

Action Plan 2021/22 – 2024/25

'Addressing Drugs and Alcohol Together'



Strategic background

Southern DACT was re-started in 2019. DACT Terms of Reference, and the relationship between each DACT and its Connections service are outlined here: <u>https://drugsandalcoholni.info/creative3media/uploads/2021/12/DACT-TORs-Role-of-DACT-and-Connections.pdf</u>.

In September 2021, the new substance use strategy Preventing Harm, Empowering Recovery was launched, recognising that local assessment of need, and the development and delivery of services, programmes and initiatives to meet those needs, is paramount to address these issues effectively.

It is therefore vital that local structures are in place that support these functions.

Previously these had been delivered through the local Drug and Alcohol Co-ordination teams (DACTs), supported by the PHA and the DACTs Connections Service.

However, the local delivery landscape has changed dramatically in recent years.

Policing and Community Safety Partnerships (PCSPs) are now well established and Community Planning structures at local government level also now exist.

We believe there is still a need for local partnerships focused specifically on the harm related to the use of alcohol and other drugs, however, it would now be appropriate for the PHA to review the role, function and membership of Drug & Alcohol Co-ordination Teams, supported by DoH and other partners, to ensure they are effective and strategically placed to inform, support and monitor the delivery of Preventing Harm, Empowering Recovery. This review will include an assessment of the linkages and overlaps with other local delivery structures. DACTs will remain until the review is done.

Further mention of DACTs is made in terms of Service User Involvement and Community & Voluntary sector involvement as key values. *It is essential that their voices are heard throughout the strategy's governance structures with membership at the programme board, the subcommittees, and DACTs.*

Scope and duration

SDACT members connect to many other partnerships that plan and deliver for the same public. This action plan focuses on *those actions that SDACT members can achieve through SDACT itself, and which could not be achieved at all, or as well, in the absence of SDACT* as a purposeful partnership addressing D&A issues and opportunities local to the Southern area.

This action plan is for the period 2021/22 – 2024/25. However, it will have ongoing/annual review during that period with new actions added as appropriate. We expect there to be emerging issues and strategic asks of DACTs coming from the implementation of the Strategy.

Where an action has originally been identified by SDACT, and subsequently taken on by the Strategy or within its outcome groups, this is noted below so it remains 'live' on SDACT agenda.

Relationship with mental health

The current strategy highlights the need for an increased focus on co-occurring mental health and substance use issues and to this end, the SDACT has secured members from the mental health agenda, bridging the SDACT to the Southern Protect Life Implementation Group.

Geography of SDACT

SDACT's geography includes several cities/towns/areas – Armagh, Banbridge, Craigavon, Dungannon, Newry & Mourne one Trust – Southern Health and Social Care Trust, one council in full (ABC) and two part councils (NMD & MUDC), with their corresponding co-terminous PSNI districts.

SDACT objectives – we will:

1. influence others' and our own organisations' **policy and strategy, and agendas of relevance** for people at risk of harm from alcohol and/or drugs.

2. **influence Research** of relevance for people at risk of harm from alcohol and/or drugs.

3. improve transition between services.

4. share and develop our intelligence, knowledge and practice.

5. **ensure connection** between SDACT and other relevant agendas.

6. **ensure connection** between referrers, communities signposting agencies and services.

7. make 'seeking support' simple. We will promote relevant services and how to access them.

8. **develop care and concern among our communities** regarding mental ill-health, substance use and associated harm.

9. **develop safer communities** in Southern area regarding substance use.

