HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Health & Social Care for the Homeless**
Meeting date	02 December 2024
Status	Public Report
Executive summary	Following the recent publication of Healthwatch Dorset report looking at health inequality for people experiencing homelessness NHS Dorset and BCP Council welcome the opportunity to consider how current systems through existing services seeks to address inequality for people experiencing or at risk of homelessness. A number of areas of concern and enquiry have been raised. The services available across the BCP area are varied to address this issue. In response to the recommendations within the research, the report describes how services, their interactions, together with how emerging plans and opportunities, are developing to address these themes.
Recommendations	Members are asked to note the content of the report.
Reason for recommendations	N/A
Portfolio Holder(s):	Councillor Kieron Wilson - Portfolio Holder for Homes & Regulation
Corporate Director	Jillian Kay, Corporate Director of Wellbeing
Report Authors	Elaine Hurl – Principal Programme Lead, NHS Dorset
Contributors	Ben Tomlin – Head of Strategic Housing & Partnerships Karen Wood - Commissioning Manager – Drugs & Alcohol Adults & Young People Tracey Kybert – Specialist Housing Programme Lead
Wards	Council wide
Classification	For Noting

Background

1. Ill health can be both a cause and consequence of homelessness. People experiencing homelessness often face some of the most significant health inequalities of all; with average life expectancy around 30 years lower than that of the general population. To help people minimise the impact homelessness has upon their health, integration of health and social care is important to help people access the healthcare services they require.
2. NHS Dorset welcomed the Healthwatch Dorset report looking at health inequality for people experiencing homelessness. The report highlighted areas of concern that NHS Dorset has been aware of and has emerging plans to address. The report is timely in that regard.
3. The recommendations highlighted in the report and the subsequent Key Lines of Enquiry from the Chair of the Health and Social Care Scrutiny Committee are welcomed. This report provides a summary of the services available and their delivery, highlighting work already underway, and planned intentions to address further areas as needed.

Summary of Services

4. NHS Dorset funds all NHS health Care across BCP and Dorset local authority areas. The universal services are available to all citizens living in BCP or Dorset regardless of accommodation status. Within those services are some that have a specific focus on people who are homeless.
5. The list and table below show that there are various services including health services in the current multidisciplinary mix. NHS staff and services working along sides provision commissioned by the Local Authority.
6. Anyone can register with any GP in their local area, as long as they have space for new patients and they live within the practice boundary. Homeless people cannot be refused registration based on where they reside because they are not in settled accommodation. South Coast Medical Primary Care Network has a contract, specifically to work with people who are homeless.

7. University Hospitals Dorset provide a homelessness team and alcohol team that the Foundation Trust has set up and funds. Dorset Health Care have the Homeless Health Service which is funded and commissioned by NHS Dorset.

Disciplines	Organisations	Where
Housing Partners	Local Authorities	BCP
Homelessness MDT	BCP Homelessness MDT	BCP
Housing Options	BCP Council	BCP
Supported Housing	BCHA, YMCA, Pivotal, St Mungo's	BCP
Homeless Outreach	St Mungo's	BCP
Mental health	Dorset Health Care WithYou	Dorset and BCP BCP
Drugs and Alcohol	WithYou	BCP
Adult Social Care	Homeless Intervention Team	BCP
Health Care	UHD Homeless Health Team Providence South Coast Medical	BCP BCP

	Health Bus (charity)	BCP
	Out of hospital team UHD	BCP
	Homeless and alcohol teams UHD	BCP

The following sections address the specific Key lines of enquiry

What steps have been taken locally and nationally over access to GP's if you do not have a fixed address

8. Primary Care Networks and GPs do not need proof of address to register people homeless or not. Over the years there have been various mailshots and reminders around this. There is no legal requirement for proof of address or residence. All practices are aware that homeless individuals can register without proof of address.

