Commission for Victims and Survivors response to the Health and Social Care Board consultation on the establishment of the Regional Trauma Network

September 2019

Introduction

1. The Commission for Victims and Survivors for Northern Ireland (the Commission) was established in June 2008 under the Victims and Survivors (Northern Ireland) Order 2006, as amended by the Commission for Victims and Survivors Act (2008).

2. The Commission is a Non-Departmental Public Body of the Executive Office. The principal aim of the Commission is to promote awareness of the interests of victims and survivors of the Conflict/Troubles. It has a number of statutory duties that include:

   - Promoting an awareness of matters relating to the interests of victims and survivors and of the need to safeguard those interests;
   - Keeping under review the adequacy and effectiveness of law and practice affecting the interests of victims and survivors;
   - Keeping under review the adequacy and effectiveness of services provided for the victims and survivors by bodies or persons;
   - Advising the Secretary of State, the Executive Committee of the Assembly and any Body or person providing services for victims and survivors on matters concerning the interests of victims and survivors;
   - Ensuring that the views of victims and survivors are sought concerning the exercise of the Commission's functions; and
   - Making arrangements for a forum for consultation and discussion with victims and survivors.[1]

3. The Commission welcomes the opportunity to respond to the Health and Social Care Board consultation on the Regional Trauma Network – Service Delivery Model and Equality Impact Assessment.

4. The Commission has been a long-standing advocate for the establishment of a dedicated regional specialist psychological trauma service for victims and survivors of the Troubles/Conflict. The Commission was pleased that our local political parties agreed in the 2014 Stormont House Agreement that a new comprehensive Mental Health Service be implemented. It was also delighted in 2015 with the then Health Minister's announcement to progress the development of the new regional trauma service as a partnership between the statutory health and social care system and the community and voluntary sector.

[1] The functions of the Commission relate to those set out in the Victims and Survivors (Northern Ireland) Order 2006 as amended by the Commission for Victims and Survivors Act (Northern Ireland) 2008.

Background

5. In producing this response, the Commission consulted with members of the Victims and Survivors Forum at a meeting on 24 August 2019. The Victims and Survivors Forum is a statutory body comprising victims and survivors who have experienced a range of trauma-related incidents linked to the Troubles/Conflict. The Forum is convened by the Commissioner for Victims and Survivors, Judith Thompson and provides a place for consultation and discussion on a range of issues affecting victims and survivors. Two members of the Forum sit on the Pathways Development Group of the Regional Trauma Network and are also part of the Partnership Alliance for Learning from Lived Experience (PALLE) that will support the ongoing development of the RTN in the years ahead.

6. It is also important to note that the Commissioner for Victims and Survivors is a member of the Partnership Board of the RTN along with colleagues from the Department of Health and The Executive Office, the Victims and Survivors Service, the Health and Social Care Board, the Department of Health and the five Health and Social Care Trusts. Commission staff are also members of the Implementation Team of the RTN.

7. As the consultation document notes, the origin of the Commission's enduring support for a new regional psychological trauma service is located within the Comprehensive Needs Assessment (CNA) produced by the Commission in 2012.[2] The report identified an inconsistent and inequitable provision of specialist psychological trauma services across the statutory mental health system accessible to individuals and families whose mental health had been impacted considerably by their conflict-related experiences. This seemed incomprehensible in the context of a significant research evidence base highlighting the unique and profound impact of the Troubles on population mental health. This included reporting within the Troubled Consequences report produced by Ulster University in 2011 on behalf of the Commission. At the population level the report revealed that an estimated 8.8% of the Northern Ireland had met the criteria for posttraumatic stress disorder (PTSD) at some point in their life while 5.1% met the criteria in the previous 12 months. The report concluded that approximately 18,000 individuals met the criteria for 12-month PTSD that was associated with exposure to conflict-related events. The study also discovered high prevalence rates of other mental health disorders including clinical depression, complex grief, self-harm and substance dependency.[3]

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[2] CVSNI (2012) *Comprehensive Needs Assessment,* CVSNI, February: 13. Full report can be accessed here: https://bit.ly/2FbrRvd`

[3] CVSNI (2011) *Troubled Consequences – A report on the mental health impact of the civil conflict in Northern Ireland.*

8. To enhance specialist trauma services for victims and survivors and address the significant mental health legacy of the Conflict/Troubles, the CNA recommended the development of a trauma-focused coordinated service network led by the Department of Health and The Executive Office. Based on the model of a managed clinical network, the comprehensive regional trauma service would draw upon the existing resources and expertise in both the statutory and community and voluntary sectors.[4]

9. In spite of the delay the Health Minister's 2015 commitment to establish a 'world leading mental health service to provide high quality treatment for people experiencing trauma related mental health problems in Northern Ireland' was highly significant. Equally, it was a commitment that sought to progress an agreement by local political parties to create a comprehensive mental trauma service that recognized the important role of the Victims and Survivors Service and community-based organizations with significant experience in working directly with victims and survivors.

