Health and Social Care Board

REGIONAL TRAUMA NETWORK

Service Delivery Model
and
Equality Impact Assessment

REPORT FOR CONSULTATION

EXECUTIVE SUMMARY AND GLOSSARY ONLY

14th June 2019

Consultation Announcement

This document is being presented for public consultation. It outlines the proposed service delivery model of the Regional Trauma Network (RTN) and reports the outcome of an Equality Impact Assessment in relation to this conducted by the Health and Social Care Board on the Health and Social Care element of the Regional Trauma Network.

A copy of this document is also available on the Health and Social Care Board website at: **http://www.hscboard.hscni.net/get-involved/consultations/**. Requests for versions of this document in accessible formats will also be considered.

Consultation will commence on Friday 14th June 2019 at 1:00 pm and will end at on Friday 6th September 2019 at 1:00 pm.

We hope that you will find time to comment on this document.

If you would like to submit your comments in writing, you can do so as follows:

By post:

Geraldine Hamilton
Regional Trauma Network Manager
Health & Social Care Board
12-22 Linenhall Street
Belfast, BT2 8BS.

By email: regionaltraumanetwork@hscni.net

You can also complete the online questionnaire on our website at http://www.hscboard.hscni.net/get-involved/consultations/.

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 on: 0300 555 0115.

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EXECUTIVE SUMMARY

The Health and Social Care Board is carrying out a public consultation on the proposed service delivery model for the Regional Trauma Network.[1]

The Health and Social Care Board proposes to launch the Regional Trauma Network in three phases as follows:

- **Phase 1: to launch the pathway for victims and survivors of the Conflict/Troubles – Autumn 2019;**
- **Phase 2: full implementation of the Health and Social Care element of the Regional Trauma Network for <u>all</u> children, young people, and adults with significant levels of psychological trauma – April 2020; and**
- **Phase 3: to develop and strengthen the service, pending learning from Phases 1 and 2.**

This document outlines the Regional Trauma Network service delivery model and describes the rationale for the three phase implementation.

It also reports the outcome of an Equality Impact Assessment that has been conducted by the Health and Social Care Board on the Health and Social Care element of the Regional Trauma Network.

[1] It is anticipated that the RTN will be delivered in three broad phases: for more detail see Table 1, p.12.

Our Mission Statement:

> ***"We work collaboratively and in partnership with people in our society to improve access to the highest quality psychological trauma care"***

The Health and Social Care element of the Regional Trauma Network aims to improve access to the highest quality trauma services for the population of Northern Ireland by proposing to create a specialised local trauma team in each Health and Social Care Trust. These teams will work closely with other statutory health and social care services and the community and voluntary sector to deliver nationally and internationally recommended evidence-based trauma treatments. They will also develop research, training and education strategies that will inform future national and international practice in relation to addressing the needs of children, young people and adults with clinically significant levels of psychological trauma, including Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (CPTSD).

The Equality Impact Assessment of the Health and Social Care element of the Regional Trauma Network service delivery model has been carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment'.[2]

The Organisation

The Health and Social Care Board is a statutory organisation. We arrange or 'commission' health and social care services for the population of Northern Ireland.

[2] Available for download at: https://www.equalityni.org/Employers-Service-Providers/Public-Authorities/Section75/Section-75/What-is-an-EQIA

The Regional Trauma Network

As part of the **Stormont House Agreement (2014)**, the Northern Ireland Executive made the following commitment to establish a comprehensive Mental Health Trauma Service:

> *The Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service will be implemented. This will operate within the NHS (National Health Service but will work closely with the Victims and Survivors' Service and other organisations and groups who work directly with victims and survivors*. (Paragraph 27)

This commitment was made as part of the Agreement's discussion around dealing with 'the Past'. It refers to recommendations in a *Comprehensive Needs Assessment* published by the Commission for Victims and Survivors in 2012. This research identified mental health as the number one priority for victims and survivors of the Conflict/Troubles and recommended the development of a trauma-focused, co-ordinated network of services led by the Department of Health in partnership with The Executive Office. This network would deliver a comprehensive regional trauma service drawing and building on existing resources and expertise in the statutory and community and voluntary sectors.

The design, development, and implementation of this comprehensive service involve the following key elements:

- **Partnership working** between statutory health services and organisations in the community and voluntary sector;
- **PEACE IV** funding for victims and survivors of the Conflict/Troubles, which resources and links the community and voluntary sector with the five regional Health and Social Care Trusts;
- The **Stepped Care Model**, which underpins the delivery of mental health and well-being services in the region; and
- The specific activity of **the Health and Social Care element of the Regional Trauma Network**, which draws together the

partnership working, PEACE IV-funded activity and Stepped Care Model approach to enhance the existing mental health service provision for children, young people and adults in Northern Ireland.

