

Consultation to seek views on the new Substance Use Strategy for Northern Ireland – “Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”

Consultation opened on Friday 30 October 2020.

Consultation closes on Friday 05 February 2021 at 17:00.

Summary

The Department of Health is responsible for leading and co-ordinating action on Northern Ireland’s new substance use strategy on a regional and local basis.

Consultation Description

The new Substance Use Strategy for Northern Ireland – **“Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”** – was issued for public consultation on 30 October 2020:

<https://www.health-ni.gov.uk/SUS-consultation>

The current strategy – the [New Strategic Direction for Alcohol & Drugs Phase 2 \(NSD Phase 2\)](#) – was published and endorsed by the former NI Executive in 2012.

The NSD Phase 2 was recently reviewed, and a [report](#) has been published which looked at its outcomes, outputs, and stakeholder views on how successful this has been.

Taking on board the outcomes from the review a pre-consultation exercise took place in 2019 on what should be contained within a new substance use strategy. This was followed by the development of the new strategy on a co-production basis with involvement from key stakeholders including; the community and voluntary sector; service users; health professionals; academics; and key government departments and agencies.

We are now seeking views from partners and the general public on the new strategy. We want your views on the vision, indicators, outcomes and targets set out in the new strategy. And we want your views on what should be prioritised, in the event that not all actions can be taken forward in the final published strategy.

Next Steps

Following this consultation, we will collate and analyse all views and inputs, and begin the process of developing the final strategy. This will need to be agreed by the Minister of Health and the NI Executive before being published. It is important to note that the NSD Phase 2 – and all the structures that support action and collaboration – will remain in place until any new strategy is put in place.

The Closing Date for responses is Friday 05 February 2021

Ways to respond:

[Respond Online](#)

It may be easier for you to respond online, and you can do this by clicking on the Green Button “Respond Online” above – this will take you straight to the online questionnaire on the Citizen Space.

Alternatively, you can access the relevant documentation on the DoH website at:

<https://www.health-ni.gov.uk/SUS-consultation>

or contact us using the details below:

Email: HDPB@health-ni.gov.uk

Write to: Health Development Policy Branch
Room C4.22
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

INTRODUCTION

	What is your name?
	Name: Kelly Gilliland
	What is your e-mail address? <i>If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.</i>
	E-mail: gillilandk@belfastcity.gov.uk
	Is your response being submitted on behalf of an organisation or as an individual? <i>(please tick below as appropriate)</i> <input checked="" type="checkbox"/> Organisation <i>Please use text box below to state the name of your organisation etc?</i> <input type="checkbox"/> Individual [text box] Belfast City Council

Equality/Good Relations and Rural Screening (Chapter 1)

Question 1a	<p>Have you any comments on either the Equality/Good Relations or Rural screening documents?</p> <p>No comments.</p>
Question 1b	<p>Have you anything you believe we should be considering in future Equality/Good Relations or Rural screenings?</p> <p>No comments.</p>

Vision, Outcomes, Values, Priorities and Target Groups (Chapter 5)