RTN Service Delivery Model

10. The Commission broadly welcomes and commends the considerable work by colleagues based in the health and social care system (HSC) and the victims and survivors sector in developing the service delivery model that will support the future operation of the new Regional Trauma Network. Through engendering genuine partnership working between HSC partners, the Victims and Survivors Service and funded community-based service providers (as envisaged within the Stormont House Agreement), the RTN can be a highly effective and responsive service to the complex psychological needs of victims and survivors.

11. The Commission is aware of several significant concerns that have been raised by the Victims and Survivors Service and a number of victims organizations relating to the RTN service delivery model as currently outlined within the consultation document. Some of these concerns relate to the Phased Implementation approach of the RTN in particular Phase 1 in regard to the to the pathway for victims and survivors of the Conflict/Troubles. Regrettably this has resulted in the VSS and the victims organisations concluding that at present they are unable to directly engage in the current design and approach of the RTN.[5] Discussions to resolve these issues to support the rolling out of the pathway of victims and survivors are ongoing. CVS believe that through these discussions and the wider consultation process these operational issues can

[4] CVSNI (2012) *Comprehensive Needs Assessment,* CVSNI.
[5] Victims and Survivors Service (2019) VSS 'Issues Paper' on the Regional Trauma Network, VSS.

and need to be resolved as quickly as possible to ensure there is no delay in initiating Phase 1 of the RTN including the launch of the pathway for victims and survivors of the Conflict/Troubles**.**

Phased Implementation of the RTN – rationale and timeframe

12. The rationale supporting the incremental, three-phased implementation of the RTN represents a sensible and pragmatic approach to establish a new regional mental health service. Promoting strong collaboration and co-production with service users in the development of the Network within the statutory health sector and between the statutory and community and voluntary sector should create an accessible service for all individuals including victims and survivors.

13. The focus on ensuring that individuals and families affected by Troubles-related trauma have immediate access during Phase 1 of the RTN is significant in reflecting the intention of the agreed recommendation within the Stormont House Agreement. Operationally, it also ensures that the RTN coalesces around the existing network of 5 VSS-funded Health and Wellbeing Managers and 25 Health and Wellbeing Caseworkers. This Health and Wellbeing Network funded through the PEACE IV Programme augments the range of existing community-based organisations supporting the health and wellbeing needs of victims and survivors across Northern Ireland and the Border Region of Ireland.

14. The overall two-year timeframe proposed for the phased implementation of the RTN represents a feasible amount of time to build the statutory element of the Network including the adult and children and young people referral and treatment pathways. It also provides a reasonable amount of time to develop referral pathways between the five local trauma teams and the range of community-based organisations delivering low to medium intensity psychological therapies and other trauma-related support services.

15. The Commission is however concerned that the proposed 4-month timeframe from Autumn 2019 to March 2020 is insufficient to ensure the effective development and evaluation of the victims and survivors pathway. In this regard the Commission share the concern expressed by the Victims and Survivors Service that the Phase 1 timeframe needs to be reviewed and extended. The Commission proposes that that HSCB consider extending this timeframe and keep the situation under review. This should allow sufficient time to permit full operation of the care pathway for victims and survivors ensuring parity of access across the five health and social care trusts in partnership with the Victims and Survivors Service and funded community-based organisations.

Phased Implementation of the RTN – resource to support full stepped care model

16. The Commission recognises the significant work undertaken by the Pathway Development Working Group in designing a trauma-focussed care pathway facilitating stepped care access to evidence-based psychological therapies primarily for adults. In implementing this care pathway based on a new collaborative arrangement (as per the Partnership Agreement between the Department of Health and The Executive Office) individuals with Troubles-related trauma should be accessing therapy-based services in both the statutory and community and voluntary sectors in a timely and effective manner.

