

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Update on Camden’s commissioned substance misuse services and support to people experiencing homelessness	
<b>REPORT OF</b> Director of Health and Wellbeing	
<b>FOR SUBMISSION TO</b> Health and Adult Social Care Scrutiny Committee	<b>DATE</b> 9 July 2024
<b>SUMMARY OF REPORT</b>  This report provides an update on the first year of delivery of Camden’s integrated drug and alcohol service and the three years of delivery of the designated drug and alcohol treatment service for people experiencing homelessness including areas of development across the services. A summary of additional grant investment is also included with a description of how this has been allocated to ensure better outcomes for those receiving support for their drug and alcohol needs.  The report also outlines how commissioned services and officers are working across different services and organisations to provide multi-disciplinary support to people experiencing homelessness, and the current challenges in providing this support.  Services have made progress in developing their delivery models but there is further work required in a number of areas such as attracting more people in to drug treatment and improving the focus on alcohol support. These developments have been complicated by the emergence of adulterated drug supplies and the short term nature of recent grant funding.  <b>Local Government Act 1972 – Access to Information</b>  No documents that require listing have been used in the preparation of this report.  <b>Contact Officer:</b>  Lisa Luhman Substance Misuse Commissioning Manager 5 Pancras Square, N1C 4AG <a href="mailto:Lisa.luhman@camden.gov.uk">Lisa.luhman@camden.gov.uk</a> 07855 326123	
<b>RECOMMENDATIONS</b>	

That the Committee:

1. Note the current status of commissioned substance misuse services and how they are working in partnership with other services and organisations to support people with drug and alcohol needs who are experiencing homelessness.
2. Note the areas of development for commissioned substance misuse services.

Signed:



Kirsten Watters, Director of Health and Wellbeing

Date: 20 June 2024

## 1. Purpose of Report

- 1.1. This report provides an update on the first year of delivery of Camden's integrated drug and alcohol service and the three years of delivery of the designated drug and alcohol treatment service for people experiencing homelessness including areas of development across the services. A summary of additional grant investment is also included with a description of how this has been allocated to ensure better outcomes for those receiving support for their drug and alcohol needs.
- 1.2. The report also outlines how commissioned services and officers are working across different services and organisations to provide multi-disciplinary support to people experiencing homelessness, and the current challenges in providing this support.
- 1.3. Lastly, the report asks the Committee to consider a number of ways in which they might support substance misuse services with the delivery of local priorities.

## 2. Introduction

- 2.1. Camden's adult drug and alcohol treatment services have undergone significant change in the last two years.
- 2.2. In April 2023, Camden's new adult integrated drug and alcohol service was launched. The start of the new service followed a significant re-commissioning and re-design process during 2022 led by the health and well-being commissioning team and supported by an independent group of service users (they have named themselves Moving Forward). Moving Forward, GP representatives and commissioning colleagues from the adult pathway and rough sleeping co-produced the service specification, KPIs (key performance indicators) for the new service, and tender questions and were all involved in the review, scoring and decision making related to awarding the new contract.
- 2.3. Over the same period, Camden has seen a substantial increase in investment through a number of time-limited grant programmes linked to the national drug strategy, [From harm to hope](#). The details of how this investment has been used are set out in the **Grant Funding** section of this report.

## 3. Current services

- 3.1. Adult integrated drug and alcohol services – CGL Camden
- 3.2. Change, Grow, Live (CGL) are the provider of Camden's adult integrated drug and alcohol service. CGL are a large, national third sector organisation who have been providing drug and alcohol services in the borough for a number of years. They are also the current provider of Camden's street outreach service

– Routes off The Streets. Although the CGL management structures for the 2 services are separate, officers in the Health and Wellbeing Department and in Supporting Communities work together to address issues and to streamline delivery models.

