	Young people	Lifetime use of drugs (i.e. ever used drugs)		↓ 19% in 2007, 4% 2016 *
	Young people	Use of drugs within the last year		↓ 13% in 2007, 3% in 2016 *
	Young people	Use of drugs within the last month		↓ 7% in 2007, 2% in 2016 *
Blood borne viruses (All NI diagnoses - not specific to people that have injected drugs)		Number of new diagnoses of Hepatitis C		↓ 134 in 2005, 111 in 2016
		Number of new diagnoses of Hepatitis B (both acute and chronic)		↑ 87 in 2005, 101 in 2016
		Number of new diagnoses of HIV		↑ 59 in 2005, 98 in 2016
Numbers presenting for treatment	All	Number presenting for treatment for drugs		↑ 1,118 in 2007, 2,036 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for drugs only		↑ 20.0% in 2007, 34.1% in 2017
Hospital admissions	All	Admissions for conditions relating to drug use		↓ 3,285 in 2008/09, 2,611 in 2016/17
Deaths	All	Drug related deaths		↑ 84 in 2005, 126 in 2016
	All	Deaths due to drug misuse		↑ 42 in 2005, 111 in 2016

\* Please note that the questions on young people taking drugs changed in 2016 and thus may not be directly comparable with previous years.

Drugs			Trend Shape	Pre- and Post-strategy data comparison
Crime	All	Drug seizure incidents		↑ 2,590 in 2006/07, 5,546 in 2016/17
	All	Drug related arrests		↑ 1,726 in 2006/07, 2,702 in 2016/17
	All	Drug trafficking offences		↑ 349 in 2005/06, 832 in 2016/17
	All	Drug possession offences		↑ 2,595 in 2005/06, 4,600 in 2016/17
Drug driving	All	% of fatal collisions related to alcohol or drugs		↑ 24% in 2005, 28% in 2016
	All	Number of fatal collisions related to alcohol or drugs		↓ 30 in 2005, 18 in 2016
	All	% of serious collisions related to alcohol or drugs		↓ 10% in 2005, 9% in 2016
	All	Number of serious collisions related to alcohol or drugs		↓ 85 in 2005, 64 in 2016
	All	% of slight collisions related to alcohol or drugs		↔ 5% in 2005, 5% in 2016
	All	Number of slight collisions related to alcohol or drugs		↑ 219 in 2005, 268 in 2016
Public confidence		Public concerns about drug related issues in their local area		↑ 38.2% in 2012, 42.9% in 2016
Criminal gangs		Number of gangs frustrated		↑ 29 in 2007/08, 54 in 2015/16
		Number of gangs disrupted		↑ 25 in 2007/08, 42 in 2015/16
		Number of gangs dismantled		↑ 4 in 2007/08, 28 in 2015/16

## **Commentary**

3.4. Overall, there is a mixed picture in terms of the key indicators that were monitored alongside the implementation of the NSD.

### Alcohol

3.5. In terms of alcohol use and misuse, there have been some positive changes at the population level. The proportion of adults drinking above the recommended guidelines has reduced (from 24% in 2010/11 to 20% in 2015/16), and there have been significant reductions in the proportion of young people who have ever drank alcohol (55% in 2007 to 32% in 2016) and the proportion of those who have ever been drunk (55% in 2007 to 45% in 2016). The percentage of adults who binge drink has also fallen over the course of the strategy (38% in 2005 to 31% in 2013).

3.6. In addition, we have seen a small decrease in the proportion of crimes where alcohol is a contributory factor (from 20% in 2012/13 to 19% 2016/17), and decreases in drink drive detections (from 3,992 in 2008 to 2,834 in 2017) and convictions (from 3,377 in 2017 to 1,924 in 2017). Public concerns about alcohol misuse have also remained relatively static (46.1% in 2012 and 43.3% in 2016).

3.7. Of concern is the fact that alcohol-related deaths have continued to rise over the course of the strategy (from 217 in 2005 to 289 in 2016) and the fact that alcohol-related admissions to hospital have also risen (from 9,573 in 2008/09 to 11,636 in 2016/17). However, it should be pointed out that the harm caused by alcohol misuse can take time to be fully manifested. For example, the University of Sheffield has estimated that it would take 20 years for the full impact of minimum unit pricing for alcohol to be felt in terms of reduced alcohol related deaths. This does not diminish the fact that alcohol-related deaths have risen as has the associated impact on families and communities right across Northern Ireland.

3.8. There has been a fall in the numbers presenting for treatment just for alcohol misuse (3,476 in 2007 to 2,577 in 2017), and the proportion needing treatment

for alcohol misuse only (from 62.3% in 2007 to 43.2% in 2017). Alongside this, we have seen a rise in the number presenting for treatment for alcohol and drug misuse (from 989 in 2017 to 1,356 in 2017) and the proportion needing treatment for alcohol and drug misuse (from 17.7% in 2007 to 22.7% in 2017). This points to increased complexity in those seeking treatment for substance misuse, polydrug misuse and perhaps an increase in risk-taking behaviour among a cohort of those most at risk of harm.

## Drugs

- 3.9. In terms of prevalence of drug use among adults, lifetime (28% in 2006/07 and 2014/15) and current use (4% 2006/07 and 2014/15) of drugs has remained broadly steady, but recent use (9% 2006/07 and 6% 2014/15) has fallen. Encouragingly, among young people we have seen very significant reductions in self-reported use of drugs and solvents. Since 2007 when lifetime use was 19%, current use was 13% and recent use was 7%, there has been a consistent downward trend. The most recent findings in 2016 indicate lifetime use at 4%, current use at 3%, and recent use at 2% (it should be noted that the questions on young people taking drugs changed in 2016 and thus may not be directly comparable with previous years). Admissions to hospital for conditions related to drug use have also fallen (3,285 in 2008/09 to 2,611 in 2016/17).
- 3.10. There have also been significant increases in the numbers of criminal gangs frustrated (28 in 2007/08 to 54 in 2015/16), disrupted (25 in 2007/08 to 42 in 2015/16) and dismantled (4 in 2007/08 to 28 in 2015/16). This has been combined with increased drug seizures (2,590 in 2006/07 to 5,546 in 2016/17), arrests (1,726 in 2006/07 to 2,702 in 2016/17), trafficking (349 in 2006/07 to 832 in 2016/17), and possession offences (2,595 in 2006/07 to 4,600 in 2016/17).
- 3.11. Of significant concern though are the increases in drug-related deaths, both in terms of all deaths (from 84 in 2005 to 126 in 2016) and deaths due to drug misuse (from 42 in 2005 to 111 in 2016). There have also been increases in

new cases of some blood borne viruses. This has been combined with an increase in public concern about drugs (from 38.2% in 2012 to 42.9% in 2016).

3.12. We have also seen numbers in treatment for drug misuse increase (from 1,118 in 2007 to 2,036 in 2017), along with an increase in the proportion of people in treatment for drug use only (from 20% in 2007 to 34.1% in 2017).

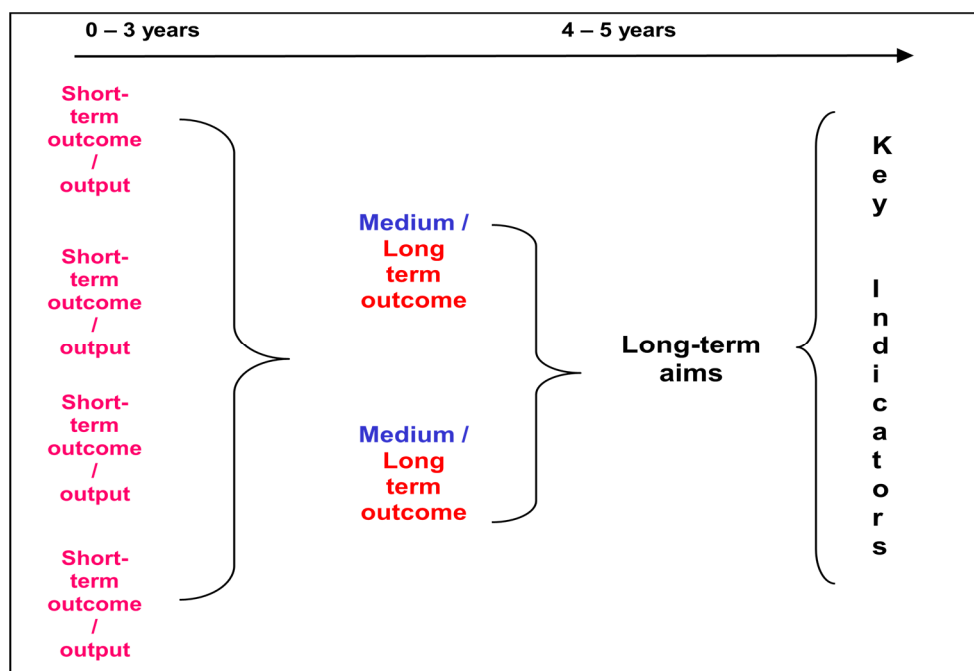
3.13. Drug and alcohol driving collision figures are also a mixed picture. Overall the number of collisions of all categories involving substances are down, but the proportion of collisions that are substance misuse related have remained roughly static or have increased slightly.

### Summary

3.14. Clearly there are some encouraging and significant trends at the population level, particularly among our young people, in relation to substance misuse. However, this is offset by increases in some indicators of harm. It appears that, in general, less people are using and misusing substances, but a significant cohort who do use and misuse alcohol and drugs seem to be engaging in increasingly risky behaviours that is seeing acute increases in related harms. This is an issue that will need to be teased out further when we consider what should follow the current strategy.

## 4. Update on Outcomes and Outputs

4.1. In order to deliver the overarching long-term aims of the NSD, a series of outcomes were defined. Following the logic model approach, a number of long-term outcomes were initially agreed, and then a number of regional and local short and medium-term outcomes and outputs were put in place subsequently to support the delivery of these long-term aims and to provide the focus for activities and future work<sup>1</sup>.



4.2. The outcomes and the overall success or otherwise of achieving the long-term aim of the NSD Phase 2 are measured by the Key Indicators in Chapter 4. The outcomes were structured in a manner that not only demonstrated their sequential nature across the five years of the NSD, but also their relationship with the Themes, Long-Term Aims and Key Priorities.

4.3. The outcomes are grouped within the themes based on certain issues or topics as follows:

- Adults and the General Public - 1 (Treatment and Support)
- Adults and the General Public - 2 (Prevention and Early Intervention)
- Children, Young People and Families - 1 (Treatment and Support)

<sup>1</sup> Short term meant within 3 years, and medium to long-term within 4 - 5 years.



- Children, Young People and Families - 2 (Prevention and Early Intervention)
- Community Safety and Anti-Social Behaviour
- Monitoring, Evaluation and Research
- Workforce Development

4.4. The outcomes set out the overall direction of travel. The Public Health Agency was asked to continue to develop local and regional plans that support the achievement of the NSD outcomes, and identify and address local needs.

4.5. The detail and outputs against each outcome is set out in **Annex C** along with an indication of progress against these deliverables using a **red** (not on target for achievement), **amber** (on target for achievement but with some delay), or **green** (on target for achievement or ongoing) designation. Outcomes that have been completed are outlined in **blue**.

## Summary

4.6. Overall, the majority of the 141 outcomes are on track for achievement within the timescale expected or are ongoing (i.e. actions or outcomes that need to be continually worked against and will never be completed in their entirety).

4.7. 24 (17%) of the outcomes have been fully completed, 98 (70%) of the outcomes are classed as being on track for achievement or ongoing, and 17 (12%) of the outcomes progress is being made but with some delay. 2 of the outcomes (1%) are not on target for achievement.

4.8. Of those outcomes that have been classified as completed or are ongoing, the following are seen as being particularly important and encouraging:

- work to strengthen legislation around the supply of drugs and in particular New Psychoactive Substances;
- the development of new low risk Alcohol Guidelines;
- the establishment of new Community Support Services;
- the implementation of the Local Community Response Protocol;

- updated Workplace Guidance for Substances Misuse;
- the Road Traffic (Amendment) Bill receiving Royal Assent;
- the development and implementation of the Regional Alcohol and Drug Services Commissioning Framework;
- expansion of the provision of key harm reduction services such as Needle Exchange and Naloxone;
- the establishment and embedding of the Service User Network;
- work to disrupt and frustrate criminal gangs supplying drugs;
- improved liaison between prison and community services,
- reduction in substance use and misuse among children and young people;
- embedding of the One-Stop-Shop services
- commissioning of new Family Support Services;
- full implementation of the Hidden Harm Action Plan;
- improved cross-government and cross-sectoral work at both policy and practice level;
- publication of statistics and key research;
- ongoing programme of workforce development in line with national standards; and
- greater focus on addressing the misuse of Prescription Only Medicines.

4.9. While now operational, the time taken to produce the Regional Commissioning Framework and then subsequently tender for services has meant that some of the services that support NSD implementation had only been in place for just over 2/3 years at the time of this review. There has therefore been limited time to fully embed these services and allow them to have an impact on population-level indicators prior to the review.

4.10. In addition, data from the Impact Measurement Tool (IMT) has been assessed as not quite reaching the stringent requirements for publication as an official statistic, which has somewhat limited our ability to see the impact and outcomes these services are having. While these data quality issues remain, the IMT still provides useful management information for the Department and the PHA in their evaluation of services.

4.11. Of those outcomes classified as amber or red, there are particular concerns about:

- increases in certain measures of harm – including recent concerns about both alcohol and drug related deaths;
- the ongoing misuse of prescription medicines and polydrug misuse;
- the partial roll-out of the Substance Misuse Liaison Service;
- delays in bringing forward measures to address how alcohol is priced and amendments to our licensing legislation;
- delays in putting new needle exchange services in Belfast (although this has been addressed in early 2018);
- ongoing pressure on Substitute Prescribing Services, with some unacceptable waiting lists; and
- the wider implementation of the Regional Initial Assessment Tool.

## 5. Stakeholder Engagement and Views

- 5.1. As well as considering the outcomes and outputs of the implementation of NSD Phase 2, it was felt it was important to seek and include the views of stakeholders involved in the development and delivery of NSD Phase 2 and experts by experience and service users affected by the strategy.
- 5.2. In order to bring more independence to this element of the review, DoH tasked the Institute of Public Health in Ireland with undertaking this work and reporting results (*full report available online at: <https://www.publichealth.ie/nsdphase2>*). What follows is a summary of this work. It should be noted that these are views of people based on their experience – some of which are reflected in outcomes and indicators and some of which are not.

### Research Approach

- 5.3. A mixed methods approach was used which focused on process evaluation. Three research tools were employed – an online questionnaire, semi-structured interviews and focus groups. In the period November 2017 – February 2018, a diverse group of stakeholders with both strategic and operational roles in the delivery of NSD Phase 2 was engaged. Face-to-face interviews and focus groups were conducted; and questionnaires were issued to all contacts held on the Department of Health NSD Phase 2 stakeholder list. The research tools gathered data on six evaluation criteria (see **Table 1** below). Participants also shared insights on the drug and alcohol landscape, achievements and lost opportunities, and aspirations for future strategies relating to drug and alcohol-related harm.

### Perspectives on Trends in the Alcohol & Drug Landscape

- 5.4 Most participants considered that the level of alcohol and drug-related harm had escalated in Northern Ireland since 2011. Participants had difficulty quantifying the impact of NSD Phase 2 on consumption and harms at population level. Participants considered that external factors were disruptive to reducing consumption rather than an overall failure of strategy implementation. These external factors included economic downturn, political instability, shifts in drug markets and rising polydrug misuse.

5.5 Participants perceived significant trends in relation to alcohol consumption, including:

- a decline in binge drinking among younger people;
- an increase in harmful drinking patterns in the middle-aged and older population;
- an increase in the frequency and severity of home drinking and “preloading”;
- an increase in the use of high strength alcohol; and
- an increase in the prevalence of polydrug misuse including alcohol.

5.6 Participants perceived significant trends in relation to alcohol-related harms, including:

- an increase in the level of alcohol-related harm in older age groups associated with both current consumption and cohort effects;
- an increase in the incidence of liver cirrhosis among both genders and in younger age groups;
- an increase in the prevalence of “hidden harm”, associated in part with home drinking patterns;
- an increase in the incidence of mental illness and suicidal ideation among those who are drinking excessively or alcohol dependent;
- an increase in the severity of alcohol-related violence;
- increased complexity of service need; and
- an ongoing concentration of severe and multiple alcohol-related harms among marginalised social groups.

5.7 Participants perceived significant trends in relation to drug misuse including:

- an increase in prescription drug misuse;
- enhanced accessibility to drugs online and the growth of online supply and social networks;
- an escalation in risk-taking behaviour in relation to drug misuse;
- the emergence of New Psychoactive Substances; and
- an increase in injecting drug use (in Belfast in particular).

5.8 Participants perceived significant trends in relation to drug-related harms, including:

- increase in the overall number of people experiencing drug-related harms;
- increase in number of drug-related deaths;
- increase in complexity of service need in particular with regard to mental health and to homelessness; and
- some mitigation of the rising rate of drug-related deaths associated with early adoption of Harm Reduction initiatives in particular naloxone accessibility.

5.9 Interpretation of data on increased service use varied. Some considered this mostly represented true increases in the level of need, while others considered it mostly represented greater engagement with services associated with greater service accessibility.

### Perspectives on the Evaluation Criteria

5.10 **Table 1** below represents the six evaluation criteria that provided the main research framework:

Evaluation Criteria	Definition
Relevance	The extent to which an intervention's objectives are pertinent to the needs, problems and issues to be addressed
Fidelity	The extent to which the policy was implemented as planned
Effectiveness	The fact that expected effects have been obtained and that objectives have been achieved
Efficiency	The extent to which the desired effects are achieved at a reasonable cost
Sustainability	The continuation of benefits from an intervention after major development assistance has been completed; the probability of continued long-term benefits.
Equity	The extent to which different effects (both positive and negative) are distributed fairly between different groups and/or geographical areas

## Relevance

5.11 In terms of the overall design of NSD Phase 2, most participants considered that:

- the structure of the Five Pillars reflected real priorities and that the overall strategy design was logical, easy to understand and helped maintain focus in the implementation phase;
- there was a high level of cross-departmental and cross-sectoral engagement in place to support implementation;
- the strategic approach combining drugs and alcohol was beneficial, particularly in responding to an evolving picture of polydrug misuse;
- the inclusion of a Hidden Harm pillar was very appropriate in the context of changing patterns of drug and alcohol consumption; and
- 'Recovery' could now be prioritised as a distinct 'pillar' in addition to the focus on treatment.

5.12 Some participants considered that implementation had, at times, struggled to be responsive and flexible to changes in the drug misuse landscape and the needs profile of service users. The main areas requiring better responsiveness in NSD Phase 2 were perceived as:

- the scale of growth of alcohol and drug misuse;
- the New Psychoactive Substances market ("legal highs");
- prescription drug misuse;
- increased involvement of organised crime gangs;
- the rise of injecting drug use; and
- Substitute Prescribing waiting lists.

5.13 Developments in regional commissioning were positively viewed by most, but not all, participants. Some tensions were evident in relation to how local and regional needs were assessed and how services were configured.

5.14 Perceptions of the purpose of the Research and Evaluation pillar differed. Many participants considered that the Monitoring and Evaluation component was too high-level, focused principally on incidence/prevalence trends. Participants proposed a greater focus on monitoring and evaluation of specific

services and local area responses as well as sharing of tacit knowledge and experiences of implementation.

- 5.15 Many participants perceived a mismatch between high implementation ambition and limited availability of resources.

### **Fidelity**

- 5.16 Participants considered that the implementation of NSD Phase 2 adhered well to the Values and Principles. Participants recognised that implementation had actioned the values and principles relating to equity, inclusion and person-centred approaches and to partnership working. Addressing local need and maintaining a long-term focus were identified as principles with lower fidelity.
- 5.17 There were mixed views on adherence to the principle of value for money and save to invest with many participants unable to provide an opinion. Addressing community issues was also an area where participants perceived lower fidelity.
- 5.18 Targeting those at risk and/or vulnerable was identified as a strategic priority with higher fidelity in implementation, mirroring the findings on high fidelity to equity-related values and principles.
- 5.19 Introduction of the Regional Commissioning Framework was considered by many as the most significant implementation achievement of NSD Phase 2.
- 5.20 Most participants considered that the prevention agenda was under-progressed in NSD Phase 2 due to both external factors (e.g. lack of political leadership, progress with legislation) and internal factors (e.g. diversion of energy and funding to address rising service needs).
- 5.21 Consistent and committed membership of the NSD Steering Group was identified as a contributor to higher fidelity in implementation. Participants could not easily comment on whether actions to reduce illegal drug supply occurred as intended.



5.22 The following tables summarise participant views on elements of fidelity within NSD Phase 2.

**Table 2:** Aspects of NSD Phase 2 viewed as high fidelity, low fidelity and those for which there were mixed views

Generally viewed as higher fidelity items	Generally viewed as lower fidelity items	Mixed views on fidelity
Regional Commissioning Framework	Governance structures	Accountability
Regional and local linkages	Addressing local need	Hidden Harm
DACTs and Connections Service	Long-term focus	Responsiveness
Step Referral Pathway		Achievement of priorities

**Table 3:** Factors which were considered to have supported or hindered the fidelity of NSD Phase 2

Generally viewed as supporting fidelity	Generally viewed hindering fidelity
Collaboration and partnership working	Reorganisation within health and social care structures
Contribution from community and voluntary sector	Competitive nature of tendering process
Workforce Development	Political stability and leadership
Communication and information sharing	Lack of clarity surrounding the role of commissioning with Health and Social Care Board and Trusts

## Effectiveness

5.23 There were mixed views about the effectiveness of governance structures at the strategic, operational and local levels. Some aspects of governance and accountability were working well, but that there were suggestions of a rising disconnect between strategic and operational levels.

**Table 4:** Aspects of NSD Phase 2 which were viewed as effective, less effective and aspects which there were mixed views

Generally perceived as most effective aspects of NSD-2	Generally perceived as less effective aspects of NSD-2	Aspects with mixed views on the effectiveness
Governance structures at local level	Governance structures at operational level	Governance structures at strategic level
DACTs	Advisory Groups	
Joined up working, collaboration and partnership working	Funding	
Workforce development	Research and Evaluation	
Regional Commissioning Framework	Prevention	
Service User involvement		

**Table 5:** Factors that supported effectiveness

Factors that supported effectiveness	Perceived result
Regional Commissioning Framework	Greater consistency in level and diversity of service offer
Well established partnerships and collaborative working at all levels	Co-ordinated approaches, effective working relationships, supporting efficiencies
Consistency and commitment of NSD Phase 2 Steering Group membership	Continuity of work, opportunity to challenge, meaningful representation, cross-sectoral collaborative approach
Service User involvement	Programmes and services better designed to fit client needs, greater linkage from strategic decision making to lived experience, de-stigmatisation, rapid communication of evolving elements of the drug use landscape

**Table 6:** Factors that hindered effectiveness

Factors that hindered effectiveness	Perceived result
'Ever rising tide' of drug and alcohol-related harm with rising complexity of service need	Services becoming overwhelmed, diversion of resources away from prevention at strategic and operational levels
Rising complexity of service need	Existing linear models of care become quickly obsolete, increasingly focussed on crisis care and quantity of service rather than

	quality of care and recovery model
Lack of political structure	Failure to progress with key legislation, constraining of policy options – particularly in relation to the Prevention agenda
Transformation in the Health and Social Care service	Some system-level disruption in roles between Health and Social Care Board, HSC Trusts and Public Health Agency
Diminished role of advisory committees	Reduced opportunity to inform strategic direction and prioritise existing and emerging issues
Some mismatch between policy and resourcing decisions	Under-resourcing of some service options, lack of faith and confidence in return on investment
Non-statutory function of DACTS	Stifling of local level innovation, limited capacity for implementation at local level
Some issues with transition within the Step model of care	Gap between Step 2 and 3 services

## Efficiency

5.24 Most participants struggled to make conclusions on efficiency domains, particularly on the value for money component. **Table 7** summarises participant views on higher and lower efficiency within NSD Phase 2:

**Table 7:** Aspects of NSD Phase 2 which were viewed as effective, less effective and aspects which there were mixed views

Perceived higher return on investment	Perceived lower return on investment	Mixed views on return on investment
Regional Commissioning Framework	Multiplicity of initiatives	Hidden Harm
Contribution from community and voluntary sector organisations	Small individualised services	Connections Service
Workforce Development and increased staff capacity	Public information/ awareness campaigns	Step 2 services
Harm Reduction approaches		
Drug and Alcohol Coordination Teams		
Drug and Alcohol Monitoring and Information System		

## **Sustainability**

5.25 Most participants considered that the implementation of NSD Phase 2 had generated changes in practice that will last into the future. Seven core activities/areas of implementation were perceived as driving sustainable positive change. These were:

- collaboration and partnership working;
- regional consistency in service provision;
- DACTs local co-ordination and collaborative activities;
- integration of drug and alcohol together at both strategic and service level;
- service user involvement and engagement;
- adoption of harm reduction approaches; and
- enhanced communication through information tools, networks and workshops.

5.26 In terms of examples of innovation, participants referred to a wide variety of initiatives. Examples of innovation were largely related to cross-over and collaborative initiatives in areas such as homeless, policing, community safety, child protection and youth justice. The Drug and Alcohol Monitoring and Information System (DAMIS) was perceived as a flagship innovation within NSD Phase 2 implementation.

5.27 Some participants considered that a focus on regional approaches and a lack of authority and resources at local level made local innovation difficult.

## **Equity**

5.28 The perceptions of participants were explored in terms of how equity issues were understood, approached and resourced in the implementation of NSD Phase 2.

5.29 Geographic inequalities were commonly perceived as a critical dimension of equity to a greater extent than socially defined communities. Rural/urban inequities in treatment services was a priority concern as were 'bottle-necks' in service provision in urban areas. Participants identified NSD Phase 2 as a

key player within the government approach to address health inequalities at population level. They identified that the wider economic context was driving social and health inequalities, irrespective of NSD Phase 2, in terms of income inequality and housing.

- 5.30 Some participants perceived that public awareness/health education type initiatives on alcohol may have widened inequalities by being more effective in driving behaviour change among the higher educated.
- 5.31 The areas of work under NSD Phase 2 most commonly identified as effective in the health inequalities dimension were:
- local engagements and outreach operated through DACTs;
  - partnership working in the criminal justice system;
  - harm reduction approaches for injecting drug users; and
  - engagement of families and carers especially within step two services.
- 5.32 Participants raised particular concerns about the current and future response for certain vulnerable subgroups including older people, people with mental health issues, those in recovery, women and children in the child protection system.

### **Main Achievements of NSD Phase 2**

- 5.33 Participants identified a diverse set of achievements:
- It was recognised that NSD Phase 2 drove increasingly effective collaboration and partnership working at both strategic and operational level and successfully raised the profile of alcohol and drug-related harm in Northern Ireland.
  - Service improvements in the domains of better availability, accessibility, equity, co-ordination and consistency were highlighted, with significant credit attributed to the Regional Commissioning Framework.
  - Investments in workforce development were also highlighted. The consistency, diversity of representation and commitment of the NSD Steering Group was also recognised.
  - The progress made on embedding transition to an evidence-informed harm reduction approach was also highlighted.



### **Main Lost Opportunities of NSD Phase 2**

5.34 Lost opportunities identified by participants were grouped under six domains. Participants perceived that benefits would have accrued from:

- greater alignment between strategic and operational elements of NSD Phase 2 and greater integration across government department strategic agendas;
- more structured opportunity to engage in evidence-informed future planning rather than focus on acute service provision issues;
- a better response to some unintended outcomes and change management issues within the implementation of the Regional Commissioning Framework;
- more data sharing and critical evaluation on existing programmes and services;
- opportunities to focus on prevention approaches at strategic and operational level;
- ability to allow for legislative changes; and
- adoption of a person-centred comprehensive recovery model.



## Looking Forward

- 5.35 Respondents were invited to give their views on a future alcohol and drugs strategy. Suggestions were made in relation to the most important features / future priorities for a new alcohol and drugs strategy.
- 5.36 A summary of the main issues which stakeholder engagement participants felt should be incorporated into any future strategy development is represented in the diagram below:





## 6. Conclusions and Informing the Future

- 6.1. This report demonstrates the vast amount of work undertaken cross-sectorally in the delivery of NSD Phase 2, in what has continued to be a financially constrained environment.
- 6.2. Progress has been made on a number of population-level indicators. However, of increasing concern has been the pressure on services – in particular the waiting list for Substitute Prescribing Services – and increases in recent years in both alcohol and drug related deaths.
- 6.3. It is difficult in this review to determine the counterfactual – i.e. what the situation would be if the actions within NSD Phase 2 had not been taken forward. In addition, making the causal link between the delivery of any one action or intervention and population indicators is very difficult in an area that is significantly impacted by the wider social determinants of health.
- 6.4. Data from the Impact Measurement Tool (IMT) has been assessed as still not reaching the stringent requirements for publication as an official statistic. However, while some data quality issues remain, the IMT provides useful management information for the Department and the PHA in their evaluation of services. These issues were highlighted at a regional stakeholder engagement event and are being progressed by the PHA through follow-up meetings. In future, with improvements in data quality, IMT will be an excellent source of outcome data.
- 6.5. In addition, the gap between finalising the Strategy and procuring services under the Regional Commissioning Framework means that there has been little time for the new services to come on-stream and begin to make a real difference to individual and population-level outcomes. At the time of this review there had been 2/3 years of implementation, which is minimal relative to the timeframes over which change might be expected to take place in the indicators of concern.

## **The Future**

- 6.6. Given the development of the draft Programme for Government (PfG) using an outcomes based approach, the development of any successor strategy should focus primarily on where it can add value to the wider work underway across Government to tackle societal issues. For example, it may be useful to focus on a small number of high impact actions and priorities – informed by the ongoing evidence of what works. Learning from this review, it is likely that any future strategy or framework would need to be long term in nature, but reviewed and updated at regular intervals.
- 6.7. As far as possible, any new strategy/framework should adopt an outcome-based accountability type approach, focusing on population-level outcomes in support of the draft PfG, but also using information from sources such as the IMT to performance manage initiatives and ensure that we can measure if anyone is “better off”.
- 6.8. The Department of Health now proposes to begin some pre-consultation work that would inform the potential development a new strategy/framework, in line with the points above. As well as using the learning from this review, this process will also consider the research and evidence base, developments in other jurisdictions, and local developments and reports (such as the process used to for the West Belfast Drugs Panel). Future strategy and policy proposals would then be subject to public consultation and Ministerial agreement.
- 6.9. NSD Phase 2 will remain the key strategic direction for any work, and its governance structures will remain in place, until any new strategy is agreed and finalised. This work should be taken forward alongside the refresh of the Regional Commissioning Framework for Alcohol and Drug Services, to ensure this is fully aligned with the timeframe for the delivery of the future strategy.

**REVIEW OF THE NEW STRATEGIC DIRECTION FOR ALCOHOL AND DRUGS**  
**TERMS OF REFERENCE**  
**October 2017**

**INTRODUCTION**

The New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 is the Executive's cross-departmental strategy for preventing and addressing the harm related to substance misuse in Northern Ireland. It followed on from the original New Strategic Direction for Alcohol and Drugs which was reviewed and updated in 2011/12. The NSD has been a living document with additional action and priorities added during its life.

Detail

The original NSD had a five-year life span (covering the period 2006 to 2011). During 2009 and 2010, discussions were undertaken by the NSD Steering Group, the Advisory Groups, the Health and Social Care sector, and other key stakeholders on how these issues could be taken forward once the NSD ended.

It was initially agreed that an update document be developed to see how effective the NSD was in terms of delivering on its aims and objectives. This document looked particularly at the progress against the NSD's key priorities, completion of the NSD outcomes, and progress against its indicators.

Overall, the update was very positive, and it highlighted much progress in key areas. It also raised a number of areas where not as much progress had been made as originally anticipated and which would require further work. It also highlighted that a number of the strategic drivers had changed during the period 2006-2011, and that a number of new issues had emerged that were not originally a high priority within the NSD.

The NSD Steering Group acknowledged that significant progress had been made, but it also recognised that the timespan for the original NSD allowed a limited

amount of time for a public health strategy to be embedded and, particularly, to change culture and behaviours.

Accordingly it was agreed that, rather than undertaking a full new strategic development process, the existing NSD (in light of the update document) would be reviewed, revised, and extended until 2016. This decision was taken to ensure a consistent approach on the issue over a ten-year period, and to ensure that resources continue to be directed at front-line services, programmes, and interventions.

This process would also allow the NSD Phase 2 to reflect new trends, and re-direct effort to where it is most needed or to where new issues/concerns are emerging.

### Emerging Issues

As highlighted above, since the publication of the original NSD a number of issues had emerged – and these issues now have a greater prominence in NSD Phase 2. These emerging issues were identified, noted and considered by the NSD Steering Group and the relevant Advisory Groups. This process was also informed by the Independent Sector Forums, the Advisory Council on the Misuse of Drugs, the British-Irish Council Drug Misuse Sectoral Group, and recent research. These issues were also acknowledged in the NSD Update Report. These emerging issues include:

- Prescription or Over-The-Counter Drugs;
- Emerging Drugs of Concern / “Legal Highs”;
- Families and Hidden Harm;
- Recovery;
- Mental Health, Suicide, and Drugs and Alcohol Misuse, Sexual Violence and Abuse, and Domestic Violence;
- Alcohol; and
- Local Funding.

### Consultation

NSD Phase 2 was issued for public consultation on 04 March 2011, and the process ran until 31 May 2011. In order to aid the analysis of the responses to the consultation, the Department provided a consultation ‘Response Questionnaire’. The

questionnaire focused responses on the main proposals in NSD Phase 2. In addition to this, respondents were encouraged to provide any general comments.

### NSD Phase 2 Extension

NSD Phase 2 was originally anticipated to be a 5-year strategy document running from 2011 to 2016. However, there was a delay in publishing and implementing the final document while awaiting Executive approval. In addition, one of the key outcomes in the Strategy was the development and implementation of a Commissioning Framework for Alcohol and Drug Services. The process to develop this framework, and to commission services within its parameters, took longer than anticipated – meaning these services only came on-stream in financial year 2015/16.

The former Minister therefore agreed to extend the implementation of NSD Phase 2 by at least a year to give the strategy its full five years of implementation, allowing the newly commissioned services time to bed in and to impact on the indicators and outcomes, and allow for a better fit with the timescale for the Commissioning Framework.

### **AIM OF REVIEW**

The aim of this review is to evaluate the impact of NSD Phase 2 on its aims of preventing and addressing harm related to substance misuse in Northern Ireland. This will be a comprehensive, inter-departmental evaluation, facilitated and led by DoH, which will consider fully the outputs of the strategy, i.e. what has been done and the outcomes, what difference this has made to people's lives, etc. It will also consider the effectiveness of the current NSD structures and make recommendations on the way forward.

### **SCOPE OF THE REVIEW**

The review will consider three specific aspects of the implementation of the NSD Phase 2 strategy:

- a. **Outputs** – i.e. the action which has been taken by Government Departments and their agencies, through the NSD structures, and the progress made.

- b. **Outcomes** – i.e. the impact that NSD Phase 2 has had on the range of indicators and outcomes it set out to achieve and the differences made for the public, service users and carers.
- c. **Stakeholder views and structures** – i.e. a review of the views of key stakeholders on the delivery of the NSD and the associated structures, in the context of recent and emerging Government policy.

It will also consider the necessary actions and structures to take forward to prevent and address substance misuse following the end of the current Strategy.

Given the nature of the funding, and the interconnectedness of the actions and outcomes with other government strategies and actions, it will not explicitly deal with value for money at the strategic level – but the organisations delivering on individual actions should be continuously monitoring the value for money of these at that level.

## **TIMING OF ASSIGNMENT**

The target date for completion of the NSD Review is 31 March 2018.

NSD Phase 2 will remain extant until the review is completed and, if deemed appropriate, a new strategy is put in place.

## **METHODOLOGY**

Each Department/Agency with responsibility for actions within NSD Phase 2 will take ownership of the evaluation of their own actions. DoH will lead on the completion of the evaluation and collate input from other Departments/Agencies.

The methodology for carrying out this evaluation is as follows:

	<b>Action</b>	<b>Detail</b>
<b>1</b>	<b>Evaluation of Outputs</b>	The evaluation of outputs can be evaluated primarily using quantitative analysis. This will involve each Department/agency with responsibility for actions in the NSD Phase 2 gathering information on what action has been taken to implement their actions. DoH gathers monitoring information on the progress of the actions on an annual basis. This will be used as a basis for evaluating the outputs, however Departments will add to this with

		statistical information etc where this is available.
<b>2</b>	<b>Evaluation of Outcomes</b>	<p>The evaluation of outcomes requires gathering of quantitative analysis across a range of indicators and outcomes.</p> <p>As part of this exercise, Departments should cross-reference any reviews or evaluations completed by their Department or by Arms Lengths Bodies, community &amp; voluntary sector, highlighting any relevant information or findings therein.</p> <p>DoH will collate the outcome analysis.</p>
<b>3</b>	<b>Analysis of the Effectiveness of the NSD Phase 2 and its Structures</b>	<p>On behalf of DoH, the Institute of Public Health in Ireland will lead a qualitative piece of work with key stakeholders on how effective they believe the NSD strategy has been to date, what learning there has been, what could come next, and the effectiveness of the structures and learning in this area.</p>

## ROLES AND RESPONSIBILITIES

The evaluation will be led by DoH with input from the other Departments and Agencies with responsibility for actions. IPH will lead the qualitative work with stakeholders – giving a greater independence to this work.

The NSD Steering Group acts as the steering group for the review. Updates on progress will be given at each meeting.

The Health Minister will agree the review and seek comments and agreement from the Executive.

## OUTPUTS AND TIMETABLE

Target date for completion of the evaluation is March 2018. An indicative timetable for the various phases of the evaluation is set out below.

<b>OUTPUT</b>	<b>TARGET DATE</b>
1. Agree Terms of Reference	October 2017
2. Evaluation of Outputs and Outcomes of NSD Phase 2 Actions	End December 2017
3. Analysis of the effectiveness of	End February 2018

NSD Phase 2 and its Structures	
4. Develop Options for Way Forward	March 2018
5. Finalise Report and Sign off	End March 2018

## **CONTACT DETAILS**

If you require any further information please contact:

**Gary Maxwell**

**DoH Health Development Policy Branch**

Telephone: (028) 9052 0519

Email: [Gary.Maxwell@health-ni.gov.uk](mailto:Gary.Maxwell@health-ni.gov.uk)



# STATISTICS INFOGRAPHICS

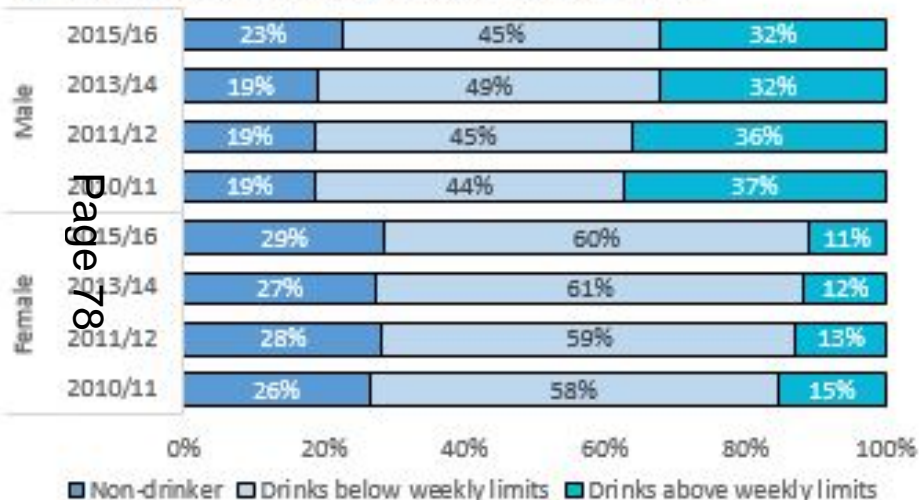
# New Strategic Direction for Alcohol and Drugs – Phase 2



**Binge drinking**  
38% in 2005 ⇒ 31% in 2013



Adult respondents drinking habits - Health Survey NI



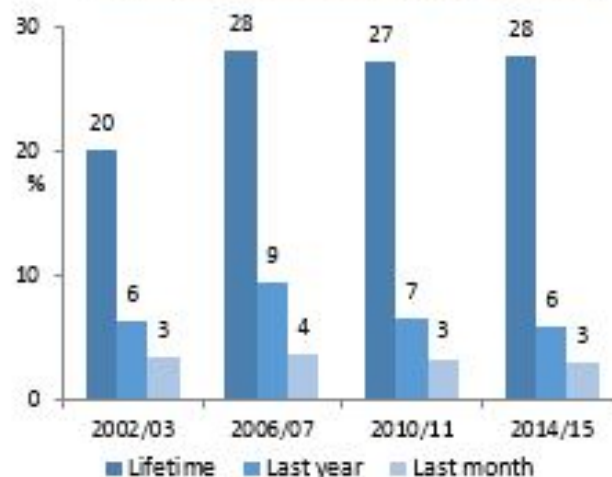
In 2016 30% of year 8 to year 12 girls had ever taken an alcoholic drink



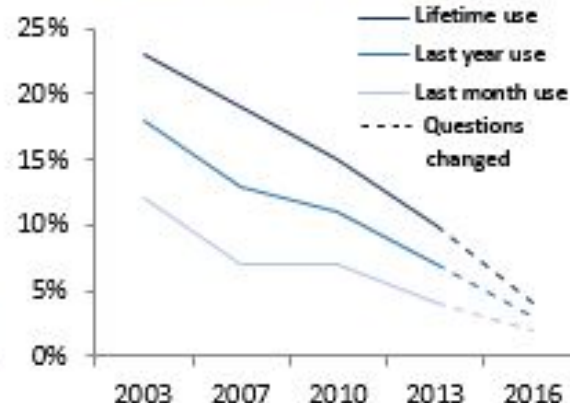
In 2016 35% of year 8 to year 12 boys had ever taken an alcoholic drink

In 2007 55% of young people that reported ever having drunk also reported having been drunk. In 2016 this figure was 45%.

Prevalence Rates for illegal drugs (adults)



Proportion of young people reporting having taken drugs or solvents



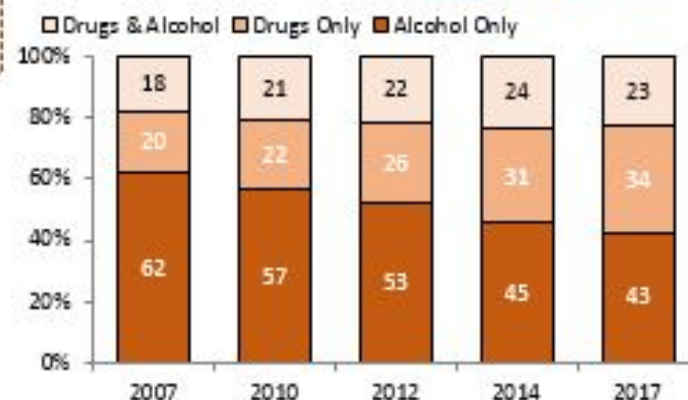
There were **5969** people in treatment for alcohol and/or drugs in NI in 2017

31% female

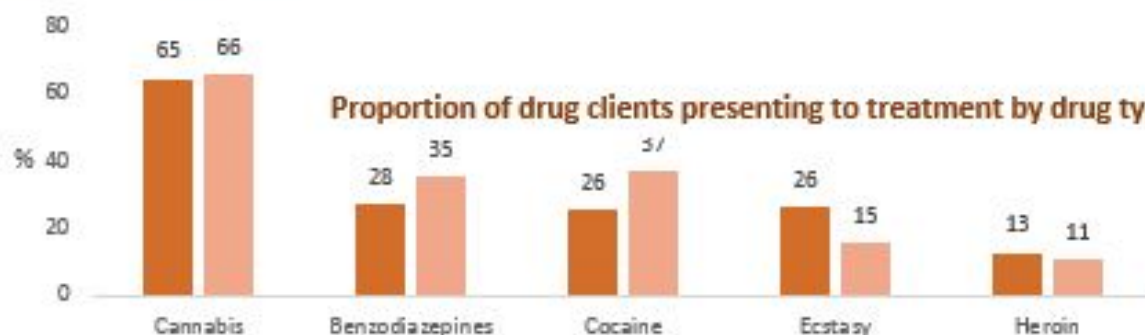


69% male

Treatment type by year

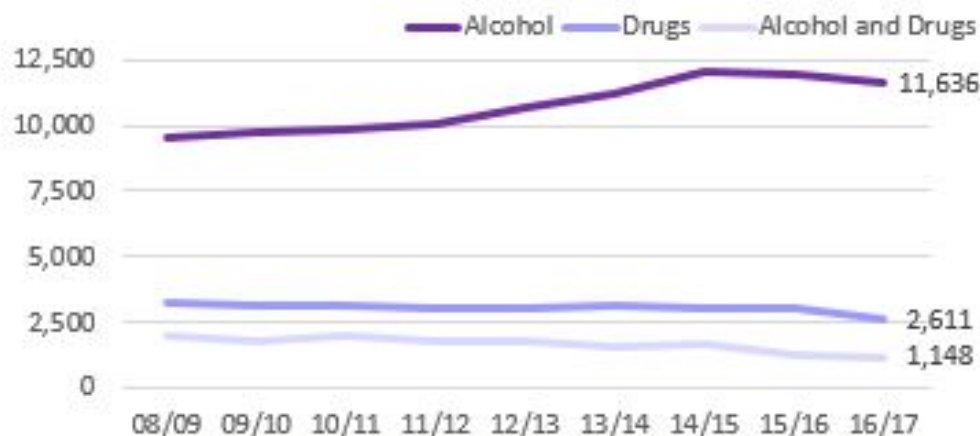


Proportion of drug clients presenting to treatment by drug type



# New Strategic Direction for Alcohol and Drugs – Phase 2

Number of **admissions** to hospital



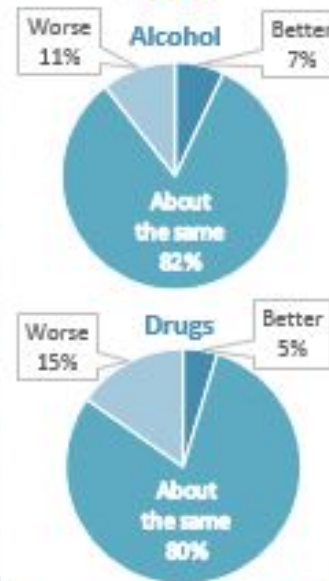
Of those admitted for alcohol only, 70% were male  
 Of those admitted for drugs only, 55% were male  
 Of those admitted for both drugs and alcohol, 60% were male

Level of confidence that enough is being done to tackle alcohol and/or drug related issues:



9% total confidence  
 43% some confidence  
 47% little or no

2016



Perception of change over the last 12 months in the level of alcohol/drug related issues

43% concerned about alcohol. No change from 2012

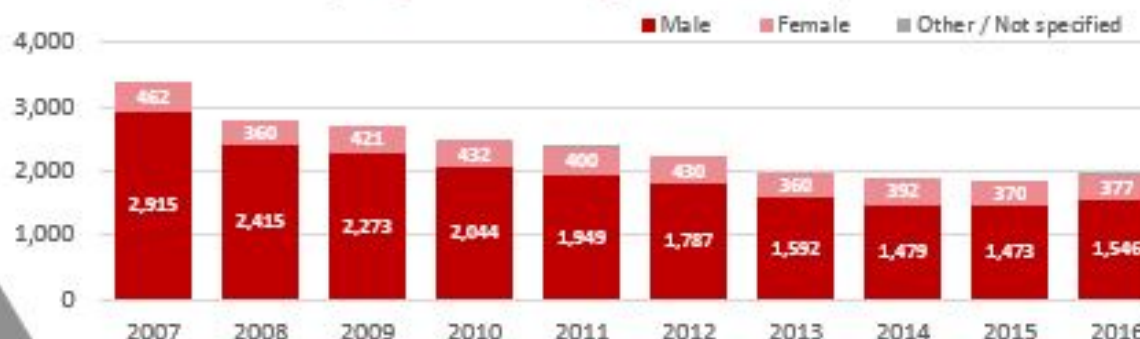
43% concerned about drugs. Increase from 38% in 2012

Around a **fifth** of all crimes have **alcohol** as a contributory factor



**2,834** people were detected for a drink/drug-driving related offence in 2017

Convictions for Alcohol / Drug related driving offences in NI by sex



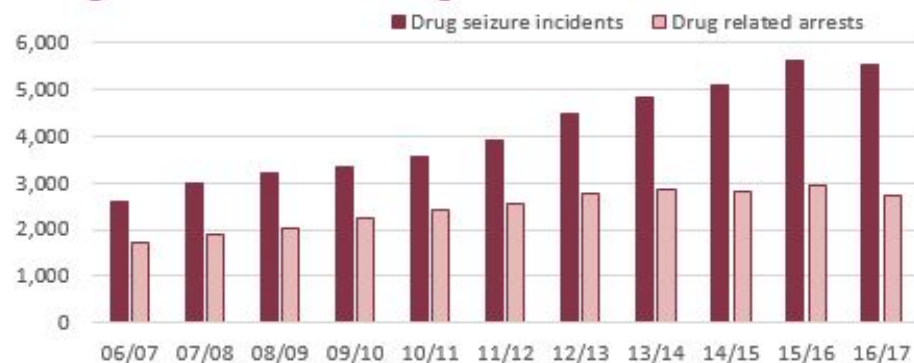
For offences of violence against the person, the proportion in which alcohol was a contributory factor has fallen from **47% in 2012/13** to **40% in 2016/17**.





# New Strategic Direction for Alcohol and Drugs – Phase 2

## Drug seizure incidents and drug related arrests

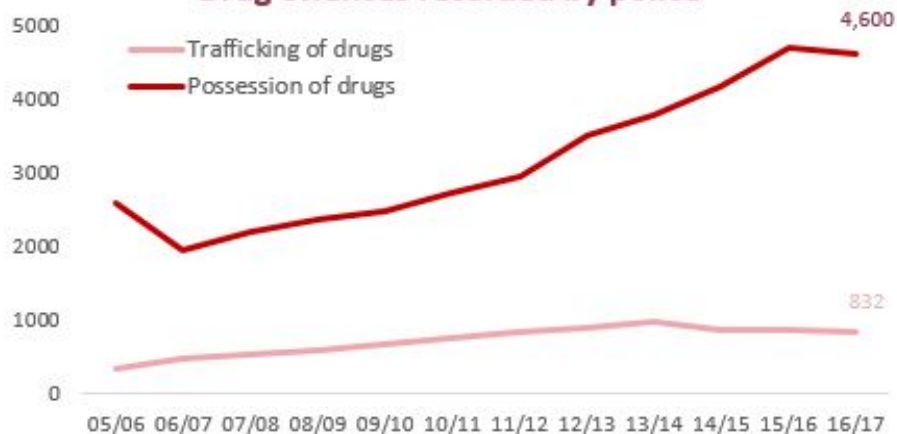


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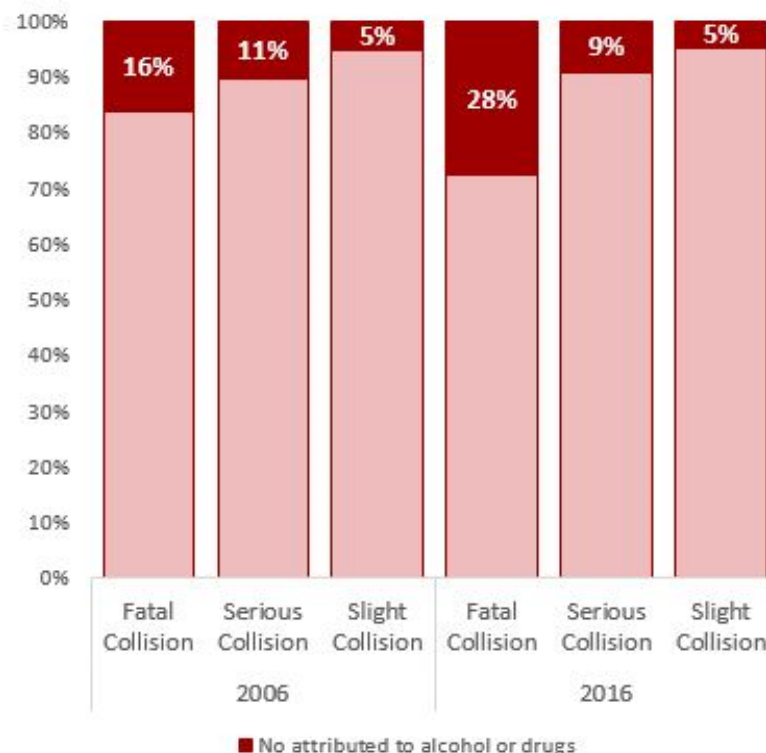


The majority (4,332) seizure incidents in 2016/2017 involved Cannabis. There were 620 seizure incidents involving Cocaine, and 586 involving Benzodiazepine.

## Drug offences recorded by police



## Injury Road Traffic Collisions by severity 2006 and 2016



In 2016, there were **5,471** slight collisions.

Of those **268** were attributed to alcohol or drugs

In 2016, there were **689** serious collisions.

Of those **64** were attributed to alcohol or drugs

In 2016, there were **65** fatal collisions. Of those **18** were attributed to alcohol or drugs

Since 2004, 5%-7% of all injury road traffic collisions have been attributed to alcohol or drugs. This proportion varies depending on the severity of the collision, ranging from 5% of slight collisions to 28% of fatal collisions in 2016.