10. **raise awareness** of low risk drinking, medicines management and disposal, hidden harm, polydrug use.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
At Strategy level: Influer	ncing and alignin	ng policy to addre	ss health inequalities	
Obj 1. We will influ			ions' policy and strategy, and agendas on narm from alcohol and/or drugs.	of relevance
 i. Identify relevant opportunities, consultations, pre-consultations etc. Submit SDACT collective response where appropriate. Encourage individual responses where appropriate. 	All members, through the Chair.	Routinely at and between SDACT meetings.	 Collective responses made by SDACT: PHA pre-consultation 2020 DH SUS. SDACT members have been encouraged to submit own responses to: PL2 Draft Homelessness Strategy Nov 2021 Suggestions for use of SPLIG funding (Oct 21). Public Consultation on Sucide Bearevement Services (Jan-Apr 23) SUS Commissioning & Implementation Plan (Sept 23) 	Successfully influenced PHA to delay the procurement of D&A services to align with publication of the SUS. Successfully influenced the allocation of 21/22 SPLIG monies to include the provision of training to D&A service providers.
ii. Conduit to and from SDACT to the Substance Use Strategy working groups.	Nominated members of SUS working groups who are also SDACT members.	Updates every 6 weeks as required and necessary - led by SUS Programme Board.	Nominations were made to SUS Outcome Groups as noted. The SUS action planning phase has now been completed <u>SUS Commissioning & Implementation</u> <u>Plan Public Consultation</u> 1Sept–24 Nov	Outcome Group members: A – Prev & Early Intervention – D.Sinclair (as PHA rep) C (a) CYP – S.Hanlon (PHA rep) C (b) Co-occurring MH Substance Use – L.Scholes C (d) Advice & Support – C.Fitzsimons (DACT) D - Supported & Empowered Recovery – E.Dinsmore (DACT) E – L.Scholes (DACT), D.Sinclair & S.Hanlon (as PHA reps)

Obj 2. We will influ	Obj 2. We will influence Research of relevance for people at risk of harm from alcohol and/or drugs.				
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES	
i. Identify unmet research needs, gaps in evidence, research opportunities etc.	All members, through the Chair.	Routinely at and between SDACT meetings.	 Achievements so far have been mainly in developing processes to support this: Standing agenda item set and implemented. Deirdre McParland identified as champion and conduit to academic colleagues. Step 2 Adult and Youth Treatment Services have been invited to contribute to a family support needs assessment led by PHA and external consultations – Feb 2023 Research exercise is now complete and 	A potential research opportunity has been identifed and notified to PHA Health Intelligence (Low Threshold / Counselling) however it is not viable at present.	
			report is expected.		
ii. Encourage membership of <u>NI Public</u> <u>Health Research</u> <u>Network</u> among SDACT members.	PHA	Once a year	Weblink circulated to encourage sign up in September 2022.	SDACT members who have signed up at November 2022: Danny Sinclair, PHA Stephanie Hanlon, PHA	

 At System level: Enhancing multi-disciplinary working Strengthening collaboration and integration within the health and social care system Obj 3. We will improve transition between services. 				
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i. Document 'Southern' adult stepped care pathway / referral pathways.	Adult Step 2 / 3 service providers	22/23	Stepping up and stepping down is carried out already as part of recent practice (established 2021). Leads identified: CAT SHSCT/Step 2 Partnership.	Step 2 presented to SDACT members.
ii. Agree and document 'Southern' youth stepped care pathway / referral pathways.	SHSCT and Youth Step 2 / 3 service providers	After 3 (i) is complete	Stepping up and stepping down is carried out already as part of recent practice.	Youth Step 2 presented to SDACT members.
Nb. SUS Outcome C (c) will address this action. iii. Identify and agree the assessment and support needs of clients entering or exiting custody/prison – re prescription medication / substitute prescribing. Scope any potential to improve current practice.	SUS Outcomes Group C (c) (Local involvement: SHSCT PBNI PSNI)	2022 onwards	Issue identified so far: Justice / health link Gap in provision of OST on exit (BHSCT has a prisons link for OST) Last minute / continuity issue re knowledge of exit Cases where released at Court vs sentenced – can pre-empt needs SUs missing OST referral appt because of justice commitments Choosing to fail drugs test to get OST	