Question 2a	<p>Do you agree with the Vision?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>Suggest adding in 'assisted to' to emphasise that there will now be a focus on developing and providing recovery-focussed services.</p> <p>People in Northern Ireland are supported in the prevention and reduction of harm related to the use and misuse of alcohol and other drugs, and will be empowered, and assisted to, maintain recovery.</p>
Question 2b	<p>Do you agree with the Outcomes?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>Whilst we welcome the focus on harm reduction we also feel there needs to be another outcome or two alluding to prevention and early intervention aspects. E.g.</p> <ul style="list-style-type: none"> • People will be made aware of the risks and harms of using substances. • Services will aim to intervene early to prevent harm/further harm occurring.
Question 2c	<p>Do you agree with the Values?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>If No, please provide further information.</p> <p>Value – ‘Community based with local flexibility to address needs’: It might also be beneficial to have an outcome that clearly focuses on community provision working in partnership with others. Much positive work has been taken forward locally by both BDACT and BDACT Connections however there is still much more that could and should be done in relation to awareness-raising. Also, as well as local flexibility there needs to be local accountability therefore it would also be good within this value to reference the role of Trusts/LGDs and community planning.</p> <p>Value – ‘Long Term focus’: ... ‘the need to focus on prevention and early intervention as much as treatment and support’ – lends weight to our response to question 2b for the need for an outcome which is clearly focussed on prevention & early intervention.</p>
<p>Question 2d</p>	<p>Do you agree with the Priorities?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>Priority – ‘Workforce Development’: Suggest rewording to: It is vital that we have capacity to deliver on the strategy, and that all those who work in the substance use field, and those who come into contact with people at risk, are able to: raise awareness of harms and risks; provide timely and accurate information; signpost to relevant services; provide effective high quality early intervention and treatment interventions; and, provide ongoing support to those in recovery.</p> <p>Priority – ‘Supporting People throughout their Recovery Journey’: The community sector has a vital part to play in the recovery process, we need to ensure that any recovery support services that are developed are linked closely with the wide ranging support that is already available within the community – taking a holistic approach where possible.</p> <p>Priority – ‘Supporting People with Co-Occurring Substance Use and Mental Health’: Need to be more specific here in what action is going to be taken outside of aligning strategies – by aiming for integration wherever possible e.g. in messaging, in prevention initiatives (holistic approach), in service integration, etc.</p>
<p>Question 2e</p>	<p>Do you agree with the Target Groups?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>We believe the wording in 5.8 should be stronger – where is currently states ‘Service providers should always keep in mind these groups may need additional support ...’ we are suggesting that this should state ‘Service providers</p>

	<p>should be aware of the varying needs of specific groups, and have measures in place to enable them to actively respond to those needs.’</p> <p>Whilst 5.7 and 5.8 are focussed on ensuring equity of ‘access to services’ we feel that it would be beneficial here to also draw out the requirement to actively target these groups for prevention and early intervention purposes also and the importance of tailored messaging.</p>
<p>Question 2f</p>	<p>Have you any further comments?</p> <p>Belfast City Council is pleased to see that some of its feedback has been taken on board from the pre-consultation phase, however there are other elements which Council would still like to be considered – therefore we are once again submitting our pre-consultation response as a supplementary submission along with our response.</p>

Outcome A – Fewer People are at risk of harm from the use of Alcohol and Other Drugs (Chapter 6)

Question 3a	<p>Do you agree these indicators help to demonstrate progress against this outcome of having fewer people at risk of harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 3b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>It would be helpful to include some of the more holistic indicators mentioned within 6.5 e.g. 'Preventing harm before it occurs, and intervening at an early stage for those most at risk, will have positive impacts across many sectors and on issues such as: exclusion from school, academic performance, community safety, reducing offending and reoffending, homelessness, community cohesion, emotional health and wellbeing, etc.'</p> <p>6.9 – suggest including tobacco use indicators also given potential as 'gateway' drug. Do surveys currently ask about nitrous oxide use – if not – suggest future inclusion given levels of current usage within Belfast.</p> <p>6.10 – Information on what doesn't work and why should be shared with key sectors/groups such as EA/schools and youth service, C&V sector, etc. Reference could also be made here to the work being done in terms of developing the Emotional Health & Wellbeing Framework (noted in A1) and what it aims to cover/achieve. The framework is mentioned on p34 but not much detail given.</p>
Question 4a	<p>Will these actions achieve this outcome of having fewer people at risk of harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>All of the actions listed need timescales assigned to them within the final document.</p> <p>A1 – as noted in response to 3b more information should be given on the 'work emerging' from the Emotional Health & Wellbeing Framework, its aims and</p>

