

**Department of Finance
Memorandum on the Ninth
Report from the
Public Accounts Committee
Mandate 2017-2022**

Addiction Services in Northern Ireland

**Presented to the Northern Ireland Assembly
by the Minister of Finance**

25 March 2022



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Glossary of Abbreviations

DoH	Department of Health
DoJ	Department of Justice
HSC	Health and Social Care
MDT	Multi-Disciplinary Team
MRG	Medicines Regulatory Group
NI	Northern Ireland
OCTF	Organised Crime Task Force
PHA	Public Health Agency
PSNI	Police Service of Northern Ireland

Ninth Report

Department of Health

Addiction Services in Northern Ireland

PAC Recommendation 1

The Committee recommends that reducing the harm caused by addiction should be the focus of the Department's efforts going forward, with a clear objective of reducing drug and alcohol related deaths.

The Department of Health (DoH) accepts this recommendation.

The new Substance Use Strategy "Preventing Harm, Empowering Recovery", launched by the Health Minister on 7 September 2021, has at its heart the key objective of preventing and reducing harm from substance use. The strategy was co-produced in collaboration with key stakeholders including service users and their families.

Two of the 5 specific outcomes within the strategy (together with their indicators and actions) are directly related to harm reduction:

- Outcome A – Through Prevention and Reduced Availability of Substances, Fewer People are at Risk of Harm from the Use of Alcohol & Other Drugs across the Life Course; and
- Outcome B – Reduction in the Harms Caused by Substance Use.

In addition it is also reflected in the vision set out within new strategy:

People in Northern Ireland are supported in the prevention and reduction of harm and stigma related to the use of alcohol and other drugs, have access to high quality treatment and support services, and will be empowered to maintain recovery.

Alcohol Specific and Drugs Related Deaths are also identified within the Strategy as key priorities and indicators and will be monitored closely over the course of its implementation.

PAC Recommendation 2

The Committee recommends that the Department puts a clear focus on continuing to build and strengthen collaborative work across the Health and Social Care sector to tackle drug and alcohol use.

DoH accepts this recommendation.

As well as having been co-produced with key stakeholders, the new Substance Use Strategy's successful implementation will require collaboration across the whole Health & Social Care (HSC) sector. The collaborative approach is already being put into place in the implementation structures that have already been established for the new strategy including the Programme Board and Strategic Planning Group.

The Substance Use Strategy Strategic Planning Group, co-chaired by the Public Health Agency (PHA) and the HSC Board has been established with representatives from all relevant HSC organisations, as well as the community and voluntary sector and service users. It reports directly to the Programme Board. This group has begun the process of developing a comprehensive strategic plan which will ensure that the HSC sector is working collaboratively and holistically to deliver on the priorities within the substance use strategy. This approach will make connections across lifespan and will support consistent commissioning practice based on population need and evidenced based practice – it will also support system leadership across the whole system.

The Programme Board will also establish policy advisory sub-committees on specific elements of the strategy as required, and care will be taken to ensure collaboration across the HSC sector in the membership of these sub-committees.

PAC Recommendation 3

Given the current pressures on the Health sector, the Committee recommends that consideration is given to the centre of government providing leadership to ensure a genuinely system wide-approach to tackling this issue.

DoH accepts this recommendation in principle.

However, DoH believes substance use is primarily a health issue and should remain led by the health sector. Service users were very clear in the co-production of the strategy that they see this as a health issue. This leads to one of the key values of the new strategy being “Shared Responsibility, Co-Production and Collaboration – Health-led but not health alone”.

DoH very much supports the principle that it is the Executive’s responsibility to provide overall leadership and set the overarching Programme for Government for Northern Ireland (NI). That is why the final substance use strategy was signed off by the Health Minister, and approved by the whole Executive.

In addition, as the Public Accounts Committee has highlighted, this is not just an issue that can be tackled by Health alone. These are multi-faceted problems that exist across the whole of our society – poverty and deprivation; homelessness; employment and economic development; mental health and trauma; paramilitarism, community relations and justice; educational attainment, inequalities; and the legacy of the past. Tackling these societal issues will require the whole Executive to operate collectively and provide leadership for the whole of NI.

In recognising the wider context, a new cross-sectoral/cross-departmental Programme Board was established, chaired by the Chief Medical Officer, to drive forward and oversee the implementation of the new strategy, its values, outcomes and actions. As well as a range of representatives from across the HSC sector, the membership of the Programme Board covers academics, community and voluntary sector representatives, local government and vitally service users, their families, and other experts by experience. In addition, the new strategy makes the case that tackling the causes of, and problems associated with substance use is not just the role for Health and that is why other Executive departments are also represented, including Justice, Education, Infrastructure and Communities.

PAC Recommendation 4

The Committee recommends that the Department puts forward a robust case for the additional funding needed to fully implement the substance use strategy, outlining its spend-to-save potential, and urges the Executive to ensure that support for the strategy translates into actual budget cover.

