

Submitted to Substance Use Strategic Commissioning and Implementation Plan Consultation
Submitted on 2023-11-24 10:02:00

Introduction

About You

Are you responding to this consultation as a member of the public, or on behalf of an organisation?

On behalf of an organisation.

About You questions for members of an organisation

Please provide the name of the organisation you are answering on behalf of.

Organisation:
Belfast City Council

Which of the following best describes the sector you operate in? This will assist us in monitoring the range of respondents the consultation has reached.

Local Government

Other Organisation:

Strategic Priority 1 - Prevention and Early Intervention

Do you agree with the inclusion of Prevention and Early Intervention as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Prevention and Early Intervention as a Strategic Priority in this Plan?:

Do you agree with the Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention.:

- P. 22 states “We will also build on existing targeted support programmes such as Steps to Cope, Think Family NI, Pharos and Voices” but this is not listed as an action. Will there be an expansion of commissioning of these services as this sentence suggests?
- SP1.2: There should be consultation with professionals and the public about this action and resources needed; this should include information on the effectiveness of the current resources and what can be improved.

- SP1.3: “ensure the workforce is skilled in brief interventions in respect of substance use” – who does “the workforce” refer to? We would suggest that it should be available in all settings and across the public and voluntary sector workforce. Within Primary Care, Multi-Disciplinary Teams are ideally placed to have these conversations with patients and should be included in training.
- SP1.4 “Produce an evidence based, early intervention and prevention framework that maps and evaluates current provision and facilitates a responsive whole system approach across sectors.” It would be useful to know if this work commenced or is there work ongoing to collate an evidence base? This information would be key in eliciting support from partners across the community planning spectrum to deliver a coordinated responsive whole system approach.
- SP.1.5 “Commission evidence-based universal and targeted programmes for young people and adults that support healthy decision making and Health Literacy” Council would support that commissioning take place on a evidence base
- The SU strategy mentions raising awareness of the link between alcohol and cancer on page 31. Will this be included in the development of new resources mentioned under SP1-2?
- Page 23 states “We will continue to focus on services that promote self-care and self-help, including enhancing the tools and resources available on the drugsandalcoholni.info website. One resource that should be given greater prominence on the web site, is the importance and availability of nutritional support”. This is an important development and an action should be aligned with this detailing how such resources will be developed and promoted. We would also recommend training for practitioners on how to support and encourage people to use these.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention? i.e. Have we set our short, medium, and long-term timescales correctly?

Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 1 Prevention and Early Intervention:

• P. 8 states “In addition to the HSC recommendations contained in the Preventing Harm, Empowering Recovery strategy (refer Appendix 2), to deliver on our ambition for this strategic priority, this Plan commits to deliver the following commissioning priorities”. How will progress on the recommendations listed in Appendix 2 be aligned to the Actions detailed in the plan? Where actions are listed as being short/medium term this doesn't always align with the references in Appendix 2.

Strategic Priority 2 – Pathways of Care and Models of Support

Do you agree with the inclusion of Pathways of Care and Models of Support as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Pathways of Care and Models of Support as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support.:

- The commissioning framework does not speak to its intentions in relation to Low Threshold services despite these being currently commissioned. The framework should include an action to recommission low threshold services.
 - SP2.5 “Building on the review of the role, function and membership of the DACTs, develop the role of the DACTs as a mechanism for wider collaboration between local/ regional stakeholders”. The review of DACTS is a significant piece of work and has not yet taken place. What is the timeline for this, given that it is listed as a short-term action?
 - SP2.5 In addition to DACTS, there are references in the document to other systems which are related to this work (such as ICS) but it is unclear what the role and relationship of each of these systems will be. It is important to have clarity on this to inform both delivery and governance arrangements. The lack of clarity in this document makes it difficult to comment on this action.
 - SP 2.6 “Strengthen the sustainability of services provided by the community and voluntary sector and review how the services are commissioned and procured through an ongoing review and assessment of models of intervention and evaluation of impact”. It is unclear what is meant by this statement. – while members agree that the sustainability of C&V sector services is vitally important, this statement doesn't explain how sustainability will be achieved. We are aware that any review, assessment and evaluation of models of intervention is a significant piece of work. It is important that the review should include all relevant services, not just those commissioned through this strategy in order to review the wider range of services which are funded – for example, Trust commissioned counselling services and PNBI funded services. This should include reviewing which funding streams have been cut or ended in recent years in order to give a picture of current provision and gaps.
 - The need for better support for people experiencing co-occurring issues was raised regularly across all groups established to develop the Action Plan and is referenced in the narrative sections of the document, but this is not reflected in the actions. Only SP2-4 references this and is very limited in scope.
 - SP2.9 The C&V sector is often excluded from information sharing arrangements to the detriment of people who use these services. While recognising the legal issues relating to information sharing arrangements and the right to privacy, , these need to be resolved in order for people using services to get the best service to meet their needs. Complex Lives is an example of where this has been achieved to great effect.
 - SP2.12 “Enhance advocacy services and peer mentors in treatment and recovery services” – does this mean the enhancement of these services where they already exist or the development of new services? All members agree with this approach but current service models do not allow for this type of work – either because there is no resource to support this work or because the use of volunteers is explicitly not allowed. There should be an action committing to include this approach when commissioning in order to ensure it is embedded consistently and effectively.
 - SP2.13 “Realign PHA and other contracts for substance use and mental health support, to ensure services are provided to those in, and on the periphery of, the justice system.” This action is listed as within existing resources, however, we would ask if this is feasible without additional funding, and in the context of the current financial climate?
 - SP2.14 Regarding learning from Complex Lives, the learning from this project is relevant beyond the suggested expansion across rural geographies. The learning which has been realised on information sharing, governance of collaborative projects and the importance of commitment from CEO level down across organisations and departments could be applied to many service developments across substance use and mental health. The Complex Lives within Belfast is fortunate in that it is supporting through community planning and that many partners see the benefit of the work as delivering outcomes for [people and place. However, it is now moving into a further phase and there is an urgent need to secure funding commitments from a number of agencies to ensure sustainability of this project in Belfast before expansion to other areas. It should also be noted that additional resources, also includes employment of additional staff who are knowledgeable and experienced within this area and therefore, the model requires active participation from all relevant agencies.
 - SP2-15 “Review substance misuse services for people who come into contact with Probation Board of Northern Ireland” - The lead organisations for this should also include the Department of Justice. Budget restraints passed on to PBNI have already resulted in substantially reduced support for people with substance use problems and unless the funding from DOJ is addressed, this is going to continue to be a barrier to addressing this action. It should be noted that cuts to the PBNI budget by DOJ in 23-24 resulted in the closure of a key service provided to PBNI by?. This funding provided a Regional Rapid Response service for 330 PBNI clients with addiction issues who had complex needs or crisis. This service was eventually partially reinstated with non-recurrent funding to March 2024. However, the resource for this service is now only 30% what it was originally and there is currently, no indication if further funding will be available in 2024-25. This is a clear example where services being provided by the voluntary and community sector are most vulnerable to cuts, resulting from budget constraints despite being a crucial form of support to vulnerable groups. This would not be in line with the intentions expressed in action SP2-6.
- other, more generalised comments:
- The commissioning framework is not very clear about what will be commissioned and what will not, including its intentions for some of the currently commissioned services. For example there are no specific actions in the commissioning priorities to commission Low threshold services, Drug and Alcohol Workforce Development Programme, Targeted Lifeskills Service or DACT Connections service.
 - The actions should be more specific in terms of what exactly is to be commissioned to allow comprehensive feedback through this consultation.
 - In each priority area the document says, “ In addition to the HSC recommendations contained in the Preventing Harm, Empowering Recovery strategy

(refer Appendix 2), to deliver on our ambition for this strategic priority, this Plan commits to deliver the following commissioning priorities.” Therefore, are all of the services mentioned in Appendix 2 being recommissioned as this is not clear?

- An Action B4 in Appendix 2 is “Continue to develop and expand highly accessible Low Threshold Services to meet the growing needs of those who use alcohol and other drugs.” However, as already mentioned, Low Threshold Services are not among the commissioning priorities in the document. Should we read that Low Threshold Services are to be recommissioned by the PHA or not?