	<p>objectives and the timeframe for its implementation. The framework is mentioned on p34 but not much detail given. Council would also like to draw attention to the Belfast Youth Forum’s ‘Elephant in the Room’ report, particularly the recommendations, and request that these are considered as part of both the framework development and in the implementation of both this strategy and the forthcoming mental health strategy. https://www.belfastcity.gov.uk/Documents/youth-forum/Elephant-in-the-room</p> <p>A2 – does this relate to NI potentially piloting the Icelandic Prevention/Planet Youth approach? Belfast City Council, along with a number of other Councils, had previously expressed an interest in this approach and had attended a seminar re. same back in 2017 and would therefore be keen for more detail on how the ‘Northern Ireland Prevention Approach’ will be developed.</p> <p>A3 – Suggest also adding at the end ‘And further develop, and build on, their social media engagement through the associated FB and Twitter pages.’</p> <p>A4 – this need to be clearer – in terms of the ‘community support mechanisms’ is this referring to the locality-based DACT Connections Services and whilst the review should be led by PHA it would also need to include input from relevant stakeholders – again what is the timeframe for this?</p> <p>A5 – Older people need targeted for prevention and early intervention too, also in light of Covid-19 so do a range of others - people with lost jobs, lost income, those suffering as a result of social isolation who may have turned to substance use as a coping mechanism - anecdotal evidence of this with some stats re increase alcohol use/purchasing [Dec 20 Belfast Telegraph article quoting 70% jump in shop sales of lager and beer] etc.</p> <p>A6 – Will there be scope for this brief intervention training to be substance misuse focussed given the rise in polydrug use and will it include an element of educating about local service provision at Tier 2 (C&V) and Tier 3 (Stat) – given the findings of the NIAO report that GPs mostly auto refer (inappropriately) to statutory Tier 3?</p> <p>A8 – Will there also be local plans/actions developed and will there be additional resources for assigned for hidden harm? Will the Youth Substance Misuse Services once again be able to take referrals for or from children concerned about, or impacted by, parental substance misuse?</p>
<p>Question 4b</p>	<p>Will these actions make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>As noted previously all of the actions need timescales/targets attached.</p>
<p>Question 4c</p>	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Outcome B: Legislation and the Justice System support Preventing and Reducing the Harm related to Substance Use (Chapter 7)

Question 5a	<p>Do you agree these indicators help to demonstrate progress against this outcome of legislation and the justice system preventing and reducing harm?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 5b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>General: % of people receiving support in the justice system for substance misuse related issues % of people successfully completing prevention and/or treatment programmes within the justice system.</p> <p>Relevant YJA stats?</p> <p>There may also be information available via Trust or LGD level Anti-Social Behaviour Forums (NIHE), Youth Diversion Forums (YJA) and Concern Hubs (PSNI) where in place – this goes back to enhancing relevance for communities if localised data is also used where/when it is available.</p> <p>Drugs: No. or percentage of drug seizures by PSNI No. or percentage of customs seizures in relation to prescription meds etc.</p>
Question 6a	<p>Will these actions achieve this outcome of legislation and the justice system preventing and reducing harm?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>

	<p>All of the actions listed need timescales assigned to them within the final document.</p> <p>B1 – Suggest as well as scaling up across NI they will also need to be scaled up within the pilot sites such as Belfast as well as demand far outweighed capacity to respond during the pilot phase.</p> <p>B2 – What is the timescale for the development of the Transitions Service? Will data from this service be able to inform indicators suggested above and also to form part of wider picture – this goes back to the NIAO report in terms of better recording and reporting of outcomes focussed data?</p> <p>B4 – Could this timescale be clearer i.e. within a year of publication of the strategy?</p> <p>Given the renewed focus within this strategy on harm reduction and that there are currently only two actions noted under drugs within this section would it be possible to include two further actions, namely;</p> <p>B9: The Department of Health will work with the NI Executive and the UK Government to explore whether further harm reduction models and service types could be introduced in NI (even on a pilot basis) for example safe/medical supervised injecting facilities. Reference could also be made to how this type of action is being progressed in RoI.</p> <p>Furthermore, the Futuresearch on Drugs and Alcohol back in 2013 made reference to exploring the benefits of decriminalisation (e.g. Portugal - decriminalisation of personal possession) - could there be an action in terms of further exploring this as no action has been taken to date.</p>
Question 6b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 6c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Outcome C – Reduction in the Harm caused by Substance Use (Chapter 8)