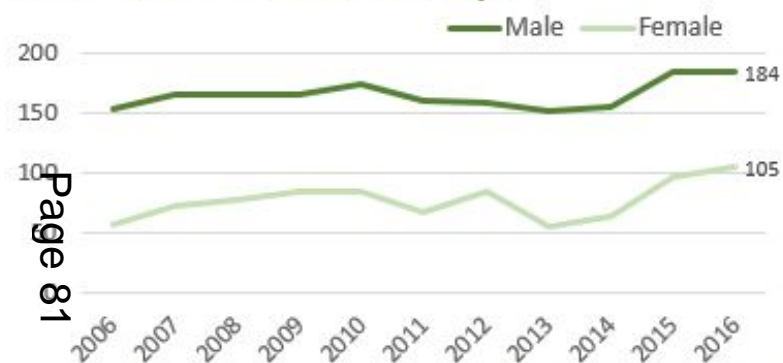


# New Strategic Direction for Alcohol and Drugs – Phase 2

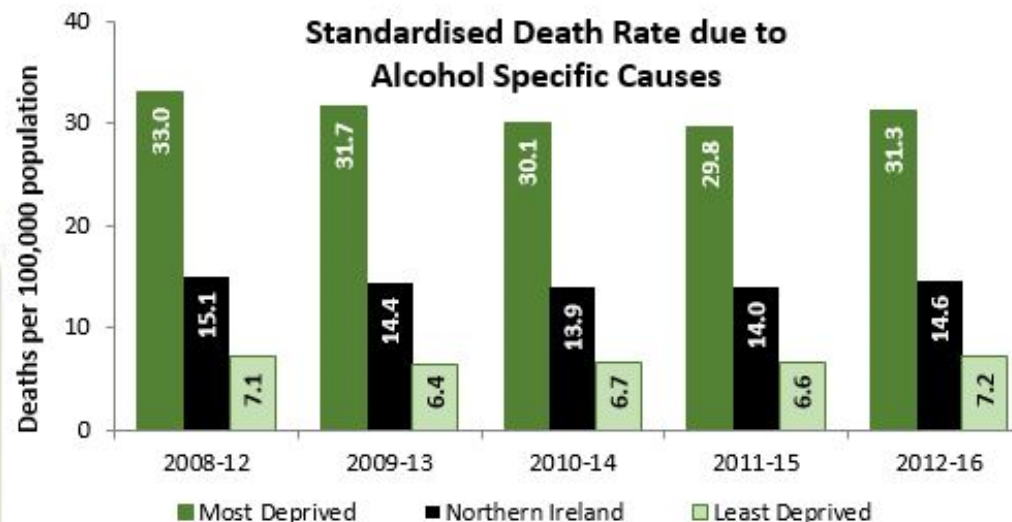
Chart Area



Number of alcohol related deaths by sex



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In the **most deprived** areas, both drug related mortality and mortality from drug misuse remains around **five times** the rate seen in the **least deprived** areas. *Source: NI Health & Social Care Inequalities*

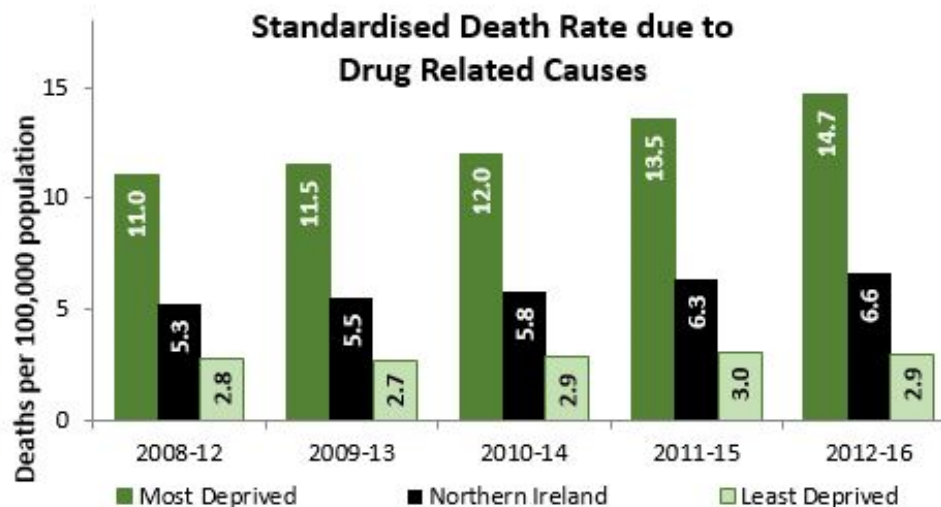
Diazepam was the most commonly mentioned drug in 2016 drug related deaths; it has seen an increase from 20 in 2006 to 60 in 2016



In 2016, there were **111** deaths due to drug misuse; more than double the **49** recorded in 2006

Over the last ten years, the proportion of drug related deaths that are attributed to drug misuse has been increasing:

**54% in 2006 ⇨ 88% in 2016**



**DETAIL OF PROGRESS AGAINST OUTCOMES AND OUTPUTS WITHIN THE NSD PHASE 2**

**Adults and the General Public – 1 (Prevention & Early Intervention)**

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
1. Targeted local prevention programmes in place.		<p><b>Completed.</b></p> <p>Targeted Prevention services for Young People across Northern Ireland were procured by the PHA with an initial contract period: 01 July 2015 – 30 June 2017 (with the option to extend the contract for three further periods of 12 months to 30 June 2020). This contract has now been extended by 2 years until 30 June 2019. This service develops and delivers age appropriate drug &amp; alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland.</p> <p>DACT Connections services continue to work alongside DACTs in each of the HSCT localities undertaking a range of proactive and prevention focussed activities such as: delivering awareness-raising sessions; developing and delivering local events and initiatives with key stakeholders; facilitating a service provider network and supporting other relevant local networks and partnerships; signposting to services and assisting the DACTs to develop and deliver on their priority areas; and to produce an annual action plan.</p> <p>At a regional level in 2016/17, DACTs and the DACT Connections services have worked alongside PHA to develop and deliver the following events/initiatives:  NPS Law Change – May 2016  NI Alcohol Awareness Week – June 2016  RAPID (drug disposal bins) Launch – July 2016  Family Support Awareness Raising – September 2016  Dry January (small grants) – January 2017  Drug Dealer's Don't Care (p'ship with PCSPs) – March 2017</p>	<p>Discussions are ongoing regarding how best to evaluate both the Targeted Prevention services for Young People and Connections service overall, however data on each service element is collated and reported on at a local level within PHA's monitoring and review processes.</p> <p>It is envisaged that the evaluation will be phased with Phase 1 commencing early in 2018.</p>
2. Reduction in the proportion of adults who have used drugs in the last year.		The proportion of adults using any illegal drug in the last year fell from 9.4% in 2006/07 to 6.6% in 2010/11 and 5.9% in 2014/15.	
3. Reduction in the proportion of adults who have misused prescription drugs in the last year.		At this stage we have no definite figures on the proportion of adults who <i>misused</i> prescription drugs in the last year. However, last year use of sedatives and tranquillisers was similar at 11.0% in 2010/11 and 10.3% at 2014/15 while last year use of anti-depressants rose from 12.0% in 2010/11 to 14.0% in 2014/15. Use of other opiates, which contains a number of prescription medicines, rose from 6.4% in 2010/11 to 10.0% in 2014/15.	Prescription Drug Misuse Action Plan issued for implementation in late 2013 and an update on this work is included in this report.
4. Reduction in the proportion of adults who binge drink.		The proportion of adult drinkers who binge drink has fallen from 38% in 2005 to 31% in 2013.	

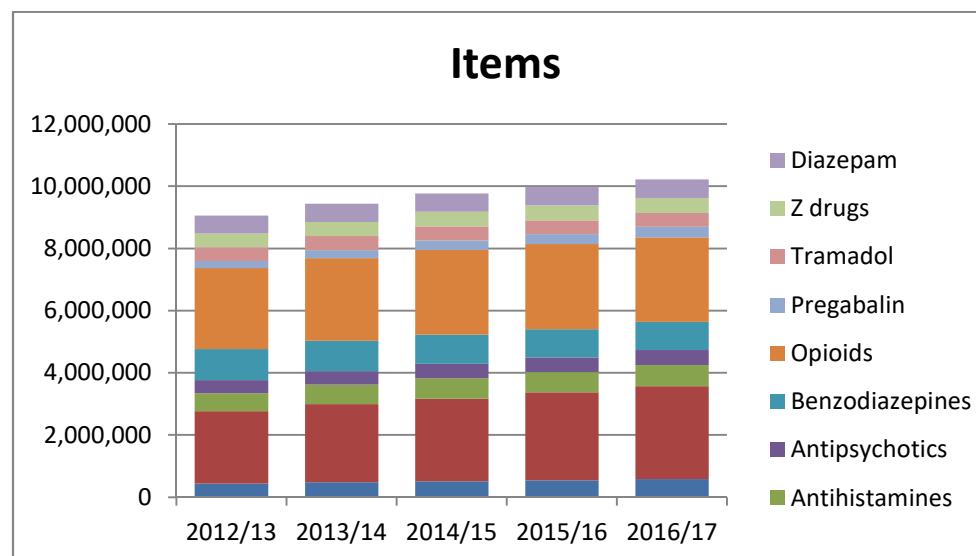


5. Increase in the proportion of adults who drink sensibly.		The proportion of adult drinkers who drink within the sensible weekly guidelines has risen from 76% in 2010/11 to 82% in 2015/16.	
6. Legislation in place to prevent and address substance misuse.		A range of legislation is in place to reduce the supply, availability and accessibility of alcohol and drugs (see <i>Outcomes 19 and 21</i> ). In addition consideration is being given to strengthening this further through proposals such as minimum unit pricing for alcohol (see 19). DoH and DoJ worked closely with the Home Office in developing the Psychoactive Substances Act which became UK-wide law on 26 May 2016.	Continue to consider the legislative base and bring forward proposals to strengthen these regulations based on evidence of effectiveness.
7. Increase in number of workplaces implementing alcohol and drug policies.		Guidelines for workplaces are available on <a href="https://www.nibusinessinfo.co.uk/content/dealing-alcohol-issues-workplace">https://www.nibusinessinfo.co.uk/content/dealing-alcohol-issues-workplace</a> website, and are updated on a regular basis. The PHA promotes healthy workplaces, and the Big Lottery Fund has funded a project to support workplaces to address alcohol which has been evaluated.  Support is also available to businesses that identify alcohol and drugs as an issue through the PHA Workplace Health and Wellbeing service which was established in 2016. Regionally a total of 65 businesses in 2017/18 have progressed to the development and implementation of workplace health and wellbeing action plans.	PHA will assess if a system can be developed through performance monitoring to capture the number of businesses who have alcohol and drug policies in place within the PHA Workplace Health and Wellbeing service.
8. Reduction in the level of use of prescribed drugs.		<b>Drug Prevalence Survey:</b> Last year use of sedatives and tranquillisers rose from 9.2% in 2006/07 to 11% in 2010/11 and reduced slightly to 10% in 2014/15 and last year use of anti-depressants rose from 9.1% in 2006/07 to 12% in 2010/11 and further to 14% in 2014/15. Use of other opiates, which contains a number of prescription medicines, has fallen from 8.4% in 2006/07 to 6.4% in 2010/11 but increased again to 10% in 2014/15.  The 2015/16 Health Survey only reports that 12% of males and 19% of females take mental health related medications (which includes antidepressants, sedatives/tranquillisers, antipsychotics, anticonvulsant, antihypertensives).  Along with other key stakeholders, the Public Health Agency is an active partner on the Regional Prescribed Drug Misuse Steering Group, chaired by the Health & Social Care Board (HSCB).  Generic and specialist treatment support for drug and alcohol issues are provided through HSCB-commissioned primary and secondary care services across Northern Ireland where appropriate/ relevant. In addition, the PHA currently commissions/ funds a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children and young people across Northern Ireland. These include Tier/ Step 1, 2 & 3 services across the voluntary, community and statutory. All of these services will address prescribed drug misuse if it presents as an issue.	Prescription Drug Misuse Action Plan issued for implementation in late 2013, and an update on this work is included in this report.



## HSCB data:

No. of Items	Financial year				
DrugGroup	2012/13	2013/14	2014/15	2015/16	2016/17
Anticonvulsants	438,010	484,326	507,181	539,898	579,216
Antidepressants	2,328,830	2,504,710	2,657,711	2,829,370	2,991,103
Antihistamines	574,194	630,293	663,666	657,038	676,820
Antipsychotics	419,050	436,453	457,269	470,101	484,415
Benzodiazepines	1,001,299	972,817	939,036	906,078	901,457
Opioids	2,605,169	2,653,565	2,730,075	2,734,596	2,719,089
Pregabalin	230,496	258,146	292,984	319,415	342,244
Tramadol	435,712	454,521	457,098	448,809	442,802
Z drugs	446,941	456,275	472,719	479,077	485,644
Diazepam	580,649	583,270	590,031	584,167	596,658
<b>Total</b>	<b>9,060,350</b>	<b>9,434,376</b>	<b>9,767,770</b>	<b>9,968,549</b>	<b>10,219,448</b>



9. The committal screening process for all new prisoners refined by the NI Prison Service in

South Eastern Trust has revised the Healthcare Committal Process to establish an immediate healthcare screen at the point of committal and a further comprehensive healthcare screening within 48 hours following committal. Early identification of drug or alcohol problems are a key consideration in the Healthcare screening process.

South Eastern Trust will review and monitor the training needs of Healthcare Staff in

partnership with the South Eastern HSC Trust to help ensure the early identification of drug and alcohol problems.		Where alcohol or drug problems have been identified, onward referrals are offered to the Healthcare Clinical Addictions Team, AD:EPT, Primary Healthcare or Mental Health Teams for support.	Committals to ensure early identification and response to drug or alcohol problems.
10. The rates of referral to Courses for Drink Drive Offenders increased.		<p>Courses for Drink Drive Offenders (CDDOs) are a sentencing option for Courts here. Where an offender is disqualified for 12 months or more in respect of an alcohol-related driving offence, the court may order that the period of disqualification be reduced if the offender satisfactorily completes an approved CDDO course. Currently attendance is voluntary, costs are met by the offender and those successfully completing the course receive a reduction of up to 25% in the period of disqualification.</p> <p>The underlying aim of the scheme is to provide drink-drive offenders with expert training, in a group situation, about the problems associated with drink-driving, thus enabling them to develop future non-offending behaviour and thereby reduce re-offending.</p> <p>In 2011 the number of persons convicted for drink-driving offences was 2,902 of which there were 1,329 referrals to CDDO representing a 46% referral rate. The most recent available provisional figures for 2016 show a comparable referral rate of 50% (2,287 convictions of which there were 1,143 referrals).</p>	<p>The Road Traffic (Amendment) Act 2016 provides powers to establish a new drink drive regime here. The proposed changes include automatic referral of first time offenders onto a Course for Drink Drive Offenders, unless a District Judge decides that attendance would be inappropriate. Enrolment onto the course will remain voluntary but should lead to a change in the numbers participating in the course.</p> <p>DFI will introduce the remaining provisions of the new legislation once all operational requirements, including new breath testing devices, are in place.</p>
11. Reduction in the proportion of drivers who are breath tested returning positive results.		<p>The PSNI conducted 34965 preliminary breath tests in 2016/17 which was an increase of 27.6% on the number carried out in 2015/16 (27397). In total 710 people approached failed to complete a breath test in 2016/17 compared to 576 during 2015/16.</p> <p>The proportion of drivers who failed a preliminary breath test in 2016/17 was 8.6% which compares with 10.5% in 2015/16.</p> <p>The PSNI will continue to monitor levels in line with the new legislation when introduced.</p>	It may take time for further reductions to be achieved – in fact the forthcoming change to drink driving regulations could lead to an initial increase in these figures.

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
12. An integrated and targeted programme undertaken to raise awareness of the health impact of drinking above the relevant guidelines – messaging must be clear and consistent.		A public consultation was held between 08 January and 01 April 2016 on the clarity, expression and usability of the new <b>UK CMOs' Low Risk Drinking Guidelines</b> . These have now been finalised for publication and can be accessed at: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/UK-cmos-low-risk-drinking-guidelines.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/UK-cmos-low-risk-drinking-guidelines.pdf</a>	
13. Improved understanding of the social norms associated with alcohol misuse, and work undertaken to challenge these and those factors driving the drinking culture; also work undertaken to challenge these norms		<p>The CMOs' Low Risk Drinking Guidelines have now been incorporated into all alcohol information resources published by the PHA. This includes <i>Alcohol &amp; You</i> website*, the Alcohol MOT and <i>You, Your Child and Alcohol</i>. The guidelines have also been incorporated into all relevant Workforce Development Training programmes funded by the PHA. PHA through <i>Alcohol &amp; You</i> has developed a smartphone app to highlight unit information along with recommended guidelines. (*<a href="http://www.alcoholandyouni.com/">http://www.alcoholandyouni.com/</a>)</p> <p>In 2016/17 the DACT Connections services once again came together with PHA to develop and deliver campaigns in support of NI Alcohol Awareness Week (3<sup>rd</sup> week in June 2016) and Dry January/Feel Good February (Jan &amp; Feb 2017). The former focussed on messaging via social media and the latter allowed DACTs to run a small grants scheme encouraging and supporting local groups to undertake initiatives promoting giving up alcohol (Jan) and/or continuing to reduce or stop in February and perhaps longer.</p> <p>Each DACT Connections Service continues to promote and deliver a specific Alcohol Awareness session to key target groups within each of their localities.</p>	<p>The <i>Alcohol &amp; You</i> website with its self-help section and Brief Intervention Tools has been a widely used resource, with over 3,500 self-help subscriptions and web address included in all NI Trust area Alcohol MOTs developed by the PHA. SEHSCT has maintained the website's regional availability.</p> <p>Under the banner of NIDACTs, PHA &amp; DACT Connections Services will continue to look at how they can work more collaboratively with others such as the <i>Alcohol &amp; You</i> Partnership on campaigns and initiatives. (<a href="http://www.drugsandalcoholni.info/">http://www.drugsandalcoholni.info/</a>)</p>
14. Local community support services reviewed and consideration given to increasing consistency across the Region.		<b>Completed:</b> A review of the Community Support Services was undertaken as part of the Commissioning Framework consultations. The findings contributed to the re-design of Tier 1 drug and alcohol services which came into effect with new contracts in place from 01 July 2015 and includes Drugs and Alcohol Co-ordination Team's Connection Services – this Northern Ireland-wide service seeks to build capacity for those working and volunteering in communities including provision of information, resources and signposting. The service also utilises local media in support of regional public	

		<p>information campaigns. The service also assists the Drugs and Alcohol Co-ordination Teams (DACTs) in each HSCT area to develop local action plans and support implementation of the Community Incident Protocol when required.</p> <p>The service also supports and develops local information initiatives in partnership with key agencies, promotes the Drug and Alcohol Monitoring and Information System (DAMIS) and advocates and promotes for legislation on addressing drug and alcohol issues.</p>	
15. Health professionals, particularly within Primary Care and A&E, trained and encouraged to undertake brief alcohol advice/intervention programmes.		<p>A Regional Enhanced Service is in place to encourage the delivery and provision of screening and brief interventions in Primary Care. Programmes of training and awareness-raising have also been put in place. This has seen over 80,000 individuals screened over the last 2 years. An Alcohol Screening and Brief Intervention initiative with the Probation Board NI has been established and commenced in June 2015.</p> <p>A pilot commenced in September 2016 to develop a brief intervention pilot in Belfast around alcohol for Health Plus Pharmacy trained community pharmacies. There were initially 15 pharmacies signed up to the alcohol pilot but, due to staff turnover, there remain 12 pharmacies registered as providing the service.</p> <p>The evaluation process was started by CDHN in September 2017 and is nearing completion. The HSCB are expecting a presentation on the findings of the evaluation at the next Health Plus Pharmacy Alliance meeting in December 2017.</p>	<p>Step 2 services are now in place and can be accessed by GPs to deliver brief interventions to those clients who would most benefit.</p> <p>Consider the evaluation of the pilot and further roll-out if proving to have a positive impact.</p>
16. Review of the role and capacity of alcohol liaison nurses, and consideration given to ensuring they are available in all relevant HSC sites.		<p>Work has been undertaken to put in place proposals for the development of Substance Misuse Liaison Services.</p> <p>The regional service development proposal to enhance alcohol/substance misuse resources was endorsed by the HSCB/PHA in 2014. This sets out the aim to enhance existing baseline resources within Trusts with a focus upon the acute in-patient setting and within a '7 days per week' service model.</p> <p>Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been secured: this additional investment was provided to Trusts in June 2015 to enable</p>	<p>The envisaged service model, and therefore full implementation of the 2<sup>nd</sup> phase, is dependent upon additional funding. This limits the level of service provision that can be achieved.</p>

		<p>service provision to shift from the current mainly Mon-Fri model to become 'seven-day' based.</p> <p>2<sup>nd</sup> Phase has not yet been implemented due to no additional funding becoming available. Due to this not all Trusts have been able to move to a 7-day model.</p>	
<p>17. Proposals developed on how alcohol is:</p> <ul style="list-style-type: none"> <li>• Priced (including consideration to minimum unit pricing);</li> <li>• promoted;</li> <li>• labelled; and</li> <li>• advertised.</li> </ul>		<p><b>Pricing:</b> Minimum Unit Pricing (MUP) for Alcohol has already been introduced in Scotland, and the Welsh Assembly is also in the process of bringing forward similar legislation.</p> <p>In addition, in the 2017 Autumn statement, the UK Government announced a new duty band for still cider within 6.9% to 7.5% ABV will be introduced to target white ciders in 2019.</p> <p><b>Promotions:</b> DfC has worked with the alcohol industry on the development of a Responsible Retailing Code of Practice - <a href="http://www.responsibleetailingcodeni.org/">www.responsibleetailingcodeni.org/</a>. This code, which is overseen by an independent complaints panel, applies to the entire industry and will be run for an initial period of two years. Regulations to ban fixed price promotions such as 'all you can drink for £20' in pubs and registered clubs came into effect from 01 January 2013. A Bill proposing changes to licensing legislation was introduced to the Assembly in September 2016 and included a proposal to make compliance with such codes a condition of holding a liquor licence. The Bill fell when the Assembly was dissolved on 25 January 2017.</p> <p><b>Labelling:</b> Labelling of alcohol products is part of the UK-wide Responsibility Deal. In March 2011, 92 companies made a commitment through the Public Health Responsibility Deal to "ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant."</p> <p>This pledge was intended to increase people's awareness and understanding of units, the lower-risk drinking guidelines and the Chief Medical Officer's advice on drinking during pregnancy.</p> <p>A report by Campden BRI published in November 2014 showed that 79.3% of labels provided all three elements correctly (meeting the commitment); 92.8% provided correct pregnancy information; 87% provided correct unit content; and 82.8% provided correct lower-risk</p>	<p>MUP remains a policy consideration in Northern Ireland. It will now be for an incoming Minister and Executive to agree a way forward on this issue.</p> <p>Any decision on the future reform of licensing legislation will be a matter for an incoming Minister.</p> <p>Further work is also being taken forward at the UK level on the labelling of low alcohol products.</p>

		<p>drinking guidelines. We are keen Industry continues to work to improve adherence to this pledge.</p> <p>The UK CMOs are also working with the Industry to challenge them to appropriately label alcohol products with their new guidelines.</p> <p><b>Advertising:</b> Broadcast advertising is a reserved matter. We have continued to advocate, with the UK Government, for a strengthening of the code on alcohol advertising. We are also working with the industry, through the local Responsible Retailing Code of Practice and the Portman Group, to ensure that the self-regulation of alcohol advertising and promotion is as robust as possible.</p> <p>Ofcom had tasked BCAP and the ASA to review the effectiveness of the current regulation of alcohol advertising in the light of the research, both as regards enforcement and whether it adequately reflects the changing circumstances of children's viewing. This has made some recommendations on how programmes are categorised and we are waiting to see the outcome of this on children's exposure to alcohol advertising.</p>	
18. Workplace Alcohol and Drug Policy Guidance updated, disseminated and their usage supported and encouraged.		<p><b>Completed:</b> Reviewed guidelines placed on the NI Business Info Website (<a href="http://www.nibusinessinfo.co.uk/content/workplace-policies-smoking-drugs-and-alcohol">http://www.nibusinessinfo.co.uk/content/workplace-policies-smoking-drugs-and-alcohol</a>). The PHA will promote the availability of these guidelines through their wider programme of health promotion in the workplace.</p>	In the future, PHA will continue to review and update the guidelines as appropriate.
19. Information on emerging trends and drugs of misuse shared across UK and ROI Jurisdictions, particularly in relation to helping to inform the statutory role of the Advisory Council on the Misuse of Drugs (ACMD) in respect of the Misuse of Drugs Act.		<p>The Department, and other key agencies such as DoJ and Forensic Science NI (FSNI), feed into the ACMD and the British-Irish Council as appropriate.</p>	
20. NI continues to contribute to the ACMD and inputs to UK-wide legislation in relation to the misuse of drugs, particularly in relation to emerging drugs of concern.		<p>Key Stakeholders continue to work with the ACMD, the Home Office, and the Department of Health, in relation to appropriate UK-wide legislation on these issues.</p> <p>A key issue has been work by DoH and DoJ with the Home Office in support of the introduction of UK wide legislation to provide form a</p>	

		blanket ban of the sale of New Psychoactive Substance. This legislation received Royal Assent in January 2016 and was enforced from 26 May 2016. DoH and DoJ will continue to liaise with the Home Office on the implementation, monitoring and review of the Psychoactive Substances Act.	
21. All organisations promptly informed of changes to the drug and alcohol legislation.		Information is disseminated as appropriate by DoH through the PHA, the various NSD Advisory Groups, the NSD Steering Group, and DAMIS.	DE will continue to attend the NSD Steering Group and process information through DAMIS
22. Parents, communities and key professionals provided with accurate and timely information in relation to emerging drugs, including legal highs.		<p>Appropriate information is placed on the <i>Talk-to-Frank</i> Website, and other information sources such as NI Direct. The Chief Medical Officer (CMO) issues warning and advice letters as appropriate to health professionals within HSC and through DAMIS. PHA also ensures that funded services provide up-to-date information to clients, young people and their families.</p> <p>Training is in place for professionals on “Understanding New Psychoactive Substances” through the PHA-funded Workforce Development Programme.</p> <p>The PHA continues to work with partners and other stakeholders to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource ‘<i>Guidance for people working with Pregabalin users</i>’. This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at <a href="http://www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users">www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users</a>. The PHA is also in the process of developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at <a href="http://www.publichealth.hscni.net/publications">www.publichealth.hscni.net/publications</a></p> <p>The PHA also regularly provides information via press releases and social media to:</p> <ul style="list-style-type: none"> <li>• raise awareness of the risks and dangers of misusing substances (including prescribed drug misuse)</li> <li>• raise awareness of the risks and dangers of polydrug misuse.</li> <li>• respond to emerging issues/trends and alert the public where appropriate</li> <li>• provide information on the help and support that is available locally to all.</li> </ul>	DE will pass warnings / information to EA / schools on request from CMO and PHA



23. Group established to consider how the use of prescribed drugs can be addressed.		<b>Completed:</b> A group was established in 2012 to consider prescription drug misuse. Subsequently an action plan was developed and issued to key partners for implementation as appropriate. These actions are now included separately in this report.	Key Actions are included in this report. Work is ongoing to take forward this action plan.
24. Drink and drug driving (including prescription drugs) media campaigns continued and their impact assessed.		<p>Replacing earlier anti drink drive campaigns, in 2009, the former DOE developed an anti-drink driving campaign, entitled <i>Hit Home</i>. This ran on television over the summer and Christmas periods until mid-2015. 'Hit Home' carries the strapline "Every drink increases your risk of crashing." Supporting the television campaign, the <i>Hit Home</i> anti drink drive message was also delivered on bus rear and bus shelter advertising.</p> <p>The Department for Infrastructure, along with PSNI, has supported Coca-Cola's Designated Driver campaign for 10 years now. The campaign runs over the Christmas and New Year periods, encouraging pub-goers to either designate a driver who abstains from alcohol or to book a taxi home. The Department has furthered this message via its online campaign '<i>Share the Road to Zero</i>'. Anti drink driving messages and links to <i>Hit Home</i> have been posted on emails and social media via the Facebook and Twitter pages for this campaign. DfI also continued to support Coca-Cola's Designated Driver initiative over the Christmas 2016 period.</p> <p>Again the previous anti-drug drive campaign was replaced in 2009. Since then, similar messages were delivered regarding anti-drug driving message. This DfI campaign, '<i>Steps</i>', carries the strapline "<i>What steps will you take to stop a drug driver from wrecking your life?</i>" and refers to both prescription and illicit drugs. This message has also been delivered on an annual basis through the '<i>Share the Road to Zero</i>' social media channels.</p> <p>In December 2015, a new social media campaign was launched. The aim of the campaign was to reinforce the message that the only safe level of alcohol when driving is no alcohol. With the proposed introduction of a lower drink drive limit, it was appropriate that the Department took the opportunity to anticipate the change in the law. The campaign is aimed at all drivers but particularly at young male drivers who are statistically at the core of this problem as they are more likely to be involved in a serious crash where alcohol is a</p>	<p>DfI continues to emphasise that driving is impaired from the very first drink. This supports the future lower drink drive limit.</p> <p>Both anti-drink and anti-drug driving remain road safety priorities for DfI. Media plans for 2017-18 will reflect this within budget available.</p>



		<p>factor. The new campaign stresses the impairing effects of alcohol on driving, even from the first drink. The message is designed to further increase the unacceptability of driving even after one drink, especially for young males. The ad is underpinned by the Strapline and hashtag How Low Can You Sink. A shorter edit of the campaign aired on TV in July 2016. Again, these messages are aired primarily over Christmas and during the summer months. These messages continue to be shared and reinforced on the road safety social media channels 'Share the Road to Zero'.</p> <p>Two new radio campaigns confronting anti drink driving over the Christmas period and during the summer respectively were produced In 2015/2016.</p> <p>DOJ and the PSNI continue to support the delivery targeted media campaigns in this area.</p>	
25. Roadside drug screening devices in place when available.		<p>The Crime and Courts Act 2013 created a new offence in England and Wales of driving with a specified controlled drug in the body above a specified limit.</p> <p>FSNI has now completed all project work regarding the detection of the 17 drugs and metabolites named in Section 5a of the UK Road traffic Act 1988 at the specified limits.</p> <p>Process re-engineering has produced additional capacity to deal with the potential increase in submissions to the Toxicology work stream.</p> <p>It is unlikely that PSNI will be seeking to purchase the current generation of roadside screening devices. Rather operational focus will remain with utilising Field Impairment Trained Officers to screen suspected drug drivers. It is envisaged that as the technology develops with increased screening capability for a range of drugs, PSNI and FSNI will revisit this issue</p>	<p>DFI has been prioritising drink drive legislation, as alcohol is a more significant issue in road casualties. DFI will introduce the remaining provisions of the new legislation once all operational requirements, including new breath testing devices, are in place.</p> <p>DFI will closely monitor the effects of the new legislation in England and Wales, and the progress of convictions under the new law before the courts, as well as developments in Ireland.</p> <p>As a direct consequence of budgetary pressures, it is likely that for straightforward Driving Whilst Unfit cases, that where police can prove evidence of an Excess Alcohol offence, then no further toxicology analysis to prove the presence of drugs will be commissioned.</p>

			Although FSNI can currently detect all 17 drugs and metabolites at the specified limits, this service will be further enhanced with investment in new equipment during Q1 of 2016. PSNI and FSNI will keep this issue under review pending introduction of the "per se" drugs offence in NI.
26. New roadside breath testing devices in place for drink drivers when available.		<p>FSNI continues to work closely with the PSNI to ensure the new equipment fully meets the NI specification in relation to the reduced breath test limits.</p> <p>FSNI has obtained accreditation for the quantitative analysis of alcohol in both blood and urine at the proposed new limits. The Agency is building capacity within this work stream to mitigate against any delay in the type approval of the next generation roadside evidential breath testing equipment.</p>	FSNI is currently engaged in technical discussions with CAST and the PSNI regarding the capability of the existing Lion 6000 intoxilisers for detections at the 20µg limit. This proposal is an interim measure prior to the type approval of replacement equipment.
27. The proportion of positive preliminary breath test results reduced.		<p>The PSNI conducted 34,965 preliminary breath tests in 2016/17 which was an increase of 27.6% on the number carried out in 2015/16 (27,397). In total 710 people approached failed to complete a breath test in 2016/17 compared to 576 during 2015/16.</p> <p>The proportion of drivers who failed a preliminary breath test in 2016/17 was 8.6% which compares with 10.5% in 2015/16.</p> <p>The PSNI will continue to monitor levels in line with the new legislation when introduced.</p>	
28. The Drink Drive (Blood Alcohol Concentration) Limit reduced.		<p>The Road Traffic (Amendment) Bill received Royal Assent on 23 March 2016.</p> <p>The Act contains measures to tackle drink driving, introduce a Graduated Driver Licensing (GDL) programme and makes mandatory the wearing of helmets on quad bikes on public roads.</p> <p>On 25 November 2016 DFI commenced new powers for police to establish roadside check-points exclusively for the purpose of conducting breath tests. PSNI subsequently used these new powers as part of their Christmas/New Year drink drive campaign.</p>	<p>DFI along with partner organisations are preparing for the second phase of implementation. Successful introduction requires all administrative and technical systems to be made ready and each organisation has begun that process. Significantly, PSNI require new breath testing devices before the new lower BAC limits can be introduced.</p> <p>New breath testing equipment is currently undergoing Type Approval within the Home Office Centre for</p>

			Applied Science and Technology (CAST). In relation to the reduced breath test limits, FSNI is working closely with the PSNI to ensure that the new equipment fully meets the NI specification.
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## Adults and the General Public – 2 (Treatment & Support)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
29. Alcohol and drug users have access to appropriate and effective treatment and support services		<p>The HSCB / PHA Alcohol and Drug Services Commissioning Framework, which covered all tiers of service, was issued for consultation on March 2013. Following the consultation the Framework used to inform the tender procurement process and commissioning. Agreement was also reached on the reconfiguration of Tier 4 services and the new regional model is now operational.</p> <p>The following service areas were tendered / commissioned by the PHA in support of the Framework:</p> <ul style="list-style-type: none"> <li>• Community Alcohol and Drugs Information and Networking Service (<i>now known as Connections Service</i>)</li> <li>• Drug and Alcohol Life-skills, Prevention and Harm Reduction programmes for vulnerable young people</li> <li>• Support, Care, Facilitation and Harm Reduction Services for People who are misusing Substances (Low Threshold Services)</li> <li>• Regional Workforce Development Programmes</li> <li>• Community-based services for young people who are identified as having substance misuse difficulties</li> <li>• Community-based intervention services for adults and family members affected by substance misuse. (<i>These services will include provision for those within the criminal justice system</i>).</li> <li>• Therapeutic services for children, young people and families affected by parental substance misuse.</li> </ul> <p>There is increased pressure on substitute prescribing services across Northern Ireland – with Belfast health and Social Care Trust in particular having an unacceptable waiting list. A review of these services has now been completed and work is underway to revise the treatment models. In addition there should be additional investment into these services, to support the revised treatment model, from September 2018.</p>	<p>An updated review of Tier 3 services is scheduled for completion shortly. Service development will be contingent upon additional resources.</p> <p>The Commissioning Framework will be revised in the near future.</p> <p>Revised Substitute Prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.</p>
30. Integrated, cross-departmental and cross-sectoral planning for treatment and support services in place		<p>The Bamford Substance Misuse Subgroup provides a cross-sectoral mechanism to plan appropriate treatment and support services – this group led the development of the draft Commissioning Framework. In addition, the NSD Treatment &amp; Support Advisory Committee is</p>	<p>Review of the ToRs and purpose of the Bamford Substance Misuse Subgroup in light of the findings of the wider Bamford evaluation and the</p>

		<p>also in place and providing a strategic level input. Membership includes PHA, HSCB, HSCT, NIADA, DoH, DoJ, Regional Service User Network, and DACTs.</p> <p>Regional Statutory Tier 3/4 Services Group (including Substitute Prescribing service provision) – the purpose of this group is to facilitate the coordination and delivery of Tier 3 and 4 addiction services within the Health and Social Care sector: in this respect, the group is primarily advisory in nature rather than operational. The group also facilitates the provision of evidence-based practice across the region, including advice on potential commissioning priorities. If required, short life 'task &amp; finish groups' can be established to take forward discrete projects. Group membership encompasses: HSC Trusts, Public Health Agency (PHA) and Health &amp; Social Care Board (HSCB). In addition, the nominated RCPsych representative will be in attendance as a member of the group.</p>	transition of HSC structures.
31. Evidenced based alcohol and drug harm reduction approaches and activities promoted and expanded.		<p>The PHA continued to work in partnership with HSCB to expand the Community Pharmacy Needle &amp; Syringe Exchange Scheme from 14 community pharmacies to 20. This process is completed and all 20 services are now operational.</p> <p>The Naloxone programme has been further developed (see <i>Naloxone section</i>).</p> <p>PHA has worked in partnership with Council for the Homeless (NI) to develop 2 harm reductions booklets aimed at people who use stimulants/synthetic cannabinoids. This is in response to information sent to DAMIS (Drug and Alcohol Monitoring and Information System) which indicates that these are the substances causing the most concerns at this time. 42,000 copies of these booklets have been printed and disseminated.</p> <p>PHA has commissioned a focused Pregabalin resource '<i>Guidance for people working with Pregabalin users</i>'. This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at <a href="http://www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users">www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users</a>. The PHA is also in the process of</p>	

		<p>developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at: <a href="http://www.publichealth.hscni.net/publications">www.publichealth.hscni.net/publications</a>.</p> <p>New Low Threshold Outreach Services commissioned from 01 July 2015.</p> <p>There is increased pressure on substitute prescribing services across Northern Ireland – with Belfast health and Social Care Trust in particular having an unacceptable waiting list. A review of these services has now been completed and work is underway to revise the treatment models. In addition there should be additional investment into these services, to support the revised treatment model, from September 2018.</p>	Revised substitute prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.
32. Service users adequately and appropriately involved in planning and provision of treatment and support services.		<p>Through the Regional Service User Network (commissioned from Council for the Homeless (NI) by PHA); service user representatives sit on all PHA/HSCB/DoH regional drug and alcohol groups, and also on all 5 local Drug and Alcohol Coordination Teams. The PHA held a Consultation Event on 19 May 2016 to hear views on priorities for future commissioning in this area.</p> <p>Procurement of a revised service for Service Users is ongoing, based on responses to the consultation outlined above with the aim of the new service being in place by 2018.</p>	Need to continue to build on work with service users to further integrate their input and involvement
33. Increase in the number of problem users who access treatment and support services, including harm reduction services.		There continues to be an increased demand for Addiction Treatment Services, including Substitute Prescribing, in all Trusts. However, without additional investment, it is difficult to increase service capacity. Models of service provision are currently being explored by the Regional Statutory Tier 3/4 Services Group.	Revised substitute prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.
34. Co-operative working relationships further developed between statutory, voluntary and community sectors that deliver services to alcohol and drug misusing offenders.		Informed by the new Commissioning Framework arrangements, co-operative working relationships continue to be developed with a range of service providers to deliver reparative placements for young offenders who misuse substances.	
35. Dismantling, disruption and frustration of organised gangs involved in supplying drugs.		Proactive intelligence led operations continue against organised crime gangs. In 2016/17, a total of 129 OCGs were either frustrated, disrupted or dismantled, a 4% increase compared to 2015/16.	

36. The NI Prison Service in partnership with the South Eastern HSC Trust work closely with the Community Addiction Teams.		<p>Good progress has been made to develop the interfaces between Prison Healthcare Staff and Addictions Teams across Northern Ireland.</p> <p>A bi-annual Substance Misuse Forum is in place which has reviewed the patient flow and transition process from the Prison Healthcare Addictions Team to Community Addition Teams. All Health &amp; Social Care (HSC) Trusts are represented at this Forum which has resulted in the development of an Interface Protocol.</p>	The Regional Protocol between Prison Healthcare and Community Addictions Team requires final approval and circulation in 2016/17.
37. An interface protocol with Community Addiction Teams for a care pathway for prisoners leaving prison to return to the community developed by the NI Prison Service in partnership with the South Eastern HSC Trust		<p>Update as above.</p> <p>A regional Forum which includes all Trusts regionally and Prison Healthcare Addictions Team have developed an Operational Protocol to ensure a planned Care Pathway for prisoners leaving prison and returning to the community.</p>	<i>As above</i>
38. Discharge procedures, involving both in-prison health services and Voluntary & Community agencies to ensure prisoners have access to services and support across NI, further developed by the NI Prison Service in partnership with the South Eastern HSC Trust.		<b>Completed:</b> Discharge Procedures have been agreed regionally and reflected in the Regional Protocol. In addition, AD:EPT provide a through care service which provides support to prisoners up to six months post release.	<i>As above</i>
39. The NI Prison Service in partnership with the South Eastern HSC Trust aim to reduce the use of illicit and non-prescribed drugs in prison, and reduction in dangers associated with drug misuse, particularly the risk of transmitting blood borne viruses.		<p>South Eastern Trust Prison Healthcare Services have prioritised work to address Medicines Management within a prison setting to include issues relating to prescribing, dispensing and administration of medicines</p> <p>RCGP training has been made available to GPs and Prison Healthcare staff.</p> <p>South Eastern Trust is now registered on the Regional Managed Clinical Network for Hepatitis B and C.</p> <p>Training has been provided to Prison Healthcare Clinicians in relation to screening and treatment for Hepatitis B and C.</p>	<p>South Eastern Trust, in partnership with the Regional Network Group, is developing a Hepatitis Care Pathway specifically for Prison Health.</p> <p>BBV Awareness Sessions will continue to be developed</p> <p>South Eastern Trust is supporting the NIPS and NICS officers in a review of the NIPS BBV Policy for its staff.</p>

		<p>BBV Awareness sessions have been provided to prisoners and to staff working within the prison sites and includes harm reduction, advice and promotion of Hepatitis B immunisation.</p> <p>The NI Prison Service (NIPS) lead on work to reduce the available and use of illicit and non-prescribed drugs in prisons.</p> <p>The NIPS undertake drug testing.</p> <p>South Eastern Trust and our partner organisations, Adept/Start 360, work in partnership with NIPS to address the issue of drug misuse.</p> <p>Work has commenced by South Eastern Trust and NIPS to draft a Joint Drugs Misuse Strategy.</p>	<p>South Eastern Trust will work in partnership with the NIPS to finalise a Joint Drugs Misuse Strategy.</p>
40. All pre-sentence report authors and supervising staff receive the appropriate tools to undertake accurate and consistent screening and assessment of adjudicated offenders as determined appropriate by the Probation Board.		<p><b>Completed:</b> All PBNI pre-sentence report authors and case managers are trained in PBNI's ACE (Assessment Case Management and Evaluation) tool. This is consistently applied at regular stated intervals and identifies risk of re-offending and/or risk of harm.</p> <p>PBNI staff have also been trained in brief interventions / screening tools and signposting to appropriate services related to the new Commissioning arrangements for front-line staff.</p>	<p>Follow-up training will take place in 2016-17 to review practice with the agreed assessment, screening and referral arrangements and also to update on developments i.e. new CMO drinking guidelines, Psychoactive Substance Act etc.</p>
41. Drug testing for those offenders who volunteer or released from prison on a Life License		<p>Whilst not funded to deliver this service, PBNI continues to provide the service and work with the Prison Service to explore the feasibility of extending the current drug testing arrangements with a view to consistent and cost-effective service provision across NI.</p>	<p>PBNI has been reviewing its drug-testing arrangements with a view to extending its provision throughout NI in 2016-17</p>
42. A range of programmes developed to meet the priority needs of offenders (with particular emphasis on the Sentencing Framework).		<p>During 2015-16, PBNI updated its internal Alcohol Management Programme to provide a Substance Misuse programme for addressing information, psychosocial and motivational issues.</p>	
43. The Addressing Substance Related Offending (ASRO) programme for offenders rolled out.		<p><b>Completed:</b> ASRO is no longer available from NOMS and new arrangements are in place to assess the level of treatment intervention and refer, as necessary, to specialist services.</p>	<p>PBNI will continue to actively implement the new screening / assessment and referral Commissioning Framework arrangements of 2015.</p>



44. PBNI funding provided through its Community Development Budget to secure the provision of substance misuse services in the community and voluntary sector.		<b>Completed:</b> PBNI provided funding of substance misuse services through Community Grant. This provision ended on 31 March 2015.	PBNI will continue to address local need through local partnership projects as funding becomes available. This will include but not solely relate to PCSPs.
45. Partnership work in place to deliver ASRO programmes to complement the P-ASRO programme for offenders.		<b>Completed:</b> ASRO is no longer available from NOMS and new arrangements are in place to assess the level of treatment intervention and refer, as necessary, to specialist services.	
46. Targeted treatment for prolific offenders with substance misuse related crime		<p>PBNI continues to follow the screening / assessment and brief intervention model agreed with the PHA under the Commissioning Framework of 2015.</p> <p>Within this, PBNI addresses targeted treatment through PBNI staff delivering brief interventions, referral to PBNI's Substance Misuse Programme and onward referral to Level 2 / Level 3 Health provision using agreed processes as required.</p> <p>PBNI continues to play a full role as a key partner in the Reducing Offending in Partnership project with the services detailed above identifying level of need.</p> <p>The PSNI have established the Reducing Offending in Partnership project and these structures assist with the identification of substance misusing prolific offenders, who can in many cases secure speedier access to specialist services.</p>	In line with the Joint Healthcare & Justice Strategy (currently out for consultation) PSNI and partner agencies are exploring referral pathways out of police custody.

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
47. A Regional Addiction Services Commissioning Framework developed and implemented.		The Alcohol and Drug Services Commissioning Framework has been implemented through the procurement of a range of services across Tiers 1-3, development of Tier 4 service, provision of Substitute Misuse Liaison Service and development of CAMHS Drug and Alcohol Support.	Review of the Framework planned for 2018/19 in preparation for procurement of services in light of the current review of the NSD for Alcohol and Drugs.
48. The Framework should ensure that services are supported and encouraged to adopt a “recovery and reintegration” approach to treatment and support.			
49. Local and regional Service User developments encouraged and supported.		<b>Completed.</b> Through the regional Service User Network (commissioned from Council for the Homeless by PHA); service users are supported at both local and regional level.	Continue to promote service user engagement and participation.
50. Specific work in respect of identified vulnerable groups included in local action plans.		All appropriate services commissioned by the PHA are required to ensure that identified vulnerable groups can access services.	
51. Pilot scheme for ‘Take Home Naloxone’ to be evaluated and consideration given to its roll-out.		<p>PHA have expanded the Naloxone programme in response to the evaluation findings and also in response to new legislation which widens access to this potentially lifesaving drug. PHA funded Low Threshold Services can now also supply Naloxone.</p> <p>PHA are working with HSCB to develop a programme with Community Pharmacy needle exchanges so in future they will be able to supply Naloxone to their clients / anyone who comes into contact with someone at risk.</p> <p>A Naloxone Training Needs Assessment has been completed to inform a business case for commissioning further Naloxone training. This training is now being delivered across NI.</p>	Consideration for the programme to be expanded to Emergency Departments and Custody suites ensure much wider access to Naloxone.
52. Provision of needle/syringe exchange scheme continued, and consideration given to expanding the scheme to areas with an identified need.		<p>6 new NSES sites have been opened across NI. PHA is currently working in partnership with HSCB to open additional needle exchanges specifically in Belfast to meet identified service pressures and increase overall accessibility. The additional NSESs put in place and operational from early 2018.</p> <p>A training needs assessment has also been carried out with hostel</p>	PHA is also working with HSCB colleagues to also look at establishing community pharmacy NSES sites outside of Belfast in 2018 where additional demand/need has also been identified – (this may initially include Larne, Armagh and

		staff to help inform commissioning of future training around safer injecting.	<p>Dungannon).</p> <p>The PHA is also finalising an options / recommendations paper on the possible extension of the current needle &amp; syringe exchange scheme (NSES) programme/model to settings outside of healthcare settings, in particular to those services who work with homeless people. Initial discussions are planned with PSNI on their views on interpretation of legislation relating to heroin use/provision of injecting equipment and the updating/revision of previous protocols – it is likely that discussion/agreement will also be required from DPP/DoJ.</p>
53. Learning from existing schemes/initiatives, work undertaken to reduce levels of prescribing, and support people to reduce/stop taking unnecessary prescriptions.		HSCB/PHA action plan on Prescribed Medication will outline how this will be addressed. This plan was agreed by PHA/HSCB in 2014.	
54. Services in place to assist clients with a common employability barrier, (eg history of drug/alcohol misuse, homelessness and ex-prisoners/ex-offenders) to enter employment.		<p>Current LEMIS ran until 31 March 2015. The Department of Employment &amp; Learning funds three LEMIS projects under priority 2 Social Inclusion T08 IP 1(a) and 1(b) of the first call of the NIESF Programme 2014-2020. The current funding allocation to these projects is £11.94 million over the three-year period from April 2015 to March 2018.</p> <p>DfE will also continue to deliver the Community Family Support Programme (CFSP) programme through the NI European Social Fund (ESF) Programme with a budget allocation of £8.15m over the three-year period from April 2015 to March 2018.</p> <p>The aim of the ESF programme is to combat poverty and enhance social inclusion by reducing economic inactivity, and to increase the skills base of those currently in work and future potential participants</p>	

		<p>in the workforce. Applications for funding of approximately £111million was offered to 67 projects over the three financial years.</p> <p>This fund supports 67 projects which include initiatives for people who are unemployed or economically inactive, and families with a high level of need, which may include individuals with substance abuse issues to develop their capacity to reach full potential in terms of education, training, health, social and economic issues.</p>	
55. Education and training for professionals, carers and families in relation to substance misuse problems in older people supported.		<b>Completed:</b> PHA produced a resource on this issue during 2013/14.	
56. Consideration given to extending arrest referral schemes to other areas across NI.		<b>Completed:</b> Following an evaluation of the three pilot arrest referral schemes one Trust area ceased service provision. As a result of the severe financial constraints, the DOJ issued letters to the two remaining projects to indicate that funding would end in the 2014/15 financial year.	
57. Consideration given to how the current arrest referral schemes could be altered to address alcohol related offending, and depending on the outcome, consider the introduction of a pilot alcohol arrest referral project.		<b>Completed:</b> As above	
58. A continuum of treatment and support opportunities between custody and release of offenders back into the community for young and adult offenders developed – linked to the Joint Agency Offender Management Process.		<p>NIPS and the NIPB lead on the Offender Management Process. South Eastern Trust Prison Healthcare staff will contribute as appropriate to ensure that discharge arrangements for any continuing health care are in place.</p> <p>South Eastern Trust has worked closely with the Health and Social Care Board (HSCB), the Public Health Agency (PHA), Health and Social Care Trusts, as well as Voluntary Sector Agencies, to plan for a seamless transition from custody to community for prisoners with healthcare needs.</p>	<p>The joint Health and Criminal Justice Strategy implementation process will provide a further focus and drive to improve interface working across Criminal Justice and Health.</p> <p>The Protocol developed by the Regional Substitute Prescribing Group requires final approval and circulation in 2016/17.</p>
59. The NI Prison Service in partnership with the South		South Eastern Trust completed a Health Needs Analysis on Addictions and Mental Health needs within NI Prisons in 2015/16.	Action Plan to be developed based on the recommendations from the

Eastern HSC Trust further develop services to ensure appropriate interventions are in place for prisoners, including for those with opiate dependency.		<p>South Eastern Trust has shared the Health Needs Analysis with our Commissioners to inform further development of Addictions Services.</p> <p>South Eastern Trust has an established pathway in place for prisoners with Opiate Dependency and on Substitution Therapy.</p> <p>South Eastern Trust commissions Psycho-Social Services from Start360 as part of the Trust's Addictions Services.</p>	<p>2015/16 Health Needs Analysis within the resources available.</p> <p>Further integrate the Start360 and Prison Healthcare Addition Team processes and pathways.</p>
60. Accreditation sought for the "Prisoners – Addressing Substance Related Offending" (P-ASRO) programme, or other appropriate programmes, delivered in prisons.		<p>A range of programmes have been developed to meet the priority needs of offenders including targeted treatment for offenders with substance misuse related offences.</p> <p>NIPS continue to work in partnership with the South Eastern Trust and AD:EPT (Alcohol and Drugs: Empowering People through Therapy) who provide a range of programmes to offenders including the Building Skills for Recovery (BSR) programme.</p>	<p>P-ASRO has been replaced by Building Skills for Recovery (BSR), an evidenced based structured psychosocial treatment programme accredited by the Correctional Services Accreditation and Advisory Panel.</p>
61. The NI Prison Service in partnership with the South Eastern HSC Trust will have undertaken work to reduce the risk of drug-related death in prisons, and particularly on release from prison.		<p>Information is provided to prisoners at induction re: substance misuse and how to access addiction services whilst in prison, taking into account the diversity of the prison population e.g. foreign nationals, offenders with literacy problems.</p> <p>NIPS support those at risk of self-harm or suicide, including those who deliberately overdose, through the multi-disciplinary Supporting Prisoner At Risk (SPAR) programme. NIPS and the SEHSCT ensure lessons learned from Prisoner Ombudsman reports are incorporated into policy reviews to reduce the risk of deaths.</p> <p>Regular drug testing takes place and those who test positive for drug misuse are referred for assessment and/or treatment and procedures are in place for observed administration of medications.</p> <p>Pre-release sessions are available to offenders to discuss core harm issues of substance use following release from prison.</p> <p>Partnership working with the SEHSCT and voluntary and community agencies to ensure through care from prison to community is</p>	<p>A substance abuse needs analysis and joint working on Substance Misuse Strategy is being taken forward as part of the Prison Reform Programme.</p> <p>Regional Substitute Prescribing Group needs to finalise and then circulate the Interface Protocol between Prison Services and HSC Trust Community Addiction Teams.</p>

		provided to offenders.	
62. Education and information provided to parents of offenders regarding drugs and alcohol on a one to one basis and via the parent support groups.		<p>Information is provided to prisoners at induction re: substance misuse and how to access addiction services whilst in prison, taking into account the diversity of the prison population e.g. foreign nationals, offenders with literacy problems. NIPS support those at risk of self-harm or suicide, including those who deliberately overdose, through the multi-disciplinary Supporting Prisoner At Risk (SPAR) programme. NIPS and SEHSCT ensure lessons learned from Prisoner Ombudsman reports are incorporated into policy reviews to reduce the risk of deaths.</p> <p>Regular drug testing takes place and those who test positive for drug misuse are referred for assessment and/or treatment and procedures are in place for observed administration of medications. Pre-release sessions are available to offenders to discuss core harm issues of substance use following release from prison.</p> <p>Partnership working in place, with SEHSCT and voluntary and community agencies, to ensure through care from prison to community is provided to offenders. Education and information is provided through individual and group work programmes and through parent support groups where they are established across YJA regions.</p>	<p>A substance misuse needs analysis and joint working on Substance Misuse Strategy is being taken forward as part of the Prison Reform Programme.</p> <p>Family education programme to commence in Woodlands to support families with children with challenging behaviour and likely to abuse drugs and/or alcohol.</p>
63. The NI Prison Service and South Eastern HSC Trust work in partnership with Alcohol & Drugs: Empowering People through Therapy (AD:EPT) to deliver psychological and educational drug and alcohol programmes for all offenders.		AD:EPT deliver a range of psychological and educational drug and alcohol programmes in partnership with the NIPS and the South Eastern Trust Prison Healthcare Teams.	South Eastern Trust and NIPS will complete a joint Drugs Misuse Strategy.

## Children, Young People and Families - 1 (Prevention & Early Intervention)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
64. Increase in the proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable.		Consideration needs to be given to how best to measure this outcome.	Consider adding to Young People's Behaviour and Attitudes Survey.
65. Reduction in the availability and accessibility of alcohol to young people.		Range of measures in place to reduce the availability and accessibility of alcohol to young people (see outcome 19).	
66. Reduction in the proportion of young people who get drunk.		The proportion of young people who get drunk has fallen from 31% in 2003 to 14% in 2016.	
67. Reduction in the proportion of young people who drink on a regular basis.		Of those who drink – the proportion of young people who drink a few times a month or more regularly has fallen from 28% in 2003 to 26% in 2016.	
68. Reduction in the proportion of young people who take drugs on a regular basis.		Last Month use of drugs/solvents among young people has fallen from 12% in 2003 to 2% in 2016 according to the Young People's Behaviour and Attitudes Survey.	
69. Opportunities exist for young people to make a positive contribution, including through reparative placement, to the drugs and alcohol strategy.		YJA continue to identify and review reparative placements in organisations and community groups that are engaged in work to address the negative impact of drug and alcohol misuse.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
70. The “You, Your Child, and Alcohol” regional information campaign, aimed at reducing alcohol and drug misuse among young people (aged under 18), evaluated and consideration given to its future.		<b>Completed.</b> The TV advertisement for the “You, Your Child and Alcohol” was last run in Summer 2011. Overall, the campaign was well evaluated, with good awareness of the campaign and booklet and self-reported evidence that parents were more likely to talk to their children about alcohol and use the booklet for advice. It has been decided not to run another phase of the TV campaign. However, the steering group have shared the learning from this campaign with interested stakeholders and the PHA continues to update the associated leaflet and distribute it as appropriate.	
71. Targeted education and awareness-raising among children, parents, and families on the risks of drug and alcohol misuse and how to prevent harm.		<p>DACT Connections service can provide targeted information to a range of groups including those working with children and young people, young adults and parents/carers/families.</p> <p>In September 2017, the five DACT Connections services came together with PHA to develop a regional awareness-raising initiative on the role and availability of Family Support Services throughout the region.</p> <p>Targeted Prevention services for Young People across Northern Ireland were procured by the PHA with an initial contract period: 01 July 2015 – 30 June 2017 (with the option to extend the contract for three further periods of 12 months to 30 June 2020). This contract has now been extended by 2 years until 30 June 2019.</p> <p>This service develops and delivers age appropriate drug &amp; alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland.</p>	
72. Schools support the development of skills and knowledge that enable young people to resist social pressures to experiment with alcohol and drugs, including volatile substances, emerging drugs of concern, etc.		The school curriculum places a specific focus on the development of relevant “life skills” among pupils. In particular, through Personal Development and Mutual Understanding (PDMU) in primary schools pupils are provided with opportunities to develop strategies and skills for keeping themselves healthy and safe. Post-primary school pupils, through Learning for Life and Work, are provided with opportunities to investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.	



		In August 2015 the Council for the Curriculum, Examinations and Assessment (CCEA) published revised guidance on drugs and alcohol. The guidance is available to schools via the C2k Equella library and the DE and CCEA websites. There is also a KS3 'Drugs Awareness' Fronter room on C2k.	
73. Young People's Drinking Action Plan implemented.		<b>Completed.</b> The key actions from the Young People's Drinking Action plan have been incorporated within the NSD Phase 2, and progress is being made against these actions.	
74. Successful implementation of new liquor licensing regulations and laws.		The Minister for Communities introduced a Bill to the Assembly in September 2016. The Bill included a range of proposals to assist the local hospitality industry and also help tackle alcohol abuse. The Bill fell when the Assembly was dissolved on 25 January 2017.	This issue will be re-considered by the new Minister in the Department for Communities when appointed.
75. Improved co-operation and co-ordination to address alcohol and drug misuse and mental health, suicide and self-harm, and sexual health, at both the strategic and operational level.		<p>At the strategic level, there is a greater acknowledgement of the links between these issues within all relevant strategies. At the operational level, it is envisaged that the Substance Misuse Liaison posts will have a key role in linking with/addressing self-harm and associated mental health issues. In addition, commissioners for mental health, sexual health and alcohol and drugs met to discuss possible areas for collaboration. It was agreed that some procurement of programmes for young people would be subject specific but that work would be taken forward to look at generic work for young people. The One Stop Shop and the Strengthening Families initiative are examples of such work. Substance misuse training is promoted within the Mental Health field and likewise substance misuse services are encouraged to avail of mental health training, in particular ASSIST, Safe Talk and Mental Health First Aid.</p> <p>The eight One Stop Shop services funded by the PHA all provide support and signposting to young people affected by alcohol and drug misuse, mental health issues, suicide, self-harm, and sexual health issues. The One Stop Shops also provide education programmes around these issues when there is an identified need among the young people using their services.</p>	This programme will continue to be built upon through ongoing policy development and implementation. The One Stop Services have been evaluated and will be procured in 2018, consolidating service provision across Northern Ireland. It will become known as the Youth Engagement Service and links with the Education Authority's Youth Service will be strengthened during the next phase of development.

