South Eastern Health and Social Care Trust

Response to the Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16

The South Eastern Trust welcomes the opportunity to respond to the draft Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16.

The arrival of the draft document is most welcome and we find it overall to be a positive way forward in reducing alcohol and drug related harm within Northern Ireland.

In particular, it offers objectives based on available trends, and prevalence. It is proactive in approach as it is recommending provision based on key, evidence based principles, across all four tiers. The following comments hopefully will lend support to strengthen the framework.

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~~ with areas noted below:

Comments:

In general the Commissioning Framework is a welcome approach to improve consistency and effectiveness in reducing alcohol related harm across Northern Ireland.

There are several areas that need highlighted.

1. The Framework paper states that alcohol is 62% more affordable than it was 30 years ago and is more readily available in Northern Ireland than ever before. Alcohol consumption and alcohol-related harms have consequently dramatically risen. Evidence says the most effective means to reduce alcohol related harm is through reducing its availability. Any progress in reducing alcohol related harm will not be successful in the way that is needed unless Northern Ireland addresses minimum pricing and availability in a significant way.

2. The Trust would strongly recommend that the document mandate each Trust to develop an organisational strategy for the reduction of alcohol and substance misuse across all directorates to promote ownership and a joined up approach.

3. Improving the delivery of services alongside other cross cutting issues such as mental health and sexual health bringing key stakeholders together is a significant challenge. The Framework does not give guidance to how this will be achieved. A suggestion in the area of prevention will be discussed later in this paper

4. The principles of the Framework include commissioning of services that takes into account of and builds on the services already in place. There is a concern that “programmes” that have been identified through the evidence base include programs that have come from countries that have extensive resources for research and evaluation and ignore considerable efforts across Northern Ireland to develop programs on far less budgets and resources. Translating programs from other countries to a Northern Ireland context is also in question. This would result in a halt to current work that has shown to have some promise and replace it with other resources that would

take considerable investment. Life skills work in schools is an example. The training involved to make Botvan's work as effective as its research has shown would make it an unrealistic investment when the supporting current personal development work in schools through joint investment through health and education could be as effective..

5. The framework identifies several areas that joint commissioning and links with other departments that will be required to make several regional priorities a reality. The way the framework reads it would suggest that current funding is in place to establish several regional priorities. Preventative education, working with offenders and hospital liaison are examples. If these initiatives are not funded regionally it has implications on what can and should be local priorities.

6. The timing of what will be funded through the regional Big Lotteries initiatives has implications for what should and could be local priorities. This needs to be taken into consideration.

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?

It was a surprise that any discussion on prevention did not reference ***Guiding Effective Prevention*** that was undated to steer Northern Ireland in its prevention efforts.

Prevention is an area that should embrace the cross cutting areas of sexual health and mental health particularly when considering personal development for young people.

The Framework calls for supporting effective delivery of alcohol and drugs policies and social norm approaches in schools through joint working/commissioning with DE/ELBs. It does not go further to explain how this priority will be met.

The evidence presented stated clearly persuasion based approaches to education are ineffective. The evidence it looked at was only with alcohol and drug issues. What the Framework failed to recognise is that evidence has shown that supportive key protective factors (i.e. connection to schools, positive future orientation, life skills) have a positive impact on not only alcohol and drugs but mental health and sexual health concerns. (ADD Health Study)

CEA has invested considerably in curriculum materials for personal development in both primary and post primary. (For primary schools "Living Learning Together" and for secondary schools, "Insync". We believe teachers should have the main role in delivering personal development.

CEA's guidance for personal development (2007) states that personal development in the school setting will only be effective if teachers are trained and supported to deliver it.

The current reality is that schools remain autonomous in how they implement the personal development curriculum and the focus is more on school improvement.

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Each Education and Library area should have a dedicated worker jointly funded through both health and education dedicated to support personal development. The focus should extend beyond alcohol and drug prevention and embrace all risk taking behaviour. This is through teacher training and on-going support. It is only though this investment that the area of progress will be made.

There are also some questions regarding a social norm approach when the norm in that culture is excessive use. (Martinus et al 2011)

To expand parenting programmes each Trust area should be commissioned to run **Strengthening Families.** The Commissioning Framework is less clear which model of Strengthening Families would be recommended and how funding of this tie into each Trust's family support Hubs. Strengthing Families is an intensive program and would not be practical for its roll out for a universal population.

The audit of parenting programs across Northern Ireland (2012) showed a wide variation of available programs.

The PHA should encourage the evolution of a continuum of parenting programs that are aimed at both a universal population, and targeted across all age brackets and linked closely to the Family Support Hubs.

Talking to your Children about Tough Issues is worth considering at a universal level due to its short duration (four sessions), its inclusion of mental health and sexual health issues, its roll out in all five Trust areas, and the positive impact of its evaluation.

In 2009, an external evaluation suggested that through participating in workshops parents self efficacy increased with very positive feedback from the parents involved. It was agreed through EDACT who commissioned the evaluation that while the numbers were too limited to prove these findings it would warrant supporting the evolution of TATI.

