

Inpatient Based Addiction Treatment Services (Tier 4)

Proposed Reconfiguration of Trust Services

Consultation Document

September 2013

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Foreword

The Health and Social Care Board has reviewed inpatient based addiction treatment services in Northern Ireland, commonly referred to as Tier 4 services. The aim of this review was to identify a more effective and evidence based service model regionally.

This consultation document proposes a way forward for the future reconfiguration of Tier 4 services across Northern Ireland. We recognise the need for change and appreciate the valuable contribution everyone in the province has to make in engaging in a full and considered debate on the future configuration of these valuable services.

Over the next 12 weeks we welcome comments on this document and its proposals. The HSCB will take full account of all consultation responses when reaching a way forward in early 2014.

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Chief Executive
Health and Social Care Board

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Introduction

The purpose of this document is to consider the future configuration of inpatient based addiction treatment services (Tier 4) in Northern Ireland. The Health and Social Care Board has undertaken an appraisal of potential options for the future provision of these services.

This consultation process provides an opportunity for all members of the public, including patients, clients, families and carers, to consider and comment on the proposed configuration of services. We want to hear your views on these proposals so that these can inform our decisions for the future development and delivery of these vital services.

You can get involved in different ways:

- Public meetings
- The HSCB website
- Sending your consultation responses (see attached consultation document) and comments via email or in the post

Following the consultation period, which runs to December 2013, the Health and Social Care Board will undertake an analysis of the responses and comments on the future configuration of Tier 4 services. This analysis will inform the development of the future model of provision for these services in the early part of 2014. Equality screening and, as appropriate, an equality impact assessment will be undertaken as part of this process.

EXECUTIVE SUMMARY

Background

The Health and Social Care Board has reviewed in-patient based Addiction/Substance Misuse treatment services provided within the Health and Social Care (HSC) sector – these are commonly referred to as Tier 4 services. The aim is to identify a more effective and evidence based service model regionally. This work is an integral part of the recent Alcohol and Drug Commissioning Framework for Northern Ireland (2013-16).

Evidence based practice provided by the National Institute for Health and Clinical Excellence (NICE; CG 52, CG 115) has shaped the proposed reconfiguration of services, in summary:

1. The care pathway for those with harmful/dependent substance misuse, regardless of whether care is undertaken with a community (Tier 3) or specialist hospital/facility based setting (Tier 4), should encompass both:
 - a. initial detoxification and stabilisation followed by
 - b. rehabilitation and support.
2. In the majority of cases treatment can be safely undertaken within the community Tier 3 setting, i.e. without the need for admission to hospital or specialist facility.
3. A small number of individuals, i.e. relatively more complex, higher risk and/or vulnerable, may not respond to community based Tier 3 care. Access to dedicated Tier 4 treatment services, within a structured environment providing more intensively managed care, should therefore be available. This may be potentially required in either or both the detoxification/stabilisation and rehabilitation phases of care.

NICE guidance therefore provides clear commissioning direction in terms of prioritising the development of Tier 3 services alongside a Tier 4 resource which focuses upon those individuals with more complex/higher risk needs.

Existing Health and Social Care Tier 4 Service Provision

Within the HSC sector there are 42 beds spread across the four Trusts who currently undertake Tier 4 provision. There is considerable variation between units in terms of service model and role/function. For example, some units operate only 4 nights per week (i.e. closed over the weekend); some focus upon detoxification/stabilisation, some upon rehabilitation. In some Trust areas there is limited access to dedicated Tier 4 treatment services.

In addition, the HSC has contracts/arrangements in place with two Independent sector providers for the provision of Tier 4 rehabilitation services, i.e. Carlisle House, Belfast (has contracts with the Northern and Belfast Trusts) and the Northlands Centre, Derry/Londonderry (has contracts with Northern and Western Trusts).

Overall, there is considerable variation between the Tier 4 services that can be accessed within Trust areas. The current regional position does not fully reflect NICE guidance and may not therefore provide the best outcomes for the individuals who need access to these services.

Proposed Reconfiguration of Services

The HSC needs to address the situation where there is no access to dedicated Tier 4 detoxification/stabilisation services for the residents of either the Belfast or Western Trust areas. A more consistent and regionally agreed service model is required that can be accessed by all the residents of Northern Ireland.

It is proposed that the Tier 4 detoxification and stabilisation phase of care should be undertaken within the HSC sector and Tier 4 rehabilitation provision mainly within the Independent sector. Working within a 'Regional Addiction Treatment Network' for Tier 4 services both the HSC and Independent sectors would work closely together to oversee services and implement an agreed regional care pathway.

Given the proposed HSC focus upon detoxification/stabilisation provision, future Tier 4 provision within Trusts would be based upon a total of 24 beds regionally: this reflects the existing level of HSC detoxification/stabilisation service provision. An option appraisal demonstrated that to provide high quality clinical care and provide

reasonable geographical access, these beds should be provided across two sites. If the 24 beds were spread across a larger number of sites (e.g. 3 or 4) this would imply fewer beds per unit which is considered less effective/not evidence based.

While subject to the outcome of this consultation exercise, the Northern and South Eastern Trusts have provisionally indicated that they can undertake the regional service provider role for Tier 4 detoxification/stabilisation care. Based with the regional Network arrangement, this would comprise 10 beds in Holywell hospital, Antrim and 14 beds in the Downshire hospital, Downpatrick, i.e. a total of 24 beds. The units would work in partnership to serve all of Northern Ireland.

Tier 4 rehabilitative care being mainly undertaken within the Independent sector would also be based within the regional Network arrangement and therefore serve all of Northern Ireland.

If the proposed reconfiguration is approved it would mean that the Southern (St Luke's, Armagh) and Western Trust (Omagh) addiction treatment units would discontinue service provision in early 2014/15. Thereafter, the residents of all Trust areas will have access to the new regional service model providing both specialist Tier 4 detoxification/stabilisation and rehabilitation services. The new regional model would address the previous various in services and achieve our objective to provide regionally consistent care across all of Northern Ireland. In addition, local community based Tier 3 services will be strengthened through an investment of £789k.

- These proposals are being considered within this consultation exercise over the October to December 2013 period. If approved it is proposed that the reconfiguration of services would be implemented over the April to June 2014 period.

Benefit of Proposed Changes for those People who Use Tier 4 Services

Our aim is to ensure that, if required, you have access to both specialist Tier 4 detoxification/stabilisation care (within the hospital setting) and also Tier 4 rehabilitation care (within a specialist Independent sector provider) on a 7 days/nights per week basis. As noted in this document, access to these services varies considerably across the region (with some units only operating 4 nights per week). Subsequent to implementing the changes noted in this consultation document, access to services would be available as follows in each Trust area:

If you live in the Belfast Trust area: you do not currently have access to specialist Tier 4 detoxification/stabilisation care beds. Subsequent to the changes proposed in this document you will be able to access specialist detoxification/stabilisation care beds in the Downshire hospital. Access to Tier 4 rehabilitation care will continue to be provided in Carlisle House.

If you live in the Northern Trust area: you will continue to have access to specialist Tier 4 detoxification/stabilisation care beds in Holywell hospital and will continue to have access to Tier 4 rehabilitation care in either Carlisle House or the Northlands Centre.

