Report for: Cabinet Member Signing – 15 September 2022

Title: Request for Approval of Acceptance of the Grant Award for Rough Sleeping Drug and Alcohol Treatment

Report authorised by: Will Maimaris, Director of Public Health

Lead Officer: Sarah Hart, Senior Commissioner, Public Health, 0208 489 1480, Sarah.Hart@haringey.gov.uk

Ward(s) affected: All

Report for Key/ Non-Key Decision: Key Decision

1. Describe the issue under consideration

1.1. This report seeks approval to accept the Rough Sleeping Drug and Alcohol Grant and award 2022-25.

2. Cabinet Member Introduction

2.1. Not applicable.

3. Recommendations

The Cabinet Member for Health, Social Care, and Wellbeing is recommended:

3.1. To approve the receipt of the Office of Health Improvement and Disparities (OHID) grant for Rough Sleeping Drug and Alcohol, for the year 2022/23 and 23/24 as permitted under Contract Standing Orders 16.02 and 17.1.

3.2. To note that the indicative total value of the grant will be £1,184,613.

4. Reasons for decision

4.1. Substance misuse is a prevalent issue for those with a history of rough sleeping and is often an impediment to their moving to settled accommodation, if left untreated.

4.2. In 2021/22 Haringey Council successfully bid for a grant from OHID to provide street-based substance misuse services to those with a history of sleeping rough. The bid was designed by staff and residents with lived experience. Having successfully delivered on the 2021/22 programme OHID has now released further funding for Haringey for the years 2022-24. Delivery has been so successful that our grant has now been increased to a value that requires Cabinet member agreement.

5. Alternative options considered

5.1. The Cabinet Member could refuse to receive the grant. However, as there was 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 was chosen as a phase one area for a new grant to improve access to treatment for those with substance misuse needs, who have a history of rough sleeping. Although the grant was only for one year, a further two years were expected, subject to Government agreement.

6.3. **Participation** - The Public Health senior commissioner in response to the OHID grant application announcement, undertook several participation activities to design a new substance misuse service for those with a history of rough sleeping. Design meetings were held with the Supported Housing team, substance misuse service managers and those with lived experience. A survey was also undertaken with homeless staff and people with lived experience, see box 1 below. From the co design work a theory of change, grant application and project plan were developed.

1. **Staff and service users were asked about the referral process, their response was as follows**

   clients who present with more complex challenging behaviour.

   Referral process is overly formal, takes a long time

   Communication and response times require attention.

   The referral process is good; however, it will be good to have a dedicated team to work with clients with complex needs.

2. **Staff and service users were asked about what would reduce the number of those with a history of homelessness dropping out of drug/alcohol treatment.**

   The most comment response was that *homeless people find it difficult to attend substance misuse services for fixed appointment times*. Followed by services should be delivered from *places where homeless people are used to visiting. We need to have access to rapid prescribing.*

   - There were also reports of misconceptions and prejudice from substance misuse staff and services towards homeless individuals.
   - Communication appeared to be very poor - *services very rarely answer the phone, and overall do not do a good job of supporting clients. There needs to be consistency and proper holistic support*

Box 1 – lived experience and staff survey 2021

6.4. **New model** - The grant application contained the following new service consisting of

- 2 Bringing Unity Back into the Community (BUBIC) peer supporters
- 1 Barnet, Enfield and Haringey Mental Health (BEH) team Drug Service Senior Practitioner
- 1 Humankind Eastern European worker
- 1 trainee post – ideally for someone with lived experience.

6.5. The team's work in based on the theory of change developed through participation. It is flexible, based where homeless people are most comfortable to engage, including the street, hostels, and Mulberry Junction. The outcomes of the service were agreed 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 is not the right time for treatment, then recovery activities, BUBIC's Phase 1 programme or harm reduction at HAGA is facilitated by Peer workers.
- **Successful completion,** 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.
- **Dual diagnosis** - 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. This leads to shorter waiting
  times, rapid multidisciplinary assessment, improved risk, and safeguar ding responses.
- **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 of year 1

6.6.1. The service is overseen by an operational group reporting to a quarterly multi partnership Substance Misuse Rough Sleepers Steering group, which includes people with lived experience.

6.6.2. Referrals and engagement - in the last 12 months 93 complete referrals were made and followed up. This performance is good as the service only became operational in September/October 2021, then in the spring 2022 a member of staff left. Haringey now has a full team, and this is reflected in referrals increasing last quarter. We are confident we will reach our OHID targets set for October 2022.

6.6.3. In exploring which residents are engaging and who is not, the steering group can see where the gaps are arising and the successes. 56% of males have engaged compared to 36% of females. The highest numbers of referrals are the in "Other White" and "White British" groups, with around 55 - 60% engaging

in treatment. This reflects identified need and the success relates to having an Eastern European worker. Also, to note that 17 engagements were Afro Caribbean, a very hidden homeless group, for whom we plan more work. 63% of whom have engaged, which is likely to be linked to the BUBIC peers being Afro-Caribbean.

