



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 18th April

(Please tick the relevant tick boxes)

I am responding: as an individual

on behalf of an organisation

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Before completing the set consultation questions we would like to comment on section 3.1 to 6.0.

3.1 Purpose of Framework

We agree with the aims however we feel there is a need to include cross departmental services as well as Local area plans, prisons etc. when commissioning services.

3.2 Objectives

We agree with the objectives however there needs to be:

- recognition that Northern Ireland is in post-conflict
- funding is required for research regarding substance abuse
- we believe the key priority population over the next 3-5 years are young people, families and older people

3.3 Themes

We agree with the key principles. In addition to the Evidence Based Practice there is a need to also include Practice Based Evidence and to apply a Community Development Approach.

4.0 Principles

We agree with the values and principles but we also believe there needs to be more focus on user involvement and work force personal development i.e. work life balance.

5.4 Drug Misuse

There is no reference to the increase in prescribed medication – this we feel needs to be acknowledged

5.5 Vulnerable Populations

Is there any information regarding the prevalence of other vulnerable populations including Black and Minority Ethnic (Roma, Chinese, Irish Travellers), Youth Justice, Institutions including prisons?

6.0 Commissioning Priorities

It was agreed that the mind-set and behaviour of the drinking and drug culture must be acknowledged when planning an Alcohol and Drug Commissioning Framework for NI.

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?

The SBPB agree with the overall approach however we have some comments:

- We believe that Education should be for all i.e. streamlined effective education should be made available in the school curriculum and in parallel there is a need to look at schools and the current capacity of the teachers
- The approach should not be left until there is a problem. We believe it should span from the cradle to the grave and take in a 'whole approach'
- We agree with the need for evidence based practice but there is an additional need for practice based evidence
- The campaign around Tobacco was simple and effective so for Alcohol and & Drugs Framework this could be repeated with the approach overarching across all drugs

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/No

We have some additional comments on the proposed regional priorities:

- The Regional Campaigns need to be improved
- There is a need for multi-agency buy-in in policies and procedures and joint working with PHA (regarding events – e.g. drink industry sponsoring music festivals)
- Family networks need to be acknowledged especially families who are not secure
- **Commission evidence-based parenting skills and family based programmes including Strengthening Families** – we believe this a number 1 priority

- **Support effective delivery of alcohol and drugs policies and social norm approaches in schools through joint working/commissioning with DE/ELBs** – we feel that it needs to be broader than DE/ELB's. The campaign for Tobacco was effective can this be repeated for Alcohol?

We have some additional comments on the proposed **local** priorities:

- Only T1 is mentioned, what will take place for T2-T4?
- Again the campaign for Tobacco was effective could this be repeated for Alcohol?

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

Yes/No

To add, we believe there is also a need to acknowledge the mental health and alcohol and drug link. And regarding Tier 4, there is a gap in crisis response especially with young people.

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

Yes/No

7.9 Early Intervention and Treatment

Early intervention

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

We are pleased that there is a reference to the Family Support Hubs and, yes we agree with the Early Intervention Regional and Commissioning Priorities.

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

Yes.

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

Yes.

Young people's treatment services including CAMHS

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

Yes we do, however regarding the local commissioning priorities there needs to be additional resources made available for capacity in locations.

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

Yes. In addition:

- In section 7.16.4 we feel the sources of support needs to be more joined up and accessibility and availability must be acknowledged
- In section 7.18.3 we believe the makeup of the care plans in place need to be reviewed as generally receiving a 'tablet' from the doctor is regarded as the norm and alternatives i.e. counselling/therapist are not considered the norm
- In section 7.18.6 we are pleased to see a recognised link between CAMHS and the Community and Voluntary sector however there needs to be a recognition of 'other' services
- In section 7.20 it is welcomed the recognition of the other social determinants of health
- In the diagram of the Regional Initial Assessment Tool we would like to see a more clear process for referring to CAMHS

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

We see no outcomes listed in this section to comment on.

7.21 Hidden Harm

Early Intervention

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

Regarding the commissioning priorities, we agree, and we have some comments to make.

Section 7.21.1

- There needs to be more understanding around hidden harm
- A review of the current advertisements in society (TV, Radio etc.) in their use of alcohol and drugs should be part of the framework

- The culture within statutory agencies must be reviewed – the use of a drinks company as a sponsor for city wide events for example
- Again, the overall culture of society must be challenged

Section 7.22.1

- There needs to be a greater link between early years services and service provision
- Prevention is absent from the approaches listed

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

In general yes, however we have some additional comments.

Section 7.24.3 – there are limitations to this point as the mis-use is not always identified. Clarity needs to be put forward regarding the appropriate action as it is missing from the document.

Section 7.24.7

- Family Support Hubs are not currently active in Belfast
- Where it outlines that young person's/families will be referred to appropriate support there are limitations as the support in south Belfast is currently limited.

Section 7.25

- We believe women **should be** involved in the decision making process always and there is no reference to the father
- It is very important that the protocols are in user friendly language
- Safeguarding the longer terms of the mother and father or the 'family unit' also needs to be included as well as support – the whole approach

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

Yes.

Treatment and Support

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

There are no priorities listed.

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

In general yes, however we have some comments.

Section 7.28.1 – reducing the parental substance misuse – we feel this role should be *‘were possible reduce the parental substance misuse’*

Section 7.28.2 – we believe the access to practical help should also include (1) integration in to the community and (2) help with social skills with the family unit

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

Yes but we would like to edit the 4th outcome and propose an additional outcome:

- Improved **appropriate** training and support to both the adult and children’s workforce
- **Propose: Reduce the impact of parental substance mis-use on Children and Young People**

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?

In general yes, however Social Isolation and Recovery and After-care also need to be included.

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

Yes, however we would like to propose a change to the 1st and 6th aims:

Aim 1: The development of a local integrated education and prevention plan in communities, workplaces and educational settings in partnership with **DACT's and the community and voluntary**, to raise awareness of the impact of drugs and alcohol locally

Aim 6: Work on regional projects with other community support services, where necessary, **and with multidisciplinary services i.e. Mental Health, Sexual Health etc.**

We also feel the community development approach and existing local plans both need acknowledged.

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

Yes, and we would like to add to the first outcome:

- Increased awareness of treatment and support services available, **including community and voluntary services**, for those experiencing difficulties as a result of drug and /or alcohol misuse
- Reduction in the number of people drinking hazardously and harmfully **and drug use**

8.4 Early Intervention Services

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

Regarding the commissioning priorities, we agree. The local priorities require resources as this will enable a holistic approach.

We have some comments to make in this section.

Section 8.5.4

- the focus should also run in parallel with the rest of the general public

- the additional sessions outlined in this framework are time bound and the number of the sessions are limited which could have a negative impact on progress

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

Yes, however we feel that the services outlined in **section 8.7.1** need to be developed with the services users.

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

Yes.

8.11 Substance Misuse Liaison Services

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

Yes.

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.

8.20 Low Threshold Services

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

The regional priorities yes.

The local priorities –

- Within the Non Pharmacy based Needle Syringe Exchange Schemes (NSES) an education of what NSES is needs to be rolled out across communities to increase awareness and knowledge

There needs to be careful consideration taken when deciding to commission NSES and the wider impact on the surrounding community

In **section 8.21.3** regarding Homeless people's substance misuse, other issues aside from housing should also be included – mental health, family relationships etc.

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

Yes, however in **section 8.22.4** we feel the provision of the services need to be consistent.

The functions, we would like to propose a change to the 3rd and 7th function and to add a new one

- **Proposed 3rd function - Safeguards need to be out in place to ensure the disposal of used needles in the sharp boxes provided.**
- **Proposed 7th function - Ensure staff working in Pharmacy based schemes and more specialist schemes are competent and confident to deliver the level of service offered**
- **New function: Ensure the schemes are accessible and approachable to all i.e. non-judgemental**

The aims:

Section 8.24.2 – the social determinants of health should also be taken in to account

Section 8.24.6 – welfare should also be included

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

Yes and we would like to see an additional one:

- Integration within the community i.e. aftercare

8.28 Community Based Treatment and Support

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

Yes.

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

Yes however within **section 8.32.5** there are resource and capacity implications that need to be acknowledged.

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

Yes and we have some comments to add:

Section 8.38.2 - regarding the domains measured in the RIMT there needs to be a strong emphasis in the new framework that the collated data is used appropriately and in a timely manner for impact

Section 8.39.3 – we feel the DACT's should play a key role in partnership with local communities and work with the community support services

Section 8.40.1 – it is very important to include recovery and aftercare in this section

8.41 Inpatient and Residential Rehabilitation Provision

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

Yes.

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

Yes.

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

Yes

SECTION THREE: CAPACITY

9.1 Service User and Family Involvement

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

Yes and we feel that children and families should also be included in both the regional and local priorities.

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

Yes. In **section 9.3.3** – community and voluntary, we believe, should also be involved in this process.

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

Yes.

Family Involvement

We agree with the regional and local priorities however it is important to note that there will be a great need for resources and capacity in the provision of support. We also agree with the outcomes.

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.

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

Yes. In addition we have some comments:

Section 9.7.3 – the multidisciplinary recommendations we understand should be inclusive of specialists.

Section 9.7.5 – the specialist staff we feel should also have competencies and confidence as well as skills and knowledge.

There should be the ability to share practice with joint working between agencies – the community development approach i.e. learning from others.

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

There are no aims, roles and functions outlined in this section.

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

There are no outcomes outlined in this section.

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

Yes.

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

Yes.

- **Culture** - recognition needs to be given to the fact that the framework is seeking to change attitudes and behaviour that have become deeply engrained in our culture- the service response i.e. commissioning early intervention work therefore needs to acknowledge the culture
- Recovery and aftercare

FURTHER COMMENTS

43. 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.

In addition to this response we would like to add the following general points about the framework: -

- We are generally supportive of the priorities and outcomes within the framework
- We feel there is a great need to acknowledge that many of the outcomes are long-term in nature (and recognising that it is a 3-year framework) and achieving them will be challenging in the face of today's culture regarding alcohol particularly
- There is a great need to address availability, affordability and accessibility and to look at practice-based evidence
- Recognition needs to be given to the fact that the framework is seeking to change attitudes and behaviour that have become deeply engrained in our culture- the service response i.e. early intervention work therefore needs to acknowledge the culture

- We believe it is important that this framework sits within the context of the Public Health Strategy and all the strategies need to link together be effective
- The focus on Integrated Care Pathways (Transforming Your Care) and partnership working is most welcome and vital but this needs to be within a context where all organisations and agencies are clear about their roles within the pathway and that each of the roles are recognised and valued
- The framework will require resources especially within the Community and Voluntary Sector as outcomes cannot be achieved if contracts are year on year. We are pleased to see that the framework is offering a 3 year opportunity which will give security and stability to enable this sector to plan
- Finally, evaluation and monitoring the impact/changes is key to this framework succeeding so we hope that value has been placed on these stages of programme development

From a South Belfast perspective we would like to add the following points:

- We feel that the current key issues in South Belfast are (1) Drugs and alcohol and young people and the effect on the family circle, (2) Drugs and alcohol on family and (3) children
- There is an over prescribing culture, black market (medication from the doctor and the street), high dependency/reliance on drugs and a strong reliance on prescription drugs with alternatives not being available
- The main target groups are Young People, Adults and Older People. We feel the document focuses too much on young people and not the other two. In addition, there needs to be more of an emphasis on males as well
- There is a need for Evidence based practice and practice based evidence and the streamlining and joining of services – the service should be fit for purpose
- It is acknowledged that grandparents also play a role in children's lives
- Within south Belfast we have the highest proportion of Black and Minority Ethnic communities, including the recently arrived Roma who do not have direct access to health services. This in turn can create a risk around the access to, and use of prescription drugs with sometimes serious outcomes and consequences

- Students, as a group, cannot be excluded even though they are a very transient. There is a presence throughout south Belfast attending both universities and further education
- There is a great need to focus on a cultural shift – the culture is not challenged in society

Gaps in the Framework were also identified which include:

- The social isolation of adults
- Recovery and aftercare
- The need to increase awareness of GP's knowledge of addictions
- The need for plans to be localised and flexible
- The acknowledgement that some individuals require a longer-term approach to treatment and programmes should be adapted to cater for this e.g. befriending and mentoring
- The acknowledgement that some individuals don't require a long term approach, they need to move on and to be referred in to programmes within their local community

Thank you.