iv. Increase understanding of substitute prescribing among SDACT SUS Outcomes Group C (d) 22/23 Presentation to SDACT - Sept 2022. Feedback from presentation was consolidated and submitted to CAT team for SUS contributions from SDACT. See consultation document for regional collaborative output. vi. Identify the main barriers preventing smooth transition / parallel service delivery between D&A and MH services. SUS Outcomes Group C (a) & C (b) 2022 onwards Issues for consideration identified during SDACT action plan workshop: Identify transitional barriers. Develop referral pathways in / out including to/from Adult or MH services vii. Scope potential solutions. Nb. The SUS Outcomes C (a) and (b) ink to this action. All SDACT SU input Develop post service signposting. Outcomes S (i) and 3 (ii) will help SDACT outcomes groups. RSUN to lead SU input RSUN to advise SUS (regional) planning team are developing a regional) charter' of rights and responsibilities within substance use services. SDACT will be consented by input viii. Develop and agree (goodwill) standards among service providers to encurage joined up continuity of support for service user. RSUN to lead SU input RSUN to advise ASU no advise RSUN to advise ASU input Focus areas (from SDACT planning workshop): - Transition of clients - warm handover - Service user choice and consent - Data protection, GDPR - Assmt/Reassessment, Exit/Follow Up support - Assmt/Reassessment, Exit/Follow Up support	iv Increase	CLIC Outcomes	20/22	Dresentation to SDACT Sent 2022	See concultation
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	service users.			As 3 (viii) – Await SUS planning team update	

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
. Ensure Service User representation and participation in SDACT developments.	Chair/ Coordinator. Leads within any working groups. RSUN.		Opportunities for SU input have been identified in the following actions: 3 v.Regional SUS Service User/Family Engagement events – Feb & March 2023 led by HSCNI (SUS). RSUN service user workshops (Aug23)Jessica Murray, PHA will provide update to SDACT (Sept 23?)	
ii. Consolidate use of Local D&A Incident Protocol (LDAIP) and DAMIS by SDACT members.	All members.	TBC	Achievements so far have been mainly in developing processes to support this in principle: Presentation to SDACT members, identification of overlap between LDAIP and DAMIS, identification of improvement/alignment opportunity. Raised with PHA SUS lead for it to be included in review of DACTs.	

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
iii. Identify emerging substance use issues	All members through	Ongoing	Achievements so far have been mainly in developing processes to support this:	
and concerns, identify most appropriate action (escalate/ address locally as SDACT/address locally	DAMIS LDAIP/LISG Service Provider Network.		Connections identifies issues and concerns emerging at the Service Provider Network, and shares them with SDACT Chair and Coordinator.	
as individual member) etc.	LISG Chair.		Standing agenda item at SDACT meetings includes updates from members inc:	
	Connections team.		 Service providers via SPN Regional updates PHA/DH PSNI locality intelligence 	
			 PCSP NIHE (aspiration) 	
iv.Develop and pilot a web-based system to improve sharing of local intelligence.	PHA initially.		SDACT members have been introduced to the LDAIP (20/21) and are reminded at SDACT meetings of DAMIS and its annual report. PHA has developed prototype web- based system. Raised with PHA SUS lead for this to be inc. in DACTs review.	
v.Share relevant training and development opportunities among members.	All members through the coordinator.	Ongoing	 PLIG funded TI reflective practice sessions for SDACT completed - Extern & Dunlewey Responders training Mar 2022. Motivational Interview training circulated August 2022 	

vi. Improve reporting of RAPID (drug bins) data to SDACT.	PHA Connections	2022	 MHFA, Safe Talk, Assist training circulated November 22. SPLIG/SDACT reflective practice sessions for service providers - TBC. Trauma Informed Assessments Training via ASCERT Responders Training 2023? Connections have all RAPID collection data input to the database, including backdated data from before the system was built. Database design has been improved, simplifying its use. 22/23 RAPID report being drafted-PHA. 	
vii. Establish and review the learning of the Step 2 partnership, including access to interpreting support. Share the model with PHA leads as part of the evidence review.	PHA Step 2 Partnership SHSCT	(In time for any review of Step 2 adult services by PHA)	Southern Area Step 2 providers to meet in March 2023 to reflect on the model and learning – Date TBC. Western colleagues are interested in this too.	

