

# Equality Impact Assessment Form

## screeintip-sectionA

### 1. Document Control

#### 1. Control Details

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#### 2. Document Amendment Record

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1	Tracy Lyon	08/08/2018	
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#### 3. Contributors/Reviewers

Name	Position	Date
Lucy Putland	Strategy and Commissioning Manager	08/08/2018

#### 4. Glossary of Terms

Term	Description

### [screen tip-section B](#)

## 2. Assessment

### 1. Brief description of proposal / policy / service being assessed

On 31st May 2018 Nottinghamshire Healthcare Foundation Trust (NHFT) closed The Woodlands Drug and Alcohol Inpatient Detox Service. NHFT made this decision due to financial pressures. Following the decision to close The Woodlands, Commissioners considered a range of options to ensure Nottingham citizens still have access to a Drug and Alcohol Inpatient Detox Service.

Following the EIA that was completed in December 2017 for the impending closure of The Woodlands an options appraisal was carried out in February 2018 and it was decided to go out to tender for a new Drug and Alcohol Inpatient Detox Service during 2018/19. To ensure there was no gap in provision following the closure of The Woodlands and while a new service is procured, a DDM process enabled us to direct award a 10 month contract to Framework for Edwin House, a new purpose built facility in Nottingham City.

The decision to secure access to Inpatient Detox for Nottingham City residents will have positive benefits for service users including reduced risk of overdose/death, improvement of physical and/or mental health, reduced risk of relapse

to substance misuse or escalation of problematic substance misuse.

Inpatient Detoxification is a principle component of a fully integrated drug and alcohol treatment system. It is a key part of the treatment journey for Service Users who are unable to complete a community detox. In particular Service Users with complex physical and mental health needs and pregnant women may require an inpatient admission to safely complete a detox. During 2016/17 a total of 123 Nottingham citizens accessed The Woodlands, utilising 1,175 Occupied Bed Days (OBD's). Service Users have an average stay of 9-10 days before being discharged back to community treatment services for ongoing support.

It is expected that the Service will deliver the following outcomes for the Service User Group:

1. Safe detoxification from primary substance of misuse
2. Abstinence from primary and secondary substances
3. Stabilisation on substitute medication
4. An improvement in physical health and social wellbeing
5. Improved social functioning
6. An increased insight and awareness of personal recovery goals
7. A reduction in risk behaviour associated with substance use
8. A reduction to the risk of overdose and drug related death

This Equality Impact Assessment is to inform the development of the service specification for an upcoming procurement exercise for tender of a new inpatient detox service.

## [screentip-sectionC](#)

### **2. Information used to analyse the effects on equality:**

Demographic monitoring for the previous service (including information from the National Drug Treatment Monitoring System NDTMS) shows that the demographic profile of service users accessing The Woodlands is similar to that of community drug and alcohol treatment services. This is to be expected, as the Inpatient Detox service makes up one component of a fully integrated treatment pathway: They will receive referrals from the community treatment services

and the demographic profile of those entering Inpatient Detox will therefore be subject to the referrals received.

However, some differences between the demographic profile of those in community treatment services and of those accessing The Woodlands (during 2016/17) have been identified:

- 74% male, 26% female. Within the main community service this was 66% male, 34% female.
- Age 35-39 was the largest age band category (29%) and 73% fell within the age range of 30-49 years. The age profile within the main community service is slightly younger.
- 88% of service users were White British. Within the main community service this is 78%.

This difference in demographic profile can be explained by the difference in the type of substance use between Inpatient Detox and community treatment. Inpatient detox is typically and primarily provided for opiate users and to a lesser extent dependent drinkers: it is less likely for users of other drugs to require inpatient detox. This is the reason for the difference in the demographic profile between service users accessing The Woodlands and community treatment. 73% of those accessing The Woodlands in 2016/17 were opiate users, compared to 44% of those in the main community treatment service being opiate users. Opiate users are more likely to be male, in an older age band category, and White British (Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015) which is reflective of the demographic profile of service users accessing Inpatient Detox.