If you live in the South Eastern Trust area: you will continue to have access to specialist Tier 4 detoxification/stabilisation care beds in the Downshire Hospital. If you require access to Tier 4 rehabilitation care, the HSC will arrange this care for you to be provided in Carlisle House.

If you live in the Southern Trust area: if you require access to specialist Tier 4 detoxification/stabilisation care this is only available on a 4 nights per week basis in the St. Luke's hospital unit. In future, specialist Tier 4 detoxification/stabilisation care would instead be provided in the Downshire Hospital (and be provided on a '7 days/nights per week' basis).

You do not currently have access to specialist Tier 4 rehabilitation care beds. If this is required, the HSC will arrange this care for you within either Carlisle House or the Northlands Centre.

If you live in the Western Trust area: you do not currently have access to specialist Tier 4 detoxification/stabilisation care beds. Subsequent to the changes proposed in this document you will be able to access specialist detoxification/stabilisation care beds in Holywell hospital. You will continue to have access to Tier 4 rehabilitation care in the Northlands Centre.

In addition to the above proposals for Tier 4 services, the HSC Board also plans to strengthen locally based Tier 3 community services.

BACKGROUND – THE NEED FOR CHANGE

In September 2013 the Health and Social Care Board and Public Health Agency published the ‘Alcohol and Drug Commissioning Framework for Northern Ireland’ (2013-16). This set out the range of services, encompassing prevention, early intervention, treatment and rehabilitation, which should be commissioned to address alcohol and substance misuse in Northern Ireland. The Framework noted that more detailed work would be undertaken regarding the future configuration of hospital / in-patient based addiction treatment beds within HSC Trusts in N.Ireland (adult services).

- ❖ It is important to note that the treatment pathway for individuals with *harmful/dependent* substance misuse should generally encompass two phases of care, i.e. **(a)** initial detoxification and stabilisation, followed by **(b)** rehabilitative care and support (see below).

Addiction/substance misuse services are generally considered within the 4 Tiered model of care – this is outlined on page 14. Tier 4 in the model refers to the provision of specialist detoxification/stabilisation treatment within a hospital/in-patient setting and/or provision of rehabilitation care within a specialist residential facility. The specific focus of this consultation paper is to outline proposals for the future configuration of the **in-patient based detoxification/stabilisation** part of Tier 4 services.

The existing Tier 4 services provided across the 5 HSC Trusts are characterised by considerable variation across a range of aspects, for example, bed numbers, the hours of service operation and levels of staffing. The main role and function of Trust beds varies in terms of whether focused upon detoxification/stabilisation, or rehabilitation. Access to dedicated detoxification/stabilisation in-patient beds is not available across all Trusts.

The current ‘variance’ is largely attributable to the historical, locality based, commissioning decisions of the 4 legacy Health and Social Services Boards. Given that all health and social care commissioning is now encompassed within a single

regional process, overseen by the Health and Social Care Board and the Public Health Agency, it is now possible to address this situation and provide a consistent and evidence based model of provision encompassing all of N.Ireland.

The proposals presented in this document take account of the wider strategic context, the Alcohol and Drug Commissioning Framework and evidence base. In this respect, a key driver for revising the current configuration of in-patient based Trust services is the need for a consistent and evidence based service model regionally. Evidence based practice guidance from the National Institute for Health and Clinical Excellence (NICE; CG 52 & CG 115) sets out what services at Tier 4 should be commissioned and provides clarity regarding role and function. This evidence base is summarised within this document.

Maintaining the existing varied arrangements for Tier 4 detoxification/stabilisation provision is unlikely to be in the best interest of those that use these services. A consistent service model operating regionally and which provides access to services on a 'seven day' basis is required. The overall aim of the proposed changes to Tier 4 services is to increase the likelihood of recovery and eventual abstinence for people with complex alcohol/substance dependency.

Constraints and assumptions

As noted in the Transforming Your Care Review and Report the future model of health and social care provision in N.Ireland is not about saving money but making best use of what we have.

Given the current economic constraints facing the public sector it is unlikely that significant additional funding will be available within the short-medium term. While efforts will be made to secure additional funding, it is likely that the proposed model of service provision will need to broadly fit within current financial parameters. Savings identified from re-configuring Tier 4 services will be re-invested to strengthen locally based Tier 3 services in line with advice to prioritise this Tier of service provision. In addition, the HSC.Board will provide additional investment to further strengthen Tier 3 services over the 2013-15 period.

Guiding Principles

This document reflects the values and principles described in the 'New Strategic Direction for Alcohol and Drugs – Phase 2' (2011-16) and outlined in the new Alcohol and Drugs Commissioning Framework.

Strategic Context

Alcohol and Drug misuse are major public health issues that impact on society at a variety of levels. It is estimated that approximately £680 million is spent annually in Northern Ireland to address alcohol misuse, including costs to healthcare, policing, probation and prison services, social services and as a result of work absenteeism (Social costs of alcohol misuse in Northern Ireland for 2008/2009, DHSSPS).

Drug Misuse also impacts upon society and although overall usage is low in comparison to alcohol misuse, the need to reduce drug related harm is also a key public health priority. The advent of so called "legal highs" and the increasing sale of prescribed medication over the internet also present real challenges to society.

There are close links between people's experience of alcohol and drugs, and issues such as mental health, suicide, and sexual health. DHSSPS Strategies such as the suicide prevention strategy, 'Protect Life', the Mental Health Promotion Strategy, and the Sexual Health and Well-being Strategy recognise the need for common approaches and joint planning. The Hidden Harm Action Plan (DHSSPS) highlights the impact on children of parental substance misuse. The action plan challenges those who interact with, and provide services to children, to become aware of and be competent to respond to the needs of children and families.

'Transforming Your Care' – the Review of Health and Social Care in Northern Ireland (December 2011) brought forward recommendations for a planned transformational change over a 5 year period to improve care and shape future services in Northern Ireland. Key to its implementation is a 'shift left' towards prevention and early intervention and increased emphasis on personal responsibility for health and social

care. Emphasis is also placed on the need to streamline and join up services to ensure maximum impact with the resources available.

The new 10-year public health framework, Fit and Well – Changing Lives 2012 – 2022 (DHSSPS), provides overarching policy for action on improving public health and reducing health inequalities. It sets the strategic direction for addressing many of the wider social and environmental factors that influence substance misuse in our communities. It recognises alcohol and drugs as both the cause and effect of adverse life experience.

The ‘New Strategic Direction for Alcohol and Drugs – Phase 2’ (2011-16) describes the alcohol and drugs initiatives required over the next five years encompassing the spectrum from prevention to treatment.

In 2013 the Health and Social Care (HSC) Board and Public Health Agency (PHA) published the ‘Alcohol and Drug Commissioning Framework for Northern Ireland’ (2013-16). This sets out the range of services, encompassing prevention, early intervention, treatment and rehabilitation, including Tier 4 services, which should ideally be commissioned to address alcohol & substance misuse. The Framework aims to deliver on the following outcomes;

- Improved consistency of service provision across the 5 HSC Trust areas
- Improved understanding of what works and commissioning of services better informed by evidence based practice
- A reformed and modernised model of service provision

Alcohol and drug related harm in N.Ireland

This section provides a brief overview of key statistics and data - more detailed information is provided in the Commissioning Framework document:

Alcohol Misuse

- Alcohol is 62% more affordable than it was 30 years ago and over this period average alcohol consumption per person has doubled.

