Item No: 8

Meeting Date: **Wednesday 23rd September 2020**

Glasgow City Integration Joint Board

Report By: **Susanne Millar, Interim Chief Officer**

Contact: **Gillian Ferguson, ADP Coordinator**

Phone: **07770276127**

ALCOHOL AND DRUG PARTNERSHIP INVESTMENT PLAN UPDATE

Purpose of Report:	To advise the Integration Joint Board (IJB) on the Alcohol and Drug Partnership development plans for investment, including the 2020/21 third year allocation of Scottish Government Local Improvement Fund (LIF) for alcohol and drug services and the new Drug Death Task Force (DDTF) funding.

Background/Engagement:	This update follows a report supported by the IJB on 8th May 2018 which outlined the development process in anticipation of the Local Improvement Fund, the report of 12th December 2018 outlining guidance and the priorities for additional investment and the January 2020 update. In June 2020 the Scottish Government invited the ADP to apply for Drug Death Task Force Funding. The ADP was successful in its bid for a number of further proposals detailed in this report.

Recommendations:	The Integration Joint Board is asked to: a) note the proposals outlined in this report; b) approve the additional planned activity funded from the Scottish Government ADP Local Improvement Funding; and c) approve the activity funded by Drug Death Task Force fund.

Relevance to Integration Joint Board Strategic Plan:

The development of these proposals supports the attainment of the stated vision of the IJB, including:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The proposed developments contribute to outcomes 1,3,4,5,7 and 9.
Personnel:	The necessary recruitment process has begun to support the delivery of the planned activity.
Carers:	Continued engagement with carer representatives has led to a better informed prioritisation process with respect to the new funding and support for the balance of investments.
Provider Organisations:	Enhancing the future role of provider organisations in support of new models of care will be key to implementing the proposed developments. These proposals ensure that our engagement with the voluntary sector remains a vital part of the implementation of the plans.
Equalities:	As part of the development work for the implementation of the proposals, equalities impact assessments will be undertaken for the service development as required.
Fairer Scotland Compliance:	By developing proposals to address alcohol and drug related harms within the city, the HSCP will contribute to alleviating the socio-economic disadvantage experienced across the city.
Financial:	This programme of investment is fully funded from ADP funding secured from the Scottish Government Local Improvement Fund and the Drug Death Task Force.
Legal:	Further development of the planning for a Safer Drug Consumption Facility will require significant legislative change. This is an ongoing legal process.

Economic Impact:	The creation of new, enhanced services should have a positive impact, reducing public nuisance, public injecting and littering in the city.

Sustainability:	The Scottish Government Local Improvement Fund funding is secure for 3 years 2018 to 2020. This will permit system wide transformation to be developed. The Drug Death Task Force Funding is for 2 years 2020 and 2021.

Sustainable Procurement and Article 19:	None

Risk Implications:	As the process of developing proposals continues to evolve, a full risk register for each bid will be developed. The major investments in the Safer Drug Consumption Facility (SDCF) and Enhanced Drug Treatment Service (EDTS) have already been considered by the IJB.

Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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 advise the Integration Joint Board (IJB) on the development plans for investment, including the 2020/21 third year allocation of the Scottish Government Local Improvement Fund (LIF) for alcohol and drug services and the new Drug Death Task Force (DDTF) funding.

2. Background

2.1. This ADP Finance Update follows a series of reports on the Scottish Government Local Investment Fund, supported by the IJB

- 8th May 2018 outlined the development process in anticipation of the Local Improvement Fund

- 12th December 2018 outlined the ADP priorities for additional investment
- January 2020 updated on investment progress and outlined new priorities

2.2. In June 2020 the Scottish Government invited the ADP to apply for Drug Death Task Force Funding. The ADP was successful in its bid for a number of further proposals detailed in Table 1 and Appendix 1.

3. Update on Local Improvement Fund investment programme- Year 3

3.1 Appendix 2 details the approved investment for Year 3 of the Scottish Government Local Improvement Fund. Given the current restrictions on service development and delivery, and as agreed by Scottish Government, this investment will continue over 2021/22.

