Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16

Consultation Questionnaire.

This questionnaire has been designed to help stakeholders respond to the above framework.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

Please respond to the consultation document by post or e-mail to

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YOUR RESPONSE MUST BE RECEIVED BY 11th April

(*Please the relevant tick boxes*)
I am responding: as an individual ☐

on behalf of an organisation ☑

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CONSULTATION QUESTIONS

1. Do you agree with the approach being proposed by the PHA/HSCB in the development of a Drug and Alcohol Commissioning Framework for Northern Ireland as outlined in section 3 of this document?

Yes/No

Comments;

SECTION ONE: CHILDREN, YOUNG PEOPLE AND FAMILIES

Drugs and Alcohol

7.1 Education and Prevention

2. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: The importance of ensuring educational work with children at school age should be a priority to encourage moderated and realistic approaches towards drug and alcohol use. The need for direct education through schools and youth organisations should be key. The need for peer educational packages would be an area that could be expanded upon. Co-ordination with DE/DEL is important with an integrated approach to the delivery of education. Utilising the voluntary sector which undertakes major work with young people is also another key area that should be invested in. Working at the 'coal face' in both diversionary and educational programmes should be supported along with a training programme accessible by voluntary sector staff so as to allow appropriate knowledge to be passed on to the young people.
The key to the success of educational work will lie in the effective engagement of local communities in providing a pragmatic localised approach to providing appropriate educational advice and guidance to those using substances. A sensible approach to the use of alcohol among young people needs to be realistic and aimed effectively at the target market with an understanding that abstinence from alcohol is unlikely among that age group

3. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: It is important that for younger children the messages around drug and alcohol use are carefully tailored to meet their age and understanding. Taking into account cultural differences will be an important factor in devising and introducing educational programmes / material.
The key approach is to work closely with parents around education in this area – work undertaken with parents will be key to the consistent messages their children receive.

4. Do you agree with the outcomes listed in this section

Yes

Comments: An understanding of the effects of alcohol and drugs in both the short and long term, are key aspects of the outcomes expected. To reduce the use of alcohol and drugs and the associated behaviours, education is only one part of this – to effectively tackle problematic drinking and drug use agencies must work closely with local communities, voluntary sector organisations and schools to ensure a consistent message and approach. It is also important that other diversionary options are available for young people to reinforce that alternatives to alcohol are available. This will involve cross departmental and agency approaches.

7.9 Early Intervention and Treatment

<u>Early intervention</u>

5. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments

6. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

7. Do you agree with the outcomes listed in this section?

Yes/No

Comments:_____

Young people's treatment services including CAMHS

8. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments

9. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

10. Do you agree with the outcomes listed in this section?

Yes/No

Comments

7.21 Hidden Harm

Early Intervention

11. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments

12. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

13. Do you agree with the outcomes listed in this section?

Yes/No

Comments

Treatment and Support

14. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments:_____

15. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

16. Do you agree with the outcomes listed in this section?

Yes/No

Comments:_____

SECTION TWO: ADULTS AND THE GENERAL PUBLIC

8.1 Education and Prevention

17. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: Providing clear and concise information to the public is a key strategy for disseminating relevant and accessible information. Such information should be clear and easy to undertstand.
Support for new policy measure is good however, for some sections of the community – chronic homeless alcohol and drug users there should be an understanding that the price and availability of alcohol and drugs will do little to reduce consumption and may lead to the prioritisation of accessing funds to facilitate the substance use i.e, acquisitional crime or over use of benefits/ wages with the prioritisation of this over other expenses e.g. rent, food, clothing etc. The use of web based information will be a positive step for many if it is well publicised and accessible – the 'Talk to Frank' initiative was a very good system used by many of this organisations staff and service users – it provided straightforward information in a friendly and accessible way and was supported by an effective publicity campaign. The key facets of the local priorities are good with the emphasis on using/enabling communities and localised groups to be at the forefront of services. The use of tier 1 services is also a good objective as it allows for basic information and knowledge to be disseminated to a wider section of the community. Many people will benefit from this type of approach instead of accessing specialised services straight away, which for the homeless and those chronic drug and alcohol users remains problematic.

18. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: The need to develop localised strategies is key to the success of any initiative to reduce alcohol and drug related harm. Using local communities and voluntary sector organisations should be a major facet of the development and roll out of any strategy as they have the expertise developed through on the ground work.
The use of the media should be developed in using a moderated approach which should incorporate "good news" stories relating to initiatives, successes or new projects. The move from purely shock stories and focus on the negatives should be balanced with a positive spin by media on what is happening on the ground and what can be achieved through policy and service delivery working together.
Continued support around policing should continue with a focus on partnership schemes which are having success in reducing harm. The need to portray legislative issues needs to be carefully co-ordinated as "threatening" media representation is

unlikely to impact on many sections of the community i.e. young adults. The development of community and localised policing will be crucial to this aspect of the service aims. Projects such as Extern's Drug Accommodation Project, where police, statutory and voluntary agencies work effectively together, to implement a unique approach to working with drug users is a very good example of where multiagency co-operation can have positive outcomes for individuals and the wider community. Partnership working with police, drug agencies and communities can be developed, sustained and be effective with a structured and co-ordinated approach in local areas.

19. Do you agree with the outcomes listed in this section?

Yes

Comments: Overall the outcomes are appropriate and achievable. The key to achieving these outcomes will remain with a sensible and measured approach to the promotion of sensible drinking. A multiagency approach to reducing harm and the ability of agencies to think pragmatically in their approach will be vital. Legislative changes alone will not change approaches and may drive drug use underground. The key to achieving these outcomes will be in a partnership approach across communities and statutory agencies.

8.4 Early Intervention Services

20. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: While broadly agreeing with the priorities it appears to be driven by initiatives around primary care with an emphasis on GP services. We believe the groups could be expanded out to include more secondary services such as community based projects, social work and housing based projects. Agencies such as Extern are ideally placed to deliver brief interventions to a wide range of people who may not come into contact with these identified areas. With the pressure that GP's services are already under it would be concerning that there is an expectation that they will be able to have the time or resources to invest in this work. In addition to training for the group, resource packs/information of other support services may be an idea that the GP can refer to for instant access. Work with community and voluntary initiatives could be encouraged with services offering in reach to GP services/ practices – this would free up GP time and allow for instant access to trained advice workers who are able to undertake brief interventions and also access GP services for medication or onward referral. This approach would not only be less resource-intensive but would build multi-agency working and partnership, and could

also reduce emergency presentations and allow for access to longer term support e.g. the alcohol worker would receive a referral from the GP and see the person at that time, they could then ensure follow up community support from other resources to continue the work undertaken. This would complement the transforming your care model of providing services at the right time in the right place in a localised area. Operational experience would suggest that for marginalised groups such as the homeless, access to GP services remains difficult and contact sporadic. As a result it would be beneficial to enhance those services already engaging with heavy alcohol users in the community and who are already engrained in providing early intervention services. For example Extern's Alcohol Housing Support Project is a small team who provide an outreach model approach to engaging those with significant alcohol problems who won't engage with traditional services. The success of Extern's project highlights the need to think about services outside the traditional GP based approach.
Experience shows that many heavy alcohol users do not engage well with GP's and do not take advice from this setting well – an emphasis on more pragmatic and responsive services could prove beneficial in meeting the aims of these priorities.

21. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: Services offering flexible access need to be supported and enhanced as they are currently employing models of proactive practice which will provide early intervention work. Early intervention is key to the prevention of escalating drug use which will only be more costly to society at a later stage.