Below, each of these elements is discussed in more detail.

Partnership Working

In December 2016, a **Partnership Agreement** was established between the Department of Health and The Executive Office (included at **Annex 1**). This outlined how the Victims and Survivors Service would interface with Health and Social Care services to ensure relevant, timely, accessible and comprehensive trauma care for those whose mental health has been impacted by the Troubles/Conflict. This arrangement forms the basis of the phased implementation of the Regional Trauma Network, discussed below. The Partnership Agreement was signed in May 2019. It is important to note that the Partnership Agreement is a binding agreement between the Department of Health and The Executive Office and is not subject to change. It does not form part of this consultation.

The Regional Trauma Network will design, develop and implement a world-leading trauma network for the region. To date, work to design and develop the Regional Trauma Network has been informed by learning from and collaboration with key stakeholders and service delivery partners. Exciting and key elements of this activity include: **strengthening and fostering meaningful partnerships and collaboration with key stakeholders, service-users, carers, and service providers** and **developing increased and shared learning about the delivery of accessible, acceptable and effective trauma care**.

PEACE IV

In the period leading up to the Partnership Agreement, the PEACE IV European Union Programme for Peace and Reconciliation[3] named the Victims and Survivors Service as Lead Partner to deliver a *Victims' and Survivors' Programme*. This Programme aims to improve the health and well-being of victims and survivors and to build capacity within the sector to deliver high quality services. It complements existing The Executive Office funding for health and wellbeing services delivered by community and voluntary organisations for victims and survivors across the region.

The Victims and Survivors Service PEACE IV application was approved in November 2016. It secured funding for a network of five Health and Wellbeing Case Managers employed by the Victims and Survivors Service and 25 Health and Wellbeing Caseworkers employed within Victims and Survivors Service-funded community and voluntary organisations across the region, to enhance and support access to services. PEACE IV funding also resources workforce training and development across the Victims and Survivors Service-funded community and voluntary sector, as well as research projects in relation to mental health, trans-generational impact and advocacy support. On this basis, the Victims and Survivors Service-funded community and voluntary sector element of the Regional Trauma Network for victims and survivors was established in April 2017.

The full implementation of the Health and Social Care element of the Regional Trauma Network, which is for anyone experiencing clinically significant levels of psychological trauma irrespective of the origin of the trauma, is funded by commitments made by Health Ministers in 2015 and 2016. As outlined below, this will be developed and delivered on an incremental basis.

[3] For information on the PEACE IV Programme, see: https://www.seupb.eu/piv-overview - Citizens' Summary Document available at: https://seupb.eu/sites/default/files/styles/PEACEIV/PEACE%20IV%20-%20%20Draft%203.pdf

Stepped Care Model

The National Institute for Health and Care Excellence (NICE 2018) recommends the **Stepped Care Model** for helping people with psychological trauma needs.[4] Stepped Care is a recovery-focused model that organises the range of services that are required to meet the wide spectrum of people's needs in five broad steps, according to the intensity or specialism of those services. It considers the clinical evidence that for people to recover, they may need a combination of evidence-based social, family, psychological and psychiatric interventions. Delivering this range of interventions and support requires collaborative partnership working across community, voluntary and statutory services.

The Partnership Agreement recognises the value of and integrates the community-based services funded by the Victims and Survivors Service in the provision of support at Steps 1-3, i.e. the services and support delivered on the basis of The Executive Office and PEACE IV funding. It also acknowledges the need to develop a more specialised mental health workforce within Health and Social Care to provide services at Steps 3-5. The Stepped Care Model is illustrated in Diagram 1 below.

[4] National Institute for Health and Care Excellence (NICE) Clinical Guideline 26 – published December 2018. See: https://www.nice.org.uk/guidance/ng116

Diagram 1: Stepped Care Model[5]

[5] Stepped Care Model excerpted from *You in Mind: Regional Mental Health Care Pathway* (Health & Social Care: 2014) (See: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/you_in_mind/June-2017-You-In-Mind-Regional-Mental-Health-Care-Pathway.pdf)

The Health and Social Care[6] Element of the Regional Trauma Network

The Health and Social Care element of the Regional Trauma Network is an enhancement of the existing provision of mental health services for children, young people and adults in Northern Ireland. It involves the phased design, co-production and implementation of an integrated service model to respond to the clinical needs of people with significant trauma-related psychological and psychosocial difficulties, irrespective of the origin of the trauma.

