Item No: 8

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

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Transfer of Glasgow Drug and Alcohol Crisis and Residential Stabilisation Services to HSCP

Purpose of Report:	To advise the Integration Joint Board of the circumstances leading to Glasgow City HSCP assuming direct responsibility for the Glasgow Drug and Alcohol Crisis Service and the Glasgow Alcohol and Drug Recovery Residential Stabilisation Service, and to provide assurance on continuity of provision and the transition arrangements. This paper is presented for assurance and awareness.

Background/Engagement:	The HSCP commissioned Turning Point Scotland to deliver the Crisis Service for more than 30 years and the Residential Stabilisation Service since 2019. The contracts expire on 4 October 2026 and 25 October 2026 respectively. Following extensive engagement with the provider from February 2026, including at Chief Executive and Chief Officer level, a lawful and Best Value contract extension could not be agreed. Turning Point Scotland has committed to work with the HSCP on transition. Engagement is also progressing with affected staff and trade unions, people using the services, families, partner organisations, the Care Inspectorate and other relevant regulatory bodies.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development.

	HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) Note the circumstances leading to the decision that the HSCP will assume responsibility for directly delivering the Crisis Service and Stabilisation Service, and that the decision was taken under the Scheme of Delegation with the Chair and Vice Chair receiving a briefing from the Chief Officer and Chief Finance Officer; b) Note and welcome the assurance that both services will continue and that the proposal does not represent the cessation of either service; c) Note the transition, workforce, equality, regulatory and governance arrangements set out in this report; d) Note that an Equality Impact Assessment will be completed as part of the transition process; and e) Note that both services will remain subject to future review through the STEP Forward programme, in line with other directly provided and commissioned services.

Relevance to Integration Joint Board Strategic Plan:

The proposal is most directly relevant to four of the six priorities in the IJB Strategic Plan:

1. Prevention, early intervention and well-being, by maintaining immediate crisis intervention, harm reduction, safe withdrawal support and routes into treatment and recovery;
2. Providing greater self-determination and choice, by sustaining access to a complementary pathway from crisis response through stabilisation, community treatment, rehabilitation and recovery support;
3. Supporting people in their communities, by reducing avoidable emergency department attendance and hospital admission and strengthening links with community alcohol and drug recovery, homelessness, mental health and social care services; and
5. A healthy, valued and supported workforce, by seeking to retain existing staff skills and experience and applying HSCP workforce, professional and clinical governance arrangements.

The transfer also supports the Strategic Plan vision of providing the right support, in the right place and at the right time, while the later STEP Forward review will consider longer-term sustainability and Best Value.

Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	The proposal principally supports National Outcomes 1, 2, 3, 4, 5, 7, 8 and 9. Continued crisis and stabilisation provision supports people to manage their health and wellbeing, live as independently as possible, have positive experiences of care, receive safe and effective services, reduce health inequalities, support unpaid carers and ensure that resources are used effectively and efficiently.

Personnel:	TUPE applies. Legal and HR work is progressing to confirm the employees in scope, employee liability information, consultation requirements, employment terms and transfer to the appropriate employing body. The transition will seek to retain the knowledge, skills and experience of the existing workforce, with appropriate arrangements for recruitment checks, professional registration, induction, training, supervision, occupational health and access to HSCP employment policies.

Carers:	Continuity of both services should support carers and families by maintaining access to crisis and stabilisation pathways and reducing the risk of a gap in essential provision. Accessible communication will be provided to people using the services, families and partners. The EQIA will consider any barriers to involvement or information.

Provider Organisations:	Turning Point Scotland is the outgoing provider and is working with the HSCP to support a smooth transition. The change ceases the current commissioned delivery arrangements but does not close either service. Wider third sector and statutory partners may be involved in onward recovery, housing, homelessness, health and social care pathways.

