Report to:	**Health Overview & Scrutiny Panel**
Date:	**3rd November 2011**
Report by:	**Barry Dickinson, Senior Programme Manager, Integrated Commissioning Unit**
Subject:	**Re-commissioning a new pathway for drug and alcohol detoxification in Portsmouth; shifting investment from the existing in-patient unit to enable this change.**

1. Purpose of the Report:

To brief the Health Overview & Scrutiny Panel on the outcome of a review of the drug and alcohol detoxification pathway and the proposed new model of service

2. Background:

Currently the vast majority of specialist alcohol and drug detoxification treatment in Portsmouth is via the in-patient detoxification service provided by Solent Healthcare at the Baytrees Unit. This service is commissioned on a block basis. The specialist substance misuse service in Portsmouth currently undertakes very few community based detoxifications for alcohol or other drugs. Whilst use of a specialist in-patient unit is necessary for a small proportion of cases, it does not have demonstrably better outcomes to community based (day service and home) detoxification options and is an expensive treatment option

The culture of using in-patient treatment for almost all presenting needs potentially discourages individuals whose family or employment ties make this difficult to seek treatment at an early stage. Increasing home and community treatment options has the potential to improve access and fits with a more "stepped approach" to treatment. Whilst some individuals require in-patient treatment and others will continue to opt for a residential service to facilitate distance from drinking/drug using associates, for some there is existing support within family and community that can be maintained during a community based detoxification treatment. Hence a key driver for the review is the potential to widen accessibility for detoxification services and increase integration with community based recovery support.

The review of the detoxification pathway has taken place in line with a broader review of substance misuse services in the context of last year's new national drug strategy, which places increased emphasis on recovery focused services. The overall review aims to build a Recovery Oriented Integrated System for drug and alcohol, including increased use of peer support and peer-led interventions, increased choice and flexible person-centred care. One reason for the relatively high cost of the Baytrees service is the combination of clinical/medical services it is commissioned to provide and psycho-social and life skills work that is included in the programme. This results in a longer programme than is common in many detoxification only facilities. Whilst this approach has a positive aim of preparing people more effectively for recovery, the effectiveness of trying to deliver this type of programme within a detox setting is debatable, some people report difficulty in focusing on therapeutic interventions whilst medically detoxifying and the overall culture of the establishment remains quite medically focused.

There is significant anecdotal evidence of people completing numerous detoxification episodes. Solent Healthcare provided a print-out of Portsmouth patient admissions since 2006 from which it has been possible to identify repeat admissions. During this period there have been a total of

472 people admitted for 598 treatment episodes. The highest number of admissions recorded for one individual was eight; 325 people had only one admission; 98 had two admissions; 32 had three admissions, and 17 people had four or more admissions. There is no evidence currently available to demonstrate long-term success rates for detoxification interventions as the provider has only recently started to follow-up cases post-discharge. National and international evidence suggests that long-term success (i.e. remaining abstinent from problematic drug/alcohol use) is not dependant on the type or setting for detoxification, with engagement ongoing community support identified as a much more important determinant of long-term success than the type of detoxification.

Southampton are currently piloting a personal health budget model for alcohol detoxification which offers a wider range of treatment options, promoting greater patient choice and more effective matching of resources to need. A review of a sample of recent admissions to Baytrees was undertaken in September, using an assessment tool based on the Southampton model, to estimate what proportion of patients who were referred to Baytrees could have been safely treated using less intensive community treatment options had they been available. The findings of this review are presented below and mapped against a proposed new model detoxification pathway. NHS Portsmouth have recently revised the financial baseline for the current service, and although the proposed change would offer some potential cost savings, the main aim of re-modelling is to provide a greater range of detoxification options which better match individual needs, choices and personal circumstances. This in turn should lead to better outcomes for a greater number of people and link with the overall strategy of promoting recovery from drug and alcohol problems.

3. Current Funding and Activity

Baytrees is a 23 bed unit in the grounds of St James which provides substance misuse residential detoxification (8-28 days) plus a day programme and some mental health services.