22. Do you agree with the outcomes listed in this section

Yes/No

Comments:

8.11 Substance Misuse Liaison Services

23. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: The use of liaison services hinges on the ability of these services to provide links to community and voluntary based services that will follow up on the work they have undertaken. Experience has shown that dependant alcohol users may come into contact with alcohol liaison services but the key to ongoing change will be an effective link to services outside the hospital setting. The existing models

need better pathways to external services to reduce the numbers of re-referrals/presenters. Expanding the service is one option but the structure and impact of said services needs re-evaluated as the interface with other agencies remains problematic. Referral on to other agencies needs to be on the basis of utilising services which have an assertive outreach model as historically those presenting will not engage well with traditional addiction appointment-based services.

24. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: The role of liaison services could be enhanced by their ability to access patients and undertake work in a timely fashion – this largely depends on the medical approach to hospital services and discharge policies. With greater scope for direct work and onward referral this Service could be greatly enhanced. Within the homeless sector (or those threatened with homelessness) a significant amount of liaison and work needs undertaken as historically contact with those already known to community services often results in a “window of opportunity” being missed because information sharing is limited. Recognition of the skill set in the Voluntary sector and the ability to respond to need quickly should be recognised by statutory and liaison services if real impact is to be made.
The ability to access inpatient beds for detoxification etc., and co-ordinate discharge with community/voluntary based support services would greatly enhance the impact of outcomes for those accessing hospital or emergency departments. By developing care pathways the management of those presenting with acute substance misuse could be more effective. The key to this will be knowledge of resources, communication and time to make responsive actions – “the right treatment at the right time”.

25. Do you agree with the outcomes listed in this section?

Yes

Comments: The increase in numbers receiving screening and brief interventions will only be effective if follow-up work can be effectively co-ordinated using services who will proactively seek to engage service users in their locality/home. For a large minority of presenter’s traditional appointment based services have not been accessed or resulted in meaningful engagement. To reduce presentations a more structured co-ordinated approach is needed which will utilise existing services, especially those within the low threshold arena.

8.20 Low Threshold Services

26. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments: Regional – the role out of the needle exchange programme should be facilitated in a pragmatic way using existing agencies to facilitate access to such services. Pharmacy based services should be complemented by utilisation of existing low threshold projects e.g. Drug Outreach Team – who can continue vital low threshold work with vulnerable client groups. Within the area of homelessness, existing services should be supported in the way they engage with service users, utilising a harm reduction approach which is effective in offering support to a marginalised group. The access to Naloxone is another important feature and initiatives such as Extern's Drug Accommodation Support Project (DASP) – which interfaces between low threshold work, treatment provider's, police and housing. The success of this type of innovative service should be considered in commissioning new services and expanding existing projects. While the statistics presented of IV users appears to have dropped, within the homeless services this has not been the experience with projects such as Extern's Drug Accommodation Support Project being heavily over subscribed. It may be appropriate to clarify the range of vulnerable groups that will be targeted within this area. IV drug users, chronic alcohol users, homeless, and vulnerable women all need enhanced service provision as these cases tend to constitute a large proportion of work and resources in the existing service provision.

Locally, the success of multi-agency schemes such as Extern's Drug Accommodation Support Project and Extern's Alcohol Housing Project (which is a Project which falls between tier 2 and 3 type service) demonstrate the difference that can be made when housing and treatment services work together. Both Projects show how existing networks and relationships between agencies can be vital for Service Users, providing a holistic approach to the issues and resulting in stabilisation and treatment access for this very challenging client group. A commitment to work closer with NIHE and Supporting People is a very positive move. With the impact of welfare changes those in housing crisis are likely to increase and the prevalence of those with alcohol and drug issues in this section means that expansion of existing projects remains a forward thinking approach to dealing with the issues. Having models, such as those in existence, expanded or rolled out across HSCT areas is a realistic and responsive approach to the complex issues. The success of many of these projects is three-fold: firstly their ability to provide a flexible service, which focuses on responding quickly to need in a pragmatic way, using a skill and knowledge base which is outside of just addressing drug and alcohol information e.g. benefits, housing knowledge etc., allows for a holistic approach to the issues. Secondly, their ability to provide intensive support at crisis point and to undertake therapeutic interventions which are flexible and client