<p>76. A One-Stop-Shop service, informed by the evaluation of the pilot project, available in areas of identified need to those young people affected by substance misuse, but also addressing issues such as suicide and self-harm; mental health and wellbeing; sexual health; relationship issues; resilience; and coping skills.</p>		<p>Eight One Stop shops are now in place. All have developed referral pathways for young people into a wide range of services to address the key issues as per target. A network of services has been established and meets quarterly to share practice, address concerns, and improve consistency across the region. Annual networking practice events are held for both staff and service users.</p> <p>The evaluation of the One Stop Shop initiative has been undertaken over the past three years and is now being used to inform the development of a new tender specification for the One Stop Shops. It is intended that the tenders will be awarded and new contracts will be in place by June 2018.</p>	
<p>77. Greater information-sharing between PSNI, the Youth Justice Agency (YJA) and PBNi regarding the identification of children who offend and who are known to be using alcohol and drugs either in the commissioning of offences or to gain money to purchase drugs or alcohol.</p>		<p>There are ongoing programmes of work focused on interventions for children and young people and Criminal Justice organisations continue to work closely with all partners to ensure the appropriate and timely sharing of information relating to young people.</p> <p>Ongoing communication with Reducing Offending Units and Youth Diversion Officers highlight relevant information and issues relating to substance misusing offenders. PSNI has embarked upon a Vulnerability Pilot within Derry, City and Strabane with partners and young people are a cohort of this group.</p> <p>Youth Engagement Clinics continue to operate across the region and both YJA and PBNi continue to participate in the delivery of the 'Reducing Offending in Partnership' (ROP) initiative which focuses on making communities safer by reducing crime and re-offending as well as improving public confidence in the criminal justice system. The Prevent &amp; Deter strand is now implemented in all police districts, focusing on young people at risk of offending.</p>	
<p>78. Opportunities in Youth Conferences for young people involved in substance related offending to hear first-hand experiences from those who have experienced dependency but have addressed it.</p>		<p>Youth Conference Coordinators take every opportunity to involve those who have personal experience of substance related dependency, with relevant experiences, in youth conferences to derive the most benefit and impact in order to reduce the likelihood of re-offending.</p>	<p>Woodlands will provide opportunities for children and young people to hear first-hand experiences of those who have/are addressing drug and alcohol misuse.</p>

<p>79. Education and awareness sessions provided to young people who, though the criminal justice system, are subject to statutory supervision in the community and are assessed as Tier 1.</p>		<p>Appropriately tailored education and awareness sessions are provided to young people assessed and subject to statutory supervision.</p> <p>The Drugs and Alcohol Intervention Service for Youth (DAISY) service is available and provides information and education to all young people admitted to Woodlands Juvenile Justice Centre.</p>	
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## Children, Young People and Families - 2 (Treatment & Support)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
80. All organisations with a responsibility for young people have an alcohol and drug policy in place.		<p>We continue to work across Government and sectors to ensure that all appropriate organisations have alcohol and drug policies in place.</p> <p>PBNI continues to implement and monitor its Substance Misuse Strategy and YJA will continue to maintain and review their current Drug &amp; Alcohol Policy.</p>	
81. Improved identification and signposting of young people who have alcohol and drug related issues, and ongoing monitoring of the Regional Initial Assessment Tool.		<p>RIAT is currently being updated to reflect changing patterns of drug use. The Workforce Development contract now includes promotion and delivery of RIAT to relevant front line workers.</p> <p>YJA staff are trained to deliver RIAT throughout YJA and will continue to review the assessment tool to ensure needs are identified.</p>	The PHA plans to consult in 2018 with a range of stakeholders to ascertain the usefulness of this tool along with wider screening issue and will consider wider roll out in the light of this consultation.
82. Children and young people have access to early interventions and appropriate support services directly related to their alcohol and drug use.		<p>A range of new service for young people have been commissioned as of 1 July 2015. In addition, the One-Stop-Shops provide early intervention for a range of issues.</p> <p>Whilst the YJA small grants scheme has been discontinued due to financial constraints, YJA will continue to assess the level of treatment intervention and refer, as necessary, to specialist services.</p>	
83. Increase in the number of young people and parents accessing treatment and support services.		<p>The PHA has provided funding to develop DAMMHS services in the Western, Northern and Southern areas. A care pathway is being developed to ensure the Stepped Care processes operate smoothly between Youth Treatment Services and DAMMHS.</p> <p>Criminal Justice Agencies will continue existing assessment process to ensure appropriate onward referrals are made based on identified need.</p>	
84. Protocols agreed with the Child and Adolescent Mental Health Service (CAMHS) across NI ensure a consistent approach to referrals by the Criminal Justice agencies where concerns about potential self-harm are raised.		Community CAMHS Service is now established on the Woodlands JJC site providing an in-reach service. Whilst discussions regarding protocols with other Health Trusts continue to be taken forward through the Children & Young People Strategic Partnership's Offending Subgroup, YJA will continue to operate referral pathways under the agreed protocols with the Western Trust.	

85. Relationships with a wide range of community and voluntary drug and alcohol treatment providers maintained and YJA making appropriate referrals.		YJA will continue to maintain established relationships with a wide range of drug and alcohol treatment providers at regional and local levels to ensure appropriate referrals are made.	
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Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
86. Development of a framework of Treatment and Support Services for those aged under 18.		<p><b>Completed:</b> The framework of Treatment and Support Services for those aged under 18 was developed and forms part of the PHA commissioning framework for substance misuse services.</p> <p>A procurement process for new services was developed to help improve regional consistency in service provision. The tender process to appoint new service providers to deliver these services is now complete.</p> <p>These services are now operational and can be accessed by young people up to the age of 21. The services will also work with young people aged 22-25 who are considered to be unlikely to respond well to an adult treatment service due to vulnerability.</p>	The PHA will be working with service providers and key stakeholders to agree a step up / step down referral pathway for these services.
87. Family support services available, and treatment services supported and encouraged to take a family orientated approach to provision where appropriate – reflecting the “Think Child, Think Parent, Think Family” strategy.		<p>Family support services are now available in each DACT area. All treatment services are encouraged to take a family approach where appropriate; work around Hidden Harm includes a protocol and planned training associated with the protocol which will support this.</p> <p>A need for training to support the implementation of the Regional Joint Service Agreement (Hidden Harm protocol) was identified. Training for all Step 2 and Young People’s Services achieved and in place using the 5-step evidence-based intervention method.</p>	The PHA will work with service providers and key stakeholders to agree a referral pathway for Hidden Harm services.
88. The Regional Hidden Harm Action Plan implemented.		<p><b>Completed.</b> All outstanding actions from the Hidden Harm Action Plan have now been implemented. The RHHQAG is currently considering revised structures in order to better oversee the implementation of the remaining actions.</p> <p>The following priority was agreed in the PHA/HSCB Commissioning Framework. “Commission treatment and support services for young people affected by parental substance misuse and their families, including intensive support for those families most affected, and ensure these services are linked to Family Support Hubs”. While provision of Intensive Family Support Services has been achieved, work is ongoing to improve linkages with Family Support Hubs to provide support to a wider range of children and young people.</p>	PHA will work with local DACTs and Outcomes Groups to monitor local needs and developments around parental substance misuse. PHA and HSCB will develop a mechanism for monitoring these issues at a regional level and consider how to embed hidden harm within current structures.

89. The Regional Initial Assessment Tool embedded within the Youth Justice Agency, and work taken forward to roll it out to other key sectors.		<p>The RIAT assessment tool will continue to be used by YJA Practitioners to determine the appropriate service required for young people for who drugs and /or alcohol misuse is a matter of concern.</p> <p>Training in RIAT is currently being provided across the region through the Workforce Development service provider.</p>	The PHA plans to consult in 2018 with a range of stakeholders to ascertain the usefulness of this tool along with wider screening issue and will consider wider roll out in the light of this consultation.
90. Within the custodial setting of Woodlands, young people assessed (and follow up action and support provided) regarding their drug and alcohol misuse, with appropriate screening and management systems in place to minimise risk to those young people who are admitted to custody under the influence of substances.		<p>All young people admitted to Woodlands JJC are assessed for drug and alcohol misuse to ensure that the appropriate services and monitoring is provided.</p> <p>RIAT assessments in Woodlands JJC are carried out by YJA Practitioners with training and experience in using the tool.</p> <p>Assessments are also carried out by the Drugs and Alcohol Intervention Service for Youth (DAISY) worker who is based in the JJC one day per week and appropriate interventions offered. This service continues following release if necessary.</p>	
91. Accurate sharing of information of alcohol and drugs risks at times of transition with the Criminal Justice system e.g. transfer to adult Probation Services or transfer to Hydebank Wood.		<b>Completed:</b> The Youth Justice Agency and the NI Prison Service have developed agreed protocols for the transition of young people from Woodlands to Hydebank – these were agreed in January 2014.	

## Community Safety and Anti-Social Behaviour

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
92. The working relationship between the criminal justice sector, the health service and other stakeholders further developed to ensure an integrated approach to tackling alcohol and drug offending behaviour improves.		<p>The current consultation on a joint Healthcare and Criminal Justice Strategy outlines the proposed substantial programme of work that seeks to ensure that resources are better aligned to need, enhance access to services, improve continuity of care, develop our workforces and the way we collaborate, increase diversion of vulnerable people and improve health protection and health promotion.</p> <p>South Eastern Trust continue to work in partnership with HSCB, other Trusts, the NIPS and Voluntary Sector Agencies to achieve close integration to improve transition from custody to community and vice versa.</p> <p>The DACT Connections service are also developing stronger links at a local and regional level with DoJ, PSNI and Policing and Community Safety Partnerships (PCSPs) by developing and taking forward joint initiatives such as RAPID (drug disposal bins) with a view to exploring further areas where plans and priorities could be aligned and joint work undertaken.</p>	<p>Future work will be guided by the outcome of the current consultation.</p> <p>Regional Substitute Prescribing Group needs to finalise and then circulate the Interface Protocol between Prison Services and HSC Trust Community Addiction Teams.</p>
93. Increase in the level of public confidence in how alcohol and drug-related issues, and their impact at community level, are addressed.		<p>Respondents to the 2015 Omnibus survey expressed higher levels of confidence in the PSNI's work to tackle alcohol and/or drug related issues across the region than that of any other organisation, with 69.5% having either some, a lot or total confidence.</p> <p>Taking everything into account, 52.7% of respondents expressed some, a lot or total confidence that enough is being done to tackle alcohol and/or drug related issues across the region.</p>	Measure future levels.
94. Implementation of Strategies to tackle sexual violence and domestic violence.		The 'Stopping Domestic and Sexual Violence and Abuse Strategy in Northern Ireland' was launched by on 15 March 2016.	



95. Community Safety Strategy fully implemented.		CSS has been published with progress against the thematic action plans continuing to be reported to the overarching Regional Steering Group and the Justice Committee.	
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Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
96. Existing relationships between Community Safety Partnerships (now PCSPs), District Policing Partnerships and DACTs developed in respect of addressing alcohol and drug related anti-social behaviour.		<p>As stated previously relationships and knowledge across DACTs and PCSPs are continuing to build with many DACTs now having Council and/or PCSP representation allowing for issues and ideas to be taken and discussed across both partnerships.</p> <p>In addition, each DACT Connections service has their local PCSP(s) identified as a key stakeholder network that they must engage with in terms of planning and delivering together to address drug and alcohol-related anti-social behaviour.</p>	
97. Assess the level alcohol plays in Sexual Violence and Domestic Violence; further work will flow from that assessment.		Consideration of how best to assess the level alcohol plays in Sexual Violence and Domestic Violence is ongoing.	
98. Community Safety Strategy recognises the role of alcohol and drug misuse.		<b>Completed.</b> The Community Safety Strategy includes the theme of alcohol and drug misuse. A recent update on progress towards delivering the related outcomes has been provided to the Minister for Justice and the Justice Committee.	
99. Protocol developed to improve information sharing between PSNI, Health Trusts, Ambulance Service and others regarding alcohol related incidents, including hospital admissions and ambulance calls to inform local action planning.		The PSNI and Belfast Health and Social Care Trust initiative in the Royal Victoria Hospital's Accident and Emergency Department that leads to the sharing of information regarding incidents of violent (alcohol) related crime is now firmly embedded and informs intelligence reports used by police to target resources across Belfast, including licensed premises. A data-sharing protocol has also been established with South Eastern Health & Social Care Trust to enable data-sharing between the PSNI and the Ulster Hospital.	Information sharing across partner agencies has been included in the Joint Healthcare and Justice Strategy
100. Promotion of schemes at a local level that tackle anti-social behaviour linked to alcohol misuse (and underage drinking).		<p>DOJ, through PCSPs and other Criminal Justice organisations, continue to encourage the development of local initiatives to tackle anti-social behaviour linked to alcohol misuse.</p> <p>In 2016/17 PHA and reps from DACT Connections services worked alongside DoJ and PCSPs to review and then to develop new messaging and imagery (social media and online TV video clips) which showcase the impact of drug and alcohol misuse (and related ASB) on individuals, families and communities. The new campaign ran throughout March 2017.</p>	DOJ will continue to engage with PCSP managers to reinforce this key message.

101. Cross-Government approach taken to addressing issues related to Alcohol and the Night-Time Economy Seminar.		DoH & DOJ continue to be informed by the findings from the 2011/12 and 2012/13 Crime Survey published in October 2014.																			
102. Work with the Alcohol Industry and Pubs of Ulster on rolling out the Purple Flag accreditation.		DOJ will continue to support purple flag accreditation operated by the Association of Town and City Management.																			
103. The Organised Crime Task Force Drugs Expert Group sharing information and intelligence, and monitoring and overseeing joint action by its partner organisations, to ensure ongoing disruption of the drugs market, and help reduce the availability for drugs.		<p>The Organised Crime Task Force Drugs Expert Group continues to meet to share information and intelligence, and lead joint action, as appropriate.</p> <p>The group now incorporates PHA and Department of Health representation to ensure harm reduction initiatives as well as enforcement activity is co-ordinated.</p> <p>PSNI, UK Border Force, HMRC and other law enforcement partners continue to use intelligence to disrupt importation of drugs. Operations continue to be run to deal with both high level suppliers as well as street level dealing.</p> <p>The Organised Crime Task Force continued to make a number of significant interventions against organised crime gangs in 2016/17. A total of 129 OCGs were either frustrated, disrupted or dismantled. This is a 4% increase compared to 2015/16.</p> <table><tr><th><u>Year</u></th><th><u>Frustrated</u></th><th><u>Disrupted</u></th><th><u>Dismantled</u></th><th><u>Total</u></th><th><u>Number of OCGs currently being monitored</u></th></tr><tr><td>1 Apr - 31 Mar 17</td><td>58</td><td>48</td><td>23</td><td>129</td><td>96</td></tr><tr><td>1 Apr - 31 Mar 16</td><td>54</td><td>42</td><td>28</td><td>124</td><td>128</td></tr></table>	<u>Year</u>	<u>Frustrated</u>	<u>Disrupted</u>	<u>Dismantled</u>	<u>Total</u>	<u>Number of OCGs currently being monitored</u>	1 Apr - 31 Mar 17	58	48	23	129	96	1 Apr - 31 Mar 16	54	42	28	124	128	
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## Supporting Outcomes – Monitoring, Evaluation and Research

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
104. Improved response and dissemination of information in respect of emerging substance misuse trends.		DAMIS in place since 2012.  DAMIS is also now integrated with the Organised Crime Task Force and the UK Report Illicit Drug Reaction system (RIDR).	
105. More detailed and relevant information in respect of alcohol and drug misuse available.		Ongoing publication of relevant information for NI and a greater sharing of relevant information from UK, RoI, EU and globally.  The 'Alcohol MOT', 'You, Your Child and Alcohol', 'Alcohol and You' and 'Cannabis and You' have all been updated and reprinted in 2017.	A new resource: 'You, Your Child and Drugs' will be developed in 2017 and printed in 2018.
106. Progress in respect of aims of NSD Phase 2 described accurately and reported on.		Annual reports published each year.	
107. PBNI considered how best to deliver its Alcohol Management Programme and implement appropriate delivery arrangements.		PBNI has updated and will continue to deliver its Alcohol Management Programme.	
108. Data gathered by PBNI on the impact of the ASRO programme and contributed to any local or national evaluation on the effectiveness of this programme.		<b>Completed:</b> The ASRO programme is no longer available from NOMS.	
109. The delivery of drugs and alcohol programmes, delivered with young people in the community, evaluated by YJA.		YJA has developed an evaluation tool for existing Tier 2 programmes for young people with drugs and/or alcohol issues.	Programme evaluation has been scheduled for 2016.
110. NSD Phase 2 reviewed and evaluated, and consideration given to the need for the development of a successor strategy.		<b>Completed:</b> This document completes the ongoing monitoring and review of the NSD Phase 2.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
111. The Regional Impact Measurement Tool (IMT) continues to be completed for all initiatives funded as part of the New Strategic Direction.		Tools have been revised in line with the service specifications issued and now part of PHA contracts.  The PHA continues to work closely with the PHIRB to ensure that the IMT tools are fully completed by services.	PHA will make recommendations to the PHIRB as to how the IMT annual report could be adapted to increase its usefulness to DACTs and the PHA.  PHIRB will develop an IMT tool for the One Stop Shop services.
112. Consideration given to developing one overarching monitoring system including Drug Misuse Database (DMD), Substitute Prescribing and Needle Exchange; and also an Alcohol Misuse Database established.		Work has been completed on revising the reporting mechanism around substitute prescribing, and a template report designed to provide annual and quarterly information at both Trust and regional level. Reports are now being issued.  The DMD has been replaced by the Substance Misuse Database and includes alcohol from 1 <sup>st</sup> April 2016.	
113. A rolling research programme developed and updated on an annual basis.		Research has been undertaken on the potential impact of minimum unit pricing for alcohol and on alcohol harm to others.	There is very limited funding for DoH funded research.
114. Available statistics and research information published.		All information produced by DoH is available online.	
115. A local "Drug and Alcohol Monitoring and Information System" (DAMIS) in respect of alcohol and drug trends and developments in place which reports to the NSD Steering Group.		<b>Completed.</b> The DAMIS is in place and operational. We will continue to monitor its usage and the revise the scheme as required.  A local incident response protocol developed by PHA and agreed with the DACTs is now in place.	
116. The NI Prison Service in partnership with the South Eastern HSC Trust will have undertaken a review of the Prison Strategy to tackle alcohol and drug issues		The South Eastern Trust and NIPS refreshed its joint substance misuse policy in 2012. Development of a Drugs Misuse Strategy has commenced.  The NIPS drugs strategy delivers three strands; reducing supply, reducing demand, reducing harm. Working in partnership with the SEHSCT is integral to ensure the delivery of the Strategy.	NIPS and South Eastern Trust will complete a joint Drugs Misuse Strategy.

among prisoners.		The SEHSCT and NIPS are engaged in ongoing joint working arrangements to address issues around the abuse of prescribed medication and the abuse of illicit substances.	
117. Improved quality and scope of data on drink and drug driving, including provision of separate data on drink and drugs present in road fatalities and separate trend data on fatal and serious injury collisions.		<p>In 2011, the consumption of drugs or alcohol by driver or rider accounted for 10.9% of killed or seriously injured casualties (96 people), the most common causation factor.</p> <p>From 01 April 2010, separate data is available on the collision causation factors 'Impaired by alcohol' and 'Impaired by drugs'. It should be noted, however, that disclosure control is applied to data in line with the requirements of the Code of Practice for Official Statistics. Where this applies, data are merged or suppressed in published reports in order to ensure that the identity of individuals or any private information relating to them is not revealed.</p> <p>Separate analysis is now carried out for drugs and alcohol in blood samples taken from Road Traffic Collision fatalities and those suspected to be driving whilst unfit through drugs.</p>	<p>Work will continue to shorten existing timescales in forensic analysis to avoid undue delay.</p> <p>This analysis is potentially jeopardised by the budgetary constraints that will result in curtailment of drugs analysis where the excess alcohol offence is already proven. This will not apply to fatal or life-changing RTC investigations.</p>
118. Improve public understanding about the road safety risks of excessive alcohol consumption on buses		<p>There are 4 licence conditions which now apply to bus road service licenses:</p> <ol style="list-style-type: none"> <li>1. The licence holder must take all reasonable steps to prevent the consumption of alcohol on board buses.</li> <li>2. The licence holder must not do anything to promote or assist in the consumption of alcohol on board a bus.</li> <li>3. When undertaking work for third parties, the licence holder must ensure that the third party is aware of the law in relation to the consumption of alcohol on buses and the licence holder shall make it a condition of the contract for hire that the hirer will take all reasonable steps to ensure compliance with the law.</li> <li>4. The licence holder must display a sign(s) in a prominent position inside the bus highlighting that the consumption of alcohol on a bus is not permitted.</li> </ol> <p>This places a responsibility on bus operators to take all reasonable, practical steps to comply with the law that consumption of alcohol on buses is illegal, the conditions make this requirement explicit in the licence.</p>	Any future development of core policy would be taken forward by the Department for Infrastructure (DFI) with input from DOJ in respect of offences and penalties.

		<p>This places a responsibility on bus operators to take all reasonable, practical steps to comply with the law that consumption of alcohol on buses is illegal, the conditions make this requirement explicit in the licence.</p> <p>When last discussed at the Ministerial Road Safety Group in February 2016 Ministers took the view that preparing legislation for a total ban on the carriage of alcohol on public transport would be premature. It was agreed that a non-legislative strategy, involving additional vehicle licensing requirements, Departmental planning and additional policing activity around major events would continue. This strategy remains in place.</p>	
119. Results of the Night-Time Economy module of the NI Crime Survey published.		Findings from the 2011/12 and 2012/13 <a href="#">NI Crime Surveys</a> on alcohol and the night-time economy were published in October 2014.	

## Supporting Outcomes – Workforce Development

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
120. Development of a training framework, which ensures that skill development (an individual's development of competency as defined by the occupational standards), is evidenced to a quality standard that is recognised throughout the UK.		Commissioning Framework has prioritised the development of a range of courses. Regional programmes scheduled to be in place by 01 October 2015.  The regional Workforce Development programme is now in place.	The PHA will undertake a needs assessment to inform a review of the range of courses provided.
121. Dissemination of DANOS.		<b>Completed:</b> DANOS has been updated on a 4-Nations basis.	
122. Improved competence and capacity of the alcohol and drug misuse, and wider, workforce.		This will continue to be monitored as appropriate.  The regional Workforce Development programme is now in place providing training for those working in the substance misuse field and the wider workforce.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.



Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
123. Effectiveness of workforce development initiatives reviewed.		Workforce development services funded by the PHA are monitored on a quarterly basis to ensure courses are meeting identified needs.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.
124. Informed by this review, workforce development initiatives are better co-ordinated, and front-facing workforce better equipped to provide early effective intervention.		Commissioning framework has prioritised the development of a range of courses. Regional programmes are now in place and reviewed on a quarterly basis.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.
125. Improved awareness and opportunities for Criminal Justice Organisations to avail of training programmes.		All training courses are open to criminal justice organisations. The awareness of and opportunities for appropriate staff training programmes continues to be improved. Alcohol Screening and Brief Intervention Training for PBNi staff undertaken in June 2015.	An evaluation has been built into the initiative and is being undertaken by the PHA.
126. Organisations work together to share information and secure a greater understanding on the composition and impacts of legal highs (or any other new drug).		DAMIS provides an opportunity for organisations to share information about new and emerging drugs of concern. Training courses have been developed to inform services about the risks associated with such substances. Quarterly reports are produced for DAMIS stakeholder groups outlining the concerns that have been reported to DAMIS and measures that have been taken.  DoJ continues to be a key contributor to DAMIS that ensures greater awareness of new psychoactive substances amongst key Criminal Justice staff.	
127. Dissemination of the Drugs and Alcohol National Occupational Standards (DANOS) for all sectors.		<b>Completed:</b> DANOS information is available to all services.	
128. Training in respect of Hepatitis C and other blood borne viruses for those working with Injecting Drug Users continues to be delivered.		Training is available in these areas via the regional Hepatitis C Network and the PHA's regional Workforce Development programme.  <b>Training Needs:</b> In Spring 2017 PHA also carried out a training needs assessment	

		<p>with homeless/hostel staff across Northern Ireland. 99 responses were received, and 95 indicated they believe they need training in working with heroin users and injecting drug users. In addition to this, new needle exchange service staff, and new staff in existing services, need specifically targeted training in needle exchange, with a specific focus on the practical elements (types of injecting equipment, use of different size needles, injecting locations on the body &amp; BBVs) to enable them to provide harm reduction advice to clients.</p> <p>PHA is now progressing the procurement/tendering for the delivery of a training programme which subject to a successful tender will commence in-year.</p>	
129. YJA ensures that service delivery staff have the skills and knowledge to deliver alcohol and drugs interventions at Tier 2.		<p>Practitioners are appropriately trained to deliver Drug and Alcohol interventions / programmes. Programme manuals for YJA Practitioners and Workbooks for young people have been designed and provided across the YJA.</p> <p>Awareness sessions on these programmes have been provided across the Youth Justice Services directorate. A range of individual and group work interventions and education programmes are delivered in Woodlands in addition to the YJA Drug and Alcohol Programme.</p> <p>YJA practitioners also avail of training provided by organisations such as ASCERT to keep their skills and knowledge base up to date.</p>	
130. YJA ensures that medical staff within Woodlands Juvenile Justice Centre have access to updated information about new drugs and their effects in order to manage any presenting risk and to inform an ongoing treatment plan within custody.		<p>Information and training is delivered on new psychoactive substances and their effects. Provision of this training to both existing and new staff ensures they have access to up to date information about new and emerging drugs and their effects. This allows treatment plans to be more relevant and effective</p> <p>Information from DAMIS on a range of drugs, legal and illegal and the related alerts/warnings is made available to all YJA practice staff.</p> <p>Woodlands open clinic also provides staff with the opportunity to access up to date information on a range of legal and illegal drugs / substances.</p>	

## Prescription Drug Misuse

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
131. Collate and disseminate information on the current level of prescribing and misuse.		<p>Fact Sheet on Prescription Drug Information disseminated as appropriate. This will be updated over time.</p> <p>The majority of drugs deposited via the RAPID drug disposal initiative are prescription medication – this data is currently collated and recorded by PSNI and shared with PHA and DACTs – one of most deposited drugs in-year has been Pregabalin/Lyrica therefore Connections are looking at developing a community awareness-raising booklet on this particular medication as a priority.</p> <p>As previously reported PHA have also commissioned a focused Pregabalin resource ‘<i>Guidance for people working with Pregabalin users</i>’. This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at: <a href="http://www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users">www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users</a> The PHA is also in the process of developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at: <a href="http://www.publichealth.hscni.net/publications">www.publichealth.hscni.net/publications</a></p>	
132. Consideration given to research calls in this area.		A number of staff from HSCB, PHA and DoH met with staff from R&D in October 2017 to discuss commissioning some research in this area, specifically to focus on why the level of abuse of prescription medicines in NI is so much higher than across the rest of the UK. The meeting was very productive and a further meeting is planned in December 2017 with key stakeholders to firm up the precise research question(s), with a further meeting planned with R&D to subsequently take place early next year.	Need to consider further mechanisms to deliver research given pressure on finance and the need to ensure that the majority of resources are aimed at the front line.
133. Awareness raised among health professionals		<p>The HSCB raises awareness amongst health professionals by:</p> <ol style="list-style-type: none"> <li><i>Promoting and supporting good prescribing practice</i></li> </ol> <p>HSCB Pharmacy and Medicines Management Team (PMMT) work with GP practices to have in place the safeguards to ensure the safe and appropriate use of medicines at all stages from prescribing and</p>	

		<p>dispensing through to the safe disposal and destruction of unused medicines.</p> <p>The HSCB PMMT monitors prescribing for purposes of identifying outliers. Prescribing significantly above the norm continues to be discussed with practices and practices are encouraged to address. Annual prescribing visits to GP practices provide an opportunity to discuss and reinforce key prescribing messages.</p> <p>LIN continues to meet to address issues relating to the management of Controlled drugs.</p> <p>Controlled drugs assurance visits to GP practices have commenced to review processes in place and provide guidance on safe management and use of CDs in GP practices.</p> <p><i>2. Communication /Guidance to Healthcare Professionals</i></p> <p>HSCB continues to develop, review and promote resources to support safe and appropriate prescribing and dispensing available to GP practices and other primary care providers via the Primary Care Intranet including:</p> <ul style="list-style-type: none"> <li>• Good prescribing practice and identifying alternatives for managing pain e.g. Chapter 4 in NI Formulary</li> <li>• Prescribing review for strong analgesia</li> <li>• Patient leaflets</li> <li>• Benzodiazepine Resource Pack</li> <li>• Substitute prescribing guidance</li> <li>• Therapeutic audits e.g. HSCB Benzodiazepine Resource Pack continues to be available to GPs via the primary care intranet and promoted to GPs as appropriate</li> <li>• Newsletter articles highlighting issues associated with drug-related deaths contributable to both legal and illegal drug use.</li> </ul> <p><i>3. Collaborative working with other organisations to raise awareness, to improve patient safety and reduce the potential for drug misuse/abuse.</i></p> <p>HSCB works with GP Federations, NHSCT Prescribing Support Team, Local Intelligence Network, DoH, UK regulators to raise awareness of the issues of prescription drug misuse/abuse, improve patient safety and reduce the potential for drug misuse/abuse</p>	
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		<p>4. <i>Monitoring fraudulent attempts to obtain medicines and liaising with GPs and other organisations e.g. Trusts, police and the prison service.</i></p> <p>5. <i>Training Healthcare professionals</i>  There have been a series of training events delivered / supported by HSCB recently:</p> <ul style="list-style-type: none"> <li>a. GP practice Learning events - Prescription Drug Misuse <ul style="list-style-type: none"> <li>• Training developed by HSCB and delivered across NI.</li> <li>• Aimed at GPs, practice nurses and practice based pharmacists. Aim of training to highlight risks associated with misuse of prescription drugs including tramadol, pregabalin, morphine etc.</li> <li>• Case based learning using actual SAls – designed to highlight how to recognise misuse in your own practice and how to address or minimise the risks.</li> </ul> </li> <li>b. Advanced Clinical Practice workshops – Chronic Pain (Feb/March 2017) <ul style="list-style-type: none"> <li>• Delivered by HSCB Pharmacy Adviser in conjunction with local Secondary Care Consultant in Pain Management.</li> <li>• Educational event aimed at GPs, pharmacists, other HCPs.</li> <li>• Misuse/abuse potential of prescription drugs highlighted to participants along with resources available and variations in prescribing data compared to rest of UK; also compared LCG data across NI.</li> </ul> </li> <li>c. Pain toolkit workshops promoting self-management</li> </ul> <p>The HSCB 5 year strategy includes promoting and making available resources for self-management across Northern Ireland. In addition, a number of the Patient &amp; Client Council's 'Painful Truth Report' recommendations were accepted by the DH including:</p>	
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		<ul style="list-style-type: none"> <li>○ Training and/or information leaflets aimed at GPs and front line health care professionals should be developed. The aim of these resources should be to increase awareness and inform health care staff on what long-term pain is and its effects on those who have it.</li> <li>○ Information resources developed for healthcare staff should be directly informed by and content/user tested with those people who live with long-term pain and/or their carers and relatives.</li> <li>○ Patients should be offered a range of pain management care and support programmes including supported self-management.</li> <li>○ Information resources for patients, clients, carers and their relatives affected by long term pain should be developed to help patients understand, make decisions about and cope with long-term pain.</li> </ul> <p>As a result, to help people to become more active and effective in living with persistent pain, and to reduce reliance on medication, the HSCB organized and delivered a series of Pain Self-Management workshops aimed at patients, healthcare professionals (HCPs) and community groups who work with people who live with persistent pain. The workshops aimed to increase understanding of the complex nature of persistent pain and to offer practical support to help patients to develop self-management strategies.</p> <p>The work and services provide by the NI DACTs was promoted and shared with attendees at each workshop.</p> <p>There was a huge demand for the patient workshops with a waiting list held of over 100 people who were unable to secure a place. The HSCB was a finalist in the October 2017 national PresQuipp awards for this work.</p> <p>The workshops have also led to increased liaison between HSCB staff and external providers of self-management resources to benefit patients. For example, the HSCB has contacted patients on the workshop waiting list who had supplied an email address to give them information on courses on condition self-management organised by other organisations e.g. Arthritis Care and Pain</p>	
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		<p>Alliance of N. Ireland.</p> <p><b>PHA update:</b>  An early warning system, DAMIS is coordinated and facilitated by the PHA. It aims to identify emerging trends in drug and alcohol misuse (including prescribed and polydrug misuse), to coordinate actions based on the best available information and to act quickly to provide relevant information or advice to those who misuse drugs or alcohol.</p> <p>The kind of information DAMIS collects includes:</p> <ul style="list-style-type: none"> <li>• a sudden increase in a particular drug being misused</li> <li>• drugs being misused in new ways</li> <li>• new drugs becoming available</li> <li>• emergence of substances with unexpected unpleasant or dangerous effects.</li> </ul> <p>DAMIS is used to secure anecdotal and accurate information from a range of sources that may be used to inform future policy directions, raise awareness of potential trends and, when appropriate, issue warnings to various stakeholders.</p> <p>The PHA also works with partners to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource '<i>Guidance for people working with Pregabalin users</i>'. This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at <a href="http://www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users">www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users</a></p> <p><b>Workforce Development Services</b> – see Outcome 134  The PHA also regularly provides information via press releases and social media to:</p> <ul style="list-style-type: none"> <li>• raise awareness of the risks and dangers of misusing substances (including prescribed drug misuse)</li> <li>• raise awareness of the risks and dangers of polydrug misuse</li> <li>• respond to emerging issues/trends and alert the public where appropriate</li> </ul>	
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		<ul style="list-style-type: none"> <li>provide information on the help and support that is available locally to all.</li> </ul>	
134. Workforce development on prescription drug misuse is a key element of the Alcohol and Drug Services Commissioning Framework.		<p>The PHA commissioned a range of training courses in 2015 within the Regional Workforce Development training programme, including half-day and one-day courses specifically on prescription drug misuse running several times a year. The Understanding Medicines Misuse course continues to be delivered as part of this training programme.</p> <p>Key messages will continue to be incorporated into existing training events by HSCB as appropriate e.g. NICPLD and NIMDTA training events and DOIC practice based learning events.</p>	
135. Awareness Raising among the public and prescription drug misusers		<p>DACT Connections services were commissioned by the Public Health Agency with service commencement from July 2015. These services support Drug and Alcohol Coordination Teams to address substance misuse including prescription drug misuse.</p> <p>In 2016/17 DACT Connections services worked in partnership with PHA and HSCB to provide an input into Pain Toolkit workshops which had been organised to take place throughout the region. Connections presented at both the session for pharmacists and the session for patients giving an overview of the dangers of misusing prescribed medication and support services available locally and their input was well-received.</p> <p><b>Safe Medicines campaign</b> - In May 2017, the PHA also worked with the HSCB to develop and launch a Safe Medicines campaign to raise awareness of the dangers of misusing prescription medication. The campaign was launched on social media and included a short video highlighting the dangers of misusing medicine. The campaign targeted not just young people but also parents to raise greater awareness about the issue in Northern Ireland.</p> <p><b>Public Information</b> - The PHA also works with partners to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource '<i>Guidance for people working with Pregabalin users</i>'. This booklet is primarily for professionals who work with people who use Pregabalin</p>	



		<p>that is not prescribed to them and is available at <a href="http://www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users">www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users</a> The PHA is also in the process of developing a pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at <a href="http://www.publichealth.hscni.net/publications">www.publichealth.hscni.net/publications</a></p> <p>The PHA also regularly provides information via press releases and social media to:</p> <ul style="list-style-type: none"> <li>• raise awareness of the risks and dangers of misusing substances (including prescribed drug misuse)</li> <li>• raise awareness of the risks and dangers of polydrug misuse.</li> <li>• respond to emerging issues/trends and alert the public where appropriate</li> <li>• provide information on the help and support that is available locally to all.</li> </ul>	
136. Schemes to support appropriate reductions in prescribing levels		<p>In addition to the activities undertaken to support appropriate prescribing as outlined in <i>Raising awareness among professionals</i> above (<i>Outcome 133</i>), the following schemes are also available to support this activity:</p> <ul style="list-style-type: none"> <li>• GP Federation practice support pharmacist enhanced service. This encourages review and appropriate reduction of prescribing levels</li> <li>• NLCG have commissioned a service to review prescribing of hypnotic and anxiolytic medicines in GP practices in Northern area with support of a pharmacist and Nurse Counsellor. This service incorporates a withdrawal programme for patients using hypnotic and anxiolytic medicines. This services requires prioritisation of practices and that pharmacists use their expertise and experience to maximise medicines efficiency and minimise / remove the risks associated with the long-term use of hypnotic drugs in individual patients</li> </ul> <p>10 substance misuse liaison posts currently funded by HSCB /PHA - an 18 additional posts are still required to fully implement a 7-day model.</p>	

			<p>Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been confirmed: this additional investment was provided to Trusts in June 2015. New posts have recently come on stream. This is helping service provision to shift from the former mainly Mon-Fri model to become ‘seven day’ based.</p> <p>The envisaged service model, and therefore full implementation of the 2nd phase, is dependent upon additional funding (not scheduled to be allocated within 2016/17). This limits the level of service provision that can be achieved.</p> <p>A new care pathway to oversee the process of alcohol detoxification within the acute Trust setting has been drafted – this will be available later this year has now been issued.</p> <p><b>Trust Prescribed Drug Misuse Services:</b>  <i>South East – 2 recurrent Nursing posts:</i>  The practitioner in Ards is currently on secondment to the Regional Tier 4 bed manager post and his post has been made more generic within the team but continues to pick up prescribed medication referrals. The recent development of Federation Pharmacists based within GP surgeries has prompted some of this change of practitioner use. The practitioner in Down &amp; Lisburn sectors continues to practice as a prescribed medications nurse with direct interface with GP practices across both localities. The main remit is to provide bespoke prescribing advice, reduction schedules and correspondence templates for GP practices. She currently interfaces and works in tandem with an increasing number of Federation Pharmacists’ who are spreading throughout GP practices, providing some exposure to the patient group for them and her practical tips for managing some of the difficulties.</p> <p><i>Northern Trust</i> has appointed a specialist nurse and pharmacist to work with practices in the Northern area to support patients to withdraw from benzos as part of a pilot project.</p>	
137. Reduced misuse	OTC	medication	<p>A joint letter from HSCB, DoH and Pharmaceutical Society to Community Pharmacists was issued in June 2015 outlining the issues and the professional position regarding this issue to community pharmacists and pharmacy staff.</p>	<p>This is an area that needs further work. Some initial pilot work has been undertaken through the Controlled Drugs Reconciliation Project (CDRP)</p>

			which will be evaluated to inform next steps for this area of work.
138. Continuation of seizures and operations to disrupt the illicit markets in prescription drug misuse, and internet purchases		<p>Support for this issue to have a raised profile within PSNI, Home Office, Border Force, HMRC and other OCTF partners.</p> <p>Work continues to disrupt importation of drugs including prescription medication via the internet. At present, it is not illegal to import prescription medication for personal use unless it contravenes other legislation such as abortion medicines. Seizures of quantities of drugs, where it is believed there is an intention to supply, continue to be made.</p> <p>Ongoing involvement in Operation Pangea. This is a global enforcement campaign on illicit/counterfeit prescription or over-the-counter drugs. It targets the product as well as attempting to disrupt the supply chain by closing down websites.</p>	
139. Alcohol and Drug Services Commissioning Framework should consider the consistency of approaches across NI.		An updated review of Statutory Tier 3 services is scheduled for completion by end 2017/18. Service development is contingent upon additional resources being provided.	
140. Harm reduction measures and messages available as appropriate.		<p>Further to the range of harm reduction measures and messages already highlighted other areas of work taken forward by the PHA in partnership with the HSCB to reduce harm from substance misuse are:</p> <ul style="list-style-type: none"> <li>• <i>Take Home Naloxone</i> – a project the PHA oversees to get life-saving medicine (naloxone) to people at risk of opioid overdose. The programme, which was introduced in 2012 under the Department of Health's strategy to reduce the harm related to substance misuse in Northern Ireland, makes naloxone available as a harm-reduction method for those most at risk, and is funded by the PHA with support from the Health and Social Care Board (HSCB).</li> <li>• <i>Needle Syringe Exchange Scheme</i> – this scheme, commissioned by HSCB on behalf of the PHA, provides sterile injecting equipment and harm reduction advice to people who inject drugs, including heroin. The service is primarily provided by Community Pharmacies. The services provide a range of harm reduction</li> </ul>	

		materials, including foil (to support the move from injecting to smoking heroin) and booklets on safer injecting, overdose, and blood borne viruses. Community Pharmacists will also use each exchange to engage with substance misusers and off further support / referral to treatment services.	
141. Substance Misuse Liaison Posts consider and support those with prescription drug misuse.		<p>Service provision is in place within each acute Trust. However, given absence of funding, it has not been possible to develop the anticipated service model as set out in the 2015 service development proposal of a 7-day service. Ten substance misuse liaison posts currently funded by HSCB /PHA - an 18 additional posts are still required to fully implement a 7 day model.</p> <p>Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been confirmed: this additional investment was provided to Trusts in June 2015. New posts have recently come on stream. This is helping service provision to shift from the former mainly Mon-Fri model to become 'seven day' based. The envisaged service model, and therefore full implementation of the 2nd phase, is dependent upon additional funding (not scheduled to be allocated within 2017/18). This limits the level of service provision that can be achieved.</p> <p>A new care pathway to oversee the process of alcohol detoxification within the acute Trust setting has been drafted – this will be available later this year has now been issued.</p> <p><u>Trust Prescribed Drug Misuse Services:</u>  <u>South East – 2 recurrent Nursing posts:</u>  The practitioner in Ards is currently on secondment to the Regional Tier 4 bed manager post and his post has been made more generic within the team but continues to pick up prescribed medication referrals. The recent development of Federation Pharmacists based within GP surgeries has prompted some of this change of practitioner use. The practitioner in Down &amp; Lisburn sectors continues to practice as a prescribed medications nurse with direct interface with GP practices across both localities. The main remit is to provide bespoke prescribing advice, reduction schedules and correspondence templates for GP practices. She currently interfaces</p>	

		<p>and works in tandem with an increasing number of Federation Pharmacists' who are spreading throughout GP practices, providing some exposure to the patient group for them and her practical tips for managing some of the difficulties.</p> <p><i>Northern Trust</i> has appointed a specialist nurse and pharmacist to work with practices in the Northern area to support patients to withdraw from benzos as part of a pilot project.</p>	
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**Making life better,  
together**

*Belfast Strategic Partnership*

**Summary Report  
on the  
Mental health, drug and alcohol and addiction -  
Strategic discussion event  
  
held on  
Tuesday 28<sup>th</sup> November 2017  
  
at  
Belfast City Hall**

## Introduction

- The Belfast Strategic Partnership (BSP) hosted a strategic discussion event for City Councillors, senior representatives from a range of statutory organisations and representatives of service providers within the community and voluntary sector. A list of attendees is attached as Annex A.
- The purpose of the event was to review the level of provision of existing services and to have a strategic discussion on a more integrated and coordinated approach to delivering addiction and mental health services in Belfast.
- The event was arranged following two 'Notices of Motion' to Belfast City Council (see Annex B) and a request from MLA's to the Public Health Agency (PHA), Health and Social Care Board (HSCB) and Belfast Health and Social Care Trust (BHSCT), concerning recent issues and pressure in respect of drugs and alcohol and mental health in the greater Belfast area.
- Despite the hard work of many staff within the respective organisations, the overall impact of the pressure on health and social care services is being felt by service users and their families every day and in every part of the system, including services relating to mental health and addiction. The result of this being delays in accessing services and increasing waiting list times for treatment, quite often in the most disadvantaged areas of the city.
- This strategic discussion event set out to explore whether or not collectively, BSP offers the potential to harness a more collective approach to addressing these issues, taking into consideration:
  - An outline of need and gaps in service;
  - Existing approaches and developing good practice; and
  - Potential areas of focus for collaborative investment.



- In advance of the event, a briefing note (see Annex C) was shared with attendees, outlining the purpose and background to the event and examples of existing good partnership working within the areas of mental health and drug and alcohol services.

## **Workshop Overview**

- The workshop was facilitated by Richard O’Rawe from Stellar Leadership.
- Seamus Mullen, Chair of BSP’s Executive Programme Group, presented an overview of the issues currently being experienced within mental health and addiction services, including :
  - the context for the discussion and how this aligns with the revised approach of BSP, in supporting the delivery of the Belfast Agenda;
  - current activity across tier 1 to 4 services, both planned and in development and areas of pressure within these;
  - supporting preventative action, including action to build personal resilience and existing efforts to support treatment and crisis response; and
  - pressures being felt within the system including the growth in demand for services at a time when there is no growth in resources, issues with workforce supply and the silo approach to planning and delivering services.
- Representatives of service providers based in the community and voluntary sector, Irene Sherry (Belfast Alliance for Suicide Prevention), Thelma Abernathy (Northern Ireland Alcohol and Drugs Alliance) and Gary McMichael (Belfast Drug and Alcohol Coordination Team) then shared their reflections on the pressures those service providers were currently experiencing, including:
  - welcoming the opportunity to have a strategic discussion with the key representatives from across the statutory organisations, given the

pressures and challenges currently being faced within the community and voluntary sector

- highlighting that this was not the first time such a discussion had taken place, referencing previous Future Search exercises on drugs and alcohol and mental health and the range of existing structures taking action to address these issues
  - emphasising the need for this discussion to lead to systematic change, through informed and shared decision making and appropriate action within all sectors.
- Attendees were seated at 4 tables which broadly reflected the range of representatives and organisations. Each group was asked to consider and feedback on four group discussions outlined in Figure 1. Following this attendees were asked to individually respond to two further questions using their smart phones and 'Mentimetre' software. These questions are outlined in Figure 2.

Figure 1: Group Discussions

<b>Discussion 1</b>	<i>Reflecting on what you have heard from Séamus and members of the Alliances/DACT with regard to current action and pressure within the system, is there anything you feel needs to be added?</i>
<b>Discussion 2</b>	<i>What opportunities are there to better plan and commission together to address the needs of vulnerable people with combined drugs &amp; alcohol and mental health issues going forward – both in the short-term (next 6 months) and the medium-term (6-18 months).</i>
<b>Discussion 3</b>	<i>How can we better integrate across organisations (inside and outside of Health), across sectors (Stat, C&amp;V, private), across tiers of need and provision (prevention through to treatment) and across key areas of need (drugs and alcohol, mental health/suicide prevention and homelessness) so that we can better plan for, and react to, change and emerging issues.</i>
<b>Discussion 4</b>	<i>What outcomes do we want to see in Belfast and how can commissioning and service delivery organisations come together to agree to use the same or similar information sharing and outcome gathering / analysing systems and processes for defining and measuring outcomes.</i>

Figure 2: Individual questions using Mentimeter

<b>Question 1</b>	<i>In one word, what do we need to focus on going forward?</i>
<b>Question 2</b>	<i>What are the top three priorities for immediate action?</i>

## **Group Discussion 1**

*Reflecting on what you have heard from Séamus and members of the Alliances / DACT with regard to current action and pressure within the system, is there anything you feel needs to be added?*

### **Summary of Responses:**

- It was broadly accepted that the issues of mental health and addiction were part of wider social issues, and the Belfast Agenda provided an opportunity to consider addressing these issues in that context.
- There was consensus that a longer term plan rather than a series of quick fixes was required, to resolve the current pressures experienced within the mental health and drug and alcohol services system.
- To enable this, systematic changes needed to happen, including re-visiting the Bamford Report recommendations and learning from other countries such as Iceland and Portugal.
- It was reflected that 'silo working' was still very much the norm and to facilitate the holistic and person centred approach required, a shift to greater integration of commissioning and services was needed.
- There was a view that such integration should include both integration across pathways (Tiers) and themes, given the interlinked nature of mental health and drugs and alcohol.
- This would require improved integration between service providers from all sectors, to better facilitate access to the most appropriate services, including the ability to step up and down tiers and across different services without undue delay. The no wrong door approach was mentioned across most tables.
- It was expressed that currently there are a wide range of services, with limited awareness of what is available for local people. Rationalising and streamlining these services was viewed as an important step to increasing awareness.
- There was also discussion on the contribution weighted to suicide within the context of the gap in male life expectancy (approximately 15% of the male life

expectancy gap in Belfast is as a direct result of suicide) and the need to ensure consistency of service across trust areas and sectors.

- Greater understanding of the service pathways will improve understanding of the 'bottlenecks' within services, which are leading to longer waiting listings / times.
- There was consensus for the need to start early, with a focus on educating and empowering individuals, particularly those most vulnerable and those living in areas where there is a legacy of reliance on medication.
- There was also a view that further exploration and implementation of the pilot 'Street Triage' and 'Crisis De-escalation Service' should be undertaken. Both pilots are currently being developed under the common ground areas, which were identified at the 'Building Hope' Future Search event, and are being taken forward in conjunction with BSP.

## **Group Discussion 2**

*What opportunities are there to better plan and commission together to address the needs of vulnerable people with combined drugs & alcohol and mental health issues going forward – both in the short-term (next 6 months) and the medium-term (6-18 months).*

### **Summary of Responses:**

- There was agreement that a shift to having an outcomes focus, presented an opportunity to drive the systematic changes required and set out within the Bengoa Report.
- All groups expressed the need for a fresh approach to how commissioning and service provision operates, including the need for commissioning mental health and drug and alcohol services together.
- The establishment of a joint commissioning group, led by BSP, and a single group to oversee efforts on the connected issues of mental health and drugs and alcohol, was also discussed.

- A suggestion was also made to link this approach to the Belfast Agenda, through BSP and the ambition of reducing the gap in life expectancy.
- It was also expressed that the conversation needed to engage wider than the health family, given the impact of wider social issues (including housing) on mental health and drug and alcohol services.
- There was a view that such a shift would require action to address cultural barriers between organisations and sectors.
- There was agreement that learning could be taken from other models such as the community mental health hubs, but it was also expressed that this should not lead to further silos, but rather lead to one system that everyone feeds into. The prison healthcare model was suggested as a model that could be explored for this process.
- The current referral pathways are difficult to understand and while there are many services, these are not always accessible or known. Services need to be designed to be more personal, providing longer term support and creating links beyond treatment and into training services.
- The need for a single point of referral or contact was highlighted by most groups, with the view that this would ease the referral process.
- There was a view that the development of the 'Street Triage' and 'Crisis De-escalation Service' pilots could be taken forward within the short term, with learning used to inform potential longer term development of the schemes.
- The need for a long term evidence based plan was highlighted. Developing this in the short term should involve engagement with service users and data analysis of current trends, to support forecasting demand for future services.
- There were differing views across tables regarding funding, with one table expressing the need to address the disparity in funding between Northern Ireland and the rest of the UK. While another table commented on the need to 'fix the system' rather than solve the challenges with more funding.

### **Group Discussion 3**

*How can we better integrate across organisations (inside and outside of Health), across sectors (Stat, C&V, private), across tiers of need and provision (prevention through to treatment) and across key areas of need (drugs and alcohol, mental health/suicide prevention and homelessness) so that we can better plan for, and react to, change and emerging issues.*

#### **Summary of Responses:**

- Highlighted across a number of groups was the idea of developing a single joint commissioning group, which could be led by Belfast Strategic Partnership.
- It was recognised that while such integration would be beneficial, it would also be challenging and require strong leadership, to bring everyone together.
- Fundamental to this change will be the alignment or amalgamation of existing groups, to ensure a more effective structure at both the strategic and operational level. This would also allow for the harnessing of experiences, knowledge and information across sectors, promoting respect, improving communication and providing a stable platform for co-production.
- There is a requirement to shift from a focus on activities to outcomes. The starting point for this will be to identify the outcomes we wish to see for the city, ensuring the needs of people at the centre of these outcomes.
- Given the longer term nature of outcomes and the need to ensure progress is being made, it was suggested that developing a good evidence base, including indicators, data analysis and qualitative case studies, would be essential to develop an improved shared understanding of need for services and service impact.
- There is a requirement to ensure other relevant agencies / partners are involved throughout, so that they feel part of the process.
- The need to adopt a 'no wrong doors' approach was highlighted, including the opportunity to co-locate services within the same physical space and to develop more open referral pathways, which allow referrals to be diverted to the most appropriate service.

- It was highlighted that the sector is too complex and that simplifying it could improve understanding of available services.
- Also noted was the potential limitations and opportunities which procurement offered and the need to explore how best to utilise this opportunity, to provide flexibility to meet changing needs. The role and opportunity of social prescribing was also considered.
- Finally, the need to target services to those most vulnerable and at greatest risk of experiencing the shortest life expectancy was expressed.

#### **Group Discussion 4**

*What outcomes do we want to see in Belfast and how can commissioning and service delivery organisations come together to agree to use the same or similar information sharing and outcome gathering / analysing systems and processes for defining and measuring outcomes.*

#### **Summary of Responses:**

- There was discussion on the need to develop and agree the 'operational big picture', including linking these issues to the Belfast Agenda and the partnership structures for community planning and the need to 'de-clutter' the structure within mental health and drug and alcohol services.
- Establishing a joint commissioning group, led by BSP, was identified. This group would look at the redesigning of services and structures and how resources are allocated.
- There is a need to focus more on prevention, taking action against the underlying issues / determinants which lead to people requiring mental health and drug and alcohol services.
- It was suggested that people must be directly connected to the services they need from the point of entry and that this should include people under the influence of drugs and/ or alcohol.
- There was also discussion on the need for a targeted approach for people at increased risk such as those leaving prison, children and young people and



people who are homeless. There is also consideration to be made to these issues extending beyond areas of deprivation.

- There is a need to introduce a central contact point within BHSCCT for prison healthcare.
- The opportunity to develop a co-production pilot should be undertaken across sectors to support and develop respect and improve shared understanding.

- Action
- Listen
- Collaborate
- Integration

*In one word, what do we need to focus on going forward?*

The second question using menti-metre asked for individuals to record the three priorities for immediate action they would like to see. This exercise generated a list of more than 50 statements / actions, the most common of which are listed below.

### **Individual Question 2**

*What are the top three priorities for immediate action?*

#### **Most common priorities identified:**

1. Strategic leadership
2. Link to Belfast Agenda
3. Joint commissioning
4. Audit of existing services
5. Gap analysis
6. Central point of referral
7. Integration of pathways across tiers and organisations
8. Develop and implement pilot Street Triage and De-escalation Services
9. Outcomes focus
10. Focus on prevention

## Summary / Conclusion

The context for this strategic discussion event was set within the Notices of Motion to Belfast City Council (see Annex B), which framed the need for a citywide response to addressing issues associated with drug and alcohol misuse and mental health, within the Belfast Agenda.

Specific reference was made to the workstream associated with Belfast Strategic Partnership, which will 'design and deliver an integrated city programme to address health inequalities, including enhancing mental wellbeing and reducing social isolation'.

Within this context, the discussion generated a number of areas for focus including:

- The need for strong leadership, to provide strategic direction on the development of a shared 'big picture' for the areas of drugs and alcohol and mental health, to include the development of a long-term, evidence based plan. This would also include leadership to bring about the systematic and cultural change required to realise a radical shift to a more integrated system.
- A focus on defining the desired outcomes for mental health and drug and alcohol services, which place people and prevention at the core. These outcomes should link with the Belfast Agenda and the ambition to reduce the gap in life expectancy, while also ensuring the ongoing involvement of agencies with responsibility for the wider determining factors which contribute to the need for mental health and drug and alcohol services.
- Creating increased understanding of services and need for services, including service pathways and gaps in services, by undertaking a comprehensive audit and needs assessment. This would provide a strong evidence base on which to simplify services, increase awareness of services at a community level and monitor impact of services against the desired outcomes.
- Redesigning mental health and drug and alcohol service delivery utilising the principles of co-production, to remove silo approaches, improve integration between and across services and sectors and develop a 'no wrong door'

approach. Central to this would be learning from other models and regions, including those which adopt a single point of referral and those which follow a targeted approach.

- Developing revised mechanisms at both the strategic and operational levels, to support the joint commissioning of, and delivery of, mental health and drug and alcohol services. This would be taken forward through the alignment or amalgamation of existing structures rather than through the creation of new structures, capturing and harnessing the skills, knowledge and expertise which exists across the sector.

Feedback from this event will now be shared with BSP for further consideration, within the context of reducing the life expectancy gap between the most and least deprived neighbourhoods in Belfast, as outlined in the Belfast Agenda.