- 3.3. The service is available to Camden residents (or those registered with a Camden GP) over 18 who are struggling with their drug and/or alcohol use as well as providing advice to friends and family. The service also provides advice and information about reducing the harmful effects of drugs and alcohol for those who may not be using dependently or who feel they are not yet ready to start treatment.
- 3.4. CGL can support anyone who has concerns or worries about the following:
  - Alcohol
  - Drugs (including steroids and performance enhancing drugs)
  - Prescription and over-the-counter medications, including sleeping pills and tranquilizers
  - How drugs or alcohol are affecting their mental and physical health.
- 3.5. Treatment options include:
  - Advice on reducing risk of overdose or other physical and mental health harm
  - Emotional support and counselling delivered in group or 1:1 settings
  - Online courses
  - Medically assisted treatment
  - Access to different detox and rehab options
  - Peer support
  - Recovery support, including education, training and employment advice
  - Onward referrals to a range of specialist services
- 3.6. As a newly commissioned part of the service, CGL are expanding on their advice offer to friends and family and are developing a model of support for children, young people, parents, carers, or any other loved ones affected by someone's substance misuse. This is being developed in collaboration with colleagues working on developing family hubs.
- 3.7. Drug and alcohol support for people who are sleeping on the streets or in open spaces (INROADS) – Via Care
- 3.8. Via Care (formerly known as WDP) are the provider of Camden's designated drug and alcohol service for people who are sleeping on the streets or in open spaces. The service is funded by the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG). Further details of this grant are included in the section **Grant Funding**. The service started operation in the summer of 2021.
- 3.9. InRoads provides person-centred, trauma informed treatment and support to rough sleepers in Camden in a range of settings. The team works peripatetically (in multiple places) and can offer assessments and support at locations chosen by the individual; this can include sleep sites, the Routes off The Streets Hub in Camden Town (Camden's rough sleeper outreach

service), the Women at the Well service (a women-only support service) and hostels/other accommodation sites.

- 3.10. It is a small team of seven staff covering a range of professional backgrounds and areas of focus including but not limited to: Nurse Prescriber; Specialist Doctor; Women's Worker; Community Engagement Worker.
- 3.11. The team work in partnership with the Routes off The Streets outreach team to support people with their drug and/or alcohol use. The service offers:
  - Rapid prescribing of opiate substitute medications
  - Advice and information around health and wellbeing
  - Strength-based assessments of needs
  - Trauma Informed Approaches to treatment and support
  - Harm reduction advice and support, including providing Naloxone
  - One-to-one support with an allocated keyworker
  - Drop-in sessions at local community venues
  - Referrals into a range of different support groups
- 3.12. The service works with a small number of people at any one time to ensure that the support these individuals receive is more assertive and significantly more intense than that offered in a community service. As a result, the team have between 20 and 30 people on their caseload at any one time. Case studies provided by the service often demonstrate the consistent approach needed to engage with people, sometimes taking months to build trust and relationships with people experiencing homelessness.
- 3.13. InRoads also offer an incentive scheme to engage with treatment called the Capital Card. Points are awarded for engagement and can be redeemed at local businesses. Typical purchases include toiletries, beverages and meals.

#### **4. The First Year of CGL Camden**

- 4.1. After spending the first eight months of the new service focussing on safely transferring service users from previous providers and establishing a new site at Kings Terrace, CGL have been concentrating on planning the development and implementation of all aspects of the commissioned service model developing the family service, a programme of peer-delivered interventions and expanding the range of locations to enable access to support from community venues.
- 4.2. The CGL Camden management team have been arranging site visits and presentations with partners such as community mental health teams, violence against women and girls (VAWG) partners and GPs, raising awareness of the new service and ensuring that partners are aware of referral routes. The service has recently recruited a Partnership Lead who will be responsible for further developing and maintaining the working relationships between the various mental health teams, GPs and acute health services.