17. In the event that during this important formative phase of the operation of the RTN, the new service receives higher than expected levels of referrals from GPs, VSS-based Health and Wellbeing Case Managers through victims funded organisations, individuals may experience delays in accessing the high intensity psychotherapeutic treatment that they require. Under current proposals recruitment of the full RTN Local Trauma Teams across each of the five Trusts to support implementation of the 'full stepped care model' is to be in place by the end of March 2021. While acknowledging that ongoing evaluation and learning will be integrated from the operational practice of Phase 1 and 2 it is important that fully resourced trauma teams are in place to enable provision of the full stepped care model as soon as is practicably possible.

18. The Commission believes that the HSC element of the RTN working closely with experienced psychological therapists in the community sector must ensure victims and survivors continue to access the range of stepped care psychological therapy beyond Phase 1 in a timely manner. The Commission wants to avoid a situation where victims and survivors with clinically significant psychological difficulties requiring access to the Network experience excessive waiting times across the five HSC Trust areas. It is also important that throughout Phase 1 of the implementation process, victims and survivors continue to access psychological therapies through VSS-funded organisations where this is appropriate for them to do so. Additionally, to ensure victims and survivors benefit from the full resource of the Network, Health and Wellbeing Case Managers and Caseworkers should continue to support service users to access a range of other supportive trauma-related services. These services including readily available access to complementary therapies, trauma-focussed physical activity and social support. Operating the Network in this way should ensure effective delivery of the blended, integrated service envisaged within the proposed RTN Service Delivery Model.

19. During consultation with the Victims and Survivor Forum a range of opinions were expressed relating to the Phased Implementation of the RTN. One issue of concern highlighted within the Forum was the need to ensure that the

operation of the RTN remains aligned to the principles and vision agreed to within the Stormont House Agreement. Equally, other views supported the development of a regional trauma network into a broader trauma service benefitting the entire population in Northern Ireland as proposed within the service delivery model.

Referral into the RTN

20. The Commission recognises how the phased implementation of the RTN is based on the Partnership Agreement signed by The Executive Office and Department of Health in consultation with the Victims and Survivors Service. This includes the unique agreement on governance arrangements and shared protocols that will be central to the operation of the RTN including the pathway for victims and survivors. The five Health and Wellbeing Case Managers based within the VSS and aligned to each of the Health and Social Care Trusts will clearly perform an integral part of the pathway. They will form an important clinical management interface between the RTN Local Trauma Teams and the funded victim's organisations delivering psychological therapy interventions. Currently under the Partnership Agreement the Case Managers will refer individuals who in their opinion may require treatment from one of the Trust-based Trauma Teams.[6]

21. Testing the unique Case Manager pathway for victims and survivors will be critically important in drawing the learning from the referrals made by Case Managers into the statutory element of the RTN. Continued review of the pathway will be important to understand the victims journey in terms of accessing a range of support including psychological therapy from the Local Trauma Team *and* from funded victims organisations. As the consultation document notes, a key aim of the RTN is to 'ensure people with complex requirements have improved access to a range of the highest quality trauma treatments and support delivered at the right time, in the right place and by the right person'.[7] This central aim should support the effective delivery of the stepped care, recovery-focus of the Network where individuals will simultaneously access trauma-related support services and psychological interventions based on their clinical need and readiness for engaging in therapy. It also recognises the invaluable range of resources accessible to the service user moving back and forth along the continuum of support offered by the Network from both the HSC and community-based victims organisations.

22. The Commission acknowledges the important role of Case Managers in managing referrals into the HSC element of the RTN particularly during the first

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[6] TEO-DoH (2019) *Partnership Agreement for the Regional Trauma Network (RTN) Service*, TEO-DoH, May.

[7] HSCB (2019) *Regional Trauma Network – Service Delivery Model and Equality Impact Assessment – Consultation Report*, HSCB: 47.

phase of implementing the Network. As part of the process to monitor and evaluate Phase 1, the Commission would suggest consideration be given to allowing a number of funded victims organisations to also refer into the RTN. This could assist the Network to manage the potentially high number of individuals with clinically significant levels of psychological trauma who require access to their local Trust-based Trauma Team. The Health and Social Care Board could work closely with the Victims and Survivors Service and the respective service providers to ensure appropriately qualified and experienced therapists who are registered practitioners can work directly with their local Trauma Team.

