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Perspectives on Governance and Funding:
Considerations for the next national strategy

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IT IS THE YEAR 2035

SERVICE USER

- Happy with the treatment service- feels respected

- Buildings are comfortable, inviting

- Has a care plan- written collaboratively

- Has timely access to and a choice of a range of treatments and social supports- therapy, detox, rehabilitation, employment opportunities

- Has absolute confidence in the complaints process

- Lives in a homeless hostel with lots of other drug users and tells them how good the treatment service is

- This experience is replicated consistently throughout the country

STAFF

- Happy with their workplace- feels respected

- Well educated and feeling competent

- Has access to ongoing training, education, supervision and support

- Has a career pathway and job security that is equal to or better than other healthcare workers

- Works in an MDT team that communicates well, and works collaboratively- has a flat hierarchy

- Service is well-resourced and has good governance; regular audits, independent inspection

- Service is person-focused, supports human rights, follows best practice

Summary of research
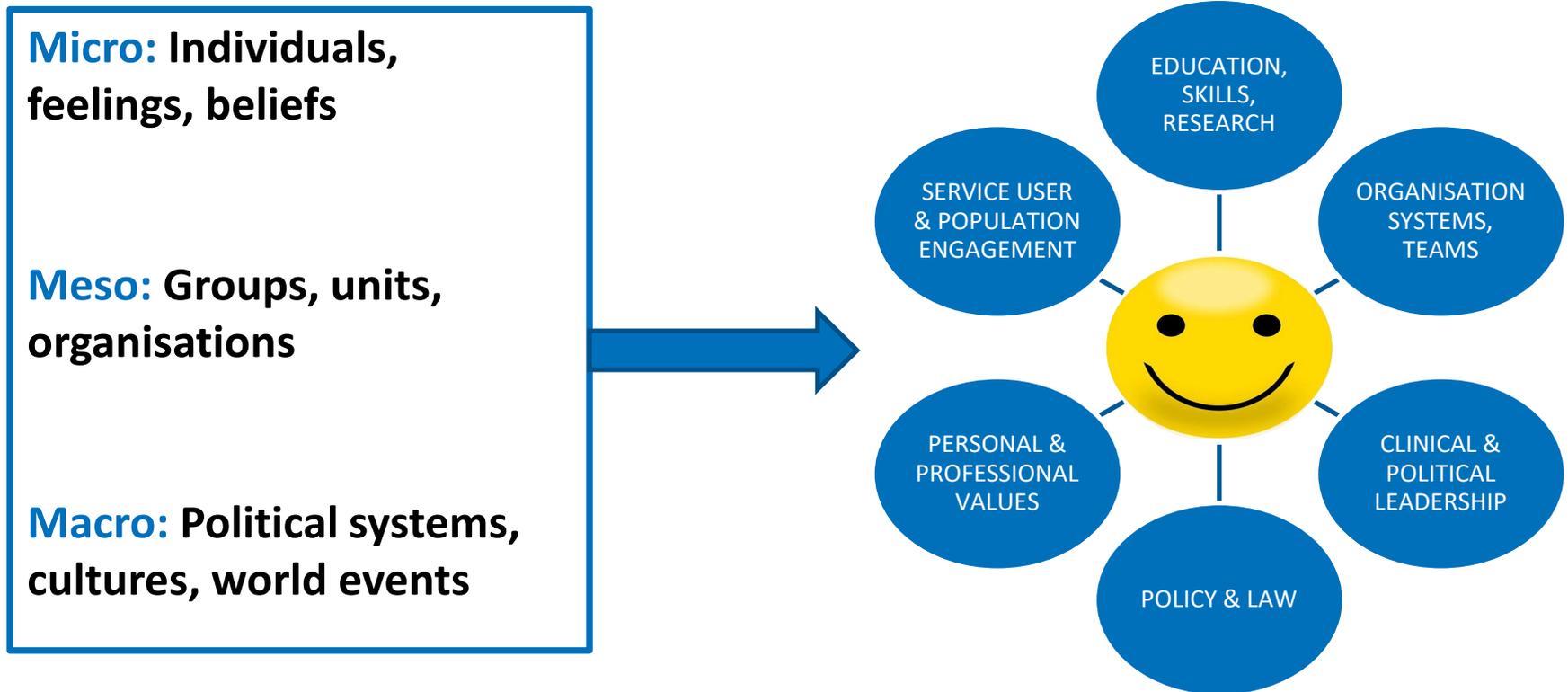

HAPPY, HEALTHY ORGANISATIONS & STAFF = **HAPPY, HEALTHY & SAFE SERVICE USERS**

Treatment services and workforce- part of an ecosystem

Components of a workforce/service development strategy – 'eco system'

Micro: Individuals, feelings, beliefs

Meso: Groups, units, organisations

Macro: Political systems, cultures, world events

EDUCATION, SKILLS, RESEARCH

ORGANISATION SYSTEMS, TEAMS

SERVICE USER & POPULATION ENGAGEMENT

CLINICAL & POLITICAL LEADERSHIP

PERSONAL & PROFESSIONAL VALUES

POLICY & LAW

How did we get there? A long-term workforce/service development strategy

- Strong service user involvement at all levels- service user needs are 'front and centre' of every decision

- National Drugs Strategy: characterised by specific, quantifiable and measurable KPI's- for services as well as strategy

- Fully independent oversight of implementation of policy- e.g. those providing oversight should not be in any way dependent on the Department of Health or HSE for funding

- An independent inspectorate for all drugs services- e.g. HIQA

- Full accountability for all expenditure on treatment- would likely need a change in the current funding model

- National 'mapping' of the staffing skill mix/resource allocation of all services onto population need-population density, deprivation index, population projections; demographics etc.

How did we get there? A long-term workforce/service development strategy

- A treatment delivery model developed from this mapping should be rolled out nationally with stipulated provisions for population profiles built-in; properly resourced

- Collaboration and planning with educational providers and researchers

- Universal IT system- a unique patient identifier supporting case management and collaborative care planning across services

- All of the above is likely to require reform of current structures; drug task forces, more standardisation of how services are delivered, greater centralisation and some loss of autonomy for HSE and voluntary sector agencies- but is absolutely necessary

In conclusion- what recommendation?

Develop a comprehensive national workforce development/service development strategy for drug treatment. This should be a priority of the government, the Department of Health, and the HSE. This should be developed in conjunction with the implementation of Slaintecare.

This strategy will not be effective unless it has accountability and transparency at its core.

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Thank You