Equalities:	An EQIA will be completed as part of the transition and maintained as a live assessment. It will consider potential impacts on people with protected characteristics and others who may face barriers to alcohol and drug services, and will inform communication, consultation, workforce and implementation arrangements. It will be updated if planning identifies any material change to access, eligibility, location, capacity or delivery. Any later STEP Forward proposal for material service change will require its own equality assessment and engagement.

Fairer Scotland Compliance:	The immediate proposal is intended to maintain existing provision and therefore does not materially alter access, eligibility, or capacity. The EQIA will nevertheless consider socio-economic disadvantages and barriers associated with homelessness, poverty, poor physical or mental health, and wider vulnerability. Any later material service change through STEP Forward will be subject to EQIA that considers Fairer Scotland duties.

Financial:	The 2026/27 funding available under the previous contracts is £3.9 million. Direct delivery, including relevant property costs, will be funded within this envelope and no additional allocation is currently sought. Any additional requirement would need to be met from existing resources. Both services will be included in STEP Forward, including consideration of costs, funding and the IJB duty to secure Best Value.

Legal:	TUPE, procurement, property, regulatory, employment, health and safety, information governance and controlled drug licensing requirements apply. The implementation plan includes compliance with the Public Services Reform (Scotland) Act 2010, relevant 2011 care-service regulations, Health and Social Care Standards, the Health and Care (Staffing) (Scotland) Act 2019 and other applicable legislation. A Home Office controlled-drugs licence is being sought, with interim contingency arrangements planned.

Economic Impact:	The direct economic impact has not been separately quantified. The proposal protects the continuity of essential services and seeks to retain the existing workforce. Financial modelling will be updated as workforce, premises and operating information is confirmed.

Sustainability:	The immediate approach supports service sustainability by avoiding a gap in crisis and residential stabilisation provision and bringing operational, clinical, and professional accountability within the HSCP. Longer-term sustainability, service configuration, and Best Value will be considered through STEP Forward.

Sustainable Procurement and Article 19:	N/A.

Risk Implications:	Principal risks are the compressed implementation timescale, workforce uncertainty, property readiness, regulatory approvals, controlled-drug licensing, financial pressure and inaccurate or inconsistent public messaging. The most significant risk is failure to complete a safe transition before the contracts expire. Mitigation includes a dedicated multidisciplinary transition group, senior escalation arrangements, workforce and provider engagement, clinical and operational readiness planning, legal and regulatory input, property due diligence, communication and monitoring through a detailed implementation plan and risk register.

Implications for Glasgow City Council:	Glasgow City Council implications include TUPE, and workforce matters where staff transfer to the Council, property and City Property interfaces, legal and procurement advice, and the continuation of delegated social care and alcohol and drug recovery functions.

Implications for NHS Greater Glasgow & Clyde:	NHS Greater Glasgow and Clyde implications include clinical and medicines governance, prescribing and pharmacy support, safe staffing, infection prevention and control, and the Home Office controlled-drugs licence. Existing Alcohol and Drug Recovery Service clinical leadership and governance arrangements will support implementation.

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. Background

1.1 The HSCP currently commissions Turning Point Scotland (TPS) to deliver the Glasgow Drug and Alcohol Crisis Service, hereafter referred to as the Crisis Service, and the Glasgow Alcohol and Drug Recovery Residential Stabilisation Service. The Crisis Service has been delivered under contractual arrangements with the provider for more than 30 years, while the Stabilisation Service has operated since 2019. The existing contracts are due to expire on 4 October 2026 and 25 October 2026 respectively.

1.2 The Crisis Service is a residential service for adults experiencing an acute alcohol or drug-related crisis, often alongside homelessness, poor physical or mental health and wider social vulnerability. It provides immediate safety, assessment, harm-reduction support and onward connection to care, treatment and recovery services. The service contains immediate risk, prevents further

harm and supports people to re-engage with appropriate services. Assessment covers alcohol and drug use, overdose and withdrawal risks, physical and mental health, accommodation and wider vulnerability, with discharge planning undertaken alongside HSCP Alcohol and Drug Recovery Services and wider partners.