23. The Commission recognises that many individuals and families affected by their traumatic experiences of the Troubles/Conflict and requiring access to the RTN will be referred via their GP. There are currently over 336 GP Practices in Northern Ireland and over 1,700 registered GPs representing a significant referral network into the RTN.[8] The Forum expressed a view that as part of the wider promotion of the RTN, there should be a renewed effort to enhance trauma awareness among GPs and other primary care practitioners. This could form part of the wider objective of the RTN to encourage 'hidden victims' to seek psychological support accessing the appropriate interventions from either the HSC element or from a community-based service provider or both.

24. For individuals affected by Troubles-related trauma requiring access to the RTN through a GP referral, it is important that they can easily navigate the pathway for victims and survivors during Phase 1 and subsequent years of operation of the new Trauma Network. Many individuals will present with complex psychological needs with moderate to severe impact on daily functioning, potentially with substance dependency and physical health issues or physical disabilities. It is therefore critical that referred individuals can be supported by the Network where they require access to other parts of the health and social care system. The Commission therefore request that consideration be given to the appointment of personnel who would be responsible for individual clients/patients providing effective case management who would interface between the GP and the Local Trauma Teams.

Funding for the RTN

25. The consultation document refers to the levels of funding that have been committed to supporting the development of the health and social care element of the RTN in recent years. The Commission acknowledges the funding commitments from the Department of Health to support the Health and Social

[8] Information accessed electronically from the Health and Social Care Board website at: http://www.hscboard.hscni.net/our-work/integrated-care/gps/faqs/. Data

Care Board and the Health and Social Care Trusts to establish the new specialist regional trauma service. As the Service moves into a phased implementation process in the next two years it is vital that the RTN receives the required funding it needs to operate at full capacity as quickly as possible to ensure parity of access for victims and survivors and other service users across the region. Additionally, the Commission is concerned about the current structure of funding for the RTN. As the consultation document notes, part of the budget of the health and social care element of the RTN consists of non-recurrent funding. Part of this non-recurrent funding is reliant on finance provided through the Confidence and Supply Transformation funding which is time limited and therefore not guaranteed in future years.

26. To remove future funding uncertainty of this vitally important enhanced mental health service ensuring victims and their families receive the world-leading, high quality trauma care they deserve, the Commission would like the budget of the RTN to be committed on a recurrent basis and protected in the years ahead. Also, to ensure the Service can respond to growing demands for access to specialist psychological trauma care from individuals and families affected by their experience of the Troubles/Conflict, sufficient extra funding needs to be made available to avoid unacceptable waiting times to access the RTN across Northern Ireland.

RTN access for victims and survivors in the Border Region of Ireland

27. Through engagement with individuals and organisations based outside Northern Ireland in recent years, the Commission is very much aware how the mental health legacy of the Troubles/Conflict continues to affect many people elsewhere. This includes individuals and families living in the Border Region of Ireland. In the process of developing the new Regional Trauma Network the Commission have regularly highlighted the need for the Network to consider offering access to individuals in the Border Region of Ireland where there is a clinical need to do so. The Commission would therefore encourage the appropriate officials in Northern Ireland and the Republic of Ireland to seriously engage on this issue to facilitate access to the Network for individuals living in the Border Region of Ireland.

Conclusion

28. CVS is pleased to provide a response to the consultation on the establishment of a Regional Trauma Network that will support the mental health needs of victims and survivors throughout Northern Ireland in the years ahead. The Commission has been a long-standing advocate of a specialist regional psychological trauma service that addresses the enduring and often complex range of mental health needs of victims and their families.

29. Continued advocacy for this dedicated service based on partnership working between the statutory and non-statutory sectors is driven by the need to respond effectively to the significant prevalence of conflict-related mental health disorders including PTSD and complex PTSD across the region. To effectively respond to anticipated high levels of demand for the service, it is imperative that fully resourced trauma teams are operational to enable provision of the full stepped model as soon as possible. Further, it is important that through ongoing review and evaluation of the phased implementation of the RTN, learning is drawn from the experience of service users and integrated into the future operation of the Network.

30. The Commission believes that the operational issues highlighted by the VSS and funded victim's organisations need to be resolved by statutory and community-based partners as quickly and practicably as possible. This can only happen where there is recognition of the fundamental importance of creating a positive and collaborative engagement process between the HSC and service providers based within the victims sector. Through maintaining genuine partnership working in the weeks and months ahead the new Regional Trauma Network can become fully operational and accessible to victims and their families in a timely and effective manner.