

Simon Community Northern Ireland welcomes the opportunity to respond to the Alcohol and Drug Commissioning Framework for Northern Ireland 2013-2016

About the Simon Community

Simon Community Northern Ireland is one of the leading homeless charities in Northern Ireland. We are committed to our vision of 'ending homelessness' and provide accommodation, advice and community support for individuals who are homeless or at risk of becoming homeless. We recognise that addressing homelessness involves more than providing accommodation and we have developed a range of services to meet other needs associated with being homeless including: Harm Reduction Service, Services for Families, Services for Young People, Rent and Deposit Bond Scheme, Client Representative, Homelessness Prevention Programme and Central Access Point; a 24/7 helpline providing advice and support to those who are homeless or a risk of becoming homeless.

Our Harm Reduction service aims to support individuals who are dependent on alcohol and/or drugs to reduce the substance related risk.

Introduction

Simon Community NI welcomes the publication of this commissioning plan, which was first proposed in the New Strategic Direction on Alcohol and Drugs 2006-2011, given the current healthcare reforms being driven by Transforming Your Care. We agree with the overarching aims of the plan which seek to ensure a consistent approach to service delivery across the five trusts and the integration of PHA and HSCB commissioning plans and priorities

As an organisation that works across Northern Ireland, we are acutely aware of the regional inconsistencies that exist in relation to service availability and we believe that ensuring equal access should be an integral part of the proposed approach.

We support the emphasis on evidenced based practice and the use of the phrase Integration when considering Harm reduction and Recovery agendas. The risk would be to pursue one approach at the expense of the other.

We support the principle of Partnership Working and look forward to it being robustly implemented over the course of the framework. This is particularly relevant when considering the Development of Integrated Care Pathways, particularly with respect to valuing the work and expertise of voluntary organisations without presenting unnecessary barriers that can exclude the clients.

In this response, we wish to highlight areas that we feel are most relevant to the homeless sector , however, we recognise that homelessness cuts across

all the sections listed and as such should be more prominently emphasised throughout the document.

The voluntary and community sector has contributed effectively to prevention and treatment fields within substance misuse. Continual problems encountered by our sector include insecurity of commissioning arrangements, short-term contracts and lack of uniformity in service descriptions and outcome measurements. We welcome the acknowledgement that this commissioning plan may highlight the need for additional investment in services. Indeed, the current economic climate has created a situation whereby service providers are limited to 12 month financial forecasting. Allocation of funding on a yearly basis can prove problematic to the planning, development and delivery of organisations' harm prevention and can ultimately impact on the quality of services received by beneficiaries.

We recognise that moving forward will require change; however it is vital that there is continued investment in services which have lead to positive outcomes to date.

Priorities

Simon Community NI welcomes the commission priorities, in particular Children, Young People and Families, Early Intervention and Capacity. We believe that these are appropriate and fit for purpose. We note that the majority of priorities will be commissioned as discrete services by the PHA/HSCB in consultation DACTs. Stronger joint commissioning and planning arrangements will benefit from better integration between health, social care and Third Sector services. Integration is a challenge that applies not only to drug and alcohol services so the Agency and Board should look to other Departments for best practice.

The failure to reduce health inequalities in NI during the last decade is evidenced in the DHSSPS report '*NI Health & Social Care Inequalities Monitoring System – Fourth update bulletin 2012*'. It is clear from this report alone that, over the past ten years, the absence of a whole system approach has resulted in health inequalities persisting at the same level or worse. The Bulletin summarises the current state of health inequalities in NI as follows:

“Health outcomes are generally worse in the most deprived areas in Northern Ireland when compared with those witnessed in the region generally. Large differences (or health inequality gaps) continue to exist for a number of different health measures. Some of the largest gaps can be seen in both mortality and hospital admission indicators for certain related conditions.

“For instance, hospital admissions for drug related mental health and behavioural disorders and drug related mortality in deprived areas were both more than double that in the wider region (138% and 123% higher respectively). This was also broadly true for alcohol related hospital

admissions (130%) and alcohol related mortality (124%) as well as self-harm admissions (116%) and suicide (82%). We would therefore welcome further information about the equality screening that will be carried out for this commissioning plan.

We espouse a balance between respect for evidence and support for innovation. We recognise concerns that a very narrow interpretation of evidence can hinder innovation and create barriers to service user choice. We, therefore, recommend that resources are made available for innovative work evaluated using appropriate methods.

Simon Community NI supports the priority to increase capacity and service user involvement. We believe that the development of effective alcohol and drugs policies and service provision is significantly strengthened by ongoing engagement with people who are directly involved in developing, delivering and using services. We look forward to the publication of further information about the methods of user engagement that will be developed in due course.

Simon Community NI welcomes the commitment to Workforce Development. We recommend, however, that the plan would benefit from provision for skill shortages should they arise, either at medical level or any other level to ensure consistent levels of service provision.

Simon Community NI is concerned that there are no specific priorities or outcomes designed around prisons. The Bamford Report 2005 made specific recommendations that people in prison should have access to the same service provision as the general population and that there are substance misuse teams, incorporating a harm reduction philosophy in each prison. There remains, however, a shortage of treatment available for prisoners particularly those with 'dual diagnosis'. We recommend that this matter should be given further consideration. The apparent over-reliance on the prescription of methadone, partly reflects difficulties engaging prisoners in more structured interventions.