This integrated service model will include pathways for individuals to access services across the Stepped Care Model (as illustrated in Diagram 1). Throughout its development, the Health and Social Care element of the Regional Trauma Network will seek to build partnerships with statutory, community and voluntary agencies that represent and support people whose lives have been impacted by trauma. In this way, the Health and Social Care Board will ensure that the Regional Trauma Network becomes a highly *accessible*, *acceptable*, and *effective* service (McCusker, 2014)[7] for all those in the Northern Ireland population who need it, irrespective of the origin of their trauma.

Phased Implementation

The Regional Trauma Network will be implemented on an incremental basis. Each phase will involve close collaboration and co-production with existing service providers and professionals across the region and service users and their representatives. This process will enable the Regional Trauma Network to both:

- Develop accessible and acceptable pathways into the enhanced Health and Social Care trauma service for the diverse range of people who require access; and

[6] See Glossary for definition of 'Health and Social Care' or HSC.
[7] McCusker, C. (2014). *An Outcomes Framework for Psychological Services in Northern Ireland*. Belfast: Health & Social Care Board.

- Collate evidence and learning at every step, to ensure ongoing improvement and an effective, outcomes-based service for all children, young people and adults in Northern Ireland with clinically significant levels of psychological trauma, regardless of the origin of their trauma.

Table 1 below outlines the phased implementation of the Regional Trauma Network.

Table 1: Phased Implementation of the Regional Trauma Network[8]

Phase	Summary information
PHASE 1 ***Autumn 2019 – March 2020***	As per the reference to victims and survivors in the Stormont House Agreement, a priority in Phase 1 is to **work in partnership with the Victims and Survivors Service and its network of funded organisations** across the region to establish ready and safe access to trauma services for people affected by Troubles/Conflict-related trauma. Working collaboratively in this way, the Pathway Development Working Group has established a pathway to improve access to community, voluntary and statutory services for individuals (primarily adults) with Conflict/Troubles-related trauma via five Health and Wellbeing **Case Managers** employed by the Victims and Survivors Service. These Registered Practitioners will work directly with each Health and Social Care Trust. **During this phase, a Children and Young People's Pathway Development Working Group will be convened** to design and develop a pathway to Regional Trauma Network services for children and young people, in line with the existing Child and Adolescent Mental Health Services (CAMHS) pathway,[9] **and a pathway will be 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.**

[8] This implementation schedule is subject to ongoing review and adjustment, in line with progress against key deliverables including, for example, successful recruitment of suitably qualified staff across the regional Health and Social Care Trust teams.

[9] For more information, see: http://www.hscboard.hscni.net/camhs-launch/ - full document available at: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/you_in_mind/21122018-HSCB-CAMHS-Pathway-Document.pdf

Phase	Summary information
PHASE 2 ***April 2020 –*** ***March 2021***	Recruitment of full Regional Trauma Network Local Trauma Teams in each of the five Health and Social Care Trusts and **implementation of the full stepped care model (see Diagram 1).** Referral pathways are open to all other relevant statutory and non-statutory referral agents for both child and adult service-users via the General Practitioner (GP) Also continuing to learn from and evaluate Phase 1.
PHASE 3 ***April 2021 –*** ***September 2021***	Development of **future Regional Trauma Network strategy and action planning** based on: performance information and learning from Phases 1 and 2; evidence of need, demand, and planning to engage and meet needs of hard to reach groups; and recommendations for future service development and additional resources.

It is important to note that, at the time of this consultation, while the normal provision of Health and Social Care services is in place (in terms of existing psychological therapies, adult trauma services, child services and child trauma services) there are no local Regional Trauma Network trauma teams in operation. **Throughout Phase 1 all members of the Northern Ireland population will continue to have access to existing psychological therapies and trauma services in the Adult and Child Health and Social Care Directorates within Health and Social Care Trusts, via existing pathways, based on their clinical need and irrespective of the origin of their trauma.**

Awareness of the phased implementation of the Regional Trauma Network has been raised over the period 2014 to the present, through an extensive programme of engagement. This has established clear lines of communication with the key stakeholders involved in the Regional Trauma Network (further detail is provided in Section 1 below) (see also **Annex 2**). It has also involved the development of a tailored

service user forum called the **Partnership Alliance for Learning from Lived Experience** (see **Annex 3**), in line with the principles and ethos of the Department of Health *Co-Production Guide* (2018).[10] The Partnership Alliance for Learning from Lived Experience will create equal opportunities for people to influence and shape the design and delivery of the Regional Trauma Network. This means ensuring a representative balance of the people who use mental health/trauma services or who represent those who use or need these services. In line with Section 75 responsibilities, particular attention will be paid to including individuals who experience barriers to accessing mental health services. This process will ensure clear understanding of the pathway and how to engage and safely refer individuals in clinical need to Health and Social Care.

