

Report for: Cabinet Member for Health, Social Care and Wellbeing

Item number: 5

Title: Request for approval of acceptance of the grant award to Haringey council from the Department of Health and Social care for Rough Sleeping Drug and Alcohol treatment

Report authorised by : Dr Will Maimaris, Director of Public Health

Lead Officer: Sarah Hart

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

This report seeks approval to accept the Rough Sleeper Drug and Alcohol Grant 2024/2025

2. Cabinet Member Introduction

Not applicable

3. Recommendations

3.1. For the Cabinet Member for Health, Social Care and Wellbeing to approve the receipt of Department of Health and Social Care Rough Sleeping Drug and Alcohol Treatment grant of £702,145, for the year 2024/25 as permitted under Contract Standing Orders 16.02 and 17.1

4. Reasons for decision

4.1. Cabinet Member for Health, Social Care and Wellbeing has previously approved the receipt of the grant for financial year 2023/2024. An additional year of the grant has now been announced, which will allow us to continue to commission drug and alcohol services for those with a history of sleeping rough.

5. Alternative options considered.

5.1. The Council could refuse to receive the grant. However, the commissioned services are performing well, and there is a clear need for this work and strong support to tackle the impact of substance misuse on the homeless community, this option has been considered and rejected.

6. Background information

- 6.1. In response to the COVID-19 pandemic, the Minister for Local Government and Homelessness (Luke Hall MP) called on local authorities to assist in ensuring that all those sleeping rough or at risk of doing so, were accommodated. In response to 'Everybody In' the Council placed over 500 people into emergency accommodation. It is estimated that around 70% of those with a history of rough sleeping will have a substance misuse issue. People experiencing homelessness are among the most vulnerable and isolated in our society, with the poorest health outcomes. They often struggle to engage in mainstream services which they find too inflexible.
- 6.2. In 2020 Haringey became a phase one area for a new grant to improve access into substance misuse treatment for those with a history of rough sleeping and substance misuse. In 2021 this was extended to 2024, now a further year's funding for 2024-25 has been announced.
- 6.3. **Participation** – The grant was given to create a new substance misuse treatment workforce who would better meet the needs of homeless people. The design of the team and its way of working was undertaken through a series of participatory exercises which resulted in a theory of change. Service users, substance misuse staff, homeless workers, and peers, came together to decide how we would create something new, a substance misuse homeless team whose culture and way of working blended the empathy and skills of homeless workers with the clinical knowledge and skills of substance misuse workers. The consensus was for a team who were outward facing, delivering treatment where homeless people felt most comfortable. Participation continues to be core to delivery. There is a multi-agency quarterly steering group, which is always well attended. There are also smaller, less formal projects which homeless people are involved in i.e. designing training for workers, a harm reduction conference, and delivering an international women's day event. We have all recently worked together to raise funds for an activities/clinical building in our homeless unit.
- 6.4. **Current team model** - The grant application is used to commission the drug and alcohol rough sleeping team. This is made up of multi skilled workers from the organisations who deliver treatment services in Haringey. Bringing Unity Back into the Community (BUBIC) provide peer supporters and the drug and alcohol service, a senior practitioner, psychology, nurse prescribing, alcohol worker, eastern European worker, trainee, psychology, prescribing nurse and alcohol complex worker.
- 6.5. The team's method of delivery is based on the theory of change developed through participation. It is trauma informed and co locates where people who are homeless are most comfortable to engage, including the street, hostels, and Mulberry Junction. The outcomes of the service were agreed with funders as follows:
- **Access to treatment** - A team of psychologically informed specialist workers, provide rapid access services in the community where and

when people experiencing rough sleeping are best engaged. Peer mentors support people to navigate treatment and housing pathways.