4. Additional New Investments

4.1 Since the last ADP Finance report to the IJB in January 2020, two further investments have been approved by the ADP. These are also included in Appendix 2.

4.2 The Navigators Project - in February 2020 the ADP approved a 12 month investment of £40,000 for the Navigators pilot. This project is delivered in the Queen Elizabeth University Hospital and Glasgow Royal Infirmary, addressing violent and harmful behaviours often associated with alcohol and drug use. The project recognises that a significant proportion of people involved in violence are also dealing with a number of complex needs – including drug, alcohol, homelessness and mental health issues and benefits from the lived experience of the Navigators. They work alongside the Emergency Department staff in hospital with people who present having been involved in violence and on discharge continue follow up support into the community, linking the person to local support services, both statutory and third sector.

4.3 Outreach Sexual Health and HIV Services to Homeless and Addiction Services - in February 2020 the ADP approved an investment of £69,000 for 2 years in a full time nurse and part time consultant to enhance the HIV testing, treatment and sexual health services reaching people who inject drugs, living in homeless accommodation.

5. Drug Death Task Force Funding

5.1 In early June 2020 the Scottish Government invited the ADP to apply to the Drug Death Task Force (DDTF) for funding to address the 6 Taskforce priorities. Funding was allocated based on prevalence of drug use and applications detailing how the funding would be used to address gaps in services and reduce drug related harms. The deadline for submission was 26th June 2020. Table 1 details the successful proposals that will be funded by the Drug Death Task Force fund (We were unsuccessful in our application for a Prison Healthcare Buvidal pilot). The detail of these proposals can be found

in the full application to the DDTF, Appendix 1. Please note the figures below reflect the funding awarded from the total requested in Appendix 1.

Table 1

ADP Drug Death Task Force Fund Projects	**Part year costs 20/21 £000's**	**Projected spend 21/22 £000's**
GADRS Out of Hours Crisis Response Team	202	149
City Centre RAG Outreach Team	182 *	188
Injecting Equipment Provision Van	18	28
ADP Intelligence Hub	37	81
Prison Nyxoid Pilot	14	23
Prison Health Care Harm reduction Team	58	81
Total Investment proposals	**511**	**550**

*****full year costs – team developed as Covid response in April 2020

6 Recommendations

6.1 The Integration Joint Board is asked to:

a) note the proposals outlined in this report;
b) approve the additional planned activity funded from the Scottish Government ADP Local Improvement funding; and
c) approve the activity funded by Drug Death Task Force fund.

Direction from the Glasgow City Integration Joint Board

1	**Reference number**	230920-08
2	**Report Title**	ADP Investment Plan Update
3	**Date direction issued by Integration Joint Board**	23 September 2020
4	**Date from which direction takes effect**	23 September 2020
5	**Direction to:**	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
6	**Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)**	No
7	**Functions covered by direction**	Glasgow City Alcohol and Drug Partnership
8	**Full text of direction**	Glasgow City Council and NHS Greater Glasgow and Clyde are directed to allocate the resources required to implement the Alcohol and Drug Partnership spending proposals in relation to; Drug Death Task Force funding for 2020/21 as outlined in section 5 and Appendix 1 and; year 3 Local Improvement Fund investment funding proposals as outlined in Appendix 2.
9	**Budget allocated by Integration Joint Board to carry out direction**	The financial allocations relevant to this Direction are £511,000 from the Drug Death Task Force funding and £3,397,000 from the Local Improvement Fund.
10	**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.
11	**Date direction will be reviewed**	September 2021

