



Ministry of Housing,
Communities &
Local Government

Government Response to ACMD Report

Drug-related harms in homeless populations and how they
can be reduced



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Executive summary

The Government thanks the Advisory Council on the Misuse of Drugs (ACMD) for its report: *Drug-related harms in homeless populations and how they can be reduced*.

The Council made several recommendations for the Government to consider and the Government response is set out below.

Recommendation 1 – Integrating support needs in housing policy

Housing policies, strategies and plans across the UK should specifically address the needs of people who use drugs and are experiencing homelessness by: recommending evidence-based housing provisions, such as Housing First; enabling collaboration across departments and agencies to ensure these interventions have a chance to succeed.

Measure of implementation: Increase (% or actual) in local spending on evidence-based housing provisions, such as Housing First, in conjunction with the number of housing units; additional funding from MHCLG.

Metric for assessing intended effect: Whether evidenced-based housing provisions, such as Housing First, can sustain housing for people who use drugs and are currently, or have recently experienced, homelessness.

- 1.1. We agree that where possible local homelessness strategies should take account of the support needs of those who use drugs and who are experiencing, or who are at risk of, homelessness. In February 2018 we updated our code of guidance to support local authorities in exercising their homelessness functions which makes clear the need to consider housing related support for those with drug and alcohol issues when developing their legally required homelessness strategies.
- 1.2. In March 2019 we announced £19.5 million for 54 projects through the Private Rented Sector Access Fund that will enable thousands of households to be supported away from homelessness and into long term private rented accommodation. Evaluations of previous PRS access programmes show that they are very effective in supporting homeless households, from families to rough sleepers, access and sustain PRS tenancies.
- 1.3. In addition, the Government:
 - Is committed to protecting and boosting existing and new supplies of supported housing, including for people with drug-misuse, for example through providing capital grants for new supply;
 - Announced in August 2018 that funding for accommodation costs for all supported accommodation would continue to be paid through Housing Benefit;
 - Is funding a range of housing related support services through the £41 million Rapid Rehousing Pathway and £46 million Rough Sleeping Initiative including some specialist provision for rough sleepers with substance-misuse issues;
 - Is piloting an independently evaluated £28 million Housing First programme with approximately 1000 people in Greater Manchester, Liverpool City Region and the West Midlands; and

- Is conducting a review of housing-related support services to improve our understanding of the current levels of local authority commissioning and funding of support, including for those with drug-misuse problems.

Recommendation 2 – Tailoring services

Services at a local level must be tailored to meet the specific needs of substance users who are currently experiencing, or have recently experienced, homelessness – including evidence-based and effective harm reduction and substance use treatment approaches with the capacity, resource and flexibility to reach them. Services need to consider people who are experiencing multiple and complex needs and adopt psychologically-informed approaches.

Measure of implementation: Level of local spend on services for people who are currently experiencing, or have recently experienced, homelessness as a proportion of overall spend.

Metric for assessing intended effect: Length of time sustained in treatment, and an increase in the proportion of the overall treatment population for people who were experiencing homelessness at the time of starting treatment.

Reductions in people who are currently experiencing homelessness, combining data from sources including:

- Numbers in substance use treatment who are homeless; physical health (Hospital Episode Statistics) and mental health (National Mental Health Minimum Dataset) and homeless outreach service datasets
- Data on prevalence of blood borne viruses in drug users who are homeless

1.4. We agree that, where it is reasonable to do so, local services must be tailored to meet the specific needs of substance users who are currently experiencing or have recently experienced homelessness. The government has taken a system-wide approach to ensure that this happens.

1.5. On behalf of the Department of Health and Social Care, Public Health England is:

- Producing commissioning guidance for the health system in 2019-20 and beyond, to help improve health services for people experiencing rough sleeping. A key focus of this guidance will be access to mental health and substance misuse services for people with co-occurring conditions. The guidance will be informed by a Department of Health and Social Care audit of health services for rough sleepers that has been running throughout 2018-19 and 2019-20; and
- Providing a grant fund to evaluate models of service provision that help to improve access to drug and alcohol treatment, and mental health services, for people who sleep rough and who have co-occurring needs. An external

evaluation has been commissioned and it is expected that the findings will inform future policy decisions. Both the guidance and the grant funded projects stress the importance of psychologically informed environments and trauma informed approaches.

- 1.6. NHS England has, via the Long-Term Plan committed to:
 - Investing up to £30 million over the next 5 years to establish 20 new specialist mental health services for rough sleepers. These new services must be trauma informed and part of an existing approach to supporting rough sleepers that includes drug and alcohol support. It is important that all Mental Health Trusts, regardless of whether they receive this funding, work closely with local authorities and civil society partners to better support rough sleepers; and
 - Developing new models of integrated primary and community care for adults and older adults with severe mental illness, working with local authorities. This will cover a range of needs and diagnoses, some of which may be co-existing with other conditions such as substance use. These new models should remove eligibility thresholds to ensure people can access the care, treatment and support at the earliest point of need.
- 1.7. We do not agree that the suggested metrics will effectively measure the degree to which local services are tailored to the needs of the those who are substance users and who are at risk of or experiencing homelessness. The National Drug Treatment Monitoring System (NDTMS) currently records the housing status of people at the time they presented to treatment, including those with urgent housing problems (typically sleeping rough) and routinely monitors changes over time. Any increases may reflect increasing levels of homelessness rather than improved engagement or access.
- 1.8. Furthermore, there are substantial difficulties in monitoring spending across health services as both Clinical Commissioning Groups and local authorities are responsible for different services. Local authority spending on treatment is monitored via the reporting of Public Health Grant spend to MHCLG and is recorded on the Gov.UK website at:
<https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2017-to-2018-budget-individual-local-authority-data>.
The out-turn for substance misuse treatment is not reported for people who are currently experiencing, or have recently experienced, homelessness as a proportion of overall spend. Funding for mental and physical health care provision within primary and secondary care for people experiencing multiple and complex needs is via NHSE/CCGs.
- 1.9. Local area expenditure on homelessness services is recorded on the Gov.UK website at: <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing#2017-to-2018>. Since 2010/11, Local authority net

