

# Rough sleeping follow up

## Mental health and substance misuse services

### 1. Introduction

1. As part of recent follow up on our 2018 [rough sleeping inquiry](#), we did detailed citizen engagement work, to hear directly from those with lived experience about what needs to be done to eradicate rough sleeping. We also engaged with those who support rough sleepers and the homeless. An issue that kept being raised was the difficulty for rough sleepers to access integrated substance misuse and mental health services. The co-existence of both a mental health and a substance use disorder is referred to as co-occurring disorders.
2. As part of our scrutiny of the Minister for Housing and Local Government (the Minister) on 17 October 2019,<sup>1</sup> we highlighted this specific issue. While we very much welcome the Welsh Government's renewed focus on tackling rough sleeping, including the establishment of the Homelessness Action Group (the Action Group), we have concerns on the level of integrated support for rough sleepers with co-occurring disorders.
3. In correspondence to the Committee on 29 November following this meeting, the Minister highlighted that both the Substance Misuse and Mental Health delivery plans include actions prioritising housing and the need to support individuals with co-occurring disorders. She also highlighted "specific additional funding for those with complex needs", which includes supporting Housing First. £1.3million of funding has been agreed for an number of Health Boards.<sup>2</sup>

---

<sup>1</sup> The transcript from this meeting is available [here](#) and the webcast is available [here](#)

<sup>2</sup> [\[Correspondence from Minister for Housing and Local Government, 29 November 2019\]](#)



4. To better understand the gaps in services; and the potential solutions, we took evidence from stakeholders with expertise across housing, substance misuse, and health. We did this on 13 November 2019.<sup>3</sup>

5. We would like to thank those who contributed for their frankness and honesty in outlining the challenges to delivering integrated services. The consensus of the evidence we heard was striking, particularly as the panel included people from a range of professional backgrounds and sectors.

6. Building on this short report, we intend to hold a further joint ministerial scrutiny session with the Minister for Housing and Local Government; and Minister for Health and Social Services in Spring 2020 on the issues raised in this report.

## 2. Scale of the problem

7. The Action Group stated that Wales “faces a rough sleeping emergency” because of the 45% recorded increase of rough sleeping between 2015 and 2018.<sup>4</sup> This is visible on streets in every city and town in Wales, but it is also prevalent in rural areas.

8. The most recent Rough Sleeper Count was published by the Welsh Government in February 2019. Local authorities estimated that 347 people were sleeping rough in the period between 15 and 28 October 2018, with 158 individuals observed sleeping rough between 10pm 8 November and 5am on 9 November. However, as the Welsh Government note this count is “essentially a snapshot estimate” and only provides a “very broad indication” of the numbers of those rough sleeping.<sup>5</sup> In our initial report on rough sleeping, we highlighted the limitations of the current approach.<sup>6</sup> The Action Group states that the current data collected neither supports effective policy development nor effective case management of individuals.<sup>7</sup>

---

<sup>3</sup> The transcript from this meeting is available [here](#) and the webcast is available [here](#)

<sup>4</sup> [Homelessness Action Group. Preventing rough sleeping in Wales and reducing it in the short term.](#)

<sup>5</sup> [Welsh Government. National rough sleeper count: November 2018](#)

<sup>6</sup> [ELGC Committee. Life on the streets: preventing and tackling rough sleeping in Wales. April 2018. paragraph 98.](#)

<sup>7</sup> [Homelessness Action Group. Preventing rough sleeping in Wales and reducing it in the short term.](#)

---

9. Recent data published by the Office for National Statistics estimated the number of deaths of homeless people in England and Wales in 2018 at 726. Of these deaths, two in five were related to drug poisoning, an increase in this cause of death of 55% since 2017. Kaleidoscope called this a “national state of emergency”.<sup>8</sup> The mean age of death for men was 45 and for women 43 years of age. In Wales, the ONS data estimates 34 people died.<sup>9</sup> These are shocking statistics, and in one of the richest economies in the world, are unacceptable.

