

## **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](mailto: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 Council is supportive of the introduction of a Regional Trauma Network which is to be based on the internationally recognised Psychological Therapies Stepped Care Model.

Effective interventions to deal with persons presenting with psychological trauma is of key concern within Northern Ireland. Suicide, and other results of psychological trauma, have increased dramatically over the last several years. Failed initiatives and lost momentum have resulted in Northern Ireland experiencing trauma at all levels of society, not only as a result of the Conflict/Troubles.

Northern Ireland has higher overall prevalence of mental health problems in comparison to England, as well as the highest rates of incidence of self-harm and the highest suicide rate in the UK.

Such shocking statistics demonstrate that there clearly needs to be an intervention in relation to psychological trauma as it impacts on many other areas of health within Northern Ireland.

Ultimately, the implementation of the RTN should ensure that everyone in Northern Ireland, regardless of their section 75 background or geographical location, should receive a better service/treatment in relation to their traumatic experiences and recovery.

The Council will not support any plans to remove/reduce mental health services within the District as many residents already face long journeys for other health related appointments, due to the previous removal of services. This is particularly

felt within rural communities, which are disadvantaged by their location and infrastructure, resulting in longer travel distances and increased journey times. Individuals who have experienced, or are experiencing, psychological trauma are likely to be distressed, worried and apprehensive. Therefore, it would be unacceptable to ask these individuals to travel any further than is necessary.

The Council does acknowledge the need to design, develop and implement an integrated service model, which aims to: improve the experience of mental health trauma care (for the individual, their family and the wider community); increase the overall capacity of mental health services in the region; and improve the psychological and social outcomes for all service users.

The Council also appreciates that the three-phased implementation will ensure that phase 3 will commence by April 2021. This is substantially quicker than in other areas of the UK (for example in the development of the Scottish Trauma Network) and for this the HSCB should be commended. However, given the fact that this Regional Trauma Network has been discussed for several years, the Council is concerned that there will be further loss of momentum, should there be any delay in phase 1 or 2. Over the last several years there has already been a substantial loss in momentum, and given the fact that this RTN has been discussed for a number of years, it is vital that it is implemented as quickly and efficiently as possible.

The Council also stresses that the RTN should develop network-wide guidelines, protocols and quality standards which will ultimately improve the services available to all - regardless of their location.

**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 Council believes that the sole aim of this project should be to improve the treatment and of all individuals who have psychological trauma symptoms. Therefore, by collating evidence (and learning) at each step, ongoing improvement will be ensured for everyone, regardless of the origin of their trauma.

The process of ongoing/continuous evaluation and research should ensure that there is a process of ongoing learning and development (for all). To ensure the success of this project, it is vital that lessons and research accumulated from phase one inform and shape continuous improvement for the rest of the project.

To ensure continuous improvement, it is important that there is a process of ongoing engagement with all stakeholders as well as continuously evaluating, researching and reviewing the process.

The RTN should have all specialties, and support services, to provide care for those with trauma symptoms, regardless of their origin. Therefore, there should be ongoing engagement with all stakeholders including other support services, hospital care/rehabilitation providers in each locality, amongst others. This ongoing engagement will not only allow for the sharing of advice/guidance on best practice (and subsequent improvements performance of system/process) but it will also allow for a quality assurance and the discussion of any necessary changes.

The Council believes that a system which is sufficiently resourced and flexible to reflect continuous performance improvement will be vital to the success of the RTNs. Therefore, it is encouraging the collection of data on a variety of factors that will be beneficial for all involved in the delivery of the RTNs. As with other healthcare services, and RTNs in other areas of the UK, there should be a series of Key performance Indicators (KPIs) across the entire patient pathway – all of which are patient and outcome orientated, to ensure that each individual accesses the best possible care. These KPIs could include areas such as: Care, Governance Standards, Outcomes, Resource Utilisation, Training / Education and Patient

Experience.

Ultimately, the HSCB should ensure that the RTN is open, and accessible, to everyone and this will only be achieved by ensuring the continuous evaluation of those people using the service and the impacts (positive and negative) which it is having on their lives and recovery. This evaluation will also allow for potential challenges to be addressed early within the RTN.

**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:**

Partnership working is vital for the successful implementation of public services in Northern Ireland.

