

Terms of Reference  
for Pilot Projects to inform the implementation  
of the National Drugs Rehabilitation  
Framework



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**National Drugs Rehabilitation Implementation  
Committee**

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**Note: this document should be read in conjunction with the National Drugs Rehabilitation Framework Document (June 2010) and the Report of the Working Group on Drugs Rehabilitation (2007).**

## OVERVIEW

The objectives of the pilot projects are to:

- support the implementation of the National Drugs Rehabilitation Framework and integrated care pathways model in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation
- build awareness and knowledge of the National Drugs Rehabilitation Framework amongst key stakeholders
- identify progress in implementation
- identify gaps in services and drivers/obstacles in respect of implementation
- assess the initial impact of the Framework
- help to clarify roles and inform implementation of the Framework

The pilot projects will inform the future development of the National Drugs Rehabilitation Framework including key areas such as:

- care planning/ shared care planning
- case management and key working
- inter-agency working
- intra-agency working
- shared understandings of client confidentiality
- development and implementation of protocols
- development and implementation of service level agreements or schedules within

## 1. Background

In line with the recommendations outlined in The Report of the Working Group on Drugs Rehabilitation, 2007, the HSE appointed the National Senior Rehabilitation Co-ordinator and established the National Drugs Rehabilitation Implementation Committee to oversee and monitor the implementation of the recommendations of this Report.

The NDRIC has recently produced a National Drugs Rehabilitation Framework document to provide:

*“A framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway.”*

The NDRIC regard the National Drugs Rehabilitation Framework as the first step in the implementation of a co-ordinated inter-agency approach. This includes the delivery of integrated rehabilitation services and quality standards as set out in the Report of the Working Group on Drugs Rehabilitation 2007. The National Drugs Rehabilitation Framework makes clear that the needs of clients accessing substance misuse services should be addressed and that services need to work together to make sure those needs are met. The NDRIC sees the adoption of the integrated care pathway approach as an essential element of good practice and a major factor in working with service providers to improve treatment outcomes. Following the approval of the National Drugs Rehabilitation Framework the development of pilot projects in selected locations represents the next step to further inform the process further and to gain practical experience of implementing the Framework.

At a national level the NDRIC will continue the development of national protocols and service level agreements needed to promote the integration of service provision through the pro-active commitment and participation of all the relevant sectors, departments and agencies.

The Report of the Working Group on Drugs Rehabilitation 2007 identifies the central importance of Local and Regional Drugs Task Forces, through their Treatment and Rehabilitation Sub-Groups, in supporting the management of a coordinated approach to rehabilitation at local and regional level which compliments the lead role the HSE has in this area. The NDRIC shares this view and regards the Drugs Task Force Treatment and Rehabilitation Sub-Groups as a significant driving force together with nominated Rehabilitation Co-ordinators to progress the development of effective client rehabilitation care pathways at local and regional level.

There have been many developments towards improving integrated care for substance users across the country and through HSE mainstreamed services. The main aim of the pilot projects will be to implement the recommendations of the Report of the Working Group on Drugs Rehabilitation using the National Drugs Rehabilitation Framework to build on current practice. It is intended that the NDRIC and key stakeholders will consider the outcomes of the pilot projects and decide on the actions to be taken to progress the implementation at a National level.

## **2. Scope of Pilots**

The scope of the pilot projects concerns the initial implementation and operation of the National Drugs Rehabilitation Framework.

Each pilot project will identify service users and agencies across the various tiers and the range of substances likely to be involved.

The pilot projects will be following the individual rehabilitation pathways of each service user as they engage with relevant agencies and services (Figure 1, National Drugs Rehabilitation Framework). Progress of clients should be

tracked and evaluated on an ongoing basis detailing the care pathway and transition across services/agencies for the duration of the pilot projects.

The scope of the overall pilot process is to inform the following:

1. Assessment of the initial impact of the National Drugs Rehabilitation Framework on:
  - a) Service users and their families
  - b) Care Pathways
  - c) Key organisations involved in implementation; in terms of policies and practice. Areas to be considered include screening, assessment, referral, care planning, shared care planning, sharing of information, key working and case management.
  - d) Relevant agencies and Departments

This will involve seeking feedback from persons engaged in the above areas of activity to:

1. Identify factors that affect implementation in stakeholder bodies (drivers, tensions, contradictions and obstacles)
2. Recommendations for actions to be taken by the stakeholders to support implementation
3. Inform future thinking on specific roles
4. Identify the learning that has taken place and how this relates to the development of new practice and the use of the tools referred to in the framework document

The above will be documented on a periodic basis during the course of the pilots and will be used to inform wider and ongoing implementation of the National Drugs Rehabilitation Framework Document and relevant recommendations in the Report of the Working Group on Drugs Rehabilitation 2007.