Service user engagement has been undertaken and has been used to inform this Equality Impact Assessment. Service user engagement has consisted of two engagement events, discussion at existing service user forums, structured telephone interviews and visiting the current Inpatient Detox service (Edwin House). The findings from service user engagement are available in appendix A.

Engagement has been undertaken with local providers and some national market research undertaken and has been considered in completing this EIA. Other information used in informing this EIA includes; Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015; Drug Misuse & Dependence: Guidelines for Clinical Management 2017, Department of Health.

Extensive consultation was undertaken in 2015 as part of the redesign of the substance misuse treatment system. This consultation included focus groups themed around specific equality groups or

specific issues. One group focused on inpatient detox and feedback included that:

- A pre-visit/assessment prior to admission would be desirable
- Meaningful activities are important during an Inpatient Detox stay
- Aftercare following discharge is important

In relation to access to treatment for users from Black and Minority Ethnic Communities, the 2015 consultation indicated that:

- Important to have a culturally diverse workforce, that has some credibility within different communities, and that is skilled and able to establish relationships with service users
- Workforce needs to understand culture and its impact on substance use, and also vice versa
- Premises need to be welcoming to all communities
- Rapid access to detox is needed
- Mentors can have a role to play in providing diversity of workforce and providing visible recovery, recovery champions and then reaching out. Peer support and groups are important.

Other relevant findings from the 2015 consultation included that:

- Clients have returned to drug use / drinking after successful detoxes because underlying mental health issues had not been addressed
- Homelessness is a barrier to accessing treatment
- Effective management of physical healthcare needs alongside substance misuse treatment is important, particularly so for some older service users who may have more physical healthcare complications.
- Some women may be less likely to access treatment due to fear of having children removed from their care and childcare responsibilities.

### 3. Impacts and Actions:

	<b>Could particularly benefit</b> X	<b>May adversely impact</b> X
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People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Please underline the group(s) /issue more adversely affected or which benefits.</i></b>		

<b>How different groups could be affected</b> (Summary of impacts)	<b>Details of actions to reduce negative or increase positive impact</b> (or why action isn't possible)
Provide details for impacts / benefits on people in different	<b>1 Actions will need to be uploaded on Pentana.</b>

protected groups.

Note: the level of detail should be proportionate to the potential impact of the proposal / policy / service. Continue on separate sheet if needed (click and type to delete this note)

### Gender

\*74% of those accessing The Woodlands in 16/17 were male. The commissioning of a new service would therefore benefit more men than women. However, in the first month of operation, 50% of those accessing Edwin House were female (this data is caveated as the numbers accessing in the first month were very small and it is expected that the proportion of male service users will increase).

\*Inpatient units should not have mixed 'dorms' or rooms. Consultation stated that separate male/female accommodation should be a basic requirement.

### Age

\*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 due to increased health risks and increased risk of drug related death. Opiate users

Continue on separate sheet if needed (click and type to delete this note)

\*Gender demographic monitoring and reporting to be included as part of performance and monitoring requirements within the Edwin House contract and within the new Inpatient Detox Service Specification for the upcoming tender. Will be monitored through Service Review process.

\*To ensure access for women to the service the specification will stipulate that separate single occupancy rooms are provided for male and female service users to ensure privacy and dignity.

**Service specification to be completed Sept 2018 (Tracy Lyon)**

\*To ensure service specification for the tender references the ageing population of opiate users in Nottingham and includes within accessibility criteria.

**Service specification to be completed Sept 2018 (Tracy Lyon)**

are more likely to require inpatient detox than any other type of substance user. This service will therefore have a positive impact on older opiate users to reduce the risk of overdose and potential drug related death.

\*Older substance users may have increased health complications/risks.

\*Complex medical presentation may make it more difficult for service users to access inpatient detox provided out of area. Older service users with a long history of problematic substance use may be more likely to have co-occurring complex medical health needs (as set out in DOH guidance referenced above). Although it should be noted that service users of any age can have complex medical needs.

#### Pregnancy/maternity

\*The new Service will provide inpatient detox for pregnant

\*To ensure that the service specification for the tender includes requirement for the provider to manage service users co-occurring physical health needs and have appropriately trained/skilled workforce to do this. Where physical health needs are significant then provider to ensure processes in place for referral to hospital/other healthcare services as appropriate. **Service specification to be completed Sept 2018 (Tracy Lyon)**

\*Service users with increased health complications/risks may find it more difficult to travel to inpatient detox out of area. Consider what support needs would be required to ensure equitable access for service users with increased health complications. Consider whether it is appropriate to specify that a local inpatient detox service is required to support accessibility for older service users with increased physical health complications. **Recommendation to be made in relation to location (Lucy Putland, Naomi Vass, Julie Herrod) and to be approved by Alison Challenger and Cllr Webster August 2018**

\*Pregnant women to be included within the eligibility criteria for



drug/alcohol users. The new provision will ensure that pregnant women continue to receive detox services and will reduce the risk of adverse affects on the baby.

### Vulnerable adults

\*The Service will provide inpatient detox to those who are unable to detox within the community. This will include vulnerable adults whose social circumstances make community detox unrealistic.

\* Independent travel out of area may be more difficult for vulnerable adults and may present increased risks to them including potential for them to not get there and disengaging with existing community treatment. Discussion with Leicester commissioner – Leicester has not experienced problems with service users dropping out of treatment or failing to attend detox due to having to travel out of area, however where some service users have complex needs/high levels of vulnerability the community treatment service takes the service user to the inpatient service. If the inpatient detox was some distance away, this could create capacity issues within the local community treatment services – particularly if the inpatient detox was difficult to get to or far away. It should be noted that capacity within the community treatment services has been reduced as a result of strategic savings and capacity to accompany service users to inpatient detox admission out of area may be reduced. Consultation with service users and clinicians indicated that local provision would support equitable access as service users who have poor functioning would require support for their admission and this is more achievable when local. The cost of travel was

the new Inpatient Detox service and this is to be specified within the service specification.

**Service specification to be completed Sept 2018 (Tracy Lyon)**

\*Vulnerable adults may find it more difficult to travel to inpatient detox out of area. Consider what support needs would be required to ensure equitable access for vulnerable adults. Consider whether it is appropriate to specify that a local inpatient detox service is required to support accessibility for vulnerable adults. **Recommendation to be made in relation to location (Lucy Putland, Naomi Vass, Julie Herrod) and to be approved by Alison Challenger and Cllr Webster August 2018**

also raised during engagement with service users, including that if costs had to be borne by the service user then this would be a major disincentive and a potential barrier to engagement with treatment

\*Complex psychosocial presentation may make it more difficult for service users to access inpatient detox out of area. Local consultation with service users and clinicians indicated that local access to inpatient detox can be important to support access and retention in the service where service users have co-occurring mental health needs.

\*Some service users stated that anxiety disorders would be a barrier to them accessing an inpatient detox service out of area.

### Ethnicity

\*12% of the service users accessing the previous service at The Woodlands in 16/17 were not of White British ethnicity. While the demographic profile of service users accessing inpatient detox services is largely dependent on the referrals received from community services, it is important to ensure that any new inpatient detox service is accessible and appropriate to meet the needs of *all ethnic groups and all referrals from community treatment services*.

\*Feedback from consultation undertaken in 2015 suggested that peer led support might be useful in engaging and retaining service users from BAME communities into treatment, and that integration with a range of community services is important. Feedback included that the Muslim, Sikh and Bangladeshi community will

\*Service specification to include requirements that the physical environment must take into consideration any cultural and faith based needs of service users, and be culturally sensitive in décor, imagery and facilities. Service specification to include requirement that the workforce must be competent and skilled to work with all service users and have an understanding of how cultural, equality or diversity issues may be interrelated to their substance use and treatment needs. Service specification to include a requirement that individual dietary needs and wishes of service users are met. Service specification to include group work, access to mutual aid and trained peer mentors as an essential element. Tender to include a question around accessibility and engagement of service users and providers bids to be evaluated and scored on how their proposed model will engage a full range of potential service users.

**Service specification to be completed Sept 2018 (Tracy**

<p>not engage with services.</p> <p>*Consultation stated that services need to be welcoming to all people and that ‘we need to be met by people like us’.</p> <p><u>Disability</u> *Service needs to be accessible to people with disabilities.</p> <p><u>Ongoing monitoring</u> *Ongoing monitoring of access and outcomes across different equality groups will be important to ensure that the Service continues to meet local need.</p>	<p><b>Lyon)</b></p> <p>*Service specification to include requirements for premises to be DDA compliant. <b>Service specification to be completed Sept 2018 (Tracy Lyon)</b></p> <p>*Service specification to include demographic monitoring requirements. <b>Data demonstrating outcomes across different demographic categories to be reviewed (available via NDTMS).</b></p>
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**4. Outcome(s) of equality impact assessment**

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

**5. Arrangements for future monitoring of equality impact of this proposal / policy / service:**

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**6. Approved by (manager signature) and Date sent to equality team for publishing:**

<b>Approving Manager: Alison Challenger</b> The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals. <a href="mailto:Alison.challenger@nottinghamcity.gov.uk">Alison.challenger@nottinghamcity.gov.uk</a>	<b>Date sent for scrutiny: 25<sup>th</sup> September 2018</b> Send document or Link to: <a href="mailto:equalityanddiversityteam@nottinghamcity.gov.uk">equalityanddiversityteam@nottinghamcity.gov.uk</a>
<b>SRO Approval:</b>	<b>Date of final approval: 25<sup>th</sup> September 2018 A Djan</b>

- Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:**
1. Read the guidance and good practice EIA's  
<http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc>
  2. Clearly summarised your proposal/ policy/ service to be assessed.
  3. Hyperlinked to the appropriate documents.
  4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).
  5. Included appropriate data.
  6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.
  7. Clearly cross-referenced your impacts with SMART actions.

## Appendix A

# Inpatient detoxification facility engagement report

*September 2018*

## 1. Introduction

Since January 2018, we have undertaken a total of ten engagement activities, including:

- Discussions at our service user forums
- Two open engagement events
- Structured telephone interviews
- Visiting the local inpatient facility; Edwin House

Some of this engagement was already underway, in relation to the review and potential closure of the existing inpatient detox facility at The Woodlands. Once the decision to go out to tender for a new contract had been made, further engagement was undertaken to inform the development of a new service specification for substance misuse inpatient detox provision. Responses to the early engagement on the closure of The Woodlands were relevant to the work to inform a new service specification and so have been included in this report.

## 2. Summary

In conducting this engagement exercise, we aimed to collate and draw on the views and experiences of services users and clinicians/service providers. As such, we adopted a qualitative approach to data collection, utilising semi-structured interviews and focus groups. There are challenges in accessing people with views on this type of service, which is by its nature, very specialist and mostly accessed by clients who are traditionally challenging to find and engage. 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.

Discussions at established forums gave a good cross section of people who had been in a detox facility previously, or may need to be in the future. A mixture of interviews, focus groups and further discussion at our forums and the Service User Panel in the community treatment service expanded the reach of the exercise. In line with a qualitative methodology, quotes from respondents have been included in this report to illustrate the key themes identified in analysis of the data.

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

In addition to service users, we also engaged with local clinicians from the main community drug and alcohol treatment service. The purpose of this was to gain their insight into accessibility needs for inpatient detox provision as they are responsible for referring service users into the 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

### 3. Key Findings

Below are the key themes and issues that emerged from across all of the engagement activities undertaken.

A table is included in section 4, which provides a summary of each engagement activity undertaken, who engaged, and the key/common issues raised within that particular group.

#### 3.1 Accessibility:

- The majority of people participating in this engagement process stated that having a Nottingham based facility was preferable and would promote accessibility.
- 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. It was reported that travel to another city for example, could create anxiety for some service users and needing to use public transport could raise issues for both clients and their families. Some of the services users involved in the engagement exercise felt that they would be more comfortable accessing a local facility.
- Clinicians highlighted that there are risks for alcohol dependant service users in having to travel a long distance to inpatient detox, for example risk of withdrawal seizures.
- Service users and clinicians stated that a pre-admission visit is useful in encouraging engagement with inpatient detox and supporting admission. Clinicians in particular felt that local provision would make pre-admission visits more achievable.

- Visits from their worker whilst in the facility were valued and encouraged service users to complete the course. Clinicians also felt that visiting service users during their inpatient detox stay supported retention and successful outcomes. Both service users and clinicians felt it was also important to do exit planning with the community worker to enable seamless transition back into community treatment.
- 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.
- Service users stated that 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.
- Service users stated that services need to be welcoming to all people and is important in support access for all demographic groups: 'we need to be met by people like us'.
- While the majority of people engaged in the process stated that local access was preferable, a minority stated that accessing inpatient detox somewhere out of area would be acceptable. In one case a service user stated that accessing inpatient detox out of area could have benefits by moving the service user away from relationships and environments where their substance use is established. Some of those that felt that accessing inpatient detox out of area is not a problem, were out of area residents. It should be noted that the out of area have always had to travel to out of area inpatient detox and so their expectations will be different to those of Nottingham residents who have always had local access.

### 3.2 Interventions/provision:

There was a good deal of commonality in response from service users in relation to how services should be delivered and the interventions received:

- 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.

#### 4. Engagement activity

The engagement process consisted of discussion at existing service user groups, holding dedicated service user and carer focus groups set up to look specifically at inpatient detox, telephone interviews with service users, a visit to talk to service users at the existing inpatient detox service (Edwin House), and a questionnaire sent to local clinicians.

The table below provides a brief description of each engagement activity undertaken and who engaged with the activity, alongside a summary of the key issues/points raised through that particular engagement activity.



	<b>Engagement Activity</b>	<b>Description</b>	<b>Who engaged</b>	<b>Methodology</b>	<b>Key themes/issues</b>
4.1	The Alcohol Panel 19 <sup>th</sup> January 2018	<p>An existing group of current and ex-service users of alcohol services in Nottingham City. The Alcohol Panel meets monthly and is facilitated by the Nottingham Crime and Drugs Partnership (CDP) Service User Involvement (SUI) Officer.</p> <p>The original membership was selected for their expertise and range of experience to create a balance. As the group developed, new members were proposed by the SUCI officer and members and then invited to join if</p>	<p>Five members of The Alcohol Panel were present at the meeting, plus the CDP SUI Officer as the facilitator.</p> <p>Several of the Alcohol Panel members present had used The Woodlands.</p>	<p>The Panel was briefed on the review and potential closure of the existing inpatient facility The Woodlands. An open, unstructured discussion took place.</p> <p>Detailed notes were taken and summarised by the SUI Officer for the purpose of the minutes.</p>	<p>Positive feedback on The Woodlands and concern regarding its potential closure and impact on service users.</p> <p>Local provision seen as important to support engagement and retention.</p> <p>Need for urgent access to detox for alcohol clients.</p> <p>RADAR/direct access pathway from ED would be beneficial.</p> <p>Community detox is suited for some people but not for all.</p>

		the group agreed.			<p>Seamless transition from community treatment into the facility and back again is important to provide continuity.</p> <p>As cohort of drug users get older there will be more need for inpatient support due to comorbid health complications, access may often be needed at short notice.</p>
4.2	<p>Stage One inpatient engagement focus group</p> <p>23<sup>rd</sup> January 2018</p>	<p>A focus group to discuss what is important to local service users, carers and family in relation to inpatient detox provision, what, if any, the impact of potential closure of the existing facility might be, and understand equality impact.</p> <p>Posters were distributed</p>	<p>Seven service users attended (3 also identified as carers).</p> <p>It was noted in the group that all service users/carers were of white ethnicity – further attempts were made in the subsequent engagement activities to engage with service users</p>	<p>The focus group was briefed on the review and potential closure of the existing inpatient facility. There was a semi-structured discussion, focused around three key broad questions:</p> <p>*1. What is most important in relation to</p>	<p>Inpatient detox provides a safety net for some substance users.</p> <p>The environment and building are important. Premises need to be safe, pleasant, and not too clinical. Service users need to have their own space and be clear on what items are allowed in ('kit list'). Food needs to be 'decent'.</p>

		<p>to treatment providers to advertise the event.</p>	<p>from non-white ethnic groups.</p> <p>A member of the Nottinghamshire Healthcare Foundation Trust (NHFT) Involvement Team attended as an observer.</p> <p>The CDP SUI Officer and a Commissioning Manager facilitated the event, and a Commissioning Officer also attended.</p>	<p>inpatient provision?</p> <p>*2. Are there any specific needs of inpatient in relation to different equality groups?</p> <p>*3. What might be the impact of the potential closure of The Woodlands?</p> <p>Detailed notes were taken and summarised by the SUI Officer for the purpose of the minutes.</p>	<p>Waiting times are important. Instant access would be good.</p> <p>RADAR/direct pathway from ED would be good and some sort of emergency provision at short notice.</p> <p>Activities/groups/day programmes should be available and have a constructive focus. Gym equipment, education sessions.</p> <p>Being local and accessible was felt to be important by some.</p> <p>Some felt that it would be better to go further away to get away from local environment/issues or that it shouldn't matter where it</p>
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					<p>is. *it became clear that this participant was confused between residential rehabilitation and inpatient detox*</p> <p>Exit planning and aftercare are essential. Service users need a clear route out with seamless transition back into community treatment/support.</p> <p>Separate male/female accommodation should be a basic requirement.</p> <p>Safeguarding is important.</p> <p>Equality issues were discussed and it was generally agreed that there may be specific issues for BME communities that this group felt</p>
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					<p>unable to answer due to them all being from white ethnic groups. From their experiences of attending or volunteering at Woodlands the group felt that not many BME service users go to The Woodlands and that this may be due to shame, stigma, cultural issues.</p> <p>Concern about impact of potential closure of The Woodlands – expectation that this kind of support will be available, safety net, ‘essential’.</p>
4.3	The Drug Forum 31 <sup>st</sup> January 2018	The Drug Forum is an independent forum for people affected by substance use, to facilitate strategic involvement in decision making processes, to promote harm reduction and the recovery agenda	Attended by 14 service users	<p>The Drug Forum was briefed that NHFT had taken the decision to close The Woodlands.</p> <p>Opportunity was given for Drug Forum members to provide open feedback.</p>	<p>Positive reflection on The Woodlands and disappointment in the decision for closure.</p> <p>Concern expressed about the loss of local provision and the impact this could have on clients.</p>

		in its broadest terms and to ensure the inclusion of all clients. This was an open meeting, but mostly attended by current and ex drug users. It met monthly.		Detailed notes were taken and summarised by the SUI Officer for the purpose of the minutes.	
4.4	The Alcohol Panel 16 <sup>th</sup> February 2018	See 4.1	Attended by two 'Expert Citizens'	<p>The Alcohol Panel was briefed that NHFT had taken the decision to close The Woodlands.</p> <p>Opportunity was given for Alcohol Panel members to provide open feedback.</p> <p>Detailed notes were taken and summarised by the SUI Officer for the purpose of the minutes.</p>	<p>Concern expressed about the impact of losing the facility.</p> <p>Local provision highlighted as the most important issue.</p>

4.5	The Alcohol Panel 16 <sup>th</sup> March 2018	See 4.1	Attended by three 'Expert Citizens'	<p>A further update was given to The Alcohol Panel on the options being considered following closure of The Woodlands. Detail of the options being considered was provided by providing and discussing a briefing paper that had been presented to Health Scrutiny Committee.</p> <p>The option being progressed was to utilise Edwin House (new inpatient detox unit based in Nottingham provided by Framework) for a period of 10 months while a procurement exercise for a new inpatient detox contract was undertaken.</p>	<p>Positive feedback from the Panel on the proposal. Key to the positive feedback was that:</p> <ul style="list-style-type: none"> <li>*There would be no gap in provision from The Woodlands closing and the new arrangement with Edwin House commencing</li> <li>*The service was in Nottingham City.</li> <li>*Staff from The Woodlands would be retained.</li> </ul>

				<p>Opportunity was given for Alcohol Panel members to provide open feedback.</p> <p>Detailed notes were taken and summarised by the SUI Officer for the purpose of the minutes.</p>	
4.6	<p>Stage Two inpatient engagement focus group</p> <p>26<sup>th</sup> March 2018</p>	<p>Second inpatient engagement focus group to inform people of developments and look at the options that were available following closure of The Woodlands.</p> <p>A poster was shared with treatment providers and specifically to BAC IN to ensure BME</p>	<p>Attended by nine people, including a worker and three service users from BAC-IN (a culturally sensitive, peer led, drug and alcohol recovery support service).</p> <p>The CDP SUI Officer and a Commissioning Manager facilitated the event.</p>	<p>Those attending the focus group were briefed on the various options being considered by commissioners.</p> <p>There was opportunity for unstructured discussion and feedback from those attending on the options presented.</p>	<p>Positive feedback on the proposal to temporarily utilise Edwin House.</p> <p>BME service users stated that it was important to make services welcoming to all people – ‘we need to be met by people like us’.</p> <p>Need to consider what happens when people exit detox (either</p>



		<p>representation at the event.</p>		<p>The discussion was recorded in detail and summarised for this report.</p>	<p>planned or un-planned).</p> <p>Members from [provider] said that the system needed to be linked together. They felt that people from the BME community only get support from a peer led service. Service users need to be involved in the design of the service. They also said Muslim, Sikh, Bangladeshi community will not engage with services.</p> <p><b>Comment from BME service user:</b>          “It’s an issue of segregation. I just want to get better. [Provider] pushing me down because they have big caseloads. I should have been dead. Only [Provider] helped me. We need to come together. I opened up after just one hour at [Provider]. We get swept to the side.”</p>
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					Complimentary therapies are helpful within detox and followed through in the community.
4.7	Service user questionnaire	<p>A service user questionnaire was developed to inform the detail of a new service specification for tender of inpatient detox.</p> <p>This questionnaire was then undertaken by telephone with service users and the questions were also asked at a number of relevant forums and the answers recorded.</p>	<p>Nine service users were interviewed over the phone. Four respondents were male and five female. A mix of alcohol and/or drug users responded. Some had been to detox and some had not. One also identified as a carer.</p> <p>The Drug Forum (28<sup>th</sup> March 2018) was facilitated by the SUI Officer, NRN service user representative and 11 service users,</p> <p>The NRN Service User</p>	<p>The questionnaire was taken to the new service user involvement group (ABBA) and the NRN Service User Panel for discussion and group responses. This was facilitated by the CDP SUI Officer.</p> <p>Calls were made to 14 people who had previously taken part in service user forums and other engagement activity with the CDP but who hadn't been involved in engagement around this issue. Nine people were interviewed and their</p>	<p>*1. What are the important factors when making a decision about going to inpatient detox?</p> <ul style="list-style-type: none"> <li>- Good facilities (comfortable, homely rather than clinical, safe, accessible, away from visible chaos, secure, clean and decent food)</li> <li>- Continuation of support/treatment on completing inpatient detox. Also coming out to some stability.</li> <li>- Location 'wouldn't want to go to another city' and cost of travel</li> <li>- Someone to look after pets</li> <li>- Knowing what to expect when you get there, ideally a pre visit</li> </ul>