11 beds are commissioned by NHSH;
11 beds are commissioned by NHSP; leaving
1 spot purchased bed.

The most recent costs for the NHS Portsmouth are:

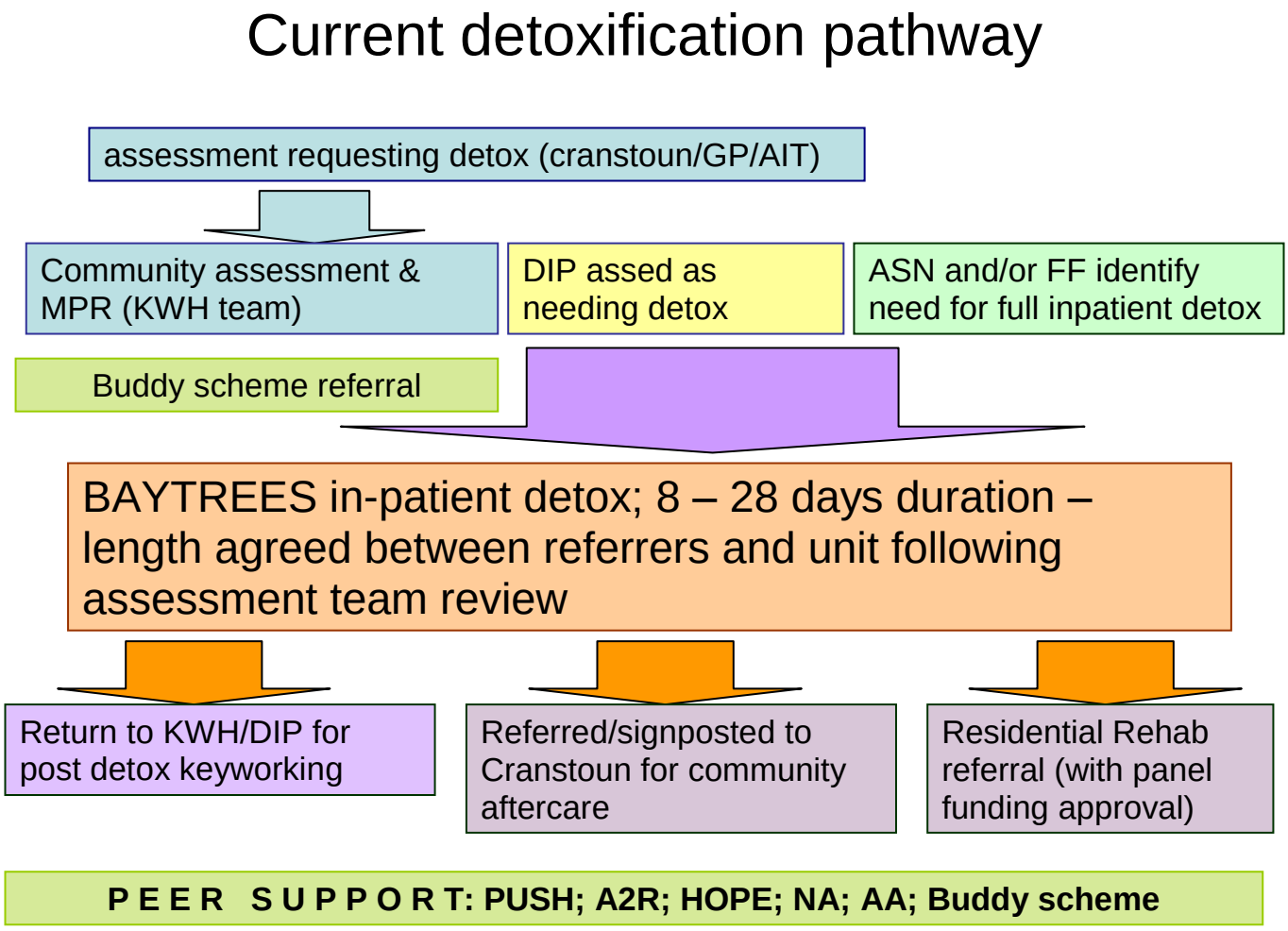
£771,441 (2010/11)
£760,040 (2011/12)

These represent NHS Portsmouth costs only, I have not been informed of the NHS Hampshire costs on the revised funding levels. Additional funding of £52,000 was provided from the Drug Action Team (Pooled Treatment Budget) up until this year.