The Crisis Service helps reduce emergency department attendance, hospital admission, unsafe withdrawal, homelessness and further alcohol or drug-related harm, contributing to the prevention of deaths and non-fatal overdose.

Available monitoring information indicates that approximately 440 people accessed the Crisis Service in 2025 across 20 residential beds, with presentations involving co-dependent alcohol and drug use, drug use and alcohol-only needs.

1.3 The Stabilisation Service provides planned, time-limited residential support for adults whose alcohol or drug dependence and associated health or social needs require a structured setting beyond community treatment.

The service supports safe withdrawal from street drugs, stabilisation or optimisation of opioid replacement therapy, and management of immediate risks linked to dependent alcohol or drug use. It enables people to engage with treatment, develop recovery goals and prepare for the next stage of care.

It forms part of the pathway between community treatment and longer-term rehabilitation, recovery or other support. Onward arrangements may include community Alcohol and Drug Recovery Services, residential rehabilitation, recovery services, housing or homelessness support and wider health or social care provision. Monitoring information records that 192 people accessed the Stabilisation Service in 2025, across the contracted 16 residential beds.

1.4 The previous planning assumption was that agreement could be reached with the provider to extend the contracts while revised service specifications were developed and a future procurement exercise was undertaken. However, the provider subsequently advised that it could not extend the contracts without satisfactory resolution of significant financial and property issues, particularly in relation to potential dilapidation costs.

1.5 It should be noted that the lease agreements are between Turning Point Scotland and City Property. Any negotiations were solely between Turning Point Scotland and City Property. The HSCP has no legal standing to intervene in these arrangements and cannot comment on the negotiations between Turning Point Scotland and City Property.

1.6 The HSCP engaged actively with the provider from February 2026, including meetings at Chief Executive and HSCP Chief Officer level, and considered whether the existing contractual arrangements could be lawfully and appropriately modified. The provider proposed a significant increase in the contract value in order to address property, dilapidation and additional operating costs. This did not meet the HSCP’s Best Value responsibilities and procurement requirements and could not be approved. No further proposal was put forward.

1.7 The current contracts are therefore reaching their agreed end dates in circumstances where the current provider has advised that it is unable to agree an extension on terms acceptable to the HSCP. The decision was therefore taken by the HSCP to bring services in-house to ensure the continuity of services.

2. Transfer to HSCP

2.1 Following consideration of the available options, the HSCP has committed to continuing both services through direct in-house delivery. The services will transfer into the HSCP and will be managed within its Alcohol and Drug Recovery Services.

2.2 This decision maintains complementary residential provision within Glasgow's alcohol and drug treatment system, from immediate crisis response through to stabilisation, recovery and rehabilitation. Continued access supports individuals directly and helps sustain wider community, hospital, emergency, homelessness, mental health and social care pathways.

2.3 Both services will continue as residential provision on a substantially like-for-like basis. The transition will focus on:

- avoiding any gap in provision;
- protecting the safety and continuity of care of people currently using, or requiring access to, the services;
- retaining the knowledge, skills and experience of the existing workforce wherever possible;
- maintaining clinical and professional oversight; and
- providing clarity and reassurance to staff, people using the services, families and partners.

2.4 The relevant change is the transfer of service delivery from an external provider to the HSCP, not the closure of either service, intended to secure their continuation. The primary consideration has been the continuity of care and treatment for people who may be experiencing acute alcohol and drug-related crises, alongside the continuing availability of residential stabilisation support.

2.5 The in-house option provides the clearest available basis for maintaining continuity of access to both services, operational accountability within the HSCP, clinical and care governance, professional leadership and supervision, safe medicines, treatment and risk-management arrangements, workforce stability, and coordinated pathways between residential, inpatient, community, prescribing, outreach and harm-reduction services.