- **Sustained engagement** - Trauma informed holistic system of 1:1 and groups ensure people feel safer to address their substance misuse. If it isn't the right time for treatment, then harm reduction and recovery activities,
- **Successful**- outcomes measurement is balanced between harm reduction and abstinence principles and people's own definitions of success.
- **Stable accommodation** - Every person has an integrated substance misuse and housing care/support plan. The team is involved in incident and risk management planning in emergency/supported housing, with the view to preventing evictions.
- - Bridges between mental health and substance misuse services are strengthened by the emerging MDT approach between our new Rough Sleeping Mental Health Service, Street Outreach Team and Council delivered services
- **GP registration** - All those with a history of rough sleeping are supported to register with a GP.
- **General health care** - Complex health needs are addressed via a GP with a special interest (GPSI) working with primary and secondary care and the homeless GP's.
- **Access to inpatient** - The team are reworking the inpatient pathway to account for the pace, needs and goals of people who have been rough sleeping.

6.6. **Monitoring and outcomes.** The service is overseen by an operational group which reports quarterly to multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience. Outcomes are shown below. Haringey does report outcomes into funders however, there is not a universal outcome reporting system. This means that we don't have outcomes from other local authorities to benchmark against. However, we know Haringey is doing well as we have been chosen to be part of the national evaluation.

6.7. **Referrals and engagement** – the service has had in total 259 referrals, of whom 222 were accepted. It is very positive that referrals have increased as the service has developed.

- 1 referral in 2020
- 56 referrals in 2021
- 70 referrals in 2022
- 95 referrals in 2023 (up to December 2023)

6.8. These referrals have come from 26 sources, highlighting the wide range of agencies the team has contact with. More recently referrals via peers have increased, as clients act as advocates for the service.

6.9. **Commencement of treatment** – Haringey's ambitions clearly set out that the team will work with people who are homeless where they are in terms of their drug or alcohol use. So, for some this is providing harm reduction advice, ensuring they have the skills and equipment to prevent overdoses and

contraction of a blood borne virus. Stepping into structured treatment is important. Of the 222 accepted referrals, 146 (66%) have commenced structured treatment. That rate is increasing in 2022-23 it was 51% in 2023/24: Q1=81%Q2=74%. This is likely to be due to both people slowly engaging and moving at their pace into treatment and the service getting better. A major service improvement has been the establishment of 2 prescribing clinics in Mulberry Junction. At the start of the program women's engagement was poor however in the last quarter this has risen to 70%. Again, this improvement has a clear link to flexible practice, listening to women and their i.e. all services now have women only sessions, additional psychiatry led by a female has been introduced. Women who use substance are highly discriminated against and often seen as a problem or too complex. The celebrate the projects women, in March 2024 the women of our services are planning to host an event to celebrate international women's day.

6.10. Visible rough sleeping is associated with 'Other White' and 'White British' ethnicity groups and this is reflective in those who are engaged in the service. However, having Bringing Unity Back into the community (BUBIC) a black African organisation, as our peer led service, has ensured that 22% of those engaged with the service are Black Afro Caribbean and mixed-race homeless people.

6.11. **Primary substance** – of those engaging the primary substance is heroin with crack cocaine. Alcohol numbers are lower than expected, in part because of staffing vacancies. However, this is something we will explore in 2024/25.

Referred by Primary Drug

- **54%** of primary **alcohol** users,
- **80%** of primary **heroin** users,
- **50%** of primary **cannabis** users,
- **53%** of primary **crack** users have engaged.

6.12. **Housing status at referral** - 56% were officially sleeping rough at referral. The rest were at risk of homelessness.

6.13. A major issue for London and Haringey is helping people with no recourse to public funds. At stage of entry into the service, of the 222, 28 (13%) had no recourse to public funds. The team works well with the Council and charities to review the status of those with no recourse and as a minimum can offer community services, detoxification and either repatriation or support from charities.

6.14. **Success** - This project is not aimed at exit; it aims to stabilise and maintain wellbeing. However already there are people who have successfully completed treatment – 25 of the 125 exits. The aim is to avoid unplanned exit, but this is a client group who are hard to successfully serve, are transient and can be caught up in offending to feed their addiction. There were 3 deaths, 68 unplanned exits, 18 moved out of area and 11 transferred into custody. Receiving funding for a further year allows us to work on these areas and find ways to continue treatment for those who move or go into custody.

6.15. Successes and challenges – the service is very different from the normal drug and alcohol treatment services, it is a person centered, placed-based way of working which sees good results. We are excited that in 2024 Haringey has been selected as one of 9 areas to be part of the national evaluation. Recruitment and retention of eastern European workers has been a challenge as has finding prescribing medical staff. It is especially important when building trust for the workforce to be consistent. For 2024 we now have a new team of alcohol workers and hope this will bring higher success in relation to the work around alcohol.

6.16. Reporting The Public Health team report outcomes quarterly to the funder and the local steering group. The steering group has people with lived experience, street outreach teams, housing related support accommodation manager and commissioners and substance misuse staff. It is chaired by public health.

7. Contribution to the Corporate Delivery Plan 2022-2024 High level Strategic outcomes.

This decision supports the ambition of the Corporate Delivery plan to for Haringey to be a place where everyone can live healthy and fulfilling lives and feel connected and safe in communities where people support each other. The grant will provide additional unique services that support those who are of have been homeless and have a substance misuse problem. This is a population of residents who are most in need, their life expectancy is far shorter than other residents and they often experience years of poor health, violence and social exclusion.

8. Carbon and Climate Change

Mitigating carbon – The grant will go to local providers of substance misuse services. No new premises will be used for this service as the strategy for these services is co- location, maximising use of existing buildings. In the specification for the service, we will require providers to have carbon reduction policies and to minimise energy consumption, encourage staff to walk or use public transport.

9. Statutory Officers comments (Director of Finance (procurement), Head of Legal and Governance, Equalities)

Finance

An indicative amount of £702,145 has been awarded to London Borough of Haringey for 2024-25, to support its Rough Sleeping, Drug and Alcohol Strategy. It is intended that the funds will support the programme, and expenditure will not exceed the budgeted amount.

Procurement

Congruent with Contract Standing Orders 16.02 and 17.1 a Cabinet Member with the relevant portfolio (in this case Health Social Care and Wellbeing) may take a decision usually made by Cabinet, allocated by the Leader (16.02) and approve the receipt of grant monies that exceed 500k. (17.1)

The approval for the receipt of grant funding at £702,145 will help support the delivery of important drug and alcohol treatment for vulnerable rough sleepers in place-based and person-centred ways that encourage their specific engagement as outlined at 6 above.

Assistant Director of Legal & Governance (Monitoring Officer)

The Assistant Director of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.

The Contract Standing Orders (CSOs) in respect of approval of receipt of a grant mirror the CSOs for award of a contract. As the value of this grant is over £500,000, approval would ordinarily be by Cabinet, as provided for under CSOs 9.07.1 d) and 17.1.

In-between meetings of the Cabinet, the Leader may take any such decision or may allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).

The receipt of the grant is a Key Decision and therefore the Council needs to comply with its governance processes in respect of Key Decisions including publication in the Forward Plan.

The Assistant Director of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

Equality

The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.

Advance equality of opportunity between people who share those protected characteristics and people who do not.

Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity,

race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Although it is not enforced in legislation as a protected characteristic, Haringey Council treats socioeconomic status as a local protected characteristic.

This report relates to the recite of a grant which will specifically be used for residents who are homeless with substance misuse issues. Data show that women and people from black and ethnic minority communities are overrepresented in the rough sleeping/service user population. As such the decision represents a route to advance equality of opportunity for those with protected characteristics.

Substance misuse is highly stigmatised and so it is to be expected that adults with a history of homelessness with protective characteristics may face additional challenges in seeking help. This was explored within the needs assessments and theory of change developed at the beginning of the project. The key design features of the service are having peers reaching out into different communities – led by Bringing Unity Back into the Community (BUBIC). BUBIC has recruited residents with lived experience into this program of work. There are both male and female workers – homeless women are often very marginalised. Workers are predominantly black African. The team also has an eastern European worker. This peer service, where the peers are diverse, helps remove barriers to access for those experiencing homelessness, including the most marginalised, and therefore reduces health inequalities for those with protected characteristics.

Quarterly equities reporting is a fundamental requirement of the service. As demonstrated in section 6 of this report data is not only examined but shapes practice and there are demonstratable outcomes in improvement of access.