Regional Commissioning Framework Consultation

General Comments:

Reference is made to existing strategies including Time and Place. This strategy is due to end in 2015 and there is a need to link its successor as poverty and deprivation are an underlying cause of much of alcohol and drug misuse. It is critical that polices at regional level are joined up and that this cascades down to a local integrated approach. There is recent indication of an increasing move to outcome based approaches including results based accountability and this is to be welcomed.

A key Theme is Evidence based practice and there is a need to develop an increasingly stronger evidence base rather than depending solely on external evidence or relying on what works elsewhere but not necessarily when applied in a different situation or population. There also needs to be a strong focus on questioning what is already being delivered as part of core services by statutory and indeed other sectors.

There is also a need to ensure that Innovation and Learning Opportunities are not excluded. One way of doing this may be to explicitly set some funding aside and require bidding organisations to include evaluation and disseminating the learning as a key component. With regard to evaluation it would be very useful to have a single organisation charged with detailing current services and their evidence base which would be added to by service providers and/or commissioners. It would also include details of any new approaches being tested and their contact details. My understanding is that NHS England is developing such an approach however it needs to be wider than this to include initiatives across the sectors. Very much welcome the development of treatment manuals (page 20)

Partnership needs to happen at a number of levels as noted earlier at regional level and at area and local levels. It is accepted that this is not easy given the range of organisations whether statutory, voluntary or community who see themselves as having a role in alcohol or drugs concerns whether directly or in seeking to deal with the negative impact such as anti-social behaviour.

There is also a danger in the framework in loosing smaller organisations that are doing good work, much of it innovative, but do not have the capacity or desire to cover a wider area. The framework needs to be flexible enough to support them to continue or to facilitate a number of smaller organisations to either link with similar or different organisation’s to provide a better package of services.

Data Collection is one area where there are significant weaknesses. This is exemplified by the use of a survey carried out in 2004 when referring to Homelessness. There is an urgent need to have timely, accurate and comprehensive data collection to enable good commissioning decisions to be made. It is noted that the OFMDFM issued guidance before Christmas on how to collect BME data. This has been discussed for some 8 years or more but has still not been rolled out in the health sector and I don't know the position in other sectors.

Need - In some sections there is very specific reference to need being quantified e.g. page 18 at 2.2.6 with the evidence of how the figure being arrived at is fairly tentative whilst there are no figures for need for other services – see 6.1.3 Youth Treatment, local commissioning priorities. Service uptake is not the same as need as there may be sectors of the population who do not currently access services. The lack of comprehensive data collection tools continues to make need levels unclear and also means that we do not know where the gaps are. Services must be accessible from an equality perspective and evidenced to be so.

Workforce - There is reference to workforce but it is not entirely clear who it means and whether there is a commitment from other sectors to their staff and volunteers being trained e.g. statutory education, voluntary youth services or community groups.

Linked to workforce is the suggestion that UNOCINI is used as a method of screening or identification. My understanding is that this is not widely used outside health and social services despite the fact that it has been in operation for a number of years. The inclusion of the workforce in general and their having a role in awareness raising, brief intervention and screening/identification is welcome but is a significant task which would benefit from having particular groups of workers prioritised over a period of years.

Early Intervention - it is important to recognise that early intervention is not just early in a child's life but also when the misuse first manifests itself. This could be when a young person first ends up in A&E following their formal /16th Birthday Party or the older person who finds life increasingly lonely following retirement.

Community Mobilisation Initiatives – good to see reference to this and from a Portfolio perspective keen to link in with this and indeed what is happening elsewhere.

Service User Involvement – there is reference (6.3) to developing this aspect but consideration needs to be given to how this links with other service user involvement initiatives across the sectors. People do not live their lives in separate silos so why do services expect them to respond in silos.

Misuse of Alcohol – there continues to be a lack of clarity as to how much equals misuse. The reality is that for some people we can be clear but for many people who are drinking at lower levels it depends on age, sex, circumstances other health and social factors. This means that the message must be more sophisticated and tailored for particular audiences.

Specific Comments

Page 32, 7.20 refers to tailored empathy but does not provide evidence base
7.20.2 refers to children 10 to 17 and otherwise its 11 to 17 /10 to 15.16-17
Page 33 need to clarify family involvement in flow chart
Use of RIAT, who will do identification/assessment and are they aware of this proposal – may not see consultation as relevant to them
Page 35, 7.22.4 – need for specialist maternity services – midwives have asked a question about alcohol and drug use for many years – what has been the impact of questions?
Page 37, 7.25 – Maternity – ignores man/partner/father – should be aware of risk/protective factors with this approach.
7.26 need to widen use of UNOCINI across sectors
Page 42, 8.3 unclear who are Community Support Services, funding, structure and fit with other planning processes
Page 47, 8.11.1 – 8.11.3 note acknowledgement that issues not adequately identified in range of HC settings
Page 48, 8.13 – Service aims, Terms of Reference, relevant care and pathway issues – useful issues covered
Page 49, 8.15.3 (Page 49) regionally agreed integrated care pathway - good
8.17 – assessment tool Audit / Audit C tool – again useful
8.18 Brief Advice and Structured Brief Interventions Plus Advice Pack to take away – good, who will have time/capacity to do this and what is evidence base?
Page 55, 8.28 Community based treatment and support – does this need more reference to alcohol?
Page 61 – use of Regional Impact Measurement Tool – further information required
Page 62, 8.39.4 – arrangements for sharing information – is this in place?
Page 64 – Regional Substance Misuse Core Care Pathway – who assesses where GP does not? Can we set tier against pathway? Who manages single point of entry to specialist advice?
Page 65, 8.41.3 gives number to be provided but not demand and how quantified
Page 66, 8.43 – Regional Treatment Services Network forum – Integrated Care Pathway and treatment Services Network – good
Page 67, 8.44.1,5 what is hash1
Page 68, 8.46 note need to follow up on outcomes e.g. after 6 months after completed
Page 70/71, 9.2.1 makes reference to experiential experts and not just service users or past service users – clarify experiential experts and evidence base

Page 71, 9.3 – refers to development of five local networks and a network support service – what about existing organisations and see silo comment.
Page 72, 9.5 Family Involvement – session on their role – good
Page 73, 9.5.2 – all staff in contact – who are all staff and what organisation's – have they agreed or indeed been asked?
Page 74, 9.7 – workforce development – what about volunteers and community generally
Page 78 – Key Sources of Evidence – no breakdown by income, ethnicity, section 75