DoH accepts this recommendation in principle.

The new substance use strategy sets out the evidence base of additional investment in substance use services, as well as demonstrating that research has shown that these provide invest to save opportunities as every £1 invested in substance use services results in a £2.50 benefit to society. It also estimated that the cost of healthcare alone for adult substance users coming to harm but not in structured treatment was £5,380 per annum, and that healthcare costs fall by 31 per cent when users are in treatment. There will also be additional savings to justice and other settings from ensuring the provision of accessible and quality treatment and support.

When approved by the Executive, DoH made clear the money that would be required to fully implement the strategy and informed the Executive that it would be bidding for this additional resource. DoH’s bid for the additional funding required was submitted as part of the normal financial funding mechanisms. However, it is likely that insufficient resources will be available to fund all of the bids put forward by all Departments. DoH will not prejudice the outcomes from that exercise.

The Department of Finance agrees that without a Budget agreed by the Executive, it will not be possible for DoH to plan on the basis of the significant additional funding proposed in the Draft Budget 2022-25. It will be for DoH to prioritise its Budget allocation in line with Departmental priorities. Where additional resources are required, then in normal circumstances DoH can seek further funding from the Executive through the normal public expenditure processes.

PAC Recommendation 5

The Committee recommends that the Department addresses issues with data quality and completeness urgently, and that future monitoring has a clear focus on measuring outcomes for service users. Any future strategy and service development must be informed by robust, reliable evidence obtained from services.

DoH accepts this recommendation.

At the first Substance Use Strategy Programme Board meeting on 30 November 2021, it was agreed that there is a need to prioritise the consideration of the best ways of measuring the impact that the strategy has. The Board decided that the first workstream it wanted to establish should focus on how we can improve data quality and evaluate our progress against the strategy's outcomes, indicators and actions.

One of the actions the Board also needed to progress was to develop a funded two-year rolling research programme to meet the needs of the implementation of this strategy.

Accordingly, the Board agreed to establish a new cross-sectoral Monitoring, Information & Research Sub Committee to oversee this work on outcomes monitoring and evaluation. This subgroup is currently being established and will meet shortly and will report back to the Programme Board on an ongoing basis.

In addition, a key action in the new strategy will be the development of a new Outcomes Measurement Framework to support the Strategic Commissioning Plan. This will be led by the HSC Board and will ensure that there is a focus on improving client outcomes and their experience of services, and well as increasing availability and accessibility of these services.

PAC Recommendation 6

The Committee recommends that the Department commits to working in partnership with Community and Voluntary Sector organisations and strongly encourages the Department to provide more certainty around funding arrangements and contracts for these organisations.

DoH accepts this recommendation in principle.

DoH has highlighted the involvement of the community and voluntary sector as a key principle within the new substance use strategy, and is committed to maintaining and enhancing the relationship it has with this sector.

The strategy was co-produced with a wide range of stakeholders and the involvement of the community and voluntary sector was a key component of this collaboration. DoH has also committed to ensuring that they are fully involved in all the governance/implementation structures for the strategy.

A key action within the new strategy is for the PHA and the HSC Board to produce, across all tiers of service, a new outcomes-focused strategic plan for substance use, to replace the Alcohol & Drugs Services Commissioning Framework. As part of this action, the new plan will recognise the importance of co-production and strengthen joint working between the community and voluntary sector, service users and peers, and the HSC Sector.

DoH and its Arm's Length Bodies, will continue to fund the community and voluntary sector in line with the wider current financial rules and regulations.

PAC Recommendation 7

The Committee recommends that the Department investigates the failure of the shared care model in some regions and establishes clear plans to increase the number of GPs involved in this care.

DoH accepts this recommendation in principle, however the Shared Care Model may not be the most effective approach in all areas.

As part of the co-production approach to the new substance use strategy, a review was undertaken of the previous strategy and this was followed by a pre-consultation process and a full consultation of the proposed strategy. One of the issues arising repeatedly from these engagement exercises was the need to have a flexible approach to providing substance use services in each of the Trusts, and this was highlighted in respect of the Shared Care Model. Some Trusts believe that the Shared Care Model is a success and key to how they deliver their substance use services, while other Trusts believe that the GP shared care model is not the most effective method for service delivery in their area.

As part of the delivery of the new strategy, the HSC Board will take forward the recommendations from the review of Opioid Substitution Therapy with a specific focus on reducing waiting times with the target that no-one waits more than 3 weeks, at most, from referral to assessment and treatment.