The Council believes that to ensure the successful implementation of the RTN, there is a need to ensure that the RTN works in partnership with other relevant agencies and organisations which can assist individuals within their localities. For example, within the Fermanagh and Omagh District the Local Trauma Teams should look to build working relationships with organisations within the local area – this will ensure that individuals suffering from trauma or recovering from traumatic experiences do not have to travel longer distances which could negatively impact upon their recoveries.

Asking people who are distressed, worried and apprehensive to travel further for either assessment or treatment is simply unfair and stresses the need for local partnership working.

The WHSCT has already undertaken substantial work on various organisations and agencies which provide mental health services, and these organisations could also provide services for those living with, or recovering from, psychological trauma. Therefore, the HSCB should investigate the work that has already been undertaken on local organisations to understand if there are any possible connections.

Elsewhere within this consultation response, it is noted that much of the current services are aimed primarily at Steps 4 and 5 of the 'Stepped Care Model' (outlined on page 34 of the consultation document). The Council acknowledges that local partnership working will allow for more focus on steps 1, 2 and 3 of this model, assisting individuals who have experienced trauma at an early stage and within the local community. This may also support other healthcare services, by reducing pressures facing them at later stages within the patients journey to recovery.

- 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:**

The Council understands, and supports, the need for a continuous learning approach in relation to psychological trauma. Although, research suggests that many people will experience traumatic events, each person that lives through trauma does so in their own unique way. Each person's reaction will be impacted by their personality, strengths, resources, etc. Some individuals will be more resilient and recover from the impact of traumatic events immediately, whilst others will require support and assistance to recover.

Therefore, whilst there will be continuous learning and service adaption, it is vital to remember that all individuals should have access to the appropriate level of service, in a safe and effective manner, regardless of where/how their trauma originated.

A 2015 study undertaken by Public Health Wales found in addition to the impact on an individual's mental health (drinking, smoking, drug use, committing violence and unintended teenage pregnancy), living through traumatic events can also:

- Increase the risk of a range of physical health conditions (e.g. type II diabetes and cardiovascular disease).
- Increase the likelihood of engaging in the criminal justice system.
- Be associated with poorer educational attainment.

Despite this, people affected by trauma can be less likely to seek and receive the support they need.

The Council acknowledges that during the first phase of the implementation period (i.e. Autumn 2019 – March 2020) priority will be focused on establishing ready, and safe access to trauma services for people that have been affected by Troubles/Conflict-related trauma. This is outlined in various documents, including the Stormont House Agreement.

The Council welcomes the introduction of Registered Practitioners to work as Health and Wellbeing Case Managers within each Health and Social Care (HSC) Trust area. This was mentioned within the Stormont House Agreement, as well as being alluded to for several years, and the Council fully supports the additional investment into the District.

However, the Council would question the size of the investment. Appointing only one person to cover the entirety of the Western Trust Area is an enormous task due to its geographical size, location and number of individuals who have experienced a traumatic event within their lifetime.

The location, layout and poor infrastructure of the Fermanagh and Omagh District alone, will ensure that the Case Manager will have to allow for longer travel times, increased costs, etc. It is vital that this person is available to everyone within the District and does not result in people having to travel further to receive essential services.

Due to the provision of only one Case Manager within each Trust area, the Council would also have serious concerns in relation to individuals experiencing delays, long waiting times, and reduced access to vital services.

- 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:**

Research demonstrates that childhood adversities have been found to have a detrimental (and often enduring) impact on mental health and wellbeing. Although many studies focus on Adverse Childhood Experiences (ACEs) which include adversities related to maladaptive family functioning (including parental maltreatment [neglect, physical and sexual abuse] and maladjustment [such as parental mental illness, substance problems, criminal behaviour and family violence) there are other adversities such as economic adversity during childhood and parental loss, all of which can have a devastating impact on children and young people.

Research by the University of Ulster estimates that 32% of the Northern Ireland population reported adverse childhood experiences, which is high in comparison to other countries. The research also links childhood experiences with psychological problems/suicidal behaviour into adulthood, therefore it is vital that issues are addresses as early as possible with the child and/or young person.

Children and young people that have experienced trauma as a result of conflict may experience Posttraumatic Stress Disorder (PTSD) later in life. The early identification of childhood adversities is therefore vital in order to minimise the detrimental impact of such experiences as well as reduce the later PTSD Risk.

It is also important to promote resilience building early in a child's life. Resilience programmes, peer mentoring and group support programmes can help children and young people to gain skills to develop, and maintain, social networks to interact with. This can all support the delivery of a pathway specifically for children and young people.

The Council agrees that the process to inform, design and develop a pathway for children and young people includes the convening of a Working Group, however

the HSCB should ensure that this working group consists of individuals from across all Northern Ireland, as well as being representative of all Section 75 Categories.

It is also important that no individual child or young person experiences a reduction in services/treatment during the development of the RTN, or during the implementation of the outcomes proposed by the Working Group.

- 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:**

The statistics for Northern Ireland are troubling, in relation to trauma and mental health. Suicide rates have increased, and the prevalence of mental health problems in Northern Ireland is substantially higher than in England.

The number of individuals within Northern Ireland who have experienced a traumatic event at some point in their lifetime is estimated at 61% of all adults in Northern Ireland. 22% of the population has experienced a traumatic event that is not related to the Conflict/Troubles and is due to other traumatic events.

In relation to designing and developing a pathway for individuals with trauma which is not related to the Conflict/Troubles, the Council has similar concerns to those mentioned elsewhere within this consultation response: i.e. waiting times, access and rural communities.

The HSC (in 2014) implemented the 'Stepped Care Model' which is also detailed within the Consultation Documents. The Council believes that current services are heavily focused on steps three, four and five – 'Specialist Mental Health Services', 'Highly Specialist Condition Specific Mental Health Services' and 'High Intensity Mental Health Services'. The HSCB should place more emphasis, and resources, on steps one and two, allowing for more minor issues to be addressed before they become more problematic for the individual.

The consultation document refers to the RTN being 'outcomes-focused', however there should also be an element of focus on the individual as well. What works well for one individual may not be suitable for another person – particularly if you are

basing treatment for an individual with non-Conflict/Troubles related conflict on those whose trauma does originate from the Conflict/Troubles.

Whilst access to existing psychological therapies and trauma therapies will continue during phase 1, there should be no interruption in service delivery for any individual. Any service that an individual receives as part of the implementation of the RTN should be enhanced.

The Council acknowledges that these individuals will be able to access pre-existing psychological therapies and trauma services, via existing pathways. However, the Council is concerned that this group of people is not fully identified within phase one. As such, these individuals may feel somewhat of an afterthought when compared to those who have experienced trauma related to the Troubles/Conflict.

- 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:**

During phase 2, the Council acknowledges that pathways will be opened for all other relevant statutory and non-statutory organisations, for both child and adult service users via their G.P and that it is vital that the learning from Phase one is taken on board prior to Phase two commencing.

The Council believes that the recruitment for Local Trauma Teams should commence before Phase two – allowing those who are successful in the recruitment processes to have a full period of training and preparation completed before Phase two commences. Currently, any delay in the rollout of Phase one, or commencement of Phase two, will interrupt these recruitment procedures creating further delays in the rollout of the RTN.

With recruitment processes undertaken regardless of delays in Phase one, it will help to ensure that the project will still be completed on time. In addition, the timely recruitment of RTN Local Trauma Teams (in tandem with Phase one) will ensure that services are readily available and accessible (from April 2020) for all trauma victims including:

- Conflict/Troubles trauma survivors.
- Non-Conflict/Troubles trauma survivors, and
- Children and young people.

The Council acknowledges that the three-phased implementation is designed to ensure that Phase 3 will commence by April 2021. This is substantially quicker than in other areas of the UK (for example in the development of the Scottish Trauma Network) and for this the HSCB should be commended. However, given the fact that this Regional Trauma Network has been discussed for several years, the Council is concerned that the Phase two (particularly the recruitment of full RTN Local Trauma Teams) is only commencing from April 2020.

**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:**

The Council acknowledges that the 'phased' approach requires the need to undertake a continuous learning approach. The implementation of Phases 1 and 2 will create a substantial amount of learning, and knowledge sharing. Therefore, it is vital that this is taken on board to ensure excellence in future service delivery.

The Council also believes that the evidence of need/demand would also be useful for consideration. The Fermanagh and Omagh District is unique in its location, not only given the rurality of much of the District, but also because of the deteriorating infrastructure and the proximity to the border.

Due to the nature of health service delivery over the last number of years, it is vital that services implemented within the District are not removed or cancelled going forward. Therefore, the HSCB should provide a commitment to providing services on a long-term (including the provision of Case Managers, the Local Trauma Teams, Referral Pathways, etc).

The Council is clear that no resident should receive a lesser treatment or have any difficulty in accessing services because of their geographical location. Therefore, it is vital that these highly trained staff are recruited on a permanent basis and that they are located within the Fermanagh and Omagh district.