led, and thirdly their ability to work in a multidisciplinary/multiagency way – utilising resources from a variety of agencies to allow for non-substance related issues to be addressed at the same time, which helps stabilise the situation. Extern's Multidisciplinary Homeless Support Team is another example of how Housing Projects can utilise addiction, mental health etc. knowledge and expertise to bring an assertive outreach model of support to the individual. Again this type of Team use a mix of services, on ward referral, direct face to face work and statutory support to develop a care managed approach to client care and support. The success of this type of model is its outreach model and the networks utilised to bring a shared care approach to working with those who are very vulnerable.

27. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: Meeting people's needs and ensuring safety is crucial. Safe practice encourages responsibility and consideration for others. Availability of and adequacy of resources will need to be addressed to enable delivery in terms of needle exchange, Pharmacy buy-in etc Realistic health information and education re safety / harm reduction is important and crucially flexible and accessible Services that operate outside of 9 – 5 are vital are an on-going basis if a more responsive Service is going to deliver and actually make a difference.

28. Do you agree with the outcomes listed in this section?

Yes

Comments:8.27 – Reducing levels of Hep B etc. will depend on the expansion and continuation of existing flexible low threshold services to continue this work. It is vital that existing services are supported in using needle exchange and in cross-sectoral co-operation. The roll out of naloxone is a major step in reducing overdose and this can be complemented by the on-going training of staff in non-addiction services e.g. homeless/housing providers. Projects such as Extern's Drug Accommodation Support Project highlight the success that multiagency partnerships can have in reducing drug related harm and overdose. Taking a wider approach to the issues has resulted in significant stabilisation for service users and increased awareness among those working in other non-addiction services. Key to all these developments is interagency co-operation where voluntary and statutory agencies work closer together to share information and reduce risk. This can be demonstrated by examining projects such as Extern's Drug Accommodation Support Project (interfacing with DOT, CAT's, Substitute prescribing, housing, legal agencies, welfare agencies, etc.) and Extern's Alcohol Housing Project who interface with treatment, voluntary agencies, housing, benefits and legal. Services. The need to roll out stepped care approach is an excellent idea and should place low threshold service providers at the centre of such initiatives. These Extern Projects are successful through their pragmatic and holistic approach to providing the service.

They are client centred and responsive in a timely fashion but key to this is the multiagency approach to the work.
Reducing drug and alcohol use is a key goal of existing Extern Projects such as Homeless Support Team, Drug Accommodation Support Project and Alcohol Housing Support Project and Extern's Ormeau Centre– they have the ability to provide information and harm reduction as well as undertake therapeutic intervention at the service users pace. Location is key to the success and these successful models should be considered as areas of good practice in this section. The fact that these Projects work with mental health, physical health and addiction issues as part of their remit highlights the effectiveness in engaging in an overall approach to those in need. This type of model allows for targeted intervention to reduce harm while using existing networks to provide a total package to assist the service user. Again this depends on the skill base of staff employed in these services and this must be enhanced by continued training.
The realisation that one agency cannot impact alone; the success and progress to date in interagency working can be built upon and developed through the stepped care model. An acknowledgement of the voluntary sector services, capacity and skill mix will be vital to the success of these proposals. By using standardised tools of initial assessment the process of engagement and treatment within this model could be much more effectively integrated. This would also be enhanced by closer statutory and voluntary information sharing and co-operation. Existing examples of this e.g. Extern's Drug Accommodation Support Project and Alcohol Housing Support Project could be examined to look at how they can be enhanced and replicated as practice has proven to be effective and outcomes positive for service users and the community.