Based on the above funding level and an occupancy level of 85% this represents a cost of £223 per occupied bed day (OBD) (£238 with previous DAT funding included). For specialist in-patient detoxification this is a competitive price based on OBDs, commissioners for other NHS areas in the region have informed me that they pay between £283 and £310 per OBD for similar services. However, their overall costs tend to be lower as most other detoxification units generally provide 7 – 10 day episodes, whereas Baytrees offer between 8 and 28 day stays depending on assessed needs.

Reviewing the Baytrees current costs on the basis of cost per detoxification initiated provides an average cost per detoxification started of £2,992, or £4,841 per detoxification successfully completed. This is based on the 2010/11 NDTMS activity figures of 254 Portsmouth patients admitted for detoxification and the service performance figure of a 62% successful completion rate (combined drug and alcohol).

The current pathway is presented diagrammatically below:



4. Admissions analysis

Integrated Commissioning Team members reviewed a sample of 51 of the latest 80 admissions to Baytrees referred from the Portsmouth Community Drug & Alcohol Team, with the assistance of members of the Solent management team.

The review involved reading electronic and paper case files to make an approximate assessment of the complexity of needs at the point of referral for detoxification. All of the cases reviewed had been referred to Baytrees for in-patient detoxification. Factors such as accommodation, past history of withdrawal side effects, poly-drug use, family situation etc are given a score rating which is totalled and the resulting score equates to complexity banding. The bandings and tool are currently being used in Southampton to determine the Personal Health Budget allocated to each individual seeking detoxification from alcohol to fund their

treatment. The tools and banding table are attached at appendix 2 to this report.

Review findings:

Scoring Band	Number Sample in band (%)	Equivalent if applied 09/10 admissions	Southampton cost banding	Potential provision
High+ (51+)	1 (1.96%)	5	£1500 – 2200	In-patient detox
High (27 – 50)	21 (41.17%)	105	£1000 – 1500	Residential or day detox
Medium+ (22 – 26)	12 (23.53%)	60	£500 - £1000	Day/supported detox/residential ?
Medium (16 – 21)	13 (25.49%)	65	Up to £500	Supported home/day patient
Low (<15)	4 (7.84%)	20	Not eligible?	Home detox

Column 3 above applies the proportions in each of the bandings applied to all Baytrees (Portsmouth) admissions for last year, which assumes that the sample taken at random is representative of all admissions. The total cost of detoxification treatment if these cases had been allocated the maximum personal health budget for their respective bands (allocating the nominal 20 “not eligible” cases to the low band) using the Southampton allocations would have been £271,000.

Whilst the use of PHB allocations provides a potentially useful comparator, a key difference between the systems is that Southampton are dealing only with alcohol patients. In the sample of Portsmouth cases, 13 of the 51 cases sampled were drug or poly-drug using patients (25.5%), this was based on the randomly selected cases and does not fully reflect the Baytrees caseload which for 2010/11 was approximately 40% drug/poly drug users. Drug detoxification programmes are generally longer than alcohol regimes, hence the upper band funding allocations would need to be increased. Below are some adjusted projected costs, taking account of the greater number of longer (drug) detoxifications likely to be needed, the number of cases in the sample where specific risk factors (predominantly mental health co-morbidity, history of seizures and/or homelessness) shifted individuals above their raw risk/need score.