We wish to highlight the following areas;

Alcohol Screening and Brief Interventions

We believe that the promotion of early identification and brief intervention programmes should be included as a priority area within homeless accommodation. For example, we manage a significant population of harmful and dependant drinkers in our projects without the necessary resources to effectively deliver screening and brief interventions.

Substance Misuse Liaison Service

We welcome the commitment to extend this excellent initiative. Many of our clients have had negative experiences of attending A&E due to social isolation, a lack of understanding, empathy and tolerance shown to them as homeless substance users. This is a significant issue as they are less likely to attend any medical appointments as a result of this stigmatization.

As part of the substance use liaison workers role, we recommend that they target clients in homeless projects, particularly those who are regularly attending A&E. This could form part of an outreach role and would have real value in terms of supporting project staff that have to manage clients who refuse any medical interventions often due to negative experiences of the service they received. Our staff may in turn develop a role to meet with hospital staff and address some of the negative perceptions of our clients and assist with training.

Low Threshold Services

Simon Community NI has made significant strides in relation to lowering the threshold of our services for homeless substance users, with the introduction of our Harm Reduction Service. We work with clients within our projects in addition to supporting those who leave, to ensure that they maintain their tenancies and continue to reduce their substance related risks.

Our Harm Reduction Service is regularly approached by a wide range of organisations, both statutory and voluntary, to provide a low threshold service for substance using clients at risk of homelessness in the community. This demand varies from region to region as some areas have outreach and floating support services. Some of these services, however, would benefit from a complimentary service like ours that focuses on substance use, freeing them up to concentrate on housing, finances, health etc. Indeed, many of our Harm Reduction team can become caught up with issues relating to debt, conflict with landlords, child protection issues, that leaves little time to address their substance use issues.

It is evident that a low threshold approach works for a particular type of client that struggles to engage with more formal treatment services. These are often the most chaotic clients that are widely represented among the homeless and prison population. For this approach to work it needs to be adequately resourced. We are working at capacity to service the demand from within our own projects and clearly see the potential to expand the service to compliment the work being done by other organisations, freeing each up to concentrate on their particular area of expertise.

There is a significant gap for clients living outside the larger urban settings. We have found that those in rural or isolated areas will often have no other support and we become their support for all aspects of their life – social, emotional, and practical as well as attempting to address their substance use issues. We struggle to sustain this but in the absence of any other services

The development of a stepped care approach where low threshold services are a key stakeholder in the development of treatment service pathways is vital. We find that our service has significant challenges in some regions when seeking to refer clients into treatment. This may range from GP's refusing to see clients as they are deemed to be 'too disruptive' to an absence of the ability to make a referral directly to the desired service without having to go through a secondary service who will then make the referral. This process can lead to opportunities being lost.

Community Based Treatment and Support

A concern for us is managing clients that are continually detoxing, primarily from alcohol but also other substances. We find that adequate support is not available as many GP's quickly lose patience with our clients who may need frequent medical intervention to manage the risks of withdrawal (most commonly from alcohol). A homeless project is a difficult environment for these clients particularly when they are making a concerted effort to remain abstinent. Without the necessary support from GP's and specialist services their chances of succeeding are greatly reduced.

The creation of homeless accommodation aimed at managing this client group would be preferable but in this absence, there may be options of providing an ambulatory detox service. Meeting the clients where they live and providing regular medical support to those undergoing detox as well as practical support to the staff that can monitor the clients' condition and provide feedback would be a welcome development.

This would significantly reduce the inherent risks around detoxing in the community and increase the likelihood of the clients maintaining abstinence if that is their desired outcome. It would also provide a quicker route into residential treatment for those deemed to be too high risk to manage detox in the community.

Dual Diagnosis

We have identified dual diagnosis as a significant area of concern for us. We completed a recent brief evaluation of the number of clients who are living in our accommodation in the South, South East area (4 hostels) who have dual diagnosis issues;

Total Beds	83
Questionnaires Completed	53
Number of Dual Diagnosis issues recorded	24
Number currently in treatment for substance use issues	2
Number currently on medication	15
Number in treatment for mental health issues	0

Many of our service users have significant issues related to both their mental health and substance use and consequently present as challenging to manage on project. This is further complicated as many are not receiving any treatment for either their mental health or substance use problems (as is evident from the figures above).

Treatment for these service users is difficult to access as dual diagnosis can range from severe and enduring mental health disorders, such as bi-polar or schizophrenia and heroin or 'crack' cocaine misuse, through to the so-called milder mental health disorders, such as anxiety and personality disorders and alcohol and cannabis misuse.

Mental health treatment services will often not deal with service users with substance use issues and drug treatment services have difficulties engaging with service users with mental health issues. As a result, our staff are often the only consistent support available.

There is a gap here in terms of meeting the needs of a group of clients who have multiple needs, such as; long term unemployment, physical ill health, poor literacy, care leaver background, behavioural difficulties, history of offending, family breakdown, domestic violence, trauma, abuse , neglect as well as mental ill health and substance use.

The provision of a service that could make specialist dual diagnosis workers available to work on an outreach basis in the hostels and with those we identify in the community would be massively beneficial. Again a significant role could be the provision of a clear route into treatment for those most in need.

Conclusion

Simon Community NI is pleased to respond to this consultation. We trust you will find our comments helpful. If there is any further way in which we can contribute to the process we would welcome the opportunity to do so.