A detailed evaluation tool will be developed to assess the implementation of the National Drugs Rehabilitation Framework; structures, process and outcome indicators in relation to service users and providers.

### **3. Organisation of the Pilots**

The HSE, as lead agency for treatment and rehabilitation, will manage the pilot process.

The nominated Rehabilitation Co-ordinator, in conjunction with the Local/Regional Drugs Task Force Treatment & Rehabilitation Sub-Groups for that pilot area, will work to make decisions on how best to facilitate the pilots projects in accordance with the National Drugs Rehabilitation Framework. They will be responsible for the development and growth of local/regional co-ordination, collaboration and joint action amongst agencies as set out in the National Drugs Rehabilitation Framework. This will be done under the

guidance of the NDRIC through the National Senior Rehabilitation Co-ordinator.

Each pilot will entail:

- a) Implementation and operation of the National Drugs Rehabilitation Framework Document
- b) Development and implementation of local protocols around assessment, referral, information sharing, shared care planning, and dispute settlement in line with the national protocols, and service level agreements (including schedules therein where applicable)
- c) Monitoring of the impact of the National Drugs Rehabilitation Framework and informing strategies for progression

The values and considerations that underpinned the development of the National Drugs Rehabilitation Framework by the NDRIC will inform the approach to the pilot projects.

#### **4. Selection Criteria**

The following requirements are essential to facilitate the running of a pilot project:

- a) The Drugs Task Force areas should have a fully functioning Treatment & Rehabilitation Sub-Groups with the membership in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation and reflecting NDRIC membership (i.e. representatives of those involved in the shared care plan should be around the table – see Figure 1, National Drugs Rehabilitation Framework)
- b) The Drugs Task Force/ Treatment & Rehabilitation Subgroup should have identified an agreed nominated Rehabilitation Co-ordinator in the area who will be a member of the Treatment & Rehabilitation Sub-Group and who will lead the Sub-Group in regard to the implementation of the pilot project and the National Drugs Rehabilitation Framework.
- c) Agreement to participate and co-operate fully with the evaluation process designed to assess process indicators and outcomes measures of the pilots, which will include collection of data.

The following criteria will also be used to evaluate proposals and select pilot projects:

1. The extent to which the proposal can meet the objectives of the pilot, as set out in the Overview box to this document
2. Evidence of a clear understanding of the National Drugs Rehabilitation Framework and where the pilot proposal sits within this

3. Evidence of a knowledge of existing services available (locally or regionally)
4. The proposals for the implementation of an interagency working process
5. The proposals for the implementation of care planning process
6. The proposals for the implementation of a care management as a way of working
7. The degree to which the project would involve clients across the range of tiers and inclusive of various substances of misuse
8. The capacity of the nominated Rehabilitation Co-ordinator to fulfil the role

## **5. Selection Process**

The selection of pilot projects will involve a three stage process. Stage one will require the endorsement of the project proposal by the Treatment & Rehabilitation Sub-Group of the Local/Regional Drugs Task Force. This will be followed by a second stage assessment involving an analysis of written pilot proposal by a subgroup of the NDRIC to make recommendations on the most appropriate pilot projects. The NDRIC will make the final decision on the selection of pilot projects.

## **6. Roles and Responsibilities**

Central to pilot participation is a commitment by all stakeholders to work as a partnership. This partnership approach (between Government Departments, state agencies and the community and voluntary sectors) provides a solid foundation from which all of those involved in rehabilitation should work.

As identified in the Report of the Working Group on Drugs Rehabilitation 2007 the HSE has the led role in Rehabilitation 2007. This reaffirms the HSE's commitment to actively lead, participate and support the implementation of the National Drugs Rehabilitation Framework. This will help to inform the continued roll-out of the National Drugs Rehabilitation Framework and the implementation of the recommendations of the Report of the Working Group on Drugs Rehabilitation 2007. Future thinking on specific roles will be informed by learning from the pilots.

