



Leicester
City Council

SECOND DESPATCH

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION**

TUESDAY, 21 JUNE 2022

Further to the agenda for the above meeting which has already been circulated, please find attached the following:-

ANY OTHER URGENT BUSINESS

AOUB1

THE ROUGH SLEEPERS DRUG AND ALCOHOL TREATMENT GRANT

Officer contacts

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**The Rough Sleepers Drug and Alcohol Treatment
Grant**

For consideration by:
Health and Wellbeing Scrutiny Commission

Date: 21st June 2022

Lead Director: Ivan Browne

Useful information

- Ward(s) affected: All
- Report author: Mark Aspey
- Author contact details: 0116 4542385
- Report version number: V1

1. Summary

1.1 This report outlines a new programme to support individuals who are rough sleeping or at risk of rough sleeping to engage into drug and alcohol treatment. This programme is delivered collaboratively across Leicester and is supported mainly through a new central government grant the Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG).

1.2 The programme is in its relatively early stages and the majority of posts had not become operational until May 2022.

1.3 This report presents an opportunity for members of the Health and Wellbeing Scrutiny Commission to become aware of the programme and make comments on the work to date.

2. Recommended actions/decision

2.1 The Health Scrutiny Commission is asked to:

- Provide comment on the work carried out to date with the RSDATG and the next steps outlined below.
- Identify opportunities to support the development of the RSDATG work further.

3. Scrutiny / stakeholder engagement

A range of partners have been consulted in the process of putting together the bid including the Leicester City CCG, LPT, Inclusion Health Care, Action Homeless, Help the Homeless, The Bridge, The Centre Project, and St. Mungo's. The initial bid was led by the public health team in conjunction with colleagues from LCC housing and Adult social care. on behalf of the Director of Public Health, Director of Housing, Director of Social care, and Clinical Commissioning Group Exec Director of Integration & Transformation.

Commissioners have also sought the views of residents at Unity House- (substance misuse supported accommodation) and joined a recent session of the 'Hope Forum' which is a participation forum for individuals experiencing homelessness.

4. Background and options with supporting evidence

4.1 Leicester is one of 20 areas to receive funding in the second wave of a rough sleeper's drug and alcohol treatment grant (RSDATG). This is linked to the government's manifesto pledge to eradicate rough sleeping by the end of the current Parliament.

4.2 Leicester was invited to make its bid in May 2021; a joint application was made by the Council (Public Health, Housing, Adult Social Care), the Clinical Commissioning Group, Turning Point, Leicestershire Partnership NHS Trust, and Inclusion Health Care. Funding was confirmed in November which included part of 2021-22(400k) and 2022/23(600k). We are waiting for confirmation that funding will be continued to March 2025.

4.3 Funding is to support work with people who are rough sleeping or at risk of rough sleeping who have substance misuse problems. At the time of submission we estimated that only a third of this vulnerable group are in drug/alcohol treatment. Recruitment of staff to run the project started in November 2021 and the project began to roll out from February 2022 with most staff in place by May 2022.

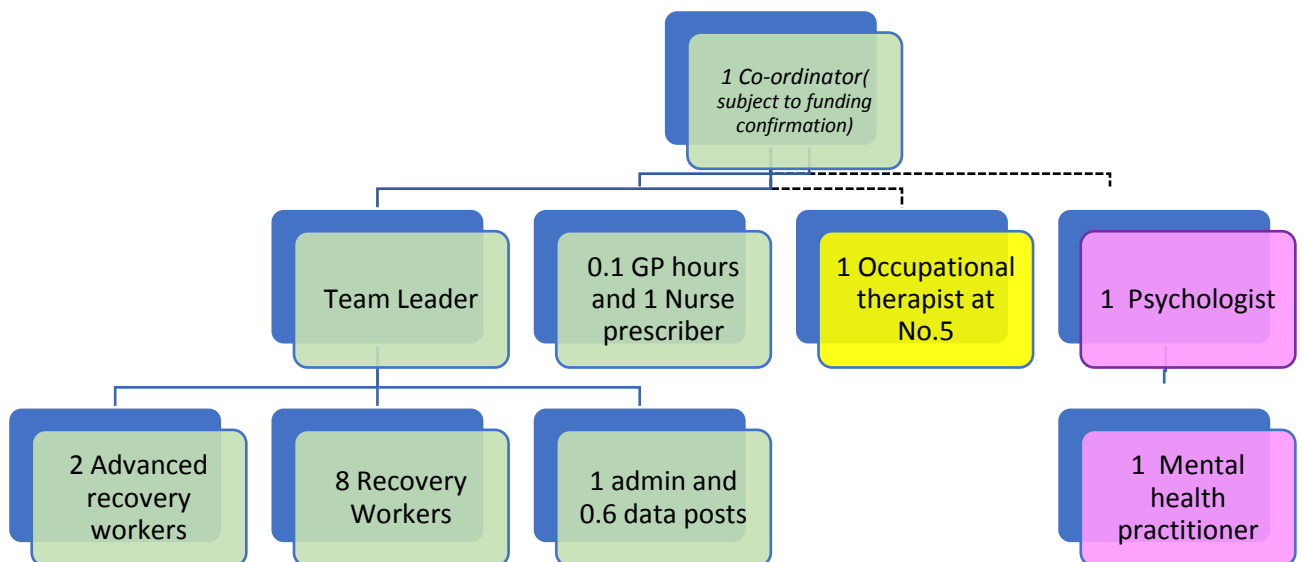
4.4 Overall the new service will:

- Increase the availability of street-based support/treatment- in ‘time and place’ -on the street, in temporary accommodation and in Day services through a sizeable increase in Rough Sleeping recovery workers at Turning Point. This will be managed through a variation to the existing contract with Turning Point.
- Recruit designated Psychologist, mental health, clinical and administrative resources to support this work
- Focus on building relationships and trust, drawing, and retaining people into treatment.
- Link people to other health services e.g. for Hep C treatment, fibro scanning for liver problems
- Develop more learning and leisure activities for the cohort.
- Co-ordinate with other homelessness resources and programmes such as the Rough Sleeping Initiative and Changing Futures and respond to changing information about rough sleeping in the city.
- Help people get into and stay in suitable accommodation

Strategic and operational groups are in place to oversee this work.

4.5 Rough Sleepers model details

Figure 1 outline of the operational model



Agencies use their own reporting/supervision/governance structures, but the treatment provider leads on overall co-ordination

Turning Point UK: Existing treatment provider	Inclusion Health care Contractor for No.5 recovery hub and primary care services for homeless people/rough sleepers.	Leicestershire Partnership Mental Health Trust Provider of mental health services for homeless people.
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4.6 Progress to date and next steps

4.7 Recruitment

There were some challenges around recruitment as funding has only been confirmed up to March 2023 and this meant posts were advertised as fixed term. However all but one of the recovery worker posts have now been filled as has the Team Leader. The Co-ordinator post has been a recent addition to the model and (subject to confirmation around the use of funding) will be advertised shortly.

The clinical(nursing/doctor) hours are not yet fully filled, and the Psychologist and Mental Health worker posts started at the end of May. The OT worker post was readvertised in May as no candidate was appointed first time around. Administrative and data posts have been filled.

4.8 Operational programme

The team of recovery workers are now carrying out outreach morning and evenings Monday to Friday and in addition spending time at key sites such as the Dawn Centre, No.5 Wet centre, The Bridge Day Centre, the Y Centre, and Action Homeless hostels. They are working with existing Council outreach provision as well as that provided by Help the Homeless.

Anecdotally the recovery team report that the increased capacity and resulting focus on relationship building has helped in building trust with some individuals that have subsequently agreed to enter treatment. It is unlikely that this would have happened under more traditional 'appointment- based' approaches.

Whilst all the recovery workers provide both outreach and in reach different members are 'allocated' to different settings in order to build up familiarity and relationships. Some staff also have lead responsibility for specific areas-such as services for women, veterans and those in Criminal Justice settings.

At the time of the bid-in June 2021 the Turning Point substance misuse service were working with 8 rough sleepers and 80 individuals at risk of rough sleeping. At the end of March 2022 these numbers had risen to 13 and 162 respectively. Although the numbers are subject to change at the time of the bid we estimated that there were about 250 individuals at risk of rough sleeping who have a drug or alcohol problem and around 19 rough sleepers.

4.9 Next Steps

- The Team of recovery workers will extend their outreach to weekends as they build up their experience, caseloads, and the fill the final vacancy.
- The Psychologist and Mental health worker post (currently on their induction) will become fully operational and provide trauma informed support to the team and access to other MH services.

-Funding permitting

- The Council will look to secure opening of some day services on Saturdays and Sundays. This will complement the weekend outreach and provide additional access to some support and activities as well as a contact point for services. We would also want to add additional capacity to the No.5 Day service so it can do more outreach to link its service to people rough sleeping or at risk.
- We will look to recruit to additional posts that can engage with and support with BAME communities in different parts of the city.
- We will look to recruit to a Health Care Assistant to support the extension of HEP C treatment and Liver fibroscanning within these groups.
- We will look to add to the capacity of current homelessness outreach provision at the twilight hours in the City 4 evenings per week and Saturdays and Sundays currently provided by Help the Homeless.
- We would like to link to existing/planned programmes with public health such as the Green Gyms and services to tackle social isolation.

5. Detailed report

5.1 Background:

Leicester was one of 20 areas to be invited to bid for the second round of the RSDATG in May 2021. Funding was available for rough sleepers and those at risk of rough sleeping e.g. in temporary accommodation/ sofa surfing.

We were told that funding was available for staffing that could help Identify rough sleepers and those at risk of rough sleeping; engagement and relationship building with both groups; and the provision of substance misuse treatment (including inpatient detox and residential rehab).

