

## **Report to Health Scrutiny Committee - 18 January 2018**

### **Title of paper: Inpatient Detoxification Services at The Woodlands**

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#### **Summary:**

This paper follows the paper presented to Health Scrutiny in November 2017 regarding drug and alcohol inpatient detox services (The Woodlands) provided by Nottinghamshire Healthcare Foundation Trust (NHFT).

Nottinghamshire Healthcare Foundation Trust (provider of The Woodlands) is currently reviewing The Woodlands. Health Scrutiny Committee has requested information on a viable proposal for continued access to inpatient detoxification services, before NHFT takes a final decision.

The paper from NHFT sets out their current position in relation to the future of The Woodlands. At the time of writing, the future of the service remains uncertain and it is therefore not possible for commissioners to present a viable alternative proposal.

This paper provides a summary of potential alternative options should NHFT take the decision that The Woodlands is to close and information on engagement and consultation and equality impact.

## **1. BACKGROUND**

### **1.1 Context**

Of the different types of substances used, it is generally opiate dependent and alcohol dependent service users who may require inpatient detox intervention as part of a fully integrated treatment pathway:

- The current Nottingham Joint Strategic Needs Assessment (JSNA) for adult drug misuse (2015) estimates that there are 1,534 opiate users in Nottingham City. However, more recent Public Health England/Liverpool John Moores University figures estimate that for 2014/15 there were 2,400 opiate users in Nottingham. At October 2017, National Drug Treatment System (NDTMS) data shows Nottingham has the highest number of opiate users in treatment since 2013.
- The current JSNA for adult alcohol use estimates that there are 10,687 dependent drinkers in Nottingham (Department of Health, 2010). Public Health England estimate 5,515 dependant drinkers in Nottingham in 2014.

Through the Crime and Drugs Partnership, utilising the Public Health budget, Nottingham City Council (NCC) 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.

As part of this pathway, NCC 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.

For 2017/18 NCC has commissioned NHFT to provide 1,175 Occupied Bed Days (OBDs), the equivalent of four beds, at a cost of £403,466.

In 2016/17, 123 Nottingham City residents accessed The Woodlands; this represents about 5% of the overall treatment population. The majority of these (73%) were opiate users, and 21% were alcohol only users. The majority of dependent alcohol and opiate users will be able to detox safely in the community, but for some detoxification will require an inpatient admission.

Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) and NICE guidelines (Clinical Guideline 52, Clinical Guideline 115) 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 or mental health comorbidities and those requiring sequential detoxification from opioids and alcohol. In relation to alcohol use, NICE guidelines recommend that inpatient or residential assisted withdrawal be considered where service users are drinking over 30 units per day (or 15-30 units per day where there are other co-morbidities), have a history of seizures, or need concurrent withdrawal from benzodiazepines. Guidelines state that the threshold for considering inpatient assisted withdrawal should be lower where service users are in vulnerable groups (such as homeless or older people).

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.

## 1.2 Engagement and consultation

Other commissioners across the region who currently utilise The Woodlands have been contacted by commissioners to understand their intentions going forward. While there was some interest in potential for procurement at a regional level, they took the decision to tender at a local level within a short timescale. Leicester, Leicestershire and Rutland have indicated that should they not be successful in securing new provision through tender they will look to spot purchase on an interim basis.

A market scoping exercise has identified a limited market of existing alternative provision. Independent providers now deliver nearly all inpatient units that were identified nationally<sup>1</sup>. There is very limited provision across our nearest geographical neighbours. Commissioners continue to speak to alternative providers to understand capacity to provide inpatient detox on a spot purchase basis should this be required.

The ability to consult fully with service users on the proposed closure of The Woodlands is limited as it is a business decision to be made by NHFT and feedback from consultation is unlikely to influence the outcome. Other viable options are constrained based on the timescales and current market position. Instead, commissioners will undertake service user engagement to inform the ongoing appraisal of alternative options. The first session is planned for 23<sup>rd</sup> January 2018 and will provide an update on the current position. Service users, carers and family will be asked to feedback on the needs of specific equality groups where possible, and their priorities for inpatient provision. Due to the short stay nature of inpatient detox it is difficult to identify current service users to consult with. Service users involved in the engagement work may be previous users of The Woodlands, or potential future users of inpatient detox. Further engagement with service users will be undertaken when a final decision is reached on the future of The Woodlands.

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<sup>1</sup> Recent CQC briefing raising concerns about the safety of detox provision at independent drug and alcohol providers: <http://www.cqc.org.uk/news/releases/serious-concerns-uncovered-residential-detox-clinics-regulator-demands-improvements>

### 1.3 Equalities

An Equality Impact Assessment (EIA) has been completed in draft form. The EIA will inform the appraisal of alternative options (see section 2), and will continue to be updated as engagement work is progressed.

Adverse impacts could be seen across the service user group should The Woodlands close and no alternative provision be identified.