- Three-quarters of the adult population drink alcohol. Although the proportion of those binge-drinking at least once per week has decreased since 2005, the proportion classified as problem drinkers remains stable at around 1 in 10 and those drinking at harmful levels at 1 in 20; the latter equating to 47,000 individuals in N.Ireland.
- There were 252 alcohol related deaths in 2011 - this is over 50% higher than 1999.
- Alcohol-related hospital admissions have increased since 2001/02, standing at around 12,000 per year for any alcohol-related diagnosis.
- Alcohol-related harm is steadily rising, e.g. liver disease. According to the World Health Organisation, alcohol is implicated as a risk factor in over 60 health disorders including high blood pressure, stroke, coronary heart disease, liver cirrhosis and various cancers (NICE, CG115).

Table 1 – Risks associated with alcohol

Condition	Men (Increased risk)	Women (Increased risk)
Hypertension (high blood pressure)	Four times	Double
Stroke	Double	Four times
Coronary heart disease (CHD)	1.7 times	1.3 times
Pancreatitis (inflammation of the pancreas)	Triple	Double
Liver disease	13 times	13 times

Source: Anderson P. (2007) The scale of alcohol-related harm. (Unpublished) Department of Health.

Drug Misuse

- Recent surveys show that over a quarter of the population (16-64yrs) has used drugs. The proportion of those having used any drug 'within the last year' was 6.6% and 'within the last month' was reported by 3.3%.
- The level of Heroin use in Northern does not appear to have increased and the number of new notifications to the Drug Addicts Index continues to fall.
- The rate of referral for drug treatment trebled between 2001-2012.
- Drug-related mortality has been stable since 2007 at around 30 deaths per year.

THE 4 TIERED SERVICE MODEL

To assist with service planning, the NHS National Treatment Agency (NTA) developed the '4 Tiered' model of care ("Models of care for treatment of adult alcohol & drug misusers: Update 2006"). The model is based upon a progression from advice/counselling services to address relatively mild-to-moderate substance misuse (Tiers 1/2), to interventions for relatively harmful/dependent misuse provided by specialist community addiction teams (Tier 3) and/or admission to a specialist treatment facility (Tier 4) for dependent/complex misuse.

DESCRIPTION

- | | |
|---------------|--|
| Tier 1 | Provision of alcohol/drug related information and advice, screening and <i>referral to specialised treatment services</i> |
| Tier 2 | Provision of alcohol/drug related information and advice, triage assessment, referral to more structured treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare |
| Tier 3 | Provision of specialist community-based alcohol/drug assessment and co-ordinated care-planned treatment and specialist liaison |
| Tier 4 | Provision of specialist detoxification/stabilisation treatment within a hospital/in-patient setting and/or provision of rehabilitation care within a specialist residential facility |

Note – *in some cases the initial presentation to services is for urgent medical care to treat the effects of alcohol/substance misuse, deliberate or accidental overdose and manage secondary complications such as liver/pancreatic disease, seizures, cardiovascular disorders, etc. Physical trauma may also be present, eg. head injury and/or fractures. In-patient based medical care is not explored in detail within this document and does not form part of this consultation exercise.*

TIER 3 SERVICES

Although not the focus of this consultation exercise, information is provided regarding Tier 3 community services given the close liaison between these and Tier 4 services.

In keeping with the 'Specialist Clinical Addiction Network' (SCAN) and NICE guidance, Tier 3 services should be considered the core 'bedrock' of Addiction *treatment services* in N.Ireland (working in partnership with primary care and the Voluntary/Community sector). The vast majority of addiction treatment care in N.Ireland is already undertaken within the Tier 3 community setting. Around 12,000 people are referred to Trust Tier 3 services per year. The new Alcohol and Drug Commissioning Framework for Northern Ireland' (2013-16) sets out the range of required Tier 3 service elements. These include community detoxification, structured counselling, motivational interventions, cognitive behavioural therapy and other specific psychotherapeutic approaches and pharmacological interventions/substitute prescribing programmes.

- Some elements of Tier 3 service provision are commissioned by Trusts from the Independent/Voluntary sector. Services are delivered by accredited professionals within these organisations.

An initial baseline review of Tier 3 provision highlighted variation between Trust services. More detailed work, however, is required to explore the scale/size and role/function of the existing teams and to set out how services can be improved over the longer term in line with the new Commissioning Framework.

While additional investment is undoubtedly required to develop Tier 3, this must be seen in light of the proposed reconfiguration of HSC Tier 4 services, i.e. additional services would help to reduce pressure upon Tier 4 given that some cases currently admitted could be managed within the community setting. This is consistent with the Bamford Review and associated recommendations to strengthen community services and decrease reliance upon in-patient based services. Within general adult mental health services the impact of enhancing community based services has, over

the last decade, lead to a significant reduction in the number of admissions to hospitals in N.Ireland. In general, service users say they prefer community based approaches. While Tier 3 service provision is not considered in detail within this paper, it will be important to explore the future configuration of services regionally.

Recommendation

The HSC.Board should develop a commissioning plan setting out the future development of Tier 3 services.

Some individuals, however, do not respond to or are not appropriate for Tier 3 provision and require access to more structured and intensive Tier 4 services.

TIER 4 SERVICES

Evidence Based Practice

The National Institute for Health & Clinical Excellence (NICE) is responsible for providing advice and guidance to the NHS/HSC. They have published two comprehensive Clinical Guidelines in relation to substance misuse:

- ❖ Clinical Guideline 52: Drug Misuse: Opioid detoxification
- ❖ Clinical Guideline 115: Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence

In summary, the main conclusions from NICE guidance in terms of Tier 4 service provision are:

1. The care pathway for those with harmful/dependent substance misuse, regardless of whether care is undertaken with a community (Tier 3) or specialist hospital/facility based setting (Tier 4), should encompass both: (a) initial stabilization and detoxification, followed by (b) rehabilitation and support.
2. In the majority of cases treatment can be safely undertaken within the community Tier 3 setting. The overall added benefit of Tier 4 services compared to well resourced, community based Tier 3 services is limited
3. A small number of individuals, i.e. relatively more complex, higher risk and/or vulnerable, do not respond to community based care. Access to dedicated Tier 4 treatment services, within a structured environment providing more intensively managed care, should therefore be available. This may be potentially required in either or both the detoxification/stabilisation and rehabilitation phases of care.

From an economic perspective, Tier 4 care is considerably more costly compared to community based Tier 3 treatment, i.e. more people can be managed per unit cost within community based Tier 3 services.

NICE guidance provides commissioning direction in terms of prioritising the development of Tier 3 services alongside a Tier 4 resource which focuses upon those with more complex/higher risk needs.