ACTION	Obj 5. We will e	nsure connect	ion between SDACT and other relevant agen PROCESS ACHIEVEMENTS	das. OUTPUTS / OUTCOMES
i. Identify where the Connections service can enhance and/or exploit other agendas to reduce harm from substance use.	All members, raising through Connections	Ongoing	 The following stakeholders have been identified: Community Planning Age Friendly officers in Councils Council Community Development and Health Inequalities workers. Council Inequalities teams have contract objectives to connect them with D&A Connections, eg support campaigns like NIAAW. Support Hubs NMD D & A Locality Planning Group > South Armagh Southern Traveller Action Support Group 	D&A messaging to local older people via Age Friendly (Oct 2021)

Obj	Obj 6. We will ensure connection between referrers, signposting agencies and services. We will steer Connections' outreach into communities and settings.					
ACTION i.Identify and connect with those who can promote use of services, sharing of intelligence, and who can influence our work, particularly for marginalised groups.	We will st	WHEN Ongoing	PROCESS ACHIEVEMENTS The following stakeholders have been identified: - Ethnic minority & traveller forums – local and regional - SPLIG / MH network/s - Well Hubs/Steps to Wellness Service - Council Community Development and Health Inequalities workers - Primary Care - SHSCT Home Companions - CYPSP & Family Support hubs - Text A Nurse School Service - Southern Traveller Action Support Group - Southern Health Inclusion Service	 OUTPUTS / OUTCOMES Accessibility of D&A services discussed at regional Ethnic Minorities forum. Promotion of Step 2 to Primary Care during 2021. Feedback from provider that GP referrals came. PHA messaging mailout promoting D&A services – June 2022. Responders training encouraged among Home Companions. D & A service info circulated to all stakeholders – Oct 22 Presentation to Southern Traveller Action Support Group – Dec 2022 Presentation with Regional Travellers Forum – May 23 Liaison with Newry GP Federation reps July 23 		
				 Presentation to SHSCT Family Services (Social Work) planned Sept 23 		

				 Presentation to Integrated Care System, Area Integrated Partnership Board Sept 23
ii.Identify any unmet need/s or new opportunity/ies to be prioritised by the Connections team.	All of SDACT	Ongoing	PHA have liaised with their Inequalities lead to identify deprived areas within SHSCT according to NISRA.	Connections have supported community level response in Lurgan – inc. RAPID and Responders.

Obj 7. We will make 'seeking support' simple. We will promote relevant services and how to access them.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
<u>Communication –</u> <u>service improvements</u>				
i.Develop a single point of contact for people considering change in use of drugs/ alcohol.	Step 2 service PHA Connections		Have identified Step 2 partnership as a suitable telephone contact point (which can step down or up as appropriate).	Single point of plain information for services – www.drugsandalcoholni.info
ii.Promote the single point of contact.	Connections		Have promoted on social media as part of regional work.	5500 people reached across NI as at Sept 23.
iii.Promote the availability of help among local ethnic minorities	PHA Connections		Have linked to local Ethnic Minority lead in PHA to consider promotion methods.	Have secured use of HSC Interpreting to support Step 2 service.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
 iv.Promote a Southern overview of services, inc. step of care referral highlights contact information 			Suggested items to consider: <u>D&A directory - South</u> SE Roadmap to services (design) Content within <u>Down leaflet</u> Extern brochure – online Southern Area Family Support <u>database</u> Collaborate with SPLIG?	
v.Liaise with potential referrers & sign posters, CYP, rural communities' vulnerable groups, key workplace settings.	Connections Step 2 Partnership	Ongoing	-SPN Networking event – Sept 2022 -Community HWB event – Connections & PCSP - October 2022 -Access to Service - Step 2 Referral Pathways via Step 2 Partnership	
vi.Strengthen the connection between SDACT and Southern Area Support Hub	Southern Area PSNI / Council Support Hubs Connections		Strengthen referral arrangements from support hubs out to D&A services. ABC, Mid Ulster and NMDDC Support Hubs have indicated open door for this. Completed by Connections Service.	
vii.Share (regionally) Youth Treatment service practice of achieving and maintaining engagement among service users SUS Outcomes Group C (a) will likely drive a review of existing services.	PHA Dunlewey		Anecdotally, the Youth Treatment Step 2 service in South (DA-FACTs / Dunlewey) has been highlighted as having good engagement levels.	