Adjusted need/risk banding	Projected number per annum (Portsmouth)	Adjusted cost per detoxification episode	Total cost (cases x treatment costs)
High + (in-patient detoxification 7 – 12 days)	20	£5,088 x 2 (dual diag) £3,420 x 10 (poly/drug) £1,995 x 8 (alcohol)	£60,336
High	100	£1,800	£180,000
Medium	60	£1,250	£75,000
Low	70	£1,100	£77,000
Total	250		£392,336

These adjusted figures are estimates based on:

- Cost/price information from neighbouring areas for the High + (inpatient) banding;
- Cost/price spread for using residential treatment centre based supported detoxification facilities for the High and Medium categories. These estimates are also informed by the initial findings of the Southampton pilot which is reporting that the majority of patients are choosing residential rather than home-based treatment when assessed in these either/or bandings;
- An estimate of community per-case costs based on the interim evaluation numbers from the Alcohol Specialist Nurse service at QA hospital, where 192 detoxifications of Portsmouth patients have been completed for an ongoing investment in the region of £200,000. I have requested a quotation to extend the service from PHT, but have not yet received this.

Proposed model and costs:

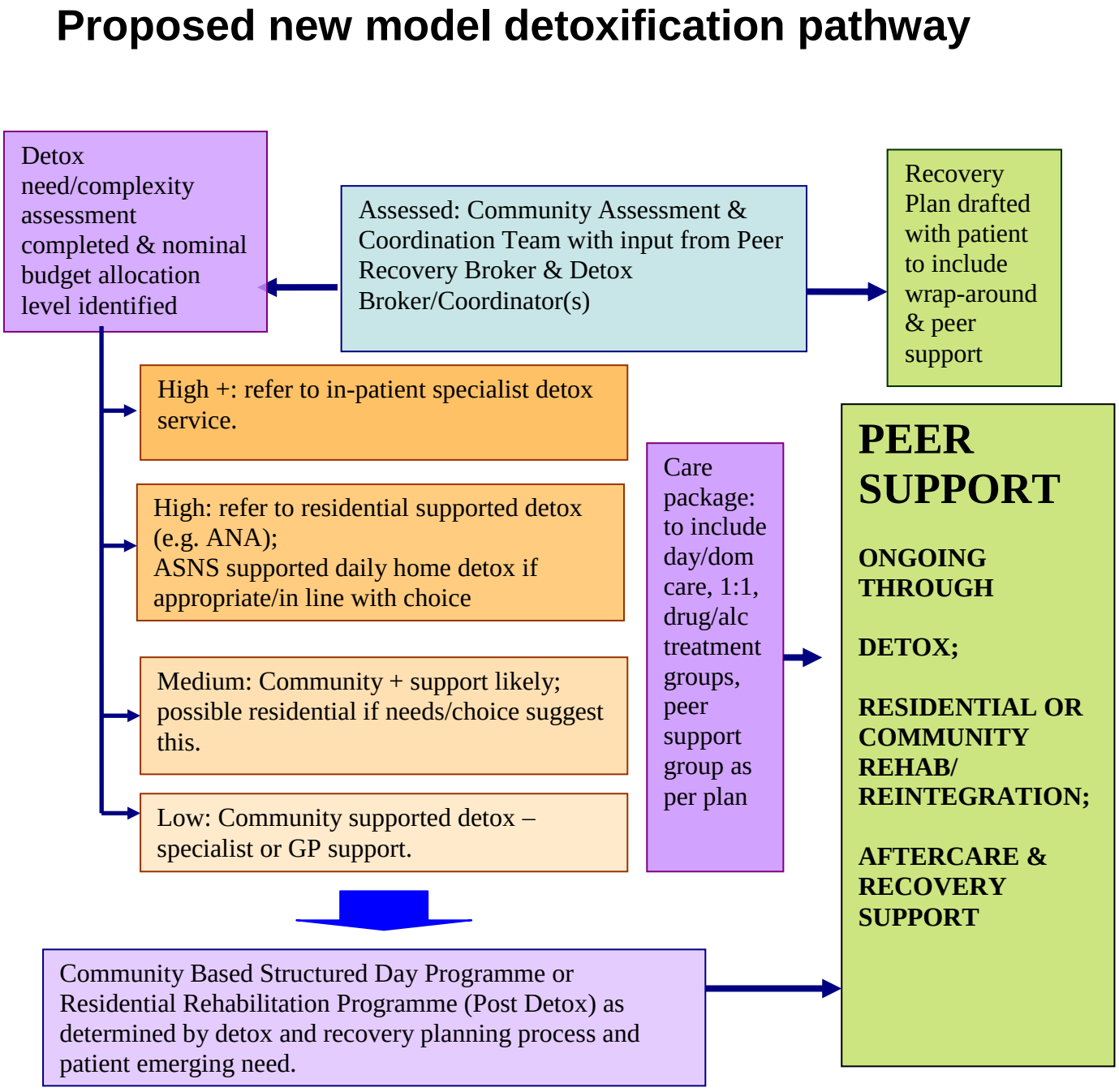
Based on the admission referrals analysis, the success of the ongoing PHB pilot in Southampton and the successful development of the Alcohol Specialist Nurse service at QA Hospital, a new model for drug/alcohol detoxification is proposed. The model would involve assessment of all individuals presenting for detoxification in line with the needs/complexity assessment used in the data review. An "any willing provider" framework for procuring individual placements would be established to provide the menu of choices for patients within the cost bandings outlined above.

