



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 13 February 2020

Time: 10.45 am

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

Senior Governance Officer: Laura Wilson **Direct Dial:** 0115 876 4301

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| HEALTH SCRUTINY COMMITTEE |
| 13 FEBRUARY 2020 |
| INPATIENT DETOXIFICATION SERVICE |
| REPORT OF HEAD OF LEGAL AND GOVERNANCE |

1 Purpose

- 1.1 To receive a written update on the operation of the new contract for the Inpatient Detoxification Service.

2 Action required

- 2.1 To consider the written update provided and whether there is a need for any further updates or recommendations.

3 Background information

- 3.1 The Committee has considered the proposals for the procurement of a new contract for the Inpatient Detoxification Service on a number of occasions over the last two years.
- 3.2 The latest update was at the meeting on 24 January 2019, when Lucy Putland, Strategy and Commissioning Manager (NCC), Ian Bentley, Strategy and Commissioning Manager (CDP), Bernadette Linton, Edwin House Operations Manager (Framework), provided the Committee with the following information on how the interim arrangements for the provision of Inpatient Detoxification Services were progressing:
- (a) following the closure of the Woodlands Inpatient Detoxification Unit, Framework had agreed to become the interim service provider at Edwin House until a full procurement process could be undertaken;
 - (b) prior to setting the service requirements of the new contract, the Strategy and Commissioning Team had undertaken thorough engagement and consultation with service users, patients, patient carers and partner organisations by means of open access events, and structured patient interviews and questionnaires to clearly identify the service model required. This consultation took place between October and December 2018;
 - (c) accessibility was an essential requirement of local people who wanted local access to services and not to have to travel out of the area. Nottinghamshire residents requiring the inpatient service had to travel to Birmingham to access services, including for pre-admission visits. Where travelling was involved, this could complicate the support of local community workers and present a risk to the patient if they discharged themselves against medical advice and were in an unfamiliar area away from local support networks;

- (d) patients suggested that peer mentoring and initially being met by people who had experienced similar circumstances would be a positive introduction to the service;
- (e) environment was identified as important and that it must be safe, secure, clean and welcoming, not clinical, and that the workforce should treat service users with respect and respond to their needs;
- (f) strong links between inpatient and community services was cited as being beneficial as patients progressed along the treatment pathway;
- (g) an Equality Impact Assessment (EIA) had been undertaken and used to inform the development of the service specification;
- (h) once the specifications were confirmed, there was a competitive tender and Framework was successful in securing the new contract. Framework provided a detailed implementation plan which would be performance monitored for the next few months until the new 5 years contract started. Performance would be assessed on outcomes;
- (i) Framework had received very positive feedback from service users during interim arrangement, which was possibly due to peer mentoring, a homely environment and the provision of a range of complementary therapy sessions which ensured that patients had full and active days;
- (j) the average patient stay was 9 days but this could be extended to 21;
- (k) Edwin House supported detox from any substance including opiates, black mamba and spice. Nationally the demand for opiate treatment was reducing but there had been a 17% increase in opiate users in Nottingham during the past year; the reason was unknown but could be a reflection of addiction to opiate pain killers;
- (l) Edwin House was fully DDA compliant so could accommodate patients with physical disabilities, provided separate facilities for male and female patients, could cater for different dietary needs, had capacity for a carer of a patient with complex medical needs to stay, and could facilitate a therapy dog;
- (m) services were also being provided to the wider region whilst ensuring that the 3 bed, 1,175 bed day contract commissioned by the City was maintained;
- (n) 100% of patients were inpatients but there were close links and ongoing communication with community support services. Referral was always from the Community Contract Provider 'Nottingham Recovery Network';
- (o) whilst ethnicity was monitored, overwhelmingly the majority of patients were white males. This was a historic pattern and it continued to be difficult to engage other ethnic groups in the treatment pathway but new approaches continued to be applied;
- (p) once a patient had been assessed and booked in there wasn't a waiting list to receive treatment, but there could be a short wait from referral to assessment;
- (q) the entire treatment pathway involved different sections but aimed to be integrated and needed to be considered as a whole. Once inpatient detox treatment was complete, the patient would return to the care of community services where community workers would continue to maintain individual contact and monitor progress. A holistic view was taken for individuals which included housing and employment;

- (r) there had only been 3 or 4 former inpatients who had returned for further treatment;
- (s) prior to patients returning to community care, Framework could provide patients with information on the community based activities available so that they could continue to actively occupy their time when they returned to the community setting;
- (t) prescription medication addiction was an increasing and National issue where people would initially be prescribed medication but then go on to source it themselves, or the addiction could even be over the counter medications;
- (u) Framework would continue to monitor and review outcomes and provision to ensure that the best possible service was provided.

3.3 The Committee resolved to receive a written update on the performance of the service once the new contract had been in place for several months, which is attached to this report.

4 List of attached information

4.1 Written updates on the performance of the Inpatient Detoxification Service.

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None.

6 Published documents referred to in compiling this report

6.1 Health Scrutiny Committee reports and minutes dated:
23 November 2017
18 January 2018
22 March 2018
24 January 2019

7 Wards affected

7.1 All.

8 Contact information

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SMS Inpatient Provider Update Report

Adam Sutcliffe
Service Manager - 56 Edwin House

SMS Inpatient Provider Update Report

Closure of the Woodlands

The decision was taken at the end of 2017 to close The Woodlands inpatient detoxification unit. Inpatient substance misuse services had been provided by Nottinghamshire Healthcare NHS Trust for more than 30 years and as such was well established locally and nationally recognised as a centre of excellence. Following the closure of the Woodlands it was agreed that the Trust would enter into partnership working with the new lead provider Framework in order to ensure the continuation of SMS inpatient treatment within Nottingham City. In May 2018 The Woodlands closed and on the 4th June 2018 56 Edwin House In-Patient Detox Unit (IPDU) opened for business.

56 Edwin House

56 Edwin House IPDU (EH) is a 14 bed, DDA compliant unit comprising of gender segregated sleeping areas. EH provides an environment which is safe, welcoming and friendly, and offers clinically effective treatment for people who wish to change their relationship with drugs and alcohol – offering a vital step on a much longer pathway to recovery.



EH continues to be overseen by

Nottinghamshire Healthcare Trusts Consultant Dr David Rhinds and remains a placement for the Trusts Junior CT3 Doctors, ensuring that they are still able to access this valuable learning opportunity, whilst providing extra support for the staff team.

EH has maintained previously acknowledged high standards of care and treatment to service users (SU) who are referred from a number of geographical locations. EH holds the contracts for providing inpatient detoxification to Nottingham City, Leicester City, Leicestershire and Rutland, as well as spot purchasing arrangements for Derbyshire and Derby City. EH has also established a self-funding pathway and is able to accept referrals nationwide.

Feedback from SU has been very positive, with many commenting on the homely and safe environment and the friendliness of the staff team.

June 2018 - May 2019 SU feedback

| | Poor | % | Fair | % | Good | % | Excellent | % |
|--------------|----------|-----------|----------|--------------|-----------|---------------|------------|---------------|
| Total | 0 | 0% | 1 | 0.41% | 33 | 13.47% | 211 | 86.12% |

Making improvements

The opportunity to start again with the experience garnered by the management team who previously worked at The Woodlands, allowed EH to improve what was already a highly thought of service. An observed increase in physical health ailments that an ageing substance misuse population were starting to experience, saw a change in the staffing model. EH now has both general and mental health trained Nurses enabling EH to treat and respond to the most complex SU.

SU are supported in their recovery through a robust offer of timetabled, evidenced based psychosocial interventions. EH now delivers at least 3 meaningful activities daily, 7 days a week. This includes input from a Leicester based social enterprise Dear Albert, who facilitate a peer led recovery programme, group and 1-2-1 work. EH also has a gym on site which has proven to be popular with SU in addition to accessing other therapeutic activities including yoga, massage and acupuncture.



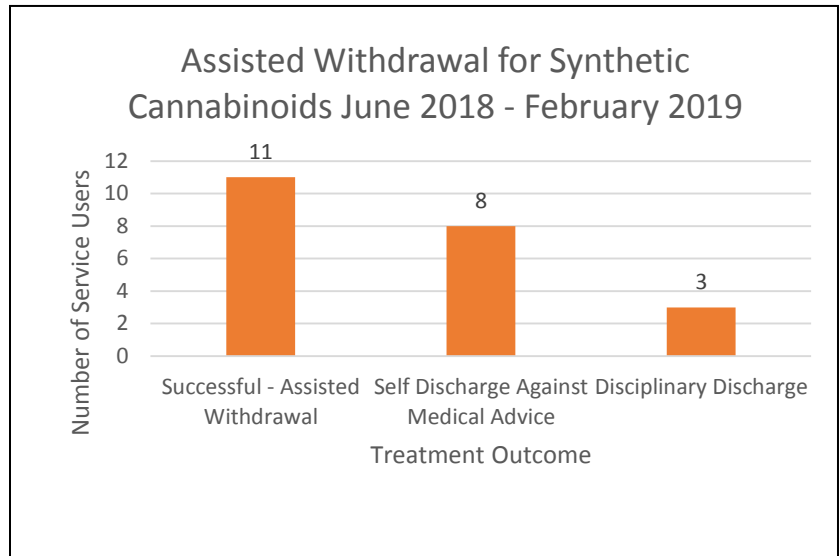
“I enjoyed all the groups, they were all beneficial. Helped all of us who took part to gel, very informative, engaging and fun.”

“Benefited from breathing and relaxation techniques as well as the wellbeing and mindfulness sessions. This was because not only were the staff hosting the sessions friendly and experienced but encourages group interaction and mutual feedback.”

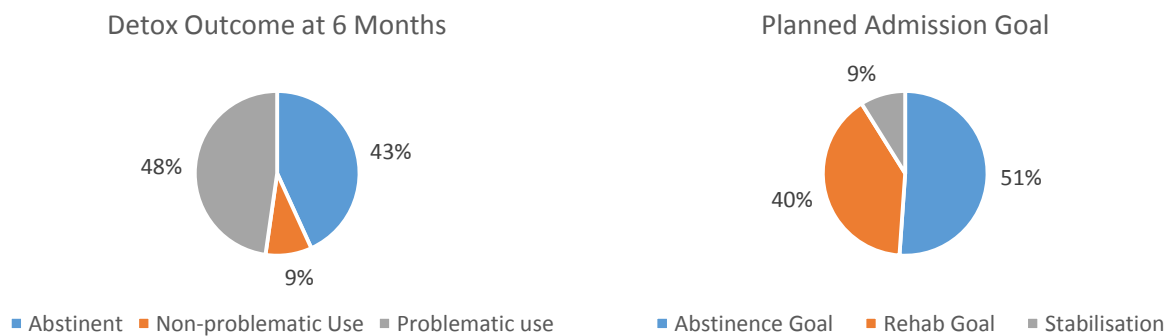
The speed at which SU can access treatment has improved and EH continues to remove barriers than can often get in the way. Over this current financial year the percentage of Nottingham city SU admitted within 6 weeks is 98.1%. This has improved as a consequence of EH now being part of Framework and Nottingham Recovery Network. The services work closer than before, with pre-agreed plans prior to admission and better joined up working, ensuring seamless transitions of care for the SU. EH Clinical Governance falls under the wider management of NRN’s improving the effectiveness of this relationship. This ensures that all services based within Nottingham City are working together and travelling in the same direction with shared aims and objectives.

EH now offers face to face, skype calls and telephone assessments and has also utilised the Wellbeing Hub where the SU has felt more comfortable completing the process in more familiar surroundings. Out of all the referrals EH has received, there has only been 1 refused due to the SU’s previous inappropriate behaviour and failure to create a safe re-admission plan. We continue to work with challenging and difficult to engage service users and continue to have a positive effect on lowering the impact SU can have on other services already at capacity such as A&E.

EH continues to regularly review and develop practice with an awareness of a constantly changing landscape within substance misuse. EH is now one of the leading experts in NPS detoxification, completing 30 NPS detox's to date. We have also begun to develop our own clinical evidence base following a critical analysis of NPS inpatient detox patient experience and outcome; this has subsequently been shared with colleagues nationally.



EH conducted a study where a sample population of SU admitted over the first 6 months of opening were tracked over the following 6 months post detox. Of those, 52% did not present again to community treatment reporting problematic use within that time frame.



Student Nurses, Junior Doctors, Social Workers and a Psychology Student have all undertaken placements since EH opened, as SMS inpatient treatment continues to provide a valuable learning opportunity for future professionals. EH values the huge contribution that those with lived experience can offer the team, as a consequence, 6 volunteers in recovery are now working within the service, developing their confidence and skills. Two volunteers who previously worked for a number of years within the Trust are now in employment as either regular or part time staff. Another 1 of its volunteers, who had previously completed 5 inpatient admissions, is also now in the process of being transferred to a regular paid relief member of staff. EH aims to be a service that not only offers detoxification and stabilisation but will also explore return to work opportunities with SU, with the ambition to get them back into meaningful activity, employment and back contributing to society again.

The unit cost per OBD at EH now offers a more favourable and competitive price to stakeholders. As a consequence this has attracted interest from Commissioners out of area with the potential for further business opportunities.

Future planning

Increasing capacity:

EH is exploring the possibility of internal environmental reconfiguration in order to be able to increase maximum bed occupancy from 14 to 15 beds. Given the gender segregation design this would mean a much needed increase in female beds from 4 to 5.

Investment in staff skills:

Additional nursing staff to undergo Non-Medical Prescriber training, improving flexible approaches to prescribing regimes

Improving access times:

An increase in bed capacity and more flexible prescribing approaches will allow us to further reduce the average waiting times. Emergency admissions can already be arranged within 24hrs.

Research and development:

EH is about to start further research into NPS, its effects on the population and how to safely detoxify; this study will be facilitated by EH NMP's and Junior Dr's currently on placement at EH.

Strengthening peer support:

The Nottingham Academy Connectors are about to start visiting Edwin House to meet those in treatment. This will enable them to build rapport with those Service users and then continue to see them after they have been discharged with a relationship already in place.

"Dear Edwin House Detox Staff

You have changed my life without even knowing it, I don't even think I could ever tell you how much you mean to me. I can't imagine my life and how things would be different if I hadn't met you! I'm thankful for my struggles because without them I wouldn't have stumbled across my strengths.

EDWIN HOUSE DETOX STAFF YOU'RE THE BEST!

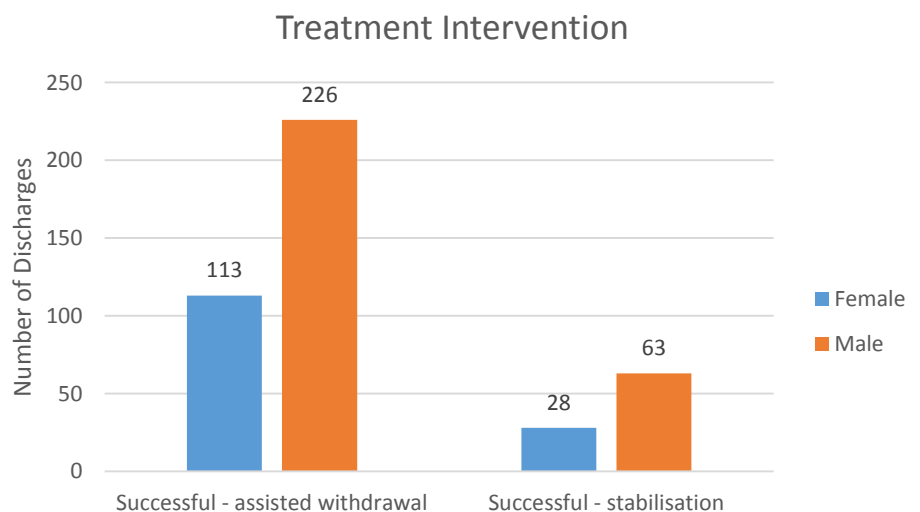
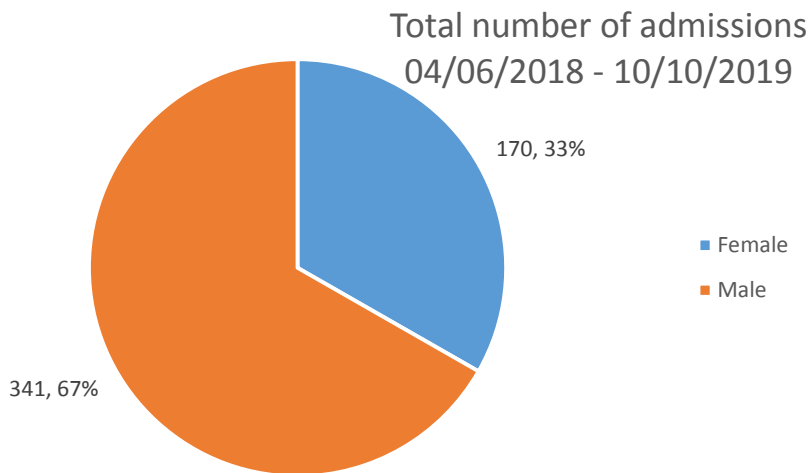
Lots of love,

***** XXXXXX

P.S 4 weeks sober today, yeah!"

The numbers at a glance

- 509 SU admitted 4th June 2018 – 10th October 2018
- 178 SU from Nottingham City admitted
- 89% successfully completed treatment
- 98.1% SU admitted within 6 weeks of receipt of referral
- 100% SU have a recovery plan
- 100% SU have a pre-admission assessment completed
- 100% SU have a healthcare assessment during admission
- Out of a sample population, 52% of SU admitted within the first 6 months of opening did not present back into community treatment reporting problematic use for the next 6 months post detox.
- Only 1 referral refused from all areas
- 9 pregnant female admissions
- 30 NPS detoxifications completed
- EH is no.1 in the region on the latest East Midlands Community Data Quality Summary for providing NDTMS information, scoring 100%
- Delivers at least 3 groups daily, 7 days a week



Case studies

SP: 35 year old Caribbean male

Referred for an alcohol detox in preparation for admission to Rehab

SP reported drinking approximately 32 units of 12% ABV wine daily, and at problematic levels for the previous 6 years

Previously engaged in treatment with the Dual Diagnosis Team with 2 inpatient episodes for detoxification at The Woodlands and 2 at the QMC

Diagnosed HIV positive

Prior to admission SP had been reporting shooting pains and numbness in feet with a provisional diagnosis of peripheral neuropathy, in addition he was experiencing heart palpitations, diaphoresis and increased levels of anxiety due to alcohol withdrawals and also had a history of alcohol withdrawal seizures. SP also claimed poor memory and often experienced blackouts.

Prior to admission SP reported that his mental health was “very poor”. He had a history of experiencing psychotic episodes and had numerous inpatient hospital admissions at both Highbury and Bassetlaw Hospitals. His most recent inpatient admission was in July 2018. He now engages with a CPN as well as a keyworker within Nottingham Recovery Network.

SP had a recent conviction for ‘criminal damage and drunk and disorderly’ in July 2018.

SP studied teaching and drama at University and had worked in youth centres. SP was brought up by his Gran and still struggles to deal with her death 6 years ago. He stated that he has not had contact with his mother for 2 years as she has refused to see him since he was diagnosed with HIV.

SP was admitted to 56 Edwin House on 27/2/19

SP was prescribed a reducing regimen of chlordiazepoxide and completed this alongside a course of 6 pabrinex injections, exhibiting little in the way of alcohol withdrawal.

Physical and mental health was monitored throughout admission. Physical observations were recorded twice daily and SP had regular 1:1 sessions with his keyworker.

On 28/2/19 it was noted that SP’s temperature spiked to above 38, his BP was raised and he reported that he had not passed water in over 12 hours. SP disclosed that he had previously had a serious infection in 2018 and due to concerns about his presentation, his tachycardia, elevated BP, respiratory rate increasing and pyrexia SP was transferred to QMC, escorted by a member of the 56 team. A member of the team stayed with SP throughout and there was a long wait for a bed. 56 Edwin was able to use the cross cover the site afford to replace the member of staff who went to A&E and the escorting member of staff was able to support and ease SP’s anxieties.

QMC investigations were unclear with no infection identified however SP remained in a bed at QMC for monitoring purposes, and physical observations began to improve. SP returned to 56 on 3/3/19.

Ultimately SP's admission was extended, taking into consideration the disruption to treatment by QMC admission; SP subsequently successfully completed the detox as planned. SP engaged effectively with the Edwin House Recovery Team, participating in both therapeutic and psychosocial activities accessing peer support, sleep hygiene group, yoga and Indian head massage.

Post detox SP moved on to Phoenix Futures Rehab in Sheffield as planned.

GL: 26 year old pregnant female

30 weeks pregnant with 2nd child. Admission for detox from benzodiazepines, taking 50mg illicit diazepam daily and on occasion Xanax. Also smoking £20 of cannabis daily. Problematic over the last 8 years.

Diagnosed with cystic fibrosis. Recent chest infection.

History of depression, anxiety and poor sleep. Also experiences agoraphobia, not wanting to leave the house.

GL also has a 7 years old son who also has cystic fibrosis. Son looked after by paternal grandparents during admission and admission date was organised around this to ensure support was in place. Both of GL's parents were intravenous drug takers and her father passed away the previous year. Mother is still currently taking drugs and GL spent most of her time growing up in care.

Baby was growing well and GL was having regular growth scans and under Specialist Midwifery Team. Social service involvement also due to volatile relationship between GL and her current partner who is father of the unborn baby.

Telephone assessment/welcome call carried out prior to admission and GL was offered the opportunity to attend the unit to have a look around before admission due to her agoraphobia, however declined this.

This was GL's first inpatient treatment and she arrived for admission very anxious. GL was clerked in by the unit Doctor and physical examination carried out. Staff liaised with Specialist midwifery team, G.P and Social services to make them aware of her arrival and discuss plan. Blood tests taken along with swabs for further analysis. It was noted that GL still appeared to have a chest infection and a treatment course of amoxicillin was prescribed. GL was prescribed and completed a reducing regimen of chlordiazepoxide to safely detoxify her from the diazepam. The unit Doctor also made a referral for Perinatal input post detox.

She was provided a healthy balanced diet and fluid intake over her admission. Sleep hygiene promoted and further reinforced by GL attending the sleep hygiene group. Over her admission GL established a more consistent sleep pattern.

GL engaged well with the recovery program accessing Dear Albert, Massage, WRAP, Art, Sleep hygiene, Reflections, Self-esteem, naloxone/CPR training and yoga.

GL often needed extra 1:1 time with staff due to her anxieties but for the most managed this well over admission and the treatment was completed without event. Overdose risk assessment/harm minimisation completed with GL prior to discharge and appointment organised with community keyworker for the afternoon of her of discharge to ensure seamless continuation of care. GL planned to continue to engage with Dear Albert post detox and continue engagement with Maternity and Perinatal services. She planned to stay with her sons paternal grandparents for the first few weeks of leaving EH to ensure she had support around her.

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