



Item No: 9

Meeting Date: Wednesday 21st June 2017

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer: Strategy, Planning and Commissioning / Chief Social Work Officer

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SAFER DRUG CONSUMPTION FACILITY AND HEROIN ASSISTED TREATMENT

Purpose of Report:	To update the Integration Joint Board on progress towards development of a safer drug consumption facility and heroin assisted treatment service, in particular in relation to the proposed location for the service, operational parameters and principles, the evaluation framework, the legal framework, and the proposed financial framework.
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Recommendations:	The Integration Joint Board is asked to: a) note this report; b) approve the proposals outlined in this report; c) nominate an IJB member (or members) to the Evaluation Governance Board; and, d) direct NHS Greater Glasgow and Clyde and Glasgow City Council to proceed with the next stages of the project in line with the draft Business Case
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Relevance to Integration Joint Board Strategic Plan:

Development of a Safer Consumption Facility and Heroin Assisted Treatment Service support attainment of a number of aspects of the stated vision of the IJB, namely:

- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being
- Designing and delivering services around the needs of individuals carers and communities
- Striving for innovation

In addition, these services directly support the IJB's key priorities of:

- Early intervention, prevention and harm reduction; and,
- Public Protection

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The services directly link to a number of National Health and Wellbeing Outcomes: • Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer • Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected • Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services • Outcome 7. People using health and social care services are safe from harm • Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services
Personnel:	Establishment of the Safer Consumption Facility and Heroin Assisted Treatment service will involve some element of service redesign. This will have an impact on staff, as operational models develop as a result of these services and wider whole-system redesign activity already underway. This may involve the up-skilling of current addictions staff, and potentially staff from other business areas, and / or recruitment or redeployment of a number of full and part time staff, in line with the specialist nature of the service.
Carers:	Family and carer organisations have expressed support for these proposals and will now become members of the Short Life Working Group, involved in further planning.
Provider Organisations:	There is potential for the reception and aftercare / additional support elements of the service to be provided by third or independent sector organisations. A number of partners from the third sector have expressed interest in contributing to services provided within the proposed services. This will be further scoped and progressed as required.

Equalities:	An Equalities Impact Assessment will be carried out alongside finalisation of the service specification and operating parameters
Financial:	A draft financial framework for the safer drug consumption facility and heroin assisted treatment service is outlined in this report.
Legal:	No legal exemption is required to provide a heroin assisted treatment programme as this can legally be delivered within the framework of the existing Medicines legislation. An update on legal matters related to the proposed Safer Drug Consumption Facility is included within this report.
Economic Impact:	There is likelihood of a positive economic impact within health, social care, criminal justice and police domains, through effective engagement with a population which currently has a high utilisation of these services. There is also potential for wider economic benefit through improved public spaces in Glasgow city centre resulting in improved public amenity and less adverse impact of public injecting and acquisitive crime on businesses.
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Key risks associated with the proposed model were identified in the options appraisal process outlined in the draft business case. Emerging risks that arise during the project's development and implementation will be managed in line with normal arrangements.
Implications for Glasgow City Council:	There are a number of implications for both the Council and Health Board, including political and reputational impacts, and positive impacts on the local community. There may also potentially be increased demand for additional services as a result of successful sustained engagement with health and social care supports for a cohort of individuals who historically may be engaged on a sporadic and unscheduled basis with these services. Resource implications of an increased uptake in consistent and preventative health and social care supports may be offset by a reduction in demand for unscheduled care services such as acute health services and crisis / emergency social care services.
Implications for NHS Greater Glasgow & Clyde:	There are a number of implications for both the Council and Health Board, including political and reputational impacts, and positive impacts on the local community. There may also

	potentially be increased demand for additional services as a result of successful sustained engagement with health and social care supports for a cohort of individuals who historically may be engaged on a sporadic and unscheduled basis with these services. Resource implications of an increased uptake in consistent and preventative health and social care supports may be offset by a reduction in demand for unscheduled care services such as acute health services and crisis / emergency social care services.
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 To update the Integration Joint Board on progress towards development of a safer drug consumption facility and heroin assisted treatment service, in particular in relation to the proposed location for the service, operational parameters and principles, the evaluation framework, the legal framework, and the proposed financial framework.