## Annex A: List of attendees



**Making life better,  
together**

*Belfast Strategic Partnership*

Thelma Abernathy	Northern Ireland Alliance for Drugs and Alcohol
Alison Allen	Belfast City Council
Cllr David Armitage	Alliance
Cllr Tim Atwood	SDLP
Stephen Barr	Belfast Alliance for Suicide Prevention
Stephen Bergin	Public Health Agency
Brenda Bradley	Health and Social Care Board
Joe Brogan	Health and Social Care Board
Valerie Brown	Belfast City Council
Cllr Sonia Copeland	Ulster Unionist Party
Cllr Steven Corr	Sinn Fein
Alderman Patrick Convery	Independent
Paul Cummings	Health and Social Care Board
Iain Deboys	Health and Social Care Board
Matthew Dolan	Health and Social Care Board
Jacqui Frazer	Belfast Health Development Unit
Rachel Gibbs	South Eastern Health and Social Care Trust
Kelly Gilliland	Public Health Agency
Nigel Grimshaw	Belfast City Council
Carolyn Harper	Public Health Agency
Cllr Brian Heading	SDLP
Anne-Marie McClure	Northern Ireland Alliance for Drugs and Alcohol
Valerie McConnell	Health and Social Care Board
Cllr Mary McConville	Sinn Fein
Cllr Paul McCusker	SDLP
Gary McMichael	Belfast Drug and Alcohol Co-ordination Team
Barney McNeany	Belfast Health and Social Care Trust
Jim Morgan	Belfast Health Development Unit
Séamus Mullen	Public Health Agency
Robert Murdie	PSNI
Cllr Charlene O'Hara	Sinn Fein
Brian O'Kane	NI Housing Executive
Maria O'Kane	Belfast Health and Social Care Trust
Alderman Jim Rodgers	Ulster Unionist Party
Irene Sherry	Belfast Alliance for Suicide Prevention
Sinead Simpson	Department of Justice
Alderman Guy Spence	DUP
Andrew Steenson	Belfast Health Development Unit
Noel Taggart	South Eastern Health and Social Care Trust
Siobhan Toland	Belfast City Council

## **Annex B: Notices of Motion to Belfast City Council**

### **Notice of Motion – May 2017 Proposed Cllr O’Hara, seconded Cllr McCabe**

“In recognition of the devastation that many families face when losing loved ones due to drug and alcohol misuse, or the impact of suicide within our communities, we recognise the need for a City wide response to support our communities in dealing with these issues.

As the Council has committed, through the Belfast Agenda, to 'design and deliver an integrated city programme to address health inequalities, including enhancing mental wellbeing and reducing social isolation', we agree to establish a forum with our strategic and community partners to address the critical issues of mental health and drug and alcohol addiction support services.

Through this discussion, we aim to identify current levels of provision across drug, alcohol, and mental health services through a mapping exercise, begin a strategic discussion about a dual diagnosis model and to develop a cohesive and co-ordinated strategy on positive mental health for our citizens.”

### **Notice of Motion - October 2017, proposed Cllr McCusker, seconder Cllr Attwood**

#### **Drugs Related Deaths and Suicides**

“This Council notes with growing concern the rise of drug related deaths and suicides in the city and across Northern Ireland and calls on local and central government to make tackling this epidemic a priority.

The council agrees to seek an urgent cross party meeting with the Health and Social Care Board, the Public Health Agency, the Belfast Health and Social Care Trust and the community and voluntary sector working on the front line dealing with this growing problem to agree a co-ordinated action plan.”

The Council noted that, in order to ensure that there was a co-ordinated approach to addressing addiction related issues, the actions called for within Councillor McCusker’s motion would be progressed alongside those within Council O’Hara’s motion on Mental Health and Addiction Support Services which had been passed by the Council at its meeting on 2nd May and which had already commenced.

## **Annex C: Briefing note for strategic discussion event**

### **Briefing Note** **Drug and alcohol, mental health and addictions in Belfast** **Strategic Discussion Event 16<sup>th</sup> October 2017**

#### **Purpose**

The purpose of this briefing is to highlight recent issues and pressure in respect of drugs and alcohol and mental health in Belfast. Following a Notice of Motion proposed at Belfast City Council's meeting in May regarding these issues and a subsequent Notice of Motion proposed at the October Council meeting, the joint Chairs of Belfast Strategic Partnership have proposed a meeting between Councillors and the main statutory organisations responsible for commissioning and delivering services to explore this issue further and explore the ability of BSP to assist through collaborative action.

The purpose of the meeting is to review the level of provision of existing services and have a strategic discussion on a more integrated and coordinated approach to delivering addiction and mental health services in Belfast.

The meeting will be attended by Directors and senior management of the main statutory organisations in the city and organisations representing the service providers in the community; specifically the Chairs and Deputy Chairs of NI Alcohol and Drug Alliance, Belfast Alliance for Suicide Prevention and Belfast Drug and Alcohol Coordination Team.

#### **Background**

There has been mounting pressure on drug and alcohol services throughout the city and over the past 12 months there has been a significant number of drug related deaths.

- All services, statutory and community and voluntary, are under significant and severe pressure. Resources, including money and staff are an issue, however questions are also being raised about whether the services as they are currently delivered are 'fit for purpose' and meeting the needs of individuals and communities.
- There is a need for commissioners and service providers (HSCB, PHA, LCG, BHSCT etc.) to come together to review and plan their services and their investments together. Health and Wellbeing 2026: Delivering Together, sets the case for radical change within the health and social care system, recognising that maintaining current delivery models, is having an increasingly negative impact on the quality and experience of care for many services users, while constraining the ability of the system to transform to meet 21st century health needs.



- The substitute prescribing service and waiting times have recently been the main focus of media reports, political engagement and community tension. At one point the waiting time for Substitute Prescribing was running at 18 months in Belfast for a complex range of reasons.
- Statistics show significant numbers of patients are experiencing long waiting times for mental health and addictions services in the City, and this has the potential to have a significant impact in the coming months/years.
- Within community and voluntary sector services mental health and suicide prevention services are now having to respond to and or cope with drug and alcohol misusing clients and drug and alcohol services are doing likewise in terms of trying to support mental health and suicide prevention (where the terms of their contract allow it and where they have the capacity and skills to do so for both scenarios). Within statutory services it still appears that people are falling between the two services. There is a need to commission services that can deal with both mental health and drug and alcohol issues and if this is not possible there is at least a need to review and plan drug and alcohol services with the implications for mental health services in mind and vice versa.
- There are a wide range of skilled and experienced drug and alcohol and mental health and suicide prevention service providers in Belfast that can contribute to the discussion on finding possible solutions to addressing the service pressures both in the short term as well as long-term.

### **Belfast City Council**

As a result of the above issues and pressures being felt on the ground within the most deprived communities a Notice of Motion regarding mental health and addiction support services, was taken forward at the May Council meeting, with a second Notice of Motion being presented at the October meeting. Through this process the Councillors expressed concerns regarding the availability of joined up services designed to treat the complex issues of addiction, the misuse of drugs and alcohol and mental health. The Notice of Motion in May proposed a review of the level of provision of existing services and a strategic discussion on a more integrated and coordinated approach to delivering addiction and mental health services in Belfast. It considered the need for a city wide response to support communities in dealing with these issues in line with the commitment the Council has given, through the Belfast Agenda, to design and deliver an integrated programme to tackle health inequalities.

### **The approach needed**

Addressing the significant and complex challenges associated with mental health and addiction requires complementary and coordinated action from a range of partners. Good partnership working already exists in the city with many organisations and sectors being linked into partnerships such as Belfast Strategic Partnership, the Drug and Alcohol Coordination Team, the Protect Life Implementation Group and the Policing and Community Safety Partnerships. There are already many excellent examples of partnership working which focus on the misuse of alcohol and drugs and emotional distress and mental disorders, including:

- The 11 areas of 'common ground' which emerged from the 'Building Hope – Working Together to Prevent Suicide' Future Search event which took place in September 2016 and the subsequent BPLIG Action Plan.
- The establishment of cross sector teams to design a Crisis De-escalation Service and Street Triage pilot programmes.
- Joint working and pooled resources between PHA and Belfast PCSP in areas of street triage, homelessness, campaign and networking events to raise awareness of services.
- Developing a joint protocol and practice between PSNI, PHA and BCC regarding sharing information on vulnerable individuals in the Belfast City Council Area.
- Investment in a pilot project to provide experienced sessional workers to engage those using intravenously on the street, help reduce drug related litter and potential overdoses in the City Centre in a limited out of hours service for a trial period
- Joint working between PHA and BCC to implement a rapid sharps collection and disposal service for collection of drug related waste from public spaces.
- Exploring options with PSNI, PHA and BCC to jointly invest in harm reduction approaches in homeless hostels.
- Work to develop and design a new Emotional Resilience Strategy and Action Plan for Belfast 2018-2021
- The launch of Take 5 steps to wellbeing Toolkit designed to support organisations and practitioners to help individuals to develop emotional resilience and wellbeing. Resources from the toolkit can be downloaded at [www.makinglifebettertogether.com](http://www.makinglifebettertogether.com)
- The development of the 'Have Your Say Belfast' emotional wellbeing survey, which was recently completed by just under 5000 residents. The results in the recent survey highlighted inequality in the requirement for treatment for anxiety and depression with a higher proportion of people living in deprived areas indicating they had received treatment for these conditions compared with those living in other parts of the city. The survey results also showed that lack of connection to family and friends appeared to be a factor in those individuals receiving treatment. It underlined the need for multi-agency approaches and cross-departmental working to address the issues underlying poor level of emotional health and wellbeing in the city.
- Successful outreach work in relation to the homeless sector. Under the Belfast City Centre Street Management Strategy the Police and Community Safety Partnership provided short term assistance to the Welcome Organisation to enable it to engage directly with individuals presenting with complex needs, often associated with drug and alcohol misuse and mental ill health. The project, although short term had some success and there are currently ongoing discussions with a number of organisations to explore options for a further roll out of a project aimed at targeting those most in need.

The above examples were highlighted to the Belfast City Council's People and Communities Committee on 7 June 2017 as part of the initial response to the Notice of Motion on Mental Health and Addiction Support Services.

### **Suggested way forward**

The complex issues outlined in this briefing note are being taken forward by a work stream under the Belfast Strategic Partnership, within the context of the Belfast Agenda and addressing health inequalities. The Partnership is supporting an initial small focused discussion event involving the relevant senior representatives from the sponsoring organisations of BSP, senior representatives from the Health and Social Care Board and the representatives from each of the political party groups within Belfast City Council. The focus of this discussion will be on

- Structural issues in the management of drug and alcohol policy and services that would assist in embedding change
- Addressing data collection and sharing
- Whole system approach to maximising impact (incorporating innovation and best practice)
- Defining and measuring outcomes

The event will also explore whether or not collectively Belfast Strategic Partnership, via the Belfast Agenda, offers the potential to harness a more effective approach to addressing these difficult issues.

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<b>Subject:</b>	Council Response to Draft Northern Ireland Children and Young People's Plan 2019-2021
<b>Date:</b>	10 September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director of City & Neighbourhood Services
<b>Contact Officer:</b>	Ryan Black, Director of Neighbourhood Services Cate Taggart, Neighbourhood Services Manager

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	The Council recently received an invitation from the Children and Young People's Strategic Partnership (CYPSP), to participate in the consultation on the draft Northern Ireland Children and Young People's Plan 2019-2021, a copy of which is provided at Appendix 1.
1.2	Full details of the consultation are available at the following link <a href="#">Consultation: Draft Northern Ireland Children and Young People's Plan 2019-2021</a> Members should note that although the consultation closed on 30 August 2019, Council has been granted an extension to this date, to allow members to consider and agree the Council's response.

1.3	The aim of the consultation is to seek views on what the CYCSP should be addressing to improve outcomes for children and young people across Northern Ireland.
1.4	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> <li>• inform Members of the CYCSP consultation exercise; and</li> <li>• seek approval of the proposed consultation response from Council, which is attached at Appendix 2.</li> </ul>
1.5	Subject to approval by this Committee, it is proposed that a final consultation response is submitted to the CYPSP, with the proviso that, the response is subject to full Council approval at its meeting on 1 October 2019.
<b>2.0</b>	<b>Recommendations</b>
2.1	<p>The Committee is asked to</p> <ul style="list-style-type: none"> <li>• Consider the proposed consultation response to the draft Northern Ireland Children and Young People's Plan and endorse the response to the CYPSP.</li> </ul>
<b>3.0</b>	<b>Main report</b>
	<u>Key Issues</u>
3.1	The CYPSP is a multiagency strategic partnership, comprising senior leaders from all key agencies across statutory, voluntary and community sectors that have responsibility for improving outcomes for all children and young people in NI.
3.2	The CYPSP has been developed and supported by the Health and Social Care Board (HSCB) to support the Children's Services Planning process.
3.3	The draft Northern Ireland Children and Young People's Plan 2019-2021 is the third CYPSP Children and Young People's Plan. The initial CYPSP plan covered the period 2011-2014, the second plan covered the period 2014-2017 following which it was reviewed and extended annually, to cover the period up to March 2019.
3.4	In line with the Children's Services Planning Guidance the CYPSP had agreed to move its planning cycle to align with the Programme for Government (PfG) and Comprehensive Spending Review.

3.5	The Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998 allows for either a modification of an existing plan (2(b)(i)) or a new plan (2(b)(ii)). This is a new plan and it is intended to sit within the context of the Programme for Government, the new Children and Young People's Strategy and refreshed Families Matter.
3.6	The overall work of the CYPSP is encapsulated in this plan and the supporting plans produced by the Outcomes, Locality and Regional Planning Groups. Full versions of these plans are all available on the CYPSP website (www.cypsp.org).
3.7	The draft consultation response is attached at Appendix 2 for Members' consideration.
	<u>Financial &amp; Resource Implications</u>
3.8	There are no financial or resource implications associated in responding to the consultation.
	<u>Equality or Good Relations Implications</u>
3.9	There are no equality, good relations or rural needs implications in responding to the consultation.
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	Appendix 1: Draft Northern Ireland Children and Young People's Plan 2019-2021 Appendix 2: Proposed Consultation Response <i>(includes draft Improving Outcomes for Children and Young People Collaboration Workshop Report 16 May 2019)</i>

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**1. Your Contact Details**

Name                    Mairead Smith  
Agency                Belfast City Council  
Address                Cecil Ward Building  
Address 2              4-10 Linenhall Street  
City / Town            Belfast  
Zip / Post Code       BT2 8PB  
Email Address        [smithmairead@belfastcity.gov.uk](mailto:smithmairead@belfastcity.gov.uk)  
Phone Number        028 9032 0202 ext 5373

**2. Please select one:-**

- ☐ I am responding as an individual  
☒ I am responding as an organisation  
☐ I am responding on behalf of myself as a parent / carer  
☐ I am responding on behalf of myself as a child / young person  
☐ I am responding on behalf of a group of children / young people  
☐ I am responding as a practitioner, policy maker or other stakeholder

**3. CYPSP agreed a focus on promoting early intervention as defined on page 4 of the plan. Are you in agreement with this definition:-**

- ☐ Yes  
☐ No  
☒ Partially

**Additional Comments**

Belfast City Council welcomes the Children & Young People's Strategic Partnership (CYPSP) focus on promoting early intervention to tackle emerging problems.

A key priority within the Living Here theme of Belfast's community Plan, the Belfast Agenda, is ensuring an integrated, interagency approach to early intervention. Through Council's engagement with stakeholders, it has been highlighted that early intervention approaches are important for ensuring the best start in life for children and young people. It is however recognised that a similar approach needs to be applied to adults and families as part of a preventative / upstream approach to improving wellbeing.

Belfast City Council recognises that identifying vulnerable groups who will benefit from early interventions is challenging and recommends that a flexible approach surrounding existing networks, such as family hubs, is adopted.

To assist with measuring the appropriateness and impact of interventions, Council also suggests that the introduction of clearer parameters around the nature of early interventions would be beneficial.

**4. CYPSP agreed a focus on promoting family support as defined on page 5 of the plan. Are you in agreement with this definition:-**

- ☒ Yes
- ☐ No
- ☐ Partially

Additional Comments

Belfast City Council supports the CYPSP definitions in relation to family support as set out in the draft NI C&YP Plan 2019-2021.

Belfast's community plan, the Belfast Agenda, highlights the need for a focus on support for families through an integrated family, early intervention programme.

Council considers that it is important to highlight the value of implementing robust mechanisms to ensure that vulnerable families and parents can be identified as early as possible, in order to ensure they receive appropriate support to promote and protect the health, wellbeing and rights of all children, young people and their families.

**5. CYPSP agreed a focus on promoting Parenting support as defined on page 5 of the plan. Are you in agreement with this definition:-**

- ☒ Yes
- ☐ No
- ☐ Partially

Additional Comments

Belfast City Council supports the CYPSP definitions in relation to parenting support as set out in the draft NI C&YP Plan 2019-2021.

Belfast's community plan, the Belfast Agenda, highlights the need for a focus on support for families through an integrated family, early intervention programme.

Council considers that it is important to highlight the value of implementing robust mechanisms to ensure that vulnerable parents can be identified as early as possible, in order to ensure they receive appropriate support to promote and protect the health, wellbeing and rights of all children, young people and their families.

**6. The purpose of the Children and Young People's Strategic Partnership Children and Young People's Plan is set out on pages 7-8 of the plan points A-G. Are you in agreement with this approach:-**

- ☐ Yes
- ☐ No
- ☒ Partially

Additional Comments

Belfast City Council welcomes the proposal to adopt a collaborative approach in the delivery of children's services in order to address the eight parameters of wellbeing, as set out in the draft NI Children and Young People's Strategy 2017-2027.

The purpose of the draft NI C&YP Plan 2019-2021, as set out on pages seven and eight of the document, reflects key synergies within the community planning process, as required by Part 10 of the Local Government Act (NI) 2014 (e.g. multiagency planning process, improving wellbeing outcomes etc.), which in turn highlights the need to ensure complementarity and alignment, to avoid duplication of effort and confusion for stakeholders.

In Belfast, these synergies between the CYPSP and the Belfast Area Outcomes Group planning processes to community planning, have led to early discussions (with Belfast Area Outcomes Group) on how these planning processes might be more coherently aligned in the future. On 16 May 2019, members of the Belfast Area Outcomes Group and members of the Belfast City Council community planning team held a joint workshop to:

- Establish shared insight into the work currently underway to help improve the outcomes for Children and Young People (CYP) within the city.
- Explore the synergies between the outcomes and priorities identified within the Belfast Agenda and by the Belfast Outcomes Group, identifying potential opportunities for further collaboration and co-designing delivery.
- Consider potential collaborative actions in the context of Community Planning.
- Examine how planning processes can be aligned to help inform future iterations of the Belfast Agenda and BAOG action / delivery plans whilst maximising opportunities to improve outcomes for Children and Young People.

Belfast City Council considers that it would be helpful if the '*Statutory Basis for Co-Operation in Children Services*' which is detailed on page six of the draft NI C&YP Plan 2019-2021 also references the requirements of the community planning legislation (Part 10 of the Local Government Act (NI) 2014) for collaborative planning across partners and, particularly in relation to children and young people as highlighted with the statutory guidance for community planning.

The purpose of the draft NI C&YP Plan 2019-2021 would then need to be considered in terms of how it relates to the community planning process in each of the eleven Council areas. This would aid clarity for partners and stakeholders alike.

For information, a draft summary report in relation to the collaboration workshop held on 16 May 2019 has been attached.

**7. The Core Principles underpinning the work of CYPSP are set out on page 8 of the plan. Are you in agreement with these principles:-**

- ☒ Yes  
☐ No  
☐ Partially

Additional Comments

Belfast City Council agrees with the core principles underpinning the work of the Children and Young Peoples Strategic Partnership, as set out within the draft NI C&YP Plan 2019-2021.

**8. The CYPSP supports vulnerable families through a Northern Ireland wide early intervention infrastructure as set out on pages 8–12 of the plan. Are you in agreement with this infrastructure:-**

- ☐ Yes  
☐ No  
☒ Partially

**Additional Comments**

Belfast City Council welcomes the commitment that, the CYPSP partners support an intervention infrastructure model, which will be developed within the context of relevant strategies.

Council would highlight however that, the current Area Outcomes Group structures are coterminous with the Health and Social Care Trust boundaries; this is a significant issue in terms of the lack of co-terminosity with Community Planning Partnership boundaries. In Belfast, the majority of the city geography is covered by the Belfast Area Outcomes Group however there are also some significant areas covered by the South Eastern Area Outcomes Group. This presents challenges for the community planning process and Community Planning Partnership, in ensuring that effective planning working arrangements are aligned (including evidence and data as it pertains to the Belfast City Council boundary) and in facilitating joint working across the city in relation to multi agency planning, in order to improve outcomes for children and young people.

Council considers that it would be helpful if greater clarity regarding the links (if any) between, and membership of, the Family Hubs, Locality Planning Groups and Outcomes Groups could be provided.

Although the draft NI C&YP Plan 2019-2021 refers to the principles which form the basis for the quality standards developed for the Family Support Hubs and Locality Planning, it does not provide details in relation to a proposed evaluation framework nor does it identify specific targets and / or KPIs.

Belfast City Council would welcome the incorporation of specific targets / KPIs into the draft Plan together with details of monitoring and evaluation procedures in order to determine the impact of the Plan and outcomes achieved with regular updates disseminated.

**9. The CYPSP is committed to improving the use of data in planning and commissioning to support outcomes based planning as set out on pages 13-14. Are you in agreement with this approach:-**

- ☐ Yes  
☐ No  
☒ Partially

## Additional Comments

Belfast City Council welcomes the improved use of data and information to support outcomes based planning, as set out on pages thirteen and fourteen of the draft NI C&YP Plan 2019-2021.

The importance of data in planning and commissioning support outcomes is vital and Council recognises that within the region and Belfast level, there is a need for greater granularity of data and sharing of data between agencies to support service planning and delivery, in order to effectively deliver and measure the impact of interventions. The complexity and long term commitment to the development and effective use of data and information is not underestimated and requires a collaborative approach.

Council considers that it would be beneficial if the approach could highlight the potential for this work to support community planning partnerships and would welcome the opportunity to discuss options for sharing information with community planning partners, accessing more granular data at lower level geographies and the possibility of publishing information open data (which is a key strand in the Northern Ireland Public Sector's aim to increase awareness and transparency in government).

Council also recognises that there are a number of variables in relation to relevant data, some of which may indicate similar support needs and would suggest that data is illustrated in rates / proportions, to take into account changes in population numbers and structures. It may be helpful to consider data modelling to identify future trends and to plan ahead effectively.

### 10. The context for the CYPSP plan is set out on pages 15-17. Are you in agreement with this approach:-

- ☐ Yes  
☐ No  
☒ Partially

## Additional Comments

Belfast City Council acknowledges the context as set out in the draft NI C&YP Plan 2019-2021.

It is Council's opinion however that the context within the draft Plan does not currently reference the existence of community plans for each Council area. Similar to the other policies and legislative developments highlighted within the political context section, this should clearly highlight the Community Plans that exist in each Council area, which set out the vision, wellbeing outcomes and priorities for delivery, that statutory partners (including many of the CYPSP partners / Children's Authorities) have committed to deliver in collaboration.

The Belfast City Centre Regeneration & Investment Strategy highlights the importance of creating spaces in urban environments and the city centre that encourage play and are welcoming and inclusive for families, children and young people i.e. spaces for leisure, play and recreation. Council considers this is an important component in creating the environment that supports the outcomes and delivery of actions included in the draft NI C&YP Plan 2019-2021 and would welcome it reflected in the draft Plan.

### 11. The CYPSP Interface and links with other planning processes is set out on pages 18-19. Are you in agreement with this approach:-

- ☐ Yes  
☐ No  
☒ Partially

## Additional Comments

Belfast City Council welcomes the inclusion of the link to the Community Planning Process with Local Government.

As previously referenced, a joint planning workshop was held on 16 May 2019, during which members of the Belfast Area Outcomes Group and members of the Belfast City Council community planning team discussed the alignment of planning processes moving forward. Participants highlighted the benefit of a representative from the Belfast Area Outcomes Group being nominated onto the Living Here Board (a delivery structure within Belfast's community planning governance) to ensure alignment and maximising opportunities for collaboration.

Although Council does not have responsibility for education, the community planning process is underpinned by collaboration and partnership to address persistent economic, social and environmental challenges. The Belfast Agenda priority of Working & Learning highlights the need for an integrated approach to address issues associated with educational inequalities in Belfast. This would include issues such as improving school readiness of young people to managing transitions across the school setting. Importantly, the Council recognises the value of the use of community and non-formal educational setting, to improve outcomes for children and young people. The life chances and economic outcomes for children and young people are shaped by their early experience and their progress through the education system and living environment. There are a number of proposed actions in the Belfast Outcomes Plan which would support this work, such as the approach to joint commissioning and access to transition support. It is therefore vital that the Community Plan interfaces with the work of the CYPSP to deliver on improved outcomes for children and young people.

As previously highlighted, the Area Outcomes Group structures are currently coterminous with the Health and Social Care Trust boundaries. The lack of co-terminosity with Community Planning Partnership boundaries is a significant issue as, in Belfast, the majority of the city geography is covered by the Belfast Area Outcomes Group however there are also some significant areas covered by the South Eastern Area Outcomes Group. This presents challenges for the community planning process and Community Planning Partnership, in ensuring that effective planning working arrangements are aligned (including evidence and data as it pertains to the Belfast City Council boundary), and in facilitating joint working across the city in relation to multi agency planning and improving outcomes children and young people.

Council welcomes the multi-agency planning process which acknowledges the Policing and Community Safety Partnership (PCSP) structures as well as the need to avoid duplication and harness potential of integrated planning. Furthermore, Council welcomes recognition in the draft NI C&YP Plan 2019-2021 of the need to maintain these effective links with other planning partners, that there is shared membership of some of our statutory partners and that PCSP staff will sit on all Outcomes Groups and Planning Groups which, it is considered, should help support the opportunity for the Joint Commission of work.

Belfast City Council is in the process of developing its first Belfast Resilience Strategy, which we hope to publish in the near future. Given that the Strategy has a focus on children and young people, it will be important going forward to align the CYPSP interface and links with the Belfast Resilience Strategy.

**12. The CYPSP key actions to support the planning process regionally are set out on pages 20-25. Are you in agreement with these key actions:-**

- ☐ Yes
- ☐ No
- ☒ Partially

## Additional Comments

Belfast City Council welcomes the identification of key actions and priorities in the draft NI C&YP Plan 2019-2021 to support the purpose of the children's services planning process.

Whilst in agreement with these key actions, Council considers that the proposed actions appear to focus on vulnerable / identified groups and it may be beneficial if preventative measures for the universal population could also be considered for inclusion.

Council notes that there is potential to align these key actions to the Belfast Agenda as well as the Belfast Resilience Strategy, currently in draft format and which is due to be published in the near future.

### **13. The CYPSP key actions to support the planning process locally via each Outcomes Group and Regional Sub Groups is set out on pages 25-35. Are you in agreement with these key actions:-**

- ☒ Yes  
☐ No  
☐ Partially

## Additional Comments

Belfast City Council agrees with the key actions to support the planning process locally via each Outcomes Group and Regional Sub Groups, which have been identified in the draft NI C&YP Plan 2019-2021.

Council notes that there is potential to align these key actions to the Belfast Agenda, as well as the Belfast Resilience Strategy, currently in draft format and which is due to be published in the near future.

### **14. The CYPSP will communicate key messages on outcomes based planning, using evidence, early intervention and Family support as set out on pages 35-36. Are you in agreement with this approach:-**

- ☒ Yes  
☐ No  
☐ Partially

## Additional Comments

Belfast City Council welcomes the proposals to communicate key messages on outcomes based planning, using evidence, early intervention and family support, as set out in the draft NI C&YP Plan 2019-2021.

### **15. The CYPSP has established a number of structures to support and deliver on their plan as set out on pages 36-37. Are you in agreement with these structures:-**

- ☐ Yes  
☐ No  
☒ Partially

## Additional Comments

Belfast City Council welcomes the proposals to improve structure and governance as set out in the draft NI C&YP Plan 2019-2021.

Council however considers that, as previously referenced, given the current Area Outcomes Group structures are coterminous with the Health and Social Care Trust boundaries, the lack of co-terminosity with Community Planning Partnership boundaries is a significant issue. In Belfast, the majority of the city geography is covered by the Belfast Area Outcomes Group however there are also some significant areas covered by the South Eastern Area Outcomes Group. This presents challenges for the community planning process and Community Planning Partnership, in ensuring that effective planning working arrangements are aligned (including evidence and data as it pertains to the Belfast City Council boundary), and in facilitating joint working across the city in relation to multi agency planning and improving outcomes children and young people.



Belfast Outcomes Group & Community Planning

**Improving Outcomes for Children and Young People  
Collaboration Workshop Report  
May 16, 2019**

DRAFT

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## 1. Introduction

Hosted by the Belfast Outcomes Group, the workshop brought together key stakeholders, service providers and support networks with role to play in improving outcomes for children and young people within Belfast.

Attendees included e.g. Children and Young People Strategic Partnership, Belfast Health Social Care Trust, Health Social Care Board, Public Health Agency, NI Housing Executive, Youth Justice, Women's Aid, Autism NI, Mencap, Bryson Children Services, Belfast Childcare Partnership, Belfast Strategic Partnership Reps and Belfast City Council.

The purpose of the workshop was to:

1. Establish shared insight into the work currently underway to help improve the outcomes for Children and Young People (CYP) within the city.
2. Explore the synergies between the outcomes and priorities identified within the Belfast Agenda and by the Belfast Outcomes Group and identify potential opportunities for further collaboration and co-designing delivery.
3. Consider potential collaborative actions in context of Community Planning.
4. Examine how we can align planning processes to help inform future iterations of the Belfast Agenda and BAOG action/delivery plans and maximise opportunities to improve outcomes for Children and Young People.

The starting assumptions for the workshop included:

1. The ambition is that Children and Young People have the best start in life and are supported to reach their full potential
2. That there is a lot of work currently underway that is effective in this field
3. There remains significant and entrenched challenges which still need to be addressed
4. That organisations/agencies could increase effectiveness if they work together better

Beyond these assumptions it was for the stakeholders in the workshop to provide context, prioritisation and help identify those opportunities to work together to deliver collaborative gain.

The workshop had three main sessions:

1. Exploring the shared priorities for improving outcomes for Children and Young People
2. Examining challenges and identifying opportunities for further collaboration
3. Exploring how we can better align planning processes to move towards an integrated plan

## 2. Context

We are proud of our children and young people and believe there is much to celebrate. We are aware, however, that not all children and young people enjoy the same opportunities and positive outcomes and we are, therefore, determined to address these inequalities.

Evidence shows that disadvantages experienced at birth can impact adversely on the life chances of our children and young people and result in poor health, employment and social outcomes throughout an individual's life. As partners, we have the highest aspirations for all children and young people and want them to grow up safe, healthy and be equipped to reach their full potential.

Improving the conditions of wellbeing of Children and Young People is at the heart of the Belfast Agenda, the community plan for the city. Whilst there is clearly significant and good work already underway, it is important to recognise that we are on a journey and there is still some way to go both in how we engage with children, young people and families in designing services and how we work together to address the key challenges to improve wellbeing. To get it right for children and young people at risk means being safe, healthy, happy, achieving at each stage of life, and playing their part in their city and community.

Whilst the workshop is the start of our discussions, ultimately we want to take a holistic view of outcomes, from the prerequisites of ensuring children and young people are safe and healthy, to the wider outcomes around ensuring that children and young people can take advantage of the unique opportunities the city provides.

The desire is to develop and deliver a realistic and ambitious integrated city plan for Children and Young People with a particular focus on integrating services to address their needs, where priorities can be addressed across services. This will require closer collaboration, imagination and innovation through working together to maximise resources. We strongly believe that working together is the best way to meet needs, address known gaps and improve outcomes for Children and Young People across the city.

During discussions at the workshop there were a number of underpinning principles emerged:

- Need for safeguarding children and young people
- Importance of managing transitions through all aspects of a C&YP life
- Importance of prevention and early intervention
- Need to 'think family' in planning for C&YP
- Ensure that all services are accessible by and take account of the needs of vulnerable groups
- Engage with and listen to the views of our C&YP (and families) when developing services
- Gather and use evidence of impact more creatively and intensively to inform future activity
- Being honest and open with each other of what works and what does not
- "Narrowing the gap" - target vulnerable children and families who are 'at risk' of poorer outcomes and life chances;
- Importance of emotional well-being
- Raising aspirations, self-esteem and confidence of C&YP

### **3. Breakout Session 1: Shared priorities and outcomes**

It was recognised that there are clear synergies and alignment between the stated outcomes and indicators set out within the Belfast Agenda, Programme for Government, Making Life Better Framework and the Belfast Outcomes Group in relation to Children and Young People. The discussion focused on those key areas which could deliver significant impact.



- (i) Every child has the best start in life (PFG, Making life Better – links to many BA indicators)
  - o Early intervention and its impact on a C&YP pathway through life
  - o Key areas include supporting parents and families ('whole family approach')
- (ii) Supporting C&YP in disadvantage/poverty – impacts on quality of life, health, behaviours and ability to access services.
- (iii) Health inequalities
  - o Emphasis on early/preventative support rather than end point care/treatment
  - o Adverse childhood experiences (ACEs) – need to support BOTH children and young people, AND their parents/families carrying ACEs.

## Breakout Session 2: Challenges and Opportunities for collaboration

During discussion a number of **key challenges** had been identified including e.g.

- o How can we address systemic challenges of public services including accessibility and responsiveness of services?
- o How can we address the current challenges and financial pressures around early years support?
- o How do partners ensure right expertise is drawn into thematic areas of focus from their own organisations? – Effective communications within organisations is key.
- o How can we work in a more collaborative way to support C&YP through pathways/stages in life and help them reach their full potential?
- o The need to define the specific outcomes and conditions of wellbeing that we want to achieve for Children and Young People. How do we integrate and give clear focus/intent?

During discussion a number of **opportunities** had been identified including e.g.

- o Greater use of evidence based planning – sharing research, intelligence, identify data-insights, knowledge and understanding of 'what works'
- o Potential to build upon existing models of good practice (e.g. Family Support Hubs)
- o Potential to take an integrated and planned approach to engage with CYP sector. Opportunity to effectively utilise existing structures established/emerging around BAOG (e.g. locality planning groups) and Belfast Agenda (CVS forum). Opportunity to learn from each other in terms of effective approaches (e.g. Greater Shankill C&YP conversations).
- o Acknowledged that the Locality Planning Groups had a wealth of information and were excellent forums to engage. These groups are primarily made up of community and voluntary groups and could fill the Tier 2 role proposed in the CVS model.
- o Children Services Co-Operation Act - potential for joint planning and pooling resources.

### **Breakout Session 3: Aligning planning processes moving forward**

During discussion the following key points had been raised:

- Consensus on the need to create a shared plan and integrated approach with stronger alignment between BAOG and the Belfast Agenda.
- Recognition that creating a 'fully integrated approach' will take time to design and deliver. Real opportunity, however, with the pending refreshes of the Belfast Agenda and the Belfast Outcomes Group Action Plan in 2020/21.
- Potential to create a common framework/process for measuring outcomes and impact (outcomes star cited as an example).
- Benefit of a representative from the BAOG being nominated onto the Living Here Board to ensure alignment and maximising opportunities for collaboration.
- Need to develop a shared evidence base – sharing data and addressing known data gaps.
- Agreement that engagement across C&YP outcomes needs to be connected/joined up.
- Importance of understanding 'who does what' – the group highlighted the benefit of undertaking a scoping exercise to identify current activity and support in place, associated funding and anticipated outcomes seeking to achieve.

### **4. Suggested Next Steps**

1. Provide an update to the Living Here Board on the initial discussions between the Belfast Outcomes Group and the Community Planning Team, outlining the emerging areas for consideration including e.g.
  - a. Proposal for representation from BAOG on the Living Here Board.
2. Establish a small joint team to further develop proposals in relation to:
  - a. Specific areas for collaboration (short/medium) and what is required to operationalise.
  - b. Map planning processes for the refresh of Belfast Agenda and BAOG Action Plan and identify opportunities joint engagement opportunities.
  - c. Understanding of the current landscape in terms of funding, desired outcomes, provision an impact of current work/services.



## **DRAFT Northern Ireland Children and Young People's Plan 2019-2021**

### **Children and Young People's Strategic Partnership**

**Agencies, children and young people, families and communities across Northern Ireland working together - to improve outcomes for children and young people through integrated planning and commissioning**

# DRAFT Northern Ireland Children and Young People's Plan 2019-2021

## Introduction

The Children and Young People's Strategic Partnership (CYPSP) is a multiagency strategic partnership, consisting of senior leaders of all key agencies across statutory, voluntary and community sectors that have responsibility for improving outcomes for all children and young people in NI.

The CYPSP has been developed and supported by the Health and Social Care Board (HSCB) to support the Children's Services Planning process.

This is the third CYPSP Children and Young People's Plan. The initial CYPSP plan covered the period 2011-2014. The second substantive plan covered the period 2014-2017 and was reviewed and extended annually to cover the period to March 2019.

In line with the Children's Services Planning Guidance the CYPSP had agreed to move its planning cycle to align with the Programme for Government (PfG) and Comprehensive Spending Review.

The Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998 allows for either a modification of an existing plan (2(b)(i)) or a new plan (2(b)(ii)).

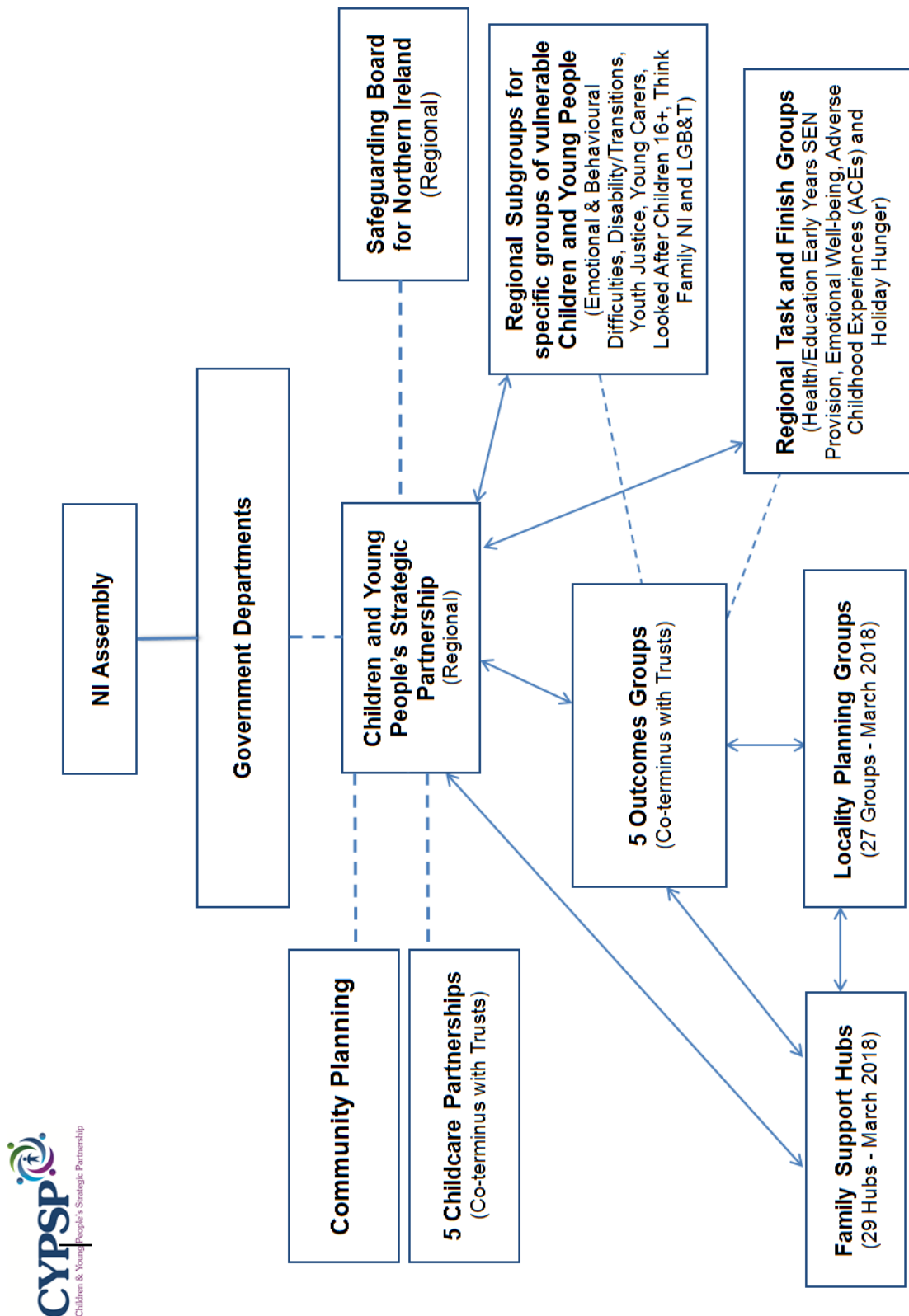
This is a new plan and it is intended to sit within the context of the Programme for Government, the new Children and Young People's Strategy and refreshed Families Matter.

The overall work of the CYPSP is encapsulated in this plan and the supporting plans produced by the Outcomes, Locality and Regional Planning Groups. Full versions of these plans are all available on the CYPSP website ([www.cypsp.org](http://www.cypsp.org))





# Children and Young People's Strategic Partnership (CYPSP) Structure and Linkages



## **Statutory Basis for Children's Services Planning**

The Children (1995 Order) (Amendment) (Children's Services Planning) Order 1998<sup>1</sup>

- Requires every Health and Social Services Board to prepare and publish plans for the provision of children's services within its area and to keep those plans under review. In preparing or updating its plans, a Health and Social Services Board is required to consult Health and Social Services Trusts, Education and Library Boards, District Councils, certain voluntary organisations, the Northern Ireland Housing Executive, the Probation Board for Northern Ireland, the Police and other relevant bodies. The Department of Health and Social Services may require a Health and Social Services Board's plan to be submitted to it at any time.

## **Children's Services Planning Guidance 1998 (DHSS/DENI/NIO)**

The aims of Children's Services Planning as set out in the guidance are as follows-

- Promote the welfare of children
- Clarify strategic objectives in relation to services
- Promote integrated provision of service and effective use of available resources
- Ensure consistency of approach to planning
- Promote high standard of coordination and collaboration between HSCB and Trusts and between social care and health services
- Establish a high standard of coordination and collaboration between HSCB and Trusts and other agencies and organisations which have a contribution to make to effective provision of local services
- Facilitate joint commissioning by agencies when it is seen as appropriate to meet the needs of children

<sup>1</sup> The Children Order (1995) Amendment ,Children Services Planning Order (NI) 1998 – online  
<http://www.legislation.gov.uk/nisr/1998/261/made>

## Focus of the Children and Young People's Services (CSP) Plan

The CSP Guidance (July 1998)<sup>2</sup> notes that this process is concerned with children who are in need in the community and is designed “to promote collaboration and coordination between agencies in the planning and delivery of services for vulnerable children and in so doing it builds upon the Children (NI) Order 1995” (1.1).

The CSP Guidance (July 1998) also notes that “CSP’s may well include children who are not ‘in need’ in statutory terms. For the purposes of defining the children included in a CSP a broad interpretation which encompasses all vulnerable children may be useful particularly as the legislative concept of need in the Children Order will not directly correspond with the priorities of non-social services agencies” (6.3)

In this context CYPSP agreed a focus on promoting early intervention. This is defined as:

**“Early Intervention is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point of a child or Young Person’s life”<sup>3</sup>**

The intention is to ensure that the needs of vulnerable groups are addressed not only by a direct focus on their presenting needs, but also through developing an early intervention infrastructure that would enable family support at a much earlier point in order to prevent the circumstances of families deteriorating to the point where they become ‘children in need’.

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<sup>2</sup> Childrens Services Planning Guidance, July 1998

<sup>3</sup> ‘Grasping the Nettle: Early Intervention for Children, Families and Communities’ C4EO, p4.

## What is Family Support?

The partnership will work to the following definition of Family Support:

**“Family Support is both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes. These programmes contain statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention, aiming to promote and protect health, wellbeing and rights of all children, young people and their families. At the same time, particular attention is given to those who are vulnerable or at risk.”<sup>4</sup>**

Parenting Support is defined as:

**“Parenting Support is a set of (service and other activities) orientated to improving how parents approach and execute their role as parents and to increasing parents child rearing resources (including information, knowledge, skills and social support) and competencies”<sup>5</sup>**



<sup>4</sup> ‘Understanding Family Support; Policy Practice and Theory’, Canavan, Pinkerton, Dolan, 2016, p.20

<sup>5</sup> ‘Family and Parenting Support’, Day et al ,UNICEF 2015

## Statutory Basis for Co-Operation in Children's Services

Co-Operation is embedded in the Children (NI) Order 1995.

In Part IV of the Order, 'Support for Children and their Families' Article 46 (1) states that "Where it appears to an authority that anybody mentioned in paragraph (3) could, by taking any specified action, help in the exercise of any of the authority's functions under this part, the authority may request the help of that body, specifying the action"

The Children's Services Planning Guidance (1998) noted that it was intended "to promote collaboration and coordination between agencies in the planning and delivery of services for vulnerable children and in so doing builds upon the Children (NI) Order 1995"

The Children's Services Co-Operation Act (Northern Ireland) 2015 states in 2 (1) that "Every Children's authority must, so far as is consistent with the proper exercise of its children functions, co-operate with other children's authorities and with other children's services providers in the exercise of those functions"

The Act also creates an enabling power to share resources and pool funds and states that a Children's Authority may "(a) provide staff, goods, services, accommodation or other resources to another children's authority: (b) make contributions to a fund out of which relevant payments may be made" Guidance on the operation of the Act have been published<sup>6</sup>



<sup>6</sup> Interim Guidance on the CSCA (Northern Ireland) 2015

## Purpose of the Children and Young People's Strategic Partnership Children and Young People's Plan

- a) To establish an agreed basis for collaboration in the delivery of children's services in order to address the eight parameters of wellbeing as set out in the Draft Northern Ireland Children and Young People's Strategy (2017-2027).



- b) To ensure that the CYPSP Children and Young People's Plan and supporting activities are focused on improving outcomes in relation to children in need.
- c) To promote co-production with children, young people and their families in the CSP integrated planning process.
- d) To support an integrated, multi-agency, information based planning process.

- e) To identify opportunities for pooled budgets
- f) Incorporate children's rights into the planning process
- g) To ensure an effective and efficient, fully mandated planning structure which is representative of all key stakeholders is in place to support the delivery of the CYPSP Children and Young People's Plan.

### Core Principles underpinning the work of CYPSP

- Being clear that what we do makes a difference through **outcomes based planning**
- Working together by **promoting integrated service delivery**
- Using **evidence** to underpin planning - Using multi-agency information to support planning and commissioning
- Demonstrating impact **and effectiveness** across all activities
- **Co-production** - putting children, young people and families in the centre of planning and design of services
- Embedding **Children's Rights** in all CYPSP activity
- Promoting **Early Intervention Family Support** and keeping a focus on the most vulnerable children
- Working to deliver greater **collaboration** and reduce overlap through **integrated planning and commissioning**

### Developing and Supporting Early Intervention

The CYPSP supports vulnerable families through a Northern Ireland wide early intervention infrastructure. The CYPSP partners are committed to supporting this model.

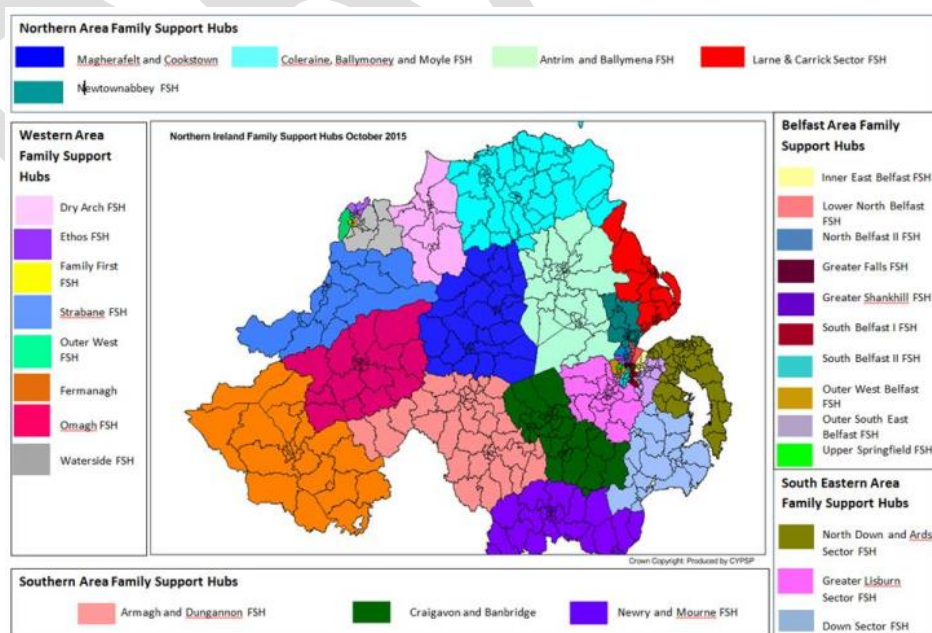




The development of the model will be set within the strategic context of the Executive Children and Young People's Strategy for Northern Ireland (2017-2027), the Draft Family and Parenting Support Strategy for Northern Ireland and the Looked After Children Strategy.

The model consists of the Family Support Hubs, the Locality Planning Groups and the network of early intervention services.

**29 Family Support Hubs** are providing early intervention support to families across Northern Ireland. All of Northern Ireland is covered by this network. A Family Support Hub is a multi-agency network of statutory, community and voluntary organisations that either provide early intervention services or work with families who need early intervention services. The network accepts referrals of families who need early intervention family support and uses their knowledge of local service providers and the Family Support Database ([www.familysupportni.gov.uk](http://www.familysupportni.gov.uk)) to signpost families with specific needs to appropriate services. Through the family support hub network across Northern Ireland there were 6681 families supported in 2017/18.





**27 Locality Planning Groups** are part of the CYPSP focus on developing and supporting multi-agency early intervention approaches. These groups work to support early intervention for populations. All of Northern Ireland is covered by this network.



Locality planning is about improving outcomes for children, young people and families at a local geographic level. It focuses on how service delivery organisations can engage more effectively with the community to better understand local issues and to work together to produce more effective responses to those issues.

Locality planning is about understanding community assets and strengths and ensuring that service delivery organisations seek to support those assets/strengths. It does this by:

- Developing shared information, knowledge base and expertise about the local area
- Identifying opportunities to improve outcomes for children and young people by working better together
- Building a commitment to early intervention
- Building an effective partnership

The Outcomes Groups work to coordinate **Early Intervention Family Support Services**. This includes support to parenting and direct support to children, young people and families.



The Outcomes Groups are committed to developing effective links between universal services and early intervention family support.

Meeting the needs of our most vulnerable children is a key priority for the Outcomes Groups.

Partners are committed to liaising with the Outcomes Groups in the development of new early intervention initiatives and changes to existing arrangements in the respective Outcomes Group areas.

In 2017/18, 664 organisations were networked through the Family Support Hubs and 527 organisations were involved with Locality Planning process.

Linked to this network the HSCB has invested £100,000 in each Outcomes Group to commission early intervention family support services.

The early intervention funding can be used as a basis for joint investments.

Across the early Intervention Infrastructure the impact of poverty<sup>7</sup> on family life and the outcomes of the Child Welfare Inequalities Research is a significant part of the planning assumptions<sup>8</sup>.

The approach to Early Intervention Family Support is grounded in the 10 principles developed by Canavan, Pinkerton and Dolan (2016). These

<sup>7</sup> <https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-child-poverty-annual-report-2017-18.PDF>

<sup>8</sup> <https://www.coventry.ac.uk/research/research-directories/current-projects/2014/child-welfare-inequality-uk/>

principles are the basis for the quality standards developed for Family Support Hubs and Locality Planning;<sup>9</sup>

- Child-centred: family support requires a clear focus on the wishes, feelings, safety and wellbeing of children.
- Needs-led: family support interventions are needs-led and strive for the minimum intervention required.
- Strengths-based: family support services reflect a strengths-based perspective that is mindful of resilience as a characteristic of many children and families' lives.
- Socially inclusive: services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.
- Partnership-based: working in partnership is an integral part of family support. Partnership includes children, families, professionals and communities.
- Informal network-focused: family support promotes the view that effective interventions are those that strengthen informal support networks.
- Easily accessed: families are encouraged to self-refer, and multi-access referral paths will be facilitated.
- Responsive and flexible: family support is responsive and flexible in respect of location, timing, setting and changing needs, and can incorporate both child protection and out of home care.
- Collaborative in development: involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis.



<sup>9</sup> Understanding Family Support; Policy Practice and Theory', Canavan, Pinkerton, Dolan, 2016, p.21-22

- Evidence-informed: measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users, and thereby to facilitate ongoing support for quality services based on best practice.

## Information to Support Outcomes Based Planning for Children and Young People

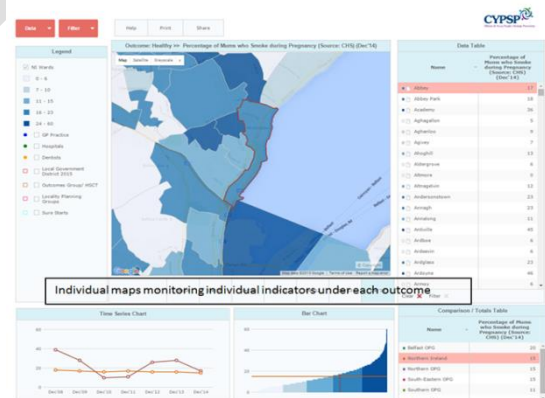
CYPSP is committed to improving the use of data in planning and commissioning.

CYPSP has developed a multi-agency information system to support integrated planning based on Outcomes Based Accountability.

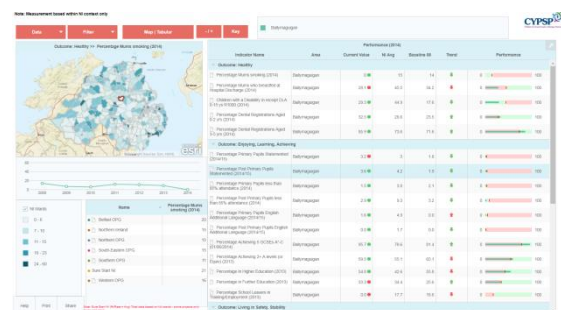
The purpose of the CYPSP information system is to:-

1. Maintain an interactive mapping system linking the High Level Outcomes and agreed indicators from the Draft Children's Strategy to different geographical levels including Trust/Outcomes Group and Council areas

<http://maps.cypsp.hscni.net/>



2. Maintain an interactive performance system providing the status/performance against the high level outcomes based on the population accountability of the outcomes area measured against a baseline



<http://maps.cypsp.hscni.net/performance-profile/>

3. Provide support for the analyses of need and development of Family Support service provision and Family Support Hub Monitoring
4. Work with Department of Education and other Departments to support the introduction of child right indicators onto the CYPSP system
5. Provide an information analysis and planning support function to all CYPSP planning groups
6. Support CYPSP planning groups with the effective monitoring and reporting of progress through the use of a suite of agreed monitoring tools
7. Manage a comprehensive website and social media platforms to support and promote the work of CYPSP
8. Maintain information sharing agreements with partner organisations

View key indicators on how children and young people in Northern Ireland are doing [here](#)



Welcome to the CYPSP Interactive Map System

Developing and maintaining integrated planning and commissioning across agencies and sectors, aimed at improving wellbeing and the realisation of rights for children in Northern Ireland.



## Context for CYPSP Plan

### Political Context

- **The current political environment** presents specific challenges with no devolved assembly in place (2018/19)
- Draft **Northern Ireland Programme for Government (2016-2021)** with a specific focus on reporting on Outcomes
- **Children's Services Co-Operation Act (NI) 2015** has created a **statutory duty** to cooperate and interim guidance has been produced.
- Emphasis through the **United Nations Convention on the Rights of the Child (UNCRC)** to incorporate Children's Rights into the design and delivery of children's services
- **Executive Children and Young People's Strategy (2017-2027)** and the eight parameters of wellbeing
- **Delivering Social Change** policy direction
- **Social Strategy for Northern Ireland** (Department for Communities)
- **Families Matter** family support policy (Department of Health)
- **Looked After Children Strategy for Northern Ireland** (Development of the Department of Health / Department of Education)

- Department of Justice led review of the **Youth System in Northern Ireland**
- **Making Life Better: A Whole System Strategic Framework for Public Health in Northern Ireland (2013-2023)** (Department of Health)
- Implementation of Department of Health, **Health and Wellbeing 2026: Delivering Together (2016)**
- Proposals to place CYPSP on a statutory footing through **Adoption and Children (Northern Ireland) Bill**
- **Transformation agenda in Health and Social Care**

### **Economic Context**

- The impact of **austerity**
- The introduction of **Welfare Reform**
- The impact of **leaving the European Union**

### **Social Context**

- The challenge of addressing **Child Poverty** and research into **Child Welfare Inequalities** (Programme for Government Outcome 'We have a more equal society')
- The impact of **Demographic changes** on service delivery as outlined in the Department of Health, **Health and Wellbeing 2026: Delivering Together (2016)**



## Service Delivery Context

- Managing demand for service through **new ways of organising and delivering services**
- **No co-terminus agency boundaries** e.g. Local Government Councils, Health, Education etc
- Connecting with **other planning processes** which focus on children and young people
- Increasing the focus of service delivery on **early intervention**
- Managing the impact of **organisational and structural change** for organisations involved in delivery of children's services
- Improving the **outcomes focus** and **evidence base practice** for service delivery
- Building the capacity to adopt an outcomes based approach

### Is anyone better off?

- 67% rated their increased knowledge as "A lot" in ensuring their service is inclusive to children/young people with a disability, due to the event
- 28% rated their knowledge increase as "A little" due to the event
- 73 new links were made between attending organisations/services
- 16 respondents arranged follow up work and contact as a result of the event



## Interface with Other Multi-Agency Planning Processes

CYPSP aims to avoid duplication and harness the potential of integrated planning. Interface arrangements therefore will be reviewed and where necessary refreshed in alignment with:



1. The **Programme for Government** planning cycle
2. Safeguarding Children through the **Safeguarding Board for Northern Ireland (SBNI)**
3. The early years planning process and specifically the Article 20 Reviews<sup>10</sup> undertaken by **Childcare Partnerships**
4. The **Community Planning Process with Local Government**
5. The **Policing and Community Safety Partnerships (PCSPs)**
6. The Draft **Northern Ireland Children and Young People's Strategy** and the associated monitoring arrangements
7. Department of Health **Making Life Better: A Whole System Strategic Framework for Public Health in Northern Ireland (2013-2023)**

Work to ensure alignment to the various strategies and planning processes is a CYPSP priority.