It is acknowledged that, together with the HSE, key roles exist for the newly appointed/ nominated Rehabilitation Co-ordinators in conjunction with the Drugs Task Force Treatment & Rehabilitation Sub-Groups. The following is an overview of the key responsibilities attached to these roles in the implementation of the National Drugs Rehabilitation Framework during the pilots.

a) **Drugs Task Forces & Treatment and Rehabilitation Sub-Groups**

The Drugs Task Forces and Treatment and Rehabilitation Sub-Groups commit to:

- i. Identify all services within their boundaries and align their interventions to the 4 Tier Model
- ii. Map the care pathways to and from Primary Care Teams and Networks. Explore collaborations with Primary Care Teams, Social Care Networks, HSE Addiction Services through HSE Representatives, GPs, Community Education Programmes etc.
- iii. Together with the nominated Rehabilitation Co-ordinator, contribute to the design, establishment and operation of local inter-agency partnership arrangements
- iv. Together with the nominated Rehabilitation Co-ordinator, monitor the implementation of service level agreements or relevant schedules within Service Level Agreements

b) **Rehabilitation Co-ordinators**

The nominated Rehabilitation Co-ordinator for the local/regional Drugs Task Force area commits to:

- i. Take the lead role on the Drugs Task Force Treatment & Rehabilitation Sub-Group for the implementation of the National Drugs Rehabilitation Framework through the development of an implementation plan.
- ii. Ensure, alongside the Treatment & Rehabilitation Sub-Group, that local protocols and service level agreements, in line with the national protocols, are developed, in place and effectively implemented.
- iii. Bring together key partners and lead the development of interagency arrangements, and establish effective links with relevant agencies
- iv. Report on progress periodically to NDRIC/National Senior Rehabilitation Co-ordinator

## 7. Key Outputs

The following key outputs are desired:

- a) The relevant Rehabilitation Co-ordinator for each pilot project will produce a periodic report to the NDRIC which includes the following:
  - i. Updates and monitoring on the stage of implementation of the National Drugs Rehabilitation Framework in pilot projects
  - ii. Development of an impact assessment document. This will also include surveys of awareness of the National Drugs Rehabilitation Framework amongst staff and service users

- iii. Production of case studies of the implementation/impact of the project/Framework.
- iv. Completion of activity reports for the NDRIC (e.g. level of referral, care plans etc). Template for such reports to be developed by the NDRIC
- v. Identification of gaps in knowledge/skills/competencies to inform training needs and development of action plans
- vi. Identification of gaps/shortfalls in services provision and waiting times
- vii. Feedback from service users; experiences, benefits and evidence of progression
- viii. Characterise how learning and the development of new work practices, in relation to the framework document, have taken place

b) Treatment & Rehabilitation Sub-Groups together with the Rehabilitation Co-ordinators will facilitate the development of local protocols and schedules within SLAs, and assist local agencies with their implementation. This will be done under the guidance of the National Senior Rehabilitation Co-ordinator and informed by national protocols and SLAs as developed by the NDRIC.

## **8. Evaluation of Pilots**

The HSE will commit to fund, as appropriate, a quality and standards module (and other supports) and structured monitoring and evaluation mechanism, for the pilot projects, which in turn will further inform their development. An evaluation tool will be developed to assess the implementation of the National Drugs Rehabilitation Framework.

The objective of this evaluation is to assess the quality and effects of the National Drugs Rehabilitation Framework in order to:

- Guide future work of the National Drugs Rehabilitation Implementation Committee
- Offer independent examination of the implementation of the National Drugs Rehabilitation Framework

The final evaluation report on the pilot projects will include the following:

- Description of the evaluation process
- Consultation with relevant stakeholders (a mechanism will be developed to include a service user involvement within this cohort)
- Assessment of the extent to which the Framework is meeting the need for which it was intended; this will be further informed through an assessment of the level of engagement and compliance with the Framework among services
- Review and compare international practice on the potential benefits of the National Drugs Rehabilitation Framework

- Assessment of both Structural and Process Indicators for participation/implementation of the framework across the range of projects
- Outcome Indicators to inform assessment of the quality and effect of the Framework
- Conclusions and recommendations

## **9. Timeframes**

Deadline for proposals will be as follows:

Friday 24<sup>th</sup> September for the first phase; and  
Friday 17<sup>th</sup> December for the second

These can be sent electronically to or by post to: [joseph.doyle@hse.ie](mailto:joseph.doyle@hse.ie) or HSE Social Inclusion, Palmerstown, Dublin 20