2. Background

- 2.1 The Integration Joint Board of 31 October 2016 approved the development of a full business case for a co-located safer drug consumption facility and heroin assisted treatment service pilot in Glasgow city centre. The report is available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=35618&p=0>
- 2.2 A draft business case was presented to the IJB on 15 February 2017, outlining the economic, social, public health and recovery case for development of a Safer Drug Consumption Facility (SDCF) and Heroin Assisted Treatment Service (HAT). This report and draft business case is available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=36665&p=0>
- 2.3 The report to IJB on 15 February noted that further work was ongoing in relation to a number of key areas, specifically:
- the proposed location of the service
 - operational parameters and principles
 - the evaluation framework
 - the legal framework
 - the proposed financial framework
- 2.4 The Chief Officer: Strategy, Planning and Commissioning / Chief Social Work Officer was instructed to provide a further report to the IJB on progress in each of these areas.

3. Location

- 3.1 Officers from the Glasgow City Health and Social Care Partnership (the HSCP) and ACCESS have liaised with City Property to engage in a property search within the south-east city centre area. The legal opinion we have obtained has advised that the property needs to be in the ownership of the Council or Health Board.
- 3.2 The Council's Development and Regeneration Service (DRS) Project Management and Design Team have been appointed by the HSCP to assist in developing a schedule of accommodation, assist in the viability of properties and provide initial cost estimate for business case based on schedule of accommodation.
- 3.3 Site search criteria has focused on locality, accessibility, community compatibility, property size, vacant property, property considerations, ownership, competing interests and potential building control and planning issues.
- 3.4 A number of properties were identified within the desired area but were either found to be too small or already 'under offer'. A suitable property was identified in early March 2017, however a subsequent feasibility study identified that property required extensive and complex building works which would have required significant capital investment
- 3.5 A further potential site within the same locale has since been identified within the south east quadrant of the city centre between Trongate, Saltmarket and the River Clyde. It is considered that the proposed location meets the minimum requirements of the property search in terms of location and potential usability. Discussions regarding the leasing option for this property are ongoing between Officers from ACCESS, the HSCP, City Property and the Council's Development and Regeneration Services (DRS).
- 3.6 Planning and/or building control consents would be required in order to utilise the premises as a health and social care facility, and to make a number of proposed alterations to the building itself such as potentially adding or relocating entry and exit points. Officers would liaise with the relevant authorities to seek appropriate consents.
- 3.7 It should, however, be noted that the amount of available floor space within this property may limit the ability to offer a Safer Inhalation Facility - noted on page 17 of the draft business case as a desirable addition to the Safer Drug Consumption Facility and Heroin Assisted Treatment Service. Given the need to prioritise the other facilities in response to the Public Health emergency outlined in the draft business case, it is therefore proposed that should a Feasibility Study find space is limited, then the establishment of a Safer Inhalation Facility would not be progressed at this time.
- 3.8 Given the requirement to go through the planning and building control process, and the extent of work that may be required to prepare the premises for opening, it is not possible at this stage to give a clear indication of when the premises will be ready to become operational. It will also be necessary to present the case for capital investment through the NHS and Council capital processes. The IJB will be kept informed as work progresses.

