

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 extended to 26th April 2013

(Please tick the relevant tick boxes)

I am responding: 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

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: _ Strengthening Families has been piloted via CAWT in the Western Trust area, it is also in the population plan for the west and would be seen as positive intervention for problem families as such there is some provision within the Big Lottery’s Impact of alcohol programme which will run for 18 months . However it is not clear at this juncture if recurring funding will be given to this SF programme and as such cognisance needs to be given to provision of strengthening families from a regional funding stream.

A tiered approach to care is what is required and as such adequate provision needs to be assured were with appropriate funded and regulated providers available at each tier and addressing the rural urban spread within the Western Trust

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

Yes

Comments: _____

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

Yes

Comments: _____

7.9 Early Intervention and Treatment

Early intervention

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

Yes

Comments: ***__ This area needs more direction. The integration of RIAT with UNOCINI should be given a higher priority and thought given to supporting those youth based services (inclusive of the voluntary youth organisations) to ensure appropriate staff training and staff supervision thus ensuring that organisations are referring to appropriate services (inclusive of CAMHS) and that all children are receiving the intervention and support required for their level of use and mental health status.***

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

Yes

Comments: _____

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

Yes

Comments: _____

Young people's treatment services including CAMHS

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

Yes

Comments: _____

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

Yes

Comments: **the referral diagram is unclear.**

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

Yes

Comments: _____

7.21 Hidden Harm

Early Intervention

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

Yes

There is a need specifically with regards to FAS prevention to raise awareness of Alcohol and pregnancy issues. Many people are ignorant of FAS/FASD and the consequences for child , family

and society. This is a preventable health issue which requires a fully integrated approach to raise awareness such as school nurses, practice nurses, midwifery, social work etc all giving out the same message

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

Yes

Comments: _____

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

Yes

Comments: ***For the overall health of the communities in Northern Ireland there is need to have an outcome of reduced FAS/D children. Which requires a regional Diagnostic pathway and monitoring. At present we do not have a definitive baseline of FAS or suspected FASD children.***

Treatment and Support

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

Yes

Comments: **There is a real need to develop resources to meet the hidden harm issues which are emerging in our area and extend the role of those who are working in the area and have an integrated care pathway developed which is clear and fit for purpose**

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

yes

Comments: _____

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

Yes

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: ***The document does not identify the evidence base for community development approaches or the need to work utilising the community assets. This approach would be reflective of the Community Development Health And Wellbeing Strategy's ethos and directive. It would also ensure that future design, commissioning and delivery, of alcohol and drugs services are aligned with all other health and social care service delivery and supportive of the Transforming Your care Agenda.. Nowhere is there a specific direction towards the involvement of society and communities. No commissioning for the conduit to allow local people to influence the work of the DACTs / PHA. A three year period to ensure full communities engaged with and working towards a reduction in alcohol /drug related harm is very optimistic.***

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

Yes

Comments: **There should be a clearly articulated role for community itself to support community mobilisation and community development approaches.**

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

Yes

Comments: An additional Outcome should read:

Increased community confidence that alcohol and drug related harm is being tackled.

8.4 Early Intervention Services

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

Yes

1. Comments: **Concerns that document prioritises Extended Brief Interventions, Arrest Referral Schemes, and work with Maternity Units and yet where these have been established in the Western Trust and are performing well they are under threat at present. These are also good examples of partnership working with established integrated care pathways, another focus of the document. It would take significant time to rebuild these up to an equivalent level again.**

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

Yes

Comments

Those working in primary care should ideally screen all adult patients using AUDIT, and provide a brief intervention with those scoring between 8 and 19 on AUDIT'. It is probably neither feasible nor of optimum benefit to screen everyone as this would probably give too many false positives due to prevalence of underlying condition. Would be better if targeted to at risk groups

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

Yes

1. Comments:_____

8.11 Substance Misuse Liaison Services

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

Yes

Comments If there is expansion of the Alcohol Liaison Nurse role to the number quoted (4 per 250,000) good target areas for this extended role could be into Obstetric / Maternity Services and for Alcohol Related Brain Damage (ARBD) cases

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

Within this section it is unclear what the role and functions are the comments provided here relate to direct and indirect work

Comments: **We would agree that the ALN role should be extended to include as above**

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

Yes

Comments: Using better ways of working with acute and mental health colleagues we can maximize the impact of care to the client

8.20 Low Threshold Services

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

Yes

Comments: Organisations wishing to develop delivery of treatment services (screening, support packages, signposting, opportunistic interventions, provision of advice,) must be guided in terms of Governance, staff training and competency and staff support. When commissioning such services from organisations new to this way of working, the commissioners must identify clear quality standards to ensure that community members are supported to include competencies required, evidence of supervision, and evidence of staff support for staff not familiar with intervention level work. It is important to ensure that there is integration between voluntary and community services and statutory services with appropriate supervision and support such as the Bamford group regional addiction team network integrated care pathway.