			<p>Panel (30<sup>th</sup> May 2018) was attended by the NRN service user representative. The official rep is tasked with collecting the views of clients in the service. (ie she doesn't only express her own views)</p>	<p>responses recorded in detail and summarised for this report.</p> <p>The questions were:</p> <p>*1. What are the important factors when making a decision about going to inpatient detox?</p> <p>*2. What support will be needed for going to a detox facility?</p> <p>*3. How does the location of a facility affect your decision about going to detox?</p>	<ul style="list-style-type: none"> <li>- Not feeling judged by staff or other service users</li> <li>- Length of time there</li> </ul> <p>*2. What support will be needed for going to a detox facility?</p> <ul style="list-style-type: none"> <li>- Help to get there, for example to be taken there by someone, help with travel expenses, 'someone putting me on transport with someone one at the other end', peer mentor support</li> <li>- Something to help with anxiety, reassurance</li> <li>- Pre-visit</li> <li>- To have a plan of action</li> <li>- Exit strategy, ongoing aftercare, housing and benefits advice</li> </ul>
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					<p>*3. How does the location of a facility affect your decision about going to detox?</p> <ul style="list-style-type: none"> <li>- Local felt to be better by some</li> <li>- Some mentioned anxiety issues and difficulty this would cause them in accessing inpatient detox out of the city</li> <li>- Help to access/travel even if local</li> <li>- One respondent said location wouldn't affect their personal decision, but stated that others could be 'very fearful about going to a new city'</li> <li>- Important to be in a drug free and safe environment</li> </ul>
4.8	Focus group with Edwin House service users 4 <sup>th</sup> July 2018	The SUI Involvement Officer visited Edwin House, joining service users in the garden for	Eight current service users of Edwin House accessing for inpatient detox.	Conversational session with service users. Service users joined and left the session throughout, as they had appointments	Positive feedback on existing links with local treatment – all Nottingham City service users had pre visits and were brought in by a worker, visited by community

		<p>two hours.</p>	<p>Three were Nottingham City residents and five Leicester residents.</p> <p>As current service users of inpatient engagement this service user group may be at a point of high motivation, which would make them more positive about potential barriers, as opposed to other clients, at lower levels of motivation who may be more likely to see any barriers as a reason not to go.</p>	<p>and groups to attend.</p> <p>Written notes of the discussion were taken and summarised for this report.</p>	<p>treatment staff at the unit, and arrangements were made for when they came out – seamless transition.</p> <p>One Nottingham City resident stated that local access was essential due to physical health needs and ongoing hospital appointments.</p> <p>One Nottingham City resident was grateful that he was able to access the service locally but stated that he would have travelled anywhere and paid for this. He also stated this would probably not be true of most service users.</p> <p>One Nottingham City resident stated location would not have made a difference to accessing inpatient detox for him but based on assumption that he would be</p>
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					taken there by a worker and not had to pay travel expenses himself.
4.9	Clinicians questionnaire	The same questions that had been asked to service users (see 4.7), were asked of clinicians in all departments of the main drug and alcohol community service in Nottingham (Nottingham Recovery Network - NRN).	Responses were received from five staff members. Some were individual responses and some had been put together after discussions in team meetings.	The questions set out in 4.7 were emailed to managers in NRN.	<p>*1. What are the important factors when making a decision about going to inpatient detox?</p> <ul style="list-style-type: none"> <li>- Having a clear rationale/eligibility for accessing inpatient detox rather than completing community detox</li> <li>- Local provision (benefit to facilitate referral, admission, visit during admission, link into local psychosocial support while on a ward, ability to do pre visits, inter-working relationships with staff across community and inpatient services, understanding of local issues and support)</li> <li>- Whether there is flexibility of approach and medical/prescribing options</li> <li>- Experienced staff</li> </ul>

					<p>*2. What support will be needed for going to a detox facility?</p> <ul style="list-style-type: none"><li>- Support the service user in preparation for accessing inpatient, including what to expect during inpatient admission, preparation for exit and relapse prevention etc</li><li>- Transport</li><li>- Pre visits</li><li>- Visits/frequent contact from community key worker during inpatient admission</li></ul> <p>*3. How does the location of a facility affect your decision about going to detox?</p> <ul style="list-style-type: none"><li>- Preference expressed for local provision in order to support service users to access and</li></ul>
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					<p>complete inpatient detox – including helping to manage any difficulties that might arise during admission. Being present in person is greater value than over the phone.</p> <ul style="list-style-type: none"> <li>- Ease of access and service users more likely to attend if local, travel costs will not be a barrier</li> <li>- Supports a higher chance of successful outcomes</li> <li>- Local to enable equitable admission. Patients with poor functioning/complex patients need supporting in their admission. If not local then this would potentially exclude more complex patients.</li> <li>- Visits during inpatient detox stays can be reassuring for service users and support successful completions.</li> <li>- Concerns around unplanned</li> </ul>
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					discharge and being out of area may increase risk of overdose / disengagement with support services
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