4. Operational Parameters and Processes

- 4.1 A small group has been established to develop the criteria for access to the SDCF and for eligibility for HAT. In addition, the subgroup identified the Standard Operating Procedures (SOPs) that require to be amended or developed to support the safe and effective operation of both proposed services.
- 4.2 In general, existing policies and procedures of NHS Greater Glasgow and Clyde and Glasgow City Council can be directly applied to the Safer Drug Consumption Facility and Heroin Assisted Treatment Services. However given the unique nature of the services there is a need to develop a number of bespoke policies and procedures. These developments will be subject to scrutiny and approval through established professional and clinical governance channels. The core elements of the referral routes, eligibility criteria and operational procedures that have been developed for both services are detailed below.
- 4.3 **SDCF:**
- a. **Referral routes into the SDCF service:** The ethos of a SDCF is one of inclusiveness. Access is via self referral. It is anticipated that statutory and other agencies, in contact with people using drugs, through outreach and other routes, will promote the safety and harm reduction aspects of the SDCF, particularly amongst the homeless population.
 - b. **Eligibility criteria SDCF:** Those aged 16 and over who are consuming illicit drugs are eligible to use the facility. The principle of a SDCF is that there should be minimal restrictions on access. Patient registration using the CHI number is not required. However, it is important that those using the facility are registered using an identifier and to collect basic demographic data. The registration requirements are analogous to the system currently in place in all Injecting Equipment Provision (IEP) sites in NHS GGC. The existing NEO IEP data collection system, that clients are already familiar with, will be adapted to meet the SDCF requirements. A NEO module has recently been developed for use in the Toronto SDCFs and a bespoke version will be implemented within the Glasgow service. This module is based on the existing IEP data collection process but has extra features that allow the collection of additional relevant information on, for example, overdose and relevant health risks that will assist clinical staff in monitoring these individuals safely within the SDCF. In the same way that the existing IEP services operate, proof of age or pregnancy status is not required at registration. However, staff will be vigilant and trained to respond appropriately to anyone who appears ineligible to use the service.
 - c. **Operational procedures SDCF:** The opening hours will be from 9AM to 9PM, seven days per week – these opening hours reflect known patterns of drug use within the city and complement the availability of other supports, for example the requirement to be in hostel accommodation by 10pm. The service will be comprised of a reception, a drug consumption area and an after-care area. The anticipated capacity is to have a maximum of 12 individual injecting booths and

a small drug inhalation room, although the final number of booths and the feasibility of the inhalation room will be dependent on the floor space available within the identified premises, as noted in 3.7 above. The booths are for individual use only. Sharing or preparation and injection of one client by another is not permitted. Both of these practices constitute offences of “supply” under the Misuse of Drugs Act and under section 23 of the Offences Against the Person Act. Alcohol consumption or cigarette smoking will not be permitted in the facility. Supplies of take home naloxone and injecting equipment, including the supply of Foil to promote transition from injecting will be available to clients on leaving the facility. Further preventative and supportive health, social care and peer support, including advice and referral to specialist treatment options can be accessed in the after-care area.

- d. **Partnerships with other services:** Following the appropriate legal dispensations, a working agreement and close working relationship with local police is essential for the effective operation of the SDCF. In addition, the SDCF will achieve best outcomes for service users if partnerships and person centred care pathways with key services and stakeholders can be established, such as, but not limited to, HSCP alcohol and drug services, homelessness services, blood borne virus services, third sector partners and Recovery Communities. The service will also liaise with local residents and business forums to address community impacts as required.

4.4 **Heroin Assisted Treatment:**

- a. **Referral routes into the HAT service:** HAT is a highly specialised clinical intervention. Diamorphine prescribing for the treatment of opiate addiction can only be undertaken by doctors with a special license that allows them to prescribe this medication. There are experienced clinicians in NHS GGC who have the necessary expertise to deliver this service and licenses to practice will be pursued with the support and advice of the NHS GGC Accountable Officer and Controlled Drug Governance team. As the license is site –specific the application will be progressed when the premises are identified. Priority will be given to referrals from the injecting drug users who are accessing the SDCF. Referrals will be made from the SDCF using an agreed pathway. Co-location of the two services and cross- cover of staff working in both the SDCF and the HAT will facilitate this process.
- b. **Eligibility criteria HAT:** Patients who are heroin dependent and aged 18 and over, with evidence of previous unsuccessful treatment episodes (utilising other conventional treatments) are eligible for this service. To be eligible and to remain eligible for HAT, patients must be able to comply with the following requirements: to attend regularly (initially daily, up to 3 times a day) for treatment; and all diamorphine is administered under direct supervision and no take home doses of injectable diamorphine are permitted. Methadone oral solution or other prescribed oral opiate replacement therapy can be supplied for evening or take-home doses. Patients must agree to random urine tests as part

of the monitoring and evaluation of the service. All patients are registered under their NHS CHI number. This is an NHS service to a named patient and patient information and history are recorded and governed by existing NHS prescribing and dispensing requirements. The length of time of HAT is likely to be limited with careful transfer to other treatments and services, thereby promoting “recovery journeys” and creating capacity for others who meet the criteria to benefit from treatment.