homelessness expenditure has increased as a proportion of all Local authority expenditure, from 0.7% to 1.3%.

- 1.10. In the Rough Sleeping Strategy, the Government also committed to testing ways to include a person's housing status in new NHS data collections to inform future policy and commissioning of services for homeless people.

Recommendation 3 – Evidence-based approaches

Substance use, mental health and homelessness services to use evidence-based approaches such as integrated and targeted services, outreach, and peer mentors to engage and retain homeless people in proven treatments such as opiate substitution treatment.

Measure of implementation: Numbers in substance use treatment and retention in treatment for people who use substances and are currently experiencing, or have recently experienced, homelessness.

Metric for assessing intended effect: Improved access to and retention in substance use treatment for people with current experience of homelessness but also an increase in the numbers of these people being accommodated.

- 1.11. We agree that substance misuse, mental health and homelessness services should use evidence-based approaches in the provision of treatment. Drug treatment services should use the Drug misuse and dependence: UK guidelines on clinical management (2017) as guidance: <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>. PHE commissioning guidance for the health system in 2019-20, and beyond, will recommend that evidence-based approaches are adopted to better engage and retain homeless people in health services. Evaluation of models of service delivery for this cohort, funded by a Rough Sleeping Initiative grant, will identify approaches that are effective at engaging those who are homeless or at risk of being so.
- 1.12. We agree that the metrics suggested are a good proxy measure to assess an evidence-based approach to substance misuse services.
- 1.13. To enable this, the National Drug Treatment Monitoring System (NDTMS) records people's housing status at the start of their treatment journey (England only). Furthermore, discussions are underway between PHE and DHSC about the uniformity of measuring housing status across a range of different health datasets, including NDTMS to allow for more robust surveillance.

Recommendation 4 – Implementing a sensitive user-centred approach

Service providers should be aware of the levels of stigma experienced by people who are homeless and are engaged in substance use treatment or who choose not to engage due to the experiences of stigma and oppression they have had. Respect, choice, dignity and the uniqueness of the person should be at the core of the design and delivery of the service provision in respect of substance use and homelessness services.

Measure of implementation: Numbers in substance use treatment and retention in treatment for people who use substance and have experience of homelessness in treatment data.

Metric for assessing intended effect: Improved retention in substance use treatment and additional qualitative studies of satisfaction with substance use treatment services. To have considered the views of those with lived experience of homelessness in design and delivery of services.

- 1.14. We agree that service providers should be aware of the levels of stigma experienced by people who are homeless and require substance misuse treatment. We agree that respect, choice, dignity and the uniqueness of the person should be at the core of service delivery.
- 1.15. The PHE commissioning guidance for the health system in 2019-20 will address the issue around stigma and services and will be informed by the views of people with lived experience.
- 1.16. We do not agree that the suggested measure of implementation and the metric for assessing the intended effect will measure the substantive issues set out in the recommendations.

Recommendation 5 – Workforce training

The workforce in substance use and other services which have contact with the homeless need to have skills in dealing with complexity and in retaining homeless drug users in treatment.

Measure of implementation: Numbers in substance use treatment and retention in treatment for homeless substance users in national treatment data across the four nations.

Metric for assessing intended effect: Improved retention in substance use treatment of people who have recently experienced homelessness and increased number of people in treatment experiencing homelessness and moving into accommodation.

- 1.17. We agree with this recommendation.
- 1.18. The Government has committed to developing a shared understanding of the current challenges facing the substance misuse treatment and recovery workforce. This commitment was set out in the Prevention Green Paper and was informed by key stakeholders including the recently appointed Recovery Champion.
- 1.19. In the Rough Sleeping Strategy (RSS), the Government committed to introducing a new package of training for frontline homelessness staff working in unpredictable environments, including those dealing with clients who are homeless or rough sleeping and under the influence of New Psychoactive Substances such as Spice. This training was commissioned in response to the skills and training gaps which we know exist for those working with this key group. The training, launched in August 2019, is expected to reach 750 members of the frontline homelessness workforce. It will then operate until March 2020.
- 1.20. We do not agree that the measures to assess implementation and intended effect will accurately measure the skill level of the workforce. It may also be difficult to attribute improved engagement in treatment to changes in the workforce. However, we will measure the number of frontline staff who attend the training and assess feedback from attendees who will be asked to evaluate the effectiveness of the training, their subsequent knowledge of New Psychoactive Substances and changes in their approach to working with and ability to support this client group.