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<sup>10</sup> Article 20 The Children (NI) Order 1995, 'Review of provision for day care, Childminding, etc'

## Maintaining effective links with other Planning Partnerships

<b>Planning Cycle</b>	<b>Nature of CYPSP Connection</b>	<b>Nature of Outcomes Group Connection</b>
<b>Programme for Government</b>	Alignment of CYPSP planning cycle with PfG	Alignment of CYPSP planning cycle with PfG
<b>Northern Ireland Children and Young People's Strategy</b>	Link to Children's Team in DE	CYPSP Children and Young People's Plans at OG level contribute to the eight parameters of wellbeing
<b>Community Planning</b>	Council Chief Executive a member (Vice Chair) of CYPSP	Heads of Local Government Community Planning are active Outcomes Group members
<b>Making Life Better Framework</b>	PHA senior staff represented on CYPSP	PHA represented on all Outcomes Groups
<b>Safeguarding Board</b>	Chair is member of CYPSP	Panel members sit on all Outcomes Group
<b>Policing and Community Safety Partnerships (PCSP)</b>	Represented through PSNI, YJA and Local Government on CYPSP	PCSP staff sit on all Outcomes Groups and Locality Planning Groups
<b>Childcare Partnerships (CCPs)</b>	HSCB lead for CCPs is member of CYPSP	Child care partnership Managers are members of Outcomes Groups

## Key Actions to Support the Purpose of the Children's Services Planning Process

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
<b>Promote the welfare of children</b>	<p>Outcomes Groups/Regional Subgroup structure/Task and Finish Groups will maintain a focus on improving outcomes for vulnerable children.</p> <p>Support vulnerable young people through continued support of Family Support Hub and Locality Planning system</p> <p>Seek to develop the Family Support Hubs based on evidence of effectiveness</p> <p>Focus on mapping a continuum of Family Support for vulnerable children</p>	<p>Evidence of effectiveness of Outcomes Groups/Regional Subgroup report cards</p> <p>Family Support Hub annual report card/Locality Annual report card</p> <p>Review of FSH manual published</p> <p>Development of service mapping</p>

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
<b>Clarify strategic objectives in relation to services</b>	Maintain a focus on development of early intervention family support approaches through the Outcomes Groups/Regional Subgroups	Report cards and Agency plans
	Support the development of, and implementation of, key children's policy papers -Draft Children's Strategy, Draft Families Matter and draft LAC Strategy	Collaborative work with DE and DoH
	Work with DE to support the governance arrangements for the new children's strategy for Northern Ireland	Collaborative work with DE
	Work with DE to incorporate the children's rights indicators into the information suite held on CYPSP website	Collaborative work with DE
	Work with EITP to embed the learning from the programme into service planning and delivery	Evidence of embedding of learning from EITP projects

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
<b>Clarify strategic objectives in relation to services - Continued</b>	<p>Maintain the Outcomes Mapping Programme linking activity across CYPSP and other Partnerships to the PfG outcomes</p> <p>Work with partners to promote the Adverse Childhood Experiences Research</p> <p>Work with partners to promote the OBA approach to outcome monitoring</p> <p>Incorporate learning from the Article 20 Reviews into the appropriate CYPSP plans</p>	<p>Project maintained on CYPSP website</p> <p>Implementation of ACEs into practice across partner agencies</p> <p>Evidence of use of OBA across CYPSP</p> <p>Evidence form Outcomes Group Plans.</p>
<b>Promote integrated provision of service and effective use of available resources</b>	<p>We will develop a number of models of integrated working</p> <p>Develop a 'manual' for Locality Planning to underpin the evidence base for this model of work and promote greater consistency in operation.</p>	<p>Evidence from Outcomes/Regional/ Locality Groups</p> <p>Published manual</p>

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
	<p>Update the Family Support Hub manual</p> <p>Improve interfaces/ linkages with other planning process specifically Programme for Government, Community Planning, Children's Strategy and Public Health Strategy.</p>	<p>Published manual</p> <p>Demonstration of linkages across the plans</p>
<b>Ensure consistency of approach to planning</b>	<p>Work to support member organisations to use OBA process to measure all CYPSP activity</p> <p>Enable all CYPSP planning groups to use data more effectively to assess need and monitor trends.</p> <p>Maintain an up to date multi-agency information system</p> <p>Keep a focus on demonstrating effectiveness of CYPSP activity</p>	<p>Incorporation of elements of CYPSP plan into agency plans and improved links to other planning processes</p> <p>Use of the area performance profile.</p> <p>Information System report card</p> <p>Use of multi-agency report cards for CYPSP activity</p>

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
	Demonstrate effective use of qualitative information at Locality level	Locality Planning report cards
<b>Promote high standard of coordination and collaboration between <i>HSCB and Trusts</i> and between social care and health services</b>	CYPSP coordination and collaboration structure maintained and developed-  Support collaborative work throughout the CYPSP structure to improve outcomes for children and seek to remove barriers to collaboration	Evidence from Task and Finish Groups and Regional Subgroups  Report on improvements in collaboration through CYPSP annual reports
<b>Establish a high standard of coordination and collaboration between <i>HSCB and Trusts</i> and other agencies and organisations which have a contribution to make to effective provision of local services</b>	Coordination and collaboration structure maintained and developed-  Support collaborative work throughout the CYPSP structure to improve outcomes for children and seek to remove barriers to collaboration	Develop a specific measure of effective partnership for Locality Groups (annual survey)  Evidence from partnership measure in Family Support Hubs annual survey  Evidence from Outcomes/Regional/ Locality report cards

Purpose of CSP as defined by CSP guidance (1998)	What will CYPSP do 2017-2021 Plan	How will we know if we have been successful
<b>Facilitate joint commissioning by agencies when it is seen as appropriate to meet the needs of children</b>	Identify opportunities to deliver joint commissioning by agencies.	Evidence of joint commissioning/pooled budgets

### Summary of Actions Arising from Outcomes Groups Plans

Outcomes Group	Priorities in 2017-2020 Plan	Relevant Actions
<b>BELFAST OUTCOMES GROUP</b>  <a href="#">Click here to download the Belfast Children and Young People's Plan</a>	1. Building capacity within communities to connect families to early help networks	1a. Increase take up rates of services across Family Support Hubs and other early help networks  1b. Increase the availability and take up of volunteering opportunities across existing early help networks.  1c. Reduce the numbers of CYP with GHQ12 scores of 4 or more



DRAFT Northern Ireland Children and Young People's Plan 2019-2021

		<p>3d. Increase the availability and take up of volunteering opportunities across existing early help networks</p>
	<p>4. Delivering joint initiatives by using the Children's Services Co-Operation Act</p>	<p>4a. BAOG will use the CSCA mechanisms to deliver at least two practical examples of joint commissioning in Belfast. These will be drawn from the headings below:</p> <ol style="list-style-type: none"> <li>1. Improving Emotional Health Well Being and Resilience of CYP and their families</li> <li>2. CYP at risk of contact with PSNI</li> <li>3. CYP engaging in appropriate play opportunities</li> <li>4. Supporting families with C&amp;YP who present with Social Emotional Behavioural or Social communication difficulties, not in receipt of statutory services</li> <li>5. Young People and post second level training</li> </ol>



		in parenting their children
<b>SOUTH EASTERN OUTCOMES GROUP</b>  <a href="#">Click here to download the South Eastern Children and Young People's Plan</a>	<p>1. Our children and young people will reach their developmental potential</p> <p>2. Our children and young people will be resilient and have positive mental health</p>	<p>1a) <i>Speech and Language Support:</i> Children and young people with an additional need are provided the best development opportunities particularly during transition period</p> <p>1b) <i>Improved Physical Wellbeing:</i> Together we will promote positive lifestyle choices to improve dental health and reduce the likelihood of childhood obesity</p> <p>1c) <i>Learn and Achieve:</i> Together we will ensure that all young people in the South Eastern Outcomes Area have a level educational attainment and improve school attendance</p> <p>2a) <i>Build Resilient Communities:</i> Through capacity building of young people, parents, staff and volunteers, individuals will have the tools and life skills to develop strong mental health and wellbeing of themselves and for</p>

		<p>others</p> <p>2b) <i>Focus on Behaviours:</i> Together we will use expertise and evidence to understand the issues affecting the mental health and emotional behaviour of young people and build a strong support network for vulnerable young people and their families via early prevention and intervention approaches</p> <p>3a) <i>Domestic Violence:</i> Raise awareness across the sector of how children &amp; young people are affected by domestic violence</p> <p>3b) <i>Parenting/Family Support:</i> Create a stimulating learning environment where parents are equipped to provide children with the best start in life</p> <p>3c) <i>Poverty:</i> Together to support families facing poverty across the South Eastern area</p>
	<p>3. Our children and young people will get the best possible early intervention support from their families</p>	

## SOUTHERN OUTCOMES GROUP

[Click here to download the Southern Children and Young People's Plan](#)

1. Children and young people will have the best start in life and enjoy the best possible health and wellbeing	Together we will provide opportunities for children & young people to come together for enjoyment and support; and provide opportunities for young peoples' voices to be heard in terms of shaping services
2. All children are safe, confident and enjoy improved emotional wellbeing	Together we will build resilience in young People and improve emotional wellbeing in families and communities
3. Children and young people will experience and benefit from good relations, equality and diversity	Together we will work towards broadening access to schools and youth/public facilities particularly during summer months (inc. BME, LAC, C&YP with disability)
4. Parents/Carers, Children and Young people are supported to understand the importance of, and to attend/participate learn and achieve in education and training	Together we will improve participation in early years care, education/school life including BME, LAC, C&YP with a disability and endorse early intervention approaches to support emotional skills/needs

	5. Parents/carers receive the help and support they need to positively empower them to parent and Children and young people live in supportive families.	Together we will provide practical home based support to families and encourage strength based parenting with a focus on accessibility.
<b>WESTERN OUTCOMES GROUP</b>  <a href="#">Click here to download the Western Children and Young People's Plan</a>	1. Every child has the best start in life  2. Promote the safety of our children and young people  3. Work together to include the voice of children and young people	<i>Positive Mental Health and Emotional Wellbeing</i> <ul style="list-style-type: none"> <li>Together we will promote &amp; improve the social, emotional, physical and mental health and wellbeing of children, young people, families and the people that support them</li> </ul> <i>Behaviour</i> <ul style="list-style-type: none"> <li>Together we will provide access to a timely, appropriate and integrated range of supports for children, young people or families demonstrating challenging or high risk behaviour</li> </ul> <i>Parenting</i> <ul style="list-style-type: none"> <li>Together we will provide all parents with the essential</li> </ul>

		<p>skills to ensure that every child has the best start in life.</p> <p><i>Domestic and Sexual Violence</i></p> <ul style="list-style-type: none"> <li>• Together we will assist children and young people to live in safe and supportive families and communities</li> </ul> <p><i>Transitions</i></p> <ul style="list-style-type: none"> <li>• Together we will provide early and effective support at the critical transition periods of a child's life</li> </ul> <p><i>Addiction</i></p> <ul style="list-style-type: none"> <li>• Together we will promote resilience, and prevention through early intervention</li> </ul> <p><i>Voice of Children and Young People</i></p> <p>Together we will engage with children, young people for effective co-production</p>
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## Actions Arising from the Regional Subgroups and Regional Task and Finish Groups

Regional Subgroups and Regional Task and Finish Groups are designed to take a Northern Ireland wide focus on specific groups of vulnerable young people.

Regional Subgroups are standing groups focusing on groups of vulnerable children and young people.

Regional Task and Finish Groups are thematic groups with a specific time bound agenda.

Subgroups are established with the endorsement of CYPSP.

Their purpose is to:



- a. share information, knowledge and expertise about specific groups of vulnerable children and young people (children in need)
- b. Identifying opportunities to improve outcomes for vulnerable children and young people by working better together

### **Currently there are ‘standing’ Regional Subgroups on:**

- a. LAC 16+
- b. Children and Young People Emotional and Behavioural Difficulties’
- c. Children, Young People and Offending
- d. Disability and Transition
- e. LGBT young people
- f. Young carers

## Regional Task and Finish Groups focused on:

- a. Holiday Hunger
- b. Adverse Childhood Experiences (ACES)
- c. Health and Education Interface and Special Educational Needs

The action plans for the groups can be found on

<http://www.cypsp.org/regional-subgroups/>

## Communicating our Key Messages on Outcomes Based Planning, Using Evidence and Early Intervention Family Support

What we plan to do	Why are we doing it - Outcome	How will we know if it has made a difference - indicator(s)
<b>Promotion of single outcomes based approach to planning</b>	Greater consistency across CYPSP member agencies and key planning partners in using outcomes based planning	Extent to which member agencies and key partners are adopting outcome based planning
<b>Promoting learning and knowledge transfer</b>	Initiate and support events to build awareness of the learning from CYPSP work and partnership priorities and principles	Number of workshops/conferences/events and analysis of impact.
<b>Communication to key stakeholders on work of the</b>	Continue to build awareness of CYPSP amongst	Analysis of effectiveness of core communication tools- e-zine/website/publications

partnership	internal and external stakeholders.  Dissemination of key messages focusing on 'added value' of CYPSP	Communications report card
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### Structures for Delivery - CYPSP Planning Groups - Maintaining an efficient, effective and representative structure

CYPSP supports a range of planning groups. A governance document has been created and will be regularly kept under review

The current agreed structure comprises-

1. One regional **CYPSP**.
2. There are **5 Outcomes Groups** focussing on need in specific geographic areas. The purpose of Outcomes Groups is to act as coordination and planning space for early intervention family support developments in their area.
3. **Family Support Hubs** offering coordination and signposting to early intervention services
4. **Locality planning groups** focusing on need at local community level with a specific role in engaging communities in discussion about how organisations can work together to more effectively address need at a local level.
5. **Regional Task and Finish Groups** focussing on cross-cutting issues for vulnerable children and young people.
6. **CYPSP subgroups focussing on needs of specific groups of Vulnerable Children.** New subgroups will be established with the agreement of the CYPSP as required.



## Improving our Structure and Governance

What are we planning to do?	Why are we doing it- Outcome	How will we know if it has made a difference- indicator(s)
Work with DoH on proposals to put CYPSP on a statutory basis	Improve effectiveness of CYPSP and strengthen the partnership	Movement of CYPSP to a statutory basis.  Changes to structure to reflect changes to status of CYPSP
Recruit voluntary and community members to CYPSP structure	Maintain a representative structure	Full VCS recruitment to CYPSP and Outcomes groups
Address gaps in statutory membership across the planning groups	Maintain a representative structure	Vacancies in planning groups addressed
Introduce and keep under review new membership protocols	Promote transparency in CYPSP procedures	Up to date membership protocols

## **CONTACT US**

For further information about the CYPSP Children and Young People's Plan for Northern Ireland please contact the Children's Services Planning Team in the Health and Social Care Board by:



**Telephone:** 028 95 363 261



**Email:** [cypsp@hscni.net](mailto:cypsp@hscni.net)



**Twitter:** @cypsp



**Facebook:** CYPSP



**Website:** [www.cypsp.org](http://www.cypsp.org)

### **Questions about the CYPSP Children and Young People's Plan for Northern Ireland**

If you have any queries about the CYPSP Children and Young People's Plan or require the document in an alternative format please get in touch with the Children's Services Planning Team by email at [cypsp@hscni.net](mailto:cypsp@hscni.net) or telephone 02895 363 261

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<b>Subject:</b>	Financial Reporting – Quarter 1 2019/20
<b>Date:</b>	10th September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Director of City and Neighbourhood Services
<b>Contact Officer:</b>	Jacqueline Wilson, Business Manager, City & Neighbourhood Services Department

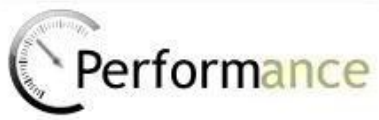
<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Sometime in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	This report presents the quarter 1 financial position for the People and Communities Committee including a forecast of the year end outturn. A reporting pack containing an executive summary, financial indicators and explanation of each of the relevant indicators and the forecast outturn has been included as Appendix 1.
<b>2.0</b>	<b>Recommendations</b>
2.1	The Committee is asked to: <ul style="list-style-type: none"> <li>note the report and the associated financial reporting pack.</li> </ul>

<b>3.0</b>	<b>Main report</b>
3.1	<p><b>Overall Council Financial Position</b></p> <p>The forecast year end position for the Council is an over spend of £149k of the budgeted net expenditure. This was reported to the Strategic Policy and Resources Committee at its meeting on 23rd August 2019. Given the departmental and district rate forecasts, it was agreed that the committee maintained its position that no further reallocations or cash flow payments are considered until the Quarter 2 position is presented to the Committee in November 2019.</p>
3.2	<p><b>Committee Financial Position</b></p> <p>The Quarter 1 position for the Committee is an under-spend of £329k (1.5%), with the forecast year end position being an over spend of £206k (0.25%) which is well within the acceptable variance limit of 3%.</p> <p>The main reasons for the quarter 1 Committee under-spend relates to vacant posts across a number of services, the receipt of additional income and the timing of grants and programmes.</p>
3.3	<p><b><u>Finance and Resource Implications</u></b></p> <p>The report sets out the 2019/20 quarter 1 position.</p>
3.4	<p><b><u>Equality and Good Relations</u></b></p> <p>There are no equality implications with this report.</p>
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	Quarter 1 Performance Report





People and Communities Committee

Quarterly Finance Report

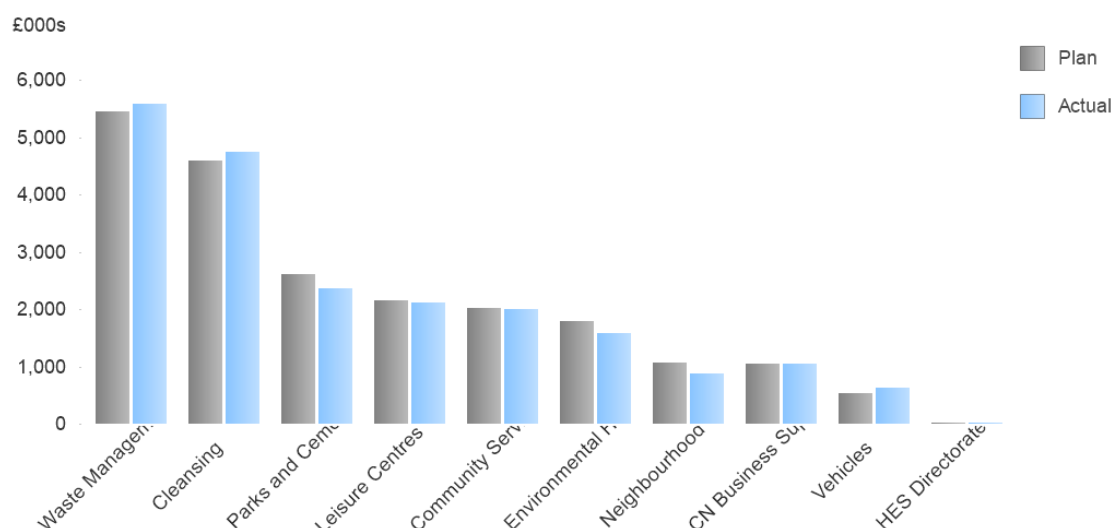
Report Period: Quarter 1, 2019/20

# Dashboard

Quarter 1, 2019/20

Revenue Section							Page
Committee	YTD	YTD Var £000s	Var %	Forecast	Forecast Var £000s	Var %	3-6
Parks and Cemetery Services	✗	(244)	(9.3)%	✓	(40)	(0.4)%	
CN Business Support	✓	8	0.8%	✓	0	0.0%	
Neighbourhood and Development	✗	(198)	(18.4)%	!	(100)	(2.6)%	
Community Services	✓	(26)	(1.3)%	✓	(20)	(0.3)%	
Cleansing	✗	161	3.5%	!	350	1.9%	
Waste Management	✗	115	2.1%	!	266	1.3%	
Parks and Cemeteries	✓	0		✓	0		
Leisure Centres	✓	(37)	(1.7)%	✓	(10)	(0.1)%	
Vehicles	✗	93	17.5%	✗	250	11.7%	
Environmental Health CN	✗	(202)	(11.3)%	✗	(490)	(7.6)%	
<b>Total</b>	✓	<b>(329)</b>	<b>(1.5)%</b>	✓	<b>206</b>	<b>0.3%</b>	

## Committee Net Revenue Expenditure: Year to Date Position



The Quarter 1 position for People and Communities Committee is an under spend of -£329k or -1.5% of the budget. The main reasons for this are:

**Waste Management** net expenditure at Quarter 1 is £115k (2.1%) above budget and is primarily in relation to uncontrollable increased contract costs.

**Cleansing Services** net expenditure at Quarter 1 is £161k (3.5%) above budget and is due primarily to staff costs.

**Parks and Cemetery Services** net expenditure at Quarter 1 is -£244k (9.3%) below budget. This relates specifically to additional income not budgeted and underspends in miscellaneous expenditure

**Leisure Services** net expenditure at Quarter 1 is -£37k (1.7%) below budget due to premises insurance premiums and utilities at Templemore being lower than estimate.

**Environmental Health (Excluding OSCP)** net expenditure at Quarter 1 is -£202k (11.3%) below budget and is due in the main to vacant posts/reduced hours and additional unplanned income.

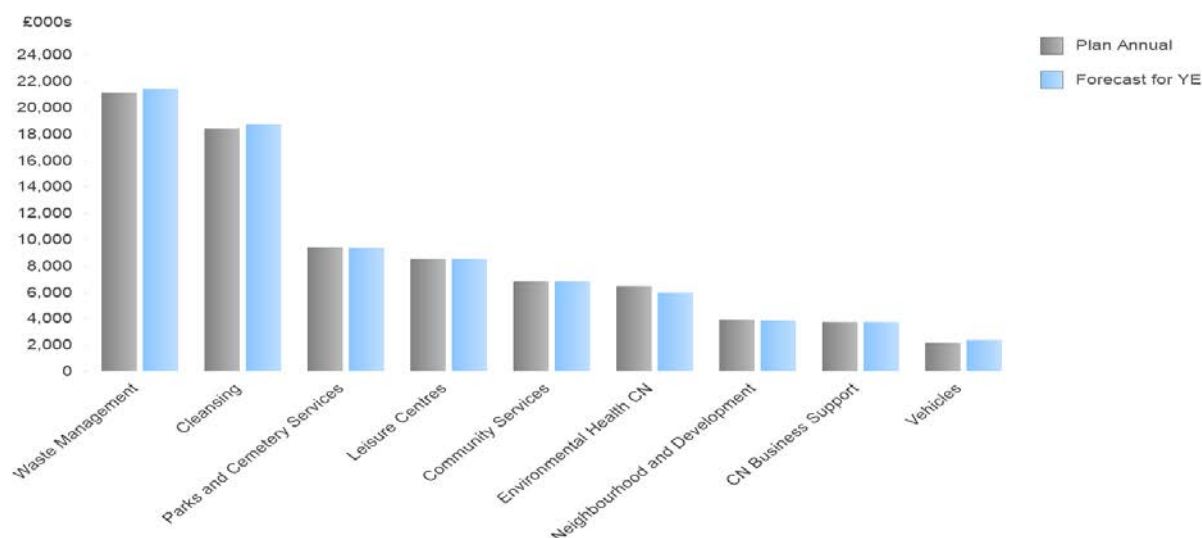
**Community Services** net expenditure at Quarter 1 is -£26k (1.3%) below budget. The primary reason for this under spend is supplies and services underspend which will self-correct throughout the financial year.

**Neighbourhood and Development Services** net expenditure at Quarter 1 is -£198k (18.4%) below budget. There is under spend due to vacant posts and posts under review. There is an under spend in supplies and services due to delays in programmes but this is offset by additional income received.

**Vehicles** net expenditure at Quarter 1 is £93k (17.5%) above budget due to the hire of external vehicles

**CNS Directorate Support** net expenditure at Quarter 1 is £8k (0.8%) above budget due to recruitment costs

## Committee Net Revenue Expenditure: Forecast for Year end



The Quarter 1 forecast for People and Communities Committee is over spent by £206k or 0.25% of the committee's budget. The main reasons for this forecast are:

**Waste Management** is forecast to be £266k over budget. This relates in the main due to uncontrollable increased contract costs offset by the adoption of the migration of Food Waste from residual to organic waste.

**Cleansing Services** net expenditure is forecast to be over budget by £350k due to the costs compensation claims, premises and staff costs associated with route optimisation

**Parks and Cemetery Services** net expenditure is forecast -£40k under budget due to additional income not budgeted for

**Leisure Services** net expenditure is forecast to be -£10k under budget due to lower utility usage and lower insurance premiums

**Environmental Health (excluding OSCP)** is forecast to be -£490k under budget, due to vacant posts/reduced hours, and additional income

**Community Services** net expenditure is forecast to be -£20k under budget due to vacant posts/posts under review

**Neighbourhood and Development Services** net expenditure is forecast to be -£100k under budget due to vacant posts/posts under review and additional income.

**Directorate Support** forecast to be on target

**Vehicle Maintenance** is forecast to be £250k over budget due to the hire of external vehicles and equipment

## People and Communities Committee

### Section Expenditure Budgetary Analysis & Forecast

Service	Plan YTD £000s	Actuals YTD £000s	Variance YTD £000s	% Variance	Annual Plan 2019/2020 £000s	Forecast for Y/E at P3 £000s	Forecast Variance £000s	% Variance
Cleansing	4,587	4,748	161	3.5%	18,414	18,764	350	1.9%
Community Services	2,027	2,002	(26)	(1.3)%	6,825	6,805	(20)	(0.3)%
Environmental Health CN	1,785	1,582	(202)	(11.3)%	6,477	5,987	(490)	(7.6)%
Leisure Centres	2,147	2,110	(37)	(1.7)%	8,513	8,503	(10)	(0.1)%
Neighbourhood and Development	1,073	875	(198)	(18.4)%	3,920	3,820	(100)	(2.6)%
Parks and Cemetery Services	2,612	2,368	(244)	(9.3)%	9,382	9,342	(40)	(0.4)%
CN Business Support	1,040	1,048	8	0.8%	3,709	3,709	0	0.0%
Vehicles	533	626	93	17.5%	2,130	2,380	250	11.7%
Waste Management	5,462	5,576	115	2.1%	21,132	21,398	266	1.3%
<b>Total</b>	<b>21,265</b>	<b>20,936</b>	<b>(329)</b>	<b>(1.5)%</b>	<b>80,503</b>	<b>80,709</b>	<b>206</b>	<b>0.3%</b>

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<b>Subject:</b>	Partner Agreements Update
<b>Date:</b>	10 September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director City and Neighbourhood Services Department
<b>Contact Officer:</b>	Ryan Black, Director of Neighbourhood Services

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	This report is to provide an update on progress on implementation of Partner Agreements for April - June 2019 and to remind members that Rosario YC intend to submit a detailed proposal to Council for a new management model at Ulidia Playing Fields.
<b>2.0</b>	<b>Recommendations</b>
2.1	The Committee is asked to <ul style="list-style-type: none"> <li>Note quarterly progress to date at Partner Agreement sites.</li> </ul>
<b>3.0</b>	<b>Main report</b>
3.1	<b>Legal Agreements</b> Council agreed to enter into Partner Agreements at the following sites with the clubs identified below:

		<b>Location</b>	<b>Partner</b>
		Dixon Playing Fields	Sirocco Works FC
		Alderman Tommy Patton Memorial Park	East Belfast FC
		Woodlands Playing Fields	Co. Antrim Board GAA
		Loughside Playing Fields	Loughside FC
		Shore Road Playing Fields	Grove United FC
		Orangefield Playing Fields	Bloomfield FC
		Ulidia Playing Fields	Rosario FC
3.2	<p>Regular checks on the necessary Insurance, Health and Safety and Governance have been completed monthly at all sites with managers noting full compliance. The reporting documents were amended in accordance with audit requirements and sent to partners one month in advance of reporting deadlines. All of the partners have been confirmed as compliant on these matters.</p>		
3.3	<p><b>Financial Support to deliver Sports Development Plans</b></p> <p>Successful applicants submitted plans to improve sports development outcomes at each site. Funding of up to £20,000 per annum is available for each partner for delivery of a programme supporting their Sports Development Plan. Letters of offer have been sent to all partners based on approved sports development plans in the current financial year. Full payments have been made to all Partners in this Quarter.</p>		
3.4	<p>Partners must submit Sports Development plans annually which are aligned to the financial planning calendar for the incoming year. Plans for 2019/20 are in place.</p> <p><b>Monitoring</b></p>		
3.5	<p>End of quarter monitoring meetings have been held with all Partners. These meetings are attended by partner representatives, parks management and sports development, with updates on site management and bookings, health and safety, finance and sports development plan.</p>		
3.6	<p>Action plans are reviewed and agreed with the partners at these meetings to ensure that planned outcomes are achieved and improvements identified where required.</p>		



3.7	All Partners compliant on reporting matters and financial vouching checks with two Partners have been completed for Q1 19/20.	
3.8	<p><b>Sports Development Impact</b></p> <p>In line with Council objectives, the diversification of use and improved sports development impact are priorities at the partner agreement sites. Programme delivery has led to significant positive achievements across the sites.</p>	
3.9	The table below indicates outputs at the sites as reported by all 7 partners for Quarter 1 (April – June 2019).	
	<p><b>A. Participation type</b></p> <ol style="list-style-type: none"> <li>Members of different codes</li> <li>People with a Disability</li> <li>People from a minority ethnic background</li> <li>Females</li> <li>Older people</li> <li>Schools / youth organisations</li> </ol>	<p>610 people</p> <p>259 people</p> <p>506 people</p> <p>3,288 people</p> <p>1,076 people</p> <p>13 groups</p>
	<p><b>B. Participation usage</b></p> <p>Number of full pitch/adult matches on site</p> <p>Number of full pitch/adult match participations</p> <p>Number of small sided/youth match bookings on site</p> <p>Number of small sided/youth matches on site</p> <p>Number of youth match participations</p> <p>Number of training sessions held on site</p> <p>Number of training session participants</p> <p>Number of other bookings / activities on site</p> <p>Number of other bookings / activity participants on site</p>	<p>74 matches</p> <p>2,362 users</p> <p>102 bookings</p> <p>460 matches</p> <p>8,425 users</p> <p>376 sessions</p> <p>16,540 participants</p> <p>15 bookings</p> <p>3,820 participants</p>
	<p><b>C. Partnership working</b></p> <ol style="list-style-type: none"> <li>Working with Belfast City Council</li> <li>Sports Governing Bodies</li> <li>Other teams / groups in your sport</li> <li>Other teams / groups in different sports</li> <li>Community / voluntary groups</li> </ol>	<p>All reported partnership working</p> <p>16</p> <p>78 teams / groups</p> <p>6 teams / groups</p> <p>10 community groups</p>
	<p><b>D. Social value</b></p> <ol style="list-style-type: none"> <li>Young people at risk</li> <li>Encourage participation of under-represented groups</li> <li>Promote positive cross community relations</li> </ol>	<p>4 programmes 5,355 people</p> <p>4 programmes 5,650 people</p> <p>4 programmes 4,090 people</p> <p>2 programmes 601 people</p>

	<p>4. Promote health and wellbeing in socially deprived communities</p> <p>5. Promote Volunteering skills</p> <p>6. Develop skills that will improve employability</p>	<p>32 volunteers upskilled</p> <p>42 programmes 30 people</p>
3.10	<p><b>Ulidia Playing Fields Management Model</b></p> <p>Committee of 8<sup>th</sup> January 2019 considered a report titled “Partner Agreement – Ulidia Playing Fields” and agreed that the Partner could develop and submit a detailed proposal for a revised management model based on a long term lease of the site. Officers can confirm that the committee of Rosario are finalising their proposal and intend to submit this to Council for consideration within the next number of months.</p> <p><u>Financial &amp; Resource Implications</u></p> <p>3.11 A total of £140,000 per annum is available within revenue estimates to support annual Sports Development Plans at the Partner Agreement sites.</p> <p><u>Equality or Good Relations Implications / Rural Needs Assessment</u></p> <p>3.12 None.</p>	
<b>4.0</b>	<b>Appendices – Documents Attached</b>	
	None.	



<b>Subject:</b>	IFA Intermediate Football League Restructuring and Ground Criteria
<b>Date:</b>	10 <sup>th</sup> September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director of City & Neighbourhood Services
<b>Contact Officer:</b>	Ryan Black, Director of Neighbourhood Services Noel Munnis, Partnership Manager

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	The purpose of this report is to advise Members of the IFA proposals to restructure Intermediate League football in Northern Ireland and the associated changes to ground/pitch criteria.
1.2	The proposed Intermediate Football restructuring and changes to ground criteria are far reaching and will impact significantly on clubs and the Council.
1.3	The Council currently provides pitch allocations at current intermediate standard for 13 teams at 12 sites across the city. Ground alterations required to meet the new IFA ground criteria are extensive and potentially expensive.

	In additional to the financial impact, ground changes would fundamentally change the level and flexibility of use to the detriment of cross sports code and community programming.
<b>2.0</b>	<b>Recommendations</b>
2.1	<p>The Committee is asked to</p> <ul style="list-style-type: none"> <li>Note the IFA proposals to restructure Intermediate League Football in Northern Ireland and the potential impacts for the Council and clubs.</li> </ul>
<b>3.0</b>	<b>Main report</b>
	<u>Key Issues</u>
3.1	The full IFA Intermediate Football restructuring proposal is attached at <b>Appendix 1</b> and the new IFA Intermediate League Ground Criteria is attached in full at <b>Appendix 2</b> .
3.2	The most significant change included within the restructure is a reduction from circa 117 teams to 56 teams (both totals exclude 12 'Premier Intermediate League' teams) playing at 'intermediate' level.
3.3	The new structure will have four regional divisions below the Premier Intermediate League (1 North/North West, 2 Greater Belfast and 1 South/South East). Each division will have 14 teams.
3.4	Under the current structure there are 13 intermediate teams playing 'home' matches on 12 Council owned pitches. The teams in question, the designated pitches and the new ground criteria compliance matrix is attached at <b>Appendix 3</b> .
3.5	<p>The timeline for implementation is:</p> <ul style="list-style-type: none"> <li>August 2019 – Expressions of interest for entry into new IFA intermediate structure</li> <li>January 2020 – IFA commence tender process to appoint league operators</li> <li>January 2021 – IFA final inspection of facilities against new ground criteria</li> <li>May 2021 – Confirmation of 68 teams (inc. 12 Premier Intermediate League) to play in new intermediate football league structure</li> <li>May 2021 – Allocation of teams to leagues</li> <li>August 2021 Kick off first season of new Intermediate Football League Structure</li> </ul>
3.6	In following the above timeframe, it would be essential that teams selected for inclusion in the new leagues are confirmed at the earliest possible date. With final pitch inspections

	<p>scheduled for January 2021, it is assumed that the IFA will at least have a shortlist of potential intermediate league teams early in 2020. If this is not available it is likely that lead in time for ground alterations would be inadequate if the final 68 teams are to be confirmed by May 2021.</p>
3.7	<p>At this point there is no way of knowing how many or which of the 13 intermediate teams currently playing on BCC facilities will qualify and be included in the 28 teams to play in the 2 new Greater Belfast divisions. We can be reasonably certain that not all will be included.</p>
3.8	<p>Any current intermediate teams not included in the new intermediate structure will be placed in the 'Junior League' structure. The new Intermediate Football ground criteria will not apply to Junior leagues. Consequently any potential impact on Council will reduce as some of the 12 grounds listed in Appendix 3 will not be required to meet the new ground criteria.</p>
3.9	<p>The new IFA Intermediate Football ground criteria that sits alongside the league restructuring is substantially different and considerably more stringent than those set out in the current regulations.</p> <p>Appendix 2 sets out details of specific ground requirements under the following 10 key headings:</p> <ul style="list-style-type: none"> <li>• Pitch &amp; playing surface</li> <li>• Artificial surfaces</li> <li>• Football ground boundary and environs</li> <li>• Run off areas and dug outs</li> <li>• Access to football grounds</li> <li>• Exiting ground</li> <li>• Access to pitch for players and officials</li> <li>• Changing room accommodation</li> <li>• First aid</li> <li>• Football ground capacity and spectator accommodation</li> </ul> <p>In summary none of the 12 BCC grounds detailed in Appendix 3 currently meet all of the new IFA ground criteria.</p>

3.10	While some of the new requirements could be easily and inexpensively met (for example marked technical areas and no additional sports post stored within the pitch area), others present substantial and potentially expensive challenges. For example, provision of secure ground perimeter boundaries, changing room dimensions and covered spectator stand/terracing. It should be noted that none of the Council's current grounds with Intermediate League accreditation meet the new ground perimeter boundary or the covered stand requirements. 7 of the 12 sites do not meet the new home/away dressing room capacity requirement of 15m <sup>2</sup> .
3.11	The matrix in Appendix 3 includes the findings of preliminary high level ground assessments carried out by Council Officers. These assessment were non-expert cursory inspections. All white cells indicate areas of compliance with the new criteria.  <u>Financial &amp; Resource Implications</u>
3.12	Financial implications cannot be assessed until teams/grounds included in the new Intermediate Football League structure are confirmed. Costs would depend entirely on how many and which specific grounds are included. It is reasonable to assume that, given the scale of alterations required, any cost implications are substantial.  <u>Equality or Good Relations Implications / Rural Needs Assessment</u>
3.13	Equality and good relations issues may arise in relation to 'exclusive use' elements of the new ground criteria. These clauses would directly impact on the level and flexibility of use, potentially to the detriment of multi sports code booking allocations and community programming.
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	Appendix 1 – IFA Intermediate Football Restructuring Appendix 2 – IFA Intermediate Football Ground Criteria Appendix 3 – IFA Intermediate Football Ground Criteria, BCC current compliance matrix



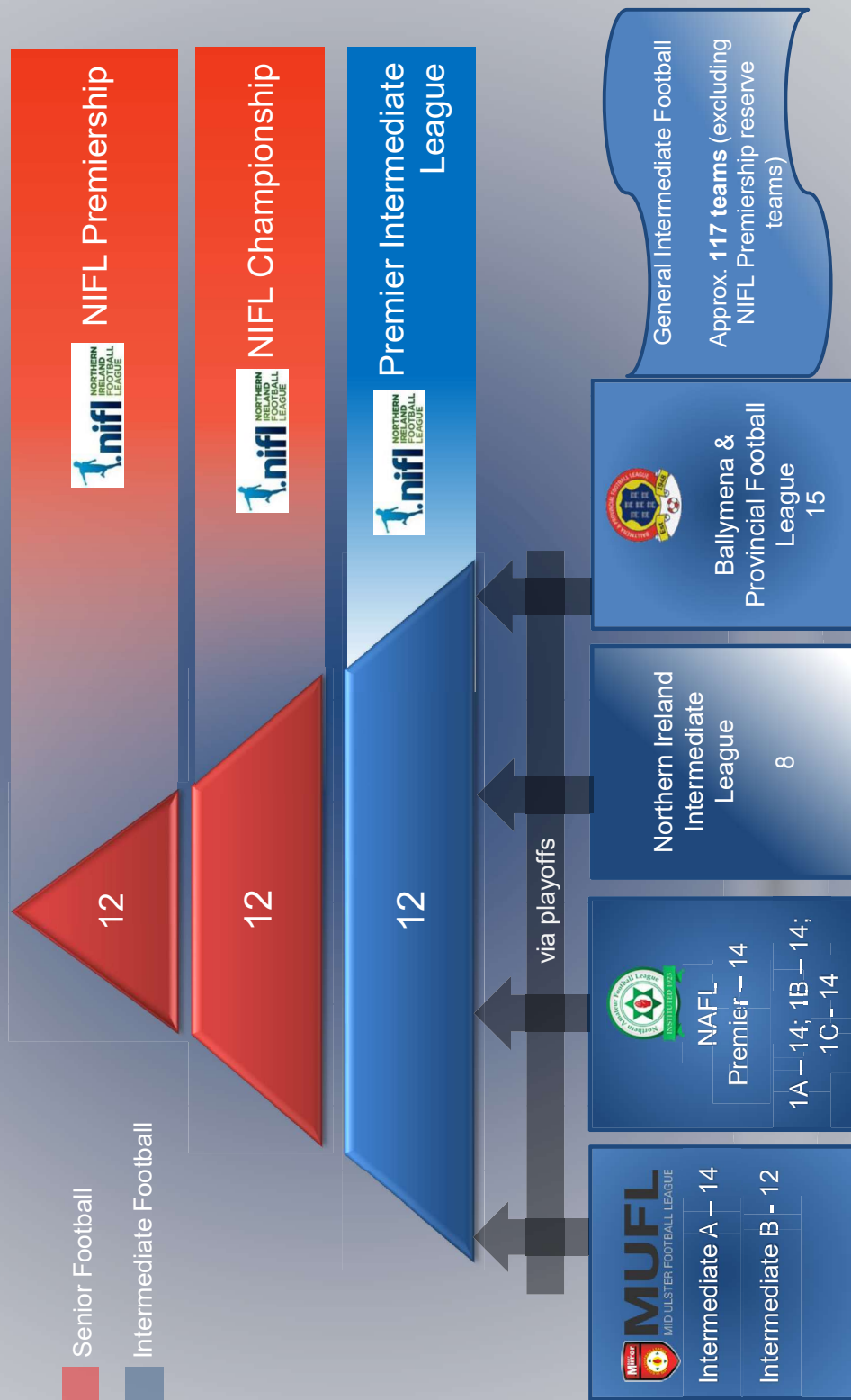
# Intermediate Football Restructure

## **Background**

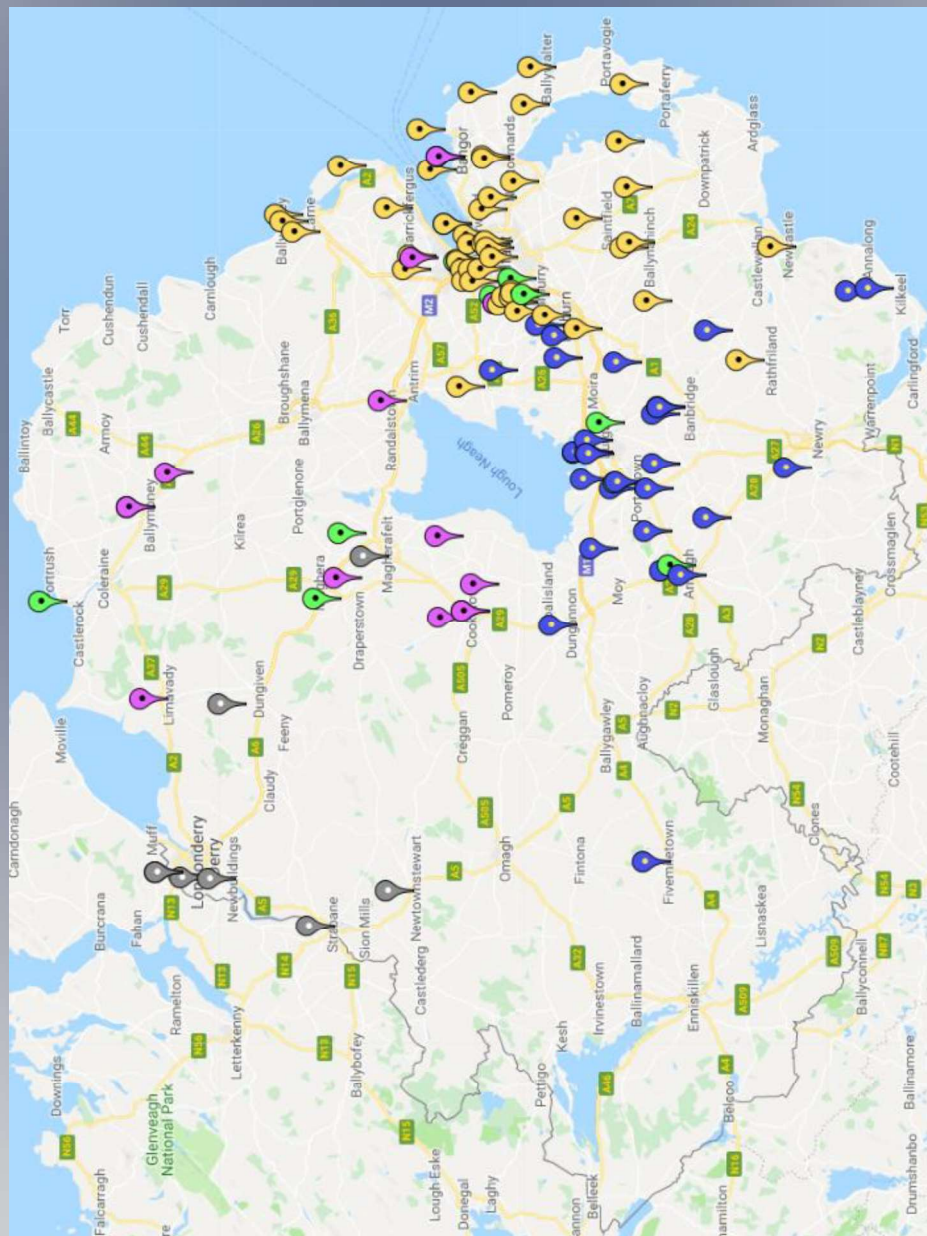
One of the long-term objectives within the Irish FA's 5-year strategy 2017-2022 is to reinvigorate the everyday game. Specifically, within this objective is a proposal for the restructuring of Intermediate Football. The restructuring aims to raise standards and continue the development of the game at Intermediate level by seeking to improve the standard of football on the pitch, introducing a more standardised league format and enhancing the quality of facilities/spectator experience.



# Current Intermediate Football Structure



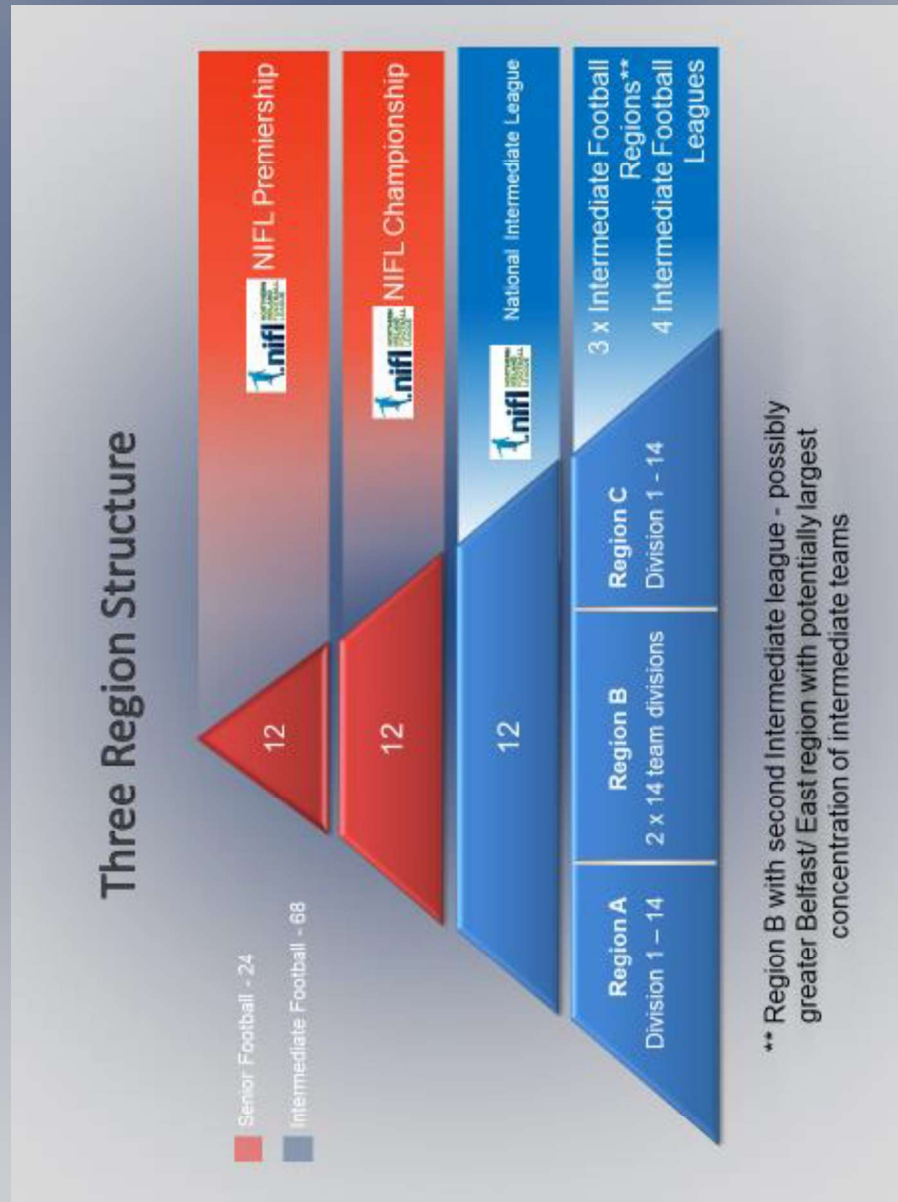
## Mapping of current Intermediate Football Clubs in Northern Ireland



Mapping illustrates very heavy concentration of Intermediate clubs in Greater Belfast/ East of province, various colours represent current intermediate league they play in.

### Preferred Future Structure

The preferred future structure provides for a better geographical split of clubs whilst limiting travel to regional opposition and standardising league formats. The future structure is assumed to sit on top of the existing Junior leagues structure.



Region A – North/ North West  
Region B – Greater Belfast/ East  
Region C – South/ South East

### **League Management**

A tender process is to be carried out to confirm league operators for each of the 3 regions. It is assumed that NIFL will continue to operate the Premier Intermediate League (National Intermediate League). However, if this is not the case then the National Intermediate League will be included in the tender process.

### **Promotion/ Relegation**

Promotion/ relegation will be to a 'pool' of clubs to be placed in the most geographically appropriate league for the following playing season rather than to a specific league or league that any club has historically been attached to.

### **Leagues Panel**

As it may be necessary from time to time to move clubs laterally between leagues to accommodate the movement of clubs by normal promotion/ relegation, this will necessitate the establishment of an independent Leagues Panel to provide for seasonal promotion, relegation or lateral movement within the Intermediate structure or back into the Junior game. There will always be an element of lateral movement as wherever the league borders are drawn, there will be some clubs sitting on that 'line' which means they may migrate between different leagues from time to time.

### **Support for clubs**

A Euro 500,000 fund for small grant scheme awards for the improvement of existing Intermediate facilities to meet the new Intermediate football ground criteria will be made available. It is anticipated that this will open in December 2019 and run for the 2020 calendar year to include application process incorporating writing of grant regulations and process manual, assessment, scoring, letter of offer, management & delivery of project, processing and vouching claims, administering payment to applicant clubs.

### **Ground inspections**

All current Intermediate clubs submitting an expression of interest form will have an advisory ground inspection carried out by the end of 2019 against the enhanced ground criteria. A detailed report will be provided highlighting areas of non-compliance. Clubs will then have until January 2021 to carry out any further works required to meet the new ground criteria. Once completed (and again by not later than January 2021), a final ground inspection will be carried out to confirm compliance with the new ground criteria.

## Ground Criteria

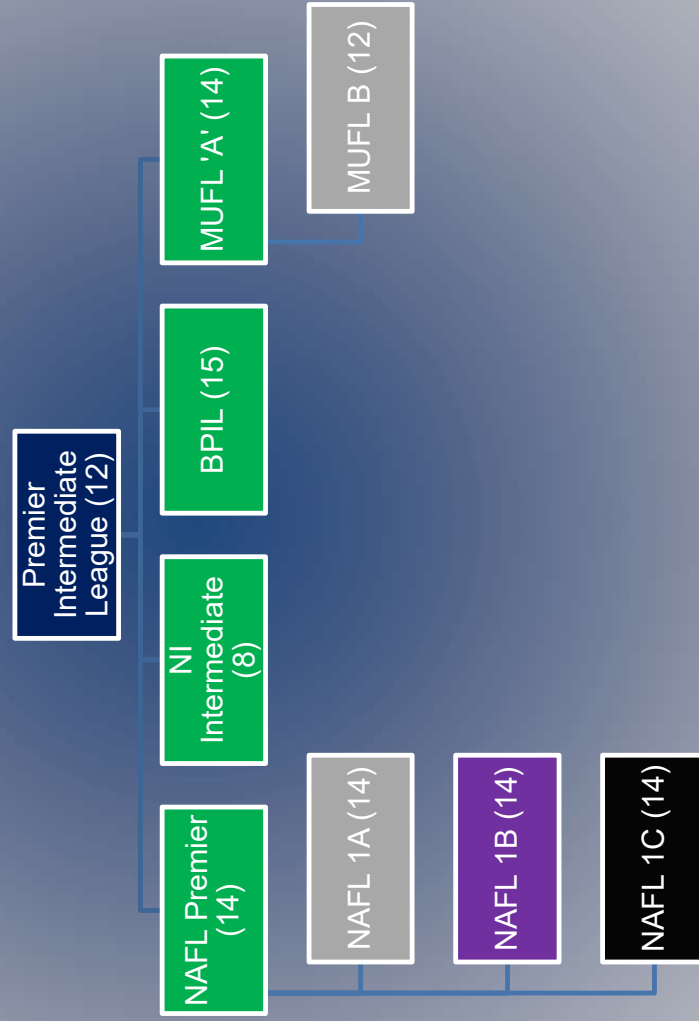
### Enhancements in the following areas:

- Pitch/Playing Surface
- Football Ground boundaries/ Environs
- Changing Rooms
- Access to pitch for players and officials
- Spectator accommodation/ viewing
- Exception request
- Spot checks



## Criteria for entry

Applicant clubs who meet the revised Intermediate football ground criteria and who sportingly qualify for the top 68 places in the new Intermediate structure based on the existing hierarchy within the current football pyramid at the end of the 2020-21 season.



## Tentative Draft Timeline (subject to change)







# INTERMEDIATE FOOTBALL GROUND CRITERIA

## INTRODUCTION

One of the long-term objectives within the Irish FA's 5-year strategy 2017-2022 is to reinvigorate the everyday game. Specifically, within this objective is a proposal for the restructure of Intermediate Football. The restructure aims to raise standards and continue the development of the game at Intermediate level by seeking to improve the standard of football on the pitch, introducing a more standardised league format and enhancing the quality of facilities/spectator experience.

The following ground criteria has been approved by both the IFA Intermediate Committee and the IFA Board. The current version of the ground criteria (October 2017) will remain in effect for the next 2 seasons (2019-20 and 2020-21) but clubs will need to be working during that period to meet this enhanced ground criteria with any final inspections to confirm compliance to take place by not later than January 2021, in advance of the implementation of the revised structure for Intermediate Football in Northern Ireland to come into effect from season 2021-22.



## **PITCH AND PLAYING SURFACE**

The field of play must be rectangular and the length of the touch line must be greater than the length of the goal line.

The pitch must be a minimum of 90m in length with a minimum width of 55m.

With the exception of football goals, no other goals or sports posts are permitted to be permanently fixed within the ground perimeter. Any small sided or portable goals must be stored outside the pitch perimeter barrier in an area which does not affect spectator access, flow or egress.

The pitch must be level and have a good playing surface with only 11-a side football markings in white permitted.

## ARTIFICIAL PITCHES

Any artificial grass pitch must comply at all times with FIFA Quality standards or a comparable testing standard that certifies the pitch for football in terms of playing performance, safety, durability and quality assurance.

A valid, current field test certificate (pass) must be on file with the Irish Football Association at all times.

Any artificial grass pitch must be green in colour with only 11-a side football markings in white permitted. No lines other than football ones, as defined in the IFAB Laws of the Game, may be visible on the field of play.

## **FOOTBALL GROUND BOUNDARY AND ENVIRONS**

A boundary wall and/or fence and/or natural boundary must surround the football ground. The boundary wall and/or fence must be permanent, secure and of sound construction, with a recommended minimum height of 2m (measured from the exterior of the perimeter) and designed to obscure viewing into the ground from publicly accessible areas.

Where any side of the ground is bounded by private land/ property, the fixed boundary of that private land/ property may be acceptable as the boundary of the ground. Any such natural boundary must provide an adequate safeguard that the football ground is ordinarily not accessible for entry to or viewing into the ground by the public via that boundary.