Question 7a	<p>Do you agree these indicators help to demonstrate progress against this outcome of reducing harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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	<p>If No, please provide further information.</p>
<p>Question 7b</p>	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>General: Nos. of people accessing treatment services (NI Sub Mis Database & annual Census) Nos. of people successfully completing/having positive outcomes via treatment services (NIAO report recommendation) Given links with MH – Nos./Rates of suicides where substances are also noted as being present</p> <p>Alcohol: No./% of young people drinking/drinking excessively</p> <p>Drugs: General drug usage stats (not just focussed on injecting drugs)/Polydrug use stats</p>
<p>Question 8a</p>	<p>Will these actions achieve this outcome of reducing harm?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>8.17 – the report referenced (The effectiveness of interventions related to the use ... Review of reviews, Health Research Board, Ireland) makes specific reference to a combination of low and moderate quality evidence indicating that drug consumption rooms appear likely to be acceptable to people who inject drugs and that they may be associated with reduced sharing and reuse of syringes etc. and not associated with increases in injecting drug use. This lends weight to earlier request for the strategy to make a commitment to exploring other evidence based HR models/interventions (response noted under 6A).</p> <p>All of the actions listed need timescales assigned to them within the final document.</p> <p>C2 – ‘joined up and intensive outreach service’ – this is most welcome however such a service needs to be localised and led equally by all partners. In Belfast, in response to issued raised by the Belfast Drugs and Alcohol Coordination Team within community planning we are proposing exploring and potentially adaption the Complex Lives approach developed by Doncaster Council and would be keen that this informs the development of such as service particularly in Belfast.</p>

	<p>C3 – Given that ‘Supporting People with Co-Occurring Substance Use and Mental Health’ is a priority within the strategy it is somewhat concerning that this is the only mental health related action noted thus far. We would argue that the action needs to go beyond training and also that the training should not just be focussed on suicide prevention but all tiers of mental health. Suggested additional actions: Review of, leading to improved, pathways between Mental Health & Substance Misuse services – at both Tier 2 (between C&V sector services) and Tier 3 (between statutory services). Key substance misuse services should have Mental Health practitioner posts embedded within them such as Daisy/Start 360 were able to do within the PHA-funded youth substance misuse service for a time bound period thanks to Lottery funding. And/or key services (adult and youth) should have access to consultation time with statutory MH professionals re clients of concern.</p> <p>C6 – Suggest this should also have a local element or local linkages - seems remiss when have a localised approach for suicide deaths and yet no. of alcohol and drug related deaths are much higher and only a regional approach is being proposed.</p> <p>C8 – Would add in ensuring equity of provision and access based on nos. attending. NB Belfast has recently lost two of its largest and longest standing community pharmacy NSES providers and yet has the largest nos. across the region availing of this service. There also needs to be a focus on, and perhaps targets included, in terms of increasing return rates - is there a similar WHO or UK target for return rates that we should be aiming for?</p>
Question 8b	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 8c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Outcome D – People access High Quality Treatment and Support Services to Reduce Harm and Empower Recovery (Chapter 9)