- 4.3. The first 12 months of CGL Camden saw the emergence of high strength opioids across the country. Camden experienced a spate of non-fatal overdoses and 1 overdose death in the summer of 2023 which have all been attributed to high strength opioids. This required an urgent response locally and in response CGL Camden delivered training for hostel teams across the borough in response to the increased overdose risk as well as supporting service users in developing their own peer-to-peer harm reduction project. The project includes the training and distribution of naloxone<sup>1</sup> kits.
- 4.4. Peers have been visiting hostels across Camden to offer training and distribute naloxone kits. They have also run stalls at Camden Market to promote naloxone and other harm reduction advice.
- 4.5. Having managed the transfer of care of a high volume of service users in to CGL Camden, the service is now focussing on delivering one of the primary aims of the national Drug Strategy - [From Harm to Hope](#), getting more people in to treatment.
- 4.6. Grant funding has been used to facilitate this aim (see **Grant funding** section below for detail).
- 4.7. CGL Camden's focus on homelessness is largely focussed on the adult pathway (with support to people sleeping on the streets or in open spaces being provided by InRoads, see section below). The service have in-reach staff who will work within hostel settings delivering a more assertive offer of support. This newly established "hostel in reach team" are working hard to increase the number of hostel residents accessing our service for treatment and support via a range of pre-contemplative/pre-treatment activities. This approach is being adopted to ensure that the service is connecting with people who feel they are not yet ready to enter treatment. This provision will shortly be rolled out to mental health supported accommodation providers.
- 4.8. Latest data indicates the service is supporting over 1640 residents with drug and/or alcohol needs and anecdotal feedback from service users has been positive especially with regards to the new premises and the psychologically informed environment. The service also received positive feedback from a number of visits including Sophie Linden (Deputy Mayor for Policing and Crime in London), Cabinet Members, the Camden New Journal and the Chief Exec for Camden Council and received an encouraging report from the CQC visit that took place in July 2023.
- 4.9. Increasing the number of people accessing drug and alcohol treatment is a national and local priority. CGL are implementing a number of interventions to increase the number of people entering treatment, these include:
  - Offering a telehealth service (piloted in CGL services in Hertfordshire) from the beginning of June. Based on the findings of the Hertfordshire pilot this will

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<sup>11</sup> Naloxone is a medication that can be administered to immediately reverse the effects of an opiate overdose and is a key intervention for reducing drug related harms and deaths.

draw into treatment more: non-complex cases; non-opiate users; people with lower levels of drinking, and has had positive outcomes for those using the service.

- A new “entry into service team” will be in operation from May. The new team will provide a swifter process to enter treatment and the team are increasing available assessment slots including expanding from one evening a week to three evenings a week.
- Daily meetings to track new referrals coming into the service and identifying next steps for those individuals including offering rapid assessment appointments. This will decrease the time between referral and an initial assessment appointment being offered.

4.10. Other successful performance measures have included:

- An increase in continuity of care rates. This measure is the percentage of people who leave prison who then engage with drug and alcohol treatment within 21 days of their release. At the start of April 2023, Camden’s rate was 27% and latest data indicates this has risen to 48%. As a benchmark the average London rate is 35%.
- CGL have distributed 600 naloxone kits to service users, families/carers and other partners from April – December 2023.

4.11. The service regularly collects feedback from service users and stakeholders; below are a few examples:

4.12. *I want to share my heartfelt thanks to all of you for the above and beyond effort that you have put in to getting X to Birmingham Park House (rehab) today. Whilst I know the fight is far from over with X, I am really heartened by the extra mile gone by all to support him and I think this is exemplary of what good partnership working looks like in client support. (Camden Hostel Manager).*

4.13. *Since I have been coming to the football group and taking part in the tournament it has given me something positive to do, it has kept me out of trouble because I’m spending time doing something active and productive, I am exerting energy to do something that is good for my health. I feel like I fit in and belong in the group and feels less isolated by taking part in the football group (Service User).*

## **5. First Three Years of InRoads**

5.1. The service started work in Camden in the summer of 2021, and since then have established themselves as a key delivery partner amongst other services and organisations providing support to people experiencing homelessness. They receive referrals from a wide range of partner agencies including but not limited to: probation; RTS; Women at the Well; Domestic Violence and Abuse Navigators; hostel providers; and UCLH. Since 2021 the service has undertaken 160 assessments which has resulted in 139 people starting treatment. The service has achieved a retention rate of 92% (which

means after 12 weeks 92% of people were still with the service or had left the service as part of a coordinated plan of care).

5.2. Other successful indicators include:

- 100% of service users not registered with a GP were supported to register
- 100% of all service users are offered Blood Borne Virus screening
- Of those with a positive blood test result, 100% have been referred to treatment/vaccination.

