

BROADREACH HOUSE CLOSURE UPDATE REPORT

Office of Director of Public Health



Background

Broadreach House is a registered charity that has provided residential drug and alcohol detoxification and rehabilitation services in Plymouth since 1982. Broadreach House and Longreach House were the residential treatment units and the charity also provided supported resettlement housing in 3 other houses in the city. Their drug and alcohol inpatient and residential rehabilitation facilities served clients from the whole of the UK. The charity went into voluntary administration on 5th July 2019 resulting in the closure on that day of all their local service provision.

Inpatient Services

Plymouth City Council ODPH commissioned £100k of service in a block contract (paid monthly) at Broadreach House. By contracting as a block, we achieved significant savings. In addition, we spot purchase out of area inpatient withdrawal where the patient elects to go out of Plymouth.

Inpatient services relate to the following areas of work:

- Admitting patients for a medically assisted withdrawal prior to them taking up a place at a residential rehabilitation unit. This is the majority of the work.
- Admitting patients to stabilise reduce or withdraw either from street drugs, prescribed drugs (usually Opiate Substitution Therapy (OST)) or from alcohol.
- Admitting patients to titrate onto new drugs or to otherwise manage their medicines in relation to their health problems.

In 2018/19 we placed 23 people in Broadreach/Longreach inpatient units (from 76 referrals). The range of stay was from 1 – 37 days, with the average stay being 14 days.

The process

We operate a panel system, comprising of expert clinicians, including substance misuse specialist clinicians, social work substance misuse specialists, drug and alcohol workers, service managers and ODPH. A record of discussions and decisions is kept as is a running total on the associated spend. Referring workers/clinicians have to complete a comprehensive written assessment and bring the case to the panel for discussion. The most common outcome at first presentation to panel is for the case to be deferred for further work in the community – so the worker will leave with a new care plan designed to ensure that all community avenues have been exhausted and/or that the person is properly prepared for admission. Very often the case never comes back to panel because the person improves in the community or their motivation changes. Where a person or clinician requests an out of area placement, there is a rigorous exploration of the reasons for the request and the referrer has to justify why the patient cannot go to Broadreach. The most common reasons are the entrenched nature of a person's situation in Plymouth; women needing to be away from controlling or violent men; gang connections or criminal justice issues. Over the years the suitability of cases referred to panel has improved significantly with fewer cases referred but a greater percentage reaching the thresholds.

In order to ensure the best outcomes for patients and control costs we have developed a broad offer for Assisted Withdrawal (colloquially known as 'detox') all of which remain in place locally.

- Increased availability of community withdrawal services including home detox for alcohol

- We have pathways for partial inpatient treatment followed by community detox eg in a complex alcohol case the person might do three days as inpatient and complete the detox at home in the community.
- In addition, we can detox somebody via Hamoaze House day service where they can be observed 6 days a week in a safe environment.
- We also have detox support groups running at Harbour and Hamoaze.
- Post discharges there are packages of aftercare to protect people from relapse.

Mitigation of Impact Following Closure

Public Health and the lead clinician for the Alliance have been to visit Boswyns Unit near Hayle in Cornwall, which is the nearest unit to Plymouth and with which we already have a relationship through past placements. It is an excellent, purpose built facility, offers a very similar programme to that offered by Broadreach and they are willing to contract as a block contract with similar savings on unit price to those provided by Broadreach. In addition, they are willing to utilise Skype and other IT solutions to reduce travel costs for care managers. It is likely that we will contract with Boswyns and in the meantime we are spot purchasing placements as cases arise.

Residential Rehabilitation

This is the 'non-medical' component of becoming drug-free. The programme varies in length from 6 weeks to 12 months and is comprised of a range of psycho-social interventions and activities. Eligibility is determined under the Care Act and the process is managed and supported by the Complex Needs Social Work Team from Livewell Southwest (based in Harbour). The budget and annual spend is around £250k and all associated monies and staff are with Livewell, rather than the City Council. Around 20 people per year are placed in residential rehabilitation units by Livewell Southwest, in a range of units around the UK, depending on patient choice and individual circumstances. The placements are spot purchased by Livewell Southwest and this process will continue post Broadreach closure, so no patients will be denied rehabilitation due to the lack of availability of Broadreach.

Impacts of Closure

Broadreach was a national, rather than a Plymouth service, with the vast majority of its patients coming from London, Birmingham and around the country. One of the consequences of this business model is the historic net importation of drug and alcohol users into the city, many of whom do not return to their home area and go on to make demands on local services.

The City Council were not notified of the closure of Broadreach until 5 days before it happened. At the time of closure, we had 4 patients in Broadreach, all of whom have been given alternative placements that they are happy with. Broadreach staff have been excellent partners over many years and it is sad to see the unit close. However, Plymouth drug and alcohol users will not suffer any loss of service and can access both inpatient services and rehabilitation services on a needs led basis. The biggest difference will be the inconvenience of travel to Cornwall for inpatient services.