

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 and 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

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.

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?

None noted, beyond what has been referenced elsewhere in this response.

15. Are you aware of evidence-based actions that would meet these gaps?

None

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

None

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).