



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Substance Misuse Inpatient Detoxification Beds

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the on 15th March 2016.
- 1.3 Author of the Paper and contact details
Kathy Caley, Lead Commissioner for Substance Misuse, Brighton and Hove City Council. 01273 296557.
Kathy.caley@brighton-hove.gov.uk

2. Summary

- 2.1 Substance misuse inpatient detoxification beds are currently provided by Sussex Partnership Foundation Trust (SPFT). In December 2015, SPFT gave notice on the contract, and will cease to provide the service from the 31st March 2016.
- 2.2 As this element of the patient pathway is essential to the successful recovery of some individuals with addiction issues, it is vital that the service continues in some form. This paper sets out the approach that has been taken, for the short to medium term, to ensure inpatient detoxification is still available for residents of Brighton and Hove from 1st April 2016.

3. Decisions, recommendations and any options

- 3.1 This paper is presented for information.

4. Relevant information

Substance Misuse Services in Brighton and Hove

- 4.1 Adult community based substance misuse (drug and alcohol) services are provided by Pavilions, a partnership of organisations led by Cranstoun, which began providing services locally on the 1st April 2015. A range of treatment interventions are offered to support service users to work towards recovery in a community setting. Each person entering treatment services is allocated a 'care co-ordinator' to work specifically with them around their needs.

Current Provision for Substance Misuse Detoxification

- 4.2 A high percentage of individuals will be suitable for community assisted detoxification, which will include psychosocial support from community treatment services, prescribing of standard relapse prevention pharmacotherapies if relevant/necessary and possible vitamin replacement therapy. If an individual is not suitable for a community assisted detoxification they are referred to the inpatient detoxification beds currently provided by Sussex Partnership Foundation Trust (SPFT). In 2014/15 a total of 2,391 individuals accessed substance misuse treatment services¹. Of these individuals, 145, or 6% of all people accessing treatment services, were admitted to inpatient detoxification services² at some point. N.B. an individual may access services on more than one occasion.
- 4.3 Currently, SPFT are funded approximately £400,000 per year to provide 1421 'bed nights' on Promenade Ward, which is part of Mill View Hospital, in Hove. Contractual responsibility for this service sits with the Clinical Commissioning Group (CCG), and is part of the wider mental health block contract that the CCG has with SPFT.
- 4.4 Data for 2014/15 indicates that 145 Brighton and Hove patients used Promenade Ward, for a total of 1349 bed days. The length of stay varied, but the majority of patients stayed for between six to 14

¹ Public Health England Diagnostic Outcomes Monitoring Executive Summary (DOMES) Q4 2014/15

² Data taken from the Commissioning Support Unit commissioned by Brighton and Hove CCG, which is taken from the Secondary User Service (SuS) data system, and from Nebula Data System.



days. Approximately 70% of patients were admitted for an alcohol detoxification, and 30% for a drug detoxification. Almost 80% of patients 'successfully completed' their inpatient admission, meaning that when they were discharged they had successfully detoxified from their substance/s.

- 4.5 Referrals to the inpatient ward are managed by the community service provider, who has overall responsibility for the care co-ordination of the patient pathway. Once a service user is discharged from the inpatient ward they will receive follow up care in the community, or may enter into residential rehabilitation services.

Evidence of Effective Practice

- 4.6 The National Institute for Health and Care Excellence (NICE) publish support documents for commissioners and providers, to ensure that the most clinically appropriate treatment is available for patients. Separate NICE clinical guidelines are available for opiate detoxification³ and for alcohol detoxification⁴. In addition to these documents, the Novel Psychoactive Treatment UK Network (NEPTUNE) has recently produced a guidance document for the clinical management of acute and chronic harms of club drugs and novel psychoactive substances, which cover the various detoxification options for these emerging drugs⁵. See appendix one for more information.

Position from April 2016

- 4.7 In December 2015 SPFT provided formal notification that they would be terminating the contract for the provision of Substance Misuse Inpatient Detoxification beds from the 31st March 2016. Therefore it has been necessary to secure alternative provision for the 1st April 2016 onwards. BHCC has worked with the CCG to ensure that detoxification services continue to be available to those patients with a clinical indication for a referral. The initial budget allocated for inpatient detoxification beds for 2016/17 will be £250,000.

³ Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52

⁴ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published: 23rd February 2011. Nice.org.uk/guidance/cg115

⁵ Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 <http://www.neptune-clinical-guidance.co.uk/>



- 4.8 Currently there are no other NHS or Voluntary Sector providers of inpatient detoxification in Brighton and Hove. Given the timeframe available to secure alternative provision, the most suitable approach has been to work with the current providers of community substance misuse treatment services to put a short to medium term solution in place. From the 1st April 2016, any Brighton and Hove resident with a clinical indication for an inpatient detoxification will be referred to the 'City Roads' residential detoxification, crisis intervention and stabilisation service provided by Cranstoun. City Roads is based in Islington, north London. City roads is a 21 bed unit that is staffed 24/7 by a clinical and social care team. As Cranstoun also oversee community services they will be responsible for both elements of the patient pathway.
- 4.9 The decision to take this approach was based on the short time frame available to set up an alternative solution, and the fact that there is extremely limited, value for money, alternative provision in Brighton and Hove, and the surrounding area. East Sussex County Council (ESCC) currently commission SPFT to provide inpatient detoxification services, and so are also seeking to put alternative provision in place from April 2016. East Sussex commissioners of substance misuse services are taking a similar approach to BHCC and working with their existing community services provider to secure inpatient detoxification services. Historically West Sussex County Council have spot purchased inpatient detoxification services from a number of providers. Their existing contractual arrangements expire in May 2016, and given the more lengthy timeframe, West Sussex are undertaking a procurement process for a new Framework Agreement for inpatient detoxification services.
- 4.10 The option taken in Brighton and Hove does mean that service users will have to travel outside of the city for their inpatient detoxification. The average length of stay is likely to be ten days. Whilst detoxifying, clients are usually required to restrict contact with the outside world, and therefore the expectation is that being situated in an area that is not their home city may make this easier. Once the person has detoxified they will return to their home city and be supported to continue their recovery by linking in to the existing recovery community within Brighton and Hove. Cranstoun have been providing this service from the City Roads location for a significant period of time. Current patients come from many areas of the south east. Therefore Cranstoun are experienced in meeting their needs and providing the support required. Where necessary a member of Cranstoun community staff will travel with the patient.

Alternatively when a patient's needs are greater, Cranstoun City Roads can send a car to pick up the client.

- 4.11 The change of provider of this service offers an opportunity to review the overall care pathway and the budget allocation. As both community and inpatient detoxification services will be provided by the same provider, it is timely to review the referral pathways to ensure that the most appropriate patients are referred to inpatient detoxification. It is anticipated that this will help to reduce the number of patients who are currently unsuccessful in their inpatient detoxification episode.
- 4.12 In parallel to this, community based detoxification services will be reviewed to ensure that they offer the appropriate support to individuals to enable them to successfully complete detoxification in the community.
- 4.13 Should a situation arise where it is not tenable for an individual to attend the City Roads detoxification unit, alternative arrangements can be considered. However, it is highly unlikely that this will be necessary.

Community Engagement and Consultation

- 4.14 As with any change in service provision, consultation is key to successful implementation. Existing service users, the recovery community of Brighton and Hove, partners and other providers will be actively engaged with at each stage of the development. This will ensure that all factors, particularly those associated with the travel expectations this approach will bring, are considered.
- 4.15 An Equalities Impact Assessment will be undertaken to support the delivery of this service.

Conclusion

- 4.16 Inpatient and residential detoxification from substances is a vital part of the substance misuse treatment pathway. Taking the approach outlined above will allow this essential part of the pathway to continue. Delivery of the service will be monitored in the short to medium term, to allow evaluation of the outcomes. Should this approach not meet expectations a review can be undertaken, and alternative solutions considered.



5. Important considerations and implications

Legal:

- 5.1 The Service falls within Schedule 3 (Social and Other Specific Services) of the Public Contract Regulations 2015 and as such is subject to the 'light touch regime'. The threshold for mandatory advertising of the light touch regime contracts is £ 589,148.00. The service wishes to review its future provision and intends to consult with users. If following review that service value over the life of a proposed contract will exceed the threshold the service should at that time be procured in accordance with the applicable Public Contract Regulations.

Lawyer consulted: Judith Fisher

Date:26.01.2016

Finance:

- 5.2 From April 2016 the budget allocated for substance misuse detoxification from the ring-fenced Public Health grant will be approximately £0.250m, which equates to a funding reduction of approximately 40% from 2015/16.

Finance Officer consulted: Mike Bentley

Date: 21/01/16

Equalities:

- 5.3 Equalities, and the reduction of health inequalities, are considered in the service specification development of any Public Health service. Services will be developed to ensure that all individuals have equal access.

Sustainability:

- 5.4 The continued provision of an inpatient detoxification services is vital to the overall patient pathway. Reducing the overall budget in line with known budget reductions to the Public Health ring-fenced grant should allow the service to be provided in a sustainable way.

Health, social care, children's services and public health:

- 5.5 This is covered in the body of the report.

6. Supporting documents and information



6.1 Appendix 1 – Supporting Clinical Guidelines

