

## Report to Health Scrutiny Committee – 24<sup>th</sup> January 2019

### **Title of paper: Inpatient Drug and Alcohol Detoxification Services**

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### **Summary:**

This paper follows papers presented to Health Scrutiny in November 2017, January 2018 and March 2018 regarding drug and alcohol inpatient detox services.

Nottinghamshire Healthcare Foundation Trust confirmed the closure of the long standing provision at The Woodlands early in 2018. Alternative provision was secured through a temporary arrangement with Framework and delivered from a new dedicated drug and alcohol inpatient detox unit – Edwin House.

This paper provides an update following a competitive tender process for a contract for a new drug and alcohol detox service for Nottingham city residents.

### **1. ENGAGEMENT AND CONSULTATION**

A programme of engagement was undertaken to inform the commissioning of a new drug and alcohol inpatient detox service. The main focus of the engagement activity was to understand:

- Accessibility needs in relation to inpatient detox provision for Nottingham City service users
- What interventions/provision should be provided by the inpatient detox service in addition to the medical detoxification from substances

Engagement with service users and clinicians ran from January to July 2018. We adopted a qualitative approach to data collection, utilising semi-structured interviews and focus groups. Our long-standing involvement structures proved invaluable for engaging with a wide variety of people with a range of issues and experience around treatment over a long period. Engagement activities included:

- Discussions at service user forums
- Two open engagement events
- Structured telephone interviews
- Questionnaire
- Discussion with service users at the existing inpatient detox service

This engagement process involved approximately 60 service users who were either currently engaged in inpatient detox, had completed inpatient detox in the past (at The Woodlands) or could be in a position to need to access detox in the future.

Responses were used to identify key themes in relation to accessibility and interventions as summarised below:

#### Accessibility:

- The majority of people stated that having a Nottingham based facility was preferable and would promote accessibility. A minority stated that accessing inpatient detox somewhere out of area would be acceptable.
- Having to travel to another area for treatment was raised by most service users and clinicians as potentially problematic in terms of both accessibility and acceptability.
- Risks for alcohol dependant service users in having to travel a long distance to inpatient detox, for example risk of withdrawal seizures.
- A pre-admission visit is useful in encouraging engagement with inpatient detox and supporting admission.
- Visits from their worker whilst in the facility were valued and encouraged service users to complete the course.
- If service users discharged themselves from inpatient detox, some service users and clinicians stated that it was safer/less risky if they were already in their own locality.
- Waiting times are important and should not be lengthy. Some sort of rapid access provision should be available to provide 'crisis' detox for those who need it.
- Services need to be welcoming to all people and is important in supporting access for all demographic groups: 'we need to be met by people like us'.

#### Interventions/provision:

- The environment was thought to be important and should be safe, secure, clean, comfortable, not too clinical, and provide 'decent' food. Separate accommodation should be provided for male and female service users.
- The service should be staffed with an empathic and supportive workforce who treat clients with respect.
- Meaningful activities and groups should be available. This should include a range of leisure and exercise activities, basic education (such as literacy and numeracy) or introductions to other courses, peer groups and other groups.
- Exit planning and seamless transition back into community treatment/support is crucial in maintaining the positive benefits of inpatient detox.
- Complimentary therapies were mentioned as 'very helpful'.
- Having peer support/mutual aid within the service would be beneficial, this may also be useful in supporting access.

The findings from engagement were used to inform the development of the service specification and tender questions.

Service users were also involved in the evaluation of the tenders received. A panel of service users met to evaluate the bidder's responses to two case study questions. Their moderated score contributed to the final score for the tender process.

## **2. EQUALITY**

An Equality Impact Assessment (EIA) was completed prior to the tender. The EIA drew on assessment of local need and access to current inpatient detox provision as well as the findings from the engagement process. The EIA was then used to inform the development of the service specification.

The EIA highlighted that:

- The physical environment needs to take into consideration cultural and faith based needs
- The service needs to be delivered by a competent and skilled workforce who can understand and meet the specific needs of a diverse client group
- Different dietary needs must be catered for
- Group work, mutual aid and peer mentors should be provided as part of the service
- Premises must be fully accessible to all service users and be DDA compliant
- The service must be appropriate for pregnant women
- The service must be able to meet the needs of complex service users with co-occurring physical and mental healthcare needs
- Local access would be preferable to support accessibility for vulnerable adults
- Single occupancy rooms are required for male and female service users
- The service must be able to respond to the needs of an ageing population of opiate users
- Ongoing monitoring of accessibility and outcomes across demographic categories is required through contract management processes

### **3. PROCUREMENT PROCESS**

Based on procurement regulations it was necessary to undertake a competitive tender for drug and alcohol inpatient services.

A 'message to the market' was published on the Nottingham Crime and Drugs Partnership website in July 2018 and also sent directly to all providers of existing inpatient detox services that had been identified through market research. The 'message to the market' provided potential bidders with information on the anticipated timescales for tender, background information and the outcomes expected to be delivered by the new service. The tender was advertised nationally and in Europe.