Communication					
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES	
viii. Strengthen communication	Connections	Ongoing	Use SPN & Connections newsletter		
opportunities to receive and disseminate	PHA	Ongoing	Circulate updates to SDACT members		
information across SDACT members and the SPN	PHA	Autumn 2022	Circulate PHA messaging service sign up arrangements		
	PHA	Autumn 2022	CYPSP FS newsletter & Southern LPG Area Newsletter – circulate example edition, how to sign up/add service info		

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
ix. Strength the partnerships and referral processes between services and address gaps in connections with cross cutting partnerships and service areas	Chair / PHA SDACT members		 Partnership updates are a standing agenda item at each SDACT meeting for cross cutting themes, emerging issues and service updates Michael Heaney YJA bridges between SDACT and CYPSP Southern Area Outcomes Group Deirdre McParland and Gemma Managh bridge between SDACT and Southern Area Protect Life Implementation Group (SPLIG) 	

		Aine Campbell bridges between SDACT and local Support Hubs	
		 Need to consider: Transitions lead SHSCT NIHE Southern Integrated Care / AIPB Council/SHSCT Comm Dev teams Regional TIP Committee (SBNI) Southern Area Trauma Network Southern Area Think Family Team 	
x.Continue to identify emerging needs and gaps in services.	SPN / Connections	SPN to invite PCSP, SHSCT Community Development Team and Council Community Development Team to discuss current cross cutting	
Work with service providers to meet the needs. Facilitate the ongoing flow of information to SPN in relation to new and continuing programmes.	All of SDACT	opportunities, programmes and groups in the community. Consider SPLIG presentations on YP friendship café, wellbeing café, loneliness, family supports.	
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ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
xi. Develop a consistent ACE awareness and trauma sensitive approach to practice across SDACT services. Action E5 SUS = The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use	All SDACT members	TBC	 Service staff needs identified so far: Ease of access to resources and tools for working with clients faced with many adversities affecting their treatment/support Ensure support for the root cause of harmful substance use Support staff Suggested steps: Understand strategic context–Reflect on Trauma Informed Practice Webinar (20 Feb) and SDACT discussion Identify SDACT member knowledge of ACES/TIP and future needs? SBNI/QUB are leading on TIP organisation review research (Aug 23) – circulated to SDACT in Aug 23 to consider a response What do agencies require? Training Research Resources Access to learning platform Strategic implementation support 	Await approval of SUS strategy implementation plan and strategic direction re role of DACTs in implementing the TIP priority

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
xii.Engage and involve SDACT members in Connections campaigns (NIAAW, RAPID, Dry January, Feel Good February)	Connections		 Medicine Management /RAPID bin promotion and maintenance – complete Sept 22. Dry January/Feel Good February 2023 – complete NIAWW – June 2023 – SDACT members supported the campaign delivery locally – complete 	

Obj 8. We will develop care and concern among our communities regarding mental ill-health, substance use and associated harm.				
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i.Support regionally- agreed Hidden Harm awareness and early intervention steps, when available.	SUS Outcomes Group A & C (a)	2022 onwards	Await approval of SUS strategy implementation plan and strategic direction re role of DACTs within the regional hidden harm working group and subsequent regional action plan	
i.Implement agreed responses to Local D&A Incident Protocol issues			SDACT has influenced the PHA/ Connections regional response to: Alprazolam, MSJs, Nitrous Oxide / canisters, Syrup, Alcoholic caffeinated drinks	

Action E5 SUS = The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use

Obj 9. We will develop safer communities in Southern area regarding substance use.					
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES	
i.Maintain and develop the RAPID drugs bins initiative.	Connections PCSP	Ongoing	There are 28 ? bins in place across Southern area.		
ii.Implement agreed responses to Local D&A Incident Protocol issues	All of SDACT	Ongoing	LDAIP presentation to SDACT members 2021. Involvement of SDACT members in Lurgan response 2023.		

At Individual level, raising awareness of services and support available, delivering evidence based services and improving health literacy to reduce inequalities

Obj 10. We will **raise awareness** of low risk drinking, medicines management and disposal, hidden harm, polydrug use

As above – SDACT Connections will engage and involve SDACT members in campaigns (NIAAW, RAPID, Dry January, Feel Good February).