However, based on the demographic profile of those accessing The Woodlands there would be some groups who could be more likely to experience these adverse impacts than others:

- 74% of those accessing The Woodlands in 16/17 were male (as is reflected in the local population of opiate users). Any alternative provision must have sufficient capacity to provide access to this number of male service users.
- Nottingham has an ageing population of opiate users who may benefit from access to inpatient detox should it be required. Older opiate users are more likely to experience physical health complications and any alternative provision must be able to respond appropriately to the complex needs of this cohort of service users.
- Pregnant drug/alcohol users are eligible to access The Woodlands for inpatient detox and any alternative provision must ensure some access to pregnant drug/alcohol users and be able to provide appropriate treatment. NICE guidelines (Clinical Guidelines 52) state detox for women who are opiate dependent during pregnancy should only be undertaken with caution.
- Vulnerable adult drug/alcohol users may experience social/lifestyle complications that make detox within the community impractical and require inpatient detox. They may also be more likely to experience difficulties in accessing out of area inpatient provision and this should be considered within the options appraisal.
- 12% of those accessing The Woodlands in 16/17 were of non-White British ethnicity (reflective of the local profile of opiate users). The service user engagement session in January will aim to explore whether there are any specific needs of service users from across different ethnic groups in relation to inpatient detox.

### 1.4 Outcomes

Inpatient provision is a short intervention, which forms part of an integrated treatment pathway, and so contributes to the overall outcomes from treatment for service users and overall performance for Nottingham. From November 2016 to October 2017, **633 of 2,606** service users successfully completed treatment, which equates to a successful completion rate of **24.3%**. Nottingham's partnership performance, which consists of multiple providers, is now at its highest rate for the last five years. Currently, Nottingham is performing better than East Midlands **18.6%**, and the national successful completion rate of **21.9%**.

Further work is required to understand whether it is possible to accurately assess the impact of inpatient detox on overall treatment outcomes.

## 2. ALTERNATIVE OPTIONS

Commissioners have committed to working with NHFT while they explore options for alternative models that would enable The Woodlands to continue during 2018/19. It has also been necessary for commissioners to consider alternative options to secure access to inpatient detox for Nottingham residents should The Woodlands close. Below is a brief summary of options.

### 2.1 No access to inpatient detox for Nottingham residents

The Woodlands contract would end at a negotiated date (currently 31<sup>st</sup> March 2018) and the budget for inpatient detox would be offered as a strategic saving against the Public Health budget. There would be no further access to inpatient detox for Nottingham residents and only community detox would be available.

Commissioners consider this option high risk due to the potential adverse impact on service users, including:

- Potential increase in drug related mortality and morbidity.
- Potential increase in presentations to Emergency Department and acute admissions.
- Potential reduction in the number recovering from substance misuse and potential increase in relapse and representation to treatment services.
- Service users requiring detox prior to commencing a residential rehab programme would also be disadvantaged.
- Against national guidelines: Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (DoH) 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 and mental health comorbidities.
- While there would be an initial saving to the Public Health budget, this is likely to generate increased costs and pressures elsewhere in the system in the longer term (including, but not limited to, community drug and alcohol services, criminal justice system, acute and primary healthcare services, costs associated with drug related deaths).

## **2.2 Procurement of a new inpatient detox service**

To go out to tender for a new inpatient detox service for Nottingham residents. Consideration would be given to the financial envelope for the tender and delivering best value for money.

## **2.3 Modification of the core community drug and alcohol service**

To transfer the budget to the core community drug and alcohol service for securing/purchasing of bed days for inpatient detox for Nottingham residents. Transfer of the budget and responsibility for securing/purchasing inpatient detox bed days would be secured through contract modification and variation, in line with corporate contract procedure rules. Commissioners would monitor access to inpatient detox through performance and monitoring information and through usual contract management mechanisms of the core community drug and alcohol service.

This option may include the core community drug and alcohol service spot purchasing bed days from out of area providers, spot purchasing bed days from other local provision, or provision of alternative appropriate models for inpatient detox that meet the requirements set out in any contract variation.

Consideration would be given to the financial envelope transferred to the core community drug and alcohol service and delivering best value for money.

## **3. TRANSITION**

Until a decision is reached on the future of The Woodlands and, should it close, a viable alternative be identified it is not possible to set out clear plans on transition from the current service.

Inpatient detox is a short intervention: service users only remain within The Woodlands for an average stay of 9-10 days. Therefore, it should be possible to manage transition to any new provision without having to transfer patients during their inpatient detox stay. This will minimise risks to service users.

Commissioners are working with NHFT to confirm whether it is possible to work to an end date of May 2018, should The Woodlands close. Currently Nottingham City is in contract with NHFT until 31<sup>st</sup> March 2018. However, prior to notification about the potential closure, commissioners had secured approval from Commissioning and Procurement Sub Committee to extend the contract to 31<sup>st</sup> March 2019. Should NHFT be able to extend our contract to May 2018 this will allow additional time to secure alternative provision minimising the risk of a gap in access to inpatient detox.

## **4. NEXT STEPS**

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

Commissioners believe there to be 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.

The next steps include to:

- Finalise the options appraisal which identifies potential options should NHFT take the decision to close The Woodlands
- Continue to consult with legal and procurement on options appraisal
- Continue to build on the EIA
- Undertake further engagement with service users, providers, clinicians and other stakeholders
- Should NHFT take the decision to close The Woodlands, negotiate an end date
- Determine appropriate level of approval for securing alternative provision should this be required
- Confirm alternative provision if required and secure through appropriate procurement/contracting mechanisms

## **5. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

- Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health)
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, Clinical Guideline 115, NICE, 2011
- Drug misuse in over 16's: opioid detoxification, Clinical Guideline 52, NICE, 2007
- Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015
- Nottingham City Joint Strategic Needs Assessment, Alcohol, 2015
- Briefing: Substance Misuse Services, Care Quality Commission, 2017
- Estimates of opiate and crack cocaine use prevalence 2014 to 2015, Public Health England, 2017