As noted above, at the time of this consultation, there are no local Health and Social Care Regional Trauma Network trauma teams in operation. It is anticipated that capacity for this provision will be in place by Autumn 2019 (subject to the outcomes of this consultation and recruitment). Until then, all stakeholders are working to ensure the demand for and expectations in relation to this service are monitored and mitigated against, since raising such expectations in the absence of confirmed availability of services would potentially have negative impacts on the well-being of individuals and undermine public trust and confidence in the Regional Trauma Network.

Clinical Need

Epidemiological research (CVS, 2011) on the prevalence of trauma in Northern Ireland shows that:

- An estimated 61% of the Northern Ireland adult population have experienced a traumatic event at some point in their lifetime.

[10] To access the Department of Health *Co-production Guide*, see: https://www.health-ni.gov.uk/publications/co-production-guide-northern-ireland-connecting-and-realising-value-through-people

- An estimated 39% of the population have experienced a Conflict/Troubles-related traumatic event.
- Comparison of the geographical profile of Conflict/Troubles-related deaths (from the Cost of the Troubles study) with the current location of those who experienced a Conflict/Troubles-related trauma, reveals that need is not exclusively located in those areas characterised by intense violence during the Troubles.
- An estimated 8.8% of the Northern Ireland adult population met the criteria for Post Traumatic Stress Disorder at some point in their life while 5.1% met the criteria in the previous 12 months.
- The prevalence of Post Traumatic Stress Disorder in Northern Ireland is the highest of all countries that have produced comparable estimates including the United States, other Western European countries and countries that have experienced civil conflict in their recent history.

The report also highlights that people with Post Traumatic Stress Disorder are more likely to have a range of other mental health disorders, as well as chronic physical conditions. Recognising the biological, psychological and social impact of trauma, the research calls for the provision of evidence based therapies delivered through an integrated service model.

The Regional Trauma Network offers such a model for people experiencing significant psychological and psychosocial distress as a result of both Conflict/Troubles-related incidents and other traumatic events.

The phased implementation of the Regional Trauma Network is founded on the strong Partnership Agreement with shared protocols and robust governance arrangements established between The Department of Health and the Executive Office, with reference to the Victims and Survivors Service and the Commission for Victims and Survivors.

The Health and Social Care element of the Regional Trauma Network is an evidence-based, specialised trauma therapy service that will be delivered by mental health professionals with a high level of skill, training

and experience to support people experiencing clinically significant levels of psychological trauma. A key aim 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. Therapies delivered within the Regional Trauma Network will be outcomes-focused and in line with the best available evidence. All interventions will be monitored, evaluated and supported by clinical research which, as part of the world-leading agenda for the service, will refine and inform future models of psychological trauma care.

The Regional Trauma Network Pathways Development Working Group includes representatives from the Health and Social Care Board, the five Health and Social Care Trusts, the Victims and Survivors Service and people with lived experience of mental health and trauma services. The Working Group has drawn on national and international guidelines, regional audits, research and international diagnostic guidance to develop access criteria to the Health and Social Care element of the Regional Trauma Network in Phase 1. These criteria, which focus solely on adults in Phase 1, have been agreed on the basis of careful analysis of anticipated demand. This analysis is based on information regarding current Health and Social Care psychological therapies services, Victims and Survivors Service data and Regional Trauma Network resource capacity. Experience from Phase 1 will ensure a more robust picture of the level of need for this service.

The Regional Trauma Network clinical needs-based access criteria for **Phase 1** are summarised in Table 2 below.

As shown in Table 1, during Phase 1 a **Children and Young People's Pathway Development Working Group will be convened** to design and develop a pathway to Regional Trauma Network services for children and young people, in line with the existing Child and Adolescent Mental Health Services (CAMHS) pathway.[11]

[11] For more information, see: http://www.hscboard.hscni.net/camhs-launch/ - full document available at: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/you_in_mind/21122018-HSCB-CAMHS-Pathway-Document.pdf

Phase 1 also includes engagement to understand how a pathway could be 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.