Appendix 1

Section 3: The application form

Priority 1: Targeted Distribution of Naloxone
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
We have addressed distribution of naloxone in prisons within Priority 6 below. Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings.
  Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes. **E.g.** • **On 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings** • **By 31 March 2021 (number) of Naloxone kits will have been distributed from prison settings.**
Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
For some time, we have been developing a model of follow up support for individuals who have survived a near fatal overdose (nfod). The most significant hurdle to addressing this has been navigating GDPR to allow partners to sign up to an Information Sharing Agreement (ISA). We now believe that we are close to finalising a local ISA for NHS GGC, GCC, and third sector partners. Police Scotland and the Scottish Ambulance Service (SAS) have recently agreed to be partners in this local ISA and we are working with their information governance teams currently. Assertive outreach support is delivered to individuals identified as suffering an nfod that are open to Glasgow Alcohol and Drug Recovery Services (GADRS) by our locality and outreach teams, funded by the LIF. But for those not open to GADRS, we have no system for the identification of individuals without their consent or for referral onto services for follow up support. Arguably, these are the most vulnerable people to drd. Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings

With the development of the ISA, we will be able to progress our plans for a nfod hub, that will meet twice weekly (virtually and/or in person) with all key partners- Police Scotland, SAS, GADRS, 3rd sector partners and share timely information on all incidences of nfod, assess risk and agree initial care plans based on the vulnerability of the individual and refer to the appropriate service for an assertive, fast response.
We anticipate that most initial referral information will come from SAS and Police Scotland, however vulnerable nfod individuals will also be identified and supported by mental health, homelessness, and criminal justice and Housing First teams.

Nfod support provision will be a core function of a comprehensive range of measures to engage and improve pathways for most vulnerable (whether known to treatment services or not). These will include immediate crisis response, ooh support, street outreach and a range of harm reduction initiatives, as proposed in Priority 4.

Max 500 words

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.
By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.

Currently, every week approximately 25 GADRS service users from across Glasgow city suffer a nfod and are assertively followed up by the GADRS teams.

Without the ISA in place, we are unable to give an informed target that includes those not open to GADRS for 2021. However on the basis of feedback from outreach services, by 31st March 2021, we estimate a further 200 people, previously unknown to GADRS will have received an assertive outreach response to their nfod, delivering a range of harm reduction measures and engaging them in treatment and support to address their complex needs wherever possible.

Priority 3: Optimise the use of Medication-Assisted Treatment

Please set out your current progress in delivering priority 3, including the current gaps in delivery.

Max 300 words

Please set out your proposals to address these gaps / enhance existing delivery, with costings

Max 500 words

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.

Priority 4: Target the People at Most Risk

Please set out your current progress in delivering priority 4, including the current gaps in delivery.

1. In response to lockdown, Mental Health Assessment Units have been established in 2 Glasgow hospitals, giving out of hours (OOH) care and support to individuals referred by Police Scotland or the Scottish Ambulance Service and freeing up capacity in emergency departments at the GRI and QEH. A very significant proportion of presentations identified alcohol and or drug use as an issue eg intoxication on presentation, nfod, seeking alcohol/drug treatment. The staff in the units included a number of team members redeployed from GADRS through Covid, allowing an informed, experienced and skilled response to alcohol and drug needs in ooh mental health services. We hope to build on the success of this service delivery model, embedding GADRS support within ooh mental health services and linking this model to our immediate crisis response and outreach planning and nfod response for the city across the 24 hour period.
   Our GADRS outreach teams work across our localities, assertively engaging people who are struggling to engage with services and benefit from support. The capacity in these teams is limited and response to service users can be delayed which impacts on engagement and treatment at direct point of need. We will use additional investment to improve our engagement and response pathway to continue to meet the increasing demand for this service.

2. The IEP van has been crucial during the peak of lockdown, and ensured that contrary to the national trend, injecting equipment and naloxone supplies have increased in the city centre despite COVID 19 related pressures and restrictions. The IEP van has also allowed us the flexibility to deliver BBV testing across the city, taking the service to vulnerable individuals.

