



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

Joan Crossey

Public Health Agency

Lisburn Health Centre

Linenhall Street, Lisburn BT28 1LU

Telephone 028 9250 1259

commissioningframeworkconsultation@hscni.net

YOUR RESPONSE MUST BE RECEIVED BY 26th April

(Please tick the relevant tick boxes)

I am responding: as an individual

on behalf of an organisation

Name: Eamon O’Kane

Job Title: Director

Organisation: Derry Healthy Cities

Address: c/o Altnagelvin Hospital, 24 Gelnshane Road,

Derry~Londonderry, BT47 6SB

Tel: 028 7161 1384

Email: eamon@derryhc.com

Derry Healthy Cities is a leading public health charity operating a range of community health interventions across the West of the province. Within our operational portfolio we have been the catalyst for the creation of the Civic Alcohol Forum in Derry, a Mayor supported initiative, and continue to provide support to its development. We deliver the Time 2 Change alcohol project across the 5 Council areas in the Western Health Trust area which uses a community mobilisation approach to changing alcohol culture in NI. We also have a strategic cross border partnership with

the Alcohol Forum, a leading NGO on alcohol harm reduction that operates across the Republic of Ireland.

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:

We are broadly supportive of and welcome the content of the Drug & Alcohol Commissioning framework which draws on the best of international evidence and recommendations for practice.

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

We would be particularly keen to see the development of better partnership understanding and delivery between the Community/Voluntary, Health and Education Sectors. We feel that the role of the latter sector, particularly within the youth sector is not as well developed as it could be.

Targets for quality assurance of delivery in schools should also be considered and a measurement of levels of delivery in schools and the age ranges targeted.

We would also like to see more involvement with the normal formal youth sector provision across NI, particularly in rural communities.

We believe there needs to an understanding and process for quality assurance across tier 1 & 2 interventions in particular and a pro-active removal of activity that is proven to be ineffective by international evidence. The Department of Health should

also proactively encourage other funders to understand what the international evidence says works and doesn't work.

7.9 Early Intervention and Treatment

Early intervention

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

Yes

Comments

We fully endorse the early intervention approach and in particular its relevance to the new Transforming Your Care Step left agenda.

We welcome the Early Intervention opportunities for families and would like to see some robust guidance for quality assurance in this area, particularly as it is being addressed by other agencies such as DEL in their proposed new Family Support Programme.

7.21 Hidden Harm

Early Intervention

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

Yes

Comments

It would be good to see some reference to the linkages on Early Intervention that are being developed through CAWT to make Hidden Harm approaches uniform and consistent across Ireland.

Treatment and Support

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

Yes

Comments

In the context of families where the adult is the substance misuser we would particularly welcome a distinction between services for the family as a whole in

supporting the substance misuse and services for the child affected by the adult who misuses substances in the family.

SECTION TWO: ADULTS AND THE GENERAL PUBLIC

8.1 Education and Prevention

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

Yes

Comments:

We would particular welcome a focus on the language about substance misuse. The cultural aspects of alcohol misuse in particular and the culturally held attitudes towards this will limit a true community mobilisation approach. The commentary and wording is probably still too middle class and health service oriented.

We would like to see a stronger commitment toward policy lobby in this framework on the issues that the WHO has identified work in reducing alcohol harm.

Is there an opportunity to elevate the emphasis on awareness of Foetal Alcohol Syndrome and to link with approaches such as that in Canada to give a greater awareness of diagnosis, issues and treatment.

We believe there needs to an understanding and process for quality assurance across tier 1 & 2 interventions in particular and a pro-active removal of activity that is proven to be ineffective by international evidence. The Department of Health should also proactively encourage other funders to understand what the international evidence says works and doesn't work.

8.4 Early Intervention Services

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

Yes

Comments

Is there an opportunity to create linkage between the proposed hospital based early intervention approaches and the Early Intervention Worker roles piloted by CAWT under the Time IVA Change border region alcohol project?

8.11 Substance Misuse Liaison Services

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

Yes

Comments

With the work that is being done in the Western Trust and in the HSE NW (Donegal) it would be good to see a particular focus on the issue of Alcohol Related Brain Injury as outlined in the Alcohol Forum report 2011 (<http://www.alcoholforum.org/index.php/research>). This area of work has crossover into issues of policing, housing etc and is underdeveloped across NI. It also potential for cross border service delivery through joined up commissioning.

SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

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

Yes

Comments

We are particularly keen to see this work stipulate its connection to the quality assurance and governance standards being developed for the PHA by the CLEAR project managed by Derry Healthy Cities.

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.

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

Yes

Comments

We are particularly keen to see work to introduce appropriate and where relevant greater levels of substance misuse awareness into a range of other professional education and training settings/processes, eg general nursing training, police officer new recruit and existing officer training, youth work qualifications, bar work qualifications, environmental health officers, teacher training; sports coaching etc

FURTHER COMMENTS

11. 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.

We feel there is still insufficient, consistent lobby on alcohol/drugs issues from the NGO sector to Government to effect policy change on issues such as minimum pricing. We recognise that it can be hard for Government agencies to go as far on the matter as they'd like and wonder if through the NSD consideration could be given to the approach by the New South Wales Alcohol Summit process developed in Australia.

It would be good to see some connection and reference to the Cross Border Alcohol agreement being progressed by the 2 Governments on the Island.

Many other bodies are funding alcohol related action in NI, not all of it in line with the NSD or evidenced practice. It is vitally important to ensure that something is done to address this.

There are pockets of significant good practice across NI. To ensure uniformity of delivery the idea of a mentoring process to enable the learning of some work to be transferred should be considered.

NI needs at least one good annual drug/alcohol conference per year to showcase learning, best practice, international experience etc

There may still be some work needed on the relevance of drug/alcohol misuse interventions in the older population.

Overall timeframes may be ambitious as work on culture in particular is evidenced to be long term. As an aside the budget for what is an underlying determinant in many health service presentations is very low and out of step with the ambitions of transforming your care.