Table 2: Health and Social Care Regional Trauma Network Service Users: Clinical Needs-Based Access Criteria

Ref	Detail
1	The service user has experienced one or more traumatic events as defined by established mental health classification systems (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition; International Classification of Diseases 11th Revision).
2	The service user has clinical levels of Post-Traumatic Stress Disorder symptoms and trauma-related psychological difficulties for which they are seeking treatment. This clinical level of severity has been assessed by an appropriately qualified, registered practitioner using a Regional Trauma Network accepted measurement instrument or methodology.
3	The service user has levels of Post Traumatic Stress Disorder and trauma-related psychological difficulties that are moderate-severe in terms of intensity/complexity and cause significant impact on their social, occupational, or overall functioning.
4	The service user is living in the community and can attend regularly and consistently as required for their treatment.
5	The service user is motivated to formulate goals and make active changes to their life to improve their trauma-related psychological difficulties.
6	The service user has the ability to engage in the appropriate therapy for their trauma-related psychological difficulties.

Ongoing Monitoring, Evaluation, and Improvement

The evidence-based measures that will guide the Regional Trauma Network clinical assessment, monitoring and evaluation protocols are included in this document at **Annex 4**. This framework is aligned to the service access criteria described above and, along with those criteria, will be kept under review over the implementation period and adjusted in line with learning and emerging evidence as required.

Equality Impact Assessment

The Equality Impact Assessment concerns the equality implications of the Health and Social Care element of the Regional Trauma Network. It considers the potential impact of the phased implementation process and clinical needs-based access criteria for each of the Section 75 equality categories.

An Equality Impact Assessment is necessary due to the incremental implementation process outlined in Table 1 above. The Phase 1 pathway, which originates in the Stormont House Agreement (2014) and Partnership Agreement (2016) commitments outlined above, involves the development, testing and delivery of a unique pathway into Health and Social Care Regional Trauma Network services for adults with Conflict/Troubles-related trauma. This pathway is enabled via five Health and Wellbeing Case Managers employed by the Victims and Survivors Service, working directly with the Health and Social Care Trusts. Learning from this pathway will inform the full implementation of the Regional Trauma Network in Phases 2 and 3 for children, young people and adults with clinically significant levels of psychological trauma, regardless of the origin of their trauma.

In the meantime, throughout the development and delivery of the Health and Social Care element of Phase 1 of the Regional Trauma Network, the Northern Ireland population continues to have access to existing psychological therapies and trauma services in the Adult and Child

Health and Social Care Directorates, via existing pathways, based on their clinical need and irrespective of the origin of their trauma.

In conducting this consultation, the following points are noted:

- Phase 1 is the first part of the incremental implementation of the Regional Trauma Network that involves providing enhanced access to services to people with a clinical need (as per Table 2) based on a particular type of trauma.
- Phase 1 is designed to test a concept of enhancing access to Health and Social Care Regional Trauma Network services.
- Phase 1 allows the Health and Social Care Board to understand and subsequently design Regional Trauma Network services that are accessible, acceptable and effective for children, young people and adults, as well as for individuals with significant levels of psychological trauma, irrespective of the origin of the trauma barriers who experience to accessing mental health services.
- The clinical service access criteria 1, 2, 3, and 5 listed in Table 2 above are ascertained on the basis of a comprehensive and collaborative clinical assessment of need.[12] As per all Health and Social Care services, this type of assessment process will apply in every case, including delivery of implementation Phase 1.
- From Phase 2 onwards children, young people and adults with clinically significant levels of psychological trauma, will have access to Health and Social Care Regional Trauma Network services, irrespective of the origin of their trauma.
- Throughout Phase 1 all members of the Northern Ireland population will continue to have access to existing psychological therapies and trauma services in the Adult and Child Health and Social Care Directorates within Health and Social Care Trusts, via existing pathways, based on their clinical need and irrespective of the origin of their trauma.

[12] As per National Institute for Health and Care Excellence (NICE) Guidelines NG116 (2018),

Data Collection

The assessment of the phased implementation of the Health and Social Care element of the Regional Trauma Network and subsequent equality impacts is based on the following:

Quantitative data (statistics): to provide a first overview of the characteristics of those people most likely to be affected by the Health and Social Care element of the Regional Trauma Network across the phased implementation period.

Quantitative data was sourced for the Section 75 groups from the Northern Ireland Census 2011,[13] the Victims and Survivors Service and its funded organisations, and the Belfast Health and Social Care Trust Trauma Resource Centre, to identify the key characteristics of actual users of trauma support services, including both victims and survivors of the Conflict/Troubles (per Phase 1) and wider stakeholders and service users. Other population-based data is also used, including: the Northern Ireland Health Survey, the Northern Ireland Life and Times Survey, the Northern Ireland Young Life and Times Survey, and data held by the Northern Ireland Neighbourhood Information Service (NINIS) hosted within the Northern Ireland Statistics and Research Agency (NISRA).