Question 9a	<p>Do you agree these indicators help to demonstrate progress against this outcome of accessing treatment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 9b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>General: Nos. re-entering treatment services within a given period</p> <p>NB ‘measures to be developed for statutory services’ – this is critical (NIAO report) – what is the timeframe for this – who/how will it be taken forward? NB ‘service user feedback on treatment (to be developed)’ – again what is the timeframe for this – who/how will it be taken forward?</p>
Question 10a	<p>Will these actions achieve this outcome of accessing treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>9.5 Would also include combined mental health and substance misuse issues. 9.6 Worth also noting the stigma in terms of public acceptability and greater tolerance of certain substances and/or certain types of services over others and the challenges that this presents in terms of equity of provision and access (Belfast NSES closures - case in point). 9.7 As well as childcare issues would also include fear of social services involvement. 9.8 We would argue the need for integrated services across the board it is not just young people who live/lead complex lives – e.g. previous reference to Doncaster Council’s complex lives approach for adults which we are keen to explore in Belfast. 9.10 As noted in response to C3 this is really important however each strategy needs to include clear and specific actions to address this issue. 9.11 As noted in 9.8 this point again makes the case for integrated service provision for those with complex lives.</p>

	<p>9.14 It is also important to ensure that services have appropriate levels of/nos. of skilled staff in post – this has particularly been a recurring issue in the past within statutory services. There is also a need for more workers skilled in both Mental Health and Substance Misuse interventions e.g. CBT specialists, Dual Diagnosis workers - have we enough?</p> <p>All of the actions listed need timescales assigned to them within the final document.</p> <p>D1 – The COVID-19 Addiction Services Rebuilding Plan – this is the first time that this has been referenced within the document – who is leading on this and what is the timeframe for its development/implementation?</p> <p>D3 – needs to include reference to provision of mental health training (and as noted previously wider scope than just suicide prevention training).</p> <p>D4 – If the revised PHA/HSCB Alcohol and Drug Commissioning Framework is to be ‘in line with the strategy’ surely it has to come after the strategy has been consulted on and finalised and yet PHA has already commenced consulting on this framework and proposed changes?</p> <p>D5 – Given the need for closer linkages and the fact that a Tier 3 review was already completed a number of years ago - would it not be better to complete a joint review of Tier 2 and 3 services - has the need for this been covered somewhat under the NIAO report? What is the anticipated timeframe for this?</p> <p>D6 – Suggest this action should also state that the DAMHS/CAMHS service should also have a formalised relationship and pathway with the PHA/HSCB commissioned youth substance misuse service.</p> <p>D7 – Again would argue that this needs to be carried out urgently (timeframe?) and would also express concern that quite a number of reviews have been noted as actions within the strategy as a whole and particularly within this section.</p> <p>D10 – Consideration should also be given to support outside of treatment services e.g. peer support models – particularly given the low nos. having engaged through formalised treatment services to date.</p> <p>D12 – the three week waiting time is welcome but seem ambitious given the experience in Belfast to-date – what is the anticipated timeframe for this target to be a reality?</p>
<p>Question 10b</p>	<p>Will they make positive impacts on the indicators?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
<p>Question 10c</p>	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Outcome E – People are Empowered and Supported on their Recovery Journey (Chapter 10)

Question 11a	<p>Do you agree these indicators help to demonstrate progress against this outcome of empowering people?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>
Question 11b	<p>Are you aware of any other indicators that would demonstrate such progress?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further information.</p> <p>General: Percentage increase in no. of services who offer dedicated and sustained recovery support/programmes during the life of the strategy (baseline needed).</p>
Question 12a	<p>Will these actions achieve this outcome of empowering people?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>All of the actions listed need timescales assigned to them within the final document.</p> <p>E1 – This action needs to be clearer - what will the outcome be - a plan, a framework, a charter?</p> <p>E4 – Again clarity needed – does this mean integrated with Suicide Bereavement services or delivered by partners such as CRUSE etc.?</p> <p>E6 – Could this action be more specific - e.g. could reference be made to the Interdepartmental Homeless Action Plan which is currently a rolling plan in place until 2022 - next iteration of this building on learning to date? The plan is referenced on p34 but not much detail given.</p>
Question 12b	<p>Will they make positive impacts on the indicators?</p> <p>X Yes <input type="checkbox"/> No</p>