5.3. The service regularly collects feedback from service users and stakeholders; below are a few examples:

5.4. *INROADS is an amazing service that truly helps and not just handing out scripts. They supported me into accommodation and encouraged me to progress. I know they really care about me. Capital Card is brilliant, I no longer need to beg for a cup of coffee. (Service User).*

5.5. *Thank you for bearing with me, if it wasn't for you pushing I would not be getting my script. Thank you for all your help. (Service User).*

5.6. *I have worked with XX for over a year and in that time, she got scripted once which she only picked up on the first day. Great example of joint working and assertive outreach as INROADS and I went to meet her on street and then went to meet at her accommodation the next day to complete assessment. XX struggles with assessments but INROADS were really patient with her and got it completed. Excellent result! (Community Safety Team - Women's Complex Needs Outreach Worker).*

## 6. Grant funding

6.1. Supplementary Substance Misuse Treatment and Recovery Grant

6.2. The Supplementary Substance Misuse Treatment and Recovery Grant (also known as SSMTRG) is a government grant given to local authorities by the Office of Health Improvement and Disparities (OHID) to support them in achieving the outcomes outlined in the national Drug Strategy. The three priorities of the strategy are:

- Breaking drug supply chains
- Delivering a world-class treatment and recovery system
- Achieving a generational shift in demand for drugs

6.3. The SSMTR grant focuses mostly on supporting the second priority, treatment and recovery.

6.4. In November 2023, it was confirmed that Camden would be receiving £2,792,326, to be spent between 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025 (an



increase of £1.4m on the grant allocation in 2023/24). This is expected to be the third and final year of the grant.

6.5. The table below demonstrates how the grant will be allocated in 2024/25:

Intervention	Proposal	Details of staff and consumables / other activity to be funded	Grant spend in 2024-25
<b>Criminal Justice/Community Safety Interventions</b>			
Improved CJS working arrangements	<b>Continued.</b> Designated Substance Misuse (SM)/ Criminal Justice (CJ) team working with prisons, Probation, Police and local courts to improve the pathways between CJ services and treatment services.	1 x whole time equivalent (WTE) CJ Team Leader 1 x WTE CJ Worker (working with underrepresented groups) 2 x WTE Prison Link Workers 1 x WTE CJ Worker (Police, National probation Service (NPS) and Court)	<b>£962,000</b>
Improved CJS working arrangements	<b>Continued.</b> An additional Prison Link Worker to support transition work (pre and post release).	1 x WTE Prison Link Worker	
Improved CJS working arrangements	<b>Continued.</b> Additional workers with a focus on co-location at Probation, Police Custody and one at the local court to manage Drug Rehabilitation Requirement (DRR)/ Alcohol Treatment Requirement (ATR) assessments.	2 x WTE CJ/SM worker to be co-located at Probation and Police Custody 1 x WTE CJ/SM worker to be co-located at Highbury Corner Court	
Improved CJS working arrangements	<b>Continued.</b> A post to support related drug and alcohol police work including hotspot outreach team, and cuckooing operations.	1 x WTE Drug and Alcohol worker to support police and community safety operations e.g. supporting cuckooing victims to access treatment	
Improved CJS working arrangements	<b>Continued.</b> 1 x CJ Enhanced Case Worker, carrying a small - medium size caseload of individuals in the CJ system who are experiencing challenges with mental health, housing, substance misuse, including people at risk of abuse and those who have historically struggled to engage with support in the community.	1x WTE CJ Enhanced Case Worker	
Improved CJS working arrangements	<b>Continued.</b> SWIM Project - Targeting black males in/leaving prison who may not have engaged with prison SM services and are non-opiate users, supporting them to access community SM service.	To support 65 African, Caribbean and Dual Heritage men in Camden for one year.	
Development and expansion of recovery community and peer support network	<b>Continued.</b> CJ Peer Support Project funding.	1 X WTE Peer Support Coordinator	
Improved CJS working arrangements	<b>New.</b> A shared North Central London (NCL) CJ Data post. The post will work on behalf of all NCL boroughs (not Barnet) to develop, formalize and monitor data flow/information sharing/release notifications/performance data with CJ partners	1 x WTE NCL CJ Data Lead (to be funded equally between 4 boroughs)	
<b>Health/Mental Health Interventions</b>			