In order to consider the potential impact on Health and Social Care staff assigned to deliver Regional Trauma Network services, the employing Trusts will gather equality monitoring on those staff as they are recruited and come into post during Phases 1, 2, and 3. This data will be considered as part of the ongoing Regional Trauma Network equality impact monitoring as the implementation moves into Phases 2 and 3.

Qualitative data: to provide insights into the issues, experiences and needs of those likely to be most affected by the phased implementation of the Regional Trauma Network.

[13] Northern Ireland Census. (2011). Available at: http://www.nisra.gov.uk/census.html

Secondary sources (including peer reviewed and social policy research): to provide insights into the needs of Section 75 groups in the context of trauma and mental health and well-being. These are referenced in footnotes throughout this report. The full reference list is included in **Annex 5** to this report.

Key Findings

The following key findings were made based on all of the information reviewed:

1. An estimated 39% of the population have experienced a Conflict/Troubles-related traumatic event.

2. An estimated 8.8% of the Northern Ireland adult population met the criteria for Post Traumatic Stress Disorder at some point in their life while 5.1% met the criteria in the previous 12 months.

3. The prevalence of Post Traumatic Stress Disorder in Northern Ireland is the highest of all countries that have produced comparable estimates including the United States, other Western European countries and countries that have experienced civil conflict in their recent history.

4. The phased implementation of the Regional Trauma Network, involving collaborative working with partner organisations across the community, voluntary and statutory sectors, is designed to enable a cumulative learning and development process, beginning with the design, testing and implementation of a unique Case Manager pathway for victims and survivors of the Conflict/Troubles.

5. This approach is being tested to inform the design and delivery of accessible, acceptable and effective trauma services for all children, young people and adults in Northern Ireland with clinically significant levels of psychological trauma, irrespective of the origin of their trauma.

6. Whilst Phase 1 has a focus on providing access to Health and Social Care Regional Trauma Network services via Victims and Survivors Service Case Managers for adults with Post Traumatic Stress Disorder and Complex Post Traumatic Stress Disorder symptoms as a result of the Troubles/Conflict, given the intersectionality of individual identity, this group potentially includes representation from across all Section 75 categories within the population.

7. Access to the Health and Social Care element of the Regional Trauma Network will be based solely on clinical need and not based on any aspect of individual or group identity, whether in terms of gender, age, religion, political opinion, marital status, dependant status, disability, ethnicity, or sexual orientation.

8. During the phased implementation process, 100% of the Northern Ireland population will continue to have access to existing mental health and psychological trauma therapy services via existing pathways.

9. Across all three implementation phases, needs are identified in relation to gender dynamics, those with dependents/carers, older people and those with physical and psychological disabilities. These needs relate to supporting help-seeking behaviour, supporting safety, addressing stigma/perceived stigma associated with mental health needs, responding to communication challenges and enabling access and engagement with therapy. This report details mitigating actions that will be taken to meet these needs and ensure equality of opportunity and access to Regional Trauma Network services during all phases of implementation.

10. From Phase 2 onwards the Health and Social Care element of the Regional Trauma Network will be available to all children, young people and adults in Northern Ireland with clinically significant levels of psychological trauma, irrespective of the origin of their trauma

11. Due to the politically sensitive nature of Troubles/Conflict-related trauma, data on certain Section 75 groupings are not routinely collected among current service user populations, namely: religious and political affiliation. However, population level data and secondary sources indicate that people from all and any political and religious backgrounds and none may have a need for trauma care. Given the broader political and social context of Northern Ireland and the nature of the Conflict/Troubles, particular care will be taken to ensure individual choice and safety are priority concerns at the clinical assessment stage. The report details these and other mitigating actions that will be taken to meet these needs and ensure equality of opportunity and access to Regional Trauma Network services.

12. People from Black and Minority Ethnic (BME) and migrant communities are noted to have particular needs associated with the provision of trauma care through the Regional Trauma Network. In general these needs relate to supporting help-seeking behaviour, supporting safety, cultural competence, addressing stigma/perceived stigma associated with mental health needs and enabling access and engagement with therapy. In addition, those who do not speak English as a first language will have communication needs. Phase 1 of the Regional Trauma Network implementation will include a focus on developing a greater understanding of these needs, and on that basis, developing mitigating measures that facilitate and enable access for those who require the service. This report details this approach, as well as ongoing mitigating actions that will be taken to meet the needs of people from black, minority ethnic, and migrant communities, to ensure equality of opportunity and access to Health and Social Care Regional Trauma Network services.

