



WCC OHID Housing Support Grant:
Helping people recovering from drug and alcohol
dependency to have stable and secure housing
Final Report
5 July 2023

© 2023 WESTMINSTER HOMELESSNESS PARTNERSHIP

Report produced by [Dom Williamson Consultants](#). Research by Joanne Crellen

Table of contents

EXECUTIVE SUMMARY.....	3
1. Introduction	3
2. What works in the current system.....	3
3. Improvements planned.....	3
4. Recommendations	4
INTRODUCTION	5
5. The Housing Support Grant	5
6. Aims of this report	5
7. Methodology.....	5
AN OVERVIEW OF THE CURRENT SYSTEM.....	8
8. Existing services and partnerships	8
9. Outcomes monitoring	13
10. Relevant strategies.....	13
11. Funding and commissioning arrangements.....	14
WHAT IS AND ISN'T WORKING	16
12. Identifying what is and isn't working	16
13. Established good practice	16
14. Promising practice	17
15. Practice to be developed	18
IMPROVEMENTS PLANNED THROUGH THIS GRANT	21
16. Gaps the grant is aiming to fill in Westminster.....	21
17. Services commissioned	21
ADDITIONAL FORTHCOMING CHANGES	23
18. Housing	23
19. Health.....	23
20. Treatment	23
21. Upcoming changes of concern.....	24
ANALYSIS OF GAPS AND DEVELOPMENTS	25
22. Areas for development and steps being taken	25
23. Recommendations for further development.....	26
24. Recommendations for the programme	27
APPENDIX: SURVEY TABLES	28

EXECUTIVE SUMMARY

1. Introduction

- 1.1 Westminster City Council (WCC) has secured a Housing Support Grant 2022-25 from the Office for Health Improvement and Disparities (OHID) to deliver a 'test and learn' programme which aims to increase the proportion of people recovering from drug and alcohol dependency who are in stable and secure housing.
- 1.2 This report is a project of the Westminster Homelessness Partnership, funded through the programme, and has been compiled at the outset to map current services and joint working, analyse feedback on what works well and where gaps exist, identify ongoing changes in the system, and make recommendations for quick wins and further development work.
- 1.3 We have completed the research by engaging partnerships across the borough, stakeholder mapping, and consulting widely via an online survey and one-to-one interviews.

2. What works in the current system

- 2.1 Westminster is a complex setting with large numbers of services, initiatives and developments. Existing websites already attempt to provide up-to-date mapping of services and multi-agency forums, so in this report we outline only the key ones relating to the programme.
- 2.2 We have identified significant areas of good practice, particularly around multi-agency working, the high regard professionals have for each other, drug treatment, and long-term consistency of support. Support works well for people at the sharp end of homelessness: sleeping rough and in hostel accommodation.
- 2.3 We also found arrangements that are working well but could be applied more widely, or where improvements to systems are underway but haven't been fully embedded. This includes providing person-centred support that is appropriate for different client groups, peer support, and some mental health support. The need for better support to people in temporary accommodation, while presenting challenges, was seen as well understood and in progress. Challenging housing problems are seen in two categories: relating to the client and their needs, and relating to barriers created by housing services and providers. These will require different responses to resolve.
- 2.4 Areas seen as not working well include support for people with a dual diagnosis and access to alcohol treatment. In terms of housing, professionals want more training on housing options, more preventative work with people at risk of housing problems, and more appropriate accommodation to be available. In particular, the lack of move-on from hostels/supported accommodation, debt, and cuckooing were seen as the biggest challenges.
- 2.5 Particular groups of people in treatment face additional barriers to achieving stable and secure housing. These include people from outside Westminster, those with particular histories (criminal offences and problematic past behaviour), those with dogs and people who have limited reading/writing skills.

3. Improvements planned

- 3.1 The key gaps identified in applying for this Grant are support for: people placed in temporary accommodation out of the borough; more assertive support for people moving rapidly through settings on a treatment journey; more peer support; a service to enable social activities for isolated people with communication needs; and specialist housing advice located

within treatment providers. It was also recognised that a strategic post would be needed to join up the various initiatives and developments taking place.

- 3.2 To meet these gaps, the programme in Westminster includes the following:
- Specialist floating support (for people in temporary accommodation out of the borough, for people needing a more assertive approach, peer support and a buddy scheme)
 - Specialist housing support caseworkers (one dedicated to advice for treatment services, the other supporting people in temporary accommodation)
 - Strategic posts (WHP time for baseline research, a post to oversee the work, and a part-time data coordinator)
 - Training, personal development and workforce support (accredited substance misuse training)
 - Personal budgets
 - A weekend recovery social club and in-reach to housing settings.
- 3.3 In addition, there are a number of forthcoming changes and developments taking place across housing, health and treatment. These are all positive and contributory and we outline them in this report.

