

Summary Response to Paper Submitted by Solent NHS Trust to Portsmouth HOSP, June 2012, in relation to Substance Misuse Service Re-design.

Solent NHS have raised concerns over the proposed re-modelling of substance misuse services in Portsmouth, although all but one of the detailed points they raise relate to the proposed re-modelling of detoxification services (from single provider in-patient block contract to multi-provider needs based mixed community and in-patient model), rather than the re-modelling of community treatment pathways as proposed in the report presented to HOSP in March 2012. A more detailed response to all the individual objections raised by Solent is provided, to support this summary response.

Solent NHS's headline objections are:

1. The review process has not been adequate;
The review has included consultation with a full range of stakeholders over several months, review of models being delivered elsewhere, consideration of the national strategy and clinical guidance to determine the model of service delivery most capable of meeting the needs of Portsmouth service users. This has included current and past service users of the range of services delivered in Portsmouth, by Solent and other providers.
2. The complex needs of the client groups may not have been fully considered:
The models proposed for community recovery services and the detoxification pathway have been developed with expert clinical input and include explicit resource for full assessment of complex needs and person-centred planning to ensure interventions delivered are fully matched to those needs. The National Alcohol Support Team review of Portsmouth alcohol pathways recommended that we review our over-reliance on in-patient detoxification and the proposed new model will ensure that this is addressed by providing detoxification interventions that best meet individual needs as part of a holistic recovery pathway.
3. Impact across a wider healthcare system:
Whilst we have worked with NHS Hampshire in the initial development of this model, their profile of need and commissioning timescales do not align with ours and our primary focus has to be the needs of the Portsmouth population. We are fully aware of the importance of good links between substance misuse services and other health and social care services, including AMH, and of the limitations of these links at present. The enhanced focus on independent, individualised recovery care planning in the new model presents a positive opportunity to improve these links and thus improve the service users' experience of accessing the support they need.

We welcome Solent's continued engagement with the ongoing work to develop the detailed specifications for the re-modelled services, and we are confident that the proposals made in the reports to HOSP in November (for detoxification services) and March (for community recovery pathway) are based on sound evidence and will effectively and safely meet the

needs of the population of Portsmouth. The National Treatment Agency for substance misuse have commented that the model we are proposing is *“increasingly recognised as the best way of ensuring people access the optimum treatment and recovery options”*.

Solent NHS Trust submitted their paper as a response to the commissioning proposals for re-modelling the substance misuse system in Portsmouth. Whilst Solent express their concern about the commissioning proposals, they do not distinguish between the two distinct plans that have been submitted for HOSP consideration; firstly in October 2011 in relation to detoxification services and the second paper submitted in March 2012 in relation to the community treatment/recovery pathway. Although in their response Solent express concern at the commissioning proposals as a whole, apart from their first point in relation the extent of consultation, all of their remaining points raised relate to the proposal for a new detoxification pathway, rather than the overall community treatment pathway.

It is accepted that Solent are delivering substance misuse services across Hampshire, using a different model of service delivery to the one proposed and that their aim is to support recovery. However, the single lead provider model they favour has not been demonstrated to deliver better recovery outcomes and can be seen to restrict client choice in relation to accessing different interventions. The consultation process we have undertaken locally has shown greater support for the model proposed in the March paper, a position supported in the following comment about the proposed model from Fintan Hayes, regional manager of the National Treatment Agency:

“I thought this looks very good. The key point I think, the independent recovery planning (including your recovery brokers) right from access to completion of treatment, is something increasingly recognised as the best way of ensuring people access the optimum treatment and recovery options.”

I have addressed the individual points raised by Solent below;

1. Adequacy of the review process:

Solent claim to have shared the concerns outlined with commissioners; other than submitting the response paper to the commissioning team on the day it was submitted to HOSP and one meeting in February when they requested that we allow them to re-model detoxification services instead of market testing the service, I am not aware of them having done this.

- Consultation limited;
The consultation report outlines the consultation that has taken place, including current service users at agencies in the City, Service Managers, the service user forum and Staff. Solent’s managers have been invited to all relevant consultation meetings (i.e. all except the service user specific ones) and have attended many of the sessions. We have incentivised attendance at these meetings for service users, in recognition of the difficulty frequently experienced in engaging current service users in consultation.
- Audit tool:

Solent's claim that drug users were not included is incorrect, the sample of admissions audited included both drug and alcohol users and the tool had been adapted to include issues pertinent to drug users.

