



**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 11<sup>th</sup> April**

*(Please tick the relevant tick boxes)*

I am responding: as an individual

on behalf of an organization

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## **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**

The Southern and Western Library Boards welcome the opportunity to comment on the Alcohol and Drug Commissioning Framework for Northern Ireland 2013 -16 consultation document.

The approach adopted is both strategic and pragmatic. It takes cognisance of current evidence based practice and supports the commissioning process across the various proposed 4 tiers.

Furthermore, it requires an understanding and knowledge of other government policy, commissioning plans and priorities which in itself ensures maximum impact through a process of cross cutting issues and dovetailing strategic drivers.

In particular the identification of the need to develop a regional approach to training and the alignment to standard across Northern Ireland is most welcomed.

## **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:**

The Southern and Western Boards agree that the determination of priorities regarding education and prevention must, as indicated, take into account the various components which affect and informs children, young people and families' behaviour in relation to alcohol and drugs.

Thereafter an integrated system should be made available as a suite of interventions which these groupings can access dependent on their identified need or entry tier.

It would seem that an integrated approach would have a greater impact as there would be greater cohesiveness between various tenets of proposed interventions.

Those services which are taken forward should be evidence based and involve local practice of what works within the Northern Ireland context and focus on life skills training for our children and young people.

Relevant organisations need to be aware that the current NI curriculum is skills based, however, any evidence based programmes would be most welcome by schools. It has been a number of years since teachers received skills based training and perhaps this is now an opportune time. School and youth settings have not recently received training on policy development regarding the 'use and misuse of substances'. Teachers and youth

leaders also require up to date information and training on drug and alcohol and social norm approaches.

There needs to be a more comprehensive evaluation and screening of local voluntary and community based programmes delivered in school across Northern Ireland. The development of an evidence based programme, delivered by voluntary and community group's to support the Personal Development curriculum should be considered.

An education and prevention plan delivered in educational settings may relate to FE Colleges. In ELB's this may relate to services under Children & Young Peoples Services, Curriculum Advisory and Support Services and/or Youth Services. The roles and responsibilities of these ELB services have changed over the last few years and are likely to change with the development of an Education and Skills Authority. At present, current staffing levels could not support this plan.

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

**Yes**

Comments

The Southern and Western Boards agree with the service aims and functions outlined in this section.

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

**No**

Comments

Whilst the proposed outcomes appear to be specific and achievable they do not appear to be consistent with all of the service aims.

Skills development should be a considered as an outcome as at present it would appear that the outcomes are solely attitudinal and behavioral.

## **7.9 Early Intervention and Treatment**

### Early intervention

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

**Yes**

Comments:

The Western and Southern Boards welcome the early intervention and treatment integrated model which takes into account not only the New Strategic Direction priorities but those also determined in the CYSP.

This will ensure that substance misuse services feature widely and are reflected in the Outcomes Groups and the Family Support Hubs. It is anticipated therefore that this will provide a more rounded, coordinated, and integrative approach between and with other

services hence prioritising and appropriately targeting services at those children and young people in greatest need of early intervention and treatment. This will allow children & young people considered to be somewhat 'less' vulnerable to be served through a universal provision.

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

**Yes**

Comments:

The Southern and Western Boards feel that the various roles and functions of early intervention services are clearly mapped in this section as evidenced in the stepped care interventions across Tiers 1-4. It is apparent that there is an agreed requirement for growing the capacity of the workforce in relation to their capacity to work effectively with children and young people.

In this section there appears to be no specific mention of responsibility for this capacity building.

It would seem that this need for capacity building cuts across HSCB, PHA, Trusts, Children and Young Peoples Services and those commissioned through the NSD to deliver services, it will be necessary to be more specific regarding the responsibility for training on aspects of the RIAT/UNOCINI as well as integrated care pathways and agreed protocols setting out the roles and responsibilities of services and staff.

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

**Yes**

Comments:

The Southern and Western Boards welcome the clear commissioning specifications that are inextricably linked with other national strategies, NICE guidance as well as ensuring that best practice is drawn upon. The consistent application of the RIAT assessment tool will assist staff to identify children and young people vulnerable to substance abuse. Appropriate resources will be identified and a greater integration of commissioning will be the expectation placed upon those commissioning services to do so in manner which is in keeping with a joint commissioning model and thereafter that joint initiatives are demonstrated in tenders received, reflected as stepped care interventions across the services being proposed (across Tiers 1–4).

Young people's treatment services including CAMHS

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

**Yes**

Comments:

The Southern and Western Board's believe that the commissioning priorities reflect the necessity for young people's treatment services to ensure as a priority that assessment

and diagnosis occur. The Board's welcome the assessment and diagnosis through a screening process conducted during an initial assessment which will be comprehensive in nature and enable future or onward referrals to be made to CAMHS if there is a suspected and clearly identifiable signs of co-occurring complex physical or psychological conditions.

Further clarity on the role of the CAMHS service at a local level may be necessary as well as further guidance on pathways or referral routes to and from stat/com/voluntary to youth treatment services.

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

**Yes**

Comments:

The Southern and Western Boards feel that the interventions and therapies should be supported by integrated care plans and underpinned with a multi-agency approach in keeping with the stepped care model ensuring a seamless transition and flexible access to a variety of services in meeting children and young peoples identified needs. The Board's also welcome that there will be consideration given regarding geographic access to young people's treatment services.

This will include collaboration across agencies supported by specialist substance misuse liaison service which would offer consultation, advice and outreach support to social services, criminal justice agencies, voluntary / community sector agencies, and other specialist provision (e.g. forensic) working with young people engaged in or at risk of substance misuse.

The application and use of Regional Initial Assessment Tool will assist staff in the assessment of young people's needs.

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

**No**

Comments:

There did not appear to be outcomes listed for young people's treatment including CAMHS.

## **7.21 Hidden Harm**

### Early Intervention

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

**Yes**

Comments:

The Southern and Western Board agree with the need for the provision of information, support and guidance for professionals to respond to situations where a child or young

person is in need due to the effects of hidden harm. The Board's are aware of the need to support young carers so that any barriers to their education can be addressed.

The evidence base regarding interventions around parental substance misuse is not yet sufficiently developed. Therefore additional resources maybe required to develop an evidence base of models of good practice and by further investment in capacity building via work force development.

It is essential that the commissioning of treatment and support services are again commissioned with the integrated joint commissioning model in mind and those services such as adult addiction service and children's services and midwifery/health visiting and adult addiction services are working hand in glove. These services should be working collaboratively with family support hubs that may also be providing a level of intensive type support.

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

**Yes**

Comments:

The Southern and Western Boards feel that it is imperative that the Hidden Harm, early intervention agenda is taken forward on the basis of multi-agency working and where any risk has been identified, agencies must adhere to policy and procedure as outlined in the Area Child Protection Committees' Regional Policy and Procedures Safeguarding and Promoting Children's Welfare.

Any provision of treatment to parents(s) with substance misuse issues should take into account whether there are any dependent children who may require support. It is agreeable that these targets should be reflected in any services providing substance misuse treatment to adults, hence supporting the link between support services within the community in mitigating any negative impact resultant of parental substance misuse

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

**Yes**

Comments

The Southern and Western Boards welcome that the outcomes listed are very much child/young person centered and are concerned with improved safeguarding and the promotion of the welfare of children and young people who may be experiencing social and emotional difficulties or whose health or development is being impaired due the substance misuse of their parents.

The Boards are encouraged to see that the outcomes section of the framework seeks to improve the educational outcomes for children living in hidden harm situations.

Critical to the hidden harm agenda is the necessity for joint and improved working between adult treatment services and children's services, and the provision of approaches and services which are integrated and which have regard to safeguard and

promote children's welfare and who are supported by the adult and children's services workforce who it has been proposed has better access to improved support and training.

#### Treatment and Support

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

**Yes**

Comments:

The Southern and Western Board welcomes that the commissioning priorities set out in the framework are somewhat all encompassing and take into account all aspects of treatment and support.

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

**Yes**

Comments:

The service aims, role and function appear to be consistent in advancing the specification requirements as per the commissioning priorities outlined above.

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

**Yes**

Comments

The Southern and Western Boards feel that the outcomes discussed are in keeping with the commissioning priorities and seek either to make a significant reduction in alcohol/drug related harm as well improvement in the physical and emotional wellbeing of children, young people and families.

However, the Board's would like to see more specific outcomes in relation to the needs of children and young people especially in relation to young carers. Training and support for education and youth staff is vital so that the needs of these children and young people are addressed.



## **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?

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

### **8.4 Early Intervention Services**

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

**Yes**

Comments

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

**Yes**

Comments:

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

**Yes**

Comments:

### **8.11 Substance Misuse Liaison Services**

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

### **8.20 Low Threshold Services**

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

### **8.28 Community Based Treatment and Support**

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

### **8.41 Inpatient and Residential Rehabilitation Provision**

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

**Yes**

Comments:

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

**Yes**

Comments

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

**Yes**

Comments

## **SECTION THREE: CAPACITY**

### **9.1 Service User and Family Involvement**

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

**Yes**

Comments:

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

**Yes**

Comments:

The Western and Southern Boards endorse the family involvement in the Northern Ireland model for service user involvement. The Boards strongly promote the voice of children and young people and endorses that professionals should take account of the impact of parent's drinking/drug taking on the parent-child relationship and the child's/young person's development, education and mental health etc.

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

**Yes**

Comments:

The Western and Southern Boards endorse the outcomes and in particular the improvement in the mental health of family members especially children and young people.

### **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.

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments:

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

**Yes**

Comments

#### **FURTHER COMMENTS**

44. 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.

It is evident throughout the framework that there is a clear need for considered links with other strategic drivers such as Programme for Government, Neighbourhood Renewal Strategy, Transforming your Care, Fit and Well- Changing lives, New Strategic Direction for Alcohol and Drugs – Phase 2, CYPS and Government Departments such as, DHSSPS, HSCB, PHA, Trusts, DENI, etc. This clearly demonstrates to those tendering for services the requirement to clearly outline how they propose to move forward on the basis of joint initiatives taking into account the underpinning principle of joint commissioning which is fundamental to future service delivery across each tier but, particularly, in tiers 1-2.