Through the rollout of the Primary Care Multi-Disciplinary Team (MDT) Programme over 620,000 citizens now have access to physiotherapy, social work or mental health services in their local GP practice and benefit from enhanced levels of district nursing and health visiting. The MDT Programme Teams in the HSC Board and DoH are currently working to develop and agree a 'road map' which will set out the future direction of the Programme and the likely cost requirements. The speed at which any agreed plan can be implemented however, will depend on the availability of appropriate funding (including capital funding) and suitably qualified and experienced staff. There has also been difficulty sourcing and funding training for GPs to qualify them to participate in the shared care model. The HSC Board have recently been able to source appropriate training with the view to increase the number of GPs involved in this care, subject to funding.

PAC Recommendation 8

The Committee recommends that the Department should urgently undertake a fundamental review of residential rehabilitation services to ensure consistent and equitable access. Any review should include the provision of aftercare.

DoH accepts this recommendation.

The HSC Board and the PHA, as the commissioners, are now developing a new comprehensive, whole-system strategic plan for substance use services and support, which will address demographic trends in increasing demand and complexity, current and future resource, current gaps in service provision, service pressures, workforce issues and equity of access to support across the Region.

An early action taken forward by the HSC Board is the commissioning of an independent review of inpatient services across NI, covering both stabilisation and rehabilitation. It is anticipated that this Review will be completed by early 2023.

DoH will publish regular update reports on the implementation of the new strategy, evaluating progress against its outcomes, indicators and actions.

PAC Recommendation 9

The Committee recommends that work is undertaken to investigate the sources of these harmful drugs. In our view, this is not just a Health issue, and so a wider response from the centre of government is also required.

DoH accepts this recommendation.

An action within our new substance use strategy is for the HSC Board to produce an updated Prescription Drug Misuse Action Plan which, building on the current processes, will include additional support to monitor prescribing levels and support for prescribers to better understand who may be at risk of harms.

The general availability of medicines, particularly on the internet, is a global issue and UK regulatory bodies recognise that a multifaceted approach is essential to more tightly regulate this in the public interest. DoH's Medicines Regulatory Group (MRG) continues to be proactive in acting to combat this problem and works closely with key partner agencies to identify and act against those illegally importing or unlawfully selling illicit medicines in NI.

However, the harms arising from substance use, including the high use of prescription drugs, are not something that can be tackled by DoH alone. They are multi-faceted problems that exist across the whole of our society – poverty and deprivation; homelessness; employment and economic development; mental health and trauma; paramilitarism, community relations and justice; educational attainment, inequalities; and the legacy of the past. Tackling these societal issues will require the whole Executive to operate collectively.

Operation Pangea is an annual Interpol led operational initiative, aimed at disrupting the online supply of prescription medicines by illegal websites. The operation had been co-ordinated in NI by MRG since 2008 resulting in hundreds of thousands of illicit medicines being seized in NI during the life time of the Operation to date. Regular liaison is also maintained between the MRG and our regulatory counterparts in the Health Products

Regulatory Authority in Dublin with exchange of information and intelligence with particular regard to illegal cross-border trade in medicines.

DoH will also work closely with Department of Justice (DoJ) and the Police Service of Northern Ireland (PSNI) in relation to availability of illegal drugs. DoH is an active member of the Organised Crime Task Force (OCTF) Drugs Subgroup, which is led by DoJ and whose membership includes key stakeholders from across the justice sector. We have a specific action within the new substance use strategy that the OCTF Drugs Subgroup will continue to co-ordinate enforcement activity and ensure that those involved in the illicit supply and distribution of drugs are targeted. This will include learning and outcomes from PSNI's Operation DEALBREAKER currently being rolled out across all the District Policing Command areas.

PAC Recommendation 10

The Committee recommends that the Department continues its efforts to make progress on social prescribing and the availability of alternative therapies.

DoH accepts this recommendation.

A Regional Social Prescribing Development Board has been established, which will work to:

- Build collective understanding of the current status of social prescribing across NI;
- Examine the global evidence for social prescribing and the outcomes from social prescribing activity across NI;
- Agree a collective vision for the role of social prescribing in NI and work to embed that vision in relevant strategy and policy;
- That collective vision should address key issues for the future development of social prescribing relating to; the key principles of social prescribing, Sustainable funding models, Minimum outcomes to be measured; and
- Build a shared leadership approach to the implementation of that collective vision and identify key next steps.

As the Primary Care MDTs have been rolled out, DoH and project leads within each local roll out areas have engaged with the community and voluntary sector, the wider HSC sector, Government Departments and Councils to ensure that they start to reshape the way in which services are commissioned and delivered to reflect the new structures.

In particular, this new approach means that Primary care services in MDT areas are working closely with the community and voluntary sector, which has a strong track record of identifying and developing services to address need in their local communities. One of the key roles of the MDT social workers is to ensure that they understand the range of services that are available to support patient's needs in their area. Where there are gaps, social workers will work with the community and voluntary sector and other service providers to find solutions which address these gaps.

Although not specifically part of the MDT model, in areas where social prescribing services are available, each member of the MDT can utilise these services where they believe that it is in the best interests of the patient. This is also true for GPs who are working in areas where MDTs don't currently operate.