Where a gate is used to form part of the permanent football ground boundary, it must be locked and remain unopened for at least 60 minutes prior to kick off, the duration of the match and 30 minutes following the completion of the match. The exceptions to this are clearly identified entry points to the spectator viewing areas and the entry point for players/ officials.

The football ground boundary (or part thereof) may be formed by the facilities enclosed within the ground.

## **FOOTBALL GROUND BOUNDARY AND ENVIRONS (CONTINUED...)**

The boundary wall and/or fence and/or natural boundary must be located within the club environs of the field of play i.e. the football ground boundary must not surround/ enclose areas, buildings or facilities which are non-football/ non-club facilities that would ordinarily not be present within a stand-alone football club facility.

Shared multi-pitch/ multi-team/ multi-changing room/ multi-user facilities may only be considered for Intermediate football if:

- the two Intermediate teams (home and visiting team), club and match officials have exclusive access to and exclusive use of the entire dressing room complex for at least 60 minutes prior to kick off, the duration of the match and 30 minutes following the completion of the match

**OR**

- a dedicated external entrance to/ exit from the Intermediate football dressing room area exists exclusively for the two Intermediate teams (home and visiting team), club and match officials and permanent internal segregation arrangements are in place to separate from other teams or facility users.

Appropriate signage must be in place to clearly identify the dedicated external entrance to the dressing room complex be used by the two Intermediate teams (home and visiting team), club and match officials and the areas which are to be accessible by only the two Intermediate teams (home and visiting team), club and match officials.

## **FOOTBALL GROUND BOUNDARY AND ENVIRONS (CONTINUED...)**

For the avoidance of doubt, a moveable partition, partial barrier or match day club personnel are not considered appropriate means of internal segregation or appropriate means of forming the football ground boundary.

A permanent pitch perimeter barrier must be put in place to enclose the field of play and must be between 0.8 and 1.2m in height. Such barriers are not required in front of spectator seating areas. An appropriate number of access gates (opening onto the playing area) must be in place at regular intervals in the pitch perimeter barrier.

It must be possible for spectators to view the match from at least the full length of two sides of the playing area, excluding any sterile area where spectator access may be prohibited. Measures must be in place to provide access to all spectator viewing areas without spectators having to enter the field of play. Where any side is designated as spectator-free, measures must be in place to ensure there is no unauthorised access. The minimum width of spectator passageways on each available side of the pitch is 1.1m for existing constructions or 1.2m for new constructions.

It is recommended that spectator standing areas should be accommodated by hard-standing such as tarmac, concrete or concrete paving.

## RUN OFF AREAS AND DUGOUTS

It is recommended that a minimum distance of 2.25m, of natural grass or artificial grass, must be in place between the field of play touchlines to any fixed point (e.g. pitch perimeter fence/wall or dugout). The run off areas must be level and free from surface depressions, excessive undulations or any obstructions (e.g. raised manholes or raised sprinklers/ hydrants).

A covered dugout for each team must be provided to accommodate a minimum of eight persons. Where bench seating is utilised, each person should be allocated a minimum of 50cm of linear space. A technical area must be clearly marked.

Where a dugout is incorporated into a stand, a permanent infilled barrier must be in place to ensure that players, management and other team staff in the dugout are securely separated from spectators in the stand.



## ACCESS TO FOOTBALL GROUND

Clubs must provide a recognised entrance(s) and demonstrate their ability to collect gate receipts.

The club must provide written confirmation (via a local authority, if relevant) that it has sole control of the ground and its environs on match days and that only a referee's inspection can be used to declare the pitch unplayable.

All facilities (including playing facilities and changing rooms) must be available to both competing clubs and referees on match days at least 60 minutes prior to kick-off and 30 minutes following the completion of the match.

### ACCESS TO FOOTBALL GROUND (CONTINUED.....)

For a ground that has more than one pitch located within the permanent defined football ground boundary, it is mandatory when the Intermediate match is being played that the teams and officials shall have exclusive use of the playing facilities i.e. no other match or pitch activity can take place whilst an Intermediate match is being played. This will preclude the hosting of any other matches or pitch activities during the three-hour time period identified above.

The above paragraph should be read in conjunction with the section titled football ground boundary and environs.



## EXITING GROUND

For existing constructions, the minimum exit route width is 1.1m.

For new constructions, the minimum exit route width is 1.2m.

In the event of an incident which renders the usual exit route unusable, spectators should be able to use an alternative exit route or routes.

### ACCESS TO PITCH FOR PLAYERS AND OFFICIALS

A permanent barrier with a minimum height of 1.2m must be in place to safeguard the access from the changing room building to the field of play for players and officials. For the avoidance of doubt, temporary arrangements put in place on match days such as crowd control barriers will not satisfy this requirement.

This is a sterile area for players and officials only and must be secured for the 60 minutes prior to kick-off, the halftime interval and after the match until all players and officials have reached the changing rooms.

Spectators or other users must not view the match from this area.

Spectators or other users must not pass through the sterile area unless outside of the times detailed above.

## **CHANGING ROOM ACCOMMODATION**

The changing facilities for players and officials must be within the boundary of the football ground. The distance to the field of play from exiting the dressing room building must be no more than 55m.

There must be separate changing rooms for both teams, each with a minimum surface area for changing of 15sqm, each equipped with usable team/ coaching staff seating and clothes hanging facilities.

Showering facilities must be integral to each dressing room and there must be a minimum of 4 working showerheads for each team.

There must be adequate toilet facilities in the changing room complex.

Showering/ toilet facilities within the changing room will not be considered for the purposes of calculating the minimum surface area for changing.

The referee must have a separate changing room with a minimum surface area of 3sqm. There must be a shower within the room. The room must be used solely as a referee dressing room.

Dressing rooms for players and officials must have adequate heating, be ventilated to outside air, be capable of being secured and be clean and tidy.



## FIRST AID

A first aid kit and stretcher must be available at all times.

It is also recommended that a defibrillator is available within the football ground.

## FOOTBALL GROUND CAPACITY & SPECTATOR ACCOMMODATION

The football ground must have as a minimum permanent covered accommodation (covered seating/ covered terracing/ covered hard standing) for 50 persons.

All spectator accommodation (covered seating/ covered terracing/ uncovered terracing/ covered hard standing/ uncovered hard standing) must be of sound construction of timber/ steel/ brick/ concrete/ tarmac or any combination of these materials. All spectator accommodation must be clean, functional and in good condition and should at all times afford a clear view of the pitch.

Physical alterations to existing spectator accommodation should, where possible, follow the Northern Ireland (Red) Guide to Safety at Sports Grounds

### NEW SPECTATOR ACCOMMODATION – AT ALL GROUNDS, CERTIFICATED OR OTHERWISE

Any NEW spectator accommodations (i.e. seated stands or standing terrace stands, permanent or otherwise) should be constructed in line with the Northern Ireland (Red) Guide to Safety at Sports Grounds. Whilst this guidance has no statutory force, it ensures best practice.

Such accommodation must at all times hold the necessary planning permission, building control approval and satisfy any other relevant legislation.



## MINIMUM REQUIREMENTS/ EXCEPTION REQUEST

The above are the minimum requirements and are subject to change in line with Intermediate football infrastructure requirements. Clubs should consult the Irish Football Association and the IFA Intermediate Cup Committee when undertaking ground improvements and modifications to any facilities located within the ground.

Where an approved venue's existing physical infrastructure may temporarily not meet all of the criteria detailed above due to ground improvements, modifications or any other reason outside the control of the venue owner/ user, an application may be made in writing for an exception request.

Any exception request can only ordinarily be granted on the basis that matches can continue to be played at the approved venue. In the event that this is not possible, then another approved venue must be used.

### MINIMUM REQUIREMENTS/ EXCEPTION REQUEST (CONTINUED...)

This application from the venue owner/ user should be directed to the Chief Executive of the Irish Football Association and should detail the following:

1. The reason for the exception request
2. The duration which the deviation is required (must be no longer than 6 months)
3. The alternative arrangements to be proposed
4. All other relevant information.

For the avoidance of doubt an exception request will not be considered to facilitate promotion.

## SPOT CHECKS

The Irish Football Association and/or its appointees reserve the right to conduct spot-checks on any match day in order to ensure that the minimum mandatory Intermediate football infrastructure requirements (as defined in this document) are being fully implemented.

Non-observance of the minimum mandatory Intermediate football infrastructure requirements will result in the following sanctions:

- First instance - formal written warning and fine of £250.
  - Second instance within the same 12 month period – expulsion of club from Intermediate football.
- Should there be a further instance of non-observance of the minimum mandatory Intermediate football infrastructure requirements outside of this 12 month period, it shall be treated as a first instance breach.

## **DISCLAIMER/ EXCLUSION OF IFA LIABILITY**

For the avoidance of doubt, the scope of the Joint Ground Criteria is restricted to detailing the physical infrastructure and technical specification required, from a football perspective, to be in place at the respective levels of football identified. It remains entirely the full and sole responsibility of the club and/or venue owner to ensure that their facilities meet all relevant statutory, regulatory and/or common law standards of health and safety and that appropriate safety confirmations are in place at all times for all facilities in use on a match day. It is further recommended that clubs/venue owners arrange regular safety reviews conducted by independent persons with the appropriate expertise.

Clubs/venue owners should note that the Joint Ground Criteria should not in any circumstances be construed as overriding or replacing clubs/venue owners legal, regulatory and/or other obligations, as set out in, inter alia, the Safety at Sports Grounds (NI) Order 2006, the stadium General Safety Certificate or the club's contingency plans. Except in cases where by law liability cannot be excluded or limited, the Irish Football Association excludes all liability in respect of the contents of the Joint Ground Criteria, and the use of same, howsoever arising and whether in contract, tort, or otherwise.

## IFA Intermediate League restructuring and ground criteria changes

BCC owned pitches compliance analysis (by IFA) at 27<sup>th</sup> June 2019

Club Name	Venue	Exterior perimeter fencing designed to obscure viewing into the ground	Pitch length (minimum 90m)	Pitch width (minimum 55m)	Team Dugouts (accommodate 8 per team)	Marked technical areas	No small sided pitch markings	No other sports markings (3g pitch)	No other small sided goal posts located around the pitch	Distance from dressing rooms to pitch (max. 55m)	Pitch perimeter barrier (0.8-1.2m high spectator fence inside ground perimeter)	Installing a permanent barrier to safeguard access to pitch for players & officials	Ability to stand on two sides of the pitch	Home dressing room size (min. 15sqm exc. showers)	Away Dressing room size (min. 15sqm exc. Showers)	Covered stand/ terracing (accommodation for min. 50 persons)
Sirocco Works FC	Dixon Playing Fields	X			Yes, Fixed, 8 seats					X	Fixed			19.7m <sup>2</sup>	19.7m <sup>2</sup>	X
Iveagh United FC/ St Luke's FC	Brook Activity Centre	X			Yes, Fixed 8 seats	X			X		X	X	X	X 12.5m <sup>2</sup>	X 12.5m <sup>2</sup>	X
Woodvale FC	Clarendon Playing Fields	X			Yes, Fixed, 8 seat bench	X					Fixed			X TBC	X TBC	X
Malachians FC	Shore Road Playing Fields	X		X	Yes, Fixed Pitch 1-4 seats Pitch 2-6 seats	X			X		Fixed	X		X 11.8m <sup>2</sup>	X 11.8m <sup>2</sup>	X
Suffolk FC	Suffolk Playing Fields	X			Yes, Fixed, 8 seats						Fixed	X		X 12.9m <sup>2</sup>	X 12.9m <sup>2</sup>	X
Immaculata FC	Grosvenor Recreation Centre	X			Yes, Fixed, 8 seat bench	X					X	X	X	19.0m <sup>2</sup>	19.0m <sup>2</sup>	X
Crumlin Star FC	Cliftonville Playing Fields	X			X	X		X	X		X		X	15.0m <sup>2</sup> +	15.0m <sup>2</sup> +	X
Shankill United FC	Hammer Complex	X		X	Yes, Fixed, 8 seat bench	X			X		Fixed			X 13.9m <sup>2</sup>	X 13.9m <sup>2</sup>	X
Rosario FC	Ulidia Playing Fields	Hedge / trees			Yes, Fixed, 8 seats						Fixed	X		17.8m <sup>2</sup> + 16.0m <sup>2</sup>	17.8m <sup>2</sup> + 16.0m <sup>2</sup>	X
Bloomfield FC	Orangefield Park	Hedge / trees			Yes, Portable, 8 seats				X	X	Portable			16.2m <sup>2</sup>	16.2m <sup>2</sup>	X
Grove United FC	Shore Road Playing Fields	X			Yes, Fixed Pitch 1-4 seats Pitch 2-6 seats	X					Fixed	X		X 11.8m <sup>2</sup>	X 11.8m <sup>2</sup>	X
East Belfast FC	Inverary Playing Fields	Hedge / trees			Yes, Fixed, 6 seat bench	X					Fixed	X		18.0m <sup>2</sup>	X 12.0m <sup>2</sup>	X?
Réalta na Cromóige	Ormeau Park 3G	X			X	X		X	X	X	X	X		X 14.0m <sup>2</sup>	X 14.0m <sup>2</sup>	X

Dugouts and marked technical areas not included in IFA matrix but included in the IFA criteria.

Fixed spectator fence/permanent 0.8m – 1.2m pitch perimeter barrier (within ground boundary) not included in IFA matrix but included in the IFA criteria.

	Denotes clubs playing on BCC owned grounds	X	Denotes BCC assessment of ground non-compliance with specific IFA proposed new ground criteria
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<b>Subject:</b>	Proposal for naming a new street and the Continuation of an existing street
<b>Date:</b>	10 <sup>th</sup> September 2019
<b>Reporting Officer:</b>	Ian Harper, Building Control Manager
<b>Contact Officer:</b>	Roisin Adams, Business Coordinator

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	To consider applications for the naming of a new street and the continuation of an existing street in the City.
<b>2.0</b>	<b>Recommendations</b>
2.1	Based on the information presented, the Committee is required to make a recommendation in respect of applications for naming new streets in the City. The Committee may either: <ul style="list-style-type: none"> <li>Grant the applications, or</li> <li>Refuse the applications and request that the applicants submit other names for consideration.</li> </ul>

3.0	Main report												
3.1	<u>Key Issues</u> The power for the Council to name streets is contained in Article 11 of the Local Government (Miscellaneous Provisions) (NI) Order 1995.												
3.5	Members are asked to consider the following applications for naming a new street and the continuation of an existing street in the City. The application particulars are in order and the Royal Mail has no objections to the proposed names. The proposed new names are not contained in the Council's Streets Register and do not duplicate existing approved street names in the City. <table><tr><th>Proposed Name</th><th>Location</th><th>Applicant</th></tr><tr><td>Hazel Heights</td><td>Off Hazel Drive, BT17</td><td>Toland House Properties, Ltd</td></tr></table> <table><tr><th>Proposed Continuation of Existing Street</th><th>Location</th><th>Applicant</th></tr><tr><td>Mill Valley Way</td><td>Off Mill Valley Road, BT14</td><td>Alan Patterson Design</td></tr></table>	Proposed Name	Location	Applicant	Hazel Heights	Off Hazel Drive, BT17	Toland House Properties, Ltd	Proposed Continuation of Existing Street	Location	Applicant	Mill Valley Way	Off Mill Valley Road, BT14	Alan Patterson Design
Proposed Name	Location	Applicant											
Hazel Heights	Off Hazel Drive, BT17	Toland House Properties, Ltd											
Proposed Continuation of Existing Street	Location	Applicant											
Mill Valley Way	Off Mill Valley Road, BT14	Alan Patterson Design											
3.6	Toland House Properties, have proposed Hazel Heights, Hazel Rise and Hazel Park as their first, second, third choice, as the new street is accessed directly off Hazel Drive, and the proposed name is in keeping with other streets in the area.												
3.7	Alan Patterson Design have proposed a continuation of the road at Mill Valley Way in order to accommodate seventy new dwellings.												
3.8	<u>Financial &amp; Resource Implications</u> There are no Financial, Human Resources, Assets and other implications in this report.												
3.9	<u>Equality or Good Relations Implications/Rural Needs Assessment</u> There are no direct Equality implications.												
4.0	Appendices – Documents Attached												
	None												





<b>Subject:</b>	Recent Government consultations on New Model Licence Conditions for Caravan Sites and Design Guide for Travellers' Sites in NI
<b>Date:</b>	10 <sup>th</sup> September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director City and Neighbourhood Services
<b>Contact Officer:</b>	Siobhan Toland, Director of City Services Claire O'Neill, Principal Environmental Health Officer

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	The purpose of this report is to inform Members of two recent consultations, the first issued by the Department for Communities (DfC), 'Design Guide for Travellers' Sites in Northern Ireland' (Appendix 1) and the second issued by the Department for Infrastructure (DfI), 'New Model Licence Conditions for Caravan Sites' (Appendix 2). Both responses were due by 30 <sup>th</sup> July 2019. At present there are no licensed caravan sites in Belfast but there is potential for applications to be made in the future and both consultations impact on Traveller sites.
1.2	This consultation is timely considering the publication of the Northern Ireland Human Rights Commission report (NIHRC) "Out of Sight, Out of Mind: Travellers' Accommodation in NI" published in March 2018. The report recommended that the Department for Infrastructure

	review the legal and policy framework concerning site licences, including the development of a model site licence setting out the minimum standard of provision and safety requirements for each type of Travellers site in NI and including with enforcement powers for any breach.
<b>2.0</b>	<b>Recommendations</b>
	<p>The Committee is asked to</p> <ul style="list-style-type: none"> <li>Note the key comments from Belfast City Council highlighted in both consultation responses.</li> </ul>
<b>3.0</b>	<b>Main report</b>
	<u>Key Issues:</u>
3.1	<p>The Department for Infrastructure has taken the opportunity to amalgamate the current Model Licence Conditions for holiday caravan sites as well as residential caravans into one document, in an attempt to create greater clarity and ease of reference for all.</p> <p>These model conditions will replace the existing model conditions which were introduced in 1994.</p>
3.2	<p>The updating of the existing design guide for Traveller' sites by DfC is also timely given that the existing design guide was issued in 1997. However, concerns have been raised regarding the compatibility of the new design guide with other publications.</p>
3.3	<p>Council officers were involved in a working group organised by NILGA and had an opportunity to inform the response to both consultations.</p>
	<b><u>Department for Communities consultation on a Design Guide for Travellers' Sites in NI</u></b>
3.4	<p>The response highlighted the importance of collaborative working between the Department for Communities, Department for Infrastructure, and the Northern Ireland Fire and Rescue Service to ensure that policy and enforcement is consistent for Traveller accommodation.</p>
3.5	<p>The response seeks clarification regarding the implementation schedule of these proposals, particularly for existing sites and whether the design guide is statutory guidance or a best practice document and how it would be viewed by authorities such as the Planning Appeals Commission.</p>

3.6	It was suggested in the response that there needs to be consistency between the DFC draft Design Guide and the DFI draft Model Licence Conditions, particularly in respect of the three different types of sites outlined in the Design Guide.
3.7	In the response, it has also been requested that the Fire Safety requirements be examined as a priority, given that they are inconsistent with the Northern Ireland Fire and Rescue Service Fire Safety Guide for Caravan Site Operators (Appendix 3).
3.8	Some inconsistencies were noted between the 2 documents for location of sites on areas prone to flooding, road widths, distance between caravans, garage shed provision and storage space.
3.9	References in the consultation to the Travelling Communities culture of, working activity on the sites, are welcomed, however the design guide appears to discourage working from sites therefore this issue requires clarification from the Department. There is also a reference to water metering which requires clarification from the Department.
	<b><u>Department for Infrastructure consultation on New Model Licence Conditions for Caravan Sites:</u></b>
3.10	In the consultation, the Department for Infrastructure states that the new conditions should be considered when: <ul style="list-style-type: none"> <li>• Applying licence conditions to new sites</li> <li>• Applying license conditions to sites that have been substantially redeveloped</li> <li>• Renewal or review of a current licence</li> </ul>
3.11	Belfast City Council does not currently have any licensed caravan sites so these conditions would only apply to any new applications.
3.12	The Department requests that Councils should also consider Northern Ireland Fire and Rescue Service Fire Safety Guide for Caravan Site Operators (Appendix 3) and the Department for Communities (DFC) Guide for Travellers when applying conditions on a site licence. NILGA has requested greater clarity as to the relationships between the 3 documents to enable Councils to apply them appropriately.

3.13	Greater clarity from DFI and DFC is required in relation to the implementation time and the statutory significance of these conditions for Council licensing and planning officers.
3.14	In relation to Travellers sites, it has been suggested that there should be a separate section of the model licence condition to adequately and appropriately cover the three types of travellers' sites (Serviced Site, Transit Site and Emergency Halting Site) given the specific needs and culturally sensitive accommodation required for travellers' sites. The proposed model conditions do not adequately address these issues and e.g.: communal buildings, individual/private amenities, space for work and animals etc.
3.15	The absence of disabled person's condition has been noted. Clarification of equality screening or equality impact assessment findings would need to be provided.
3.16	There is reference to Council's undertaking risk assessment in relation to legal proceedings. It has been requested that reference must be made to Council's enforcement policies.
3.17	Copies of the response made by NILGA are attached in Appendix 4 and 5 for information.
	<u>Financial &amp; Resource Implications</u>
3.18	There are no financial implications associated with the report
	<u>Equality or Good Relations Implications / Rural Needs Assessment</u>
3.9	There are no equality or Good Relations implications associated with this report for Belfast City Council.
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	<p><b>Appendix 1:</b> DFC focused consultation on a Design Guide for Travellers' Sites in NI.</p> <p><b>Appendix 2:</b> Department for Infrastructure Consultation on New Model Licence Conditions for Caravan sites in Northern Ireland  <a href="https://www.infrastructure-ni.gov.uk/consultations/draft-model-licence-conditions-2019-caravan-sites">https://www.infrastructure-ni.gov.uk/consultations/draft-model-licence-conditions-2019-caravan-sites</a>.</p> <p><b>Appendix 3:</b> Northern Ireland Fire and Rescue Service Fire Safety Guide for Caravan Site Operators.</p>

	<p><b>Appendix 4:</b> NILGA response to DFC consultation on a Design Guide for Travellers' Sites in NI.</p> <p><b>Appendix 5:</b> NILGA response to Department for Infrastructure Consultation on New Model Licence Conditions for Caravan sites in Northern Ireland.</p>
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# **Design Guide** **for Travellers' Sites** **in Northern Ireland**

**May 2019**

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## Introduction

### **Purpose**

- i. This guide is intended to support the provision of appropriate, cost effective facilities for Travellers living in Northern Ireland. It seeks to outline the key issues, including the relevant planning context, that could be considered and identify the main design and management elements necessary to create high quality and sustainable Traveller sites which meet residents' traditional and cultural needs. However the issues are complex and there is no single 'one size fits all' Travellers' site.
- ii. It is therefore not the intention of this guide to impose uniform solutions. Decisions around the provision of Traveller sites should be taken on a case by case basis taking into account local circumstances such as the development requirements, geographical and other characteristics of the site (or potential site). For this reason it is recommended that early and regular consultation with all relevant stakeholders is a crucial element in getting the design right from the outset.
- iii. The previous *Design Guide for Travellers' Sites in Northern Ireland* was published by the Department of the Environment for Northern Ireland (DOE (NI)) in 1997. Since then there have been a number of developments including the transfer of all Council owned services sites to the Housing Executive. This new version of the guide has been produced to reflect those changes.

### **Background**

- iv. In 1999 the DOE *New Policy on Accommodation for Travellers* recommended that the Northern Ireland Housing Executive (NIHE) be given the strategic role and responsibility for the provision of accommodation for Travellers. This included the transfer of all existing district council owned serviced sites to the Northern Ireland Housing Executive (NIHE).

- v. The Housing (Northern Ireland) Order 2003 provided the legislative framework to allow for the transfer from district councils to the NIHE of all sites/land in receipt of funding in the form of a government grant either for the acquisition or the development of land for Traveller accommodation. On 1<sup>st</sup> December 2003 a number of sites/lands were transferred to NIHE under the Order from the following former District Councils: Strabane, Belfast, Derry, Omagh and Dungannon.

### **Travellers' Accommodation Needs Assessment**

- vi. As the Regional Housing Authority for Northern Ireland, NIHE has strategic responsibility for providing Travellers' Accommodation. In delivering the Traveller Accommodation Programme, the NIHE has worked to improve the range of accommodation options available and continues to work with partner agencies, regionally and locally to reduce the inequalities experienced by Travellers.
- vii. Travellers' distinctive needs are assessed as part of the local housing needs assessment undertaken by the NIHE. In 2002 the NIHE completed the first comprehensive assessment of the accommodation needs of all Traveller households in Northern Ireland. Subsequent assessments were published in November 2008 and March 2015, and a new assessment is currently under development. <https://www.nihe.gov.uk/index.htm>
- viii. Travellers require decent, culturally sensitive accommodation which provides meaningful choice for households regarding their way of life.<sup>1</sup> In order to support this aim the NIHE develops a programme of Traveller-specific schemes each year in consultation with Traveller families and the wider community to address identified priority need and taking into account factors such as land availability and compatibility.

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<sup>1</sup> Outlining Minimum Standards for Traveller Accommodation, Equality Commission for N.I. (ECNI) (2009), page 9.

### **Planning Policy Context: The Northern Ireland Planning System**

- ix. In April 2015, the Northern Ireland planning system was reformed and restructured from a unitary system where all planning powers rested with the Department of the Environment (DOE), to a new two-tier model of delivery whereby the eleven local councils have primary responsibility for the implementation of the following key planning functions:
- local plan-making;
  - development management (excluding regionally significant applications) and;
  - planning enforcement.
- x. The DOE retained responsibility for regional planning policy, the determination of regionally significant and called-in applications and planning legislation. It also provides oversight, guidance for councils, governance and performance management functions. These DOE responsibilities were transferred to the new Department for Infrastructure (DfI) in May 2016 and are aligned with the former Department for Regional Development's existing regional planning responsibilities as set out in the *Regional Development Strategy 2035*.
- xi. **DfI's *Regional Development Strategy 2035 (RDS)***, published in 2012, guides the future development of Northern Ireland to 2035 and is the spatial strategy of the Executive.<sup>2</sup> It provides an overarching strategic planning framework to facilitate and guide the public and private sectors. The RDS addresses economic, social and environmental issues aimed at achieving sustainable development and social cohesion. It has a statutory basis and all planning policy and guidance prepared by central government must be in general conformity with the RDS.

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<sup>2</sup> <https://www.infrastructure-ni.gov.uk/publications/regional-development-strategy-2035>

- xii. Local Development Plans currently being prepared by councils must also take account of the RDS. Its vision is for “An outward-looking, dynamic and liveable Region with a strong sense of its place in the wider world; a Region of opportunity where people enjoy living and working in a healthy environment which enhances the quality of their lives and where diversity is a source of strength rather than division.”
- xiii. In September 2015, *DfI's Strategic Planning Policy Statement (SPPS)* was published in final form. This sets out the Department's regional planning policies for securing the orderly and consistent development of land in Northern Ireland under the reformed two-tier planning system. The provisions of the SPPS must be taken into account in the preparation of Local Development Plans, and are also material to all decisions on individual planning applications and appeals.
- xiv. The SPPS does not seek to restate policy or guidance that is expressed elsewhere within other relevant government strategies or policies.
- xv. The relevant Strategic Planning Policy for Travellers Accommodation as set out in the SPPS is reproduced below;

### Traveller Accommodation

**6.144** Travellers have distinctive needs which will be assessed as part of the local HNA/HMA. Where the HNA/HMA identifies a demonstrable need for Travellers specific accommodation, planning permission will be granted for a suitable facility to meet this need. This may be provided through a grouped housing scheme, a serviced site or a transit site, subject to meeting the following criteria:

- adequate landscaping being provided;
- the development being compatible with existing and proposed buildings and structures in the area paying particular regard to environmental amenity; and
- Where appropriate, the provision of workspace, play space and visitor parking being provided.

**6.145** Where a need is identified and a development plan is under preparation, this should identify a suitable site(s).

**6.146** Where a need is identified for a transit site or a serviced site, which cannot readily be met within an existing settlement in the locality, proposals will be required to meet the policy requirements in respect of rural planning policy for social and affordable housing.

- xvi. In addition it is important to note that PPS12: (Housing in Settlements) – Policy HS 3 (Amended) 'Travellers' Accommodation 2013') will also apply during a transitional period whilst a council brings forward a Plan Strategy for their area (See Paragraphs 1.10-1.12 of the SPPS).
- xvii. With the introduction of the new two-tier planning system on 1 April 2015, councils now have the power to allocate housing land to facilitate the 'right' mix of housing tenures for their own plan area including open market and special housing needs such as Travellers' accommodation. Councils will bring forward detailed operational planning policies for inclusion within their **Local Development Plans**, tailored to local circumstances. In doing so, councils must take account of the provisions of the SPPS.

- xviii. It is ultimately a matter for a Council as the planning authority to determine individual planning applications for 'Travellers' Accommodation' on a case by case basis, taking into account all relevant material planning considerations, including the provisions of the local development plan, regional planning policy, the characteristics of the site and the Design Guide for Travellers' Sites NI . The relevance and weight given to material considerations is a matter of planning judgement for the planning authority.

## Scope of the Guide

- xix. This guidance is primarily intended to apply to caravan sites for Travellers (as defined under the Caravans Act (Northern Ireland) 1963 as amended by the Caravans Act (Northern Ireland) 2011)<sup>3</sup> and addresses the three site categories<sup>4</sup> listed below:
- **Serviced Site**
  - **Transit Site**
  - **Emergency Halting Site**
- xx. **A Serviced Site** is a range of managed accommodation where Traveller families have a permanent base to park their caravan or erect a structure as defined within the Caravans Act; where electricity, water and sewerage are provided and where other facilities such as communal or individual amenity buildings must be provided.
- xxi. **A Transit Site** is a permanently operational facility with similar facilities to serviced sites where Travellers may park their caravans on a temporary basis and where electricity, water and sewerage services are provided. They are not intended for use as a permanent lease for an individual household.

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<sup>3</sup> Definition - The definition of caravan can include mobile homes, park homes and timber framed sectional buildings if they fall within the description given under Part 4, section 15 of The Act.

<sup>4</sup> These are the categories as used by NIHE and Planning Authorities. Elsewhere a 'Serviced' Site is sometimes referred to as a 'Permanent' site and the 'Emergency Halting Site' is sometimes referred to as a 'Temporary Stopping Place'.



- xxii. **An Emergency Halting Site** is a temporary (less than 28 days) place to park with appropriate facilities managed under Co-operation Policy<sup>5</sup> principles. They may not require planning permission if they are in use for fewer than 28 days.
- xxiii. A fourth type of accommodation for Travellers is Group Housing Schemes. Group Housing is developed through the Social Housing Development Programme (SHDP). The specifications for these developments are comparable to that provided for the settled community and covered under guidance provided by the Department for Communities (DfC) Design Standards and Planning and Building Control regulations. Specific requirements such as layout or caravan parking for group housing should be determined by consultation throughout the design process with prospective residents and their families in line with the guidance in this document.
- xxiv. This guidance should be considered in the development of new sites and for sites that have to be substantially redeveloped.

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<sup>5</sup> In Northern Ireland, the Co-operation Policy, managed by the NIHE, allows camping on a temporary basis. It is a way of dealing with a humane requirement rather than an alternative to the permanent sites or transit sites. Once the co-operation policy is in place for a given site, Travellers are allowed to remain, subject to a number of conditions. Further details can be found on the NIHE website.

## Serviced Sites

### The Site

#### Site Location / Selection

1. Selecting the right location for a site is a key element in supporting good community relations and maximising its success. As with any other form of housing, poorly located sites will have a detrimental effect on the ability of residents to:

- Seek or retain employment;
- Attend school, further education or training;
- Obtain access to health services and shopping facilities.

#### Principles

2. Sites should have safe and direct access onto a public road with reasonable proximity to major roads and public transport services.
3. Where possible, sites should be located within a reasonable distance to local schools, shops, medical services, parks, places of worship and community facilities. Sites should be located where services (e.g. drainage, water supply, electricity, telephone, etc.) are available or can be provided for reasonable cost.
4. Easy access to essential services and facilities promote social contact with other residents in the settled community therefore encouraging a greater sense of community with shared interests.
5. It is essential to ensure that the location of a site will provide a safe environment for the residents. Sites should not be situated near refuse sites, industrial processes or other hazardous places as this could have a negative impact on the general health and well-being of residents and pose safety risks particularly for young children. All prospective site locations should be considered carefully before any decision is taken to proceed to ensure that the health and safety of future residents is not at risk. It should also provide privacy and have

characteristics which are sympathetic to the local environment. When selecting locations for permanent sites consideration needs to be given to the fact that children will be on the site.

6. Sites should not normally be identified for Traveller use in locations that are inappropriate for ordinary residential dwellings. Exceptions can be considered if for example the location is unsuitable for housing for practical or technical reasons, and the health and safety of the Traveller is not compromised. If the site is sustainable and is supported by the Travellers and the wider community exceptions may apply in the following circumstances:
  - Prospective residents are happy to live in the location;
  - Existing land is available to meet immediate need on a short term interim basis pending a longer term solution;
  - Land is suitable for low level single storey development but not for multi storey construction requiring deeper foundations.
7. In such cases prospective residents should be made aware of these exceptional circumstances at the outset.

### **Relationship to Surrounding Land Use**

8. Consideration must be given to the relationship of sites with the surrounding settled community. For this purpose it is important to ensure that proposals to develop a site are compatible with broader strategies in place for improving community cohesion. The site must be sustainable, offering scope to manage an integrated coexistence with the local community. This will include consideration of noise and possible disturbance to Travellers living on the site and possible noise and disturbance to the wider community, in particular from movement of vehicles.
9. Many Travellers express a preference to live in a rural location on the edge of, or closely located to, a large town or city consistent with their traditional lifestyles and means of employment. Sites adjacent to light industrial areas therefore tend not to be popular because of their isolation, distance from local facilities and safety risks due to poor lighting.

## Health and Safety Considerations

10. A site survey and investigation should be undertaken in all cases to identify possible problems, e.g. waterlogging, flooding, landfill, contamination, etc.
11. Sites must be located on land that has been properly decontaminated. If contamination is present remedial work should only be undertaken by approved contractors in accordance with relevant standards to ensure the contamination has been remedied to the standard on which housing development would take place. These processes can be prohibitively expensive and should be considered only where the development is financially viable.
12. Previously used sites may be suitable; however the standard of appraisal should reflect the standards for conventional residential housing. For example, sites adjacent to a rubbish tip, on landfill sites, close to electricity pylons or any heavy industry are unlikely to be suitable.
13. When considering sites adjacent to main roads, flyovers and railway lines, careful regard must be given to:
  - The health and safety of children and others who will live on the site; and
  - The greater noise transference through the walls of caravans than through the walls of conventional housing and the need for design measures (for instance noise barriers) to abate the impact on quality of life.
14. The proposed site must be relatively flat and suitable for purpose. Sites should not be developed on exposed sloping sites where there is risk of caravans being overturned.

## Good Relations

15. Sites should support harmonious relations, both within the Traveller community and between Travellers and the settled community. Research by Equality Commission for Northern Ireland (ECNI) (*Outlining Minimum Standards for Traveller Accommodation*) has highlighted the issue of compatibility as a key success factor in developing sites. In some instances it will not be possible to place Traveller families in close proximity to each other, and in such cases, early engagement and meaningful consultation with Travellers is critical. Design of the site is important here as, for example, it may be possible to have separate entrances for use by different families.

## Scheme Design

16. Following site identification and investigation there are a number of factors that will need to be taken into account when creating a design brief for the site. Where possible the physical layout of the site should take into consideration the specific preferences of site residents. These factors include:

- Consultation with and between the Traveller and settled communities;
- Number of family groups to be accommodated;
- Average family size and range of family sizes;
- Relations between family groups;
- Desire of Travellers to settle;
- Desire of Travellers to have community facilities provided;
- Attitude towards integration with the settled community;
- Planning considerations and the design approach including any special requirements of the relevant planning authority affecting layout and development;

- Appropriate architectural treatment, which should seek to produce a design of character;
- The number of pitches and the size of the site;
- Provision for open space, play areas, work areas, community facilities, landscaping and grazing;
- Any special considerations regarding accessibility in the design of buildings and facilities;
- Provision for management of the site;
- Obtaining scheme approval and planning permission from the relevant council/ planning authority;
- Adherence to Northern Ireland Building Regulations;
- Statutory obligations under the Health and Safety Regulations, Fire Regulations, Construction (Design and Management) Regulations, etc;
- Access issues;
- Cost parameters; and
- Environment and aesthetics of the land to be developed.

17. The preferred design option must be derived from a robust needs assessment and an economic appraisal of the range of possible options for a particular site and group of Travellers, taking into account feasibility and value for money.

18. With regards design standards it is also recommended that peer groups are created with existing site occupants, are created for the purposes of providing design reviews at an early stage when provision is being considered and also prior to a planning applications being submitted.

## **Sustainability**

19. Sites should be developed so that they:

- promote peaceful and integrated co-existence between the site and the local community;
- promote, in collaboration with commissioners of health services, access to appropriate health services;
- ensure that children can attend school on a regular basis;
- provide a settled base that reduces the need for long-distance travelling and possible environmental damage caused by unauthorised encampment;
- provide for proper consideration of the effect of local environmental quality (such as noise and air quality) on the health and well-being of any Travellers that may locate there or on others as a result of new development;
- avoid placing undue pressure on local infrastructure and services;
- do not locate sites in areas at high risk of flooding, including functional floodplains, given the particular vulnerability of caravans;
- reflect the extent to which traditional lifestyles (whereby some Travellers live and work from the same location thereby omitting many travel to work journeys) can contribute to sustainability.

## **Site Licences for Travellers' Sites**

20. In the main, traveller sites provided by NIHE, Housing Associations or private sites will require a site licence as they are providing space for a caravan which travellers considers to be their permanent residence. The length of stay on a particular site is irrelevant. The only exception to this is where a temporary site is provided as an emergency halting stop for 1 or 2 nights. Planning permission must be obtained for a caravan site before a licence can be applied for with the Local Council. Under Model Licence Conditions the Local Council may apply

conditions on the licence. Failure to hold a Site Licence or breaking any licence conditions is an offence which can incur a fine.

## Site Design

### Size and layout of the Site

21. Ultimately it is a matter for the local council as the planning authority to determine the appropriateness of the 'Site Design' taking into account the relevant local development plan, planning policy, local circumstances and all other material planning considerations.
22. When designing the layout of a site careful consideration must be given to the health and safety of residents and in particular children. The need for separate vehicular/pedestrian access should also be considered.
23. It is important to ensure that traffic calming measures are considered for all sites. Care should be taken when introducing speed humps and other measures to ensure that appropriate drainage is accommodated within the scheme to allow for the effective passage of surplus water.
24. Clear and effective signage should be introduced where a speed restriction or other traffic calming measure is to apply. Similarly, clear directions should be in place to indicate the location of hydrants and other access points for the fire service when attending an emergency on site. Signage should be in graphical form in addition to the written word.
25. For practical reasons, caravan sites require a greater degree of land usage per household than for a houses with the same footprint. Traveller sites are designed to provide land per household which is suitable for a caravan as defined within the Caravans Act (Northern Ireland) 1963 as amended the Caravans Act (Northern Ireland) 2011 and an amenity building together with space for parking. Sites of various sizes, layouts and pitch numbers operate successfully and work best when they take account of the size of the site and the needs and demographics of the families that reside on them. Sites where pitches are in a linear form or in "tree



branch" form may be a preference for some families, however many Travellers prefer a circular or horseshoe design as these provide a better sense of community.

26. All areas of the site should generally be allocated for a specific use, such as pitches, and roads, as open space that has no obvious purpose may be vulnerable to appropriation of a space for a purpose not intended.
27. Consultation with the Traveller community is crucial in deciding how best to proceed with the overall layout of the site. It is a key element in obtaining the trust and full support of the prospective residents at the earliest stage of the project and can help identify potential barriers and deal swiftly with subsequent consultation on individual aspects of the design as they arise.
28. There is no optimum size of site or number of pitches.<sup>6</sup> Generally the size of site will depend on the individual scheme and take into account a number of factors such as need, compatibility between distinct families and health and safety issues. NIHE experience would suggest smaller sites are easier to manage and more likely to attract Travellers in compatible family units. Larger sites, on the other hand, are more economical to develop but more likely to have management difficulties and compatibility problems. However for the purposes of this Guide, no more than 6-8 pitches is the recommended number of pitches given the advantages outlined above.
29. Where a larger site is unavoidable due to clear evidence of need, local Traveller community preference and value for money, then up to 15-20 pitches can be considered. Extensions to existing residential sites may lead to authorities exceeding 20 pitches on a particular site. This may be appropriate when authorities seeks to keep families together and has had regard to the views of

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<sup>6</sup> ECNI's 'Outlining Minimum Standards for Traveller Accommodation' (2009) document recommends a maximum of 20 pitches on a permanent serviced site, whereas in England, DCLG's Good Practice Guide (2008) suggests a maximum of 15 pitches. Previous guidance for Northern Ireland as issued by DOE (1997) stated that sites should not be less than 6 or more than 20 pitches. The Welsh guide states generally no more than 12, but flexibility for a maximum of 15-20 or more if necessary.

existing residents and the surrounding community.

30. The creation of smaller 'closes' within a larger site for distinct, extended families should be considered to help create a sense of community and create definable space. This arrangement could also open up possibilities for facilitating inter site transfers where, for example, families may be offered the opportunity to move closer to other family members or elderly and dependant relatives where a pitch in a certain close may become available.

## **Site Boundaries**

31. The site boundary must provide clear demarcation of the perimeter of the site so as to prevent nuisance for existing residents. The site should be contained on all sides and boundaries should take into account adjoining land uses and be designed for the safety and protection of children. This subject merits specific attention in consultation with the local Traveller community at an early stage in the design process.
32. Generally, suitable fencing of at least 1.8m high shall be provided, with planting where possible. The views of Travellers and local residents living in close proximity are important in agreeing the height of boundaries. However, a range of other boundaries may be used including low walls, hedges, earth banks and natural features. Existing walls and fences may be used if they are sound and of sufficient height. The aim should be to achieve a boundary that is sympathetic to, and in keeping with, the surrounding area. Boundaries can also be used to provide shelter for more exposed sites.
33. Where a site is to be located near an industrial area or a main road, fencing and planting may be used for screening purposes. Conversely more open boundaries may be used in residential areas so as to promote integration and inclusion with the surrounding community although the degree of integration which can be achieved will be in part governed by the degree of community cohesion already experienced in that location. A balance needs to be struck between providing privacy and security for the site residents and avoiding a sense of enclosure

through, for example, the use of high railings.

34. Measures to protect the safety of site residents from fire are of paramount importance and it is essential that a clear gap of 3 metres is provided within the inside of all site perimeter boundaries as a fire prevention measure.

## Size of Pitch

35. There is no one-size-fits-all measurement of a pitch as, in the case of the settled community, this depends on the size of individual families and their particular needs. In designing a site, account should be taken of the likely characteristics of families on the waiting list as identified in the *Travellers Accommodation Needs Assessment in Northern Ireland*.
36. ECNI's research noted that most Travellers expressed a preference for a design that would give maximum space per pitch and space for children to play.<sup>7</sup> Some Travellers can have large families, for instance where members of an extended family live together. There may also be families with older children who may want one or two additional small touring caravans on the pitch as separate sleeping accommodation for older children.
37. For this reason there is likely to be much greater demand amongst these communities for large family units, and small pitches may become quickly overcrowded. Larger family sizes alongside the need for vehicles for towing caravans and for employment also create particular requirements for parking.
38. Some families may also be in possession of larger mobile homes and, where possible, pitches should be large enough to cater for this possibility. Conversely, potential residents may be single or elderly members of the community who would not need a pitch of the same size.
39. Innovative site design that facilitates growth in number of pitches on an established site should be considered where possible. For example, a horse-shoe shaped design could be amended to a circular shape to increase the number of

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<sup>7</sup> Outlining Minimum Standards for Traveller Accommodation, Equality Commission for N.I. (ECNI) (2009), section 6.0 at page 55.

pitches on the site. Future changes to the site should not undermine health and safety considerations, standards of proximity between pitches, emergency access routes etc.

40. Previous guidance proposed a minimum pitch size of 225m<sup>2</sup> (e.g. 12.5m wide by 18m deep)<sup>8</sup>, but rather than be prescriptive, it is simply recommended that a pitch is designed to accommodate the following range of amenities:

- an amenity building;
- a caravan as defined within the Caravans Act (Northern Ireland) 1963 as amended the Caravans Act (Northern Ireland) 2011;
- drying space for clothes;
- a lockable shed (for bicycles, wheelchair storage etc.); and
- parking space for two vehicles and a small garden area.<sup>9</sup>

41. Smaller pitches, as a minimum must be able to accommodate an amenity building, a caravan as defined within the Caravans Act (Northern Ireland) 1963 as amended the Caravans Act (Northern Ireland) 2011, drying space for clothes and parking for at least one vehicle.

42. Individual parking spaces should be a minimum of 2.4 × 4.8 metres.

43. The inclusion of a play space or grassed area on each pitch is not usually feasible and therefore space for play as part of a central and communal focal point for all site occupants is normally preferred.

44. Drainage falls must comply with current NI Building Regulations. Ideally the pitch should be level apart from drainage falls.

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<sup>8</sup> Design Guide for Travellers' Sites in Northern Ireland, DOE, (1997), section 4.1 at page 15.

<sup>9</sup> Outlining Minimum Standards for Traveller Accommodation, ECNI, March 2009, section 6 at page 58.

## Layout of Pitches

45. The layout of pitches will depend on the layout of the overall site. There will be different views about whether to have grassed areas and amenities at the front, back or side of the pitch. Discussion with the Traveller community will be useful, however developers also need to consider prospective residents' needs.
46. Each pitch should be clearly demarcated to make it clear what each individual household may occupy in return for the fee paid and their responsibilities for the pitch they occupy.
47. The boundaries between pitches also act as a fire break so grass embankments, raised plant beds or low walls, rather than wooden fences, should be considered. The aim should be to achieve a boundary that is clear, sympathetic to and in keeping with surrounding areas.
48. Pitch boundaries should provide a balance between good neighbourliness and privacy. For example fencing between pitches could be up to 1.8 metres in height, particularly where amenity buildings would otherwise be overlooked, whereas 1.2 metre high fencing around the front of the pitch will offer good surveillance of the road and the site in general.
49. Each pitch should have a secure lockable gate. This will enable pitch residents to secure their own pitches. The gates should be of a robust and pleasant design and not so imposing they act as a barrier screening off pitches completely. Gates should be at least 3.1 metres wide.

## Orientation of Pitches

50. As with the settled community, site layout and design should ensure a degree of privacy for each household without inhibiting the sense of community.
51. Due regard should be given to privacy and security.
52. In designing the layout of a site enough space must be provided to permit the easy manoeuvrability of the residents own living accommodation both to the site

and subsequently on to a pitch. Account needs to be taken of a tendency for some Travellers to use a mobile home in place of the traditional caravan.

53. Some mobile homes can be up to around 20 metres in length<sup>10</sup>. In order to accommodate this, the site design should strike a balance between enabling a variety of accommodation to be catered for and making best use of available space. Access roads and the site design should provide sufficient space for the manoeuvrability of average size caravans of up to 15 metres in length with capacity for larger mobile homes on a limited number of pitches where accessibility can be properly addressed in the light of the land available.

54. In addition to the movement of families on and off the site, site residents will sometimes wish to change the caravan accommodation they own and this movement can sometimes cause problems when boundary fences or gates do not allow for this. This could be overcome by the use of movable fencing and gates adjacent to the roadside which are capable of short term removal.

## **Site Access and Roadways**

55. Access to the site should have good sightlines. Good sightlines are essential, as caravans on tow will be entering and leaving the site at various times. Public roads should have clearly displayed signs requesting cars to slow down for site access. Transport NI will be consulted on applications by the relevant council as the planning authority.

56. The width of the internal access roadway should normally be adequate for 2-way traffic and be not less than 5.5 metres wide. The design must allow caravans on tow to be positioned on pitches and adequate turning space must be provided in cul-de-sac layouts. However where the area of a site is restricted, consideration may be given to other design approaches, e.g. one way loops and 'pull-in areas' for internal roads. In any event, sufficient space must be allowed for manoeuvring caravans into and out of pitches and for access and egress of the emergency

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<sup>10</sup> The dimensions of a caravan (or mobile home/park home/timber sectional building) must not exceed 20m length, 6.8m width and 3.05m internal height if it is to fall within the definition of a caravan under the Caravans Act (Northern Ireland) 1963 as amended by the 2011 Act.

services.

57. A stretch of internal access roadway immediately adjacent to the site entrance should be of adequate width to allow, for example, 2 lorries to pass each other safely, and of adequate length to cater for caravans on tow entering or leaving.
58. A ramp or similar device will be required near the entrance to the public road in order to ensure a reduction in speed of vehicular traffic. Consideration must also be given to the use of such ramps at other locations within the site.
59. Good quality roads which are capable of withstanding heavy vehicles should be constructed. Although roads on sites do not require adoption, all roads should be constructed to adoptable standards to avoid future maintenance costs from increased wear and tear due to frequent movement of heavy vehicle. Normally concrete or tar macadam on a suitable sub-base appropriate to soil conditions is preferable.

### **Access for Emergency Vehicles**

60. It is essential that sites are designed so that appropriate turning and reversing requirements of emergency vehicles are incorporated. Access requirements for emergency vehicles are covered under the current Northern Ireland Building Regulations and detailed within Section 6 of Technical Booklet E. This may impact on the number of pitches permitted. Good practice from recognised sources is outlined in the paragraphs below which can be used as a starting point prior to discussions with local emergency services.
61. In designing a site, all routes for vehicles on the site, and for access to the site, must allow easy access for emergency vehicles and safe places for turning. Emergency vehicles should have access to within 45 meters<sup>11</sup> (hose route) of any building or a caravan/trailer, where the 45m distance should be to a door giving access to the interior. Cable overhangs must meet the current statutory

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<sup>11</sup> NI Building Regulations: Technical Booklet E (Fire Safety) 2012, 6.19 (b) (i).

requirements<sup>12</sup> but should generally not be less than 4.5metres above the ground. Vehicular access and gateways must be at least 3.1 metres wide and have a minimum clearance of 3.7 metres.<sup>13</sup>

62. Roads must not be less than 3.7 metres wide or if they form part of a one way traffic system, 3 metres wide. One way systems should be clearly sign posted. To increase potential access points for emergency vehicles more than one access route into the site is recommended.

### **Children's Play Area**

63. A safe communal recreation / play area for children of all ages is recommended on site where suitable provision is not available within reasonable walking distance from the site on a safe route or using easily accessible public transport. For larger sites, specially designated play areas with play equipment should be considered in close liaison with the local council. Ideally, these should be designed in consultation with children and parents, to ensure equipment is provided that will be well used.

64. Where recreation areas are provided it is important to ensure they are designed and located with the safety of children in mind (taking into account the proximity of busy roads) and allowing for supervision. Warning signs should be placed at the entrance to the site and throughout warning drivers of the presence of children.

65. Any designated play area should be flexible, adaptable, varied and interesting. Providing features such as shrubs or sand will promote good quality play. Any equipment should meet normal local Council standards. Play areas should be well lit and designated as dog free areas.

66. Locating play areas in secluded areas of the site and near boundary perimeters is

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<sup>12</sup> Model Standards for Caravan Sites in England, DCLG, (2008).

<sup>13</sup> Designing Gypsy and Traveller Sites- A Good Practice Guide, DCLG, (2008).



not favoured as children could be subject to outside harassment and the play area and equipment open to vandalism. Perimeter fencing should be included to ensure children are safe from site traffic and to prevent dumping or use for scrap storage.

## **Car parking**

67. A key element for the site is the provision of adequate parking space for residents' use. Car parking spaces must be a minimum of 2.4 x 4.8 metres each. Resident parking should be provided for on individual pitches but a site should also contain additional parking facilities for visitors as parking on the roadside could otherwise impede access of fire and other emergency services. Separate parking areas may present security considerations for residents and should therefore be situated in sight of residents generally.

## **Site Security**

68. Site design should aim to show due regard to security and privacy. Site layout should maximise natural surveillance enabling residents to easily oversee all areas of the site. Scheme specific advice on security provision for the site should be obtained from the PSNI Crime Prevention Design Advisor (CPDA) for the area and reference should be made to 'Secured by Design' standards to inform detailed planning of the site.

69. Site layout can play an important role in avoiding a sense of enclosure and isolation amongst Travellers. The aim should be to 'design out' crime and social exclusion and 'design in' community safety and social inclusion through openness of design, allowing ease in passing through, whether walking or driving. Care also needs to be taken to ensure the safety of residents and children where car traffic passes through.

70. Before pursuing this approach however, prospective residents should be consulted at the outset to ascertain the level of community cohesion already

prevalent in the area and to establish the degree to which those who are to live on the site are comfortable with this approach and if it meets the degree of privacy and security that is acceptable.

71. It is important to provide clear delineation of public communal areas such as play areas and private space with boundaries that indicate clearly where individual pitches begin and end. It is recommended that communal areas without a clear usage are avoided in the design as they may attract vandalism, fly tipping or unauthorised caravans.

72. It is recommended that local needs and preferences are taken into account as well as the requirements of DfI Roads and fire and rescue services when designing the entrance to the site. Many Travellers are in favour of controlled access to sites, for example using a lockable gate. Such controls can prevent unauthorised parking and caravans on site. Gates can however hinder access for emergency services, postal deliveries and refuse collection.

## **Landscaping**

73. Site landscaping that provides a mix of durable, hard landscaping (paved or concrete areas) with some good quality, soft landscaping (grassed areas, shrubs and trees) should ideally be provided. The landscaping should be designed throughout for low maintenance, and thought should also be given to preventing it from being used for unauthorised parking or unauthorised pitching of caravans. Consultation with Travellers on the provision of soft landscaping is essential as a preference for hard surfacing has been expressed by some Travellers.

74. Landscaping opportunities within and on the edge of the site should be used to create an attractive environment that can enhance resident satisfaction and pride with the site, encouraging participation with management to maintain their surroundings.
75. Planting should prove more successful if provided within a few large areas instead of in scattered patches throughout the site, although soft landscaping can be used to ensure spatial separation which prevents the movement of caravans to positions which would breach fire safety distances from the adjoining pitch.
76. Including artistic features on site could be an ideal opportunity for existing residents or potential residents to celebrate Traveller culture and identity. If this is to be considered, consultation with existing or potential residents should take place at an early stage. It is important any feature is agreed in partnership with residents. This would be a good opportunity to get Traveller children involved in the design and development of artistic features on site, particularly if there is a children's play area.

## **Hard Standing**

77. Each pitch must include a hard standing area constructed of concrete or a similar suitable hard wearing material which extends over the whole area to be occupied by a touring caravan or other vehicle. The use of stoning should be avoided. These standings must be constructed in accordance with the industry code of practice and project a sufficient distance outwards to enable occupants to enter and leave safely. The base must be sufficient to bear the load placed on it by the home or vehicle and its contents, and the anticipated level of vehicle movement.
78. Experience indicates that Travellers have a preference for a bitumen finish to all areas of the site due to a greater life expectancy. Nevertheless, ideally hard-standing should be part of the landscape design and the pitch width need not be entirely paved. Where agreed, pitches could be designed to break monotonous design with soft landscape and where this is adopted in the design, consideration should be given to the inclusion of a storage facility on each pitch for residents to

keep equipment to maintain it.

79. The site provider/owner should consider the environmental impact of the site and measures that might be taken to improve sustainability. For example, the inclusion of separate identifiable containers for the collection of recyclable waste and provision of water butts is recommended.

## Site Facilities

### Amenity Building

80. It is essential for an amenity building to be provided on each service site pitch. This should have a floor area of at least 25m<sup>2</sup> and can be a detached or semi-detached design if across two pitches. The amenity building should normally be a traditionally constructed permanent building,<sup>14</sup> however the use of modern methods of construction (MMC), such as prefabricated pods, should be considered where there are clear benefits in terms of cost, maintenance, security, etc.
81. The amenity building must include as a minimum hot and cold water supply, electricity supply, a separate toilet and hand wash basin, a bath/shower room, a kitchen with sink drainer and worktop, and a dining area. The access to the toilet should be through a lobbied area or by separate access direct from the pitch. The amenity building must also include secure storage space for harmful substances/medicines, enclosed storage for food, brooms, washing and cleaning items and space with wiring/plumbing/drainage for connection of a cooker, fridge/freezer and washing machine.
82. The inclusion of a day/living room in the amenity building for family meals, and for children and young people to play and study is recommended. The day/living room could be combined with the kitchen area to provide a kitchen/dining/lounge area. It is desirable that the day/living room should not be part of essential

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<sup>14</sup> In this context the term 'traditionally constructed' refers to masonry cavity wall construction.

circulation space, nor contain essential storage.

