

Agenda Item:

12

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	8 May 2014
Officer	Director of Public Health
Subject of Report	Options for the Provision of Inpatient Detoxification in Bournemouth, Dorset and Poole
Executive Summary	<p>A needs assessment has demonstrated that there has historically been overprovision of inpatient detoxification services in Dorset, Bournemouth and Poole when compared with the national position, and marked variation in the availability of alternative options to inpatient detoxification across the county.</p> <p>Whilst we are able to measure the historical activity levels, the available information and literature do not define an appropriate level of provision of inpatient detoxification to meet the needs of the population of Dorset.</p> <p>The paper outlines the options available to address the findings of the needs assessment in relation to the commissioning of inpatient detoxification services, and makes recommendations on the preferred option to improve service efficiency, and equity in the longer term.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	<p>An equalities impact assessment has been completed to consider the impacts of the preferred option. This has demonstrated the potential that service users and their families from low income households, or those in rural communities with poor access to public transport could be disadvantaged where service users are placed in detoxification units outside of the County. A transport policy is to be agreed for use across the county to address the potential disadvantage to low income families, or those in rural communities.</p>

	<p>Use of Evidence: This report has been compiled using the findings from detailed needs assessment conducted during 2013/14, which included a review of the evidence of effectiveness of detoxification treatment.</p> <p>Budget: Budgetary risks will depend on the preferred commissioning option as outlined in the paper.</p> <p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: MEDIUM Residual Risk MEDIUM <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>Other Implications: None identified to date.</p>
<p>Recommendation</p>	<p>The Board is asked to consider the evidence presented in the report and confirm that it supports the recommended preferred option to implement a spot purchasing arrangement for inpatient detoxification from April 2015.</p>
<p>Reason for Recommendation</p>	<p>The evidence from work to date suggests that efficiency and choice can be improved and this would be best achieved through a spot purchasing arrangement.</p>
<p>Appendices</p>	
<p>Background Papers</p>	<p>Detoxification Needs Assessment for Bournemouth, Dorset and Poole</p>
<p>Report Originator and Contact</p>	<p>Name: Nicky Cleave, Assistant Director of Public Health Tel: 01305-225879 Email: n.cleave@dorsetcc.gov.uk</p>

1. Purpose of Report

- 1.1 This paper sets out the options for the commissioning of inpatient detoxification services for alcohol & drug dependency in Bournemouth, Dorset and Poole, and recommends a preferred option for commissioning from 2014/15 onwards.
- 1.2 A paper outlining the options was considered by the Dorset DAAT Joint Commissioning Group, the Bournemouth DAAT Executive Board Meeting and the Poole DAAT Strategic Management Team in Autumn 2013. All groups agreed with the recommended preferred option based on the information available, but emphasised the requirement to consult with service users about the options, and the need to do more detailed work about the feasibility for market development across Dorset.

2. Inpatient Detoxification services

- 2.1 The responsibility for the commissioning services for inpatient detoxification was transferred from the NHS to local authorities from 1st April 2013. The budget to commission inpatient detoxification services forms part of the pooled public health budget managed by the Dorset Public Health team. The existing budget for inpatient detoxification is in the region of £900k.
- 2.2 Historically inpatient detoxification in the county of Dorset had been provided in settings in both the east and the west of the county, but with the closure of the remaining beds in mental health units in west Dorset at the end of March 2014, the only remaining provider in 2014/15 is the Flaghead unit in Christchurch.
- 2.3 The Flaghead unit is a freestanding inpatient unit providing care solely for patients requiring drug or alcohol detoxification with 10 beds. The unit is commissioned from Dorset Health Care at an annual cost of approx £900k as a block contract (a fixed annual payment regardless of levels of activity). Occupancy rates are consistently high (90-95%) - the unit maintains a waiting list for detoxification and has a target to commence treatment within 21 days of referral.
- 2.4 The contract for the Flaghead service has been in place for at least 10 years without any testing of the market. Procurement regulations therefore require that the service provision goes through a competitive tender.
- 2.5 The three DAATs also have budgets to pay for detoxification placements outside of the county dependent on individual service user need. The cost of these placements in 2013/14 is detailed below:

	Cost of placements in 2013/14	Providers used
Bournemouth DAAT	£63,460	The Thames Clinic, London IPD Bradford IPD Lancaster Clouds House, Salisbury
Dorset DAAT	£38,500	Clouds House, Salisbury
Poole DAAT	Only as part of rehab packages	
TOTAL	£101,960	

- 2.6 In addition the DAATs have budgets to cover placements for rehabilitation and in some cases the package of care for service users will include a detoxification, but it has not been possible to quantify this.

