

REGIONAL TRAUMA NETWORK

Service Delivery Model & Equality Impact Assessment

RESPONSE TEMPLATE

Your opportunity to have your say: responding to the Consultation Document.

Comments are invited from all interested parties on pages 3-16 below.

This document provides space for you to comment on the Regional Trauma Network Service Delivery Model & Equality Impact Assessment. This consultation is being carried out by the Health and Social Care Board on the phased implementation of the Regional Trauma Network.

A copy of this document is available on the HSCB website at:
<http://www.hscboard.hscni.net/get-involved/consultations/>.

Requests for versions in accessible formats will also be considered.

You can send us your consultation response or comments as follows:

By post:

**Geraldine Hamilton
RTN Manager
Health & Social Care Board
12-22 Linenhall Street
Belfast, BT2 8BS**

By email: regionaltraumanetwork@hscni.net

If you prefer to meet with us in person, we would be very happy to do so.

Please contact us by email, by post, or by phone: 0300 555 0115.

Information provided by respondents to this survey will be held and used for the purposes of the administration of this current exercise and subsequently disposed of in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulation.

SERVICE DELIVERY MODEL

- 1 The Health & Social Care element of the Regional Trauma Network will be designed and delivered in 3 phases. The aim is to make sure we learn about what works best at each phase so that we can continually improve the service as it develops.**

Do you agree with this phased approach?

Agree

Neither Agree or Disagree

Disagree

Comments:

The Probation Board for Northern Ireland welcomes the phased approach to the design and delivery of The Regional Trauma Network and that the strategic outcomes align to the 'three pillars' approach to clinical outcomes in mental health (McCusker, 2014), a regional protocol that provides guidance on designing accessible, acceptable, and effective care. This will enable difficulties to be identified and amended at the earliest possible stage. Addressing what works best at each stage will enable best practice to be implemented and built upon as the roll out develops.

2 A major aim of the phased implementation approach is to learn how to improve access to psychological trauma services through continuous evaluation and research.

Do you support this aim?

Agree

Neither Agree or Disagree

Disagree

Comments:

The Probation Board for Northern Ireland supports this aim. Evidence has shown the need and effectiveness of psychological interventions when working with trauma. (Bisson, Ehlers, Matthews, Pilling, Richards & Turner, 2007; Cusack, Jonas, Forneris, Wines, Sonis, Middleton & Weil, 2016). Therefore, any initiative aimed at improving access to such services is positive. Through the phased implementation approach and continuous evaluation, effective strategies can be developed and implemented to meet this aim and improve access to invaluable psychological trauma services, which is welcomed and supported by PBNI. Continuous evaluation and research is vital in terms of the ability to demonstrate evidence-based practice. Given the unique historical context of Northern Ireland, trauma-focused research will be crucial to the process of developing appropriate service provision.

3 Partnership working is a key element of the Regional Trauma Network service delivery model. It aims to enable people with significant levels of psychological trauma to be supported by a number of agencies who will work together to meet all their needs. Do you agree with this approach to delivering the Regional Trauma Network?

Agree

Neither Agree or Disagree

Disagree

Comments:

Probation welcomes the partnership approach and agrees that support needs to be provided by a number of agencies working together. PBNI also welcomes the Regional Trauma Network Training and Education Strategy which will include delivery of Trauma awareness training with the aim of creating trauma-informed communities across the statutory, community, and voluntary sectors within Health and Social Care, Education, and Justice to reduce stigma and increase the understanding of trauma at a community level. Particularly positive is the intent to include outreach to men's groups to encourage help seeking behaviour. Effective communication between not only agencies but within various Health & Social Care Trust areas will be important going forward, given that information is not always held/shared between local regions and many potential service users, especially the most vulnerable or those who are released from custodial settings can be fairly transient and relocate regularly between areas.

- 4 The Stormont House Agreement sets out a commitment to develop a psychological trauma service in Northern Ireland for individuals experiencing significant level of psychological trauma as a result of the Troubles/Conflict. A priority in Phase 1, therefore, is to work in partnership with the Victims and Survivors Sector to establish ready and safe access to Health and Social Care psychological trauma services for people with significant levels of post-traumatic stress disorder as a result of the Troubles/Conflict.**

Five Health & Wellbeing Case Managers are employed by the Victims and Survivors Service. They are authorised through the 2016 Partnership Agreement between the Department of Health (DoH) and The Executive Office (TEO) to comprehensively assess needs of individuals who are experiencing significant levels of psychological trauma, and make referrals directly into the regional HSC Local Trauma Teams. This is an innovative and unique approach to accessing Health and Social Care.

Phase 1 allows Health and Social Care to learn more about the needs of adults with psychological trauma and the safest and most effective way for them to readily access statutory services.

Do you have any comments in relation to this aspect of Phase 1?

Comments:

Levels of PTSD are higher here than in other regions that have experienced civil unrest (Atwoli, Stein, Koenen & McLaughlin, 2015; Ferry, Bunting, Murphy, O'Neill, Stein & Koenen, 2014). There remains a lot of stigma surrounding troubles-related trauma and formally addressing such through therapeutic services. There are many offenders who have been both the victim's as well as perpetrators of troubles-related trauma and the location of services will be crucial in terms of maximising potential engagement.

- 5 During Phase 1, a pathway to Regional Trauma Network services for will be designed and developed for children and young people, in line with the existing Child and Adolescent Mental Health Services (CAMHS) pathway. This will be informed by existing experience of services for children and young people, and by learning from the experience of delivering treatment to victims and survivors of the Troubles/Conflict who require treatment within Health and Social Care.**

Have you any comments in relation to this approach to designing and developing a pathway for children and young people?