3. The Homeless Health Service provides addiction, mental health, occupational therapy and GP services to in excess of 250 of the most complex and vulnerable people in Glasgow with addiction and homelessness issues. The Red Amber Green (RAG) Outreach system was developed to address covid infection risk, the required reduction in footfall at the base and the vulnerabilities of our service users. The majority, those with the most complex needs, were seen once a week and phoned twice a week. The requirement to attend an appt once a month rather than once a

week has seen a marked increase in engagement, improved DNA rates and retention in treatment.
The RAG outreach model has also improved effective joint working, including much better contact and qualitative work with our own provided and purchased services and private sector hotel provision.

Max 300 words

Please set out your proposals to address these gaps / enhance existing delivery, with costings

1. GADRS Crisis Response Team

We will review our existing GADRS team structure to make best use of existing resource and additional investment in OOH services, immediate crisis response and outreach provision across localities.

- A specific OOH CPN/addiction nursing resource and referral process, direct from emergency departments at point of treatment will enable us to engage at point of crisis, including nfod with individuals both known and unknown to services.
- We will develop a crisis response for service users experiencing distress and an immediate response to nfod, creating a team that will provide assertive follow up and treatment at point of crisis and for a short period afterwards to encourage and facilitate engagement with our locality teams. This will include weekends and public holidays.
- This team will also link into nfod hub meetings, identifying people unknown to services and assessed as high risk of drd

Staffing profile and part year costs

- Team coordinator £36,158
- RMN/RGN x 3 £82,810
- QSW x1 £31,835
- SW x2 £37,989
- Total £202,482

2. IEP Van

We want to invest further in the IEP van model and lease another van allowing us the flexibility to deliver Injecting equipment and related paraphernalia, harm reduction support including overdose prevention and supplies of naloxone, BBV testing, wound management and general health interventions across the city where demand is identified. The van will be managed by the IEP Development and Improvement manager with support from the ADP Drug Death Prevention Peer support worker who will coordinate the use of the van by a range of staff and other groups including GADRS Crisis Response team / BBV services/ Recovery groups and ADP supported peer naloxone training network. This will enable us to build on the evidence and positive results from the existing IEP van and allow us to. offer a timely and flexible response to new and emerging needs

Part year costs

- IEP Van lease and running costs - £14,638
- Admin support- £3,893

We are aware of the a test of change proposal being worked up by Turning Point Scotland and the Simon Community, focussing on nfod, ooh, assertive service support for Glasgow city. If this proposal is successful we envisage the staff integrating across these 2 initiatives (GADRS Crisis Response team and the IEP Van), testing the models quickly and allowing us the flexibility to change as the post lockdown service requirements and challenges become clearer.

3. City Centre RAG Outreach Team

In the post covid world, we hope the RAG outreach model will become the new operational model for Homeless Health Service. We would expect the care management experience for service users to continue to be of a much higher quality, no longer based around attendance for ORT clinics and prescriptions.

- Four additional workers assigned to the Homeless Addiction Team will enable us to focus on continuity in care relationships and increase quality of care management for those with the most complex needs
- This team will also link into nfod hub meetings, identifying people unknown to services and assessed as high risk of drd
- Assertive follow up for those identified as suffering a nfod
- Continue the assertive focus on harm reduction intervention- naloxone training and provision, needle and foil provision, wound assessment and care- are all core features of the teams work
- Continued focus on engaging women with complex needs. Since lockdown we have given as many woman as possible phones and this has enabled contact with workers to be voluntary, spontaneous and qualitative. The outreach team has included sexual health nurses with mobile clinics -76 attendances 49 or 64% were females. We want to continue to provide this support to vulnerable women in this population
- We have identified the need to better coordinate the street outreach work in the city centre to avoid duplication and gaps in delivery. We need to create a system that acknowledges and addresses the many and varied complex needs of the population and provides the oversight and coordination of all of the activity. The development of the RAG Outreach team will allow this governance and coordination.

With the majority of service users requiring weekly outreach, we hope to maintain the temporary covid response model, and increase our staffing to allow the service to maintain this level of engagement

Staff profile and costs

- SW x4 £182,000

Max 500 words-

Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators

1. The GADRS Crisis Response team will refer 200 problem drug users to locality GADRS teams by March 2021. The service will ensure all ooh presentations of drug users are communicated/referred to either relevant care managers to inform care plan review and appropriate follow up, the nfod hub for risk assessment and assertive follow up, or the City Centre RAG Outreach team. This will improve risk assessment, treatment response and harm reduction interventions for those at risk of drug deaths and suicides.