9. The British Medical Association has provided Guidance for practices on patient registration outlining how this forms part of the core GMS contract. The guidance also outlines that there is not a legal requirement for patients to provide proof of address and suggests ways in which people without a fixed address can be registered, including using the practice address if necessary. Clearly it is easier to be in touch if people do have an address for mail etc however this is not a legal requirement more an issue of practicality.
10. Specific guidance for homeless people on registering with a GP has been produced by NHSE[1]

11. In addition to enabling access to any General Practice with an open list, specific General Practice services for homeless individuals have been commissioned from South Coast Medical Primary Care Network.
12. Alongside this, additional services targeted to meet the needs of homeless people are provided by University Hospitals Dorset and Dorset Health Care NHS Trusts

Can work at the health bus be expanded to cover more of BCP

13. The Health Bus is a small local charity who can expand in any way they wish to as long as it is in line with their terms and conditions as outlined in the charity's registration.

Are there still links with the Crescent surgery in Boscombe

14. South Coast Medical have a contract that enables them to work with homeless individuals and they provide sessions at St Pauls Hostel. They have clinic space there and have recently increased their availability.

15. South Coast Medical no longer has any formal arrangement/partnership with the Health Bus. The main interaction between the two organisations will be if a patient is seen by outreach on the Health Bus and are then subsequently referred to primary care.

What are other areas doing with their homeless people's health care

16. Some areas have building based health facilities, other areas have mobile outreach models and some have a combination of both. Provision differs for a variety of reasons including geographic and demographic differences. BCP area partners

[1] how-to-register-with-a-gp-homeless.pdf

agreed that a mixed model is required because it enables the service to be taken to the person where they are unable to take themselves to the service. The mixed approach enables access to most people.

17. It should be noted that, where possible people should be supported to access mainstream NHS provision because that is funded to meet the health needs of all citizens across BCP and Dorset and where specific homeless provision is delivered the aim is to engage people so they don't feel excluded and confidently access mainstream services.
18. BCP Council are involved in a Test & Learn Project with Centre for Homelessness Impact (CHI) and Cardiff University, commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) to evaluate the impact of nurse roles within a street outreach team. There are a number of test sites involved and the evaluation will be available in the next 12 months.

What would the homeless like to see to improve their access to healthcare

19. At various times over several years the views of homeless individuals have been sought. The Housing strategy includes a lived experience work stream and many people have contributed to the discussion about what people who are homeless want. In the main they have said they want:
    - Health care to be seamless where they do not have to repeat their stories continuously
    - As few access barriers as possible
    - To be treated with kindness, respect and understanding of their unique situations and health issues.

20. Most recently the 'I am More Than' project explored how best to enable people who have experienced homelessness and being vulnerably housed to design how they want to be involved and have a voice in research. This was a collaboration with health, social care, community, lived experience and academic partners1. A report[2] from the I am more that stakeholder event in October 2024 has also generated more general insight which will be useful in informing future support for homeless and vulnerably housed people.

What steps are taken to ensure the homeless know about the health bus

21. The Health Bus is very well known across BCP for its work with people who are homeless and in need of health care. They advertise widely and have a wide contact list of organisations. They are exceptional at championing the cause of homeless health care and they have a good level of local interest in their approach.

Do we have adequate provision to meet the unmet need identified in the Health Watch report

22. The Health Watch report was helpful and timely. The report enables system partners to consider all the work currently being done and to identify gaps in provision. For example, the work of the Homelessness Multi-Disciplinary Team (MDT) of which the Health Bus, third sector organisations NHS and social care partners are a part, is a great example of joined up work at the same time it recognises a need to make it even more connected to other parts of the system.