### 3. Policy context

10. There are a number of relevant Welsh Government policies, these include the:

- Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem. The Welsh Government published this in September 2015. The aims are to “inform and influence” the delivery of integrated practice and service delivery of mental health and substance misuse services. It makes clear in the introduction that “partnership arrangements” with a broad range of services including housing and homelessness services will be needed to deliver the aims of the framework.<sup>10</sup>
- Rough Sleeping Action Plan. The Welsh Government published this two year action plan in February 2018. In April 2019, we wrote to the Minister highlighting our concerns about the pace of implementation, and that the numbers of rough sleepers did not seem to be going down.<sup>11</sup> The Plan includes an action on joint working, which states that there should be improved access to health and substance misuse services for rough sleepers. It stated that this would include development of model joint working protocols for mental health and substance misuse services. It is unclear whether this work has been undertaken, and if so, what impact it has had.
- Together for Mental Health Delivery Plan 2019-2022. The public consultation closed in August 2019. The draft plan included actions for

---

<sup>8</sup> ELGC Committee, 13 November 2019, RoP [76]

<sup>9</sup> Office for National Statistics. Deaths of Homeless people in England and Wales: 2018

<sup>10</sup> Welsh Government. Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem, September 2015, section 1.1

<sup>11</sup> Letter from ELGC Committee to Minister for Housing and Local Government, 23 April 2019

the Welsh Government to support the delivery and evaluation of Housing First pilots “to enable tailored mental health and substance misuse support for individuals to manage tenancies independently” and “to develop joint working protocols for engaging mental health and substance misuse services with rough sleepers”.<sup>12</sup> It also includes actions around monitoring delivery of the Mental Health and Substance Misuse Co-occurring Treatment Framework; and a commitment to “undertake a ‘deep dive’ analysis involving front line clinicians to look at the remaining barriers and good practice in this areas [sic] to drive change in service delivery”.<sup>13</sup>

- **Substance Misuse Delivery Plan 2019-2022.** This has recently been agreed, following public consultation. It has identified a number of priority areas for action, including “Responding to co-occurring mental health problems which are common in substance misuse” and “ensuring strong partnership working with housing and homelessness services...”<sup>14</sup>
- **Strategy for Preventing and Ending Homelessness.** The Welsh Government published this in October 2019; an action plan is being developed which will be informed by the work of the Action Group. This is expected after the final report of the Group in March 2020.<sup>15</sup> The strategy states that “homelessness cannot be prevented through housing alone”, and the Government calls on all partners, including health boards, registered social landlords and others to commit to this. It also states that a whole system approach is needed, and that a key aspect of this is “wrap-around support for individuals...This requires alternative service delivery models jointly owned and funded by relevant public services...” It calls for specialist multi-disciplinary teams who take a trauma informed approach.<sup>16</sup>
- **Work of the Homelessness Action Group.** The Welsh Government set up the Group to work rapidly to recommend the steps needed to end

---

<sup>12</sup> Welsh Government, Consultation Document, Together for Mental Health Delivery Plan 2019-2022, priority areas 1.3iv and 1.3v

<sup>13</sup> Welsh Government, Consultation Document, Together for Mental Health Delivery Plan 2019-2022, priority areas 7.2i and 7.2ii

<sup>14</sup> Welsh Government, Substance Misuse Delivery Plan 2019-2022, section 9

<sup>15</sup> ELGC Committee, 17 October 2019, RoP [86]

<sup>16</sup> Welsh Government, Strategy for Preventing and Ending Homelessness, October 2019

---

homelessness in Wales. At the time of writing they have published their first set of findings, focused on the immediate actions that could be taken to reduce rough sleeping in Winter 2019/20. They state there is an “urgent need to stop deaths among people who are homeless”.<sup>17</sup> As part of both recommendations 2 and 10 in their first report, they call for actions in relation to substance misuse including trialling “an enhanced harm reduction approach to supporting people sleeping rough who also use drugs” and calling for exploration of “Heroin Assisted Treatment and further provision of Enhanced Harm Reduction Facilities”.<sup>18</sup>

**Recommendation 1.** We recommend 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 a Co-occurring mental health and substance misuse problem has been implemented across Wales.

## 4. Current situation

**11.** Based on the evidence we heard on 13 November, along with the earlier evidence considered, it is clear that there are currently very limited, if any integrated services for rough sleepers with co-occurring disorders. While the lack of services are not just an issue for rough sleepers, in light of their additional vulnerabilities, and our previous work in this area, we have focused our attention on this group.

**12.** There may be some small pockets of integrated services such as the work of the Community Care Collaborative in Wrexham, a number of the Housing First projects and the example we were given from Gwent, but these appear to be the exception and not the norm. There is an need for these small pockets of good practice to be replicated elsewhere in Wales.