3. Need for detoxification

- 3.1 A needs assessment of detoxification services to assess the capacity requirements and equity of provision of detoxification services pan-Dorset to address concerns was undertaken during 2013/14.
- 3.2 Key findings of the needs assessment were:
- There is limited evidence in the published literature to define what an appropriate level of provision of inpatient detoxification should be, nor in what circumstances inpatient detoxification is more effective than community detoxification.
 - Community detoxification has been shown to be a safe, effective and cost-effective alternative to inpatient detoxification.
 - NICE guidelines recommend that for both alcohol and drug detoxification that community-based programmes should be offered preferentially, unless there are indications otherwise e.g. where there is a risk of medical complications of detoxification such as epileptic fits or where social circumstances make it necessary.
 - Benchmarking of activity data against England rates shows that the local inpatient alcohol detoxification activity is almost double that nationally, whilst inpatient drug detoxification activity is more than double that of the national average.

Comparing the rates of detoxification for Bournemouth, Dorset & Poole vs. England		
Detox type	Bournemouth, Dorset & Poole combined	England
Alcohol Inpatient detox	14.5%	8.0%
Alcohol Community detox	9.2%	9.0%
Drug Inpatient detox	4.7%	2.3%

- Current rates of community detoxification are consistent with the national average, although there is wide variation in rates across Dorset, Bournemouth and Poole.
 - A large number of alcohol detoxifications initiated in primary care appear to happen outside of the community drug and alcohol treatment systems and service providers report that occasional inpatient detoxifications are undertaken solely because GPs refuse to prescribe the appropriate medication to individuals.
 - In Dorset the number of referrals for inpatient detoxification has fallen significantly since the loss of beds in Bridport and Sherborne, despite alternative arrangements for spot purchasing for inpatient detoxification being put in place.
- 3.3 In summary, the findings of the needs assessment suggest that historically levels of inpatient detoxification provision in Dorset, Bournemouth and Poole have been high when compared with the national position. The demand for inpatient detoxification will be strongly influenced by the adequacy of provision of detoxification in the community and service providers report that a proportion of patients currently admitted for detoxification could be managed in the community if alternative facilities were available - where the requirement for inpatient detoxification is as a result of social circumstances the needs of the service user could be met at a much lower cost in a community residential setting. The

provision of inpatient detoxification cannot therefore be considered in isolation from the rest of the treatment system.

- 3.4 The provision of drug detoxification through substitution therapy across all service providers pan-Dorset is fairly consistent, with similar levels of engagement from service users. However, there are marked variations in the levels of engagement, and the rates of community detoxification pan-Dorset. Detailed analysis of the information related to alcohol dependency pan-Dorset has demonstrated that there is a significant level of unmet need in dependent drinkers and that the treatment penetration for alcohol varies significantly across the county. These variations will need to be addressed before we can be certain of what the appropriate level of provision of inpatient detoxification should be to meet the needs of the population of Dorset.

4. Service User Consultation

- 4.1 Ten consultation events were held across Dorset, Bournemouth and Poole during November and December 2013, with 417 people consulted.
- 4.2 In total 36 service users were consulted across Dorset, 360 service users (and 9 carers) were consulted in Bournemouth and 12 service users were consulted in Poole. All service users across Dorset, Bournemouth and Poole were invited to all events, so that they had a choice of location.
- 4.3 The common themes from the consultation were:
- In general, service users have been very happy with Flaghead as an inpatient facility
 - GPs lack knowledge of detoxification and clearer referral pathways need to be developed
 - Admission needs to be at the appropriate time for the client – some waited too long, some were not ready to change, or did not want to attend pre-treatment sessions
 - Better preparation for detoxification is needed
 - More structure/activities/skills training during detoxification
 - Better aftercare provision and better links to community services on discharge, particularly at weekends
 - Better psychosocial support
 - A local facility was the preferred option
 - Community detoxification was the favoured option for the majority of Poole clients who were consulted
 - Many respondents wanted a community ‘detox house’
 - A few people stated that inpatient detoxification facilities in the acute sector, particularly in-patient mental health beds were felt to be isolating, stressful and clinical by some service users. However, responses from Poole indicated that detoxification in a local acute hospital would be a favoured option, as it provides 24 hour cover and is less stigmatising.

5. Market Appraisal

- 5.1 The three DAATs already hold a call-off contract with a number of providers outside the county of Dorset who provide inpatient detoxification - these providers are used currently if there are unacceptable delays in admission to the Flaghead unit, or where there are particular service user needs which cannot be met in Flaghead.

- 5.2 A 'soft' market appraisal has demonstrated that there are a number of additional providers outside the county of Dorset who would be interested in providing inpatient detoxification services on a cost per case basis. It is not yet clear what interest there would be from the market in developing services within the county.
- 5.3 Discussions have been held with Dorset Healthcare as the current providers of Flaghead, who have indicated that they would not be interested in providing an inpatient detoxification service on a cost per case basis. They have also made it clear that they are currently considering whether they wish to continue to provide an inpatient detoxification service in the medium to long term, although they anticipate no changes to provision as a minimum during 2014/15. They also anticipate that should the current commissioning arrangements change they would be able to redeploy existing staff within the organisation to avoid any redundancies if Transfer of Undertakings (Protection of Employment) Regulations (TUPE) did not apply.