Partnership approaches	<b>Continued.</b> Additional resource to hospital and A&E discharge pathways, ensuring seamless transition to treatment for those who require this.	1 x WTE Senior Practitioner - Acute Liaison. Working across UCLH and Royal Free Hospital with a drug and alcohol focus. To work with discharge teams but also A&E and other hospital teams.	£492,736
Psychosocial responses to common mental health problems	<b>Continued.</b> Designated SM workers to be co-located in the Mental Health Core Teams in Primary Care.	2 x WTE - Senior Practitioner, Mental health Transformation Lead. Co-located in the MH Core Team in Primary Care on a permanent basis.	
Partnership approaches	<b>New.</b> Partnerships Lead with portfolio to include Mental Health, Primary Care and Acute Trusts.	1 x WTE Partnership Lead	
Capacity for physical and mental health screening and assessment	<b>New.</b> 2 clinical psychologists (to be hosted by the Trust) who will sit in the Core Teams but have a focus on supporting those with co-occurring MH/SM needs and acting as a direct link to the SM service.	2 x WTE Clinical Psychologist hosted by C&I NHS Trust in MH Core Teams	
Capacity for physical and mental health screening and assessment	<b>New.</b> Increase psychology/counselling provision in the SM service.	1 x WTE Clinical or Counselling Psychologist	
Capacity for physical and mental health screening and assessment	<b>New.</b> Increased medical provision in community SM service.	0.6 WTE x Speciality Doctor	
<b>General</b>			
Partnership approaches	<b>New.</b> Co-located Drug and Alcohol worker in newly developed Adult Social Care (ASC) Multiple Disadvantage Team in ASC.	1 x WTE Drug and Alcohol worker to be co-located with ASC Multiple Disadvantage Team	£1,337,590
Partnership approaches	<b>New.</b> Community and Partnership Trainer - Delivering training and awareness raising across multiple partners in Camden. Delivered to stat and non-stat Health and Social Care (H&SC) partners and non-H&SC partners such as colleges, universities, community centres and community groups.	1 x WTE Community and Partnership Trainer	
Increased treatment capacity	<b>New.</b> 2 SM workers to be collocated in Camden's newly developed Integrated Neighbourhood Teams (Multi-Disciplinary Teams (MDTs) including ASC, Primary Care, Community Health Services and MH).	2 x WTE SM Workers to be co-located with Integrated Neighbourhood Teams	
Increased treatment capacity	<b>New.</b> Establishment of a programme of activities for those living in hostels or those rough sleeping who are working with outreach teams, who are in pre-contemplation; with the aim	1x WTE Activities Coordinator; 1 x WTE	

	over time to forge relationships and broach to subject on SM treatment when the individuals are ready.	Recovery Motivator; £15,000 non-pay budget for activities.
Increased treatment capacity	<b>New.</b> These posts will provide a layer of specialist support to women in the borough experiencing multiple disadvantage. Working closely VAWG and partners such as Safe Space, WiSer and DA Navigators, Street Outreach, Adult Social care teams & coproduction networks the post will improve engagement with women who are not currently accessing treatment due to a number of barriers.	1 x WTE Women's Multiple Disadvantage Recovery Coordinator 1 x WTE Women's Recovery Motivator
Increased treatment capacity	<b>New.</b> Increase substance misuse street outreach offer.	2 x WTE Street Outreach workers, 1x WTE Team Leader
Increased treatment capacity	<b>Continued.</b> Increased support/capacity for the Young People's Substance Misuse Service.	Increased support/capacity for the Young People's Substance Misuse Service.
Improved psychological interventions	<b>Continued.</b> Senior Practitioner from SM service to ensure all hostels in Camden can be offered pre-engagement sessions for pre-contemplative people.	1 x WTE Senior Practitioner - Enhanced Hostel In Reach.
Increased commissioning capacity	<b>Continued.</b> A Programme Lead to oversee CDP, sub-groups and overall implementation of SSMTRG.	1 x WTE Programme Lead (LBC)
Expanded competency and size of the workforce	<b>New.</b> Increase capacity of recovery coordinators to meet the expected increase in numbers entering treatment and to keep caseloads at a safe and manageable level.	7 x WTE Recovery Coordinators
Key working and caseload management	<b>New.</b> Resilience and Wellbeing Training to new SM staff, outreach staff, RSDATG staff and peer mentors	Externally provided Resilience and Wellbeing Training for frontline staff and peers
Improved pharmacological interventions	<b>Continued &amp; significantly increased.</b> Increased prescribing and treatment costs to meet increases in numbers in treatment	Increased prescribing and treatment costs
Peer-led recovery support and recovery communities projects	<b>Continued.</b> Funding for peer-led service user involvement including increasing peer-led recovery support. Support to SUI Group to establish itself as an independent organisation	Funding for peer-led service user involvement
Outside of MOI	<b>New.</b> Immigration Lawyer - Contribution to the cost of an Immigration Lawyer from Release. Specific immigration advice is a growing need in Camden as the number of people who have NRPF, presenting at services, is increasing.	Contribution to cost of Release legal support
Expanded competency and size of the workforce	<b>New.</b> Increase clinical admin capacity in response to increases in numbers in treatment (specifically opiate users) and ensuring co-located post data is inputted to NDTMS	2 x WTE Clinical Administrator
Outside of MOI	<b>Continued.</b> Capital spend - To increase the number of women accessing and remaining in treatment and to improve the experience of women in treatment.	Room hire at Camden Women's Spaces

		Total	£2,792,326
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- 6.6. The uncertainty of future grant funding poses a real challenge in the next 12 months. As it stands, SSMTRG income will end in March 2025. Officers are using a number of channels (including Association of Directors of Public Health, and the England Substance use Commissioners Group) to lobby Central Government to confirm the funding position as soon as possible to allow sufficient time to either develop legacy plans, or to arrange for interventions to continue. Cabinet Members (Councillors Wright and Callaghan) have also sent a letter to key senior colleagues at the Office of Health Improvement and Disparities, outlining local concerns regarding the uncertainty of future grant funding. Regardless of the funding position, officers are working on some outline financial scenarios which will be shared with stakeholders including service users in the coming months, so that informed decisions can be made about provision from April 2025 onwards.
- 6.7. Rough Sleeping Drug and Alcohol Treatment Grant
- 6.8. The Rough Sleeper Drug and Alcohol Treatment grant is a grant originally awarded in 2021 by the Office for Health Improvement and Disparities (OHID). 23 local authorities across the country were selected to receive the grant on the basis of the prevalence of rough sleeping in their local area. Camden is one of those 23 local authorities. 2024-25 will be the final year of the grant.
- 6.9. Since 2021, the grant has been used, via a competitive procurement process, to commission a designated drug and alcohol treatment service for rough sleepers and those identified as being at risk of rough sleeping, and this service will continue to operate in 2024/25. The cost of the service is approximately £420,000 pa. Details of the service are included in the section **Current Services**. At present, and as with SSMTR grant funding, there is no indication from OHID about whether this funding will continue beyond March 2025.
- 6.10. Individual placement and support (IPS)
- 6.11. The Office for Health Improvement and Disparities (OHID) identified Camden as an IPS expansion area in 2022, and subsequently awarded the borough a grant totalling £460,312 for 3 years covering the period April 2022 to April 2025.
- 6.12. The IPS Model was originally implemented to support residents with severe and chronic mental illnesses get back into work, this model has now been expanded to support people with drug and alcohol recovery needs.
- 6.13. The 13-week model includes an employment support worker operating in partnership with Drug & Alcohol services and focuses on preparing services users to find paid work during their treatment journey. There is an emphasis on rapid job searching as well as working directly with employers to create

opportunities that not only match individual preferences but ensuring that employers are cognisant with the support and recovery needs of potential employees.

- 6.14. After a competitive procurement process the contract to deliver the IPS service was awarded to CGL in December 2022. However, due to delays in mobilisation and significant recruitment challenges the service has only been in operation since July 2023. Since then, there have been 61 referrals to the service, resulting in 33 engagements. The service has struggled to find employers to accept applications with a substance misuse history; it is now a key priority to increase employer engagement and reduce the stigma of employing residents with drug and/or alcohol needs.
- 6.15. At present, and as with SSMTR and rough sleeping grant funding, there is no indication from OHID about whether this funding will continue beyond March 2025.

## **7. Substance Misuse and Homelessness**

### **7.1. Strategic**

- 7.2. Officers from the Health and Wellbeing (HWB) department and senior colleagues from CGL and Via Care (INROADS) are members of the Homelessness Transformation Programme Board and associated delivery groups including those hosted by NCL ICB, ensuring current issues are reflected in discussions but also fostering partnerships with senior colleagues from organisations delivery support to people experiencing homelessness.
- 7.3. HWB officers are members of the working group tasked with developing an integrated health care model for people experiencing homelessness for delivery from 2025 onwards. The HWB department also financially contribute and are involved in monitoring the performance of the Camden Adult Pathway Project (CAPP). CAPP is a nurse-led healthcare service provided by UCLH which offers health clinics within the adult pathway to support engagement with planned healthcare.
- 7.4. HWB officers also participate in the Community Safety Partnership Board and the Anti-Social Behaviour (ASB) Taskforce where the impact of and support to people who sleep on the streets and in open spaces are also discussed.