Tier 4 access criteria / target client group

As already noted, the majority of people who require specialist Addiction treatment can be cared for successfully by specialist community based Tier 3 Addiction teams within the usual home/primary care setting without the need for hospital based care. (SCAN, 2006; NICE CG52, 2007; CG115, 2011). Only a small proportion of people, those with relatively more complex needs, require access to Tier 4 services within either a hospital or residential care setting.

NICE provide specific guidance to help identify individuals most likely to benefit from hospital admission for in-patient based withdrawal/detoxification, i.e. individuals should meet one or more of the following criteria:

- drink over 30 units of alcohol *per day*
- or regularly drink between 15 and 20 units of alcohol per day *and have*: significant psychiatric or physical co-morbidities (for example, chronic severe depression, epilepsy/seizures, psychosis, malnutrition, congestive cardiac failure, unstable angina, chronic liver disease) or a significant learning disability or cognitive impairment
- or have a concurrent need for alcohol *and* benzodiazepine withdrawal
- have a score of more than 30 on the SADQ (clinical measurement tool)
- have a history of epilepsy or experience of withdrawal-related seizures, or delirium tremens during previous assisted withdrawal programmes

In addition to the above factors/issues, NICE also identify (CG 115, page 208) that 'individual vulnerability' should also be explored when admission is being considered:

- significant learning disability
- significant cognitive impairment
- a history of poor adherence and previous failed attempts
- homelessness
- pregnancy
- children and young people
- older people

The above criteria should be considered for use within N.Ireland to help ensure more consistent practice – this is considered later under the development of a Tier 4 care pathway and establishment of a new ‘Regional Addiction Treatment Network’.

Tier 4 Role and function

Following referral from the GP (or other referrer) the specialist team will undertake a comprehensive assessment and devise a programme of care/treatment. In keeping with NICE guidance, the treatment pathway for individuals with *harmful/dependent* substance misuse should generally encompass two phases of care provided in sequence, i.e. **(a)** initial detoxification and stabilisation, followed by **(b)** rehabilitative care and support (see below).

- For most people both the detoxification/stabilisation and rehabilitation phases of care can be undertaken within the community based Tier 3 setting, i.e. without need for hospital based in-patient treatment (CG 52, CG115). Such care is provided by the specialist community addiction teams with support from the GP/primary care and families/carers.

(1) Detoxification/stabilization

NICE state that admission to Tier 4 in-patient services should be to dedicated/specialist units staffed by practitioners with specific expertise in the field of addiction treatment. In general, this 1-3 week phase of care aims to stabilise the individual’s psychological, general physical and social well-being and prepare them for the subsequent ‘rehabilitation’ phase thereafter.

The ‘Specialist Clinical Addiction Network’ (SCAN, 2006) describe Tier 4 care as medically managed and provided within specialist in-patient units undertaking stabilisation and/or assisted withdrawal, for individuals with harmful/dependent substance misuse problems that are complex/severe (medical, psychological or social) to warrant psychiatric, medical and psychological care on a 24 hour/7 day basis. The full resources of a general acute/medical and psychiatric hospital should be available either directly on site or nearby.

- Detoxification should not be provided as a *standalone treatment* and may even be counter-productive in terms of longer term recovery. Such care should be provided as one stage in the longer term structured process of care leading to rehabilitation/recovery. Better outcomes are achieved by those who complete both the detoxification and rehabilitation phases of care (SCAN, 2006).

Historically, there has been some debate about whether dedicated/specialist Tier 4 detoxification in-patient services are required or should be provided in N.Ireland – the alternative proposed being to provide such care within general adult mental health units. However, such debate was prior to recent national guidance, in particular from NICE which highlights the benefits of providing such care within dedicated/specialist units, i.e. treatment outcomes are better.

For relatively complex/challenging cases there is evidence that a successful outcome is more likely within well managed Tier 4 services. As a group they are characterised by relatively complex clinical needs/poorer health, higher relative risk and are more likely to suffer adverse outcomes. This is demonstrated, in part, by current N.Ireland mortality statistics. For example, on average there are 3 deaths per day which are attributable to alcohol and/or drug misuse.

In line with NICE guidance, Tier 4 detoxification/stabilisation provision should be considered a specialist medical/nursing function, i.e. undertaken within a dedicated Trust in-patient based setting. Options for future service provision are outlined below. At present access to dedicated detoxification/stabilisation in-patient services is only available to 3 of the 5 Trusts in N.Ireland.

Recommendation

Where care within the Tier 3 setting is not appropriate and admission to hospital for detoxification/stabilisation is required, this should be to a specialist treatment unit.

(2) Rehabilitation – following completion of the detoxification/stabilization phase of care it is important that the individual can move directly into rehabilitative care.

Rehabilitation aims to address dependency, the associated underlying causes/factors of substance misuse and achieve abstinence (or greater ‘control’ over substance misuse where abstinence cannot be achieved). This phase generally spans a 4-12 week period (and potentially longer) and again usually undertaken within the community Tier 3 setting. If a successful outcome is unlikely within the community setting, admission to a specialist Tier 4 rehabilitation facility should be considered.

SCAN describe Tier 4 rehabilitation care as being to be *medically_monitored* and, providing the appropriate safeguards, staffing and governance arrangements are in place, can be safely provided within the non statutory/independent sector delivering equivalent quality to the HSC sector. The Independent sector may also offer potential cost advantages compared to statutory based services.

Recommendation

Where rehabilitation care within the Tier 3 setting is not appropriate, admission to a specialist Tier 4 rehabilitation facility should be available.

Current HSC TIER 4 service provision

This section considers HSC Tier 4 services commissioned within Northern Ireland, i.e. the subject of this consultation exercise. These are summarised in the following table:

Table 2 - HSC Trust TIER 4 in-patient service provision

	Trust Tier 4 beds	<i>Service operation</i>	FOCUS: Detoxification VS Rehabilitation	CASEMIX: Alcohol vs Drugs
Belfast	0	<i>In 2007, Shaftesbury Square hospital was closed and the Trust reinvested funding to develop the current day treatment facility (a Tier 3 service)</i>		
Northern <i>Holywell, Antrim</i>	10 beds	7 day	Detoxification	Alcohol = 40% Alcohol/Drug = 10% Drugs = 50%
South Eastern <i>Downshire, Downpatick</i>	14 beds	7 day	<i>Mixed focus</i> 40% / 6 beds = Detoxification 60% / 8 beds = Rehabilitation	
Southern <i>St. Luke's, Armagh</i>	10 beds	5 day Mon-Fri	mainly Detoxification	Alcohol = 40% Alcohol/Drug = 50% Drugs = 10%
Western <i>T&F, Omagh</i>	8 beds	5 day Mon-Fri	mainly Rehabilitation	Alcohol = 85% Alcohol/Drug = 5% Drugs = 10%
TOTAL	42			

Southern and Western Trusts

These Tier 4 services operate Monday to Friday only, i.e. service provision is only available 4 nights per week. If the available bed days in these units are considered on a 7 day basis, this would be equivalent to:

- SHSCT = 10 beds x 4 nights = 40 bed days per week or total of 2080 bed days per year (i.e. 40 x 52wks per year), this is equivalent to 5.70 beds
- WHSCT = 8 beds x 4 nights = 32 bed days per week or total of 1664 bed days per year (i.e. 32 x 52wks per year), this is equivalent to 4.55 beds

Taking into consideration the 4 nights per week basis of the Southern and Western Trust units, total available bed provision is equivalent to 34.25 beds regionally.