Funding was also available for Project co-ordination and support.

The programme relates to the governments manifesto commitment to eradicate rough sleeping by the end of this Parliament.

5.2 We submitted our bid in June 2021. Key elements of the proposal included the need to address a number of identified gaps and weaknesses in existing provision:

We estimated that only about a third of rough sleepers and those at risk of rough sleeping with substance misuse problems were in drug/alcohol treatment.

There were existing staff within Turning Point that worked with these groups, but they had high caseloads and limited capacity to do outreach in 'time and place' - on the street and linking into temporary accommodation in order to engage with individuals at risk. There was little opportunity for recovery workers to get to know individuals and build up trust over time. Individuals from these groups were less likely to respond to scheduled appointments and more time was needed to work with an outreach approach.

There was a need for more dedicated psychology and mental health resources which would help develop and deliver a trauma informed approach.

There was a need for more activities for rough sleepers at different locations and at different times, where individuals can learn new skills and link to other services that will improve their physical and mental health.

5.3 Funding

The RSDATG has two funding elements-wraparound support(staffing) and treatment (clinical). These arrangements have been reviewed nationally and we are awaiting confirmation of funding for up to March 2025.As part of this process we have recently submitted a revised bid that reflects both our current commitments and plans for additional work (see **next steps above**). At the time of writing there has been no confirmation that the funding will go up to March 2025. Leicester's allocation for the wrap around grant was 400k and 600k for 2021-22 and 2022-23 respectively; and 165k for treatment costs for 2021-2. We are currently seeking agreement from DHSC on the use of an underspend in 2021-22(including some of the work outlined in next steps above) given the later start of the programme and difficulties in recruitment.

5.4 The Leicester model

5.5 Through a partnership approach the proposal was submitted in June through collaboration with Council departments (Public health, Housing and Adult Social Care), the local Clinical Commissioning Group, the local Turning Point Substance Misuse service, Leicestershire Partnership NHS Trust, and Inclusion Health Care (No.5). A number of other homelessness services were also involved in discussions about the plans-such as Action Homeless, Help the Homeless, New Futures, The Bridge, and residents at Unity House (Home Group Housing Association).

5.6 Overall the plan was for the new service to:

- Increase the availability of street-based support/treatment- in 'time and place'.
- Use a psychologist and specialist mental health worker to support this work
- Link people to other health services e.g. Hep C treatment
- Develop more learning and leisure activities.
- Co-ordinate with other homelessness resources.
- Get up to date information about rough sleeping in the city.
- Help people get into and stay in suitable accommodation

5.7 A multi-agency Team (see fig 1 above) would lead this work including 11 outreach recovery workers, clinical and administrative support, dedicated Clinical Psychology and Mental health nursing hours from Leicestershire Partnership NHS Trust. It also included a resource at Inclusion health care that could link and develop the activities at the No.5 Day service and elsewhere to the rough sleepers and those at risk. This post has been designated as an occupational therapist and is currently being recruited to.

Existing inpatient detox and residential rehab services are also available for this group and there is central government funding available to support these placements.

Services will need to work closely with other services and projects working with this group to maximise the benefits of joint working -for instance with homelessness services and the Changing Futures Project.

Not all the funding for this work comes from the RSDATG. Funding for 4 of the outreach staff come from Turning Point's existing contract with the Council and one from the Changing Futures programme.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

The proposals outlined above is all subject to confirmation of the RSDATG funding. We have already had funding of £409k and £166k in 2021-22 and this has been brought forward as unspent into 2022-23. Awaiting confirmation for approval to use the underspends and any additional funding still to come. The proposals should all be within the funding available and therefore once confirmed, a further report may be needed to highlight any revisions.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

If the Authority is successful in obtaining funding, it will need to ensure it complies with any specified conditions imposed by the funding together with an assessment against subsidy control of the incoming funds.

Legal Services can advise on any terms and conditions relating to the funding agreement

In respect of partnership working, this will need to be underpinned, where relevant, by partnership agreement(s) incorporating any information sharing requirements - assistance should be sought from information governance team and legal services.

Legal advice and assistance should be sought as required.

Seema Patel, Solicitor, ex 1406

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report provides an update on developments for supporting individuals who are rough sleeping or at risk of rough sleeping to engage into drug and alcohol treatment. Those using the services will be from a range of protected characteristic backgrounds. A person-centred,

integrated approach that ensures equity of access and outcomes and promotes multi-agency working is fundamental to delivering high-quality services and should likely have positive impacts in terms of the aims of the PSED across all protected characteristics. There may be a need to provide a tailored process for certain characteristics and by having a person-centred focus in the outreach work, it is hoped the interventions would take these characteristics into consideration when providing support.

Equalities Manager, Kalvaran Sandhu, Ext 37 6344

6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report. However, as service delivery generally contributes to the council's carbon emissions, any impacts could be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as appropriate and applicable to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

7. Background information and other papers:

8. Summary of appendices:

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

10. Is this a "key decision"? If so, why?