[2] I am more than.. stakeholder event report for web.pdf

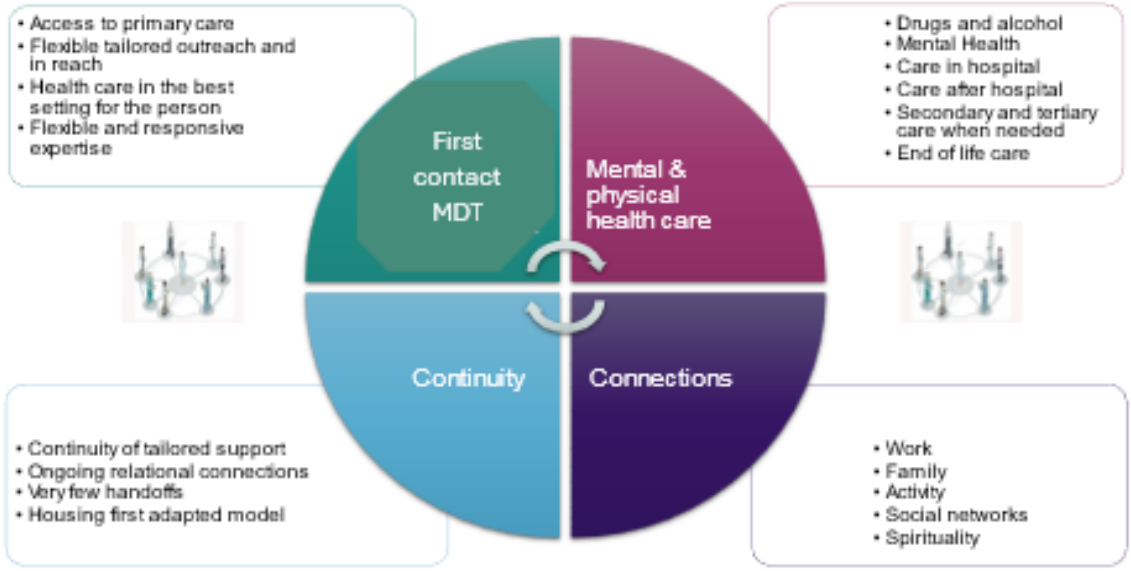
23. There is also a lot of support commissioned via the Local Authority to provide support for people in temporary housing situations such as hostel environments. There is also health provision that is available for people who are homeless.

24. The report rightly highlights the need for these services to be more joined up and that is a key ambition of the MDT approach.

The report calls for the commissioning of an Innovative service provision, what should that be? What does excellent look like, what would they like to see in the way of a targeted offer to this patient group

25. Excellent service provision is where services and teams work around the individual and tailor the response to their particular need. Some people engage on health-related issues and other people do not and partners need to respond to the individual. Services working together seamlessly in a multidisciplinary team where the MDT has responsibility and where all disciplines work together around the individual who will experience multiple disadvantages. The MDT model includes physical and mental health professionals, drug and alcohol practitioners, support workers, housing and homelessness professionals so that the offer to the individual is fully rounded without barriers.

26. Joint work in BCP to review and consider what good looks like is depicted in the diagram below:



27.

How do these services work together, to plan care to meet the needs of patients who may be under more than one of these providers at any one time.

28. Within the MDT context, care and support can be planned in a way that is joined up and wrapped around the individual with a person-centred plan for that person. Use of the MDT approach enables the person to receive the necessary care and treatment under the guidance of a singular plan. Whilst the MDT is in place, improving the current process to remove any barriers forms part of planned work.

If wound care is a particular unmet need and the traditional primary care offer is not being easily accessed by patients, then who is responsible for delivering wound care as an out-reach service where the unmet demand clearly is. Is there a specific community outreach role within the services commissioned, for example a Tissue Viability Nurse outreaching to those with wounds that require specialised input and regular dressings. If not, then can this be commissioned through reconfiguring services to offer this within existing provision and budgets or as a new initiative

29. Wound care is an issue especially in this population of people and over the last year there have been other complications in terms of wound care. Wound healing has been negatively impacted by a particular type of street drug. The system is also challenged when or if the dressings used cause allergic reaction. There are some complex issues amongst the street homeless population.

30. Primary care is available but for some individuals accessing the traditional service has been challenging if not impossible. Services have tried to adapt in order to meet the need but the model is not currently right for a small number of people who cannot use these more traditional services.

31. Drug services will commence wound clinics for individuals accessing treatment of which a vast number will be homeless. The homeless nurse already holds a weekly clinic at the homeless drop in to look at wounds and once trained and governance in place will start dressing wounds and issuing dressings to the patient to care for themselves in between appointments. This will not be for complex wounds.