83. The design and construction of amenity buildings must meet the requirements of the current Building Regulations, the Institution of Electrical Engineers (IEE) regulations, the NI Water and DfC Design Standards. Materials used must comply with the relevant British Standards and Codes of Practice and provide for durable and low maintenance buildings. Its design should be sympathetic to local architecture, be attractive and of a domestic nature taking account of the relevant planning considerations.
84. Wall and floor finishes should have a high standard of durability. Particular attention should be paid to matters such as ease of maintenance and cost over its lifespan. Plumbing should be concealed as far as possible.
85. It is recommended that amenity buildings incorporate cost effective energy efficiency measures. Layout and construction should be designed to maximise energy conservation and the use of passive solar gain. All mechanical and electrical systems should be as energy efficient as possible.
86. Consideration should be given to the insulation of plumbing systems, the use of low energy light fittings and appropriate heating and ventilation systems. Any opportunity for using energy from renewable sources should be considered.
87. Adequate and sensibly situated electrical outlets, switching and controls should be installed throughout the amenity building.
88. Economical heating systems should be installed throughout the amenity building that provide temperature controls suitable for room use, and capable of being individually controlled in each room. The overall heating, ventilation and insulation strategy must take into account the potential risk of condensation, mould growth etc. due to low usage.
89. The width of main entrances, doorways and passageways must comply with current NI Building Regulations to ensure mobility standards. Fixtures and fittings in the amenity building should be domestic but robust.

90. In line with standards for social housing, other recommended features include:

- Sill heights in living/dining area no higher than 800mm above floor level;
- Hot water taps to baths/showers with a thermostatically controlled supply;
- Adequate screening and wall tiling where showers are provided over baths;
- A worktop-cooker-sink-worktop sequence that is not broken by doors, passageways or tall units;
- A 1.2 metre run of worktop between the cooker and the sink;
- A 500 mm minimum worktop each side of the cooker and wall units set back minimum 100 mm;
- A space for additional equipment such as a microwave;
- Walls in bathrooms and WCs designed to take support aids;
- Smoke/fire and heat detectors and;
- A carbon monoxide detector.

#### **Other on site facilities.**

91. The standards for site facilities applied by NIHE on serviced sites is through the provision of pitch specific facilities, following a resident centred approach.

92. The provision of a communal building is recommended within the Equality Commission for Northern Ireland's *Outlining Minimum Standards for Traveller Accommodation* document.<sup>15</sup> The NIHE report that Communal facilities do not work as practice has indicated in a number of sites in Northern Ireland. Nevertheless, provision of a communal building could be considered on sites large enough for a diverse community of residents rather than one extended family, where need has been explored in consultation with the Travellers to be accommodated and where a site is isolated from local facilities either by distance or a lack of public transport facilities. This facility can be an important resource in

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<sup>15</sup> Outlining Minimum Standards for Traveller Accommodation, ECNI, March 2009, Page 88.

sustaining a more remote site, offering an opportunity for visits by health visitors, youth workers and education services as well as use by site management and residents alike.

93. Any such building should include:

- A community room
- Toilets (male and female)
- A kitchenette.

Ideally it should be situated towards the front of the site, accessible to all the community not just site residents and if promoted and managed well can help encourage good relations between Traveller and neighbouring communities.

## Lighting

94. Sufficient lighting must be provided on the site to enable safe access and movement through the site at night for both pedestrians and vehicles having regard to the density and overall layout of the site. External lighting should also be provided on amenity buildings to ensure safe access. All lighting installations and fittings should be vandal and tamper proof.

95. Street lighting arrangements should be planned to minimise the risk of damage through vandalism and avoid problems of light pollution to homes on the site through light shining directly into caravans or amenity buildings. It should be planned to properly illuminate access roads and access to residential pitches.

96. Any play area for children should receive special attention in terms of appropriate lighting.

97. Consideration could be given to using three quarter length light pillars where there is a prospect the site may create light pollution for neighbouring sites.

## Postal Arrangements

98. The site should be designed so that post can be delivered separately for each pitch. Each residential pitch should have a secure post box accessed by a key held by the pitch resident.
99. Experience has shown that postal deliveries to pitches can be disrupted by complaints about harassment by unrestrained dogs so the provision of an individual box at the entry to a pitch would be advisable. Where delivery to individual pitches is not possible, a 'pigeon hole' system near the entrance to the site or on a site office wall should be considered. This must have lockable individual boxes for each pitch.
100. Consultation has shown that a simple but important element in helping to avoid discrimination against the residents of a Traveller site is to allocate site and pitch addresses which are of a similar nature to those for the settled community and which do not highlight that the accommodation is site based.

## Waste Disposal

101. Travellers should receive the same waste disposal arrangements as the settled community. Domestic waste disposal must be provided for each pitch in accordance with the local council requirements. A key element in designing the layout of the site is to ensure sufficient space exists for refuse collection vehicles to reach an appropriate point from which waste can be collected from individual pitches, as well as any communal refuse areas.
102. Consideration should be given to including a recycling collection point on the site where it is not in close proximity to one in the neighbouring vicinity.
103. Communal refuse areas can encourage fly-tipping and the accumulation of non-domestic waste. If a communal refuse area is necessary (in addition to refuse collection for each pitch), this should be designed and located to be convenient, accessible, robust, non-combustible and inconspicuous. It should be located away from individual pitches and from access points to the site to ensure that fire



service vehicles can enter the site and deal with any fire that might break out.

## Space for Work and Animals

104. Traveller sites are essentially residential and those living there are entitled to a peaceful and enjoyable environment. Guidance on site management would therefore propose that working from residential pitches should be discouraged and residents should not normally be allowed to work elsewhere on site.
105. Paragraph 6.144 of the Strategic Planning Policy Statement (SPPS) allows for workspace to be provided 'where appropriate,' although providing areas for work on a Traveller site creates issues for health and safety, public liability, cost and management, as well as taking up valuable living space that is often not readily available. Therefore the provision of facilities for some level of activity will only be considered in exceptional circumstances where it is appropriate, having due regard to planning, environmental and health and safety considerations. However if significant commercial or other work activity is proposed and accepted, it is very important to ensure the site is delineated so that residential areas are separated from commercial or work areas.
106. This also applies to the inclusion of space for keeping animals. Where there is demand for space for animals Travellers should be encouraged to rent grazing land from neighbouring land owners if possible. The provision of space on site for keeping animals will only be provided where it is reasonable and practicable to include this.

## Office premises

107. Currently in Northern Ireland there are no site managers or a requirement for an office on site as the equivalent designated officers in Northern Ireland work out of local district offices. **Further detail at Section 13.** However if this changes and an office is required for a larger site, this should ideally be in a location which can be easily found by visitors- preferably at the front of the site to ensure that it has a

view which increases security but is not intrusive to residents. Facilities that may be needed include an office area, storage space, and kitchen and bathroom facilities.

## **Site Services**

### **Scope to Provide Essential Services**

108. All sites must be provided with access to mains water, electricity supply, drainage and sanitation.

### **Water supply**

109. A mains water supply suitable for drinking must be provided for each pitch, sufficient to meet the reasonable demands of residents. Water supplies must comply with current legislation, NI Building Regulations and British Standards. Ideally water meters will be provided in amenity buildings by Northern Ireland Water and must be for domestic usage.
110. Water pressure must be sufficient to enable the use of fire hydrants by the emergency services which should be located near the front of the site.
111. Outside taps and hook up points for caravans should be provided on each pitch with internal isolation valves and suitable backflow protection for security of the water supply.

### **Electricity supply**

112. Mains electricity to each pitch is essential, sufficient to meet the reasonable requirements of the residents, and with separate meters for each pitch. Ideally pre-paid card electricity meters will be provided in amenity buildings for each pitch by the relevant supplier and must be for domestic usage. Each Traveller household is responsible for their own electricity account.

113. Underground cabling must be adequately earthed and comply with current electrical installation regulations. Installations must be inspected annually and all electrical work carried out by competent / appropriately qualified personnel in accordance with the current IEE Wiring Regulations and to the satisfaction of Northern Ireland Electricity (NIE).

### **Connection points**

114. Consideration may be given to providing more than one electricity and water access point on each pitch to allow for trailers to be realigned either through resident's choice, family expansion or to cater for visitors.

### **Gas supply**

115. It is essential that gas installations, supplies and storage meet all statutory requirements, relevant standards and codes of practice. Storage facilities that comply with health and safety regulations for Liquid Propane Gas cylinders must be provided. As the guidance on storage is complex, the site provider/owner should seek advice from local environmental health services. It is essential any mains gas installation is inspected annually and certified as safe.
116. Provision of a mains gas supply is recommended for amenity buildings on pitches and, if supplied, must comply with current gas installation regulations.

### **Oil fired central heating**

117. Installations for oil fired central heating should meet current NI Building Regulations together with appropriate storage and safety arrangements in case of oil leaks.

## Drainage

118. Surface water and storm water drainage must be installed. All drainage must accord with current legislation, Building Regulations and British Standards. This should be given early consideration in both site selection and scheme design.
119. It is recommended that gully and manhole covers are robust and secure. If individual caravans are connected to the drainage system the connections must be capable of being sealed when not in use.
120. Smaller drain covers could be considered as these can assist in preventing foreign objects becoming accidentally lodged in soakaways and gulleys.
121. Traveller sites may offer opportunities for implementing a Sustainable Drainage Systems approach for dealing with surface water management where surface water runs off to either natural water courses or municipal systems.
122. Consideration should be given to the inclusion of interceptors to ensure protection against petrol, oil and other substances entering the surface water drainage system.<sup>16</sup>

## Sewerage

123. Sewerage for permanent sites should normally be through mains systems.
124. Each pitch should be connected to a public mains sewer when it is economic to do so. In some locations this may not be possible and in that case alternative arrangements can be made, such as a properly constructed and regulation compliant, sealed septic tank sewage system. Consent to Discharge must be sought from the Northern Ireland Environment Agency (NIEA) where it is proposed to discharge from a septic tank to a waterway, or underground stratum. All sanitation provision must accord with current legislation, NI Building

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<sup>16</sup>The purpose of an interceptor is to separate water coming from the drainage system from any contaminants picked up on-route such as oil, silt, dirt and brake dust. Petrol interceptors intercept oil and petrol contained in the storm water runoff from hard standing

Regulations and British Standards.

125. Consideration should also be given to additional waste disposal connections from resident caravans to avoid problems over unauthorised connections.

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## Health, Safety and Accessibility

### Risk assessment

126. It is essential that site owners undertake a general Health and Safety risk assessment of the site during the initial stage.

### Fire Safety

127. It is essential that consultation with Northern Ireland Fire & Rescue Service takes place at a very early stage of designing a site so that appropriate fire safety measures can be incorporated. Good practice from recognised sources is outlined in the paragraphs below which can be used as a starting point prior to discussions with local emergency services.
128. To ensure fire safety it is essential that every caravan must be not less than 6 metres from any other caravan that is occupied separately.
129. Other structures are allowed in the separation zone if they are made of non-combustible materials (such as a brick built amenity building), as long as they do not impede means of escape.
130. As part of the overall health and safety risk assessment it is imperative that site owners carry out a fire risk assessment of the site during the initial design stage, which includes the homes on the site.
131. It should pay particular attention to those at special risk, such as children, and must include consideration of any dangerous substance liable to be on the site. A fire risk assessment will help identify the risks that can be removed or be reduced and to decide the nature and extent of the general fire precautions.
132. The significant findings of such an assessment should always be recorded.
133. General fire precautions include measures to reduce the risk of fire on the site and the risk of the spread of fire on the site.

- (a) Pitches should be no more than 30 metres from a fire point. Fire points must be housed in a weatherproof structure, easily accessible and clearly and conspicuously marked 'Fire Point'. A clearly written and conspicuous notice should be provided and maintained at each 'Fire Point' to indicate the action to be taken in the case of fire including details of a muster point. Notices should comply with BS 5499-2 - Fire safety signs, notices and graphic symbols.
  - (b) Water standpipes, hydrants or fire extinguishers should be provided on each site as determined by the risk assessment and as informed by consultation with the local fire officer. All equipment should conform to relevant British/European standards.
  - (c) A means of raising the alarm in the case of fire should be provided at each fire point. This must be appropriate to the size and layout of the site and informed by consultation with the local fire officer.
  - (d) All alarm and firefighting equipment should be installed, tested and maintained in working order by a competent person. All equipment susceptible to frost should be suitably protected.
134. The level of necessary safety (or service) must be dictated by the findings of the risk assessment.

### **Emergency Telephone**

135. An emergency telephone for calling the emergency services should be provided particularly in areas where the mobile phone reception is poor.
136. If required, the telephone should be immediately accessible and a notice by the telephone should include the name, address and postcode of the site.

### **Accessibility**

137. All private or communal buildings on the site must be provided to mobility standards as specified within the current NI Building Regulations. Developers

must also have regard to the Disability Discrimination Act 1995, as amended by the Disability Discrimination (NI) Order 2006, both when designing the site and during refurbishment planning.

138. When considering the extent to which pitches, parking spaces and amenity buildings should be suitable for wheelchair users, reference should be made to local Traveller Accommodation Needs Assessments. The *2014 Travellers' Accommodation Needs Assessment in Northern Ireland* confirmed that a high proportion of Traveller households (46%) had a household member with a disability or health problem that limited their day-to-day activity.
139. Where no need has been identified it is recommended that at least one pitch per site be constructed to meet the needs of a disabled resident as a contingency for future demand. Where provided, these should be consistent with the standards for housing for wheelchair users as set out in the Department for Communities' Design Standards as detailed in the Housing Association Development Guide.

## Transit Sites

### The Site

140. **Site Location / Selection** - The guidance for permanent sites largely also applies except that the proximity to community facilities is primarily in respect of the need for access to schools. The presence of children on the site, and potential health and safety risks for them and other residents should receive equal consideration
141. **Relationship to Surrounding Land Use** – The guidance for serviced sites applies.
142. **Health and Safety Considerations** – The guidance for serviced sites applies.



## Site Design

143. **Number of pitches** – no more than 6-8 pitches is the recommended number of pitches on a site. In exceptional circumstances where larger sites are proposed, the number of pitches should not normally exceed 15-20.
144. **Site boundaries** – The guidance for serviced sites applies
145. **Size of pitch** - Wherever possible each pitch should be of a size sufficient to accommodate two touring caravans, two parking spaces and private amenities.
146. **Layout of pitches** – The guidance for serviced sites applies
147. **Orientation of pitches** – The guidance for serviced sites applies.
148. **Site access and roadways** - – The guidance for serviced sites applies
149. **Access for emergency vehicles** – The guidance for serviced sites applies.
150. **Emergency Telephone** – Details of the nearest available telephone for contacting the emergency services should be included on an adjacent fire notice in areas where the mobile phone signal is poor.
151. **Car Parking** - It is recommended that parking space for at least two vehicles is provided on each individual pitch at a minimum size of 2.4m x 4.8m each.
152. **Site Security** – The guidance for serviced sites applies.
153. **Landscaping** - The guidance for serviced sites applies although soft landscaping on transit sites can be more difficult to maintain. As these sites are only intended for short stays there is less need for soft landscaping but the general ambience of the site should be maintained to a limited and cost effective degree.
154. **Hard Standing** – The guidance for serviced sites applies.

## Site Facilities

155. **Private amenities** - The provision of private amenities on each pitch including a toilet, wash hand basin and shower with hot and cold water supply is essential.
156. Depending on the degree of usage, portable facilities may be provided to meet these needs and these should be well managed and maintained. Where sites are empty for lengthy periods and to avoid vandalism to facilities these should be removed until the site is reoccupied. Permanent waste and water points should be in place to reduce the cost of use of contractors to manage the facilities.
157. **Lighting** – The guidance for serviced sites applies.
158. **Waste disposal** - Waste disposal for individual pitches is recommended. Communal refuse disposal should be provided which is convenient (but away from pitches and associated dwellings), fenced off, robust and inconspicuous.
159. **Sluice** – Provision of a sluice should be considered on each site.
160. **Laundry facilities** – consideration should be given to the provision of washing and cleaning facilities e.g. deep sinks/space for washing machines.
161. **Space for Work and Animals** – The guidance for serviced sites applies.

## Site Services

162. **Water supply** – The guidance for serviced sites applies
163. **Electricity supply** - The guidance for serviced sites applies although in practice a central electricity supply administered by the site management may be provided which would entail residents paying by meter.
164. **Gas supply** – Mains gas supplies are not applicable to transit sites.
165. **Drainage** – The guidance for serviced sites applies
166. **Sewerage** – The guidance for serviced sites applies.

## Health and Safety Considerations

167. **Risk Assessment** – The guidance for serviced sites applies.

168. **Fire Safety** – Please refer to Section 6 of the Northern Ireland Fire & Rescue Service (NIFRS) Caravan Site Operators Guide which can be accessed under Fire Safety Guides at the following link.

<https://www.nifrs.org/fire-safety/dhssps-fire-safety-risk-assessment-documents/>

169. **Accessibility** – The guidance for serviced sites applies.

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## Emergency Halting Sites

### The Site

#### Site Location / Selection

- 170. Emergency halting sites should provide safe and convenient access to road networks and cause minimum disruption to surrounding communities.
- 171. When considering the suitability of different sites, the potential presence of young children and any risks from adjoining land uses must be considered.

#### Site Layout, Access and Orientation

- 172. It is important to provide markings or barriers to encourage residents to park safely, allow access for emergency vehicles and enable maximum use of the site in accordance with its intended capacity and fire safety standards. Particular regard must be given to the need to ensure a safe distance between trailers/caravans and other structures made of combustible materials. Emergency Halting Sites Stopping places should be designed to ensure there is a separation of 6m between trailers/caravans to reduce the risk of fire spread.
- 173. The road to and from the site must be of sufficient quality and size to enable access onto and off the site by heavy vehicles such as trailers.
- 174. There must be a clear barrier around the emergency stopping place to prevent unauthorised expansion of the site. Boundaries to be in keeping with surrounding area.

#### Site Facilities and Services

- 175. It is essential for a cold water supply to be provided for the use of site residents which may be by use of water standpipe or water bowser.
- 176. Appropriate number of portable toilets must be provided and there must be separate provision for men and women. Consideration should also be given to the provision of portable showers.

177. It is essential for a sewerage disposal point to be provided.

178. Refuse disposal facilities must be provided.

### **Health and Safety Considerations**

179. The guidance for serviced sites applies.

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## Consultation

### Introduction

180. Effective and meaningful engagement with Travellers, and liaison with the local community from the initiation of a proposal through to completion, is essential for a successful, integrated and sustainable development. Issues requiring discussion include: site selection, design features, facilities and services, management and maintenance of sites and provision of accommodation other than through serviced or transit sites.

181. This guidance is not intended to replace local consultation with Travellers and other key agencies. Local consultation should include:

- Travellers from the communities whose needs will be met on the site, including if possible, the families who will move onto the site at first let;
- Northern Ireland Fire & Rescue Service;
- The Police, for advice on site security;
- The local Transport NI Division;
- The local council, including the planning department from the very first stages of site identification;
- Local residents & businesses;
- Local Education , Local Health and Social Care Officers; and
- Designated officers & maintenance Officers.

182. The same principles apply to consultation on Traveller sites as with other refurbishment projects and new developments. Very few architects and developers will have first-hand experience of living on a site as part of a Traveller community, and consultation with Travellers will be crucial to ensuring the site works successfully.

183. The needs and preferences of those who will live on the site should be given full consideration and should be met as far as is possible within available resources. People who have lived on sites for most or all of their lives are in the best position to advise on what works well and what doesn't for a particular community. However, the needs of those people who will move onto the site at first let will need to be balanced with the needs of those who may live on the site at a later date.

### **When to consult?**

184. Travellers and/or their relevant representative bodies should be consulted throughout all stages of the design process, including site identification through the NIHE. Local communities can be aware of factors which, despite site shortages, could prevent take up of site places in particular areas.

### **Methods of consultation**

185. The NIHE (NIHE) has an established record of joint working with the Traveller community following the development and publication of the Travellers' Accommodation Needs Assessments in Northern Ireland 2008 and 2014. It is recommended that Housing Associations wishing to work with Travellers for the first time, consult with the NIHE at the outset to secure its own introductions.
186. Where difficulties remain, introductions can usually be secured through other organisations which already have a good working relationship with members of the Travellers community and their representative organisations.
187. Participation will be greatly improved by holding the consultation in familiar and informal surroundings that are easy to get to, comfortable and warm. The office of a local organisation working with Travellers, or a local community building might be appropriate for instance.
188. It is important that consultation does not rely on written methods such as leaflets, surveys or feedback forms. Face to face consultation which enables Travellers to influence rather than just respond to the consultation agenda is important. Provision of models and computer generated images of proposed site

development will also help prospective residents visualise the outcome and help identify useful refinements which may not otherwise be immediately apparent.

189. In some cases it may be appropriate to use a small number of people from the communities to represent their interests, however there is a danger with this type of approach that the perspective of some parts of the community will be missed. There is also a risk that many Travellers are reticent about representing their whole community, instead preferring to speak on behalf of their own family.
190. It would be beneficial to ensure as far as possible that sympathetic and knowledgeable architects and contractors are employed in the site design process. At an early stage the NIHE could offer an 'awareness raising' session on Traveller culture involving representatives of the local Traveller community. This would be a means of opening dialogue and facilitating ongoing consultation with prospective residents, which is necessary to ensure the successful design and construction of the site and achieve best value for the money.
191. The timing of the consultation will be important. For instance women are more likely to be able to take part in consultation that takes place on sites during the day (and outside school pick up hours) whereas men may be more likely to be able to attend evening meetings.
192. One to one interviews are one method of consulting, but they can be time-consuming and do not provide an opportunity to attempt to resolve differing opinions. Focus groups can be a good way to encourage discussions around matters where there are differing perspectives and where there is a need to achieve a consensus position. If some tensions between different members of the community are anticipated then small meetings or group discussions will work better than large meetings.
193. *An Assessment of Travellers' Accommodation Needs in Northern Ireland*, which is published periodically by the NIHE, gathers views on site design and satisfaction with existing sites. The information contained within this report should be drawn upon and added to the knowledge base.



**Feeding back on the results of consultation**

194. As a common courtesy the results of any consultation should always be fed back to the individuals and/or communities concerned. Where it has not been possible to meet the expressed preferences of the community the reasons for this should be clearly explained.
195. Once the site has been developed, this consultation process offers the basis of a permanent residents' forum, which can help sustain a good co-operative spirit of consultation between the NIHE and residents which is a key element in managing a site successfully.

**Consulting with the settled community**

196. As for other kinds of development, it is important that members of the local community, whether Travellers or settled residents, are able to feed in views on plans for new sites.
197. Misinformation and limited contact between Travellers and the settled community can feed distrust and misconceptions, and these must be challenged and addressed proactively. Opposition from the settled community can delay, and in some cases prevent, the issue of planning permission for new sites. The right of any individual to comment on any development proposal is central to the functioning of a fair and open planning system and should be protected and facilitated at all costs.
198. It will be important to demonstrate the need for new site provision in any consultation with the settled community, and the steps that the NIHE will take to address concerns and deal with problems should they arise.

## Management Standards

199. Successful places are safe, well maintained and well managed. Achieving this depends on managing the physical assets effectively and appropriately. With the right management structures, people who live and use the place will be able to influence what happens there. The success of developments is sustained by active support and resources that enable them to function effectively.
200. Across the range of accommodation types, respectful and sensitive management in conjunction with effective maintenance is essential for ensuring the long term sustainability of a Traveller development and can also be a critical success factor in building the support of the local community for a Traveller site.
201. To help local communities accept authorised sites, they will need to see that provision in their area is proportional to need and matched by provision in other areas; and that sites are managed in a way that avoids, or remedies quickly, any negative impact on neighbouring areas.
202. It is recommended that, from the beginning, a site management and maintenance plan is in place along with sensible, transparent rules around allocation of pitches. This will help ensure residents live in a safe and secure environment. The plan should be flexible and pay particular attention to the involvement and participation of site residents in the management and maintenance of the site. In addition the plan should have regard to best practice in housing management guidelines.
203. There are no specific legal requirements for the management of Traveller sites in Northern Ireland. However the principles of effective management of accommodation apply in a similar fashion to Traveller sites as to other forms of social housing, and these are set out below.

- Ownership of responsibility for site management should be clear, whether this is NIHE or, in future, contracted out to a housing association, a private company, a voluntary or community organisation or to Travellers living on site.
- It is recommended that each site should have a designated officer who can be contacted by residents as necessary. The designated officer would be a member of the local district office staff in which a particular site is located. Good practice suggests that some residents should be invited to take part in the recruitment of the designated officer. The designated officer may have responsibility for a number of sites, and where this is the case, or where the officer does not live on site, regular visits – at least twice a week – should be made to the site.
- The designated officer should familiarise him/herself with the families living on a site, through direct engagement with residents, with the licensing agreement, payment procedures, etc. The designated officer should play a proactive role in the management of the site and be visible to residents and approachable.
- The designated officer has a central role in preserving health and safety standards on site. This must be carried out proactively, and in discussion with residents, who should know and understand the benefits of measures in place to protect their health and safety.
- The publication of an *Allocations Policy* presented in oral and written form to residents, is an important step in building trust between residents and management. Allocation of pitches should not take place informally, but should follow the terms of the allocations policy to ensure fairness in approach. An appeals process should be available to residents who wish to challenge a decision.
- It is recommended that site residents are consulted when deciding management arrangements. Residents should be invited and encouraged to play a central role

in the way the site is run. Travellers should be asked about their preferred methods of consultation, and these should be accommodated wherever possible.

- Effective and efficient repair and maintenance is a central obligation on site management, and will play an important role in the smooth operation of the site. A contact number should be provided for residents to report faults either to their own pitches or communal areas. A management plan should have a programme of planned maintenance as well as contingencies for reactive maintenance. A clear management structure should be included and relevant contacts in appropriate departments identified.

## ANNEX A

## KEY DOCUMENTS

- Caravans Act (Northern Ireland) 1963 as amended the Caravans Act (Northern Ireland) 2011 - An Act to amend the law relating to caravans and caravan sites.  
<http://www.legislation.gov.uk/nia/2011/12/contents>
- Disability Discrimination Act 1995, as amended by the Disability Discrimination (NI) Order 2006. <http://www.legislation.gov.uk/ukpga/1995/50/contents>
- Design Guide for Travellers Sites in Northern Ireland, 1997, Department for the Environment. This document can be obtained from the NICS Library.  
[https://nigl.ent.sirsiidynix.net.uk/client/en\\_GB/default/search/detailnonmodal/ent:\\$002f\\$002fSD\\_ILS\\$002f0\\$002fSD\\_ILS:28249/one?qu=design+guide+for+travellers&te=ILS](https://nigl.ent.sirsiidynix.net.uk/client/en_GB/default/search/detailnonmodal/ent:$002f$002fSD_ILS$002f0$002fSD_ILS:28249/one?qu=design+guide+for+travellers&te=ILS)
- Race Relations (Northern Ireland) Order 1997- Where Irish Travellers were specifically identified as a racial group protected against unlawful discrimination.  
<http://www.legislation.gov.uk/nisi/1997/869>
- Northern Ireland Act 1998- Specifically section 75 which requires Public Authorities to promote equality of opportunity between persons of different racial groups.  
<http://www.legislation.gov.uk/ukpga/1998/47/contents>
- DOE New Policy on Accommodation for Travellers 1999- Although the responsibility for Traveller accommodation remained within the remit of local Councils this policy gave the NIHE a more strategic role. <https://www.communities-ni.gov.uk/sites/default/files/publications/dsd/report-of-the-working-party-on-travellers-accomodation.pdf>
- Promoting Social Inclusion Working (PSI) Group on Travellers Report 2002- Highlighted the various needs of the Traveller community and helped push their issues higher up the Governments agenda. Office of the First Minister and Deputy First Minister responded to this report in *A Response to the PSI Working Group Report on Travellers*. <http://www.equality.nisra.gov.uk/travellers.pdf>
- Housing (Northern Ireland) Order 2003 - Led to the transfer of 6 sites from local Councils and gave NIHE responsibility to both manage and provide suitable accommodation, including transit sites.  
<http://www.legislation.gov.uk/nisi/2003/412/contents/made>

- Unauthorised Encampments (Northern Ireland) Order 2005 - NIHE now deal with all reported Unauthorised Encampments in conjunction with PSNI under a joint protocol.  
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- Outlining Minimum Standards for Traveller Accommodation, March 2009, Equality Commission for Northern Ireland  
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Supported Housing Branch  
Housing Supply Policy  
Level 3 Causeway Exchange  
1-7 Bedford Street  
Belfast  
BT2 7EG

Tel: 028 90515020

Email: [supported.housing@communities-ni.gov.uk](mailto:supported.housing@communities-ni.gov.uk)

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# **Model Licence Conditions 2019**

## **Caravans Act (Northern Ireland) 1963 Section 5**



Department for

**Infrastructure**

An Roinn

**Bonneagair**

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## Introduction

1. The use of land as a caravan site is controlled by relevant planning legislation, whereas the physical standards and layout, amenities and other standards within the site are controlled by a site licence issued by local councils under the Caravans Act (Northern Ireland) 1963 (“the 1963 Act”). Section 5 of the 1963 Act enables councils to set licence conditions.
2. Under section 5(7) of the 1963 Act the Department may from time to time specify model conditions with respect to the lay-out and the provision of facilities, services and equipment for caravan sites or particular types of caravan site; and that, in deciding what (if any) conditions to attach to a site licence, the council shall have regard to any conditions so specified.
3. These conditions revise and update the Model Licence Conditions for Caravan Sites 1992 and Model Licence Conditions Residential Caravan Sites 1994 and apply to all caravan sites:
  - permanent residential caravan sites;
  - holiday caravan sites;
  - touring caravan sites; and
  - Traveller or Roma sites.
4. This review has been prompted by the Northern Ireland Human Rights Commission (NIHRC) ‘Out of Sight, Out of Mind: Travellers’ Accommodation in NI’ investigation report published on 6 March 2018. The report made a number of recommendations for public authorities including that the Department should:

*“review the legal and policy framework concerning site licences. This should include the development of a model site licence setting out the minimum standard of provision and safety requirements for each type of Travellers site in NI, along with enforcement powers for any breach.”*
5. While addressing the report’s recommendation the Department has also taken the opportunity to amalgamate the current Model Licence Conditions for holiday caravan sites as well as residential caravan sites into one document, creating greater clarity and ease of reference for councils and stakeholders. In parallel

and in response to a recommendation by NIHRC, the Department for Communities has completed its review of the Design Guide for Travellers' Accommodation 2019, and will be consulting shortly. The Design Guide is intended to support the provision of appropriate, cost effective sites for Travellers living in Northern Ireland.

6. Although the conditions remain largely unchanged there are some key revisions regarding emergency telephones and fire safety measures.
7. These conditions should be considered when:-
  - applying licence conditions to new sites;
  - applying licence conditions to sites that have been substantially redeveloped; or
  - renewing or reviewing a current licence.
8. Where current licence conditions are adequate in serving their purpose, the council do not need to apply new conditions.
9. Where it is appropriate to amend an existing condition or apply a new condition to a licence the council must be able to justify its reasons for doing so, having regard to all the relevant circumstances of the site. In deciding whether to apply a new condition the council must have regard to the benefit that the condition will achieve and the interests of both residents and site owners (including the cost of complying with the new or altered condition) and should consult the site licence holder on the proposed variations. They may also wish to consult with residents or a Residents' Association, where appropriate.
10. The model conditions represent those standards normally to be expected as a matter of good practice on caravan sites. They should be applied with due regard to the particular circumstances of the relevant site, including its physical character, any relevant services, facilities or other amenities that are available within or in the locality of the site and other applicable conditions.
11. The council should also consider the Northern Ireland Fire and Rescue Service guidance<sup>1</sup> and the Department for Communities Design Guide for Travellers

when applying conditions on a site licence.

12. The explanatory note to this document provides advice on the application and enforcement of the model conditions when considering attaching conditions to licences.

13. Councils should allow a reasonable period of time after any site licence alteration for compliance with the revised conditions, unless the reason for making the alteration is to address a matter requiring immediate attention.

14. When considering taking enforcement action councils should undertake a risk assessment to take into account all possible factors in relation to the prosecution.

15. This document should be referred to as Model Licence Conditions 2019.

## **Interpretation**

16. In the model conditions any references to “site” includes a park home site (including a mobile home site) and to “caravan” includes a mobile or park home.

17. In this document the term “site owner” is referred to throughout, as normally that person would be the licence holder.

# THE MODEL CONDITIONS

## 1. The Boundaries and Plan of the Site

- (i) The boundaries of the site from any adjoining land should be clearly marked by a man made or natural feature.
- (ii) No caravan or combustible structure should be positioned within 3 metres of the boundary of the site.
- (iii) A plan of the site should be supplied to the council upon the application for a licence and, thereafter whenever there is a material change to the boundaries or layout of the site, or at any other time on the demand of the council.
- (iv) The plan supplied must clearly illustrate the layout of the site including all relevant structures, features and facilities on it and should be of suitable quality.

## 2. Density and Spacing Between Caravans

- (i) Subject to the following variations the minimum spacing distance between any two caravans should not be less than 6 metres in permanent residential caravan sites, touring caravan sites and Traveller or Roma sites. On holiday caravan sites the minimum spacing should not be less than 5 metres between caravans made of aluminum or 6 metres between those made of plywood or similar skin. Where there is a mixture of holiday caravans of aluminum and plywood the separation distance should be 6 metres.
- (ii) The point of measurement of porches, awnings etc. is the exterior cladding of the caravan, excluding the draw bar. The distance from any part of a caravan to any part of a road within the site should not be less than 2 metres.
- (iii) Porches may protrude 1 metre into the 5 or 6 metres space and should be of the open type.
- (iv) Where awnings are used, the distance between any part of the awning and an adjoining caravan should not be less than 3 metres. They should not be of the type which incorporates sleeping accommodation and they should not face each other or touch.

- (v) Eaves, drainpipes and bay windows may extend into the 5 or 6 metre space provided the total distance between the extremities of 2 adjacent units is not less than 4.5 metres in a 5 metre space, or 5.25 metres in a 6 metre space.
- (vi) Where there are ramps for disabled, verandahs or stairs extending from the unit, there should be 4.5 metres (3.5 metres on holiday caravan site which has holiday caravans only) clear space between them and such items should not face each other in any space. If they are enclosed, they should normally be considered as part of the unit and, as such, should not intrude into the 5 or 6 metres space.
- (vii) A garage, a shed or covered storage space should be permitted between units only if it is of substantially non-combustible construction (including non-combustible roof) and sufficient space is maintained around each unit so as not to prejudice means of escape in case of fires. Windows in such structures should not face towards the unit on either side. Car ports and covered walkways should in no circumstances be allowed within the 5 or 6 metres space. For cars and boats between units see paragraph 12.
- (viii) The density should be consistent with safety standards and health and amenity requirements. The gross density should not exceed:-
  - 50 caravans per hectare in permanent residential caravan sites and Traveller or Roma sites
  - 60 caravans per hectare in holiday caravan sites; and
  - 75 caravans per hectare in touring caravan sites;
 calculated on the basis of the usable area (i.e. excluding lakes, roads, communal services and other areas unsuitable for the siting of caravans) rather than the total site area.

### **3. Roads, Footpaths, Pavements, Gateways and Overhead Cables**

- (i) Roads and footpaths should be designed to provide adequate access for emergency vehicles.
- (ii) Emergency vehicle routes within the site should be kept clear of obstruction at all times.
- (iii) New roads should be constructed and laid of suitable bitumen macadem or concrete with a suitable compacted base.
- (iv) All roads should have adequate surface water/storm drainage.

- (v) New two way roads should not be less than 3.7 metres wide, or if they are designed for and used by one way traffic, not less than 3 metres wide.
- (vi) One-way systems should be clearly signposted.
- (vii) Where existing two way roads are not 3.7 metres wide, passing places should be provided where practical.
- (viii) Vehicular access and all gateways to the site must be a minimum of 3.1 metres wide and have a minimum height clearance of 3.7 metres.
- (ix) Roads and footpaths should be maintained in a good condition.
- (x) Cable overhangs must meet the statutory requirements.
- (xi) Every caravan should be connected to a road by a footpath with a hard surface.
- (xii) Where practicable, communal footpaths and pavements should not be less than 0.9 metres wide.

#### **4. Lighting**

- (i) Taking into account the needs and characteristics of a particular site, roads, communal footpaths and pavements should be adequately lit between dusk and dawn to allow the safe movement of pedestrians and vehicles around the site during the hours of darkness.

#### **5. Bases**

- (i) Every unit must stand on a concrete base or hard-standing.<sup>2</sup>
- (ii) The base must extend over the whole area occupied by the unit, and must project a sufficient distance outwards from its entrance or entrances to enable occupants to enter and leave safely. The hard standings must be constructed to the industry guidance, current at the time of siting, taking into account local conditions.

#### **6. Maintenance of Common Areas, including Grass, Vegetation and Trees**

- (i) Every part of the site to which the public have access should be kept in a clean and tidy condition.
- (ii) Every road, communal footpath and pavement on the site should be

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<sup>2</sup> Councils should refer to paragraph 25 in the Planning Practice Guidance Notes in respect of holiday/touring sites.



maintained in a good condition, good repair and clear of rubbish.

- (iii) Grass and vegetation should be cut and removed at frequent and regular intervals.
- (iv) Trees within the site should (subject to the necessary consents) be maintained.
- (v) Any cuttings, litter or waste should be removed from the immediate surrounds of a pitch.

## **7. Supply & Storage of Gas etc.**

- (i) Gas (including natural gas) and oil installations, and the storage of supplies should meet current statutory requirements, relevant Standards and Codes of Practice.
- (ii) Liquefied Petroleum Gas cylinders must not be positioned or secured in such a way as to impede access or removal in the event of an emergency.

## **8. Electrical Installations**

- (i) On the site an electricity network of adequate capacity should be installed to meet safely all reasonable demands of the caravans and other facilities and services within it.
- (ii) The electrical network installations are subject to regulation under current relevant legislation and must be designed, installed, tested, inspected and maintained in accordance with the provisions of the current relevant statutory requirements.
- (iii) Any work on electrical installations and appliances should be carried out only by persons who are competent to do the particular type of work being undertaken, in accordance with current relevant statutory requirements.
- (iv) Any work on the electrical network within the site should be done by a competent person fully conversant with the appropriate statutory requirements.

## **9. Water Supply**

- (i) All pitches on the site should be provided with a water supply sufficient in all respects to meet all reasonable demands of the caravans situated on them.
- (ii) All new water supplies should be in accordance with all current legislation, regulations and relevant British Standards.

- (iii) All repairs and improvements to water supplies and installations should be carried out to conform with current legislation and British Standards.
- (iv) Work on water supplies and installations should be carried out only by persons who are qualified in the particular type of work being undertaken and in accordance with current relevant legislation and British Standards.

## **10. Drainage and Sanitation**

- (i) Surface water drainage should be provided where appropriate to avoid standing pools of water.
- (ii) There should be satisfactory provision for foul and waste water drainage either by connection to a public sewer or sewage treatment works or by discharge to a properly constructed septic tank or cesspool approved by the council.
- (iii) All drainage and sanitation provision should be in accordance with all current legislation and British Standards.
- (iv) Work on drains and sewers should be carried out only by persons who are qualified in the particular type of work being undertaken and in accordance with current legislation and British Standards.
- (v) For caravans without their own water supply and water closets, clean and properly maintained communal toilet blocks should be provided, with adequate supplies of water, to at least the following scales:-
  - Men: 1 WC and 1 urinal per 5 caravans or less;
  - Women: 2 WCs per 15 caravans or less;
  - 1 wash basin for each 2 WCs (or urinals).
- (vi) Toilet blocks should be sited conveniently so that all site occupants may have reasonable access to one by means of a road or footpath.
- (vii) On holiday and touring caravan sites, where laundry facilities are not available, at least one deep sink with adequate supplies of hot and cold water should be provided.

## **11. Refuse Storage & Disposal**

- (i) Where communal refuse bins are provided these should be housed within a properly constructed bin store.
- (ii) All refuse disposal should be in accordance with all current legislation and regulations.

## **12. Parking**

- (i) Private cars, jet skis and boats may be parked between adjoining caravans provided that they do not obstruct entrances to caravans or access around them and they are a minimum of 3 metres from an adjacent caravan.
- (ii) Fuel tanks for motor boats should be disconnected and stored in a shaded area, not below a caravan.
- (iii) Suitably surfaced parking spaces should be provided to meet the requirements of residents and their visitors.

## **13. Communal Recreation Space**

- (i) On sites where it is practical to do so, suitable space equivalent to about one tenth of the total area of the site should be allocated for recreational purposes, unless in the council's opinion there are adequate recreational facilities within a close proximity to the site.

## **14. Notices and Information<sup>3</sup>**

- (i) The name and address of the site should be displayed on a sign in a prominent position at the entrances to the site together with the current name, address and telephone number of the licence holder and manager and emergency contact details.
- (ii) In addition, the following should be available for inspection in a prominent place on the site:-
  - a copy of the current site licence
  - a copy of the most recent periodic electrical inspection report.
  - a copy of the site owner's certificate of public liability insurance.
  - a copy of the local flood warning system and evacuation procedures, if appropriate.
  - a copy of the fire risk assessment made for the site (if required by the NIFRS Caravan Sites Operators Guide).
- (iii) A current plan of the site with roads and pitches marked on it should also be prominently displayed at the entrances.
- (iv) All notices should be suitably protected from the weather and from direct

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<sup>3</sup> Councils should refer to paragraph 67 in the **Explanation of Notices** when applying Conditions 14(ii) and (iii) in respect of NIHE sites.

sunlight, preferably in area lit by artificial light.

## **15. Emergency Telephone**

- (i) An emergency telephone for calling the emergency services is only required if mobile phone reception in the area is poor.
- (ii) If provided, the telephone should be immediately accessible and a notice by the telephone should include the name, address and postcode of the site.

## **16. Flooding**

- (i) The site owner should establish whether the site is at risk from flooding by referring to the Department for Infrastructure's Flood Maps.
- (ii) Where there is risk from flooding the site owner should consult the Department for Infrastructure (Rivers) for advice on the likelihood of flooding, the depths and velocities that might be expected, the availability of a warning service and on what appropriate measures to take.

## **17. Fire Safety Measures<sup>4</sup>**

### **Fire Points**

- (i) These points should be located so that no caravan or site building is more than 30 metres from a fire point. Equipment provided at a fire point should be housed in a weather-proof structure, easily accessible and clearly and conspicuously marked "FIRE POINT".

### **Fire Fighting Equipment**

- (ii) All fire hydrants should conform to the current British Standard.
- (iii) Access to hydrants and other water supplies should not be obstructed or obscured.

### **Fire Warning**

- (iv) A suitable means of raising the alarm in the event of a fire should be provided at each fire point on permanent residential caravan sites, holiday caravan sites and touring caravan sites.

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<sup>4</sup> Councils should consider the "NIFRS Fire Safety Guide for Caravan Site Operators", available via NIFRS website at [www.nifrs.org](http://www.nifrs.org). See paragraph 75 of explanatory notes.

### **Maintenance and Testing of Fire Fighting Equipment**

- (v) All alarm and firefighting equipment should be installed, tested and maintained in working order by persons who are qualified in the particular type of work being undertaken and be available for inspection by, or on behalf of, the licensing authority or the Fire and Rescue Service.
- (vi) A record should be kept of all testing and remedial action taken.
- (vii) All equipment susceptible to damage by frost should be suitably protected.

### **Fire Notices**

- (viii) A clearly written and conspicuous notice should be provided and maintained at each fire point to indicate the action to be taken in case of fire. This notice should include the following:

“On discovering a fire:

- I. Ensure the caravan or site building involved is evacuated.
- II. Raise the alarm.
- III. Call the fire brigade (the nearest phone is sited at .....).”

In applying the conditions above in respect of fire safety measures the council should refer to NIFRS Fire Safety Guide for Caravan Site Operators. As regards to Traveller/Roma sites the guidance emphasises that in the event of a fire the occupier should Get Out, Get the Fire and Rescue Service Out, and Stay Out and therefore the provision of fire points, fire fighting equipment or a fire warning is not recommended.

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# MODEL LICENCE CONDITIONS – EXPLANATORY NOTES

## *Introduction*

1. These explanatory notes are designed to be read in conjunction with Model Licence Conditions 2019 in Northern Ireland (“the conditions”) and are intended to offer guidance on the application and enforcement of the conditions for councils.
2. The Model Licence Conditions as laid out represent what would normally be expected as a matter of good practice on such sites. They should be applied with due regard to the particular circumstances of each case, including the physical character of the site, any facilities or services that may already be available within convenient reach and other local conditions.
3. It is recognised that not all sites will easily be able to meet the Model Licence Conditions in every case due to their particular characteristics, but a council will need to be able to justify any decision not to have regard to the Model Licence Conditions in setting a licence condition.
4. The Model Licence Conditions are not intended to be the “ideal”; councils may in the circumstances set more demanding ones if it is appropriate and can be justified.
5. There will be some licence conditions which require inter and cross agency input and advice from other teams within the council and outside organisations, such as the Health and Safety Executive Northern Ireland, the Northern Ireland Fire and Rescue Service, Northern Ireland Water and the Northern Ireland Environment Agency. It is important for all parties concerned with sites that effective lines of communication are established to ensure that any problems are identified and resolved as early as possible.
6. Disability Discrimination legislation applies to sites and this should be borne in mind when framing licence conditions and considering possible enforcement action. Guidance can be found at [www.nidirect.gov.uk](http://www.nidirect.gov.uk) and this can also help councils in their consideration of licence conditions. Further guidance can also be found on the Equality Commission's website at <https://www.equalityni.org>.

## *Legal background*

7. Under the 1963 Act, most privately owned sites must be licensed by the council, unless exempted under the 1963 Act<sup>5</sup>. A licence will be granted unless the applicant does not have relevant planning permission to operate the site or has had a licence revoked in the last three years.<sup>6</sup>
8. The council may attach conditions to the licence, but these can only relate to the physical use of the site and its management<sup>7</sup>. The Department for Infrastructure may issue Model Licence Conditions which the council must have regard to in deciding what conditions to attach to a licence<sup>8</sup>. The council may from time to time alter a site licence condition (either of its own volition or upon the application of the licence holder)<sup>9</sup>.
9. A licence holder may appeal against the imposition of a condition in a licence or any proposed alteration to a condition or a refusal to alter a condition<sup>10</sup>.
10. It is an offence to breach a licence condition and on summary conviction the offender can currently be fined up to £2,500<sup>11</sup>. Where a condition requires works to the site to be carried out and these are not done either within the time specified or to the satisfaction of the council, the council may carry out the works itself and recover from the licence holder any expenses it has reasonably incurred in doing so<sup>12</sup>.
11. The council may apply to the court to have a licence revoked if the licence holder has been convicted on two or more occasions of breaches of licence conditions<sup>13</sup>.
12. The council is required, under section 22 of the Act, to maintain an accurate register of the site licences in their area. Given the number of different types of sites that councils may deal with, it is recommended that the register

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<sup>5</sup> Section 2 and Schedule to the 1963 Act set out in which circumstances a site licence is not required.

<sup>6</sup> Section 3 (3) and (6).

<sup>7</sup> Section 5 (1) to (6). For restriction see *Mixnam's Properties v Chertsey UDC A.C.* 735.

<sup>8</sup> Section 5 (7).

<sup>9</sup> Section 8.

<sup>10</sup> Sections 7 and 8 (2).

<sup>11</sup> Section 9 (1). The maximum penalty on summary conviction is a fine not exceeding level 4 on the standard scale.

<sup>12</sup> Section 9 (4).

<sup>13</sup> Section 9 (2).



shows what type of site each is, be it holiday, residential, mixed use or Traveller. It is recommended as a minimum the information the site register has is:

- Name and address of site (if available the Geographic Information Service mapping code should also be logged)
- Name of the licence holder, the site owner (if different) and any person managing the site on behalf of either of those persons
- Type of site
- The number of pitches
- The licence conditions (if any)

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## The Boundaries and Plan of the Site

1. The boundary should clearly define the limit of the site owner's responsibility. The boundary should be suitably marked and properly maintained. This boundary could be formed of a fence, hedge, wall or natural feature or any other suitable structure (or any combination of these) or it may in whole, or part, be formed by an appropriate natural feature, such as a river or a wood. It would not normally be appropriate for that natural feature to simply include an open field.
2. Plans of the site should be provided to the council at the site owners' expense.
3. It is best practice for copies of the plan to be made available to the emergency services.
4. The 3 metre separation distance inside the boundary serves the purpose of ensuring privacy from whatever is on the other side of the boundary, such as a road, and other developments, such as houses etc. This may not be necessary given the particular characteristics of the site.
5. The 3 metre separation distance measurement should be taken from the caravan wall.

## Density and Spacing Between Caravans

6. The 5 or 6 metre separation distance is required for two reasons:
  - Health and safety considerations; and
  - Privacy from neighbouring caravans.
7. Health and safety matters, such as the positioning of gas bottles, etc. should also be taken into account.
8. For the purposes of calculating the distance between the caravans, the point from which measurements are taken is the exterior cladding of the relevant caravan. Eaves, drainpipes, gutters, sills, threshold, door canopies and bay windows should be discounted.

9. Porches should not render the home incapable of being moved, which means they should be demountable.
10. If structures, other than garages, are on pitches within the separation distance and are of a combustible construction, then the council should consider allowing sufficient time for them to be replaced with an acceptable non combustible model.
11. At no time should a garage constructed of combustible material be allowed in the separation distance.

### ***Enforcement***

12. In considering the enforcement of the separation distance the council should refer to the Northern Ireland Fire and Rescue Service guidance. It should also seek the views and take account of representations from the site owner and affected residents before taking any steps to enforce this condition, where practicable.
13. Before the council undertakes any enforcement action it should consider the benefit of the works against the potential impact on the residents' enjoyment of their caravans and the cost to the site owner.

### **Roads, Footpaths, Pavements, Gateways and Overhead Cables**

14. Roads should be constructed of bitumen macadam or concrete with suitable compacted base. However, sites with roads constructed of tarmac should not be required to automatically upgrade their roads. The roads should only be required to be upgraded as and when they begin to fall into disrepair.
15. Some larger sites may have traffic calming measures such as speed humps on their roads. Though not specifically covered in this standard, it will be worth ensuring that any legal requirements applying to un-adopted roads are met. Guidance and assistance can be found on the Department for Infrastructure website, [www.infrastructure-ni.gov.uk](http://www.infrastructure-ni.gov.uk).
16. Gateways, roads and turnings should have enough clearance to allow safe entry for emergency vehicles and new units on lorries. The widths and heights

given are based on the maximum sizes of emergency vehicles that may regularly attend incidents on sites.

17. In determining the permitted height of cable overhangs the council must take into account the current statutory requirements. Those applying as at the date of this guidance are found in the Electricity Safety Quality and Continuity Regulations (Northern Ireland) 2012 SR 2012/381 (ESQCR). These regulations provide that, in general, cables should not overhang a road at a height of less than 5.8 metres for lines not exceeding 33KV.

18. The Technical Specification (TS) published by the Energy Networks Association (ENA) ["ENA TS 43-8"](#) specifies that where:

- The overhead line follows a route along a hedgerow, fences, boundary walls or similar features, the minimum clearance in these circumstances is 4 metres.
- The overhead line crosses a driveway with an access width of no more than 2.5 metres (and the driveway is defined by gateposts or similar features), the minimum clearance is 4.3 metres.

Further advice on minimum clearances is available from the Health and Safety Executive Northern Ireland.

19. It is good practice that all overhead lines on sites should be fully insulated and where a cable is within easy reach of a property; it must be so and protected from interference.

20. Where the site owner generates their own electricity, the council should require the site owner to comply with regulation 3 of the ESQCR and in considering any enforcement action in relation to cables must consult with the HSENI.

21. Communal path widths should normally be 0.9 metres in respect of new sites or sites that are undergoing substantial redevelopment (including expansion to part of the site); otherwise paths of not less than 0.75 metres should be accepted where they already exist.

## Lighting

22. The lighting provided for communal paths and roads should be adequate to allow safe movement around the site during the hours of darkness. Many sites use low lighters rather than traditional street lamps and these work well as long as they are well maintained and plants/vegetation are not allowed to grow around them and stop them emitting light effectively. The lighting must be fit for purpose i.e. to allow vehicles and pedestrians to navigate around the site between dusk and dawn.

## Bases

23. It is important to note that the construction, maintenance and repair of the concrete base are the responsibility of the site owner. New bases should be laid as a minimum in accordance with the current industry guidelines.

24. Particular attention should be paid to the terrain of the site before a base is laid, which may mean a thicker base is needed. The base should be sufficient to handle the load placed upon it by the caravan and its contents.

25. On holiday caravan sites and touring caravan sites hard standings may not be necessary if the caravans are removed during the winter or if the ground on which they are situated is firm and safe in poor weather conditions.

## ***Enforcement***

26. When considering any enforcement action, the council should also seek the views and take account of representations from the site owner and affected residents before taking any steps to enforce this standard, where practicable.

27. Before the council undertakes any enforcement action it should consider the benefit of the works against the potential impact on the residents' enjoyment of their homes and the cost to the site owner.

28. Where a caravan has to be removed in order to facilitate works to the base the council should normally, if it is feasible and if it is the resident's wish, require the site owner to reinstate, at his own expense, the caravan on the original pitch on completion of the works.

## Maintenance of Common Areas, including Grass, Vegetation and Trees

29. Cut grass and vegetation should be removed from the site as soon as practicable. Bonfires should not be used as a means of disposal. Vegetation is often used for sight screening but should be kept at a reasonable height.
30. Trees on the site will normally be the responsibility of the site owner. Where trees are in need of care and maintenance the council should, before any action is taken, liaise with the officer responsible for trees at the council to ensure that all statutory and other requirements are complied with.
31. The common parts of the site (including roads, paths and pavements) must be kept free of any rubbish and maintained in a clean and tidy condition. The council may wish to consider whether appropriate receptacles for litter need to be provided in such areas. In any case the site owner should be required to make arrangement for the regular collection of routine rubbish from the site. They should also be required to make arrangements for the prompt disposal of waste and other materials which accumulate on the site during any works etc. Secure non combustible facilities should be provided on the site for the proper storage of rubbish and waste prior to its removal and disposal off the site.

## Supply and Storage of Gas etc.

32. The Health and Safety Executive Northern Ireland ("HSENI") website, [www.hseni.gov.uk](http://www.hseni.gov.uk), provides details and information about the various legislative requirements and contacts if further information is needed. In addition the trade body for LPG suppliers, uklpg, [www.uklpg.org](http://www.uklpg.org), also has information which may be of use.
33. Anyone being employed by a site owner to carry out work on gas (including natural gas) or oil installations should be suitably qualified to do the work. The [HSENI](#) pages contain details of various certification schemes which may apply.

## ***Enforcement***

34. In considering whether to take enforcement action for a breach of site licence conditions officers should liaise with the HSENI to ensure any action taken by the authority is not in conflict with any action the HSENI is proposing to take.

35. Council officials who identify areas of concern on sites should always consult the HSENI about the problem(s).

36. All new installations must be to the current regulations and maintained at that standard.

## Electrical Installations

37. The electrical installations on the site will be a distributor's network either belonging to the regional electricity network operator or the owner of the site. The Department for Economy's website: [www.economy-ni.gov.uk](http://www.economy-ni.gov.uk) contains information on legislation regarding the electricity supply in Northern Ireland.

38. A suitably qualified person for the purpose of carrying out work on electrical installations and appliances, including maintenance and inspections, includes a professionally qualified electrical engineer, a member of the Electrical Contractors Association, a contractor approved by the National Inspection Council for Electrical Installations Contracting, or a qualified person acting on behalf of the above.

39. It may be necessary to ensure the electricity distribution network complies with ESQCR, in which case such work should only be undertaken by a competent person familiar with those Regulations.

40. All new installations must meet the requirements of the current regulations and maintained at that standard.

## ***Enforcement***

41. In considering whether to take enforcement action for a breach of site licence conditions, officers should liaise with the HSENI to ensure any action taken by the authority is not in conflict with any action the HSENI are proposing to take.

42. Council officials who identify significant areas of concern with site electrical networks and installations should always consult the HSENI about the problem(s).

## Water Supply

43. The Utility Regulator lays down service standards for Northern Ireland Water ("NI Water") and details can be found on its website at [www.uregni.gov.uk](http://www.uregni.gov.uk). In addition,

there are various schemes for suitably qualified persons and authorities should check to see that those undertaking works are qualified. The main scheme is run by NIC certification and details can be found about the scheme at [www.niceic.com](http://www.niceic.com)

44. Where the water supply is wholly or partially supplied from a private water supply such a supply should be registered with the Drinking Water Inspectorate before use. Further information can be obtained from <https://www.daera-ni.gov.uk/articles/private-water-supplies> .

45. On any site of two or more caravans the site owner must consult with NI Water in respect of installing a water supply to the site.

### ***Enforcement***

46. With the majority of well-established sites enforcement of this section will need to be carefully handled, as most sites will have long established water systems. As with gas and electricity above, there may be a case for dual enforcement if an offence is identified. Consultation with NI Water and the Drinking Water Inspectorate for Northern Ireland within the Department of Agriculture, Environment and Rural Affairs is essential.

47. As with the previous sections, council officers who identify an issue with water supply on a particular site may wish to advise NI Water and the Drinking Water Inspectorate for Northern Ireland of the problem.