The lower band "community detoxification" service element would need to be developed in the City as this is not currently being delivered by the community based team. This could be developed by an existing provider or procured through tender process.

In addition to the above "per case" costs, an additional allocation of £300,000 has been to provide funding for: additional assessment and treatment brokerage practitioners; day-care support for individuals who need this in order to be able to undertake a home-based detoxification; management, administrative and premises costs to set up/develop the community based detox element of the proposed new service pathway, and; contingency to fund additional community based and residential rehabilitation packages which will be needed in response to likely increased demand and reduced lengths of in-patient detoxification stays.

The dedicated broker/champion role has been a key part of the Southampton pilot and seems essential to ensuring the new model is successfully implemented. Similarly the increased allocation for recovery/rehabilitation interventions is evidenced by the previous three years history of residential rehabilitation applications which have consistently exceeded available funding and fits the national strategy which emphasises the need for detox to be located within a pathway that includes ongoing recovery focused reintegration support. This model would contribute to reducing the "revolving door" pattern of detox usage and the continued development of a vibrant recovery community in Portsmouth.

The diagram of the proposed new model is presented below:



5. Market Assessment:

De-commissioning the current block funded arrangement with Solent for Baytrees is likely to lead to the service becoming financially non-viable for the provider. If they are able/willing to continue to provide it on a cost per case commissioning basis, this would provide a local option for the estimated 20 or so high end in-patient treatments per year. In the more likely event of Baytrees closing, these would be purchased at alternative in-patient units in London, East Sussex or other areas nationally. Although this would mean greater travel/transport costs, the distance from Portsmouth may actually be of benefit to many patients, as one of the principle reasons for non-completion in the current service is relapse in drink or drug use through contact

within the locality.

Lower intensity residential supported detoxification is available for drug or alcohol users through residential rehabilitation providers such as ANA (Farlington), Ravenscourt (Bognor Regis). Typical costs are £1200 – 1500 per detox (7 – 10 day). There is currently over-capacity within the residential treatment system; hence it is likely that supply for placements will meet demand. Additionally, for alcohol detoxifications Portsmouth Hospital Trust have expressed an interest in developing/expanding the Alcohol Specialist Nurse Service (ASNS). Although they have yet to provide a quotation for delivering this service, if in line with current costs it will be within the funding bands included in the model above.

Community detoxification is not currently available in sufficient volume to deliver this element of the pathway. However, this type of intervention is being provided by the Alcohol Specialist Nurse Service on a day patient basis. The funding allocation in the model would allow for development of this service or an alternative provider – either setting up a stand alone service or re-modelling the existing community treatment service.