32. Additional work is needed to address this issue and NHS Dorset and partners are keen to work this through as part of planned service development and improvement aligned to the MDT approach.

If GP registration and patients accessing primary care is a significant issue along with mental health services and dentistry, who within the services provided are tasked with enabling more patients to register and access these primary care services. How is GP provision, mental health care and dentistry helping patients overcome the barriers like securing an appointment and attending.

33. Currently no one is tasked with enabling more patients to register but this will be a key criteria for future services especially those working with homeless clients. The aim of the proposed first contact health service will be to enable access to mainstream services as quickly as possible after someone is more settled and this will mean that the service will have to:
    - Support mainstream services in terms of their understanding of the client
    - Offer training and support
    - Champion role in terms of enable other health colleagues to support people who are homeless
    - Help people in health care settings to consider flexible appointment times and other means of access to health provision.

34. Where people are not able to settle into accommodation and this happens for many reasons it is incumbent on the services to ensure continued support and treatment and contact until they are in a position to settle in to their accommodation. The onus being on the services to hold the relationship with that person.

35. It is worth mentioning the Homewards Project at this stage because the action plan evolving helps the BCP system to hone in on prevention but also enables different approaches to accommodation designed more flexibly to work with individuals who present with multiple disadvantages.

36. Access to Dentistry is challenging in Dorset as well as the wider country. Dental services are not commissioned in the same way as other NHS health provision but ICB staff are working with Dentist to encourage provision for health inclusion groups. Additional information about the work with dentists will be made available over the next few months.

Who funds the healthcare for the homeless? How can this money be used for the best access for the homeless to healthcare

37. NHS Dorset receives an annual allocation to meet the health needs of the Dorset population. This includes provision to address health inequalities such as those experienced by the homeless population.

38. This does not rule out other means of funding from Voluntary and Community Social Enterprise (VCSE) services or organisations or private companies. It also does not rule out Local Authority funding health care but in the main health care is delivered via the NHS and NHS Dorset has that commissioning responsibility.

What are the numbers of homeless needing treatment and does this number fluctuate during the year

39. The local authority receives £971,197 per annum through a rough sleepers drug and alcohol treatment grant to provide assertive outreach provision to people who are rough sleeping, in temporary / emergency accommodation or who are at risk to eviction from social housing and temporary accommodation. The funding goes towards employing 19 Full Time Equivalent workers including recovery workers, prescriber and nurse. The team work with single homeless individuals and families. They undertake daily visits to the main temporary accommodation providers and work closely with the Housing Options team to identify individuals who need support with addiction issues. They hold weekly drop ins around BCP at various locations – BH1 project, Roots to Roots, Fusion, and Trinity. They link in regularly with soup kitchens, housing providers and other third sector charities / organisation who support homeless individuals. They are part of the homeless MDT.

40. The team also consists of two mental health support workers who are currently funded by NHS Dorset. During April 2023 – March 2024, the team worked with 1,274 individuals in temporary / emergency accommodation and 413 individuals who were rough sleeping. They aim to work with approximately 300 individuals in accommodation per quarter and 100 individuals who are rough sleeping.

41. The team will continue to support individuals until they have been in permanent accommodation for six months and then they will transition the individual to mainstream drug and alcohol provision if still required. The team works closely with Dorset Healthcare for Mental Health provision, guidance and advice, Health Bus, UKSHA for infections, University Hospitals Dorset Homeless pathway team, Liver team, Infection control team, primary care, Adult Social Care Homeless Intervention team and Drug and Alcohol statutory safeguarding team, charity and voluntary sector agencies and all housing providers. Funding for this service is due currently to cease

on 31st March 2025. We are awaiting information from government to see if this funding will continue and the service remain for a further period of time.

What benefits do clients receive and would extra cover bus fares.

42. If someone is needing access to treatment provision and cannot get to a location to be seen, if they do not want the service to visit them, then drug and alcohol services will provide weekly bus tickets for individuals to access provision. This is only for people not on PIP, which covers this cost.