13. Data shows that Lesbian, Gay, and Bisexual (LGB) people may have negative experiences of the health sector, associated with fear and stigmatisation and increased levels of need for psychological support. Taking this into account, this report details

mitigating actions that will be taken to meet these needs and ensure equality of opportunity and access to Health and Social Care Regional Trauma Network services throughout all phases of implementation.

14. The design, development and implementation of the Health and Social Care element of the Regional Trauma Network are strongly informed and shaped by extensive stakeholder engagement, service user participation (co-production).

These points of information will be monitored on an ongoing basis throughout the incremental implementation of the Health and Social Care element of the Regional Trauma Network.

The monitoring arrangements will be established in line with current Health and Social Care statistical monitoring approaches and obligations and kept under review through both the operational management and co-production process to ensure their effectiveness.

Conclusions

Based on the information collated, the proposed model of implementing and delivering the Regional Trauma Network constitutes positive action. The phased implementation of the Health and Social Care element of the Regional Trauma Network allows the Health and Social Care Board to understand and subsequently design Regional Trauma Network services that are accessible, acceptable and effective for children, young people and adults and individuals with significant levels of psychological trauma irrespective of the origin of the trauma who experience barriers to accessing mental health services.

Quantitative and qualitative data will be collected and analysed throughout Phases 1, 2, and 3, enabling the Health and Social Care Board to incorporate learning from this model into the business planning for the future design and development of the Regional Trauma Network, maximising the potential for engaging with hard to reach, traumatised

individuals across different communities, irrespective of the cause or origin of their trauma. Monitoring the uptake of Health and Social Care Regional Trauma Network services of different Section 75 groups, as appropriate, will also help to identify and better understand barriers to access and to develop more effective pathways.

In this way, the Health and Social Care Board aims to reduce barriers to engagement in high quality, evidence-based trauma interventions, ensuring that individuals access both statutory and community-based social and practical supports as necessary, to maximise and sustain their recovery.

Given that an estimated 39% of the population have experienced a Conflict/Troubles-related traumatic event, it is reasonable to anticipate that the Phase 1 enhanced access pathway will include representation from most Section 75 groups within the population, where a clinical need for enhanced trauma services is identified. From Phase 2 onwards all individuals in clinical need of trauma care across all Section 75 groupings will have access to Health and Social Care Regional Trauma Network services.

As noted above, during implementation Phase 1, and across the phased implementation of the full Regional Trauma Network service model, 100% of the Northern Ireland population will continue to have access to existing mental health and psychological trauma therapy services, irrespective of the origin of their trauma.

On the basis of the information discussed in this report, the Health and Social Care Board proposes to proceed with the phased implementation of the Health and Social Care element of the Regional Trauma Network as outlined above. The anticipated launch date of Autumn 2019 for Phase 1 will be kept under review, in line with the outcomes of this consultation process and progress against regional recruitment objectives.

Annex 7: Glossary

Child and Adolescent Mental Health Services (CAMHS)	CAMHS are the services within Health and Social Care that assess and treat young people with emotional, behavioural, and/or mental health difficulties.
Commission for Victims and Survivors (CVS)	The Commission is a Non-Departmental Public Body (NDPB) of The Executive Office. Within *the Strategy for Victims and Survivors 2009*, the Commission is identified as: - Being the primary source of advice to government on victims and survivors issues; - Having responsibility for the strategic assessment of need; and - Being responsible for ensuring that the correct structures are in place to meet those needs and identify gaps in provision. 'Victims and survivors' refer to victims and survivors of the Northern Ireland Conflict/Troubles, as defined in the Victims and Survivors (NI) Order 2006. For more information, see: www.cvsni.org

Community Mental Health Teams (CMHTs)	Community Mental Health Teams (CMHTs) within Health and Social Care support people living in the community who have complex or serious mental health problems. Different mental health professionals work in a CMHT.
Complex Post-traumatic Stress Disorder (CPTSD)	Complex PTSD is a clinically-diagnosed condition listed in the WHO International Classification of Diseases, 11th version (ICD-11). It is defined by the presence of elevated PTSD symptoms as well as disturbances in three domains of self-organization: affective dysregulation, negative self-concept, and interpersonal problems. CPTSD is associated with chronic sexual, psychological and physical abuse and neglect, chronic intimate partner violence, victims of kidnapping and hostage situations, indentured servants, victims of slavery and human trafficking, sweatshop workers, prisoners of war, concentration camp survivors, residential school abuse survivors, and defectors from cults or cult-like organizations. Situations involving captivity/entrapment can lead to CPTSD-like symptoms, which can include prolonged feelings of terror, worthlessness, helplessness, and deformation of one's identity and sense of self.