The Council is concerned about too much emphasis being placed on the results and outcomes from other areas of Northern Ireland. There can be no comparison between models/results from other, more urban, areas of Northern Ireland and the Fermanagh and Omagh District. The needs of the District are often vastly different to other areas of Northern Ireland, given some of the key issues outlined briefly above.



In remote, and isolated, rural areas the lack of access to services often has a disproportionately large impact on the quality of life of particular groups of individuals. Essentially this can be a social justice issue with the most vulnerable groups being disadvantaged the most.

The Council is also concerned about the level of funding which has been allocated to the implementation and delivery of the Regional Trauma Network.

Mental Health in Northern Ireland has worsened over the last several years due to inaction and lost momentum. The development of this Regional Trauma Network should result in the delivery of increased access to varying therapies and a continued focus on patient-centred, individual-centred and recovery-focused, services. Therefore, it is vital the implementation of the RTN is regularly monitored and reviewed to ensure that services are improving for those who require it.

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

**YES**

**NO**

**Comments:**

There could be some challenges in the implementation of an RTN within the Fermanagh and Omagh District. Firstly, delivering a service within any rural community will include increased travel time for staff as well as a slight increase in cost for service delivery.

The Council would have serious concerns about the potential adverse impacts on isolated rural communities, if the RTN and associated services were not delivered within the District, or if they were delivered initially and then withdrawn. These concerns would include:

- Increased travel time for individuals who are already at risk and vulnerable.
- Increased costs on already vulnerable individuals who may have to rely on benefits or friends/family/public transport for travel.
- Less support from family/friends.
- Slower recovery times.

The Fermanagh and Omagh District also has an ageing population. Therefore this in itself will bring some challenges for the implementation of an RTN. The fact that the older adult population is increasing rapidly, and will continue to do so, means that the need and delivery methods of mental health services in general (including the RTN model) will need continuous improvement, adaption and changes.

Research suggests that as individuals who have been exposed to trauma and PTSD get older, they are up to twice as likely to develop dementia. Therefore, there is a need to link up trauma and the RTN with other healthcare services and providers.

## EQUALITY IMPACT ASSESSMENT

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

**YES**

**NO**

**Comments:**

The Council does not normally comment on Equality Screening, or Equality Impact Assessment processes. However, the Council would have concerns about the implementation of an RTN having adverse impacts on individuals because of their:

- Age.
- Disability.
- Gender.
- Caring status.
- Geographical location, and access to transport.

No one within the District, and indeed Northern Ireland, should receive a lesser service, nor have difficulty in accessing services because of their geographical location or section 75 background.

**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:**

The HSCB, as part of the implementation of the RTN, should ensure that everyone receives a better service than that which was previously available – regardless of their location or section 75 background.

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

**YES**

**NO**

**Comments:**

For residents of the Fermanagh and Omagh District, the reduction or removal of services could impact on

- Article 2 (Right to Life) – for example increased travel times, and the delays to therapy which could affect recovery rates.
- Article 14 (Protection from Discrimination).

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

**Comments:**

The Council appreciates the opportunity to respond to this consultation. As stated elsewhere within this consultation response, the Council is generally supportive of the implementation of an RTN. However, the concerns outlined within this response include:

- The introduction of a single Case Manager for each Trust area – for example the Western Trust areas is large, with poor infrastructure and is isolated rural communities. A single Case Manager may have a substantial workload before factoring in travel times, costs, etc.
- The need to ensure that the RTN interacts and works in partnership with other relevant agencies and organisations which can assist individuals in their localities.
- 22% have experienced a traumatic event not related to the Conflict/Troubles. These individuals may be an 'afterthought' during phase 1.
- The recruitment and selection of Local Trauma Teams take place in phase 2. Given the duration of some recruitment processes, this could delay the programme. These Teams could be recruited and put in place before the commencement of phase 2.

In addition, Council is concerned at the lack of a Rural Impact Assessment to accompany the proposal and would wish to see the document at the earliest opportunity.

**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): Fermanagh and Omagh District Council

**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:

Organisation: Fermanagh and Omagh District Council

Contact Address: 2 Townhall Street, Enniskillen, County Fermanagh. BT74 7BA.

Email Address: [finbar.maguire@fermanaghomagh.com](mailto:finbar.maguire@fermanaghomagh.com)

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

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**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:**

**Friday 6<sup>th</sup> 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/>.