8.28 Community Based Treatment and Support

29. Do you agree with the commissioning priorities as laid out in this section?

Comments: Key to these outcomes is the acknowledgement that the statutory sector alone cannot meet the need of service users. Traditionally, marginalised and very vulnerable service users e.g. IV users, chronic alcohol users, vulnerable women with drug issues – do not engage well with traditional statutory services. While the regional commissioning priorities focus heavily in rehousing CAT services, there should be a clear indication of resources targeted to the voluntary community sector as stipulated in 8.28.1

The existing pressures on caseloads with CAT have resulted in difficulty in accessing services and significant drop out rates among referrals. The increase in resourcing these services can only be positive as the use of alcohol and drugs is likely to increase. However, the ability for agencies to access these services in a timely manner needs to be addressed. Interagency co-operation and communication will be the key to making changes in existing difficulties in access, joint working and follow on. For example projects such as Extern's Alcohol Housing Support Project could have better structures in terms of picking up those not engaging in CAT services,

and are in a position to undertake therapeutic and practical assistance on an outreach basis.

Managing withdrawal by assisting GP's seems a very positive idea but again needs to acknowledge the difficulties in engaging service users and a pragmatic approach towards assertive engagement i.e. removing the missed appointments result in closure procedure. It should be acknowledged that these services need to be well promoted as their existence would need to be circulated to the wider environment. Many agencies use GP as the first port of call for services but the access to these needs to be clear and accessible. Currently, GP's are hampered by availability of support outside the primary service provision. For example, Extern's Multi Disciplinary Homeless Support Team utilise GP services but have difficulty in advocating for treatment options due to GP availability at the right time.

The access to naloxone should be expanded to housing providers and other relevant services only when comprehensive training is in place.

30. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes

Comments: The availability of day treatment will be a major step forward as currently withdrawal and detoxification for many is haphazard and undertaken with support from non-medical staff or carers. These services need to be responsive and accessible especially in a short time-frame. Previously accessibility was too hard to co-ordinate, needing extensive assessment and waiting times before they commenced. Again the key to such services is the ability of statutory services to respond to identified need by other agencies engaging with the service user and willingness to co-ordinate a shared approach to post treatment support. Community based withdrawal services need to be able to respond quickly to motivation levels and acknowledge the expertise of other agencies who are working with the service user. Home detox services were not accessible for many service users as the criteria to access was too convoluted and difficult.

8.34The acknowledgement of the role of the Voluntary Sector in service provision is welcome as it provides the opportunity for greater inter-sectorial cooperation. The Voluntary Sector plays a vital role in supporting those who often find themselves marginalised from accessing traditional services and provision. The use of A&E and drop out from appointment based services has resulted in many agencies undertaking assertive outreach projects which engage the service user at their location with a pragmatic approach to the work. These services need to be enhanced and sustained as they play a vital role in preventing the silting up of services. The Voluntary Sector has developed its service provision to a high standard with practitioners using significant skills and expertise. The role out of the stepped care

model needs to incorporate an acknowledgement of the work undertaken within the community and voluntary sector. Key facets of this will include information sharing, confidence in the abilities of sectors to respond, accessibility and response times. The voluntary services traditionally are able to respond to need in a quick time frame which can result in stabilisation and if pathways to longer term treatment were available significant progress could be made in providing a package of community based services. Many agencies such as Extern promote the recovery ethos while there is an acknowledgement that many service users will continue to use substances – they are able to work within the harm reduction ethos as well as working towards recovery. They also have the ability to work with those with mental health issues (e.g. Extern's Alcohol Housing Support Project receives referrals from Knockbracken Healthcare Park) offering an approach to undertake therapeutic work for patients with alcohol issues before they move to community settings and can be picked up by statutory services. There is an understanding of the difficulty in vulnerable and chaotic people accessing treatment and this expertise needs to be acknowledged and supported within the new framework. Individual pieces of good practice can be built upon to develop and sustain effective community interventions/services.