**13.** One of the barriers to sharing good practice is the commissioning process:

“So, if you’ve got a sector driven by competition, it means nobody can be vulnerable, so nobody can say, ‘These are the lessons we’ve learned. Look at what a cock-up we made over here, we need to change it.’

---

<sup>17</sup> Homelessness Action Group. Preventing rough sleeping in Wales and reducing it in the short-term. October 2019

<sup>18</sup> Homelessness Action Group. Preventing rough sleeping in Wales and reducing it in the short-term. October 2019

---

Nobody can be vulnerable, everybody has to be brilliant all of the time to keep their contracts and keep doing their work. Well, if you can't have a system that's vulnerable, you don't have learning cultures that shift and are agile and that can flex, unless you completely step outside of the system and are prepared to do something else."<sup>19</sup>

**14.** We note these comments. There needs to be a clear programme of learning and sharing from good practice.

**Recommendation 2.** We recommend 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.

**15.** At the moment, there is a struggle to provide a basic level of support. We heard this was for a number of reasons, some such as commissioning and culture and we specifically look at these issues below. In particular, that there is simply not enough money in the system, leading to a race to the bottom for services.<sup>20</sup> We were told that currently people are having to work around a broken system.<sup>21</sup>

**16.** We also heard the importance of ensuring that services offer something better than the streets:

“The real thing that's stopping people coming in is that the offer that we have in services is less than what the streets offer. So, if you're in the throes of addiction, you've got all these complex mental health issues....you can turn that pain off with spice or heroin quite easily. We can't offer people that. You can be nobody in a flat, or you can be somebody on the streets. There are cultural implications for people who've been out there for a long time.”<sup>22</sup>

**17.** We were told that there needs to be a focus on providing services that meet the needs of service users, in a trauma informed way, with a no-wrong door approach. This is particularly important for this group of people, who may not reach out to a specialist mental health or substance misuse worker in the first instance, and may therefore need help to navigate the system.

---

<sup>19</sup> ELGC Committee, 13 November 2019, RoP [103]

<sup>20</sup> ELGC Committee, 13 November 2019, RoP [27]

<sup>21</sup> ELGC Committee, 13 November 2019, RoP [167]

<sup>22</sup> ELGC Committee, 13 November 2019, RoP [30]

**18.** Representatives from the Huggard and Kaleidoscope were clear in their desire to see other more radical action taken, in particular around the provision of injecting rooms.<sup>23</sup> However, this would require legislative change which is outside of the Assembly’s competence. In light of this not being a tool that is currently available within Wales, they called for increased access to heroin replacement treatment. The Wallich also wanted action taken to enable people who are receiving support to be able to use drugs within their accommodation without putting the landlord at risk from being prosecuted.<sup>24</sup>

**19.** We accept that some of these issues generate a lot of differing opinions, in particular the establishment of injecting rooms. However, we believe that the number of drug related deaths amongst the homeless population is too high and there is a need to take every step possible to reduce the risks and the numbers dying.

**Recommendation 3.** We recommend that the Welsh Government takes more steps to support harm reduction initiatives. This should include:

- clarifying whether the devolution settlement enables 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.

## 5. Culture and leadership

**20.** It was very disappointing to hear from our panel that a significant barrier to delivering integrated services are cultural issues within organisations and a lack of leadership. Repeatedly we were told of silos; of an “us and them” attitude.<sup>25</sup> We were told that innovation was not welcomed, and that stepping outside of the system was “really quite fraught”. It is worrying to hear that people like Dr Karen Sankey have been “ostracised by the health board, by a local authority and by

---

<sup>23</sup> ELGC Committee, 13 November 2019, RoP [37]

<sup>24</sup> ELGC Committee, 13 November 2019, RoP [212-214]

<sup>25</sup> ELGC Committee, 13 November 2019, RoP [11] and [105]

other organisations”<sup>26</sup> simply for delivering the type of integrated services that are desperately needed across Wales.

**21.** Public Health Wales told us that these barriers also exist within the health service:

“We are very aware that, certainly, there’s a different culture within substance misuse and within formal mental health services, and has been for many decades. And there is a paucity, a recognised paucity, of joined-up leadership at the very senior level, at consultant psychiatry level and consultant psychiatrists in addictions.”<sup>27</sup>

**22.** The Housing First model has shown though that these silos can be addressed. We heard that the very nature of the model bringing together a wide range of services has broken down a lot of these barriers and lead to more integrated working and service delivery.<sup>28</sup> Although we also note that Housing First is not a “silver bullet”.<sup>29</sup>

**23.** As so many professions and organisations are involved in delivering the necessary support it is “everybody’s problem but nobody’s responsibility...” and therefore no one body takes ownership.<sup>30</sup> There was a clear call for leadership, starting with the Welsh Government, but also at local authority and health board level, and other services working in this sphere. We note the Welsh Government’s clear commitment in the Strategy for Preventing and Ending Homelessness that homelessness cannot be prevented through housing alone, and that there is a role for all public services.<sup>31</sup> We would welcome more information from the Welsh Government on how they will deliver on this statement.

**Recommendation 4.** We recommend 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

---

<sup>26</sup> ELGC Committee, 13 November 2019, RoP [113]

<sup>27</sup> ELGC Committee, 13 November 2019, RoP [13]

<sup>28</sup> ELGC Committee, 13 November 2019, RoP [204-205]

<sup>29</sup> ELGC Committee, 13 November 2019, RoP [207]

<sup>30</sup> ELGC Committee, 13 November 2019, RoP [64]

<sup>31</sup> [Homelessness Action Group. Preventing rough sleeping in Wales and reducing it in the short-term. October 2019](#)



has taken and timescales for future actions to deliver this recommendation at six, nine and twelve months.

**24.** One of the ways to addressing these cultural issues is good quality training for everybody working with rough sleepers with co-occurring disorders. We were told that previously there had been drug and alcohol national occupational standards (DANOS) which set out as part of the commissioning process, the training that was necessary for the workforce.<sup>32</sup> We would welcome more information from the Welsh Government as to why these standards are no longer in place, and whether there is scope to reintroduce them to tackle some of the issues highlighted in this report.

**25.** At the moment, there are not enough staff who have the right training and expertise to deal with the complexities of someone with co-occurring disorders. This is at all levels, including those who may specialise in supporting people with co-occurring disorders, as well as those providing more general support to rough sleepers. This needs to be addressed ensuring that there are enough specialists in co-occurring disorders but also that all those working with rough sleepers have appropriate levels of training to support or signpost people. This would cover those providing outreach services as well as others who may make first contact with rough sleepers, which as we highlighted in paragraph 17 is particularly important.

**Recommendation 5.** We recommend 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 psychiatry training.

## 6. Commissioning and funding

**26.** Stakeholders were very clear that overcoming many of these delivery barriers, could be done through a revised and refreshed commissioning process.<sup>33</sup> The example of Housing First shows that the types of services and how they are delivered is set by what is commissioned. Joint working follows joint commissioning:

---

<sup>32</sup> ELGC Committee, 13 November 2019, RoP [152]

<sup>33</sup> ELGC Committee, 13 November 2019, RoP [48]

“...we hadn’t particularly worked with Wallich until this commissioning of housing first. And because that’s an integration of housing, mental health and substance misuse, suddenly... suddenly, I’m talking to Lindsay about particular opportunities and work, which we can then co-deliver with other partners. ... people will follow the funding, and if they can see that that’s where the money is going, then they will work together and the silos thing begins to break down.”<sup>34</sup>

**27.** As part of the commissioning process, setting out the right performance management framework is also essential. We were told:

“You can know that you are in a really not very good service...You can know that, but actually your KPIs can be fantastic.”<sup>35</sup>

As well as the performance management framework measuring the right things, we were told that the use of shared outcomes could help drive integration.<sup>36</sup>

**28.** As we stated earlier, there is not currently enough money in the system to deliver the significant shift which is need. We heard that the financial pressures on individual organisations can restrict their capacity for innovative thinking. We also heard of the pressures that short term funding can place on organisations to deliver change.

**29.** Dr Keith Reid told us that it was not always the organisations, be it the health sector or a local authority, providing the funding that saw a direct return on that investment, even if there was a benefit to society or other parts of the public sector. He said:

“We need to get beyond that, and I think the policy environment in Wales is probably ideal to get beyond that, but the culture in the various sectors hasn’t yet got beyond that.”<sup>37</sup>

**30.** One way of addressing this could be the use of pooled budgets.

**Recommendation 6.** We recommend that the Welsh Government either undertake or commission an urgent review into commissioning practices and guidelines to investigate the concerns raised, in particular looking at whether

---

<sup>34</sup> ELGC Committee, 13 November 2019, RoP [193]

<sup>35</sup> ELGC Committee, 13 November 2019, RoP [104]

<sup>36</sup> ELGC Committee, 13 November 2019, RoP [195]

<sup>37</sup> ELGC Committee, 13 November 2019, RoP [184]

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 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.

## 7. What services should look like

**31.** We were struck by the enthusiasm, passion and vision of the witnesses about how integrated services should look, and what they should deliver. We believe that this energy needs to be harnessed in improving service delivery and design.

**32.** We acknowledge that while much of this is easy to set out, delivery can be much more difficult across a fragmented sector with all partners facing significant financial pressures. But as witnesses highlighted, it can be done, and is being done with Housing First and the Community Care Collaborative in Wrexham. We believe that with the right attitude, leadership, and, some financial investment, significant improvements can be made. The difference this could make to individuals living the most complex and chaotic lives could be life changing. As well as the changes this would make to individuals, it would be in line with the preventative agenda as set out in the Well-Being of Future Generations Act.

**33.** Much of what we have heard chimes with the recommendations outlined by the Homelessness Action Group:

- Taking a case conference approach, so all services work together to deliver a package of care. This has already been shown to work in Ynys Môn Housing First.
- No wrong door approach. Ensuring that people are helped to navigate the system effectively regardless of which service or profession they engage with in the first instance.
- Supporting and developing effective assertive outreach services. It should not be the case that outreach services have 2.5 minutes to deal

with a rough sleeper.<sup>38</sup> It takes time to develop trust and relationships from which people will accept support.

- For this particular group there should be low threshold access to services. In particular ensuring that missing appointments or other administrative issues does not result in being removed from treatment or support. This low threshold should be supported by rapid assessment and access to support and / or treatment. It was clear from the evidence we heard that often the moment of epiphany for a rough sleeper comes at points where services cannot be accessed, for example in the middle of the night. This moment can be fleeting and if not acted on swiftly the opportunity to seek help could be lost.
- We were told that when a focus is placed on particular groups of people, this results in reductions of these groups sleeping rough, for example with veterans.<sup>39</sup> In light of this there is a need for a similar focus to be placed upon prisoners on release. They face additional barriers when also trying to deal with co-occurring disorders. In particular the difficulties faced by releasing prisoners on a Friday, when services are not available need to be overcome. Since the removal of priority need for prisoners, a pathway has been put in place to address some of the particular challenges faced by those leaving the prison system, however, we have heard that this pathway is not currently working effectively.
- During our engagement with people with lived experience, we heard that a significant number of rough sleepers also face additional barriers as a result of neuro-diverse conditions such as autism or ADHD. If they are also dealing with co-occurring disorders, the mountain they have to climb to get the right support becomes almost unsurmountable. We note that the Service Framework highlighted earlier in this report, does not make specific reference to neuro-diverse issues. We are aware of the work done at a UK Parliamentary level by the All-Party Group on ADHD and would like to direct the Welsh Government to it, in particular the recommendations that relate to devolved responsibilities.

**Recommendation 7.** We recommend 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

---

<sup>38</sup> ELGC Committee, 13 November 2019, RoP [27]

<sup>39</sup> ELGC Committee, 13 November 2019, RoP [260-265]

appropriate help to secure permanent accommodation and help for their substance misuse and mental health difficulties.

**Recommendation 8.** We recommend 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.

**Recommendation 9.** We recommend 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.

## 8. Other issues

**34.** There are two other issues we wish to comment on. One was that witnesses highlighted that this issue has been regularly discussed, with the solutions well known. What is needed is implementing the necessary changes. One witness said:

“I really hope we’re not sat here again in three years having the same conversation, because I suspect we will be.”<sup>40</sup>

**35.** We believe that with the work of the Action Group, the Welsh Government is endeavouring to grapple with the some of the entrenched and complex difficulties around rough sleeping and homelessness. It is therefore an opportune time to address the additional barriers faced by this particular group of rough sleepers.

**36.** It was also concerning to hear people talk about the impact of being open and honest.<sup>41</sup> This is not the first time as part of this work we have been told informally that by speaking out, organisations could be jeopardising funding or support. This is unacceptable, and the Welsh Government must make it clear that organisations should be in a position to highlight concerns about services or support, without this risking current or future funding or support.

---

<sup>40</sup> ELGC Committee, 13 November 2019, RoP [270]

<sup>41</sup> ELGC Committee, 13 November 2019, RoP [132]

---