



THE POLICE & CRIME COMMISSIONER FOR CLEVELAND

DECISION RECORD FORM

REQUEST: For PCC approval.

Title: Heroin Assisted Treatment Pilot Scheme

Executive Summary:

Latest figures, published by the Ministry of Justice and Public Health England, show that Middlesbrough local authority area accounts for the highest rate of adult re-offending, opiate users and drug-related deaths in the country. Entrenched heroin dependency continues to be a key driver for acquisitive crime offending behaviour in the Cleveland police force area, with a cohort of 'revolving door' offenders placing increased demand on the local Criminal Justice System.

Both nationally and locally, heroin addiction is commonly treated with oral methadone maintenance substitution, but about 5-10% of people addicted to heroin who remain in treatment fail to benefit and continue to inject street-bought heroin and continue in cycle of offending behaviour to fund their addiction. Published evidence from the UK and other countries, shows that Heroin Assisted Treatment (HAT) is a clinically effective second line treatment for a small group of people who have repeatedly failed to respond either to methadone treatment or to residential rehabilitation. Currently, there are no HAT schemes operating in England and Wales.

Funded in partnership with South Tees Public Health, Foundations Medical Practice, Durham Tees Valley Community Rehabilitation Company and Tees and Wear Prisons Group. The PCC seeks to introduce a 12-month HAT pilot scheme in Middlesbrough that will deliver a targeted and intensive programme, which utilises the reinforcing effects of injectable diamorphine to promote adherence, social reintegration and recovery in people who have failed to benefit from traditional treatment. The PCC has allocated £131,287 to support the delivery of this scheme which has an overall cost of £441,512.

The scheme will target up to 15 of the most 'at risk' individuals within Middlesbrough, who are causing most concern to Criminal Justice agencies, as well as Health and Social Care Services, and will promote independence, long term recovery and desistance from offending behaviour.

Delivered 7 days per week individuals will receive intensive psychosocial interventions (PSI) delivered via group work and individual key worker sessions. Dovetailed with rehabilitation and resettlement plans, individualised treatment plans will extend to include carers/family members in supporting patients along a recovery pathway. Support for social reintegration (housing, employment) will be achieved by patients having a dedicated Recovery Co-ordinator and 'team around the individual', including community peers in active recovery (Recovery Ambassadors).

Ensuring that a recovery and rehabilitation focus aspiration is maintained, recovery plans will support patients to consider non-injectable forms of treatment and facilitated access to mutual aid, opportunity for detoxification (community or inpatient) and an abstinence programme via our local quasi-residential rehab services.

The process of identification of suitable candidates for the programme via multi agency panel

(Health, Probation, Police and Specialist Treatment Service) will ensure targeted and well-considered initiation of treatment provision. The panel will assess suitability of the person to access the highly structured treatment intervention programme. Patients will initially be identified via an agreed criterion such as failed first line treatment episodes, risk to self and community (high crime causer, high volume user of health and social services).

The scheme will bring significant benefits and efficiencies to criminal justice agencies and wider society through:

- Reduction in offending/reoffending caused by the reduced need to buy and use street drugs – leading to less crime and victims, fewer short-term prison sentences
- Reduction in anti-social behaviour and drug related litter due to stabilization of the individuals opiate use disorder, supervised injecting and increased engagement in treatment programme as well as constructive diversionary activities.
- Reduced inpatient admissions due to overdose and/or co-morbidity issues.
- Engaging and retaining in treatment some of the most entrenched hard-to-treat heroin dependent individuals for whom previous community-based and/or prison-based treatment, as well as residential rehabilitation, appear to have had little beneficial impact.

In terms of the wider benefits to society, a local mapping exercise of 20 individuals who meet the proposed criteria for the HAT scheme shows that over a 24-month period they were detected to 351 crimes, costing society £784,890 the equivalent to £5.58 per head of population in Middlesbrough.

To inform future commissioning arrangements the pilot scheme will be independently evaluated by an academic institution.

This pilot scheme supports the PCC's objective of Tackling Offending and Re-offending.

Decision:

To approve funding (£131,287) for a 12-month pilot Heroin Assisted Treatment scheme

OPCC Lead Officer: Lisa Oldroyd

Contractor Details (if applicable): Foundations Medical Practice

Implications:

Has consideration been taken of the following:	Yes	No
Financial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equality & Diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Human Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(If yes please provide further details below)

Decision Required – Supporting Information

Financial Implications: (Must include comments of the PCC's Chief Finance Officer where the decision has financial implications)

Funding has been allocated within the 2019/20 budget for this programme of work and therefore is affordable within the agreed budget that the PCC approved in February 2019

Legal Implications: (Must include comments of the Monitoring Officer where the decision has legal implication)

Grant arrangements pursuant to the PCC's commissioning powers set out in s.143 Antisocial Behaviour Crime and Policing Act 2014.

Equality and Diversity Implications

A Equality and Diversity Impact Assessment will be completed by the Service Provider prior to the implementation of the pilot scheme.

Heroin Assisted Treatment will be accessible to anyone regardless of background, gender, ethnic group, sexual orientation. It is acknowledged that number of places on the scheme is limited to 15, where a clear inclusion criteria for the scheme has been developed, adopting a multi-agency approach to participant selection.

This additional treatment option will allow a diverse group of people (up to 15) who are experiencing substance use disorder to benefit from enhanced protective factors of Heroin Assisted Treatment, targeting those individuals who have failed to benefit from existing treatment services.

Human Rights Implications

None arise.

Sustainability Implications

To inform the sustainability of the scheme and future PCC commissioning intentions, the pilot scheme will be independently evaluated by an academic institution.

Risk Management Implications

The scheme selection criteria has not been shared with patients, wider partners or non-associated staff to avoid risk of individuals commencing high risk behaviours or increased criminal behaviour to increase selection chances.

Evidence for the IOT is that patients health and well-being improves, alongside dramatic reductions in local crime rates and cost implications.

The risks of diversion of medication have been assessed, explored and reduced through the development of Standard Operating Procedures (SOP's) in accordance with NICE guidelines and governance arrangements of controlled drugs with Local Controlled Drugs officer, Cleveland Police and Home Office.

Risk of dose intolerance and associated risks will be reduced through pre and post dose

assessment processes, availability of qualified and trained medical staff and appropriate medical equipment including Naloxone.

Risk of public opposition has been reduced through a clear media strategy and multi agency approach to funding, supporting and delivering the pilot Heroin Assisted Treatment scheme.

OFFICER APPROVAL

Monitoring Officer

I have been consulted about the decision and confirm that financial, legal, and equalities advice has been taken into account. I am satisfied that this is an appropriate request to be submitted to the Police and Crime Commissioner.

Signed  Date 10/6/19

Police and Crime Commissioner:

The above request HAS my approval.

Signed  Date 10/6/19