- ❖ **Note** - the HSC sector also commissions Tier 4 addiction treatment services from the independent sector, i.e. for rehabilitation care. They are not specifically included within this consultation exercise.

Summary of Tier 4 rehabilitation services commissioned by the HSC from the Independent sector:

- The Belfast Trust commissions 6 beds from Carlisle House
- The Northern Trust commissions 6 beds from Carlisle House; the Trust also commissions treatment for 24 people per year from the Northlands unit.
- The Western Trust commissions treatment for 30 people per year from the Northlands unit

Inconsistent and variable service provision

Listed below are some of the inconsistencies of current Tier 4 service provision, i.e. as set out in the above table. It can be seen that there is no consistent model or system of service provision in place:

- Bed Numbers: provision of HSC Tier 4 addiction treatment beds varies considerably across the 5 Trusts: there are no dedicated HSC beds in Belfast; the highest level of provision is in the South Eastern Trust (equivalent to 4.04 beds per 100,000 population).
- ❖ Access to dedicated Tier 4 detoxification/stabilisation beds is only available in 3 of the 5 Trusts, i.e. not available within Belfast or Western Trusts. Individuals requiring access to Tier 4 detoxification/stabilisation care in these areas can be admitted to a local mental health in-patient facility. However, as noted by NICE, such arrangements are less likely to lead to the best outcomes for the individual.
- ❖ Access to Tier 4 rehabilitation beds is only available in 4 of the 5 Trusts, i.e. there is no access to provision in the Southern Trust; this arguably does not

reflect NICE guidance. Elsewhere, the model of rehabilitation service provision varies considerably with one Trust (Western) having access to both HSC and Independent sector provision; 3 Trusts have access to either HSC or Independent sector provision.

- Days per week / Service operation: Service provision in the Southern & Western Trust units is based upon a limited 4 nights per week service model. This does not reflect best practice (i.e. SCAN advocates the need for 7 day service provision).
- Treatment phase: Trusts units vary in terms of whether they undertake detoxification/stabilisation or rehabilitation. The Northern and Southern Trusts are detoxification/stabilisation focused, the South East unit encompasses both phases and the Western Trust unit is rehabilitation care focused.
- Alcohol/Drug casemix: Regionally the majority (80%) of Tier 4 admissions are for Alcohol misuse - around 20% of admissions are drug related. These proportions vary between units. A much greater proportion of individuals are treated with primarily drug related problems in the Northern Trust reflecting the higher level of opiate misuse in that area.
- Staffing levels per bed: These are broadly similar in 3 units but particularly low within the Southern Eastern Trust unit, i.e. at around half that of other Trusts.
- Length of Stay: there is considerable variation between units. This may be attributable to differences in the casemix/type of problem addressed by units and also the relative focus upon detoxification and/or rehabilitation. It potentially also signals variation in treatment approaches between units (this would require specific study). Average bed occupancy levels across Trust units ranges between 70-85%.
- Trust Tier 4 activity: While 42 beds are available within the HSC sector, taking account of actual bed days used (i.e. Southern & Western Trusts operate only 4 nights per week and given 70-85% occupancy levels), the equivalent of 28 total beds are used within the HSC system for addiction treatment. Taking account of treatment phases, this divides into 18 beds for detoxification/stabilisation and 10 beds for rehabilitation.

There are around 700 admissions a year to Trust Tier 4 addiction treatment beds. However, it is likely that a significant proportion of these cases could be managed within the community based Tier 3 setting providing additional investment was made to enhance local services.

A key question is whether current HSC Tier 4 arrangements reflect NICE guidance, i.e. where Tier 3 care is not appropriate or unlikely to be successful for individuals access to dedicated Tier 4 services should be available.

In only 2 of the 5 Trusts is there access to both dedicated Tier 4 detoxification/stabilisation and rehabilitation care, i.e. Northern and South Eastern. Belfast and Western Trusts require access to dedicated Tier 4 detoxification/stabilisation services and Southern Trust requires access to dedicated Tier 4 rehabilitation services. A key driver for the proposed reconfiguration is the need to address this significant variation. Action is therefore required to provide a more regionally consistent and standardised model of care.

Proposed service reconfiguration

In terms of future service provision, maintaining current Tier 4 service arrangements does not reflect best practice and does not meet the needs of the overall Northern Ireland population. A key challenge of this review process is therefore to identify a more efficient and uniform service configuration model regionally whilst taking account of constraints/limiting factors.

Future service provision should be based upon a 7 day service model: there is no rationale, or evidence base, for a '4 night/5 days' per week model as in the Western and Southern Trust areas.

Future core focus: The future context of HSC Trust Tier 4 services should primarily be focused upon *detoxification/stabilisation* provision. This will necessitate service remodelling, in particular for those Trusts who currently undertake rehabilitation service provision within an in-patient setting, i.e. Western and South Eastern Trusts.

Providing the appropriate safeguards and monitoring arrangements are in place Tier 4 *rehabilitation* service provision can be undertaken within the Independent sector. However, in some individual cases, given specific medical/nursing requirements, it may be more appropriate to provide rehabilitation *within a Trust/in-patient setting*. There should therefore be some flexibility to undertake rehabilitation care within the Trust setting, albeit on a limited basis. This position has the general support of the HSC sector.

Recommendation

Future HSC Trust Tier 4 provision should primarily focus upon the provision of the detoxification/stabilisation function.

Regional consistency: To address variation in service models and practice a Regional Addiction Treatment Network encompassing HSC Trusts and commissioned Independent Tier 4 sector providers is proposed. Regionally agreed access criteria, protocols and guidance (spanning the HSC/Independent sectors) should be drawn up.

Recommendation

A Regional Addiction Treatment Network encompassing both HSC Trusts and Independent sector commissioned to provide Tier 4 services should be established – their main task would be to develop, implement and monitor Tier 4 services regionally.

FUTURE NUMBER OF HSC BEDS

There are currently 42 Tier 4 beds within the HSC setting. However, given that 2 units only operate 4 nights per week, and taking account of average unit occupancy of 70-85%, the total volume of beds used per year is equivalent to 28 beds (if occupied 100%). Of these 28 equivalent beds, the total volume of dedicated HSC detoxification/stabilisation provision is equivalent to 18 beds. The total volume HSC of rehabilitation bed days is equivalent to 10 beds.

Given that future bed occupancy is planned at 85% occupancy, 18 beds for detoxification/stabilisation provision would require 22 beds to be provided. Adding in the need for some rehabilitation provision within the HSC setting it is proposed that 2 additional beds will also be provided giving a total of 24 HSC Tier 4 beds.

The provision of 24 beds will provide capacity for around 500 admissions per year (of approximately 2-3 weeks average duration)..

