

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

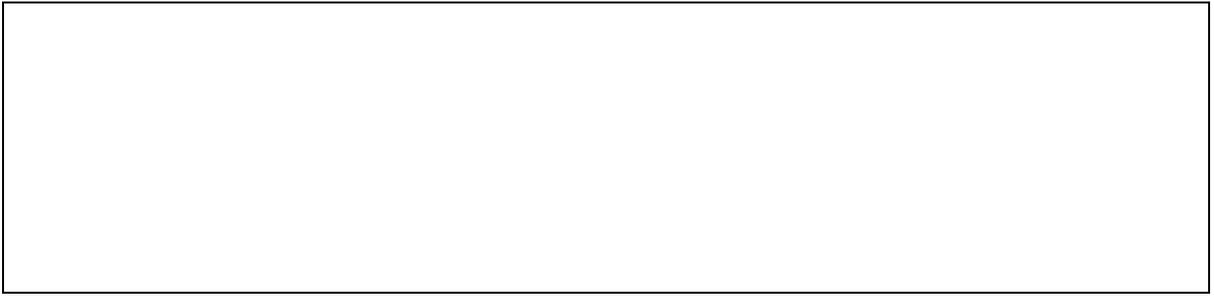
Neither Agree or Disagree

Disagree

Comments:

A phased implementation approach is appropriate given the complexity of the problem. However, although the report acknowledges that there is a possibility of an increase in referrals to statutory services during phase 1 (before the Regional Trauma teams are established), it does not make any proposals to mitigate this. This may be a significant issue, given that there will be a new pathway into secondary care services, with case managers referring directly.

It is not clear if victims of the Troubles/conflict who have complex needs (step 3 and beyond) will have access to an appropriate level of service during this phase.



- 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:

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:

A partnership is necessary given the extent of the problem and as this approach recognises that no one service can meet all the needs of victims and survivors of trauma. However, this means that there must be very clear communication between different agencies and there must be systems in place to guard against the risk of fragmentation of care, with the individual feeling he/she is passed from 'pillar to post' with no one agency leading or co-ordinating care.

- 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:

It is not clear if the case managers will be referring directly into statutory services during phase 1 (before the establishment of local trauma teams). The introduction of another point of access to secondary care services introduces risks in terms of how Trusts manage and record waiting times, how referrals are prioritised and how services will cope with potential increases in demand. It will also require clear systems to communicate with GPs and to take into account other new service developments such as the new primary care multidisciplinary teams.

- 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:

The potential to destabilise already under-resourced CAMHS services must be recognised.

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:

It is appropriate to make every effort to reduce barriers to access mental health services for all (including victims of trauma) consistent with the stepped care model - but this must recognise the significant under-resourcing of mental health services in Northern Ireland.



- 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:

The opening of new pathways may, as has been noted, have the potential to destabilise already overburdened mental health services.

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:

It is likely that many patients referred to the RTN services will have comorbid conditions (eg depression, substance misuse, psychosis) in addition to complex trauma - and the Teams must be skilled and resourced to manage these illnesses. This must be factored into any evaluation and service development proposal. This will include adequate Consultant Psychiatry time.

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

YES

NO

Comments:

The challenge will be to ensure that adequate numbers of trained staff will be available to ensure that phase 2 can be implemented. It must be noted that current services have significant difficulties in recruiting and retaining adequate staffing levels.

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:

The document makes no reference to prisoners and those in the criminal justice system, who have high rates of trauma and mental illness.

It does not make reference to those persons with intellectual disability who also have high rates of trauma and may require services tailored to their specific needs.



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

YES

NO

Comments:

Liaison with forensic mental health and intellectual disability services.

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): **Please see below.**

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:

Dr Gerry Lynch, Chair RCPsych NI & Vice Chair RCPsych

Organisation: **Royal College of Psychiatrists NI**

Contact Address: **Clifton House, 2 North Queen Street, Belfast, BT15 1ES**

Email Address: **thomas.mckeever@rcpsych.ac.uk**

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

Yes - via above email address

17 How did you find out about this consultation?

Via my organisation

Via the Health & Social Care Board

Other (please specify): **Public Affairs provider Newsletter**

Thank you.

Responses must be received no later than:

Friday 6th 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/>.