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

yes

: _____

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

Yes

Comments: _____

8.28 Community Based Treatment and Support

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

Yes

Comments: *'A shared care substitute prescribing service should be available across all Trust areas, and patients should be managed as part of a shared care arrangement once their opioid substitute treatment has been sufficiently stabilised by Trust services.'* - **There are practical and governance issues to this in WHSCT due to geography, low numbers of patients on OST and**

hence individual GP practices only managing low numbers of patients – an issue which can impact on their skills and experience with this patient group

DART operates in the West at this time however the current SLA is only in place until March 2014. This is an excellent service and one which has impacted on many individuals it is therefore important that the Commissioner ensures that the future of these services are fully supported for the future.

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

Yes

Comments: __

the regional Bamford group are developing a regional integrated care pathway detailing service provision compatible with nice recommendations and NTA recommendations

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

Yes

Comments: _____

8.41 Inpatient and Residential Rehabilitation Provision

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

Yes

1. Comments: _

_____ Residential provision – *List of outcomes* – it is particularly difficult in rehab programmes to assess their impact, especially as patients will return to community treatment either side of any in-patient care.

Regional Bamford work is in development

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

Yes

1. Comments: **As per regional work tools need to be agreed and identified staff need to be afforded opportunities to update training requirements which will meet specific interventions _ more specific guidance on measuring tools / targets on various quoted outcome standards e.g.**
 - a. *'Ensure commissioned alcohol and drugs services demonstrate effective user involvement.'*
 - b. *'Routine use of outcome measurement tools and ensuring that the person who misuses alcohol/drugs is involved in reviewing the effectiveness of their treatment plan;'*
 - c. *'Reduction in the number of people drinking alcohol hazardously;'*
 - d. *'Reduction in number of people drinking harmfully;'*
 - e. *'Reduction in number of people attending and re-attending Emergency Departments for alcohol/drug related concerns;'*
 - f. *'Increase in the number of patients receiving screening and brief interventions.'*
 - g. *'Increase in the number of people drinking sensibly'*

Are required

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

Yes

Comments: _____

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?

None identified

Comments: _____

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

Yes

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

Comments: **_ There is need to provide a clear direction to all courses leading to a professional qualification (Medicine, nursing degree, teaching qualification, Social work qualifications youth leader qualification, etc) that alcohol/ drug awareness and associated skills relevant to the type of**

qualification should be integrated into the programme. This was proposed during the consultation leading to the First NSD strategy.

There is need to ensure that all organisations developing /delivering Alcohol and drug interventions provide staff with supervision and there is a need to commission supervisory training for managers of a service delivering tier 2 and above interventions. This could be used as a conduit for the mentoring programme proposed in the paper.

Note also that the University of Ulster will be piloting from September 2013 a foundation degree – competency led targeting the needs of the Tier two organisations It would be beneficial if the Commissioning framework could commission and evaluation of the outcomes of this course in 2015. 2015. To ascertain how fit for purpose and whether this should be a recognised qualification for people working in the field of alcohol and drug use.

The commissioners must ensure that training delivery quality indices must be built into each commission (Trainers show how they have ensured relevance, content, participant/learner engagement, evaluation of process, impact on work place, student support , quality of student materials , quality assessment and accreditation (if relevant) processes, expertise and experience of facilitators relevant to course topic.).

Courses must be commissioned to be delivered locally and to accommodate staff working in outlying rural areas to accommodate travel and travel costs (many of the courses are delivered to individuals working for minimum wage and travel costs may not be covered by organisation).

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

Not clear where this is reflected in the document

Comments: _____

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

Not clear where this is reflected in the document

Comments: _____

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

Yes

Comments: _____

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

Yes

Comments: Services responding to Alcohol Related Brain Injury. This is a very real gap in provision which is not referenced in the document and in the Western Trust we are developing a care pathway for clients however this remain a very challenging area as it is as yet unfunded and commissioners need to have a more focused view of this area of need Alcohol needs to be acknowledged that it its everyone's business across all directorates of care and also in the voluntary and community sectors including colleagues in other departments such as housing DRD Criminal justice etc

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.

Work with the older population re alcohol and substance misuse is also of concern and is often underfunded there is a real issue with over 65 population re interactions with substances and medication

Another issue of concern is the benzodiazepine misuse