The Voluntary Sector is in an ideal position to continue work around brief interventions as well as longer term motivational or relapse work especially for those who will not access statutory services. The model employed by Extern's Alcohol Housing Support Project shows how a pragmatic skilled approach to therapy can negate wasted referrals to statutory services which will result in non-attendance. The Sector is ideally placed to continue to deliver low intensity interventions and undertake screening and initial assessment. The key to this is accessibility and skill base of those providing services after screening. Agencies should be in a position to undertake work themselves and "hold" cases until the appropriate onward referral can be made. Again the role of multiagency working will be crucial to this work e.g. working with housing providers (NIHE, housing associations). Streamlining assessment tools across both sectors and having a clear pathway to services will enhance the good work already on going within both sectors.

31. Do you agree with the outcomes listed in this section?

Yes

Comments: The outcomes are realistic and appropriate. Within the Voluntary Sector the services are currently working to achieve these outcomes. Enhancement of these services should assist the statutory and voluntary sector in achieving these outcomes. The key to this will be responsive services that are willing to do things differently rather than current approaches. An ability to be more flexible in service delivery and to shift from traditional models which have not proven effective will be important to enable moving community services forward. The strategy should look at existing services and how they have achieved targets within their own areas. These

service models could be adjusted and replicated in order to enhance traditional models. Harm reduction has to be a key to much of the interventions available and such need to be adequately provided for within service development.

8.41 Inpatient and Residential Rehabilitation Provision

32. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments

33. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments---------

34. Do you agree with the outcomes listed in this section?

Yes

Comments: The outcomes are realistic and appropriate. Within the Voluntary Sector the services are currently working to achieve these outcomes. Enhancement of these services should assist the statutory sector in achieving these outcomes.

SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

36. Do you agree with the commissioning priorities as laid out in this section?

Yes

Comments:_____

37. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

38. Do you agree with the outcomes listed in this section

Yes/No

Comments:_____

9.7 Workforce Development

The workforce development commissioning priorities are designed to ensure that those working in the field of alcohol and drugs as commissioned by PHS/HSCB are competent and confident to deliver all aspects of this work commensurate with their role and function.

39. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments:_____

40. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments:_____

41. Do you agree with the outcomes listed in this section

Yes/No

Comments:_____

42. Do you agree with the findings of the Equality, Good Relations and Human Rights Template that accompanied this document

Yes/No

43. Are there any priorities for commissioning that are not reflected in this framework?

Yes/No

FURTHER COMMENTS

44. Please use the space below to inform us of any additional comments you wish to make in relation to the Drug and Alcohol commissioning framework.

Within the Framework words such as integration, sustained, multi-agency, cross-sectorial are peppered which clearly indicates that such joined up solutions are necessary to enable the delivery of realistic and adequate outcomes for particularly vulnerable Service Users – especially those experiencing Homelessness. Indeed as is noted within Low Threshold Services "Homeless people's substance misuse cannot be addressed without also addressing their housing problems." Targeted and proportionate Services can only realistically impact within communities if there is partnership working, understanding and mutual respect. Such robust working will enable evidencing of reducing NHS costs, prevention of health deterioration, prevent episodic homelessness, enable reduction in alcohol related harm in the wider community sense perhaps and also reducing stigmatisation and marginalisation of particularly vulnerable individuals eg vulnerable female drug users who have a myriad of problems necessitating gender focussed services.

The Drug and Alcohol Framework needs to facilitate partnership working across Statutory, Voluntary and Community sectors, Criminal Justice, Education –early years, schools, colleges, Universities etc with a positive focus and "good news" messaging rather than "catastrophising" which can often enable/ allow denial, procrastination etc rather than motivating positive change.

Further political "buy in" from Local Representatives is important to reinforce the above.

Finally the Framework needs to enable consideration of best practice/ evidence /research and alternative ways of working such as in Brighton or Canada to open key debates about how we work realistically with individuals with various / extremely complex difficulties. It must be authentic in its espousal of innovative and cutting edge work that tries to address complex and perhaps even dangerous/ life threatening behaviours. Support to Services that can make even partial impacts to keep people safe and enable consideration of less injurious thinking and behaviour is crucial to deliver transformational change.