- In another example on page 33, the document says “As we recraft pathways of support, and models of care, we will be bold in responding to the multiplicity of needs of our population - this includes how we provide support for people who wish to enter or maintain recovery”. However, there are no actions in the commissioning priorities to commission recovery services. These two examples demonstrate there is a need for clarity in relation to what the commissioning framework intends to see commissioned within the next financial year/s and which are ambitions that are not included as commissioning actions at this time.

- There is an ambition set out in this action plan to achieve a whole system approach but there is no detail or roadmap on how this will be achieved. To date, the commitment expressed in several strategic documents to ensure integration and joined up working across sectors and strategies has not been realised. How will a whole system approach be ensured in the delivery of action plan? Complex Lives is an example of how this can be achieved ; but it requires significant commitment from all partners and it is not evident in this document how that would be secured.

, Council would like to thank the PHA for your continued support of the Complex Lives initiative which is a valuable service. Complex Lives has been brought forward within the context of Community Planning but has been driven by the shared commitment of all the partners involved to make a difference to the lives of vulnerable people in the city. The long-term outcome is to ensure that by 2035, Belfast will be a city where everyone experiences good health and wellbeing

The ability to sustain and scale up the support made available through Complex Lives is essential. We are all aware that the challenges which exist cannot be addressed through short-term interventions and indeed, the level and complexity attached to vulnerability in the City Centre are likely to increase.

Therefore, we would ask that support and funding for Complex Lives be considered by the PHA as part of the approach to addressing substance use and that it be included as part of any commissioning arrangements on a continuing basis. This would enable the Initiative to achieve sustainability and consistency of service for a most vulnerable group. It should be noted that the Council’s Chief Executive, as Chair of the Strategic Leadership Group on Vulnerability, has written out to all who sit on the group to consider Complex Lives within their budget setting exercises.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support?i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 2 Pathways of Care and Models of Support.:

There is uncertainty as to the timescales - definition of short, medium, long would assist with this answer.

Strategic Priority 3 - Trauma Informed System

Do you agree with the inclusion of Trauma Informed System as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Trauma Informed System as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 3 Trauma Informed?

Neither Agree nor Disagree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 3 Trauma Informed System.:

- Given the evidence relating to the role of trauma in substance use and the potential impact of adopting a trauma formed system approach, there should be a commitment to a Trauma Informed approach as an underpinning principle for this action plan; and support for this approach should be secured across all departments, services and strategic work streams connected to substance use.

- To truly embed a trauma informed system, a more comprehensive investment is likely to be required alongside a greater strategic focus.

- Current service models (usually 6 sessions) do not allow for the adoption of a trauma informed approach as this requires more time to ensure a safe and effective intervention.

- SP3.4 “Commission research to explore the trauma experienced by asylum seekers, refugees and other at-risk groups and make recommendations to adapt services” – other at risk groups could also include those affected by domestic abuse and those leaving care.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 3 Trauma Informed System?i.e. Have we set our short, medium, and long-term timescales correctly?

Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 3 Trauma Informed System.:

This is an important, transformational issue but the actions mentioned are all short term and within existing resources – greater focus may be required to achieve real change

Strategic Priority 4 - Family Support

Do you agree with the inclusion of Family Support as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Family Support as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 4 Family Support?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 4 Family Support.:

- SP4-1 “Develop/ facilitate a network of family peer support groups that will provide support for families and carers not only as advocates for those using substances but also as individuals who have been impacted and traumatised by their loved one’s substance use, often at the cost of their own health” – It can be difficult to engage families in this support due to stigma and also because their primary focus is on how to support the person using substances rather than their own wellbeing. For this reason, consideration needs to be given as to how to attract families into these services and ensure they meet their needs/what they want to get out of the support.
- It should be noted that not all families live in the same area as the person using substances – this should not be a barrier to accessing services.
- There should be flexibility to offer ad hoc support rather than just structured, therapeutic interventions as this will not always meet the needs of family members.
- On Page 45 it says “We will enhance existing family systemic therapy provision with increased funding to the community, voluntary and statutory sectors. This evidence-based approach supports families in group settings to help family members better understand each other and the impact of substance use across the family unit. Investment in this approach aims to change negative behaviours, resolve existing conflicts and empower families to create their own solutions.”
- We particularly support this reference to systemic therapy as it is a highly effective model for therapeutic family support, however it is the model where there is least availability or capacity in services and requires significant investment.
- SP4-4 “Commission a range of evidence based therapeutic interventions for families with lived and living experience of substance use”. This may be too broad an action and would be relatively long term. The commissioning framework should include an action to specifically commission systemic family therapy provision in the short/medium term.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 4 Family Support?i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 4 Family Support.:

Again, it is difficult to understand the definition of short, medium, long term

Strategic Priority 5 - Stigma

Do you agree with the inclusion of Stigma as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Stigma as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 5 Stigma?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 5 Stigma.:

- As with Trauma Informed Approaches, there should be a commitment to reducing stigma as an underpinning principle for this action plan; and actions to support this approach should be embedded across all departments, services and strategic work streams connected to substance use.
- Additional resources and longer term funding will be required to effectively reduce stigma.
- Core training on stigma should be included for the wider workforce.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 5 Stigma?i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 5 Stigma.:

Strategic Priority 6 - Workforce Development

Do you agree with the inclusion of Workforce Development as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Workforce Development as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 6 Workforce Development?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 6 Workforce Development.:

- The interpretation of workforce should go beyond the HSC workforce, as there are many interfaces with alcohol and substance use across other sectors such as justice, education, local government, and community.
- SP6-1 The needs assessment should be across all aspects of the workforce including Primary Care, PSNI, Prisons, etc. Local areas may have specific needs in relation to training.
- Core training should include trauma informed practice and stigma reduction.
- It is unclear if the current workforce development training programme will be recommissioned as it is not included in the commissioning actions.
- Almost half of the actions listed in the plan require additional resources. It is unclear where these funds will come from and how much is required. An indication of costs alongside a timeline for identifying these monies would allow a more informed response to the plan. Confidence in the ability to deliver the commissioning priorities with the available resources is an area of concern. There are 21 actions that will be delivered within existing resources and 27 that require additional resources. In many cases the actions within existing resources are to expand on existing services or develop new services. We would be concerned that the framework is not realistic in delivering these actions within current resources and the impact that doing so would have on the quality of services.
- Several actions (such as SP-1.1) refer to developmental activity (in this case, "grow the provision of therapeutic services for children, young people and families"). However the plan states this is covered by existing resources. How does the PHA envisage growing the service in the context of existing resources, particularly in the evidence of growing need.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 6 Workforce Development? i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 6 Workforce Development.:

Strategic Priority 7 - Digital Innovation

Do you agree with the inclusion of Digital Innovation as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Digital Innovation as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 7 Digital Innovation?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 7 Digital Innovation.:

- Again, the reference to the workforce should go beyond the HSC workforce, as there are many interfaces with alcohol and substance use across other sectors such as justice, education, local government, and community.
- Consistent use of the same digital resources will not only be more cost effective (lower costs associated creating/buying license for products to be used by multiple providers across the region) but it will also lead to better experience for people using services as there would be more consistency.
- Local services should be consulted on what would work best / is most needed in their area as there may be differences across localities and population groups. There is potential for developing and trialling innovations through local services to meet needs.

The Strategy refers to the opportunity for cross departmental working; an action which sits with the PHA alone. While recognising the critical role of the PHA, should this be an action which is brought forward through Community Planning Partnerships and or other For a which would maximise coordination and collaboration? What about connecting innovation to other sectors such as universities, research and private sectors?

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 7 Digital Innovation? i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 7 Digital Innovation.:

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 7 Digital Innovation.:

Strategic Priority 8 - Data and Research

Do you agree with the inclusion of Data and Research as a Strategic Priority in this Plan?

Strongly Agree

Please provide any comments in relation to the inclusion of Data and Research as a Strategic Priority in this Plan.:

Do you agree with the Commissioning Actions for Strategic Priority 8 Data and Research?

Agree

Please provide any comments in relation to the Commissioning Actions for Strategic Priority 8 Data and Research.:

• SP8-1 refers young people only, but prevention and early intervention actions should be looked at across the lifespan. This action should include researching what is effective prevention for the adult population.

Do you agree with the timescales for implementation of our Commissioning Actions for Strategic Priority 8 Data and Research?i.e. Have we set our short, medium, and long-term timescales correctly?

Neither Agree nor Disagree

Please provide any comments in relation to the timescales for implementation of our Commissioning Actions for Strategic Priority 8 Data and Research.: