

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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