48. All new installations must be to the current regulations and maintained at the appropriate standard.

### **Drainage and Sanitation**

49. As with water supplies, provision of sewerage facilities is overseen by the Utility Regulator.

50. It is important that all drains and sewers are well maintained and are connected to the appropriate system. If left unchecked, there can be consequences for the health of residents, along with those who live near the site.

51. Where the proposed site is serving multiple caravans, those constructing must consider the requirements of Article 101 of the Water and Sewerage Services



(Northern Ireland) Order 2006, as amended, with regards the construction and adoption of sewers serving two or more units.

52. It should be noted that the environmental quality of drainage is regulated by the Northern Ireland Environment Agency, with whom the council must consult about any problems.

53. Where appropriate, particular consideration should be given to the needs of disabled people in the provision made for water points, toilets, washing points and showers.

### ***Enforcement***

54. In considering whether to take enforcement action for a breach of site licence conditions officers should liaise with NI Water and the Northern Ireland Environment Agency to ensure any action taken by the council is not in conflict with any action NI Water or the Northern Ireland Environment Agency are proposing to take.

55. Council officials who identify areas of concern on sites should alert NI Water and the Northern Ireland Environment Agency to the possible defects.

56. All new installations must be to the current regulations and maintained at that standard.

### **Refuse Storage and Disposal**

57. If communal bins are provided they should be housed within a properly constructed bin store. Liaison with colleagues who deal with refuse collection matters will help in ensuring that the bins provided by the site owner (in the case of communal bins) are acceptable to the council in pursuance of its collection of rubbish from them.

58. The site owner should be required to discuss with the council arrangements for the separation of waste for the purpose of recycling it, and required to provide the necessary receptacles etc. on the site.

### **Parking**

59. Parking needs will vary considerably between individual caravan sites. Parking

requirements should reflect the reasonable needs of the residents, having regard to the size and layout of the site, the number of units, the occupation criteria of the site and the availability of public transport in the immediate vicinity.

60. Provision of parking spaces on new sites or those undergoing redevelopment or extension should be consistent with local planning policies.

### **Communal Recreation Space**

61. This standard should only be applied if the council is satisfied that it is both practicable to provide recreation space on the site and there is insufficient recreation space off the site in the near locality.

62. It will only be practicable to provide such space on the site if there is sufficient open space which is available and it is possible to safely use that space for recreation. The standard requires the council to consider the need for recreation space; it does not require it to consider the need for recreation facilities, although the council may consider that need as part of a licence condition. The larger the site the more recreation space or spaces may be needed. On small sites there may be no need for space at all. In deciding whether it is practicable to provide the space the council should also consider the site layout, the availability of private open spaces (e.g. within the pitch), the availability of other amenities on the site (e.g. club houses) and the age and number of residents on the site.

63. On site recreation space may be considered unnecessary if there is sufficient suitable space available off site within close (walking) distance of it. The space must, however, be freely accessible by the public, such as a municipal park, commons land, and greens or any part of the countryside to which the public have a right to walk.

### **Notices and Information**

64. It is important that all notices are protected from the weather and are prominently displayed, either on a board, in an office open to the public, or other places on the site which the residents have free and reasonable access to.

65. The notices must include the most recent site licence, and the contact details of the site manager, and if different the licence holder. This should include an out of

hours contact number for emergencies, and if available an e-mail address.

66. The site owner is also required to make available certain information for inspection by residents in a prominent position on the site. That could be the site office provided it is open at reasonable times, a community room which every resident is entitled to use and which is also open at reasonable times or a notice board located at the entrance to or in a central part of the site.

67. The council should discuss and agree a suitable arrangement in respect of the display of notices and information required by Conditions 14(ii) and (iii) with the NIHE, regarding the sites provided for Travellers.

### Emergency Telephone

68. The council should decide whether an emergency telephone for calling the emergency services is required, taking account of the individual characteristics of each site including appropriate availability of mobile phone coverage and reception.

### Flooding

69. It is important that if a site is in an area susceptible to flooding, procedures are in place to ensure that all those on the site are alerted quickly, and that they are aware of any evacuation procedures that may be in place. A notice should be prominently displayed with all relevant information.

70. The site should be included in any emergency arrangement plans held by councils.

71. Sites should consider surface water flood risk and how to mitigate any such risk. For those located within the inundation area of a Controlled Reservoir it would be advisable to have an evacuation plan in place.

72. Advice on flood risks is available from the Department for Infrastructure website:  
[www.infrastructure-ni.gov.uk](http://www.infrastructure-ni.gov.uk)

73. It is important in those parts of the country where flooding is an issue that councils have effective liaison with the Department for Infrastructure Rivers Office for their area, as well as relevant officials across their own council. NI Water should also be

contacted.

## **Fire Safety Measures**

74. The Northern Ireland Fire and Rescue Service website: [www.nifrs.org](http://www.nifrs.org) contains a range of helpful information on fire safety and the requirements of The Fire and Rescue Services (Northern Ireland) Order 2006. This includes links to fire safety guides including a specific guide relating to fire safety for caravan site operators.
75. In applying any conditions relating to fire safety measures, the council should consider the recommendations made in the Northern Ireland Fire and Rescue Service guidance. For example at Traveller or Roma sites, NIFRS recommends that during meetings and site visits it should be emphasised that in the event of a fire the occupier should Get Out, Get the Fire and Rescue Service Out, and Stay Out, and therefore the provision of fire points, fire fighting equipment or a fire warning is not recommended.
76. The Fire and Rescue Service has a duty to provide fire safety advice to those who ask for it, although it will not carry out risk assessments.

### ***Fire Fighting Equipment***

77. Where fire points are advised in the NIFRS Fire Safety Guide for Caravan Site Operators they should be visible at all times and marked in a way that makes it obvious as to what they are. They will need to be kept clear of any obstructions at all times should they be needed in the event that a fire breaks out.
78. As of the date of publication of this document current guidance by the Northern Ireland Fire and Rescue Service is that a fire hydrant should be installed within 100m of any caravan standing and be capable of providing a flow rate of at least 1,500 litres per minute. Where a fire hydrant is not provided, or where the flow rate is insufficient, an alternative water supply may be acceptable, such as lake, pond, river, canal or a holding tank, provided it is capable of providing at least 45,000 litres of water at all times of the year, and to which access, space and a hard standing is available for a fire appliance.
79. The positioning of mains connected hydrants is the responsibility of NI Water, and any queries as to whether a site has a hydrant should be directed to them. The

positioning of the hydrants should be recorded on the site map, which will assist the emergency service in locating them in the event of an emergency.

80. The site operator may decide, for additional protection, to install other measures such as water standpipes and hose reels at each fire point. Where these are provided, the water pressure and flow should be sufficient to project a jet of water approximately 5m. The hose reel should be a minimum length of 30m and comply with the current British Standard.
81. Fire Extinguishers should only be used if there is not enough water pressure for a hose reel. Where provided, extinguishers should comply with the current British Standard.
82. The previous Model Licence Condition in respect of an emergency telephone has been modified. An emergency telephone for calling the emergency services is only required if mobile phone reception is poor. On touring caravan sites, site owners are encouraged to provide details of the nearest available telephone for contacting the emergency services on the fire notice.

### ***Fire Warning***

83. The means of raising the alarm in the event of a fire should be appropriate to the size and layout of the site. If you are unsure of which form of raising the alarm is the most suitable to the site, then refer to the NIFRS Fire Safety Guide for Caravan Site Operators.

### ***Maintenance and Testing of Fire Fighting Equipment***

84. It is important that all fire warning systems and firefighting equipment are regularly inspected and maintained. The suggestion is that these checks should be carried out on an annual basis. All testing and maintenance should be carried out by a person suitably qualified to do the work. Records should be kept of any testing and when the most recent inspections were carried out. The record of all tests and inspections should be kept on the site for inspection.

### ***Fire Notices***

85. The fire action notice should be displayed on a notice board, and at other suitable points around the site. The full address of the site, including the postcode should be included. Suggested text is available in the NIFRS Fire Safety Guide for Caravan Site Operators.

### ***Enforcement***

86. The main enforcer in respect of fire safety is the Northern Ireland Fire and Rescue Service.

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**Northern Ireland  
Fire & Rescue Service**

# **A FIRE SAFETY GUIDE FOR CARAVAN SITE OPERATORS**

## **Information on Complying with Fire Safety Law in Northern Ireland**

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## VERSION CONTROL

This is a dynamic document which will be amended at any time to improve the content. The document is maintained by the Group Commander (Protection), Northern Ireland Fire & Rescue Service Headquarters.

Amendments are detailed as below:

No	Issued	Amendment	Prepared by
1	06/11/2018	New guidance.	GC Geoff Somerville

# 1 INTRODUCTION

## 1.1 Purpose

The purpose of this guide is to help the operators of caravan sites understand how to meet their legal obligations in respect of fire safety and provide general fire safety advice.

A section has been included to cover glamping pods, yurts or similar units which now feature in many sites for hire as sleeping accommodation.

There are likely to be alternative ways of demonstrating compliance with the relevant requirements other than by following a design provision given in this guide. There is therefore no obligation to adopt any particular provision, should you decide to comply in some other way. However, you will have to demonstrate that your alternative solution meets the relevant requirements by those other means.

## 1.2 Site Types

Six site types are described as follows:

Site Type	Description
Permanent Residential Caravan Sites	A site, or part of a site, providing permanent living accommodation in mobile homes or caravans.
Holiday Caravan Sites	A site, or part of a site, on which mobile homes or caravans are, for the most part, permanently placed for use for holidays.
Touring Caravan Sites	A site, or part of a site, for use by towed caravans, motorhomes or campervans.
Roma or Travellers' Sites	A site occupied by members of Roma, Gypsies, Travellers, Manouches, Ashkali, Sinti or Boyash Communities.
Workers' Sites	A site used to house workers, for example agricultural workers.
Temporary Touring Caravan Sites	A site established for a short term duration, for use by towed caravans, motorhomes or campervans.

The fire safety measures required differ depending on the site type.

### 1.3 Site Licence Requirements

A caravan site operator is required to hold a site licence and operate in accordance with:

- Caravans Act (Northern Ireland) 1963;
- Model Licence Conditions for Caravan Sites 1992 (Holiday Caravan Sites); and
- Model Licence Conditions for Residential Caravan Sites 1994.

An operator must have planning permission for the caravan site before applying for a licence.

An application for a site licence is made to the local council.

The local council may put conditions on the site licence which may include any advice provided in this guide.

Inspections may be carried out by the licensing council, Northern Ireland Fire & Rescue Service (NIFRS), or other enforcement authorities.

NIFRS may carry out a fire safety inspection at any time, though inspections will not generally be carried out on an annual, or periodic basis. In addition, local fire crews may visit sites for familiarisation and for pre-planning, which should not be confused with a formal fire safety inspection.

### 1.4 Fire Safety Legislation

The fire safety legislation which applies in Northern Ireland is:

- The Fire and Rescue Services (Northern Ireland) Order 2006; and
- The Fire Safety Regulations (Northern Ireland) 2010.

This applies to:

- all caravan sites with common or shared parts;
- individual caravans which are rented out as a holiday let;
- individual caravans which are used to house workers, for example for agricultural workers; and
- any building on any site type provided for common use.

The legislation requires the licence holder, and the site manager, to undertake duties to ensure persons (whether they are employees, residents, visitors or others) are safe from harm caused by fire.

The duties fall into seven general categories:

1. Carrying out a fire safety risk assessment of the site;
2. Identifying the fire safety measures necessary as a result of the fire safety risk assessment outcome;
3. Implementing these fire safety measures using risk reduction principles;

4. Putting in place fire safety arrangements for the ongoing control and review of the fire safety measures;
5. Complying additionally with the specific requirements of the fire safety regulations;
6. Keeping the fire safety risk assessment and outcome under review; and
7. Record keeping.

The sites which the fire safety legislation does not apply to include:

- single unit sites; and
- sites which are occupied by single family groups.

## **1.5 Fire Safety Risk Assessments**

Where the legislation applies, and before a site is occupied, a full fire safety risk assessment should be completed in accordance with Article 25 and 26 of The Fire and Rescue Services (Northern Ireland) Order 2006. This should form the foundation of all fire safety measures and should be carried out by a competent person with sufficient technical knowledge.

All other relevant premises, such as buildings and permanent structures within the site, should be subject to an individual fire safety risk assessment. These premises may fall under different uses, for example, offices and shops, places of assembly, or premises providing sleeping accommodation.

The NIFRS website [www.nifrs.org](http://www.nifrs.org) contains a range of helpful advice on fire safety and includes links to technical guides for each of the different types of premises.

## **1.6 Source of Guidance**

The fire safety measures recommended in this guide are based on the following research paper:

Building Research Establishment Information Paper, Fire Spread Between Caravans, M P Shipp, IP 15/91, September 1991.

The recommendations of this research paper are mirrored by the model conditions.



## **2 ACCESS FOR FIRE APPLIANCES**

### **2.1 Roads**

Roads shall be designed to provide adequate access for emergency vehicles and must be kept clear of obstruction at all times.

Roads should not be less than 3.7 metres wide, or, if they form part of a clearly marked one way traffic system, not less than 3.0 metres wide.

Gateways should be a minimum of 3.1 metres wide and have a minimum height clearance of 3.7 metres.

Roads should be capable of supporting the weight of a 12.5 tonne fire appliance and be adequately maintained.

Vehicle hardstanding areas should not exceed a gradient of 1 in 12.

All roads shall have adequate surface water/storm drainage.

Roads should have no overhead cable less than 4.5 metres above the ground.

Caravan standings should be no more than 50 metres from a Fire Service access road.

### **2.2 Turning Circles for Fire Appliances**

A turning facility should be provided in a dead end vehicle access route which is more than 20 metres in length.

This should be a hammerhead or turning circle located so that vehicles do not have to reverse more than 20m.

The minimum turning circle required between kerbs is 16.8 metres and between walls is 19.2 metres.

### 3 SPACE AND DENSITY BETWEEN CARAVANS

#### 3.1 Criteria Specific to Site Type

Criteria	Permanent Residential Caravan Site*	Holiday Caravan Site	Touring Caravan Site
Minimum separation distance between caravans	6m	5m if aluminium or other material with similar fire performance  6m if plywood or similar, or mixture of permanent residential and holiday caravans	6m
Maximum distance from fire appliance access road	50m	50m	50m
Minimum clear space where there are ramps for the disabled, verandas or stairs	4.5m	3.5m  4.5m if mixture of permanent residential and holiday caravans	4.5m where applicable
Minimum clear space between caravans at corners	3.5m	3.5m	3.5m
Minimum clear space between occupancies from combustibles	3m	3m	3m
Density	50 caravans per hectare	60 caravans per hectare	75 touring caravans or motorhomes per hectare

\*See Figure 1 - Spacing Example, Page 12.

### 3.2 Criteria Common to all Sites

1. The distance from any part of the caravan to any site road should be not less than 2m and not less than 3m from any site boundary. Clear space of 3m should be maintained between the site boundary and the caravan.
2. Where an escape window is provided from a caravan, the means of escape from the window should be maintained to be clear and free from obstruction.
3. The point of measurement for porches, awnings, etc, is the exterior cladding of the caravan, excluding the draw bar.
4. Porches may protrude 1m into the 6m (or 5m) space and should be of the open type, and be no more than 2m wide along the unit.
5. The distance between any part of an awning and an adjoining caravan should not be less than 3m.
6. An awning should not incorporate sleeping accommodation.
7. Awnings should not face each other or touch.
8. A non-combustible awning will deflect flames and must not be permitted. A combustible awning will burn through and allow heat to dissipate.
9. Eaves, drainpipes and bay windows may extend into the 6m (or 5m) space provided the total distance between the extremities of two adjacent units is not less than 5.25m in a 6m space (or 4.5m in a 5m space).
10. Where there are ramps for the disabled, verandas or stairs extending from the unit, there should be 4.5m (or 3.5m) clear space between them. Two such items should not face each other in any space. If they are enclosed, they may need to be considered as part of the unit and, as such, should not intrude into the 6m (or 5m) space.
11. Fences and hedges, where allowed and forming the boundary between caravans, are permitted provided they are no higher than 1m. The fence should be of a picket fence type. A higher fence is permitted if made from a non-combustible material.
12. A garage, shed or covered storage space should only be permitted within the separation distance if it is of non-combustible construction (including non-combustible roof) and sufficient space is maintained around each unit so as not to prejudice means of escape in case of fire. Windows in structures within the separation distance should not face towards the units on either side.
13. Carports or a covered walkway should in no circumstances be allowed within the 6m space.
14. Private cars, jet skis and motor boats may be parked within the separation distance provided that they do not obstruct entrances to caravans or access around them and they are a minimum of 3 metres

from an adjacent caravan. Where the 3m space separation cannot be achieved parking should not be permitted within the separation distance.

15. Suitably surfaced parking spaces should be provided where necessary to meet the additional requirements of the occupants and their visitors.
16. Density shall be calculated on the basis of useable area (ie, excluding lakes, roads, communal services and other area unsuitable for the siting of caravans) other than the total site area.
17. Where tents are permitted, 3m clear space should be maintained between the next occupancy.

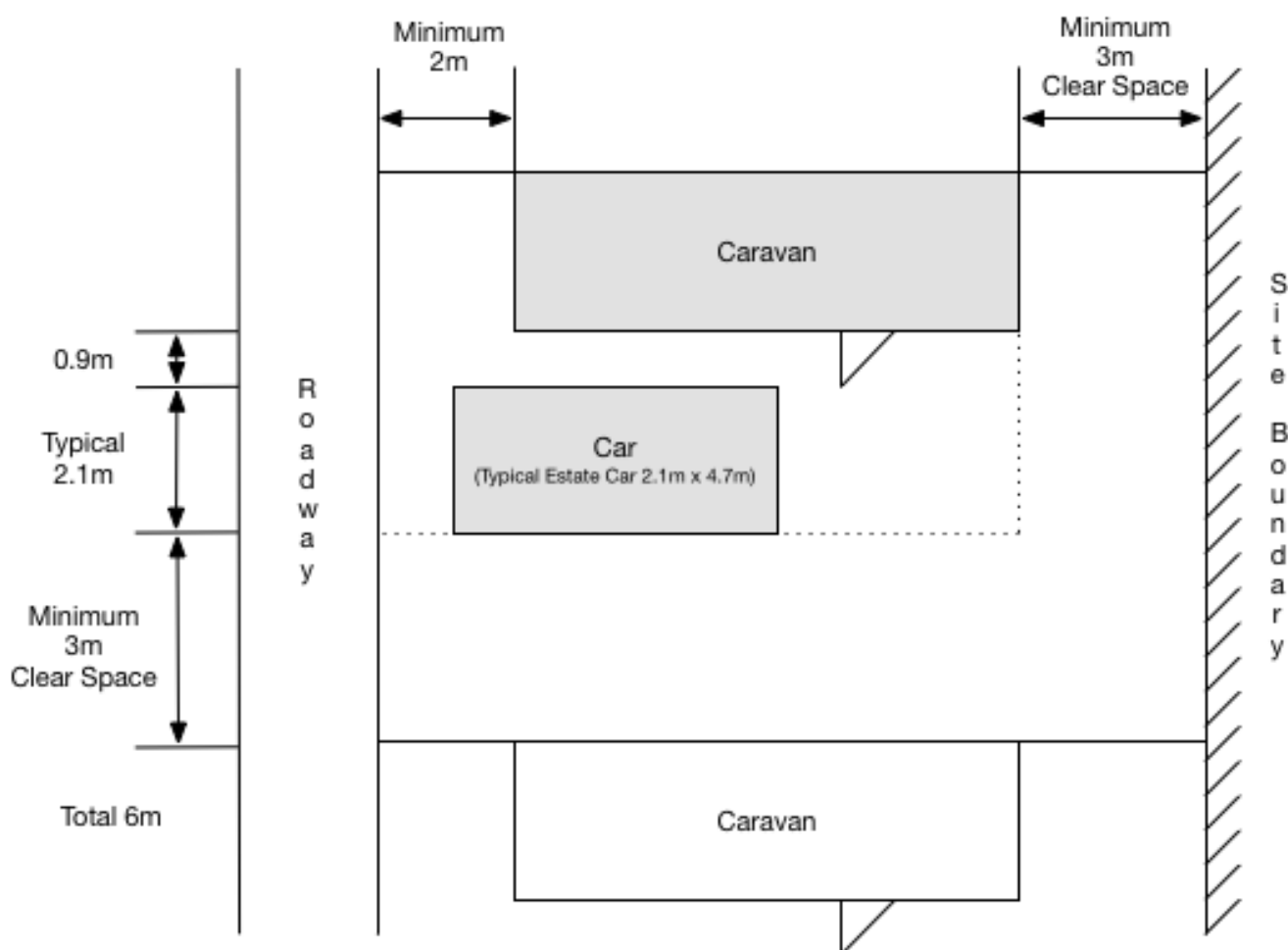


Figure 1 - Spacing Example

## **4 GENERAL REQUIREMENTS**

### **4.1 Hard Standings**

For permanent residential and holiday caravans, every caravan should stand on a hard standing of suitable material, such as concrete, which should extend over the whole area occupied by the caravan placed upon it, and should project a sufficient distance outwards from the entrance or entrances to enable occupants to enter and leave safely.

Hard standings may be dispensed with if the caravans are removed during the winter, or if they are situated on ground which is firm and safe in poor weather conditions.

### **4.2 Footpaths**

Every caravan shall be connected to a road by a footpath with a hard surface which shall be maintained in good condition.

Where practicable, communal footpaths and pavements shall not be less than 0.9 metres wide.

### **4.3 Lighting**

Roads, communal footpaths and pavements shall be adequately lit between dusk and dawn to allow the safe movement of pedestrians and vehicles around the site during the hours of darkness.

### **4.4 Smoke Alarm and Fire Extinguisher**

Caravans or motor homes for hire, or for worker use, must be fitted with a 10-year battery operated or mains wired smoke alarm and a multi-purpose fire extinguisher containing at least 2kg of extinguishing medium.

Where a gas appliance is installed for heating or cooking, a carbon monoxide alarm should be fitted.

Where appropriate, a combined smoke and carbon monoxide alarm may be used.

Smoke alarms, carbon monoxide alarms and fire extinguishers must be maintained and be checked by a competent person on a regular basis.

## **4.5 Fire Points and Firefighting Equipment**

A fire point should be established so that no caravan or site building is more than 30m from a fire point.

Each fire point should:

- be clearly visible;
- be easily accessible;
- consist of a weather-proof structure;
- contain two 9 litre water fire extinguishers;
- be clearly marked 'FIRE POINT';
- include a fire notice; and
- include a means of raising the alarm.

## **4.6 Water Supplies**

A fire hydrant should be installed within 100m of any caravan standing and be capable of providing a flow rate of at least 1,500 litres per minute.

Fire hydrants should be clearly marked with a suitable 'H' in accordance with BS 3251 and conform to BS 750.

Where a fire hydrant is not provided, or where the flow rate is insufficient, an alternative water supply may be acceptable, such as lake, pond, river, canal or a holding tank, provided it is capable of providing at least 45,000 litres of water at all times of the year, and to which access, space and a hard standing is available for a fire appliance.

The site operator may decide, for additional protection, to install other measures such as water standpipes and hose reels at each fire point. Where these are provided, the water pressure and flow should be sufficient to project a jet of water approximately 5m. The hose reel should be a minimum length of 30m and conform to BS 5306.

Access to hydrants and other water supplies should not be obstructed or obscured.

## **4.7 Emergency Telephone**

On permanent residential and holiday caravan sites, the site operator should assess if an emergency telephone for calling the emergency services is required. This would only be required if mobile phone reception is poor.

If required, the telephone should be immediately accessible and a notice by the telephone should include the name, address and postcode of the site.

On touring caravan sites, site owners are encouraged to provide details of the nearest available telephone for contacting the emergency services on the fire notice.

## 4.8 Fire Notices

A fire notice should be provided and maintained at each fire point to indicate the action to be taken in case of fire and if the mobile phone signal is poor the location of the nearest telephone.

Notices should comply with BS 5499-2 - Fire safety signs, notices and graphic symbols.

Suggested text as follows:

<p style="text-align: center;"><b>FIRE ACTION</b></p> <p><b>On discovering a fire -</b></p> <p><b>(a) Ensure the caravan or site building involved is evacuated.</b></p> <p><b>(b) Raise the alarm.</b></p> <p><b>(c) Call the Fire &amp; Rescue Service on 999 providing:</b></p> <p><b>Site Name:</b> _____</p> <p><b>Site Address:</b> _____</p> <p><b>Site Postcode:</b> _____</p> <p><b>(d) The nearest telephone is available at:</b> _____</p> <p><b>(e) If safe to do so, fight the fire using the equipment provided.</b></p> <p><b>All occupiers of this site should be familiar with this notice.</b></p>
--

## 4.9 Fire Warning

A means of raising the alarm in the event of a fire should be provided at each fire point. This could be a battery or mains powered alarm or a manually operated sounder, such as metal triangle with a striker, gong or siren.

## 4.10 Maintenance

Fire alarms and firefighting equipment should be installed, tested and maintained by a competent person on a regular basis.

All equipment susceptible to damage by frost should be suitably protected.

## 4.11 Log Book

A fire precautions log book must be maintained to hold the fire risk assessments for the site and record the testing and maintenance of:

- the automatic fire alarm;
- any provision for emergency lighting;
- any first aid firefighting equipment;
- any fire drills; and
- fixed electrical installations and portable appliances.

## 4.12 Liquefied Petroleum Gas (LPG)

LPG storage supplied from tanks or cylinders must comply and be maintained in accordance with industry standards.

A registered Gas Safe Engineer should be employed for any installation or maintenance.

Key principles include:

- Exposed gas bottles or cylinders should not be within the separation boundary of an adjoining unit.
- LPG cylinders should be located outside. Where this is impracticable, for example, where an internal housing is fitted, cylinders should be accessible from outside.
- Cylinders should be positioned on a level hard standing. To prevent toppling, cylinders should be chained to secure them in a stable position or alternatively stored in suitable housing.
- The housing must be fire resistant to at least 20 minutes and be on level hard standing.
- Ventilation of the housing at high and low level, directly to the outside, should be provided.
- A notice, or the symbol, for a gas container locker should be permanently fixed to the outside of the housing indicating the presence of gas cylinders.
- Pipe work should be in copper or steel tube with compatible fittings.
- Where flexible tubing is necessary, it should comply with the requirements of BS 3212 with integral threaded metallic ends and must be replaced every 5 years.
- In addition to the main control valve at the cylinder, every appliance and gas-burning fitting should be provided with a shut-off tap.
- Signage should be displayed beside the regulator to indicate how to turn off the gas supply at the cylinders in an emergency situation.

A portable self-contained LPG space-heating appliance may be permitted within a caravan providing:

- the appliance meets the requirements of BS 3879.
- the appliance is maintained in accordance with the manufacturer's instructions; and
- wherever practicable, gas cylinders are changed outside.



Guidance and relevant standards include:

- Gas Safety (Installation and Use) Regulations (Northern Ireland) 2004.
- UKLPG Code of Practice 1 - Bulk LPG Storage at Fixed Installations - Part 1: Design, Installation and Operation of Vessels Located above Ground (October 2017).
- UKLPG Code of Practice 7 - Storage of Full and Empty LPG Cylinders and Cartridges (February 2004).
- BS 5482 Part 2:1977 - Domestic butane and propane gas burning installations. Installations in caravans and non-permanent dwellings.
- BS EN 1949:2011+A1:2013 - Specification for the installation of LPG systems for habitation purposes in leisure accommodation vehicles and accommodation purposes in other vehicles.
- BS EN 521:2006 - Specifications for dedicated liquefied petroleum gas appliances. Portable vapour pressure liquefied petroleum gas appliances.

#### **4.13 Electrical Installations**

A competent registered electrician should be employed to carry out any electrical work, in accordance with BS 7671:2008 - Requirements for electrical installations. (The IEE Wiring Regulations 17th Edition).

An effective programme of planned preventative maintenance for all fixed electrical installations (and any portable appliances where appropriate) in accordance with wiring regulations, should be implemented for the site and the results recorded within the log book.

If there are overhead electric lines on the site, suitable warning notices should be displayed at the entrance to the site and on supports for the line. Where appropriate, particular attention should be drawn to the danger of masts of yachts or dinghies contacting the line.

#### **4.14 Refuse Disposal**

Every caravan should ensure any refuse bin is emptied regularly.

Ashes from a barbeque should be cold and soaked with water before placing in any bin.

Where communal bins are provided, these should be housed within a properly constructed bin store.

On touring caravan sites, adequate provision should be made for the storage, collection and disposal of refuse.

#### **4.15 Guests with Disabilities**

The needs of guests with disabilities must be considered and planned for.

A free guide is available to assist titled 'Fire Safety Law - The Evacuation of Disabled People from Buildings.' which is available through the NIFRS website [www.nifrs.org](http://www.nifrs.org).

#### **4.16 General Fire Precautions**

The following general fire precautions should be taken to reduce the risk of fire:

- Grass and other vegetation should be cut at frequent intervals to prevent it becoming a fire hazard. Cuttings should be removed and be disposed of safely.
- Spaces below caravans should be kept free from the accumulation of combustible materials.
- Paraffin appliances should be refuelled outside the caravan.
- Where flue pipes pass through the structure of a caravan, they should be adequately insulated.
- Where a caravan is retrospectively fitted with cladding, it is recommended this is Class 1 fire rated material to its facing walls.
- Barbecues should not be permitted below any awning, or close to any combustible surface. Ashes should be extinguished with water.
- Open fires, chiminea and fire pits should be prohibited on sites due the increased risk of burning embers being emitted.
- Fuel tanks for motor boats should be disconnected and be stored in a shaded area and not below a caravan.
- Jet skis or motor boats should be refuelled on the access road and not when parked beside a caravan.

### **5 GLAMPING PODS, YURTS OR SIMILAR UNITS**

The following fire safety standards apply in relation to these units:

- The distance between any two glamping pods (or any other unit) should be not less than 6m.
- A 3m minimum clear space should be maintained between units from combustibles.
- The maximum distance a fire appliance access road should be no more than 50m.
- Glamping pods (or other hard structures) should be fitted with a 10-year battery operated, or mains wired, smoke alarm.
- Where a gas or wood burning appliance is installed for heating or cooking, a carbon monoxide alarm should be fitted which may be a combined smoke and carbon monoxide alarm.
- Smoke alarms or carbon monoxide alarms must be maintained and checked by a competent person on a regular basis.

## 6 ROMA OR TRAVELLERS' SITES

NIFRS recommends the following considerations be applied:

Consideration	Advice
Fire Risk Assessment	NIFRS advises that a written fire risk assessment is not required and a more appropriate approach would be to ensure that the site be designed and maintained in accordance with the considerations listed in this Table.
Inspections	Regular inspections should be carried out by the site operator with arrangements made to maintain provisions.
Access for Fire Appliances	As detailed in Section 2.
Space and Density between Caravans	As detailed in Section 3 for permanent residential sites.
Hard Standings	As detailed in Section 4.1.
Footpaths	As detailed in Section 4.2.
Lighting	As detailed in Section 4.3.
Smoke Alarm and Fire Extinguisher	As detailed in Section 4.4. Does not apply to privately owned caravans, recommendations are advice.
Fire Point and Fire Fighting Equipment	The provision of a fire point and firefighting equipment is not recommended, but instead the message 'Get Out, Get the Fire and Rescue Service Out, and Stay Out' should be emphasised during meetings and site visits.
Fire Notice	As detailed in Section 4.8, except that the suggested text at point (d) and (e) is not required.
Fire Warning, Log Book, Telephone, LPG	Not required.
Water Supplies	A fire hydrant should be provided within 100m of the site entrance, outside of the site perimeter on the access road.
Electrical Installations	As detailed in Section 4.13.
Refuse Disposal	As detailed in Section 4.14.
Guests with Disabilities	As detailed in Section 4.15.
General Fire Precautions	As detailed in Section 4.16.

Consideration	Advice
Facilities Pod	Where a facilities pod is provided for sanitary or cooking facilities, this should be made from non-combustible construction.
Dwellings	Where a dwelling is provided for sleeping accommodation, all aspects of building regulations apply.

## 7 WORKERS' SITES

Where caravans are provided to house workers, for example agricultural workers, for rent, or in lieu of pay, the site is a relevant premises as defined by The Fire and Rescue Services Order (Northern Ireland) 2006.

The guidance for permanent residential caravan sites applies.

## 8 TEMPORARY CARAVAN OR MOTORHOME SITES

Where a temporary site is established for a short term duration, for use by towed caravans, motorhomes or campervans, the following guidance should be followed to maintain safety for users.

Where the duration is for **no more than** 6 nights:

- A minimum of 6m separation space should be maintained between units.
- A minimum of 3m clear space from combustibles, including awnings or side tents or other items, should be maintained between units and from site boundaries.
- No caravan should be permitted to be more than 100m from a fire service access road of the specification described in Section 2.
- The general fire precautions as described in Section 4.16 should be followed.

Where the duration is for **more than** 6 nights:

- all of the provisions as for a touring caravan site should be adopted.

Examples of temporary sites include:

- a caravan club, or any other group, organising an event or a meet in agreement with the landowner using a field, sports pitch or other ground to position caravans, motorhomes or campervans for a short term duration.
- a festival or other event, where an area is provided for caravans, motorhomes or campervans for a short term duration.

## **Final NILGA response: DfC ‘focussed’ consultation on A Design Guide for Travellers’ Sites in NI**

**Executive Meeting  
9th August 2019**

### **1.0 Introduction**

NILGA, the Northern Ireland Local Government Association, is the representative body for district councils in Northern Ireland, representing and promoting the interests of the 11 local authorities and supported by all of the main political parties in Northern Ireland. We trust that our comments will be taken into account by the Department for Infrastructure. Any queries in relation to this response should be forwarded to Karen Smyth at NILGA [k.smyth@nilga.org](mailto:k.smyth@nilga.org).

### **2.0 General Comments**

NILGA welcomes, in principle, the Department’s update of the existing Design Guide, and we note in particular the Department’s commitment to improve the Guide, further to publication of the NIHRC report “Out of Sight, Out of Mind”. NILGA however, has a number of concerns that we are keen to see addressed by DfC, working collaboratively with relevant colleagues in Department for Infrastructure and the NI Fire and Rescue Service, so that consistency of policy and legislation can be achieved in relation to Travellers’ Sites.

Greater clarity is needed from both DfC and DfI in relation to the timelines for roll-out and implementation of policy revisions (particularly for existing sites), and to the statutory ‘weight’ that should be given to the forthcoming DfC ‘Design Guide’ by council licensing and planning officers. Is the Design Guide intended to be a best practice document or statutory guidance? Does it have the same ‘weight’ as DfI planning policy guidance documents, and how will it be viewed by, for example, the Planning Appeals Commission?

Clarity should also be given on the relative 'weight' of the Model Licence Conditions, the Design Guide and the NIFRS Caravan Site Operators Guide. This documentation should be complementary and consistent, and it should be clear as to which takes precedence, and when.

### **3.0 Key Issues**

#### **3.1 Inter-departmental Policy Consistency**

Given the specific needs and culturally sensitive accommodation required for travellers sites, NILGA is keen to see greater consistency between the DfI model licence conditions and the draft DfC Design Guide, and in particular to encourage DfI to adequately and appropriately cover the requirements for the three different types of sites as outlined in the draft DfC Design Guide. We would urge DfC officials to liaise with their counterparts in DfI to assist with this endeavour.

It is also evident that the Design Guide has quite different requirements than the draft Model License Conditions (currently out for consultation) e.g. in relation to location of sites on areas prone to flooding, and on road widths. Greater consistency would be extremely helpful to councils in their decision-making processes. A more consistent approach would also be helpful in relation to distance between caravans, garage/shed provision and storage space.

#### **3.2 Fire safety**

As a priority, DfC should liaise with DfI, NIFRS and NIHRC to ensure that the Design Guide is appropriate and provides a consistent and compatible terminology and approach. Particular attention should be paid to advice on fire safety requirements, as paragraph 134 on P41 contradicts the NIFRS guidance for Travellers' Sites. NILGA would be keen to clarify why the NIFRS guidance for Traveller and Roma sites differs from that provided for other residential sites, given the potential equality considerations. If literacy is a concern, pictorial signs could be used in place of written instruction.

#### **3.3 Council development plans and development management**

Although it is understood that the forthcoming DfC Design Guide is for consideration in the development of new traveller sites and for traveller sites that must be substantially redeveloped, much greater clarity is needed regarding the relationship between the DfC Design Guide, the NIFRS 'Fire Safety Guide for Caravan Site Operators' and the model conditions to enable councils to properly assess planning applications and set site licence conditions for travellers sites.

It is particularly noted that it will be important for the updated Traveller Needs Assessment (2019-2024) to inform the Local Policies Plan stage of each of the 11 Local Development Plans, to enable provision to be made for suitable sites. It would be useful to highlight to council planning officers that they may need to reflect policy e.g. on emergency halting sites in their draft Plan Strategies.

### **3.4 Consistency of policy within the Guide**

The draft guide makes several references to a culture within the Travelling community in relation to working from the site. On p17 this is reflected in a positive light and identified as environmentally sustainable as a result of reducing travel; however on p35 the draft Guide appears to be actively discouraging working from sites. Greater consideration should be given as to how this issue is framed within the document, to ensure adequate clarity is provided.

Additionally, on P36, reference is made to water meters which would indicate potential non-domestic usage of water, rather than domestic usage. NILGA would be keen to clarify why Travellers' domestic usage of water should be metered when domestic water meters are not in use for the settled population.

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## **Final NILGA response: DfI consultation on New Model Licence Conditions for Caravan Sites**

**Executive Meeting  
9th August 2019**

### **1.0 Introduction**

NILGA, the Northern Ireland Local Government Association, is the representative body for district councils in Northern Ireland, representing and promoting the interests of the 11 local authorities and supported by all of the main political parties in Northern Ireland. We trust that our comments will be taken into account by the Department for Infrastructure.

### **2.0 General Comments**

NILGA welcomes, in principle, the effort made by the Department to update the existing Model Licence Conditions for Caravan Sites 1992 and Model Licence Conditions Residential Caravan Sites 1994. We believe that the updated conditions clarify the position in relation to the application of Model Licence Conditions to most caravan sites and we note the Department's commitment to improve the clarity of application to Traveller or Roma sites, further to the NIHRC report "Out of Sight, Out of Mind". NILGA believes that this endeavour in particular has achieved only limited success, and there are a number of concerns that we are keen to see addressed by DfI, working collaboratively with relevant colleagues in Department for Communities and the NI Fire and Rescue Service, so that consistency of policy and legislation can be achieved in relation to Travellers' Sites.

Greater clarity is needed from both DfI and DfC in relation to the timelines for roll-out and implementation of policy revisions (particularly for existing sites), and to the statutory 'weight' that should be given to the model licence conditions and to the forthcoming DfC 'Design Guide' by council licensing and planning officers.

### **3.0 Key Issues**

#### **3.1 Travellers' Sites**

The NIHRC report "Out of Sight, Out of Mind" recommended *"review of the legal and policy framework concerning site licence. This should include the development of a model site licence setting out the*

*minimum standard of provision and safety requirements for each type of travellers' site in NI along with enforcement powers for any breach."*

Given the specific needs and culturally sensitive accommodation required for travellers sites, NILGA would suggest that either a separate section of the model licence conditions, or a separate document is developed by DfI to adequately and appropriately cover the requirements for the three different types of sites as outlined in the draft DfC Design Guide, for example the requirements for communal buildings, individual/private amenities, space for work and animals, postal arrangements etc."

At the very least, DfI should liaise with DfC, NIFRS and NIHRC to ensure that appropriate model licence conditions are developed, providing a consistent and compatible terminology and approach.

Although it is understood that the forthcoming DfC Design Guide is for consideration in the development of new traveller sites and for traveller sites that must be substantially redeveloped, much greater clarity is needed regarding the relationship between the DfC Design Guide, the NIFRS 'Fire Safety Guide for Caravan Site Operators' and the model conditions to enable councils to properly set site licence conditions for travellers sites.

### **3.2 Amalgamation of model conditions**

NILGA accepts that there are advantages to amalgamating the current Model Licence Conditions for holiday caravan sites into one document but would urge caution in this move to a 'broad brush' approach.

### **3.3 Enforcement**

It is anticipated that for some councils, the amended Model Licence conditions may present challenges for enforcement in relation to applying amended conditions for the development of existing residential and holiday sites. Conditions that are likely to be particularly challenging in this regard are those in relation to physical arrangements such as spacing or road widths. This is also linked to the 'timeline' issue highlighted at 2.0 above. For example, page 13 para 13 of the draft Model Conditions refers to allowing a 'reasonable period of time' after any site licence alteration for compliance with the revised conditions, which is open to interpretation. NILGA would be keen to see the Department provide greater clarity in relation to acceptable compliance times.

### **3.4 Disabled persons**

The omission of the condition relating to disabled persons is noted. NILGA would be keen to ensure that the Department clarifies if any equality screening or equality impact assessment has been completed on the Model Conditions and if so, to view the findings of this assessment.

### **3.5 Requirement for Risk Assessment**

Page 13 para 14 refers to councils undertaking a risk assessment to take into account all possible factors in relation to the prosecution. This is a wide-ranging statement and NILGA would request that it be amended to clarify that council enforcement activities (including investigations and prosecutions) are conducted in accordance with each council's enforcement policy and all decisions to prosecute take account of the Public Prosecution Service Code for Prosecutors.

## **4.0 Specific Comments**

The following detailed comments are numbered as per the draft Model Licence Conditions 2019:

### **1. The Boundaries and Plan of the Site**

In relation to *'no caravan or combustible structure...within 3 metres of the boundary of the site'*.

The draft Design Guide (pg 21 para 34) states this is an essential fire prevention measure as does the Welsh Government 'Model Standards for Caravan Sites in Wales', referenced in the Welsh Guidance 'Designing Gypsy and Travellers Sites'. The NIFRS Guide (pg 11, pt1) also states a *'clear space of 3m should be maintained'*.

The explanatory notes of the draft Model Conditions 2019 weaken this by suggesting it is merely for privacy and may not be necessary

NILGA would be keen to see a definition of 'combustible structure' included, e.g. to include wooden decking, wooden summer/play houses, wooden pergolas, wooden/plastic storage units

NILGA is of the view that the requirement for submitted plans to be of *'suitable quality'* is subjective and open to interpretation. Greater clarity and detail is required e.g. scale drawings, numbering of caravans and detailing exactly what is required to be shown on the plan etc

### **2. Density and Spacing Between Caravans**

NILGA welcomes the amalgamation of separation distances and density of caravans into one Model Licence Condition.

NILGA would welcome greater clarity on whether minimum spacing distance between caravans is applicable to modular buildings which are found on some Travellers' sites.

NILGA notes the omission from the 1994 Model Conditions that 'A garage or shed over 30 square meters in area will be subject to Building Control' and is unclear of the justification of doing so.

NILGA notes the omission of the condition from the 1992 Model Conditions stating not to store exposed gas bottles or cylinders within the separation boundary of an adjoining unit. This requirement previously provided clarity and direction similar to that given in the NIFRS Guide (page, 16, para 4.12). If LPG storage is to be taken into account when ensuring the prescribed spacing between caravans, then it is recommended this condition remains.

NILGA seeks clarification of the definition of 'structures' on page 17, para.10, which are of combustible construction that requires sufficient time to be replaced in order to comply with separation distances and what would be deemed a sufficient timeframe for the relocation/replacement of such structures.

NILGA would highlight that an emerging risk on caravan sites is the erection of wooden decking enveloping caravans/mobile homes and wooden fencing erected within the separation distances to enclose pitches.

The NIFRS Guide permits picket type fences no higher than 1m and higher if non-combustible. The draft Design Guide for Travellers' Sites in NI stipulates different requirements (page 23, para 48). NILGA requests clarification regarding the omission in the draft New Model Conditions with regard to the erection of fences around or near to individual caravans.

It is suggested that this review is an opportunity to promote consistency on sites and prevent the spread of fire by removing all combustible materials, particularly wood, in separation spaces or individual sites and specifying that any fencing or other structures provided should be non-combustible.

NILGA is of the opinion that the enforcement of prescriptive spacing is significantly weakened by the consideration of residents' enjoyment and costs to the site owner, as referred to on Page 17 Para.13

### **3. Roads**

NILGA notes the omission regarding distance of a caravan standing to a road. The NIFRS Guide stipulates no more than 50m from a fire service access road and the draft Design Guide for Travellers' Sites states within 45m (Page 25, para 61). It is suggested NIFRS should clarify the position.

NILGA welcomes the concise conditions for roads however requests consistency regarding widths with the other guides such as the draft Design Guide for Travellers' Sites (page 24, para 56).

### **4. Lighting**

NILGA welcomes the specific addition of lighting requirements and suggest there is an opportunity to extend the requirement to include external lighting to be provided on communal/amenity buildings during hours of darkness to ensure safe egress and access.

### **5. Bases**

NILGA would highlight that some Councils currently regulate sites which may have difficulty in complying with 'The base *must extend over the whole area occupied by the unit...*' as caravans are increasing in size. NILGA suggest this should be a recommendation for ease of enforcement.

### **6. Maintenance of Common Areas, including Grass, Vegetation and Trees**

NILGA is of the view there should be consistency of language regarding the terms 'footpath' and 'pavement'.

With reference to the explanatory notes page 20 para 30: NILGA would highlight that each council may not have an officer responsible for trees.

### **7. Supply & Storage of Gas**

NILGA is of the view that the general safety requirements stipulated in the LPGGA Guidance must be applied to all sites regardless of permanency of use. This would include both the storage of gas in compounds for retail sale on holiday parks and storage at individual caravans on all types of sites. Specific requirements such as restricting numbers of cylinders at caravans and location on each pitch would be appropriate to include in Model Licence Conditions to promote facilitate consistent enforcement.

## **8. Electrical Installations**

NILGA notes that examination of the electrical installation within a caravan is required. It is not clear if this is for caravans located on all types of sites i.e. this was not a requirement of the previous model licence conditions and the requirement in relation to the electrical installation “within” a caravan would not be considered to be enforceable as inspecting officers could not reasonably be expected to be responsible for enforcing the internal maintenance of individual caravans.

NILGA notes the omission of the frequency of electrical testing, and is of the opinion this may weaken the requirement - some site operators may avoid maintenance and testing. Greater clarity is requested in the explanatory notes which is consistent and compatible with the draft Design Guide for Travellers’ sites (pg 37, para 113) and other relevant guidance and British Standards.

It is NILGA opinion that the permitted height of cable overhangs should be dealt with primarily at the planning stage and we would recommend underground cabling for new sites.

## **9. Water Supply**

NILGA welcomes the inclusion that it is the responsibility of the site owner to ensure the quality of workmanship being carried out on water supplies.

It is NILGA view that the reference to ‘wholesome’ water supply should remain. NILGA would also welcome consistency with the draft Design Guide for Travellers’ sites (pg 36, para 109 &111) in relation to the inclusion that there must be a potable *mains* water supply and outside taps with internal isolation valves and suitable backflow protection for the security of the water supply.

With reference to the explanatory notes page 22 para 47 & page 23 para55: NILGA would welcome consistency in language used regarding “may wish to advise” and “should alert” NI Water regarding issues or areas of concern

## **10. Drainage and Sanitation**

NILGA highlights the correction that approval should be sought from NIEA for the satisfactory provision for foul and wastewater drainage, not the council.

NILGA's view is that the previous condition in the 1992 Model Conditions requiring the provision of *'properly designed disposal points for the contents of chemical closets etc...'* should remain, e.g. for holiday touring and transit Traveller sites.

With reference to paragraph (v) 'the provision of water closets to at least the scale of 1 WC and 1 urinal per 5 caravans or less for men and 2 WCs per 15 caravans or less for women' is required. This provision should be per 15 caravans or less for both men and women.

### **11. Refuse and Storage and Disposal**

NILGA is of the view that removing the requirement to provide the facility to enable the communal bin storage area to be hosed down with clean water lessens the standard. NILGA would advocate that the facility to clean a waste storage area is a necessity to prevent public health issues on sites.

### **12. Parking**

NILGA requests clarification in relation to the parking within the separation distances. Parking refers to parking of private cars, jet skis and boats between adjoining caravans at a minimum distance of 3m from the adjoining caravan.

Condition 2. Density and Spacing Between Caravans indicates that there should be 6m space between adjoining caravans. When considering the requirements of both conditions, where private cars, jet skis and boats are parked between adjoining caravans, the minimum distance between the caravans must be 6m plus the width of the private cars, jet skis or boats. This often presents a compliance issue and is unlikely to be achievable without major re-organisation for a number of existing sites.

Furthermore, the NIFRS Guide has a differing interpretation, as Figure 1, pg12 indicates parking of cars are permitted within the 6m separation so long as there is a minimum distance of 3m from the adjoining caravan. The draft Design Guide for Travellers' sites concurs, albeit without reference to the 3m minimum separation distance.

When considering the spacing requirements for holiday sites, where the minimum spacing distance between any 2 caravans should not be less than 5m, this again presents a compliance issue for existing sites, as it would not be possible to park a car (approximately 2.1m x 4.7m) and maintain a minimum distance of 3m from the adjacent caravan.

### **13. Communal Recreation Space**

NILGA is satisfied with the original wording of the 1992 & 1994 Model Conditions in relation to recreational space. In the interests of the safety of children, NILGA would also welcome the inclusion of other safety measures as detailed in the draft Design Guide for Travellers sites (page 26 para 64).

#### **14. Notices and Information**

NILGA welcomes in the explanatory notes, the reference to discussion of suitable arrangements for display of notices and information on Travellers sites in relation to those detailed in (ii) & (iii).

With reference to page 25 Para 66: NILGA recommends reviewing the reference to a site office/community room which is unlikely to be available at Travellers' sites and requests clarification of an alternative acceptable location.

With reference to 14 (i) NILGA agree it is important for all types of caravan parks to be identified for the information of and ease of access for the emergency services.

#### **15. Emergency Telephone**

The consideration of the use of mobile phone networks is a welcome addition. However NILGA would disagree with explanatory note on page 25, para 68, stating that the council should decide whether an emergency telephone is required. The onus should be placed on the site operators to provide evidence that adequate mobile phone reception is available on a range of networks.

NILGA requests clarification regarding the provision of an emergency telephone, on Travellers' sites, and its suggested location given that fire points are not required.

#### **16. Flooding**

The specific addition of flooding risk awareness is welcome, but NILGA would suggest that consideration be given to strengthening the approach to this issue within the Model Conditions, particularly in light of the approach taken in para 19 of the DfC Design Guide (P17).

#### **17. Fire Safety Measures**

The NILGA view is that there should be clear direction in relation to the frequency of testing/maintaining firefighting equipment such as fire extinguishers. Some Councils may find site operators discontinue the practice of yearly testing regimes for firefighting equipment and smoke alarms. The explanatory notes page 27, para 84 weaken this requirement by merely '*suggesting*' an annual check'

NILGA wishes to highlight that it may be problematic to get a suitable location for display for fire notices on Traveller sites, as fire points are not required.

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<b>Subject:</b>	Request for the hire of Botanic Gardens for a series of music events.
<b>Date:</b>	10 <sup>th</sup> September 2019
<b>Reporting Officer:</b>	Nigel Grimshaw, Strategic Director of City and Neighbourhoods Department
<b>Contact Officer:</b>	Ryan Black, Director of Neighbourhood Services Stephen Leonard , Neighbourhood Services Manager, South Belfast

<b>Restricted Reports</b>	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

<b>Call-in</b>	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>1.0</b>	<b>Purpose of Report or Summary of main Issues</b>
1.1	Members are reminded that on 4 <sup>th</sup> June 2019 a formal request was received by Aiken Promotions to host a series of music events during the month of June in the years 2020, 2021 and 2022 in Botanic Gardens
1.2	Members agreed to defer a decision and await a report concerning the music events in Botanic Gardens in June 2019.
1.3	Members received a report on 6 <sup>th</sup> August 2019 concerning the recent music events held in June 2019 in Botanic Gardens. Members agreed to defer a decision and requested confirmation concerning a number of issues;

	<ul style="list-style-type: none"> <li>• Impact of underage drinking</li> <li>• Social clauses in License Agreements to support youth services</li> <li>• Charges for use of Council Services to Promoters during music events.</li> <li>• Option of reviewing 3 year contract on an annual basis.</li> </ul>
<b>2.0</b>	<b>Recommendation</b>
2.1	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. Grant authority to Aiken Promotion request: <ul style="list-style-type: none"> <li>• for use of the great lawn at Botanic Gardens for a series of music events with attendances under 5,000 persons in the years 2020, 2021 and 2022; and</li> <li>• to include set up and take down.</li> </ul> </li> <li>2. Grant authority to the Strategic Director of City and Neighbourhood Services, subject to satisfactory terms being agreed and on condition that: <ul style="list-style-type: none"> <li>• the promoter resolves all operational issues to the Council's satisfaction;</li> <li>• an appropriate legal agreement is completed, to be prepared by the City Solicitor; and</li> <li>• the promoter meets all the statutory requirements of the Planning and Building Control Service including the terms and conditions of the Park's Entertainment Licence</li> </ul> </li> </ol> <p>To address concerns raised by Members, Officers will ensure that the license agreement includes clauses that requires the promoter to;</p> <ul style="list-style-type: none"> <li>- Consider the genre of music as suitable for the urban environment.</li> <li>- Provide a plan which seeks to address and provides adequate welfare support, including links with other service providers, to deal with any potential underage drinking, should this be relevant to the event.</li> </ul> <p>The licence agreement will also include a review clause which allows for consideration of any issues both during the event and prior to any authorisation for the future year.</p> <ol style="list-style-type: none"> <li>3. Grant authority to the Strategic Director of City and Neighbourhood Services to negotiate an appropriate fee for the use of the facility taking into account the costs to</li> </ol>

	Council, minimising negative impact on the immediate area but also the potential wider benefit to the City economy.
	<u>Key Issues</u>
3.1	<p>In November 2018 this committee approved five music events in Botanic Gardens over the period 21<sup>st</sup>-28<sup>th</sup> June 2019, hosted by Aiken Promotions. This was subject to</p> <ul style="list-style-type: none"> <li>the promoter resolving all operational issues to the satisfaction of the Council,</li> <li>an appropriate legal agreement was put in place between the Council and the promoter and,</li> <li>the promoter met all the statutory requirements of the Planning and Building Control Service including the terms &amp; conditions of the Parks Entertainment licence.</li> </ul>
3.2	All of the above were completed to the satisfaction of the Council and the promoter complied with all aspects of the legal agreement and the Entertainment licence.
3.3	Approximately 20,000 people attended Botanic Gardens over the five days. There were six noise complaints received in total before, during and after; one pre-event enquiry.
3.4	Only one complaint relating to music noise levels was received on the first day during sound checking. Officers monitored levels at front of house and spot checks were carried out at locations close to the venue. The noise conditions included in the licence agreement were adhered to throughout the event.
3.5	There was one corporate complaint regarding closure of the park during preparation for the music event.
3.6	The complaint was responded to by email and after satisfactory resolution the case is now closed.
3.7	Social media feedback suggested there was concern from regular users of the Botanic Gardens in relation to the Gardens being closed for set up during each event, the number of events and the timeframe of engagement.
3.8	A public meeting was held on 28 <sup>th</sup> May 2019 in which the Promoters met with various residential community groups to provide an update on the events taking place. In addition,

	approximately 1000 letters were sent to households in the surrounding area providing details of the upcoming music events. (See Appendix A).
3.9	The Gardens were closed to the public at 3.00pm to allow for preparation for each music event.
3.10	The Gardens were cleaned of litter every evening and were open to the public every morning at 7.30am, including the lawn area where the music events were taking place. Lower Botanic Gardens was not affected by the events and remained opened throughout the period.
3.11	Positive elements of written feedback included better use of the park for everyone across the City to enjoy, good “buzz” about Botanic Avenue and fabulous venue.
3.12	There were no incidences reported by the PSNI over the course of the events in Botanic Gardens.
	<u>Financial &amp; Resource Implications</u>
3.13	The Strategic Director of City and Neighbourhood Services to negotiate an appropriate fee for the use of the facility taking into account the costs to Council, minimising negative impact on the immediate area but also the potential wider benefit to the City economy. The Strategic Director of City & Neighbourhood Services will authorise the relevant level of the necessary bond of intent and reinstatement bond
	<u>Equality, Rural proofing or Good Relations Implications</u>
3.14	There are no equality, rural proofing or good relations issues associated with this report.
<b>4.0</b>	<b>Appendices – Documents Attached</b>
	None

## People & Communities Committee

### Planning workshop

#### AGENDA

<p><b>1. Welcome and Overview – (20 minutes)</b></p> <p>1.1.Format/approach</p> <p>1.2.Introduction/Context</p> <ul style="list-style-type: none"><li>– Overview of Corporate Plan</li><li>– Role of Committee</li><li>– Main areas of work already signed off for this year 2019/20</li><li>– Emerging Priorities</li></ul>	<p>6:20 – 6:40 pm</p>
<p><b>2. Round table discussions – (40 minutes)</b></p> <p>2.1.Looking forward and discussion</p> <ul style="list-style-type: none"><li>– Are the ongoing and emerging priorities appropriate for going forward</li><li>– What are the priorities that need more or less attention or are new priorities</li><li>– Over the next three years, what areas of work need more focus and perhaps resource?</li></ul>	<p>6.40 – 7.20 pm</p>

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