### **7.5. Operational**

- 7.6. As stated in the **Current Services** section above, both CGL and Via Care deliver a range of drug and alcohol treatment and support interventions to people experiencing homelessness and the organisations work in close partnership with each other. Via Care will support people until they are ready to be transferred to Camden's integrated drug and alcohol service (CGL Camden) or have reached their recovery goals.

- 7.7. Via Care offer the INROADS service to a number of settings including Women at the Well, the RTS Hub and the adult pathway. INROADS are also a key delivery partner in the NHSE funded Homeless Outreach Pilot (HOP) project. HOP aims to support people experiencing homelessness to access and engage with mental health support. The pilot has formed a Multi-Disciplinary Team (MDT) including RTS, INROADS, Focus (the mental health outreach service), working alongside the HOP team which includes a psychologist, a physical health nurse and a mental health support worker.
- 7.8. INROADS and RTS work together to deliver joint, targeted outreach shifts and to identify and engage Target (T) 1000 clients. The Target 1000 (T1000) client group are individuals with histories of rough sleeping and multiple complex needs, and often are recorded as rough sleeping across a number of boroughs. The Department of Housing, Levelling Up, and Communities (DHLUC) monitor each local authority's performance related to their engagement with the T1000 cohort.
- 7.9. CGL offer treatment and support to people experiencing homelessness in a number of ways. They offer a comprehensive in-reach offer to the hostel pathway including on-site prescribing clinics which offer a more accessible opportunity for people to access pharmacological interventions. Recently CGL developed a specific hostel in-reach team which provides a consistent single point of contact to the service for hostel staff. As stated above, the in-reach team are also delivering a programme of pre-contemplative/ pre-treatment activities. The aim of the activities is to build trust and relationships between CGL staff and pathway residents so supporting people to engage with treatment is more effective when the time is right for them. CGL offer naloxone and harm reduction training to hostel staff and distribute naloxone kits to pathway providers. CGL work in close collaboration with the CAPP team (nurse-led healthcare service provided by UCLH which offers health clinics within the adult pathway to support engagement with planned healthcare) and CAPP are frequent referrers to the service.
- 7.10. As drug and alcohol dependence as a multifaceted problem requiring the expertise of many disciplines it is critical that all services can align their support around the individual. Camden have introduced the 'Team Around Me' approach which aims to do this. Both Via Care and CGL use Team Around Me approaches to developing care and support plans. Team Around Me is a recognised, strengths-based approach to coordinating care for people experiencing multiple disadvantage. Team Around Me can also be used as a tool to support people through the "cycle of change" (please see appendix 2 for details). This approach can be used to support people move from the pre-contemplation stage into contemplation and action stages.
- 7.11. However, multi-disciplinary approaches, such as Team Around Me, are hampered by the lack of investment in key services such as mental health. The resulting waits for support have a knock on impact on the ability of substance misuse services to support people to achieve their recovery goals. Substance Misuse services are able to replicate some mental health support but do not have the expertise or capacity to provide more specialist mental

health care (eg: support for psychosis; personality disorder; complex depression; PTSD).

- 7.12. Recently both CGL and Via Care have been developing their working relationships with Streets Kitchen including offering peer-led harm reduction and naloxone training and offering the team a supply of nitazene (synthetic, high strength opioid) testing strips to distribute during outreach shifts.
- 7.13. Via Care and CGL offer bespoke women's pathways to access treatment and support including designated women's workers, offering appointments in women-only venues and Via contributed to the recent Women's Rough Sleeping Census.