Self-efficacy has been found to be positively associated with some parents' efforts to educate themselves about parenting (Colman & Karraker, 1997).

In disadvantaged communities, possession of inner strength based on a sense of personal competence can be a critical buffer against adversity, enabling parents to optimally promote their children's well-being (Elder, 1995).

As we build the continuum of resources for working with parents, a universal program that build parents parental self-efficacy will make a significant contribution to strengthening our communities and reducing the risks for our children.

Do you agree with the Service Aims and Role and Functions outlined in this section?
NO

Additional outcomes should be closer tied to key protective factors that cut across all risk taking concerns for young people.

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7.9 Early Intervention and Treatment

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

~~Yes/~~No

Comments: The age range of young people's services should be revisited. The Framework calls for young people's services to go to age 17 as its upper age range. It should be regionally agreed that young people's services at a community level should extend to 21 as they would tend to be more appropriate for many young people at that transition age between adolescence and adulthood.

Young people's services in the community should have a greater emphasis on a family dimension and provision made to support parents and carers even though their young people will not engage in services.

7.21 Hidden Harm

Early Intervention

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

~~Yes~~/No

Comments

The priorities links ensuring professionals know how to respond to both child protection issues and provide support in the same sentence. The workforce development plan thus focuses solely on training on joint protocol working.

These two priorities should be identified separately and the workforce plan reflecting both these needs.

The evidence states that not all children and young people living with parental substance misuse are at risk. The majority do need support. The regional priorities should reflect that more clearly with equal weight given to build capacity of our workforce to provide that support. This is necessary considering the large number of children and young people affected by parental substance misuse.

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

~~Yes~~/No

Comments As with other areas of the Framework support for children young people and families should follow a stepped cared approach recommended in other areas of the framework. The way the current paper reads it would suggest that in the role and function of early intervention services will typically involve a multiagency response in providing support. This would suggest the main focus in is on child protection and more intensive work and less so on brief interventions that show promise in supporting young people at a much earlier preventative way.

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Silent Voices; Supporting children and young People Affected by Parental Alcohol Misuse (2012) reinforces the need for earlier intervention. The research review and consultation with children found striking evidence as to the young age and length of exposure to problems of many of the children living with parental alcohol misuse. It is essential to identify at an earlier stage those who do not come to the attention of services and to address these children's needs. Early intervention approaches need to take into account the evidence that boys are less likely to seek help than girls, which may result in them coming to the attention of services later for other reasons.
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In developing interventions the report goes on to state some research has indicated the potential for the transferability of interventions developed for adults to younger populations (for example, the 5-Step Method). This was referring to work undertaken in Northern Ireland in the form of Steps to Cope.

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

~~Yes/~~No

Comments: Simply saying improved outcomes for children of substance misusing families does not go far enough. Specific outcomes should be identified.

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SECTION TWO: ADULTS AND THE GENERAL PUBLIC

8.1 Education and Prevention

8.4 Early Intervention Services

These two sections are well laid out and we strongly agree that ABI can and will make a difference. Consideration should be given to not exclude brief intervention work with other substance misuse.

Addressing alcohol and drug related harm should be everyone's business. All front line staff should be in a position to deliver screening and brief advice. Going back on a point in the initial page, it would be essential each Trust has a strategy in place how they will harness the capacity of their workforce to make a contribution to this.

In providing access to web-based information and self-help programmes consideration should be given to work undertaken within our Trust area in utilizing the Big Lottery's Impact of Alcohol Program as not duplicate resources.

In any delivery of a three year integrated multi-agency education and prevention plan, in communities, workplaces and educational settings for both young people and adults, the community support resources will need to be adequate to be effective. Consideration needs to be given how this will be achieved considering the role of targeted education in reaching hard to reach vulnerable groups.

There is growing concern over the increasing numbers of older people misusing alcohol and drugs. This will require specific attention in producing multi-agency education and prevention plans.

8.11 Substance Misuse Liaison Services
23. Do you agree with the commissioning priorities as laid out in this section?

Yes/~~No~~

Comments

The Trust welcomes the increased emphasis on provision and delivery of brief interventions by all professionals. This is in line with Transforming your Care. Alcohol and substance misuse is "everyone's business" and it is vitally important for all front line practitioners to be proactive in reducing harm through the delivery of brief interventions. This is essential considering the pressure on acute hospital services.

The development of substance misuse liaison services with the Acute General Hospitals is long overdue. These services were initially developed with limited funding in the Ulster Hospital. They did however deliver cost efficiencies within the first twelve months in terms of reduced bed stays. We would recommend in addition that future provision is also offered to Acute General Hospital based Psychiatric Units.
Furthermore the overall model could be enhanced by the establishment of substance misuse 'Champions' on all wards.

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

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

Yes/~~No~~

8.20 Low Threshold Services

The Trust supports the needs and outcomes indentified in this section.

8.28 Community Based Treatment and Support

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

Yes/~~No~~

Comments

The Trust welcomes that the framework contains the commissioning priority to adequately resource Tier 3 statutory services. South Eastern Trust Tier 3 services are particularly under resourced as the regional review has highlighted. It is imperative that these services are developed prior to implementation of the Tier 4 model to ensure provision and continuity of safe and effective care as well as building capacity.