- c. **Operational procedures HAT:** The opening hours will be from 8.30 to 7.30 PM with three periods during these hours where patients can access treatment. The service will operate 7 days per week. The opening times are such as to provide sufficient time to carry out the required numbers of treatments on a daily basis. The processes for ordering, storage, recording, destruction, security and preparation of all individual doses for injection will be the responsibility of the lead pharmacist. Patients will administer their own injections under direct supervision of nursing staff. Unlike those using the SDCF, patients attending the HAT service are injecting a legally prescribed medication. This means that although patients inject themselves the supervising nursing staff are legally able to intervene and assist if required. It is proposed that the treatment supervision area will have a maximum of 6 booths for administration of the prescribed injectable diamorphine with the capacity to deal with approximately 40 to 50 patients during the opening hours. The number of booths in the treatment area is dependent on the space available within the identified premises.

- 4.5 Although the two services of a SDCF and HAT will operate on a co-located site with staff working across both services the services are distinctly separate with different referral routes, eligibility criteria and operating procedures. Within the building, the services will have separate entry and exit areas for service users.

5. Evaluation

- 5.1 Evaluation of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service is being led by Public Health, and would aim to examine the impact of the SDCF and HAT on a range of health, social and economic outcomes relating to service users, service providers, collaborating agencies and the wider community, as illustrated in Appendix 1.
- 5.2 Each evaluation strand will consist of researchers and other subject matter experts from the Health and Social Care Partnership, Public Health and a number of academic institutions.
- 5.3 The evaluation process will include applications to various funding sources including the NHS GGC Endowment Fund and national funding bodies for health and social care research.
- 5.4 IJB members have previously been asked to consider involvement in the evaluation process, through nominating an IJB member to the Evaluation Governance Board

- 5.5 The role of the Governance Board will be to monitor progress of the evaluation strands, scrutinise their outputs and provide guidance or direction to the evaluation strands as required. The Governance Board is not yet established, but it is envisaged that it will be made up of representatives from each evaluation strand, Public Health, senior management from the Health and Social Care Partnership and other members as the Governance Board itself deems appropriate.
- 5.6 The role of an IJB representative on the Governance Board would be to provide a lay perspective on the evaluation and to represent the interests of the IJB on the Governance Board, for example to provide an indication of the types of evaluation evidence which would be of particular interest to IJB members.
- 5.7 IJB members are asked to consider the above proposal and nominate a member (or members) to join the Evaluation Governance Board.

6. Legal Framework

- 6.1 The IJB has previously been advised that the establishment of a safer drug consumption facility is dependent on guidance from the Lord Advocate to allow an exemption from the 1971 Misuse of Drugs Act, or an amendment to that Act being passed by Government. No legal exemption is required to provide a heroin assisted treatment programme as this can legally be delivered within the framework of the existing Medicines legislation. This update on legal matters therefore relates solely to the proposed Safer Drug Consumption Facility.
- 6.2 Work is on-going to progress resolution of the legal issues that require to be addressed prior to the establishment of a SDCF. Legal opinion has been received and is being considered further. However, it is clear that a SDCF cannot be established unless there is either a change in the law, or a change in current prosecution policy so far as the latter relates to the running of the Facility.
- 6.3 As the legislation in question is not devolved to the Scottish Government, it is anticipated that any change in the law would require the support of the UK Government and would, if supported, potentially take some years to be enacted. In light of the public health emergency highlighted in the draft Business Case and the urgent issues which this service aims to address, it is considered that the preferable route is the seeking of a change in prosecution policy from the Lord Advocate.
- 6.4 This could be for the period of the pilot with a view to informing a permanent legal solution should the service be deemed successful and desirable in the longer term. The legal advice emphasises the need to build a case for the necessary change in prosecution policy on the public health and societal issues this service addresses and to ensure that operating procedures (the “rules” governing staff and service user actions) address the key areas of risk in relation to breaches of law. Project leads are working with legal officers to frame an approach to the Lord Advocate in the hope that a favourable response to the plan can be achieved from the prosecuting authorities.

- 6.5 As well as allowing the service to be established, the legal permission will also allow the necessary protocols with Police Scotland to be established to ensure appropriate local policing practice to support the running of the proposed facility and close liaison between local Police Scotland colleagues and the managers and service leads.