Detoxification Broker role(s); there is a template for this type of role within the Southampton model, where the broker is employed to oversee assessments, manage market relations with providers and potential providers and work with the community teams to ensure that the model is being offered appropriately. A similar role would be developed, either as a stand-alone role working across providers, or as a distinct role within the community detoxification team. The decision on where best to place this function will depend on the outcome of the community service development and the overall re-modelling of treatment services.

Financial Impact (Portsmouth PCT funded):

The current cost of the current Baytrees in-patient provision is:	£760,040
Estimated costs of the new pathway would be:	
Detoxification Treatment Costs (on cost-per-case model):	£393,336
Development of brokerage, assessment & management for delivery of new community options including enhanced community programme and residential rehabilitation capacity:	£300,000
Total recurring costs:	£693,336
Estimated PCT cost saving (full year effect):	£66,704

6. Equality and Diversity

6.1 An equality impact assessment is being undertaken as this proposal would involve a significant service change. The principle negative impact will be on the distance the minority of people who require an in-patient admission may need to travel to receive this. This could have a negative impact on maintaining family ties for those individuals. However, this impact will be minimal as in-patient detox involves a temporary separation from usual contacts, hence already has an impact on family contact even when based in the City.

6.2 The increase in home/community based detoxification proposed for a larger proportion of cases would more than offset this effect. The overall impact on Diversity and Equality is therefore assessed as a positive one by improving access and choice for a wider range of people whose personal circumstances may currently prevent them from accessing detoxification at an early stage.

7. Risks

7.1 The following risks have been identified, with mitigating actions/plans (scale 1(low) – 5(severe)):

Identified Risk	Likelihood	Severity of Impact	Mitigating actions
Service User, public or other stakeholder objections	Possible (2)	Significant (3)	Ongoing engagement; to date consultation with service user forum and stakeholder support has been supportive of plans.
Delays in Hampshire PCTs consultation process impacting on joined up process	Likely (3)	Minor (2)	Whilst joint notice and model is the preferred option and may achieve some economies of scale, if necessary Portsmouth could proceed independently of NHS Hampshire should delays continue.
Insufficient supply of required detox options to meet assessed needs.	Possible (2)	Major (4)	Market engagement with "top-end" providers; sufficient contingency in budget to support development of community options with existing providers.
Patient choice results in people continuing to opt for higher-end residential options	Probable (3)	Minor (2)	Funding bands as mapped have sufficient flexibility to allow this. Principle issue will be around shifting from medical in-patient to supported residential/day – role of broker and community team crucial in changing culture, hence level of investment in this and additional community support.
Financial constraints requiring increased cost savings	Possible (2)	Major (4)	Success of the model is reliant on sufficient continued investment in community detox and recovery services. Detox only will continue and exacerbate "revolving door" issues and associated costs.

8. Consultation

8.1 The proposed shift and underlying financial and patient choice issues have been discussed at the quarterly stakeholder group and with the Service User forum (PUSH). It is estimated that approximately 50 users and past users of substance misuse services have been engaged through this consultation. The consultation response was positive, with the only concern being the possibility that access for those who need in-patient treatment may become more restricted and subject to delays. This does not appear likely within the mapped model, although further detailed consultation with potential providers will address this concern.

8.2 The proposed new model pathway was presented to the quarterly stakeholder forum (Recovery Action Alliance) on 21st October 2011 for consultation. Participants at the forum included service user representatives, practitioners and managers from specialist and non-substance misuse specialist services. There was broad consensus in favour of the proposed change, with the only additional feedback being about the need for increased “out of hours” cover for community options. This is not available in the current model, but will need to be incorporated into specifications for developing community options within the new pathway..

8.3 The first stage of the tender timetable between January and March 2012 will incorporate provider and other stakeholder consultation, giving further opportunities for feedback to influence development of the final service model.

Barry Dickinson, Senior Programme Manager.