2. By March 2021, we will see a 30% increase in key harm reduction interventions including IEP, wound management, naloxone provision and BBV testing provided by the mobile van service.

Total interventions in Feb 2020- 2,452
Target with new resource Feb 2021- 3,187

All these interventions are measurable, recorded on NEO and part of the Wound care, Assessment of injecting risk, Naloxone and Dry blood spot testing (WAND) initiative.
The new van is an ideal facility to support our planned (postponed due to covid) WAND initiative - driven by a reward voucher system.

3. Referrals to the Homeless Addiction Team (HAT) have increased by 50% since the RAG model was introduced in March 2020. We expect to maintain the rate of 8 new referrals a week to the HAT over the next 12 months.
In addition, a new under 25 cohort has been identified in the city centre whom we will be assertively outreaching. This population did not engage with the old model of service. We envisage a 10 - 20% increase in referrals and engagement with this cohort by March 2021.

Priority 5: Optimise Public Health Surveillance

Please set out your current progress in delivering priority 5, including the current gaps in delivery.

Glasgow ADP uses a variety of tools to inform its priorities and planning, including Drug Related Death reports, GADRS performance framework, Drug Trend Monitoring Group reports, NEO reports, naloxone provision data, SAS reports and Emergency Department reports. However we have identified a need to improve how we collect, analyse, share and communicate data to be more responsive to needs and identify future public health emergencies. The Data dashboard and more detailed analysis will allow the ADP to measure its progress in relation to Drug Death Task Force priorities, actions related to Rights, Respect and Recovery and our own ADP Strategy, in which drug death prevention is a key priority.

While there are intelligence needs specific to drug and alcohol services, there are also information gaps that relate to working with excluded populations comprising people with multiple complex needs (e.g. homelessness, poverty, sex work,

trauma, GBV, exclusions due to gender and sexuality, poor sexual health, BBVs, criminal justice involvement and offending behaviour). This population have needs beyond addictions with overlap in the services they use and the people that deliver them.

The current analyst provision for the ADP is sufficient for routine and ad hoc analysis within ADP services but is insufficient to provide more detailed analyses / evaluation of interventions for consistent intelligence led services particularly for overlap services. Analyst provision across other services feeding into this intelligence is fragmented and disparate with the information provided. This creates inefficiencies in collation of intelligence and impedes effective analysis.

We need to pull together information sources from all partners for continuous, systematic collection and analysis and create a comprehensive ADP surveillance and intelligence system. This is particularly true for the timely progression of real time coverage of services, same day prescribing and integration of police data which will contribute significantly to our ability to respond to nfod / drd.

Max 300 words

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The proposal is to establish an ADP Intelligence Hub. This will address some of the current gaps in analyst capacity for information gathering /intelligence analysis across the ADP and wider partners. It will ensure effective use of resource and significantly increase analytical capacity to inform services for targeted interventions. Inclusion of a dedicated Police Scotland resource will enrich the development of the Nfod Hub and partnership delivery on wider public health responses to harm reduction and prevention.

The Hub would develop an analytical framework to report and populate the evidence base ensuring the effective exploitation of available datasets, informing service improvement and support decision-making on targeted harm reduction and prevention activity.