	If No, please provide further information.
Question 12c	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Outcome F – Information, Evaluation and Research better supports Strategy Development, Implementation and Quality Improvement (Chapter 11)

Question 13a	<p>Will these actions achieve this outcome of better information, evaluation and research?</p> <p>X Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>All of the actions listed need timescales assigned to them within the final document.</p> <p>F1 – How often will the update reports be published and will there be a local (Trust/LGD) element as well as a regional overview given in terms of progress presented and outcomes achieved?</p> <p>F3 – As noted previously – what is/will be the timeframe for the development of the T3/T4 outcomes framework?</p> <p>F4 – Will there be linkages between this Research Oversight Group and DACTs/Community Planning structures to ensure that local needs in relation to research are also considered?</p>
Question 13b	<p>Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?</p> <p>No comment.</p>

Making it Happen – Governance and Structures (Chapter 12)

Question 14	<p>Do you agree with the proposal to review the role, function and membership of DACTs, and consider linkages with other local delivery structures?</p> <p>X Yes</p>
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	<p><input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>12.6 Use of language – DACTs and DACT Connections services are still/remain the current delivery structures – ‘previously these had been delivered by.’</p> <p>It is also unclear as to why PCSPs have been specifically mentioned as these are not new and were in fact operational during the previous strategy's timeframe and have a specific focus and remit flowing from Dept of Justice (arguably DACTs should remain, and remain under DoH to maintain the health prevention and harm reduction focus).</p> <p>We would agree on the need to build linkages via community planning (CP) and arguably have already commenced this within Belfast context (as noted previously we are working closely with BDACT on looking at drug and alcohol issues and how they are impacting locally as well as potential solutions) however neither the PCSP nor the CP structures in Belfast could absorb the breadth of work currently associated with/taken forward by BDACT.</p> <p>All structures should be periodically reviewed in terms of role, function, membership, etc. However, the issue appears more related to authority and accountability for the DACTs (as for many partnerships operating in Belfast and beyond).</p> <p>There is no point in having DACTs if the issues they raise, and actions they identify, aren't accepted and acted upon at a higher level within the organisations represented or structures that they are linked to.</p> <p>Furthermore, those responsible for commissioning and service planning need to work more collaboratively to avoid duplication and to maximise impact particularly when addressing the more complex 'wicked' issues such as substance misuse and mental health.</p>
<p>Question 15</p>	<p>Do you agree with the proposed governance structures?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p> <p>As noted in question 14 we feel it would be useful to more clearly outline how the regional structure – and particularly DACTs as the local delivery mechanism – relate locally at HSCT/LGD/Community Planning level structurally.</p>
<p>Question 16</p>	<p>Do you agree with the Timeframe proposed?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide further information.</p>

	<p>As noted previously, perhaps more important than an overall timeframe for the strategy itself is that all of the actions identified within it are assigned (even notional) timeframes. Five years with the option to review and either extend or develop a new approach seems reasonable.</p>
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FINAL COMMENTS	
Question 17	<p>Have you any other comments you wish to make at this stage?</p> <p>Belfast City Council welcomes the opportunity to consider the draft strategy 'Making Life Better – Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use.'</p> <p>Councillors continue to raise concerns about the impact of alcohol and drugs on individuals, families and communities in Belfast on an ongoing basis.</p> <p>It remains our position that there is a need for more effective coordination and collaboration at both service planning and service delivery levels and therefore that both the new strategy, and structures associated with it, need to integrate and align with community planning structures to ensure both regional and local impact can be maximised. Clear governance at both a regional and local level will facilitate flexible inter-agency action across organisations and also ensure collective accountability.</p> <p>Given the prominence of related outcomes in the Belfast Agenda, Belfast City Council would like to emphasise that it wants to be an active participant and co-producer of any strategies and action plans seeking to address these issues in Belfast for the benefit of its citizens.</p>

THIS IS THE END OF THE QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire.

Please submit your completed response via e-mail to:

HDPB@health-ni.gov.uk