7. Financial Framework

- 7.1 An outline financial framework has been developed, identifying the operating costs of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service. The financial framework is appended to this report.
- 7.2 The operating costs of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service is estimated at £2,355,680 per annum. This will be funded by the redirection of existing resources of £885,290, with the balance of £1,470,390 being met from contingency funding for a period of no more than 3 years.
- 7.3 It is proposed that there will be careful consideration of the learning from the evaluation as the SDCF develops. It is intended that, if this evaluation demonstrates the SDCF does improve the health of service users and reduces pressures on associated services, there will be planning to further redirect resources from mainstream HSCP services to fully fund the service from year 4.
- 7.4 The IJB should note that the financial framework has been developed based on the services operating from the premises outlined in section 3 of this report and within the operating parameters outlined at section 4. Any changes in either regard will have implications for the financial framework.

8. Next Steps

- 8.1 Subject to IJB approval, a number of key actions now require to be progressed.
- Completion of lease terms for the property
 - Engagement with local communities and businesses, in support of the planning application
 - Completion and submission of the planning application and relevant requests for building consents
 - Tender for works required to the premises
 - Further liaison with the Crown Office and other legal bodies as required
 - Engage with staff groups and staffside within Hunter Street regarding a review of the provision within that facility.
- 8.2 A further progress update will be provided to the IJB in November 2017.

9. Recommendations

9.1 The Integration Joint Board is asked to:

- a) note this report;
- b) approve the proposals outlined in this report;
- c) nominate an IJB member (or members) to the Evaluation Governance Board;
and,
- d) direct NHS Greater Glasgow and Clyde and Glasgow City Council to proceed with the next stages of the project in line with the draft Business Case.

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference	210617-9-a
2	Date direction issued by Integration Joint Board	21 June 2017
3	Date from which direction takes effect	21 June 2017
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Addiction Services and related supports
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to proceed with the next stages of development of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service as outlined in this report and in line with the previously agreed Business Case.
8	Budget allocated by Integration Joint Board to carry out direction	As advised by the Chief Officer: Finance and Resources. The operating costs of the Safer Drug Consumption Facility and Heroin Assisted Treatment Service is estimated at £2,355,680 per annum. This will be funded by the redirection of existing resources of £885,290, with the balance of £1,470,390 being met from reserves for a period of no more than 3 years
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	November 2017

Appendix 1 Evaluation Framework

Intervention components

Short-term outcomes

Medium-term outcomes

Long-term outcomes

SCF

Hygienic, sanctioned environment for drug use

Harm reduction advice/training

Take away IEP

Provision & disposal of sterile injecting equipment

Wraparound health & social services

Both

Assistance in event of overdose

Ethos & approach:

- Person-centred care
- Reducing harms
- Maximising recovery potential
- Relationships with staff & peer support workers

HAT

Provision of pharmaceutical heroin

Psychosocial interventions

Reach and uptake

Improved injecting technique

Reduced sharing & re-use

Reduced public injecting

Reduced drug-related litter

Increased access to health & social services

Better understanding of target population

Reduced use of street drugs

Reduction in overdose & opioid-related deaths

Reduced BBV transmission

Reduced injecting-related infections/injuries

Improved engagement & retention in health & social care

Improved BBV care outcomes

Improved life circumstances

Improvements in other areas of health
e.g. mental health, sexual health

Improved responsiveness to emergency situations affecting PWID

Increase in staff knowledge and skills

Reduced criminal activity/public disorder

Better health among target population

Improvement in life circumstances among target population

Greater recovery capital

Reduced unscheduled care needs & costs

Reduced impact of public injecting on wider community

- Social
- Environmental
- Economic

Assumptions

- Uptake of interventions
- Legal framework
- Staffing
- Funding
- Uptake of wraparound services
- Relationships with external services
- Availability of housing, employment etc
- Supply of pharmaceutical heroin

External factors

- Service re-design
- Parallel harm reduction interventions
- Initiatives elsewhere in Scotland
- Trends in drug availability/consumption
- Community & political attitudes
- Legal framework and resultant enforcement strategies
- National policy context
- Potential legal challenge

Potential unintended consequences

Observed in previous research
HAT only – clinical adverse events

Not observed in previous research
Increase in drug dealing, loitering, or anti-social behaviour in the vicinity
Increase in drug use
Increase in drug-related health harms

Not investigated by previous research
Stigmatisation (of clients & non-clients)