- Validity of the tool used:
The tool on which our audit tool was based was developed by clinicians in Southampton and has been used successfully and effectively in the Southampton service. It was seen by Solent's clinical lead prior to its use and amendments made to ensure it was appropriate to both drug and alcohol users.
- Local provision and a lack of sufficient boundaries have been cited as reasons for leaving in-patient detoxification by service users and staff from Portsmouth community agencies in relation to Baytrees. Nationally reported data states that 30 people from Portsmouth "dropped out/left" treatment at Baytrees in 2011/12.
- Successful completions;
The figure stated in the report was based on current Nationally reported data at the time. The figure quoted by Solent of 68% relates to "planned exits", this is not the same as "successful completions" as "successful" has a tighter definition with the national data system. For 2011/12, the national data states that 19 people from Portsmouth completed treatment in Baytrees "drug free", 93 people completed "alcohol free".
- The admission figures used were based on nationally reported data at the time.

2. Complex needs of the client group:

The Joint Commissioning Group, which oversees commissioning plans, contributed to developing this model and approved the final plans includes a clinical expert (consultant in addictions). The model proposed for detoxification will employ a qualified clinician with the specific role of assessing the complex needs of individuals seeking detoxification and then assisting them to access a placement that best meets those needs.

The Dept. of Health's Alcohol Harm Reduction National Support team (NST), including clinical experts, inspected Portsmouth in late 2010, they recommended we review our detox provision as we had an over-reliance on in-patient detox and a lack of community detox, they reported:

- *"The effective delivery of community detoxification is a vital component in reducing unplanned, alcohol related hospital admissions. However, we heard that the number of community detoxifications being delivered is low and that there is a large waiting list for inpatient detoxification. There appears to be a culture of inpatient detoxification, with an over reliance on this intervention as opposed to community detoxification*
- *The NST recommend a review of thresholds and development of a clear pathway. Within this you may wish to benchmark your current ratio of community to inpatient detoxification against other similar areas."*
- Suggesting alternatives that do not comply with NICE guidelines

- Appearing to not recognise limitations of alternative providers
For both of these points, Solent NHS appear to have mis-interpreted the paper; the whole ethos of the model is to enable choice and differential placement based on needs. Whilst some of the providers included do offer a more limited service, these would only be used for people who have been assessed as only needing that level of service; for those in need of a fully medically staffed in-patient detoxification, we would still place them in such a facility. All facilities used in the model will be required to meet relevant national standards and guidelines for providing detoxification.
- Placing too much weight on the audit tool
The adapted audit tool was developed to give a guide around numbers for planning the new pathway, we intend to further refine it for clinical use and will be consulting with appropriate clinicians to do so. The outcomes of the audit reinforce the comments from the Alcohol National Support Team and evidence from other areas who already deliver far more community detoxification with significantly less reliance on more expensive in-patient treatment.

3. Impact across healthcare system:

Whilst we recognise that this change will require Solent NHS to alter their business model if they are to continue delivering detoxification services from Baytrees, our primary responsibility is to commission services that meet the needs of Portsmouth residents as efficiently and effectively as possible.

- Non-alignment with NHS Hampshire;
As stated in the report, we did consult with NHS Hampshire in developing this model. This process has been ongoing for approximately two years, and we have taken the view that the needs of the population of Portsmouth are not best served by continuing to wait for NHS Hampshire's processes to be completed, particularly as their different needs are quite likely to lead to a different and separate outcome.

- Links with Adult Mental Health;
Solent NHS suggest that the current service delivers a more effective interface between substance misuse and AMH; however, dual diagnosis is constantly being highlighted as a problem area in Portsmouth as the interface between substance misuse and mental health is not good. The Alcohol National Support Team concluded:

"We heard widespread concern regarding the service response to people with a dual diagnosis. We understand that there is a dual diagnosis strategy in place. The NST recommends you audit your current dual diagnosis strategy against the national guidance to ensure it is fit for purpose"

Indeed the HOSP's own report on alcohol related hospital admissions found that *"There is a strategy in place for Dual Diagnosis, but it does not seem to have been implemented"* and recommended that they:

- *Support the NST's recommendation to review the current Dual Diagnosis strategy to ensure full implementation.*

- *Determine the effectiveness of the dual diagnosis strategy and ensure that health and social care professional adhere to it.”*

Notice periods on all the community pathway services (Solent plus other providers) have been aligned for April 2013. We have sought to engage all local providers, including Solent NHS in the consultation process to design the new model and services; Solent clinical and area managers have been invited and involved in the consultation workshops and meetings to date, and hopefully will continue to be so as we progress with the re-modelling and associated re-tendering work. We have taken on board all expert clinical evidence available and are confident that the models proposed both for detoxification and the community pathway can meet the needs of Portsmouth safely and effectively, a view that is supported by the National Treatment Agency regional team.