

Alcohol & Drug Commissioning Framework for Northern Ireland 2013-16

Consultation Questionnaire

1	Yes. The approach outlined explains the purpose of the framework setting out clear aims and objectives. It sets out the need to review local priorities and engage with Section 75 groups in developing commissioning plans. The potential for the application of the framework to identify additional investment is also acknowledged.
Section 1: Children, Young People and Families Drugs & Alcohol 7.1 Education and Prevention	
2	Yes. The evaluation of the evidence base for Tier 1 interventions is very helpful in understanding the context. It highlights the challenges of commissioning and delivering an integrated range of programmes and the need for evaluation.
3	Yes. The service aims are clearly stated and have broad reaching societal aspirations.
4	Yes. Would suggest in the outcomes some health focused points could be made, e.g. reduction in the onset of alcohol / drug related health concerns in later life.
7.9 Early Intervention and Treatment	
5	The evidence base supports the model of early intervention and a focus on prevention supported by organisational structures and integrated planning and commissioning.
6	Yes. The need for pathway and proceedings between services is highlighted as is the need to develop support into children's services with clarity on staff roles and responsibilities. Workforce development factors are key. Would suggest that safeguarding vulnerable children and young people in more explicitly referred with the multi-agency and integrated approach.
7	Yes. Would suggest that the integration with safeguarding could be more explicitly noted within the Hidden Harm section.
Young people's treatment services including CAMHS	
8	Yes
9	In considering the integration relationships should children services not be included alongside CAMHS and substance misuse service? The general service aims are clear and consistent with earlier treatment model.
10	Yes. At 7.20. I would suggest including – 'known to children's' services under bullet pt 2
7.21 Hidden Harm Early Intervention	
11	Yes. In the first bullet pt, would suggest – 'ensure professionals and service providers know how to respond....'
12	Yes. This Hidden Harm section sets out clearly the responsibilities derived from the Hidden Harm recommendations. The process section would benefit from a clear reference, to the identification of risk and child protection issues.
13	Yes. The outcomes could include reference to the joint working with midwifery/ health

	visiting and maternity services.
	Treatment and Support
14	Yes
15	Could include reference to child protection responsibilities and interfaces
16	Reference to improved safeguarding and joint working would be appropriate
	Section Two: Adults and the General Public 8.1 Education and Prevention
17	Yes. Comprehensive regional and local priorities for education and prevention
18	Yes
19	Yes
	8.4 Early Intervention Services
20	Yes. The Regional and Local commissioning priorities are consistent with the evidence base with a focus on Alcohol Brief Intervention. Would suggest inclusion of bullet point related to building capacity within the workforce; and an additional reference to early interventions for adults with a learning disability.
21	Yes. Some clarification around potential to carry out ABI in settings other than Primary Care – Is this an option?
22	Yes
	8.11 Substance Misuse Liaison Services
23	Yes. The priority to increase the substance misuse liaison service regionally is clearly linked to the evidence base.
24	Yes. Suggestion: Include reference to child / family care within the relevant care pathway noted.
25	Yes
	8.20 Low Threshold Services
26	Yes. Would suggest stronger statement in relation to pursuing joint commissioning with NIHE and Supporting People.
27	Yes. All set out clearly – need to include the capacity to manage clients with a Learning Disability eg through appropriate information, screen and assessment.
28	Yes
	8.28 Community Based Treatment and Support
29	Yes. Regional and Local priorities are comprehensive
30	Yes. Aims are linked to evidence base at 8.32.9 Dual Diagnosis – could this include Learning disability? And included again at 8.31.7. 8.35 general service aims is comprehensive though could include reference to integrated and multiagency working.
31	Yes
	8.41 Inpatient and Residential Rehabilitation Provision
32.	Commissioning priorities are linked to evidence base
33	Yes. At 8.45.7 could dual diagnosis include the option of learning disabilities?
34	Yes
	9.1 Service User and Family Involvement
36	Regional and Local commissioning priorities to enhance service user involvement is consistent with the line of travel across health and social care provision though a note on mindfulness to seek to include marginalised groups could be included.
37	Yes

38	Could 'increase resistance and enhance support networks' be included?
	9.7 Workforce Development
39	There is an extensive programme of workforce development noted. The development of mentoring programmes and measures to support staff are symbiotic with the more formal training provision. Would suggest workforce development includes awareness of child protection, safeguarding adults and working with people who have a learning disability.
40	
41	
42	Yes. Would suggest that at 1.4 Bamford Review is included in the other policies section. Also, within section 2.5 (Making Changes) a reference reflecting the noted learning disability issues from the quantitative and qualitative disability sections would provide consistency and outline consideration to how the equality issue will be addressed.
43	No.