Of note, many admissions at present are of relatively short duration. A significant proportion of these cases could be managed within *enhanced* community based Tier 3 services. All Trusts concur with the view that more intensive Tier 3 treatment and support approaches would allow an increased proportion of cases, including rehabilitative care, to be addressed within the community based setting. This is evidenced within Belfast Trust through the opening of their addiction treatment day hospital subsequent to the closure of Shaftesbury hospital in 2007. The experience within general adult mental health services over the last decade in N.Ireland also demonstrates the ability of dedicated community based services to reduce admissions to hospital (service users also report that they prefer, where possible, to be cared for within their own home/usual residence).

Recommendation

Future HSC Tier 4 service provision should be based upon 24 beds regionally primarily focused upon the specialist detoxification/stabilisation function. This should also include limited capacity for rehabilitation care for relatively more complex/specific cases.

Reinvestment of savings into Tier 3: where the reconfiguration of Trust Tier 4 services releases funding, this should be re-invested to enhance locally based Tier 3 services and therefore bolster community based detoxification/stabilisation and rehabilitative service capacity. As highlighted by NICE, this setting often offers comparable outcomes at much reduced cost per case alongside the opportunity to treat a greater proportion of those in need. The proposed re-configuration of HSC Tier 4 services may raise issues regarding geographical access. This to some extent would be offset by enhanced Tier 3 provision, i.e. has the capacity to treat greater numbers of people within locally based settings.

In addition to the re-investment of funding released from a re-configuration of Tier 4 services, the HSC.Board/PHA plan to allocate additional investment to enhance Tier 3 services over the 2013-2015 period. As noted earlier, it is proposed that the HSC.Board should develop a longer term strategic vision for Tier 3 services.

Recommendation

Where funding is released from a reconfiguration of HSC Tier 4 services this should be re-invested in local community based Tier 3 services.

Future proofing: Taking a longer term view it is appropriate to consider potential scenarios where need for Tier 4 (& Tier 3) services might increase. For example, the level of 'harmful drinking' and/or drug consumption could increase and new trends may emerge (as demonstrated by use of so called 'legal high' drugs in recent years). Demand for specialist addiction treatment could therefore increase across all Tiers of service provision.

The 24 beds for Tier 4 detoxification/stabilisation service provision proposed in this report should therefore be reviewed in light of emergent pressures and population trends. The proposed level of Tier 4 service provision should therefore be updated within a 5 year period, i.e. by 2019. Over this period of time the collection of more robust data undertaken by the proposed Regional Addiction Treatment Network, using regionally agreed referral/treatment criteria, should provide a more accurate assessment of need to guide future planning.

Recommendation

The proposed number of Tier 4 detoxification/stabilisation beds should be reviewed/updated within the context of evolving population trends and need.

The level of Tier 4 beds should be re-assessed by 2019.

APPRAISAL OF POTENTIAL SERVICE PROVISION OPTIONS

Taking account of NICE guidance, best practice and the data analysed, senior managers and staff within the HSC have identified 3 potential options for the future provision of Tier 4 detoxification/stabilisation provision within the HSC sector, i.e.. 24 dedicated beds incorporating limited capacity for rehabilitation care. Given the significant variation in current services, maintaining the status quo arrangement is not considered a viable future option:

Description of options

Option 1. Single regional unit: a specialist regional 24 bed facility; this would ideally be sited at a central location or relatively close to the major population centres.

The unit would enable specialist expertise in the treatment of addiction/substance misuse to be concentrated in one centre. This is critical to our need to provide highly specialist addiction treatment. A single service would help facilitate Tier 4 service uniformity and implementation of a regional care pathway. Access (i.e. travel/distance) may be relatively more problematic for some individuals/clients and their families from the peripheral areas of N.Ireland. While liaison with Tier 3 services could potentially be more difficult (i.e. compared to locally based Tier 4 services) this is not perceived as highly problematic providing care pathway implementation is well coordinated regionally, i.e. within the proposed Regional Addiction Treatment Network.

Option 2. Two sub-regional units: two facilities of 12 beds or variant such as 10 beds + 14 beds.

The two units would be tasked with working within a formal partnership arrangement to ensure service uniformity and development of practitioner expertise (facilitated within the proposed 'Regional Addiction Treatment Network'). This model would provide for relatively better geographical access (for service users/families) compared to the above single site model.

Option 3. Local Trust model: the provision of 24 beds across three, four or five sites. This implies relatively small units of around 5-8 beds. This is well below the recommended unit size for specialist addiction/treatment units (SCAN, 2006).

While locally based units offer advantages in terms of access and also liaison with Tier 3 services, their relatively small scale means that staff are less likely to develop specialist expertise in addiction treatment.

As an alternative to small standalone treatment units, SCAN suggest a ‘hybrid model’ service variant whereby addiction treatment beds are integrated within general mental health in-patient units. However, it may not be good practice to bring together people with primarily addiction problems and those with potentially very challenging/disturbed behaviour.

Option appraisal

Six key benefit criteria have been proposed. Each option is explored within the following table:

Option appraisal

BENEFIT CRITERIA	Single Regional Unit x 24 beds	Two sub regional units x 12 beds	Local provision 3-5 units x 5-8 beds
1. Quality of care, safe & effective care, effective service interfaces	√√√√	√√√√	√√
2. Quality of Environment	√√√√√	√√√√	√√
3. Accessibility	√√	√√√√	√√√√√
4. Ease of Implementing change	√√	√√√√√	√√
5. Strategic fit	√√√√	√√√√	√√
6. Cost / value for money	√√√	√√√√	√√√
TOTAL	20/30	25/30	16/30

1. Quality of care, safe & effective care, effective service interfaces

Providing safe, effective and high quality care is arguably the most important criterion to guide the future development of Tier 4 detoxification/stabilisation services. The aim of Tier 4 care is to increase the likelihood of achieving the desired outcomes of detoxification and stabilisation and to enable individuals with relatively complex addiction/dependency to transfer successfully into rehabilitative care and thereafter achieve eventual recovery.

Highly skilled practitioners are crucial to achieving this objective. Practitioner expertise is best developed within specialist units. It also requires units dealing with an appropriate number of cases per year, i.e. to allow staff to develop and maintain specialist skills. The provision of staff/personnel within one setting, i.e. single regional model configuration would increase the likelihood of meeting these objectives; a two site option would provide similar opportunity. However, the local Trust model is perceived as least likely to meet this objective. In terms of size/scale the local Trust model option is below (i.e.5-8 beds) the recommended unit size proposed by SCAN. In addition, the number of cases managed by staff per year would be comparatively low. It is less likely that clinical/nursing staff would, in practice, be able to function as fully dedicated Addiction specialists: they would inevitably need to cover general psychiatric staffing rosters within units. The reverse would also apply with general staff inevitably having to allocate a significant proportion of their time to Addiction related work. Hence there are significant issues with this option in terms of developing the high levels of skills/expertise demanded by a specialist treatment service. The single/two site regional models are therefore scored highest under this criterion.

2. Quality of Environment/Design

In terms of design the basic/fundamental requirement is to provide single room accommodation. The unit would need to be within 30 minutes travelling time of critical care/medical facilities. Setting aside practical issues, this could potentially be addressed/managed across all options. However, with the local Trust option there are major concerns (both governance & nursing related) regarding the ability to provide specialist addiction treatment/nursing care to those with complex Addiction problems in close proximity to those with potentially challenging/disturbed behaviour,

i.e. near to or within the general mental health ward setting. The local Trust option is therefore scored lower compared to the single/two site options.

3. Accessibility

The local Trust model, being of course locally based has clear advantages both in terms of geographical access (e.g. travelling time for individuals and their families/carers) and also liaison with local Tier 3 services. The local Trust option is therefore scored highest.

4. Ease of implementing change

This criterion is considered in terms of achievability and practical implementation. Establishing the required service model within an acceptable timescale – this is proposed as achievable within a 6-12 months period from project initiation to completion:

single regional unit: this option would be based upon either re-modelling an existing HSC facility or taken forward as a ‘new build’ service development.

In terms of existing facilities, access to an appropriate unit with capacity for 24 beds that could be deployed within the short term is unlikely within the HSC at present. Accommodation must meet minimum standards in terms of design, e.g. quality of accommodation/single room design. None of the Trusts can provide this within the short term, in particular, that could be developed/opened within the required 6-12mth timescale. If identified, it is likely to be derived from older ward/bed stock and require significant redevelopment capital funding to meet single room accommodation requirements.

A ‘new build’ proposal would, in reality, take a number of years to develop in full, i.e. not achievable within the required timescales. This option would also be financially challenging given the present economic constraints and the other major priorities facing regional capital development budgets.

two site model: this could potentially be achieved within the required 6-12 month period. Provisionally, two Trusts have identified that they could function as the

proposed regional specialist provider of services and could commence provision within the required 6-12 month period.

Local Trust (hybrid model): Additional funding would be required for Belfast Trust given the absence of dedicated in-patient service provision at present. Taking a longer term view, some Trusts are currently drawing up proposals for the development of 'new build' psychiatric facilities and could potentially incorporate specific provision for Tier 4 provision, but this would be well beyond the required 6-12 month implementation period.

- A key constraint across all options is the availability of specialist staff with specific expertise in the provision of Tier 4 detoxification/stabilisation. This is not problematic in terms of the 2 site option as 2 existing Trust providers undertaking the detoxification/stabilisation function already have specialist staff. It may be problematic for the single site option given the potential difficulties of moving/re-directing/recruiting additional specialist staff from other Trusts onto a single site. The local option would be problematic for some Trusts given the absence of specialist staff with in-depth expertise/experience in providing Tier 4 detoxification/stabilisation care.

In summary, the two site sub-regional option is most likely to be achieved within the required 6-12 month implementation period and is therefore scored highest.

5. Strategic fit

From a commissioning perspective a key priority is to develop community based Tier 3 service infrastructure within N.Ireland. This has been emphasised throughout this document. In terms of a regional strategic need to develop *specialist Tier 4 service capacity* along with the associated high level practitioner expertise within N.Ireland only the single or two site regional service models are likely to deliver this objective and are therefore scored higher.

6. Cost / value for money

The main driver of revenue/costs at Tier 4 is the associated staffing required within units. Broadly the same staff per bed ratio would be required across all options. However, smaller units tend to be less financially efficient/are most costly.

In practical human resource terms the two site regional model would be easiest to establish, i.e. given that staff are largely already in place.

The single site model would inevitably imply the need redeploy staff across Trust boundaries to a single regional unit (some staff may resist a change in location). While the local Trust model could potentially be established within Trusts, extra staff would be required. However, it would take considerable time to develop specialist skills in the provision of detoxification/stabilisation care. This option would also require additional funding, particularly in Belfast Trust.

In conclusion, the two site model could be achieved through a reconfiguration of 2 existing Trust providers – specialist staff are already in place. This option is therefore scored highest

Outcome of Option Appraisal – recommendation

In terms of delivering the specialist regional Tier 4 detoxification function, a regional option should be considered as the preferred way forward – scoring for the regional options (single site= 20/30, two site = 25/30) is above the local Trust option (16/30). In terms of providing high quality care, the regional options are most likely to achieve this objective.

From a pragmatic point of view given the actual likelihood of re-configuring HSC Tier 4 services within a 6-12 months period, and taking account of costs, a two site model is the preferred option as this offers better access to services for the wider N.Ireland population.

Recommendation

Future HSC Tier 4 provision, being mainly focused upon detoxification/stabilisation provision, should be based upon a two site regional service model.

TIER 4 – REHABILITATION

- ❖ *Tier 4 rehabilitation care is undertaken within the Independent sector, however, this sector/setting is not the subject of this consultation exercise, i.e. the focus of consultation is the future provision HSC Tier 4 provision.*

In terms of improving the likelihood of abstinence and/or relative control over their lives, it is important that appropriate rehabilitation care and treatment is provided promptly after the detoxification/stabilisation phase of care. By the time detoxification and stabilisation has been achieved, individuals (and their families) have made considerable personal effort on the journey towards recovery. This is a crucial period in terms of achieving a successful outcome and longer term abstinence/control.

This document has noted that for most people the care and support provided by community based Tier 3 services is appropriate. Evidence shows that hospital or facility based Tier 4 rehabilitation care is generally required by only a small number of people with relatively complex substance misuse problems who require a more structured approach within a specialist facility.

Although the detoxification/stabilisation phase of care may be undertaken within the Tier 4 in-patient setting it does not necessarily follow that the subsequent rehabilitation phase of care will also need to be provided within a specialist facility setting. For most people rehabilitative care undertaken within the community/home Tier 3 setting is successful.

It is proposed that in future the main provider of Tier 4 rehabilitation care should mainly be based within the Independent sector. The HSC sector, however, would continue to provide some in-patient based rehabilitation care for relatively more complex cases – this was identified within the proposed 24 regional beds within the HSC sector.

Current Service Provision

In-patient or facility based Tier 4 rehabilitation services commissioned by the HSC sector are summarised in the following table:

Table 3 - Current Tier 4 Rehabilitation Service Provision

Trust	Trust provided	Independent Sector provided
Belfast	Nil	Carlisle House - 6 beds
Northern	Nil	Northlands - 24 individual placements commissioned per yr, equivalent to circa 2¾ beds
		& Carlisle House - 6 beds
Southern	Nil	Nil
South Eastern	<i>Downshire hospital, Downpatrick</i> : in-patient Addiction treatment unit: 8 beds for rehabilitation care	Nil
Western	<i>Tyrone & Fermanagh Hospital, Omagh</i> : 8 beds – unit operates Mon-Thurs nights only	Northlands - 30 individual placements commissioned per yr, equivalent to circa 3½ beds

Taking a regional perspective it can be seen that there is considerable variation between Trust areas: the South Eastern and Western Trusts directly provide Tier 4 rehabilitation care within local in-patient units. Belfast, Northern & Western commission Tier 4 rehabilitation care from the Independent sector (Western Trust therefore has access to both HSC and Independent sector provision). *A more consistent and regionally agreed approach is clearly required.*

- **Carlisle House:** based in Belfast - the unit receives around 100-150 admissions per year commissioned by the HSC sector. These are available to people from the Belfast and Northern Trust areas.
- **Northlands:** based in Derry/Londonderry, the unit receives around 50-60 admissions commissioned by the HSC sector per year. These are available to people from the Western and Northern Trust areas.
 - In total, 150-200 people per year are admitted to Tier 4 Independent sector providers commissioned by the HSC for specialist rehabilitation care. Length of stay is generally between 3-6 weeks.