43. Rough Sleepers can also access Personalised budgets (from RSI grant) for expenditure such as travel and or other expenses which would ease accessibility into accommodation and or to access care and support.

Summary of financial implications

44. A number of housing related support and drug & alcohol treatment services for the homeless and rough sleepers provided across the BCP area are supported by Government Grant. This includes both accommodation based provision, outreach based, community and drop-in support. Whilst Government has indicated additional grant will be allocated to Council areas to support this agenda, it is not known at time of writing the specific allocations and funding criteria of those resources.

Summary of legal implications

N/A

Summary of human resources implications

N/A

Summary of public health implications

45. There are various public health implications for people who rough sleep and those who are impacted by homelessness. Those who rough sleep die younger and are at greater risk of chronic health conditions. Their mental health is often impacted and they are vulnerable to both cold and hot weather. Substance misuse is likely to be more prevalent amongst this population, alongside poor diet and personal hygiene. Consequently accessing services they need to support recovery is often more difficult.

Summary of equality implications

46. There is evidence that sleeping rough has a number of equality implications; including a greater likelihood of being a victim of crime, harassment or victimisation. We know women who experience rough sleeping have greater prevalences of Domestic Abuse and consequently the associated mental health and trauma impacts. Other groups disproportionately impacted by homelessness include younger people, Black & minority ethnic groups and the LGBTQ+ community.

Summary of risk assessment

47. A range of services and partnerships are in place across the BCP area who work together to mitigate the harmful effects of rough sleeping, working hard to prevent people becoming homelessness in the first place, and when homelessness or rough sleeping does occur making this rare, brief and un-repeated.

Appendix A

Key Services in the BCP area to support single homeless and rough sleepers

Homelessness Multi-Disciplinary Team (MDT)

The MDT was formed following the success of the 'Everyone In' approach adopted by all Local Authority Housing departments during COVID. In BCP there were examples of positive and successful joint casework that meant people with multiple disadvantages accessed not only accommodation but health, social care and other specialist services in some cases for the first time ever and achieved outcomes that meant they remained accommodated, and their health and wellbeing improved. Agencies did not want to lose this way of working together and to revert back to day-to-day processes which can impede progress and exclude individuals in most need.

The MDT is made up of a range of organisations including statutory services, health partners and commissioned service providers who meet on a weekly basis to discuss and agree actions for the highest risk individuals that are currently rough sleeping. The purpose of the MDT is to improve individuals' situation, reduce risk and agree flexible and innovative service interventions over and above usual service delivery. The MDT has a memorandum of understanding that all organisations have signed up to and a risk and needs criteria is applied to ensure that at any one time the MDT is focused on those individuals that require a multiagency intervention where other services have failed to engage.

This approach means some of our most disadvantaged residents have started or maintained substitute prescriptions, attended the Health Bus or hospital for medical interventions, accessed assessments and support for mental health and successfully moved into accommodation.

There are no funding arrangements, every organisation takes responsibility for their own resource and capacity to attend and commit to this work. Housing are funding some resource for administration and facilitation of the meetings.

Hospital Housing Advice Team (HHAT)

The HHAT is an inhouse Council team within Strategic Housing & Partnerships, made up of 3 Housing Officers (1 dedicated to our mental health hospital) and 1 Reablement Officer over seen by a Senior Housing Options Officer and a Housing Principal Manager. The team work closely with the two acute hospitals and our mental health hospital. The purpose of the team is to facilitate a planned discharge into suitable accommodation for patients identified as homeless on admission or thereafter, to link in with health services and complete treatments to prevent readmission. The team were originally funded by DHSC through pilot funding however more recently the team has been funded year on year through the S256 hospital discharge funding, RSI grant funding and 1 role by NHS Dorset.

The team work closely with health colleagues to identify as early as possible anyone homeless on discharge and work with individuals to plan a safe and supported discharge into suitable accommodation with ongoing support where needed. The service has 8 stepdown beds in self-contained flats for people to be discharged to whilst other longer-term accommodation is sourced. The Reablement Officer supports patients as they are about to be discharged, on discharge into their temporary or long term accommodation linking in with health colleagues and other specialist services to ensure patients are sufficiently supported

to meet their health and housing needs and increase the positive outcomes for people with multiple disadvantage.

The main challenge that the team is facing is the high number of patients who require accessible accommodation owing to limited mobility and wheelchair use. This is causing delays when looking at both temporary and long-term accommodation options.

Since the beginning of 2024:

- 394 referrals from Poole and Bournemouth hospitals, 61 from out of area hospitals and 68 from mental health hospitals.
- 178 of these were verified or stated they were rough sleeping.
- 41 have been placed into temporary accommodation.
- 13 have been moved on into longer-term accommodation – either private rented, supported accommodation or social housing.
- 8 customers moved into hospital step-down beds. Of those that moved on from step-down beds – 2 passed away, 1 went into supported housing and 3 have moved into social housing.
- Only 6% readmissions have occurred

Homelessness Intervention Team (HIT)

The Adult Social Care (ASC) Homelessness Intervention Team (HIT) is commissioned by Strategic Housing Options & Partnerships. This was prompted by the 'Everyone In' approach during COVID and it was later identified that there was an ongoing unmet need amongst adults presenting as homeless with an appearance of care and/or support needs. These care and/or support needs often have an influence on the accommodation they require and the sustainability of their accommodation.

HIT is hosted by the Safeguarding Adults Specialist Service (SASS) and located within the Housing Duty Team. The team consists of a Team Manager, two Social Workers and a Social Work Assistant. The aim of HIT is to contribute to a Multi-Disciplinary Team (MDT) Approach to support people experiencing Homelessness. They use Social Work interventions to facilitate positive outcomes for people, to assist individuals experiencing homelessness and multiple disadvantages with accessing services and sustaining more permanent accommodation. They use assessment, risk management, safeguarding enquiries and care and support planning frameworks to achieve this.

A Social Work Assistant (SWA), funded by the drug and alcohol housing support grant via the local authority, focuses on working with vulnerable adults dealing with drug & alcohol issues with a history of multiple evictions. The post also supports Social Workers in delivering high-quality support and protective intervention for vulnerable adults.

The HIT Team takes a multi-disciplinary approach to reduce rough sleeping and recurrent homelessness in the area including:

- Taking the lead in Multi-agency Risk Management Meetings (MARMs) and statutory duty for Safeguarding Enquiry Meetings. Several of the referrals to HIT relate to self-neglect of either personal care, health and/or environment.
- HIT Team Manager attending the Housing First Core Meetings to ensure effective and integrated health and care solutions are considered and tailored around the needs of the adults.
- Working closely with both WithYou Drug and Alcohol Housing Support Team and Homeless Team as substance misuse can make it difficult for those who are experiencing rough sleeping to sustain any form of accommodation. This includes assessing any care and support needs (s9 Care Act, 2014), undertaking Safeguarding Enquiries (s42 Care Act, 2014), Mental Capacity Assessments and contributing towards any request for detox and rehab by the BCP Drug and Alcohol Panel.
- Working closely with health professionals in the community including GPs, Health Bus, Hospital Homeless Care Team and NHS Dorset Homeless Mental Health Team to address the health needs of rough sleepers. This might involve support with re-engaging with health professionals, attending hospital appointments, referrals to CMHT etc. to ensure support with current health needs or new conditions.
- Work closely with University hospital Dorset NHS Foundation Trust to ensure wards complete a holistic assessment and follow the Discharge to Assess (D2A) process where appropriate and consideration of step-down beds, rehabilitation beds or eligible care needs etc to avoid returning to rough sleeping when discharged from hospital.

Supported Housing

Strategic Housing Options & Partnerships commission a number of providers to deliver housing related support into a varied range of accommodation options including hostels, shared living properties and self-contained accommodation. The majority of service provision to the total of nearly 4 million is funded through Council base budget, Homelessness Prevention Grant (HPG) and Rough Sleeper Initiative (RSI) grant funding. There are around 360 units of accommodation over 22 scheme sites. Key providers are MDT members.

Service meets the needs of people with multiple disadvantages including care experienced, mental and physical health, offending history, domestic abuse, substance misuse and repeated periods of homelessness and rough sleeping.

Services aim to support people to gain the skills to maintain their tenancies, link in with specialist services and move on to independent sustainable accommodation.

In 2023/24 202 people moved on from a service

- 10% moved into higher supported housing/registered care/long stay hospital
- 49% moved successfully moved on to lower supported, family, social housing or private rented
- 41% moved out because of being recalled to prison, abandoning the scheme or being evicted. (This has improved in 24/25 year to date where evictions alone have halved.)

- It is estimated 40% of people living in supported housing are ready to move-on

WithYou – Drug & Alcohol Housing Support Team

This service delivers assertive outreach provision to people who are at risk to eviction from private rented accommodation. Visiting people regularly (sometimes daily) in their own homes to address their accommodation issues and once that is settled work with them on their addiction issues. In the first year of this service running they worked with 319 individuals at risk of eviction. The majority of individuals remained in their accommodation or were found alternative accommodation. Only one person did not find alternative accommodation and therefore had to rough sleep.

The service consists of 11.5 FTE housing support workers.

WithYou – Drug & Alcohol Homeless Team

A service who assertively target individuals who are rough sleeping, in temporary / emergency accommodation or at risk of eviction from social housing. They work with single homeless individuals and families who are homeless. Once people have engaged they will be offered treatment at a location of their choice.

The service has access to funding specifically for homeless individuals to access inpatient detoxification, residential rehabilitation, counselling and long lasting injectable buprenorphine. The team also consists of two mental health support workers who are currently funded by NHS Dorset.

The team will continue to support individuals until they have been in permanent accommodation for six months and then they will transition the individual to mainstream drug and alcohol provision if still required.

St Mungo's Street Outreach Service

This Council commissioned service plays a vital role in the contact, assessment and support of people who are some of the most marginalised individuals, who are rough sleeping and may struggle to access building-based services for support. The service provides early morning outreach to people everyday of the year is a critical member of the MDT and leads on the coordination of the Severe Weather Emergency Protocol. The service provides drop-in advice and support for anyone rough sleeping in the BCP area.

Housing Options Rough Sleeper Team

Funded from RSI grant, the Councils Rough Sleeper Prevention team are responsible for coordinating statutory housing assessment and support plans for people experiencing rough sleeping and those at risk of rough sleeping. Clients supported by the team often experience long term cyclical homelessness with multiple disadvantages.

The team is funded by the Rough Sleeping Initiative RSI and comprises of 15 support and inclusion officers, 3 housing options officer, Senior Practitioners and a Principal Housing Options Manager. The team are responsible for statutory homelessness assessment and

the coordination of support and access to services. The team facilitate access to a range of accommodation types, from off the street accommodation to social housing.

Funding

Rough Sleepers Initiative – (RSI) – Currently in its 4th year, BCP Council receives circa £2m each year. The grant program provides funding to local authorities and their partners to help people who are sleeping rough or at risk of doing so. It does not provide health interventions. The goal of the RSI is to reduce rough sleeping and improve local responses. In BCP, the grant provides over 50 units of emergency off the street supported housing; Housing 1st projects; contributes to street outreach service; delivers frontline support teams in housing and Adult Social Care; and targets help to support move-on accommodation in the private, social and supported housing sector.

Rough Sleepers Drug & Alcohol Treatment Grant – (RSDATG) – Currently in its 3rd year the Rough Sleeping Drug and Alcohol Treatment Grant funds local areas to implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

Drug and Alcohol Housing Support Grant – (HSG) – Currently in its 2nd year, the Housing Support Grant funds local areas to reduce the number of people who are evicted due to substance misuse issues, or to reduce the number of people who successfully exit treatment having poor housing outcomes at the end of their treatment

All grants will currently end in March 2025, no announcement has yet been made upon the likelihood of their continuation.