



ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL HEALTH SCRUTINY COMMITTEE

Date: Thursday, 23 November 2017

Time: 1.30 pm (pre-meeting for all Committee members at 1pm)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA

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Report for Nottingham City Health Scrutiny Committee: 23 November 2017

Inpatient Detoxification Services at The Woodlands

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Report Sponsors: Alison Challenger – Director of Public Health

Katy Ball – Director Commissioning and Procurement

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1. Introduction

1.1 This paper informs the Health Scrutiny Committee of the current position in relation to drug and alcohol inpatient detox services (The Woodlands) provided by Nottinghamshire Healthcare Foundation Trust (NHFT). It sets out details of the service as currently commissioned, the service user groups accessing the service, detail of alternative provision and risks and impact of the potential closure.

2. Commissioning arrangements for The Woodlands

2.1 Through the Crime and Drugs Partnership, utilising the Public Health budget, Nottingham City Council commissions a range of substance misuse treatment and support services. These services provide an integrated pathway to engage drug and alcohol users into treatment and support them to recover from problematic drug and alcohol use.

2.2 As part of this pathway, Nottingham City Council commissions Nottinghamshire Healthcare Foundation Trust (NHFT) to provide a drug and alcohol inpatient detox service – The Woodlands. The Woodlands is a specialist 15 bed unit that provides inpatient detoxification with 24-hour medical cover.

2.3 This service is commissioned through the Nottingham City Clinical Commissioning Group (CCG) Block Contract with NHFT. Nottingham City Council is an associate commissioner to this contract for the provision of The Woodlands. For 2017/18 Nottingham City Council has commissioned NHFT to provide 1,175 Occupied Bed Days (OBDs), the equivalent of four beds.

2.4 Other areas also commission The Woodlands including East Riding, Leicester, Leicestershire, Derby and Derbyshire.

2.5 Some service users can safely be detoxed within the community but for others, detoxification will require an inpatient admission. Service users who are unable to detox within the community and who meet specific eligibility criteria are referred into The Woodlands from the community drug and alcohol services (such as Nottingham Recovery Network). Service users are admitted for detox and will have an average stay of 9-10 days before being referred back to community drug and alcohol services for ongoing treatment and support.

3. Service users

3.1 The Woodlands works with service users dependent on a full range of illicit and prescribed substances. The Woodlands provides inpatient detox for service users who are unable to detox within the community. This includes service users with high levels of complexity, which may include resistive and persistent illicit-drug use, which has not responded to community interventions, as well as complex physical healthcare needs, and deterioration in mental health. This includes, but is not limited to:

- Service users who present with physical, mental health needs or comorbidity
- Service users who present as chaotic poly substance misusers
- Pregnant women
- Service users who's social network, physical presentation and history of treatment preclude them from further attempts at community detoxification
- Service users with a history of alcohol withdrawal complicated by seizure activity, Delirium Tremens, Wernicke's Encephalopathy or Korsakoff's Syndrome
- Service users with a known history of overdose
- Service users who require detoxification prior to moving on to longer term residential rehabilitation.

3.2 In 2016/17, 123 Nottingham City residents accessed The Woodlands. The majority of these (73%) were opiate users, and 21% were alcohol only users.

3.3 The demographic profile of service users accessing The Woodlands matches that of community drug and alcohol treatment services. Of those accessing The Woodlands during 2016/17:

- 74% were male, 26% female
- Age 35 – 39 was the largest age band category (29%) and 73% fell within the age range of 30 – 49 years
- 88% of service users were White British

4. Alternative provision

4.1 At the end of September 2017, NHFT notified commissioners of the potential closure of The Woodlands from 31st March 2018. NHFT advised commissioners that they are reviewing potential alternative models and anticipate reaching a decision by January 2018. Commissioners have notified NHFT that they are happy to work with NHFT as options are scoped.

4.2 There is an ongoing need in Nottingham for service users to have access to inpatient detox as part of an integrated package of substance misuse treatment.

4.3 Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) and NICE guidelines state that inpatient detox should be available for service users where it is assessed that community detox is not appropriate. Particularly for users with complex physical comorbidities.

4.4 Nottingham has an ageing population of opiate users (Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015). Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) state that there should be a lower threshold for arranging inpatient detox for older people. This is because of increased health risks and increased risk of drug related death.

4.5 Commissioners are carrying out an appraisal of alternative options should The Woodlands no longer be available from 1st April 2018.

5. Other services and their capacity

5.1 As part of the options appraisal process commissioners have been consulting with existing providers and commissioners from other areas, as well as undertaking market research to understand what alternative provision is available and potential capacity.