- While self-referral is possible, it is preferable that admission is arranged after discussion between Trust and Independent sector services.
- In terms of assuring service quality, the HSC and Independent sector providers are subject to the 'Regulation and Quality Inspection Authority' (RQIA). This body is tasked with ensuring that service provision meets appropriate standards for health and social care.

In terms of improving rehabilitation care the following actions are proposed:

- To achieve regional consistency a 'Regional Addiction Treatment Network' encompassing all Trusts and commissioned Independent sector providers (i.e. Carlisle House and Northlands) should be established. The Network would oversee and manage Tier 4 care arrangements across the HSC/Independent sectors to ensure individuals receive the specialist care they require and address the variation in access to services noted above. The aim will be to ensure that people from all Trust areas can access Tier 4 rehabilitation care regardless of where they live.
- Subsequent to the proposed reconfiguration of Trust based Tier 4 services with 24 primarily detoxification/stabilisation beds on 2 sites, the HSC will closely monitor demand for Tier 4 rehabilitation care and, working with the Independent sector, will increase service provision as required.
 - Given regional procurement requirements, the HSC may, in due course, be required to undertake a formal tendering exercise for Tier 4 rehabilitation services.
- Where the reconfiguration of HSC Tier 4 services yields savings, these will be used to enhance Tier 3 service capacity (staff from units that would cease provision should be re-deployed to community Tier 3 services). In addition the HSC.Board will allocate further funding to strengthen Tier 3 provision over 2013-15. Taken together, around £789,000 would be available to enhance Tier 3 services.

RECONFIGURATION OF HSC TIER 4 SERVICES: IMPLEMENTATION PLAN

Background

As outlined by NICE, the majority of *specialist* addiction treatment service provision can be undertaken within the community Tier 3 based setting. Investment to develop Tier 3 services will lead to significant benefit for the individuals receiving care. In addition, these services can help reduce pressure upon Tier 4 services.

Where the reconfiguration of HSC Tier 4 services yields savings, these will be used to enhance Tier 3 service capacity. In addition the HSC Board will allocate further funding to strengthen Tier 3 provision over the 2013-15 period. Taken together, £789,000 would be available to enhance Tier 3 services.

It is recognised that some people, with particularly complex needs, may not respond to treatment within community based Tier 3 services. They are more likely to improve within a Tier 4 service environment.

Tier 4 services are considered in terms of the need, regionally, to provide both (a) specialist detoxification/stabilisation and (b) rehabilitation care. A key theme of this consultation document is the significant variation between service provision models within Trusts in N.Ireland. Maintaining the existing arrangements is not in the best interest of the individuals who require these services.

Service reconfiguration

Tier 4 detoxification/stabilisation care should be undertaken within dedicated units specialising in addiction treatment. There is currently no access to dedicated provision within either the Belfast or Western Trust areas. It is proposed that future HSC provision is based upon 24 beds within a two site regional service model with access available to the residents in all Trust areas. This number of beds broadly reflects the total volume of in-patient bed days currently used for detoxification/stabilisation within the HSC sector. It is proposed that the Independent sector would be the main provider of Tier 4 rehabilitation services. The HSC sector will retain some capacity, within the proposed 24 regional beds, to provide rehabilitation care for individuals with relatively more complex needs.

Based upon the proposed configuration of 24 Tier 4 detoxification/stabilisation beds on 2 sites, expressions of interest should be sought from Trusts to formally identify the two providers. The aim, provisionally, would be to initiate the new regional arrangement within the first quarter of 2014/15 (i.e. April-June). This would be in parallel to establishing the Regional Addiction Treatment Network and implementing the regional Tier 4 care pathway to standardise referral, treatment and clinical practice.

We need to address the situation where there is no dedicated Tier 4 detoxification/stabilisation service in either the Belfast or Western Trusts. The option appraisal demonstrated that 24 bed regional detoxification/stabilisation arrangement on 2 sites would address this issue and would provide all residents of each Trust with access to this service.

If there is agreement to establish this regional arrangement, the following changes would then be required:

The Northern and South Eastern Trusts have provisionally indicated that they could undertake the role of regional Tier 4 detoxification/stabilisation service providers. This would potentially be based upon a regional Network arrangement of 24 beds comprising:

- *10 beds in Holywell hospital, Antrim, and*
- *14 beds in the Downshire hospital, Downpatrick.*

The South Eastern Trust unit (Downshire, Downpatrick) currently which undertakes both detoxification/stabilisation and rehabilitation care will re-focus provision upon the former, and together with the Northern Trust, provide the regional 2 site service model with 24beds.

The Northern Trust unit would focus mainly upon the Northern/Western areas and the South Eastern unit the South Eastern, Belfast and Southern areas. The main

benefit of this regional arrangement is the wider Northern Ireland population would have access to dedicated Tier 4 detoxification/stabilisation beds.

To achieve this level of consistency and high quality service provision regionally will require changes to some existing services. In parallel to establishing the 24 bed regional arrangement, the existing locally provided Trust provided Tier 4 services in the Southern and Western Trusts would discontinue:

- The Southern Trust unit (St Luke's hospital, Armagh) would stop provision around April-June 2014. The Trust would subsequently access Tier 4 detoxification/stabilisation provision from the South Eastern Trust.
- The Western Trust unit (T&F hospital, Omagh) is mainly focused upon rehabilitation would discontinue provision around April-June 2014. The Trust would access future Tier 4 detoxification/stabilisation provision from Northern Trust (Holywell, Antrim).

(Staff from units that would cease provision should be re-deployed to community based Tier 3 services)

With regards to Tier 4 rehabilitation care a range of contracts/arrangements are in place between Trusts and Independent sector providers and which do not encompass all of Northern Ireland. A consistent and regionally agreed service model is required.

Within the regional Network arrangement, it is proposed that all Trusts would access Tier 4 rehabilitation care from the existing commissioned Independent sector providers. Access to Northlands and Carlisle House would become available, in due course, to all Trust areas. The HSC will retain some capacity to undertake Tier 4 rehabilitation care for individuals who need a more medically managed approach. The Regional Addiction Treatment Network will ensure improved care between HSC and Independent sectors.

Subsequent to the proposed reconfiguration of services, the HSC will closely monitor demand for Tier 4 care and, working with the Independent sector, will increase service provision as required.

If there is agreement with the proposals and recommendations outlined in this consultation document, the HSC Board will commence the process to reconfigure Tier 4 services across the region with a view to establishing the new service model within the first half of 2014/15.

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Appendix A

Freedom of Information Act (2000) – Confidentiality of Consultations

The HSCB will publish a summary of responses following completion of this consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Board can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Board in this case. This right of access to information includes information provided in response to a consultation. The Board cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Board should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Board's functions and it would not otherwise be provided
- the Board should not agree to hold information received from third parties "in confidence" which is not confidential in nature
- acceptance by the Board of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see website at:

<http://www.informationcommissioner.gov.uk>).