## **8. Current Challenges**

- 8.1. Despite developing person-centred and trauma-informed models of care and support, Camden's substance misuse services, like many other services, are experiencing a number of challenges, that at times, can impact on delivering successful outcomes. These challenges, include but are not limited to:
  - 8.2. As a result of the economic and social challenges everyone has experienced, the level of need in the borough has increased substantially over the same period. Drug and alcohol services are working to support more people with increasingly complex needs at the same time experiencing their own increased costs in delivering care and are managing services with a greater degree on staff instability who are by necessity employed on short term contracts due to the nature of current funding.
  - 8.3. Whilst drug and alcohol services employ staff with mental health expertise including psychiatrists and psychologists, they cannot replicate the support people access through mental health services. This has been and remains an issue for drug and alcohol services locally and nationally.
  - 8.4. To go some way to addressing these challenges our local adult drug and alcohol services have adopted of the 'team around me' way of working which is a recognised approach to support people who have experienced or were experiencing multiple disadvantages. Whilst the team around me way of working is much more beneficial to staff and residents it is still dependent on all partners making contributions to planning the care of people with a range of support needs.
  - 8.5. The last 12 months have seen the emergence of high strength opioids supply across the country. Camden experienced a spate of non-fatal overdoses and 1 overdose death in the summer of 2023 which have all been attributed to high strength opioids. Since then, police intelligence and further non-fatal drug harm related incidents have indicated that there continues to be adulterated supply in the borough, across London and nationally. There is also growing patterns of adulterated supply across other drug groups including benzodiazepines (some of which are purchased on-line).



## 9. Conclusion

- 9.1. Drug and alcohol services, as with other services in the borough are all facing particular challenges as a result of the economic and social pressures everyone has experienced and as the level of need in the borough has increased substantially over the same period. Drug and alcohol services are working to support more people with increasingly complex needs at the same time experiencing their own increased costs in delivering care and are managing services with a greater degree on staff instability who are employed on short term contracts due to the short-term nature of current funding.
- 9.2. Although Camden's drug and alcohol treatment and support offer is comprehensive, there are a number of areas of development:
- Increasing the number of people accessing drug treatment
  - A very specific focus is needed on encouraging people to understand the impact of their alcohol use and to seek support as early as possible if they have any concerns about their drinking
  - Ensuring that the Camden response to high strength opioids is responsive and comprehensive (noting legal limitations around initiatives such as drug testing and overdose prevention rooms)
  - Developing a better understanding of the drug and alcohol need of groups typically underrepresented in treatment services and continuing to develop the service offer to meet these needs
  - Developing relationships with mental health services in order to better meet the needs of residents with co-occurring mental health and substance use wherever they present for support.
  - Developing approaches to better support people with no recourse to public funds, refugees and asylum seekers (noting some of the limitations on the system more broadly in supporting those people with no recourse to public funds)
  - Developing closer relationships with homelessness prevention services, for example Camden's Homelessness Initiatives Service, to identify drug and alcohol needs and offer support at an earlier stage.
- 9.3. Officers would also like individual members to consider:
- Visiting substance misuse services to meet staff and service users and find out more about how drug and alcohol treatment and support works.
  - Taking part in peer-led naloxone training and carry a naloxone kit.
  - Encouraging services and organisation they come in to contact with to ask questions about drug and alcohol use in non-judgemental ways and signpost people to local services for more info or support (NOTE: CGL Camden will provide awareness training on request to interested services/ organisations).
  - Consider joining the [anti-stigma network](#) which aims to improve understanding of the stigma and discrimination experienced by all people affected by drug and alcohol use.



## **10. Finance Comments of the Executive Director Corporate Services**

- 10.1. The service has been funded via the Supplementary Substance Misuse Treatment and Recovery Grant (also known as SSMTRG). This is a grant given to local authorities by the Office of Health Improvement and Disparities (OHID) to support them in achieving the outcomes outlined in the national Drug Strategy.
- 10.2. The grant allocation for 2024/25 was confirmed in November 2023 and Camden would be receiving £2,792,326, to be spent between 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025 (an increase of £1.4m on the grant allocation in 2023/24). This is expected to be the third and final year of the grant and there is no indication from OHID about whether this funding will continue beyond March 2025.
- 10.3. The uncertainty of future grant funding poses a real challenge and a potential financial risk for the years following March 2025.

## **11. Legal Comments of the Borough Solicitor**

- 11.1. The Borough Solicitor has been consulted on the report and has no comment to add to the report.

## **12. Environmental implications**

- 12.1. No environmental implications have been identified from the contents of this report.

## **13. Appendices**

Appendix 1 - Drug use vs drug dependency  
Appendix 2 - Cycle of Change  
Appendix 3 - Summary of report slides  
Appendix 4 - Glossary

**REPORT ENDS**