5.2 There is currently no alternative inpatient detox unit within Nottingham City. Other local services provide community based detox and there is some out of area provision:

5.2.1 **Nottingham Recovery Network (NRN)** is the main provider of drug and alcohol treatment in Nottingham. Provision includes community based detox for those who are able to detox safely within the community. They do not provide inpatient detox.

5.2.2 **Clean Slate** provides drug and alcohol treatment for service users coming through the criminal justice system. This service also provides community based detox but not inpatient detox.

5.2.3 Framework Housing Association is able to provide supervised community alcohol detox at **Michael Varnam House**. Currently Nottingham City Council contributes Public Health funding to this service for the provision of one bed for the purpose of supervised community alcohol detox. Michael Varnam House has recently been refurbished and expanded and two beds may be available for supervised community alcohol detox. Michael Varnam House does not currently provide services for drug users and is not suitable for service users with more complex needs and significant comorbidities requiring inpatient detox. Michael Varnam House falls under the upcoming tender of short-term supported accommodation for homeless adults and provision may be impacted on by this process.

5.2.4 Framework is establishing a new care, treatment and enablement service for individuals who have previous or current substance dependency and subsequent alcohol or drug related health conditions – **Edwin House**. This service is intended to meet a gap in care provision for individuals with Alcohol Related Brain Injury. This is not an inpatient detox facility but some beds (approximately 15) will have 24-hour medical cover.

5.2.5 Many areas refer service users to inpatient detox units that are '**out of area**'. Commissioners have been undertaking market research in other inpatient detox

provision. There are relatively few medical detox units left operating within the midlands that offer 24-hour medical cover for our more complex, high-risk cases. Birmingham has two facilities with a combined capacity of 25 beds. It is unclear what capacity they would have to meet demand should The Woodlands close (480 service users accessed The Woodlands in 2016/17). The other facilities found are located in Islington, The Wirral and Essex. Of four Local Authority commissioners spoken to, two were operating a spot purchasing approach to inpatient detox with the main treatment provider being responsible for this. The remaining two were both in block contracts.

5.2.6 Many **residential rehab** providers now offer inpatient detox as part of their package. For Nottingham City service users being referred to residential rehab it may be possible for inpatient detox to be provided as part of that package.

6. Risk factors and potential impact

6.1 As part of the options appraisal process, risk factors and potential impacts are being identified against potential options.

6.2 Risk factors should The Woodlands close 31st March 2018 include:

- There is currently no identified alternative local (Nottingham City/Nottinghamshire) provision of inpatient detox
- The potential provider market is assessed to be small, particularly in relation to existing inpatient detox units across the Midlands
- There is limited capacity within existing inpatient detox units across the Midlands
- The Woodlands serves several local areas who will all require some form of alternative inpatient detox provision should The Woodlands close
- The timescale between NHFT reaching a decision and potential closure of The Woodlands is short
- We are unclear what consultation NHFT have undertaken or propose to undertake

6.3 Public Health and commissioners are committed to identifying alternative provision. However, the potential impact should The Woodlands close and no appropriate alternative provision be identified might include:

- Increased presentations to Emergency Department for complications relating to drug and alcohol dependence
- Increased hospital admissions and detoxes within acute care setting
- Potential increased overdose and potentially drug related death
- A reduction in successful completions from drug and alcohol treatment
- Increased waiting times to access inpatient detox
- Increased risk of relapse to substance misuse and representation to community drug and alcohol treatment services

7. Consultation and engagement

7.1 Commissioners have engaged in discussions with NHFT and other local providers of community drug and alcohol treatment. Some market research has been undertaken and commissioners from other areas consulted.

7.2 Consultation with service users of The Woodlands was undertaken in 2015 as part of the review of substance misuse services, prior to recommissioning of community drug and alcohol treatment in 2016. Only two service users and two staff members from The Woodlands attended a focus group consultation event on The Woodlands and the findings are not relevant to the current situation.

8. Next steps

8.1 Commissioners continue to engage with NHFT during their review of options for the future of The Woodlands.

8.2 Commissioners are aware that there is an ongoing need in Nottingham for access to inpatient detox and are working to identify options that will deliver access to high quality inpatient detox, which also delivers value for money.

8.3 The next steps include to:

- Complete options appraisal which identifies potential options should NHFT take the decision to close The Woodlands

- Consult with legal and procurement on options appraisal
- Undertake Equality Impact Assessment and Risk Assessment against potential options
- Consider requirement and timescales for any consultation
- The final decision from NHFT is not expected until January 2018
- Confirm the notice period. Notice periods within the Block Contract are between 12 months, 6 months and 3 months and vary depending on the proportion of the value of the service affected and whether staff are affected
- Determine appropriate level of approval for securing alternative provision should this be required

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