The tender process ran from 26<sup>th</sup> September and the award letter was sent to the successful provider on the 18<sup>th</sup> December. An extended implementation period was allowed to facilitate any new provider entering the market to set up a facility in Nottinghamshire. The new contract will commence 1<sup>st</sup> July 2019 and has been awarded for 5 years with two further possible one year extensions.

### **4. OUTCOME**

Framework was the successful bidder following the tender process. Framework will deliver the new contract from its purpose built 15 bed drug and alcohol detox unit Edwin House located in Radford. The dedicated detox unit is part of a larger 63 bedded Care Quality Commission (CQC) registered care and reablement centre for adults experiencing significant physical, emotional or mental health issues related to long-term problematic substance misuse.

Edwin House is a regional resource, serving the majority of local authority areas across the East Midlands and opened in June 2018. Edwin House will offer medically assisted detoxification/stabilisation programmes tailored to individual need. As part of Nottingham Recovery Network the service facilitates improved working with community teams to ensure that the timing and availability of detoxification is consistent with individuals overarching Recovery Plans.

A full psychosocial interventions program is delivered on the unit with a timetable of three structured groups, covering both structured treatment interventions and lifestyle activities, being delivered daily including at weekends. Framework has partnered with "Dear Albert" a peer led social enterprise to deliver weekly access to mutual aid sessions. These sessions give service

users an introduction to mutual aid recovery and provide information about locally accessible peer led support.

Edwin House provides 24-hour medical care, overseen by a highly experienced Addiction Consultant Psychiatrist. Day to day treatment will be provided by an experienced multi-disciplinary team including Doctors, Nurses, Occupational Therapist, Social Work and Support Workers. This approach brings added value with staff holding a range of specialist interests e.g. tissue viability, sexual health, harm reduction, safeguarding, and domestic violence.

The unit is fully staffed with a mixture of directly employed general and mental health training nurses, non-medical prescribers and support workers. Clinical care is overseen by a Nottinghamshire NHS Trust Consultant Addictions Psychiatrist and C3 Doctors on rotation from Nottingham University.

Nottinghamshire Healthcare foundation Trust provide clinical input to the service, including Consultant Psychiatrist input, Non-medical prescriber, and on-call medical cover.

#### 4.1 Current Outcomes

Framework has been providing inpatient detox for Nottingham City residents since the closure of The Woodlands in June 2018. Since opening in June, the unit has admitted 87 Nottingham City service users under the temporary agreement while the new contract was tendered.

Presenting need:

<b>Substance</b>	<b>Number</b>
Alcohol	43
Heroin	35
Cocaine	1
NPS	8

Gender breakdown:

<b>Male</b>	<b>Female</b>
54	33

At the time of writing, five of these service users remain in treatment on the unit. Of the 82 remaining, 65 (79%) successfully completed their inpatient treatment intervention, 17 (21%) self-discharged early against medical advice and 1 was admitted to hospital following a significant deterioration in Physical health.

An unexpected outcome of the new unit has been the integration with the new specialist substance misuse care and reablement service based at Edwin house. Three service users to date whom were assessed during their detoxification as having unaddressed social care needs of signification enough acuity to require residential care were able to have social care assessments whilst undergoing detoxification and moved straight in to a residential care bed on completion. This new pathway ensures that that some of the most vulnerable service users, whom were facing homelessness or hospitalisation were able to have their needs effectively met in an integrated fashion.

Feedback from service users in relation to the new provision has been overwhelming positive. Some recent quotes from service user feedback are:

“This is an incredible service, I’ve been well looked after, I’m going to miss everyone”

“The staff in all quarters were very respectful and immediately made me feel at ease”

“10/10 totally exceeded expectations”

“Great family atmosphere with both staff and residents, would highly recommend”

“All of the staff have been excellent and very helpful, I cannot praise them enough, excellent”

“Met some great people and all the staff and cleaners were great, I will miss Edwin House, thank you all so much for changing my life”

## **5. NEXT STEPS**

- As the incumbent provider, the transition to the new contract will have no impact on service users.
- A detailed implementation plan was submitted by Framework as part of the tender process. Regular meetings will be held between the commissioner and provider to monitor delivery against this plan.
- Contract management and quality assurance mechanisms are set out within the terms of the contract and will be used to ensure the service compliant with the contract and delivering safe, high quality and effective provision.
- Key performance indicators are set out within the contract and the service will be monitored against these targets.
- As a new service, a Quality Assurance Visit will be undertaken by commissioners as early as possible.
- The service is contracted to provide 1,175 occupied bed days (OBD) annually for Nottingham City service users. Activity to date shows that local need may be higher than the contracted provision. There has also been a 17% increase in opiate users in structured treatment with the main community treatment providers between 2017/18 and 2018/19. Numbers in treatment for opiate clients are at the highest levels since April-13. This is against the national trend, where numbers in treatment are steadily decreasing, and is being monitored.
- Further work will be undertaken in the coming months to establish a robust picture of need for inpatient provision, ensure that referrals are appropriate and minimise the number of service users whom self-discharge against medical advice and that the provision is able to effectively meet the need of Nottingham city residents.