Whole system approach ADP intelligence Hub would focus on:

- Review of drug related deaths with in-depth analysis to augment returns for DRD Database
- Surveillance, e.g. public injecting / trends for substance misuse / BBV / Police incidents
- Harm reduction monitoring e.g. take home naloxone / IEP
- Review of alcohol related deaths
- Locality profiles e.g. for the alcohol strategy and licensing board

The ADP Intelligence Hub would also contribute to other ADP priorities including

- Collation of routine monitoring, reporting and analysis of ADRS and overlap services. e.g. pathway analysis through secondary/primary / criminal justice /other care

- Evaluation of existing or innovative interventions e.g. NFOD follow up, assertive community outreach, primary care joint working, pharmacy prescribing, out of hours GADRS provision, acute addictions liaison, street outreach HIV testing and other general health interventions
- Prevention, education and early intervention analysis to inform and develop targeted interventions e.g. Multiple Risk Education Programme for Children & Young people, ROSC activities, Drug Education & Prevention in Prisons
- Needs assessments
- Specific reports. E.g. DAISY or existing systems

This proposal would provide additional support to that already provided by Public Health, strengthen links with NHSGGC Ehealth Services and across the HSCPs.

Staffing profile and part year costs

- Coordinator analyst £20,811
- Analyst £8,149
- Police Analyst £8,149

Max 500 words

Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System

Please set out your current progress in delivering priority 6, including the current gaps in delivery.

- Prison Healthcare (PHC) currently offer naloxone training and Take Home Naloxone (THN) to people in the three prisons in GGC. In the last year 718 training interventions were completed by NHS staff in the prisons. There has been a longstanding issue around the joint working aspect of this work as SPS are currently required to distribute the take home kit at point of liberation, as part of current kit is a needle and operationally kits must be retained by SPS. This is often overlooked and not issued at point of liberation. This has been raised locally and nationally as an issue via national network but remains problematic.

- PHC currently provide Opiate Replacement Therapy in the form of Oral Espranor and Methadone only. This is currently delivered daily by a minimum of 2 registered nurses and 2 health care support workers. This has a significant impact in promoting the harm reduction model and offering case management support to the patients within prison. The introduction and long term planning of Buvidal prescribing would ensure equity of service for patients within the prison

- PHC currently offer THN training to patients either at Induction to a prison or as part of ongoing work with patients engaged with Addiction Services. Provision of the training which includes THN is reliant on staffing availability, operational issues and patient engagement. Gaps in service provision have been identified both in terms of THN training and recording of input.

Monitoring of THN occurs via ISD and other key state holders including ADP.

Max 300 words

Please set out your proposals to address these gaps / enhance existing delivery, with costings

- Nyxoid Pilot
  This proposal gives us the opportunity to test a switch to Nyxoid take home preparation post training, which could be issued directly by NHS staff and thereby significantly increase the number of people leaving the prison estate with this on their person.

  This has the potential to address the risk of drug related death immediately following release from the prison estate. We acknowledge that Nyxoid is not the preferred preparation in community services in GGC, however our priority is to specifically address the issue of ensuring as many people as possible who require this intervention leave prison with it in their possession.
  This proposal also has the potential to feed into peer support modelling in prisons in the future, increasing the uptake of training and take home kits.

  Part year costs
  - Nyxoid £13,570

- Buvidal prescribing
  This would be an opportunity to train medical and nursing staff to deliver Buvidal and have the facility to offer this as a treatment option for patients- initially looking at approximately 145 people in prison. This would release time to care for patients which would support the staff to be able to increase the delivery of low level psychological interventions to Addiction patients, widen access to the Addiction Team, and increase the delivery of harm reduction which would help to support the reduction in drug related deaths post liberation.

  Part year costs
  - Buvidal for 40 people in prison £51,500

- PHC Harm reduction team
  The option to have a dedicated team of staff, for a fixed time period, who have overall responsibility for the provision of THN to all three prison sites in GGC would address the gaps in service noted above. Allowing a dedicated team of staff with appropriate knowledge, skills and experience to assess, plan, implement, record and review all THN provided in PHC would enhance current provision and could have a direct impact on the uptake and use of THN training in PHC. Allowing a team of staff to embed the process

agreed in PHC for THN provision allows greater service delivery options which potentially increases patient numbers trained in THN. Liaison with Community Team re THN and throughcare support would also be factored into this proposal. Incorporating the peer naloxone training model that has been successful in other prisons will add sustainability and SDF will provide the staff training.

