

## **Written response by the Welsh Government to the report of the Equality, Local Government and Communities Committee entitled Rough sleeping follow up: Mental health and substance misuse**

---

Both the Minister for Health and Social Services and myself would like to extend our thanks to the members of the Equality, Local Government and Communities Committee and to all those who took the time to provide evidence based on their experience and expertise to the committee in their follow-up work on rough sleeping.

The Welsh Government recognises in 'Prosperity for All' it is unacceptable that people are forced to sleep on the streets in a prosperous society. As set out in our strategy for ending homelessness, rough sleeping is the most acute form of homelessness and we recognise those living rough often have complex needs and require a joined up response from a range of services to support them.

Whilst the focus of this committee is rough sleeping, it is important to recognise this is one aspect of a wider homelessness issue, albeit the most acute and visible form. In order to ensure a holistic, whole-system strategic approach, Welsh Government is keen to move away from segmenting different forms of homelessness and instead ensure we focus our policy and resources on preventing and tackling homelessness in all its forms.

We recognise homelessness is a public services issue and as such we are working across public services and sectors to address its root causes.

## **Recommendation 1**

**The Committee recommends that:**

**The Welsh Government provide the Committee with an update on the implementation of the relevant actions in the Rough Sleeping Action Plan; and to what extent the Service Framework for the treatment of people with co-occurring mental health and substance misuse problem has been implemented across Wales.**

**Response: Accept**

The relevant actions in the Rough Sleeping Action Plan concern improving access to health and substance misuse services for rough sleepers and developing joint working protocols for those with co-occurring substance misuse and mental health problems. This work has been taken forward on a cross Government basis and has resulted in ongoing work to strengthen implementation of the Support and Treatment Framework for People with Substance Misuse and Accommodation Problems; shared actions in the Substance Misuse Delivery Plan 2019 to 2022 and the Together for Mental Health Delivery Plan 2019 to 2022; and specific funding for those with complex needs.

This work is ongoing as we recognise the importance of treatment for co-occurring mental health and substance misuse and have established a Welsh Government Co-occurring Substance Misuse/Mental Health Deep Dive to consider progress in the development of co-occurring mental health and substance misuse and the challenges that remain. The group is made up of a range of experts including policy experts, commissioners and practitioners, including both health and housing, to support this work.

Providing appropriate, integrated support for co-occurring substance misuse and mental health are clearly identified as priorities within both the Substance Misuse Delivery Plan 2019–2022 and the Mental Health Delivery Plan 2019–2022. The Mental Health and Substance Misuse Delivery Plans both include the commitment to undertake a detailed analysis on the pathways for an individual with a co-occurring problem. This will involve looking at the barriers and good practice on work in this area (work being led by the Welsh Government's Co-occurring Substance Misuse/Mental Health Deep Dive) in particular to unblock issues that may be preventing the full implementation of the Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problems. In addition, there are commitments in both delivery plans to ensure services commissioned to support co-occurring cases are aligned and working in partnership with housing and homelessness services; ensure barriers to joint work between mental health and substance misuse services are being reduced. We will monitor

local implementation of this through the Area Planning Boards and Local Mental Health Partnership Boards.

As the report notes the Minister for Health and Social Services has provided £1.3million to support people with complex needs who are homeless or in housing need. The funding is working closely with Housing First Projects and will support improved access and integration of substance misuse and mental health services.

**Financial Implications** – None. Any additional costs will be drawn from existing programme budgets.

## **Recommendation 2**

**The Committee recommends that:**

**The Welsh Government identifies best practice to improve sharing across the sector, and ensures that the commissioning process does not act as a barrier to this.**

### **Response: Accept**

As outlined in previous evidence sessions, the development of the Housing Support Grant provides an opportunity to improve commissioning processes through the greater alignment of the Supporting People and Homelessness Prevention Grants. New guidance to support the Housing Support Grant, which was consulted on last year, seeks to strengthen collaborative and multi-agency approaches and encourage joint commissioning of services.

Whilst there is some organic development and improvement made possible by sharing and learning between service providers, the structural responsibility for defining and sharing good practice falls to the commissioner themselves, namely the Local Authorities. It is their responsibility to analyse what works as part of their strategic role, to recognise good practice and to test innovative practice. They should learn from providers as part of this strategic commissioning role and Welsh Government has for example required Authorities to constitute stakeholder engagement events or other mechanisms to conduct this conversation.

Welsh Government's role is to build on this local sharing through research, evaluation and facilitating pan-Wales conversations through mechanisms such as the Housing Support Ministerial Advisory Board or the Housing Support Network.

The Welsh Government is also supporting Area Planning Boards to ensure their services are well aligned with homelessness services, including Housing First, and the Substance Misuse Delivery Plan contains specific actions for this. The recent complex needs funding provided by the Minister for Health and Social Services

further encouraged a collaborative approach, requiring bids to be both developed and delivered in collaboration with housing services.

**Financial Implications** – None. Costs will be drawn from existing programme budgets.

### **Recommendation 3**

**The Committee recommends that:**

**The Welsh Government takes more steps to support harm reduction initiatives. These should include:**

- **Clarifying whether the devolution settlement enable safe injecting rooms to be set up in Wales; and if not, whether they will seek such powers; we would expect any decision to be informed by the evidence base demonstrating the effectiveness of this intervention, and;**
- **Working with the UK Government and non-devolved bodies such as the police to minimise the risk of landlords being prosecuted where residents or tenants are using drugs on their property, as part of a harm reduction programme.**

**Response: Accept in principle**

Tackling substance misuse continues to be a priority for the Welsh Government. Our '*Substance Misuse Delivery Plan 2019-22*' is rooted in a harm reduction approach which recognises addiction as a health and care issue as opposed to one that is solely related to criminal justice.

A growing area of concern for everyone working to tackle substance misuse in Wales is the latest data showing a rise in drug related deaths across the population. We are currently working closely with stakeholders to evaluate the reasons behind the increase and support the implementation of initiatives to address this, including support for homeless people.

In December 2017, the former Advisory Panel on Substance Misuse (APoSM) completed a report on Enhanced Harm Reduction Centres (EHRCs), which is another name for safe injecting rooms. This included European and International evidence of the effectiveness of EHRCs and also provided some background information on current drug use practices in Wales. The report concluded with one recommendation that stated APoSM could not, based on the evidence available, currently recommend that EHRCs are implemented in Wales. The report stated that

further work would need to be undertaken in this area in order to determine the feasibility of EHRCs in Wales.

There are also significant concerns with the compatibility of Enhanced Harm Reduction Centres with current criminal law. The current Welsh Government position is that it could not currently support EHRCs as the law on the misuse of drugs is non-devolved and therefore a matter for the UK Government.

In respect of Housing First projects, as part of their role in administering the Housing First Network, Cymorth Cymru have been working with social landlords, the Welsh Police Forces and commissioners to examine the potential to issue 'letters of comfort' to landlords. These letters, which have been developed as part of the Scottish approach to Housing First, provide reassurances to landlords in relation to potential prosecution. Work is ongoing in this area and we will update the committee in due course as work progresses.

**Financial Implications – None**

#### **Recommendation 4**

**The Committee recommends that:**

**The Welsh Government takes a lead role in working with organisations across sectors to drive forward the necessary cultural change to bring organisations together to deliver fully integrated services. The Welsh Government should update the Committee on the actions it has taken and timescales for future actions to deliver this recommendation at six, nine and twelve months.**

**Response: Accept in principle**

The Welsh Government recognises the need to drive forward culture change to deliver fully integrated services and deliver the public service response required to achieve the goal of ending homelessness. Our strategy for preventing and ending homelessness sets out the whole system approach required across public services to tackle homelessness in all its forms. The work of the Homelessness Action Group will help inform the action plan which will sit underneath the strategy and upon which the Welsh Government will report annually. The Action Group has been looking at workforce and culture as part of its remit, and I anticipate it being reflected in its next report.

It is important to acknowledge however that culture change takes time to effect and cannot be achieved by Welsh Government intervention alone. The purpose of creating the Housing Support Grant (HSG) is to help Local Authorities deliver on their Well-Being of Future Generations Act duties and the 5 ways of working, in

particular integration and collaboration. The new guidance, which has been developed through extensive engagement with stakeholders, sets out a clear strategic lead role for Authorities, with the flexibility and freedom to innovate and bring together services to avoid duplication and maximise impact. The new funding framework includes mechanisms for engaging local stakeholders and, through regional collaborative groups, a structure to work across public functions such as Health and Criminal Justice to ensure services operate in a joined up fashion and offer users a more streamlined response to their needs.

In offering more freedom to Authorities we are challenging them to step more fully into the space that has often been occupied by Welsh Government direction in the past. This recognises both their understanding of local needs and the local democratic mandate they enjoy. The cultural change we are seeking therefore is a more mature strategic lead from Authorities for the integrated services the Committee references in its report.

Of course this cultural change will require nurturing through ongoing engagement and shared learning. Welsh Government will continue to support this through the implementation of the new grant framework and through fora such as the Housing Support Network, which brings together Local Authority homelessness and housing related support leads to share good practice and support continuous improvement.

Implementing Housing Support Grant will be the key mechanism through which we will achieve this objective. We will keep the Committee up to date on progress as the grant and its supporting guidance is implemented. However, we recognise that reporting progress on the implementation of the HSG may fall outside of the suggested reporting intervals.

**Financial Implications – None**

#### **Recommendation 5**

**The Committee recommends that:**

**The Welsh Government reviews the training available to all those who provide support to rough sleepers; identifies any particular gaps and considers supporting the development of training to ensure that all those who work with rough sleepers have sufficient knowledge and skills to support those with co-occurring disorders. As part of this, the Welsh Government should consider the efficacy of specialist psychiatric training.**

**Response: Accept**

Our Substance Misuse Delivery Plan has identified workforce development as an action and this work is currently being taken forward, including the need to consider joint training with other relevant service areas. The Welsh Government's Co-occurring Substance Misuse/Mental Health Deep Dive working group, which includes representatives from the Royal College of Psychiatry, is considering if there is a requirement for further training and will provide an update on this as part of their report of progress of the group. To support the implementation of the Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem the Welsh Government with APBs undertook a staff training audit to identify gaps in service where there was a particular need for learning and development. From this, training and support was developed to assist and meet the needs of people with a Co-occurring Mental Health and Substance Misuse problems.

The curriculum is split into four programmes of study aimed at different professional levels:

- Level 1 - Awareness (for professionals in related sectors, or volunteers)
- Level 2 - Primary Care (Open Access and Engagement Staff, Recovery Communities, General Practitioners, First Point of Contact Centres)
- Level 3 - Secondary Care (for those offering structured and Care Planned Interventions)
- Level 4 - Advanced Practitioner / Strategic - Responsible Clinicians, Commissioners, Strategists and Executives).

Agored Cymru accreditation is available for each of these units and the training will shortly be reviewed.

In the wider context of homelessness prevention, a key policy principle underpinning our approach is that all services should place the individual at the centre, and, that those services work together in a trauma informed way. Welsh Government has already invested in the development and delivery of the PATH (Prevention. ACEs. Trauma Informed. Homelessness) training programme. This training was developed together with psychologists working with Cymorth Cymru to develop psychologically informed approaches. Cymorth Cymru worked with the ACE support hub and the Local Authority Housing Support Network to deliver the programme to organisations which support people who are at risk of or experiencing homelessness, including rough sleepers. Welsh Government is continuing to invest in the further roll-out of this training.

The Homelessness Action Group is also considering the wider needs of the workforce as part of its remit and I anticipate this being reflected in its next report, which will subsequently inform our annual action plan.

**Financial Implications** – None. Costs will be drawn from existing programme budgets.

## **Recommendation 6**

**The Committee recommends that:**

**The Welsh Government either undertake or commission an urgent review into the commissioning practices and guidelines to investigate the concerns raised, in particular looking at whether better performance management approaches, shared outcomes; pooled budgets; more long-term commissioning and addressing potential conflicts of interest would help support better integrated services for rough sleepers with co-occurring disorders. It should also consider the impact of the barriers to pooling statutory and non-statutory funding, and how collaborative approaches including both statutory and third sector providers can be developed. While the focus should be on these services, the findings could be applied more widely across the sector.**

### **Response: Accept in principle**

The creation of the Housing Support Grant has already resulted in a review of the funding and commissioning arrangements for what were previously known as the Supporting People and Homelessness Prevention grants. The new guidance was developed in a co-productive manner, through extensive engagement with stakeholders, including providers, commissioners and service users. This provided an opportunity to examine the issues identified in the committee report and for stakeholders to inform the development of the new guidance, which seeks to address many of these issues. The new guidance was formally consulted upon late in 2019, providing stakeholders with a further opportunity to feed in their views and inform the final guidance, which will be issued shortly.

Welsh Government strongly recognises the value of collaborative working and has put structures in place to encourage and enable effective collaboration. Regional Partnership Boards (RPBs) are one structure which provide a mechanism through which collaborative working between Health, Social Care and Housing can be developed. They are a mechanism to build close working relationships so that services can be jointly designed and commissioned, so as to optimise the purposes of housing, health and social care.

There are also collaborative approaches being taken forward around funding for substance misuse and mental health, which are overseen by Local Mental Health Partnership Boards and Substance Misuse Area Planning Boards. The Minister for



Health and Social Services has provided £1.3m (£0.3m 2019/20, £1m 2020/21) specifically to support people with complex needs who are homeless or in housing need. The funding is working closely with Housing First projects and will support improve access and integration of substance misuse and mental health services. In further demonstration of our joined up approach, we have also made £100,000 available from the Health budget in this financial year (2019-20) to specifically fund residential treatment for people who are homeless or being discharged from prison.

**Financial Implications** – None. Costs will be drawn from existing programme budgets.

### **Recommendation 7**

**The Committee recommends that:**

**The Welsh Government undertake further work to understand the scale and extent of the barriers faced by rough sleepers with co-occurring disorders and neuro-diverse conditions in getting appropriate help to secure accommodation and help for their substance misuse and mental health difficulties.**

**Response: Accept**

Engagement with rough sleepers to ascertain barriers to services has historically been a difficult process. As part of the extensive independent evaluation of Housing First projects in Wales, Welsh Government will be seeking to better understand the exact barriers faced by service users, including those with co-occurring disorders and neuro-diverse conditions, and the steps than can be taken to overcome them. Capturing the views of those with lived experiences will be a fundamental part of this research.

Area Planning Boards are also currently working closely with housing outreach services and in many areas joint outreach teams operate together ensuring that support is available to reach out and engage rough sleepers in services.

Ensuring services for those with co-occurring problems are accessible and fully integrated is a key priority and the Welsh Government is currently undertaking further work to understand the barriers to progress of Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem and how they can be overcome. Engaging with Service Users who have experienced services will form part of developing future services which better meet the needs of vulnerable individuals.

**Financial Implications** – None. Costs will be drawn from existing programme budgets.

## **Recommendation 8**

**The Committee recommends that:**

**The Welsh Government provide their views on the recommendations in the APPG on ADHD report that relate to devolved responsibilities in sections 1a Early intervention and prevention – screening at second exclusion from school (temporary or otherwise); section 2, adherence to the NICE guidelines for ADHD within the prisons system; and section 3 screening for ADHD.**

- **Services need to be responsive and focused on the needs of the people they are supporting. They should be designed to meet their needs, rather than fitting the support around the design of the service.**
- **For those who need the support offered by Housing First, we need to ensure there is sufficient suitable accommodation in the right location. The concept of Housing First is based on the accommodation being a long-term home for the individual, not on being moved on once their support needs reduce. This means ensuring a pipeline of suitable accommodation that can be used for the Housing First model.**
- **There needs to be an increase in residential and community detox capacity. We heard that for many community detox is the most appropriate solution, but for some residential detox is the answer, and there is not enough current capacity within Wales to meet the needs for Tier 4 detox.**

### **Response: Accept in principle**

The Welsh Government notes with interest the work of the All Party Parliamentary Group in respect of ADHD. We acknowledge that people are presenting with more complex issues, many affecting their ability to maintain treatment and recover, and that services need to be responsive to the differing needs of individuals.

As set out in our strategy for preventing and ending homelessness, one of the key policy principles is that services adopt a whole person approach, based on strengths and trauma informed practice. To support this we are strengthening our multiagency working and care planning to ensure the needs of individuals are met. Our Substance Misuse Delivery Plan includes a specific action to work with Housing First projects to support this aim.

We fully agree with the Committee's conclusion that Housing First is based on the accommodation being a long-term home for the individual, not on being moved on once their support needs reduce. Welsh Government acknowledges the need to

increase the supply of suitable accommodation to meet both the need for Housing First and more widely our proposed move to a rapid re-housing approach. To achieve this we are committed to building more social housing at scale and pace, and are launching an innovative new scheme to increase the supply of suitable accommodation in the private rented sector.

Residential rehabilitation and inpatient detoxification play an important role in helping service users secure their long term recovery including community based rehabilitation and detoxification, which plays an equally important role.

The reference to community and residential rehabilitation is addressed in recommendation 9 below.

**Financial Implications:** None. Costs will be drawn from existing programme budgets.

### **Recommendation 9**

**The Committee recommends that:**

**The Welsh Government ensures that there is sufficient capacity and funding for residential and community detox in Wales to ensure all who require this form of detox are able to access it in a timely manner.**

**Response: Accept**

Residential rehabilitation and inpatient detoxification play an important role in helping service users secure their long term recovery including community based rehabilitation and detoxification, which plays an equally important role.

The Welsh Government remains committed to ensuring that such services are available and as such allocates £1m ring fence annual funding from the Substance Misuse Action Fund to Area Planning Boards (APBs) for the provision on Tier 4 services. This is in addition to the over £25 million provided to APBs to commission and deliver a range of substance misuse services within their areas. It is a matter for Area Planning Boards, in line with clinical guidance and with input from service users, to decide which is the most appropriate intervention when accessing a number of services from Tier 1 to Tier 4, ensuring accessibility at all levels is suitable tailored for individuals based on their population needs assessment.

The Welsh Government is currently tendering for a contract for an All Wales Substance Misuse Residential Rehabilitation Framework which will provide a list of approved residential rehabilitation and detoxification service providers. In addition the Welsh Government wrote to Directors of Social Services, to remind them of their responsibilities for social care assessments and funding for residential rehabilitation,

ahead of the introduction of a new framework and to ensure that sufficient funding is provided not only from commissioned substance misuse services but from wider sources.

The Partnership Agreement for Prison Health sets out agreed priorities between Welsh Government, HMPPS, Public Health Wales and the Health Boards, to improve the health and wellbeing of those in prison. This includes the development of the new Substance Misuse Treatment Framework for prisons (priority 3 in the Partnership Agreement for Prison Health) and delivering new standards for mental health services in prisons (priority 2 in the Partnership Agreement for Prison Health). As part of this work, there will be a specific focus on improving transfer of care on release.

We have also made £100,000 available in this financial year (2019-20) to specifically fund residential treatment for people who are homeless or being discharged from prison.

**Financial Implications** – None. Costs will be drawn from existing programme budgets.