6. Commissioning options for 2015/16 onwards

- 6.1 The market appraisal work has demonstrated that there is likely to be a market to provide inpatient detoxification and given that there has been no testing of the market for at least 10 years, procurement regulations mean that there is a requirement for the service provision to go to competitive tender.
- 6.2 The Public Health team and the three DAATs have identified two commissioning options:
- To undertake a procurement process to recommission an inpatient detoxification service for Dorset, Bournemouth and Poole within the county
 - To decommission the existing service and implement a spot purchasing arrangement as a short to medium term solution
- 6.3 The advantages and disadvantages of each approach have been considered against a number of criteria and this is summarised in the table below.

Assessment Criteria	Reprocurement of an inpatient detox service	Implementation of spot purchasing arrangements
Meets needs of service users	Unclear as needs poorly defined at present	Would allow an ongoing assessment of need and allow flexibility for need to fall with development of community services
Provides a local service which is equitably accessible	Would provide a local service, but access unlikely to be equitable	Unlikely in short term, but opportunity to develop local market over time
Delivers on choice to ensure that individual service user needs are met	Unclear as needs poorly defined at present and preferred model for commissioning is not clear	Would allow an element of choice that could be developed over time and would allow commissioner to tailor treatment options to individual need
Ability to make savings	Will make savings if a smaller inpatient unit is commissioned, but associated risk as need is poorly defined	Will potentially make savings depending on need
Financial risk	Limited financial risk if procured as a block contract	Some associated financial risk if activity outstrips current budget

7. Preferred option

- 7.1 The agreed overriding principles guiding decision making about the use of the public health budget are to ensure effectiveness, equity and efficiency. Currently the available information suggests that the existing provision for inpatient detoxification is neither equitable in terms of access nor efficient.
- 7.2 The needs assessment has demonstrated that historically there has been a high level of provision of inpatient detoxification when benchmarked with activity nationally. It is not clear to what extent increased demand has been generated by excess bed capacity or whether this reflects the poorly developed alternative options within the county for community detoxification. Based on the current literature and information we are unable to define the appropriate level of provision to best meet the needs of the local population.
- 7.3 The procurement of an inpatient detoxification unit for the county would ensure that we continue to offer a local service for residents – a point that was strongly emphasised in the service user consultation. However, we are unable to define currently the optimal size of a unit as there remain too many uncertainties around need and hence the opportunities to increase efficiency over time may be reduced. This would however be low risk financially as it is likely that the service would be recommissioned as a block contract with a fixed annual cost.
- 7.4 Adopting a spot purchasing approach would be unlikely to be able to maintain a local service within the county in the short term which would then require all service users requiring inpatient detoxification to travel outside of the county. There would be opportunities however to develop the local market over time. This option should deliver value for money and provide greater choice, whilst allowing the flexibility for commissioners to continue to develop alternative local community options for service users requiring detoxification and to audit activity to clarify levels of need more clearly. Whilst it is anticipated that overall costs would be reduced with this option with associated increased efficiency, this is associated with a higher financial risk.
- 7.5 Having considered the advantages and disadvantages of each option Public Health Dorset and the three DAATS recommend that the preferred option would be to implement a spot purchasing arrangement from April 2015 as an interim solution. The rationale for this is that:
- this option is more likely to deliver a service that meets need
 - this option will provide the necessary incentives to encourage the development of a local market and choice within the county
- 7.6 It is recommended that this option is implemented for a minimum of two years. Activity and progress in developing alternative options to inpatient detoxification will be monitored throughout this period, and depending on progress commissioners will then be well placed to determine the best model for service provision in the longer term.

8. Legal and financial implications of preferred option

- 8.1 The Flaghead service is commissioned from Dorset Healthcare on an annual contract and the contract will automatically expire on 31st March 2015. Legally, there

is no requirement to give notice. However, normal practice within NHS contracts would be to give a minimum of six months notice.

- 8.2 There is no provision in the contract for Public Health Dorset to pick up any redundancy costs on expiry of the contract.

9. Additional work required during 2014/15 to support implementation of preferred option

- 9.1 The Public Health Team and the three DAATs will need to do additional work during 2014/15 to facilitate the implementation of the preferred option. This will include:

- To continue to develop the capacity for community and residential detoxification across the County
- To agree processes for agreeing and auditing inpatient detoxification placements with specialist service providers to ensure that clinical pathways are not delayed
- To agree a financial arrangement for the management of the totality of the existing budget for inpatient detoxification across the Public Health team and the DAATs.
- To agree a transport policy to be used across the county to address the potential disadvantage to low income families, or those in rural communities from the preferred option.

10. Recommendation to the Board

- 10.1 The Board is asked to consider the evidence presented in the report and confirm that it supports the recommended preferred option to implement a spot purchasing approach for inpatient detoxification from April 2015.

David Phillips
Director of Public Health, May 2014