2.6 The HSCP is confident in its ability to provide both services safely and effectively, drawing on significant experience in alcohol and drug treatment, mental health, homelessness, physical health and wider social vulnerability. ADRS currently supports more than 8,000 people through community treatment, outreach, prescribing, harm-reduction and recovery services, alongside specialist inpatient alcohol and drug provision.

2.7 The HSCP also has substantial knowledge of both services through long-standing contract management, development of the Stabilisation Service specification and clinical oversight of admissions and treatment.

2.8 This provides a strong foundation for transfer, while recognising the need for detailed readiness planning, escalation arrangements, workforce consultation, premises assurance, communication and confirmation of regulatory requirements.

3. Transition Arrangements

3.1 A multidisciplinary transition group, chaired by the Assistant Chief Officer, Adults, is overseeing the work required to bring both services into the HSCP. The work includes:

- detailed operational planning for both services
- confirmation of the future management and accountability structure
- review of workforce information and staffing requirements
- consultation and communication with affected employees and trade union representatives
- assessment and implementation of TUPE requirements
- property surveys, lease arrangements and any required works
- continuity arrangements for admissions, treatment, prescribing and clinical support, including application for a Home Office licence
- engagement with the Care Inspectorate and other relevant professional or regulatory bodies
- accessible communication with people using the services, families and partner organisations
- review of contracts, information governance, insurance, health and safety, business continuity and supplier arrangements
- financial modelling as workforce, premises and operating information is confirmed

3.2 The transition group will monitor progress against a detailed implementation plan, with risks and dependencies escalated through existing HSCP governance arrangements. TPS has committed to working with the HSCP to ensure smooth transition.

3.3 In addition, Glasgow City HSCP Chief Officer has established a fortnightly meeting with senior managers across HSCP and TPS ensuring matters of concern that would prevent the smooth transition of services are escalated and addressed.

3.4 On transfer of services, oversight and performance will be managed within Adult Services and the current governance structures, to ensure that quality of service and ease of accessibility and referral pathways are maintained. The HSCP is experienced in managing residential services across service areas, most of which are receiving Very Good gradings from Care Inspectorate inspections.

4. Workforce implications

4.1 Transfer of Undertakings (Protection of Employment) Regulations 2006, commonly referred to as TUPE, is applicable. Detailed legal and human resources work is progressing to confirm the employees in scope, employee liability information, consultation requirements, employment terms and the arrangements for transferring staff to the appropriate employing body.

4.2 The transition work will seek to retain the skills and experience of the current workforce while ensuring that employees receive timely and accurate information. Appropriate workforce governance is required in relation to recruitment checks, professional registration where applicable, induction, training, supervision, occupational health and access to relevant HSCP employment policies.

5. Financial implications

5.1 The funding available under the previous contract value for the Crisis and Stabilisation services in 2026/27 is £3.9 million. Transfer of services to the HSCP once the existing contracts expire will be funded from within this financial envelope. This will include all relevant property-related costs. There is no additional budget allocation currently being sought. Should any additional funding be required, this would need to be met by existing resources.

5.2 As noted in section 9 below, both services will be included in the STEP Forward programme, consistent with the approach with all HSCP directly provided and commissioned services. This will include consideration of the funding and costs associated with these services, and the IJB's duty to secure Best Value. Any future consideration of material service change will be undertaken through appropriate governance, financial, equality, consultation and regulatory processes.

6. Equalities implications

6.1 A previous briefing to IJB members from the Depute Chief Officer, Operations and Governance, noted that an EQIA was not required because both services are expected to transfer without disruption or alteration to the current model.

It is still the case that both services are expected to transfer without disruption or alteration to the model. Indeed, the purpose of bringing the services in-house is to maintain continuity for people using the services and for current staff. However, an EQIA will be carried out. While the anticipated equality impacts are limited, the EQIA will evidence any impacts, identify unforeseen effects and demonstrate compliance with the Public Sector Equality Duty.

6.2 Accordingly, an EQIA will be completed as part of the transition process. It will consider any potential impact on people with protected characteristics and others who may experience barriers in accessing alcohol and drug services.