6.6.4. There is little difference in engagement between alcohol and drug users. However, although numbers are small, it appears that engagement rates of Primary Cocaine and Cannabis users are low.

6.6.5. Completions – 71% of discharged were unsuccessful. Key issues are eviction from accommodation and custody.

6.6.6. ***Successes and challenges -*** The aim is to make the new substance misuse rough sleeping team be a virtual part of homeless services and the Haringey Health Integrated team (HHIT). This has been achieved, there are frequent joint outreach visits and complex clients are discussed at a multi-agency team meeting. It has been challenging to set up information sharing protocols between substance misuse and homeless services to support better integration, but this is now nearly complete.

6.6.7. *Training* **–** substance misuse and homeless workers have been training each other, to better understand roles and cultures and for homeless workers to be more knowledgeable about drugs.

6.6.8. *Naloxone and needle exchange* – the team has been supporting hostel workers to be able to give overdose prevention help (naloxone) and needle exchange. Both were visibly being used on the substance misuse commissioners' visits to hostels.

6.6.9. *Motivation* – there have been some very successful client journeys, people who no one ever thought would make it to treatment, completing detox and rehab and moving on to re settlement. This is creating an environment of ambition around substance misuse rather than acceptance of ongoing use.

6.6.10. *Pace* – even in our proposal we were clear that the service needed to work at the pace of the individual, not everyone will be ready for treatment straight away. Our model has really been able to tap into this, with the regular visits to hostels of the peers and lots of opportunities to sit and talk through options with the substance misuse key worker. Case studies show that once relationships are built, people with a history of rough sleeping will engage with harm reduction and treatment.

6.7. Funding for 2022/24 to further expand the service.

6.7.1 During the first-year Haringey homeless substance misuse peer mentors and key workers have been able to gather more information about unmet need.

6.7.2 Once again, we did some service re design and submitted a new bid to OHID for further funding. Below are the additional services

- Outreach prescribing – the team will now have a prescriber who can initiate opiate substitute therapy (OST) in the community. Currently clients need to attend the drug service for this, and they often do not or have disabilities that make this very hard. We know going to a male dominated drug service is one of the barriers for women.
- Psychology – we are going to be able to increase psychology input to this group of clients. We know that the levels of trauma are extremely high in these residents. We hope that this may be something to help with better engagement of women.
- Complex health care workers – both the alcohol and drug service will be having new complex care workers, who will help the team to manage safeguarding and complex health needs.
- Co-production and social re integration – recovery services will have a budget for activities which will help build co production, encourage use of time credits and build social inclusion.

6.8. Next steps

6.8.1. We would like to repeat the survey. Recent visits by the substance misuse commissioner to hostels to talk to workers, suggest that there is now high satisfaction with the substance misuse service. But there are still gaps, particularly for women successfully engaging.

6.8.2. The homeless and treatment services information sharing protocol will soon be signed. Then we will be able to understand the reasons for unsuccessful treatment episodes due to exclusions from hostels. We will then know how this can be better managed between substance misuse services and housing related support.

6.8.3. With Homes for Haringey back in the Council we are planning to work together more around prevention of evictions and antisocial behavior, where substance misuse is an issue.

6.9. Reporting

6.9.1. The Public Health team report outcomes quarterly to OHID and the local steering group.

7. Contribution to strategic outcomes

7.1. The service fulfils three crosscutting commitments of the Haringey Labour Manifesto:

1. Tackling inequalities and poverty - making services equitable and easily accessible for all Haringey residents.
2. Living Well Approach - locally delivered services.
3. Protecting our residents - Improved community safety for all ages.

8. Statutory Officer Comments

8.1. Finance

8.1.1. This report is seeking the approval for receipt of the OHID grant for Rough Sleeping Drug and Alcohol for the year 2022/23 and 2022/24. The total value of the grant will be £1,184,613.

8.2. Procurement

8.2.1 This request for approval for the acceptance of the OHID grant for Rough Sleeping Drug and Alcohol is aligned with requirements of Contract standing Orders 16.02 and 17.1 and will assist the Council to provide much needed service provision as outlined at 4 and 6 above.

8.3. Legal

8.3.1 The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of the report.

8.3.2 Pursuant to Contract Standing Order 17.1 and Contract Standing Order 16.02 a Cabinet Member having the relevant portfolio responsibilities has authority to authorise the receipt of the grant referred to in the recommendation.

8.3.3 The Head of Legal and Governance (Monitoring Officer) sees no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in the report.

8.4. Equality

8.4.1. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not

8.4.2. 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.

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

8.4.4. This report relates to the receipt of a grant to residents who are homeless with substance misuse issues. The service provides support to vulnerable people, including those with protected characteristics.

8.4.5. 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 is explored within the needs assessments, equity audits and service design. Having people with lived experience co deliver services and monitor service will further expand equity. Data from these projects will include all protective characteristics.

9. Use of Appendices

9.1. N/A

10. Local Government (Access to Information) Act 1985

10.1. N/A