Part year costs and staffing profile

- PHC bd 6 £20,811
- PHC bd 5 £17,558
- Additional THN £20,000

These will cover the three prisons, Barlinnie, Low Moss and Greenock in Great Glasgow and Clyde, given the number of people in each returning to the Glasgow city area on liberation.

Max 500 words

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.

- Major change being the guaranteed issue of Nyxoid kit associated with training figures if now owned by prison healthcare teams. This change would be in line with ADP and DDTF objectives and strategy.
  We would aim to monitor training figures and associated issuing of kit for a period of 12 months and review against current figures (acknowledging some current information is owned by SPS).
  By March 2021 we expect to see 360 Nyxoid kits issued to people leaving the GGC prison estate.
- We would hope to have 40 patients on ORT managed by Buvidal by March 2021. We would have an increase in the delivery of low level psychological interventions delivered by healthcare staff and a robust case management model reflective of person centred care.
- A review of THN provision in PHC by Sept 2020. Creation of a PHC wide database by Sept 2020. The introduction of a PHC wide training programme for THN by Dec 2020. A review of service delivery by July 2021. In keeping with ADP Priorities and DDTF objectives the aim of this proposal is to
  - Increase the uptake and provision of THN training in PHC
  - Target patients at key times in their Criminal Justice System journey
  - Improve the data collection and analysis of THN provision in PHC
  - Support community liaison to improve throughcare arrangements

Summary of funding required

Priority	Total £ required
Priority 1	Costs in P6
Priority 2	Costs in P4
Priority 3	
Priority 4	£403,014
Priority 5	£37,110
Priority 6	£123,439
Overall total	£563,563

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	Funding reduction £	Proposed / actual	Impact

Signed ADP Chair:

Jacqueline Kerr

Signed IA Chief Officer:

Susanne Millar

Date 01/07/2020

Date: 01/07/2020

Appendix 2

Projects	2020/21 IJB approved spend for Yr 3 of LIF program £000's	2020/21 Projected outturn £000's	2020/21 Projected variance £000's	Comments
Safer Drug Consumption Facility	1,000	-	1,000	Project requires change to law prior to implementation; year 3 funding allocation realigned to Enhanced Drug Treatment Service.
Enhanced drug treatment service	470	1,252	-782	The EDTS service is fully operational, this was possible due to realignment of funds from Safer Consumption
Delivery of new Peer Harm Reduction program	54	44	10	
Specialist Alcohol Care and Treatment Services in GP Practices	245	324	-79	Revised staff profile made possible by realignment from Safer Consumption
Screening for Early Fibrotic Liver Disease (pilot)	45	44	1	
Glasgow City Recovery Communities	250	250	-	
Multi-disciplinary outreach teams	661	578	83	Part year vacancies (medical, nursing & admin)
Young person Alcohol +Drug Recovery Team	65	120	-55	Revised staff profile made possible by realignment from Safer Consumption
Recovery Homework groups for children	60	60	-	
Multiple Risk Mental health - Children & YP	78	85	-7	Realignment from Safer Consumption
Prevention + Education Workforce Development	101	90	11	
Prison recovery care workers	90	90	-	
City centre engagement group/Cities with ambition	11	11	-	

Projects	2020/21 IJB approved spend for Yr 3 of LIF program £000's	2020/21 Projected outturn £000's	2020/21 Projected variance £000's	Comments
A&E youth intoxication service	85	40	45	
Pharmacy outreach team-support worker	20	20	-	
Glasgow Alcohol and drug advocacy service	50	50	-	
HIV testing in city Centre & localities	208	200	8	
Safer Choices	30	30	-	
New proposal: Navigator Project		40	-40	ADP approved
New proposal: Outreach Sexual Health & HIV		69	-69	ADP approved
Total Approved Projects	**3,523**	**3,397**	**126**	

This represents a total spend of £3.397m in 20/21 which will be funded from the core allocation of £2.046m and £1.351m from unutilised year 2 funding as agreed with Scottish Government.