



**Making life better,
together**

Belfast Strategic Partnership

**Summary Report
on the
Mental health, drug and alcohol and addiction -
Strategic discussion event**

**held on
Tuesday 28th 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

Discussion 1	<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>
Discussion 2	<i>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).</i>
Discussion 3	<i>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.</i>
Discussion 4	<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 Mentimetre

Question 1	<i>In one word, what do we need to focus on going forward?</i>
Question 2	<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.

Following roundtable discussion and feedback, attendees were asked a further two questions individually, using 'Menti-metre' software and their smart phone. The first question created a 'word cloud' which captured the individual responses and presented the most common of these responses in larger text. There were clearly four words which were commonly used throughout this exercise:

- Action
- Listen
- Collaborate
- Integration

Individual Question 1

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

The following word cloud was generated from responses:



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



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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 16th 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
- 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.