Comments:

Early intervention is vital in terms of addressing the needs of young people before escalation. Statistics have shown that suicide is affecting more young people each year, with rates in the under 18s being disproportionately higher within Northern Ireland, compared to the rest of the UK. Furthermore, the association between suicide and alcohol and/or drug misuse was significantly more likely in Northern Ireland (20, 74%) compared to Scotland (20, 33%), England (168, 40%) and Wales (18, 49%) (National Confidential Inquiry into Suicide and Safety in Mental Health, 2018).

Therefore, by developing a pathway for children and young people to receive early intervention from Trauma Network Services will not only positively impact Northern Ireland current suicide statistics, but through addressing such psychological issues, has the potential to divert individuals away from the criminal justice system and later adult health care services. If such issues were successfully addressed it will also impact other factors such as educational attainment rates.

6 Also during Phase 1 a pathway will be designed and developed for individuals with significant trauma symptoms that are not associated with Conflict/Troubles-related incident/s, who experience barriers to accessing mental health services. This will be informed by the existing experiences of these individuals and communities and by learning from the experience of improving access for victims and survivors of the Troubles/Conflict who require treatment within Health and Social Care.

Have you any comments in relation to this approach to designing and developing a pathway for individuals who experience barriers to accessing mental health services, who have significant trauma experiences that are not associated with Conflict/Troubles-related incident/s?

Comments:

Probation welcomes the inclusion of the joint healthcare and criminal justice strategy, and the work to identify and support people with mental ill-health or other vulnerabilities who have offended who fall under the definition of those who experience barriers to accessing mental health services.

- 7 Phase 2 proposes to open pathways for all other relevant statutory and non-statutory organisations for both child and adult service-users via the General Practitioner (GP). Learning from Phase 1 will influence the design and development of these other pathways to access Regional Trauma Network services.**

Have you any comments in relation to this?

Comments:

Probation welcomes the inclusion of the GP as the gateway to other statutory and non-statutory organisations and regards access to primary healthcare provision as crucial for the service user group made up of individuals who have offended.

8 Phase 3 will focus on the development of future Regional Trauma Network design and action planning, based on:

- **performance information and learning from Phases 1 and 2;**
- **evidence of need and demand, and engagement with individuals with significant trauma symptoms that are not associated with Conflict/Troubles-related incident/s who experience barriers to accessing mental health services; and**
- **recommendations for future service development and any additional resources required.**

Have you any comments in relation to this?

Comments:

Ref answer to Q6: Probation welcomes the inclusion of the joint healthcare and criminal justice strategy, and the work to identify and support people with mental ill-health or other vulnerabilities who have offended and who fall under the definition of those who experience barriers to accessing mental health services. Specifically, this strategy allows for consideration to be given to those within the criminal justice system who have complex needs, such as mental health dual diagnosis, personality disorders and the comorbidity of substance misuse and mental health, and their ability to access appropriate services.

9 Overall, do you foresee any challenges with this phased approach?

YES

NO

Comments:

The Probation Board for Northern Ireland supports this phased approach however, there could be the potential for difficulties to arise when attempting to develop practical strategies for effective communication between agencies.

EQUALITY IMPACT ASSESSMENT

10 Have all the key implications for the different equality groups been identified?

YES

NO

Comments:

11 Are there any other equality issues or information that we should be considering?

YES

NO

Comments:

12 Is there anything else we could do to address the equality issues identified?

YES

NO

Comments:

13 Have you any further suggestions of how we could better promote equality of opportunity, human rights, or good relations?

YES

NO

Comments:

14 Are there any other comments you wish to make on this consultation?

Comments:

15 Please tell us if you are responding on your own behalf or on behalf of an organisation by selecting one of the following options:

I'm a person living with psychological trauma or their carer/family member.

I'm a carer/family member of someone who is living with psychological trauma.

I work within an existing Community and Voluntary organisation which supports people with psychological trauma.

I work within existing HSC Psychological Therapies/Trauma Services.

I work within the Primary care sector.

Other (please specify): Justice Sector – Probation Board for Northern Ireland (PBNI)

16 If you are happy to identify yourself, please provide us with the following details: (Information provided by respondents to this survey will be held and used for the purposes of the administration of this current exercise and subsequently disposed of in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulation).

Name: _____Gail McGreevy_____

Organisation: _____Probation Board for Northern Ireland

Contact Address:_____80-90 North St Belfast BT1 1LD_____

Email Address:
_____gail.mcgreevy@pbni.gov.uk_____

May we contact you to get further information on your response?

____Yes_____

17 How did you find out about this consultation?

Via my organisation

Via the Health & Social Care Board

Other (please specify): _____

Thank you.

Responses must be received no later than:

Tuesday 24th (revised) September 2019 at 1:00 pm

CONFIDENTIALITY AND ACCESS TO INFORMATION ANNEX

The HSCB may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be published or disclosed on request in accordance with information legislation; these chiefly being the Freedom of Information Act 2000 (FOIA), the Environmental Information Regulations 2004 (EIR), the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) (EU) 2016/679. The HSCB can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The FOIA gives the public a right of access to any information held by a public authority, namely, the HSCB in this case. This right of access to information includes information provided in response to a consultation. The HSCB cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential.

If you do not wish information about your identity to be made public please include an explanation in your response. Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the DPA and the General Data Protection Regulation (EU) 2016/679. The HSCB is committed to building trust and confidence in our ability to process personal information. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

For further information about confidentiality of responses please contact the Information Commissioner's Office on 0303 123 1113 or via <https://ico.org.uk/global/contact-us/>.