It will also inform communication, consultation, workforce and implementation arrangements.

6.3 The EQIA will be managed as a live assessment and updated if transition planning identifies any material alteration to access, eligibility, location, capacity or the way in which either service is delivered.

6.4 Any subsequent STEP Forward review that considers a change to the service model will be subject to its own equality assessment and appropriate engagement.

7. Regulatory and legal implications

7.1 The transfer from commissioned provision to direct HSCP delivery has regulatory and legal implications which are being incorporated into the implementation plan. As with other HSCP registered care services, there is a requirement to comply with the Public Services Reform (Scotland) Act 2010, the relevant 2011 registration, application and care-service requirement regulations, the Health and Social Care Standards, and the Health and Care (Staffing) (Scotland) Act 2019 and other legislation applicable to the particular service.

7.2 The transition plan will therefore evidence regulatory engagement, registration status, premises suitability, the accountable provider, the registered manager arrangements, and readiness to operate from the agreed transfer date.

7.3 As direct provider, the HSCP will hold responsibility for ensuring that clinical and care governance arrangements are fully applied to both services. This includes clear professional accountability, safe staffing, incident reporting, medicines governance, infection prevention and control, adult support and protection, complaints handling, quality assurance and pathways for clinical escalation.

7.4 Existing Alcohol and Drug Recovery Service clinical leadership and professional governance arrangements provide the framework through which these responsibilities will be discharged.

7.5 A Home Office licence is required to enable the service to hold stock of controlled drugs and therefore operate effectively. The HSCP is in the process of applying for such a licence and contingency arrangements are being planned for the use of named patient medication as an interim measure.

7.6 The current contracts with TPS will be concluded through normal contract management processes. The decision to proceed with direct provision follows consideration of whether the existing arrangements could be modified in a manner consistent with procurement regulation and Best Value duties. A satisfactory contractual solution was not identified.

7.7 Property condition, leases, dilapidations, statutory compliance and any required works are material dependencies. The transition arrangements include access to both properties, assessment of their condition and agreement on the premises from which the services will operate.

8. Risk management

8.1 The principal risks relate to the compressed implementation timescale, workforce uncertainty, property readiness, regulatory approvals, financial

pressures and the potential impact of inaccurate or inconsistent public messaging. A register will monitor and record mitigation of all key risks.

8.2 These risks are being and will continue to be mitigated through:

- a dedicated multidisciplinary transition group
- clear workstream leadership and escalation routes
- engagement with the provider and affected workforce
- clinical and operational readiness planning
- legal, HR, procurement, equality and regulatory input
- site and property due diligence
- accessible communication with staff and people using the services
- regular monitoring against the implementation plan.

8.3 The most significant risk is failure to complete the transition safely before the contracts expire. Direct delivery is the key mitigation against a gap in essential provision.

9. Future review

9.1 The immediate priority is to secure safe and stable continuity of both residential services. Direct provision should not be interpreted as predetermining the longer-term configuration of either service.

9.2 Both services will be included in the STEP Forward programme, consistent with the approach with all HSCP directly provided and commissioned services. Any future consideration of material service change will be undertaken through the appropriate governance, financial, equality, consultation and regulatory processes.

10. Recommendations

10.1 The Integration Joint Board is asked to:

a) Note the circumstances leading to the decision that the HSCP will assume responsibility for directly delivering the Crisis Service and Stabilisation Service, and that the decision was taken under the Scheme of Delegation with the Chair and Vice Chair receiving a briefing from the Chief Officer and Chief Finance Officer;
b) Note and welcome the assurance that both services will continue and that the proposal does not represent the cessation of either service;
c) Note the transition, workforce, equality, regulatory and governance arrangements set out in this report;
d) Note that an Equality Impact Assessment will be completed as part of the transition process; and
e) Note that both services will remain subject to future review through the STEP Forward programme, in line with other directly provided and commissioned services.