Diagnostic and Statistical Manual of Mental Disorders (DSM–5)	The Diagnostic and Statistical Manual of Mental Disorders (DSM–5) is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health. It is an authoritative volume that defines and classifies mental disorders in order to improve diagnoses, treatment, and research.
Health and Social Care (HSC)	Health and Social Care in Northern Ireland is the name of the publicly funded service which provides public health and other social care services. The Northern Ireland Executive is responsible for funding the HSC through the Department of Health. HSC is free of charge to all residents of Northern Ireland and the rest of the United Kingdom.
Health & Social Care Board (HSCB)	The Health & Social Care Board is a regional Arms-Length Body (ALB) of the Department of Health, and responsible for the commissioning and coordination of health and social care services across Northern Ireland.
Health and Social Care Trust (HSCT)	Five Health and Social Care Trusts provide integrated health and social care services across Northern Ireland: Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust.

HSC Trusts manage and administer hospitals, health centres, residential homes, day centres, and other health and social care facilities, and they provide a wide range of health and social care services to the community.

Note: There is a sixth Trust, the Northern Ireland Ambulance Service. This EQIA does not refer to this service.

International Classification of Disease, Eleventh Revision (ICD-11)

The International Classification of Disease, Eleventh Revision (**ICD**-**11**) is a system of medical coding created by the World Health Organization (WHO) for documenting diagnoses, diseases, signs and symptoms, and social circumstances.

ICD is the foundation for the identification of global health trends and statistics, and the international standard for reporting diseases and health conditions. It is the diagnostic classification standard for all clinical and research purposes. ICD defines the universe of diseases, disorders, injuries, and other related health conditions. These are listed in a comprehensive, hierarchical fashion that allows for:

- Easy storage, retrieval and analysis of health information for evidenced-based decision-making;
- Sharing and comparing health information between hospitals, regions, settings and countries; and
- Data comparisons in the same location across different time periods.

Post-traumatic Stress Disorder (PTSD)	PTSD is a clinically-diagnosed condition listed in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) the recognized authority on mental illness diagnoses. Common symptoms of PTSD include reliving a traumatic event through nightmares, flashbacks, or constantly thinking about it. Avoidance of situations or people that trigger the memory of the traumatic event, having only negative thoughts or emotions, and constantly feeling jittery, nervous, or "on edge" are also symptoms of PTSD. Diagnosing PTSD takes account of the duration, intensity, and severity of symptoms and the level to which they interfere with daily functioning.
Public Health Agency (PHA)	The Public Health Agency is Arms-Length Body (ALB) reporting to the Department of Health and responsible for health improvement, prevention of disease and illness, and patient safety.
Regional Trauma Network (RTN)	The Regional Trauma Network (RTN) is a new service. It involves the design, development, and implementation of an integrated service model for the treatment of trauma and aims to: - Improve individual, family, and community experience of mental health trauma care; - Increase the overall capacity of mental health services in the region; - Improve the psychological and social outcomes for service-users, their

families, and communities; and
- Improve governance and accountability of trauma care provided by statutory Health and Social Care (HSC) services, and the voluntary and community sector.

Mission statement

We work collaboratively and in partnership with people in our society to improve access to the highest quality psychological trauma care.

The Department of Health (DoH)

The Department of Health is a devolved Northern Ireland government department in the Northern Ireland Executive. The minister with responsibility for the department is the Minister of Health.

For more information, see:
https://www.health-ni.gov.uk

The Executive Office (TEO)

The Executive Office is a devolved Northern Ireland government department in the Northern Ireland Executive with overall responsibility for the running of the Executive. The Ministers with overall responsibility for the department are the First Minister and deputy First Minister.

For more information, see:
https://www.executiveoffice-ni.gov.uk

Victims and Survivors Service (VSS)

The VSS is an Arms-Length Body (ALB) of The Executive Office. It delivers government funding and support to victims and survivors of the Conflict/Troubles. This funding is directed both towards individuals in certain circumstances, and to organisations that deliver services and support for victims and survivors across the region.

Vision statement

To improve the health and wellbeing of victims and survivors.

'Victims and survivors' refer to victims and survivors of the Northern Ireland Conflict/Troubles, as defined in the Victims and Survivors (NI) Order 2006.

For more information, see: www.vssni.org