With respect to the provision of medically managed Day Treatment Units; Regionally Community Services are largely rural therefore the planning location and capital resourcing of these units needs careful consideration and funding within the commissioning framework. Is this to be done locally or regionally?

<u>Dual Diagnosis</u>

The framework needs to be more definitive as to what the regional provision should be in relation to Dual Diagnosis. Currently Trusts operate different models. A position should be taken to ensure a consistent approach regionally.

<u>Learning disability</u>

Section 8.35.1 point 9 refers to services having capacity to manage clients with a learning disability; This needs to be more specific as individuals who require 'management' surely require the capacity and cognitive ability to benefit from psychological approaches? Bamford recommends the establishment of lead/link staff within learning disability services for those who have alcohol/substance misuse problems.

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8.41 Inpatient and Residential Rehabilitation Provision

The Trust appreciates the need to ensure the best use of resources in helping people move toward recovery.

The Framework states that HSC/Trust Tier 4 provision will focus mainly upon the stabilisation/detoxification function and will reflect the Integrated Care Pathway (ICP).

In- patient treatment will encompass capacity to undertake comprehensive assessment and diagnosis, stabilization/detoxification and the provision of specialist psychological, systemic and/or pharmacology interventions. At this level the person will require the input of community psychological interventions to continue post inpatient discharge.

As the principles of effective drug treatment states (NIDA, 2012), "medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification."

Motivational work to encourage to continued treatment begun at this initial stage can improve further treatment engagement.

Three points that will be necessary to insure this model works effectively.

1. Tier three provision will need to be adequately resourced to ensure the continuity of care post inpatient treatment.

2. Work is required to determine the most effective specialist psychological and systemic interventions to be delivered at this stage. The Trust has progressed in its use of pharmacology interventions with positive results.

Building client's motivation to change and self efficacy to continue engagement and help them move forward in their recovery will be required to make the most effective use of any inpatient episode.

As Motivational Interviewing is identified as a targeted need for workforce development, it is essential that staff that are providing this level of intervention are included in this development and that motivational interviewing be an approach embedded in the in-patient provision.

3. Engaging patients in the Recovery Community which has a strong provision within the Trust should also an integral part of any inpatient provision.

The outcomes identified should reflect this and include the number of people engaged in further community treatment, the number of people engaged in the recovery community or self help groups, improved motivation, and improved self efficacy rather that measuring success at this stage by abstinence 6 month post inpatient treatment.

Future reference to Tier Four statutory provisions should state, detoxification, stabilisation and motivation rather than detoxification and stabilisation alone.

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SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

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

The provision, priorities and outcomes for service user involvement is well laid out.

The family involvement initially seems to be more related to improving the impact for the client with the substance misuse problem. Family involvement and family support should be two separated headings.

Family members needs should be addressed in the own right.

The impact of substance misuse on family members is well documents and has implications on their physical health and mental health.

The National Clinical Practice Guideline Number 5, which the NICE guidelines are based states:

> There is a need to assess the impact on family members and carers of people who misuse drugs in order to identify the challenges they face and to evaluate the most effective ways to offer help and support to them.
>
> Staff should ask families and carers about, and discuss concerns regarding the impact of drug misuse on themselves and other family members, including children.

Taking the Lid Off, a self help resource for family members was written with the support of family members in the Trust and is used regionally. It is referenced by the *Alcohol, Drugs and the Family Research Group* in their self help material for family members and in Silent Voices (2012).

As the regional priorities includes all treatment and support services need to deliver a consistent and agreed standard of support for families, this self help material should form part of that support.

The Framework goes on to say: If the families and carers of people who misuse substances have not benefited, or are not likely to benefit, from guided self-help and/or support groups and continue to have significant problems, consider offering family meetings. These should:

- provide information and education about alcohol misuse;
- help to identify sources of stress related to alcohol misuse;
- explore and promote effective coping behaviours;
- Usually consist of at least five weekly sessions.

This is *the Five Step Method* which is an evidence based intervention well documented in the literature. The Framework should reference this early brief intervention for family members regardless of whether their family member is in treatment or not.

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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.

In general yes we agree with the outcomes and priorities indentified in workforce development.

The list of training issues and topics seems to have several key areas missing particularly in the area of hidden harm, ie Hidden harm awareness, supporting young people living with parental substance misuse, specific interventions (Rory), building resilience

Mentoring workers to support new skills is a welcomed development. A concern is that this will be resource heavy and should be targeted where the impact will be most seen for example motivational interviewing training where coaching is required to build competence.

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

As stated earlier, the Framework does highlight the most effective means to reduce alcohol related harm is through reducing its availability. Any progress in reducing alcohol related harm will not be successful in the way that is needed unless Northern Ireland addresses minimum pricing and availability in a significant way. While this does go beyond the capacity of any commissioning framework this should be addressed with urgency.

In summary, the framework is a welcome development offering a fresh approach, based on best evidence and of which is based on quality provision as well as ensuring consistency across the region.