4. Recommendations

- 4.1 The analysis reveals that lots of the gaps/areas for development are already being addressed either through the programme or other developments.
- 4.2 Of the remaining areas, most could be addressed (or could be made explicit) as quick wins by ensuring that focus is given to:
- Floating support services targeting people who are moving rapidly through transition points in treatment
 - Floating support services intentionally seeking clients who may be at risk of housing problems, particularly those who live in private rented, privately owned or general needs social housing
 - The strategic post taking responsibility for working with partners to reduce barriers caused by the housing system and providers, develop options for better mental health support, and mapping where additional housing training is required
 - The dedicated specialist case workers taking on responsibility for providing housing options training to partners.
- 4.3 One area – the need for a more assertive approach to engage people with alcohol treatment – does not appear to fit well with existing plans for the programme and will require further thought and development.
- 4.4 Progress towards delivery of the programme is moving at great speed, with operational teams in place or recruitment underway. To ensure it is able to deliver against its stated aims, further work would be useful to:
- Ensure the differing elements can work together effectively by clarifying the roles of new services and communicating expectations across services
 - Co-create with funded providers a protocol setting out how people who could benefit from support will be identified and engaged by the most appropriate support offer
 - Establish methods for continuous learning, performance metrics and a process for reporting on outcomes and learning to local partners and OHID.

INTRODUCTION

5. The Housing Support Grant

- 5.1 In 2022, Westminster City Council (WCC) secured a Supplemental Substance Misuse Treatment and Recovery (SSMTR) Housing Support Grant from the Office for Health Improvement and Disparities (OHID). This will fund a programme to ‘test and learn’ ways in which services in the borough can increase the proportion of people recovering from drug and alcohol dependency who are in stable and secure housing.
- 5.2 Westminster is one of 28 local authorities that have been allocated this funding, which contributes to the objectives within the 2021 Drugs Strategy *From harm to hope: A 10-year plan to cut crime and save lives*¹. OHID expects that the grant will fund activities that:
- Improve the rate of recovery from drug and alcohol dependence for people in structured treatment
 - Reduce the rate of unplanned discharge from treatment for people with a housing need
 - Improve access to, and sustainment of, suitable accommodation for people engaging in structured drug and alcohol treatment
 - Reduce the scale of unmet housing need for people in structured drug and alcohol treatment
 - Build the evidence base on the housing related need for people dependent on drugs and alcohol and the most effective interventions.
- 5.3 Further information on the aims of the programme in Westminster can be found on page 21.

6. Aims of this report

- 6.1 This report is a project of the Westminster Homelessness Partnership (WHP). It has been funded at the outset of the programme with the aim of developing local systems and improving data and evidence. It focuses on the voluntary sector including non-commissioned services.
- 6.2 Through the report, we aim to:
- Map current services, multi-disciplinary teams (MDTs) and their commissioning arrangements and leads
 - Gather and analyse feedback on what areas are working well, where gaps exist and which interfaces between services need attention
 - Identify ongoing and forthcoming changes in the system
 - Identify opportunities for quick wins
 - Make recommendations for further development work that will improve outcomes for the population in scope.

7. Methodology

- 7.1 In compiling the report, we have benefited from the time, expertise and enthusiasm of commissioners and service providers across Westminster. These partners have helped us across our three main activities, which are described in detail below: planning and partnerships, stakeholder and service mapping, and consultation across Westminster.

¹ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Planning and partnerships

- 7.2 We have met on a number of occasions with the project commissioners to review and agree our project plan. We have also attended mobilisation meetings for the wider programme, alongside the other partners involved. This has allowed us to propose and discuss our work and have it shaped by those who will deliver the resulting work on the ground.
- 7.3 We have discussed the project at strategic and practitioner meetings of the Westminster Homelessness Partnership (WHP). The WHP brings partners from housing, homelessness, the NHS and drug treatment together at three levels: strategic, service delivery leads, and practitioner, which includes managers of frontline services.
- 7.4 Additionally, we have worked with the project commissioner and service providers to identify and attempt to make contact with the other 27 local authorities who have received this grant. Due to OHID only recently allocating an officer to Westminster, we have only been able to speak to two. We recommend that now the contact is in place, this work is taken forward.

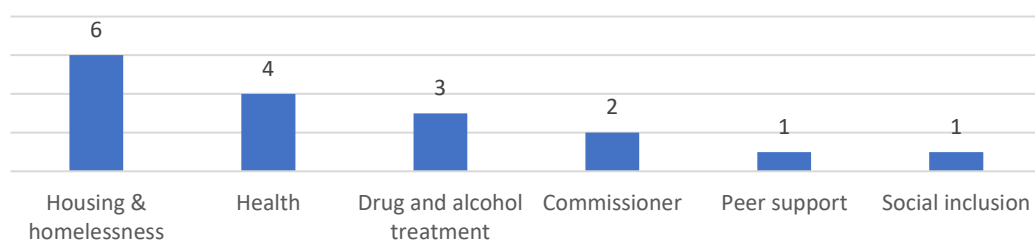
Stakeholder and service mapping

- 7.5 Throughout this project we have identified and engaged stakeholders across commissioning structures and in statutory and voluntary sector services. We have used our existing information, publicly available tools and directories, as well as consultation with key stakeholders, to map current services, pathways, multi-disciplinary teams (MDTs) and their commissioning arrangements and leads.

Consulting across Westminster

- 7.6 We have used two methods to help us gather feedback on what is working well, where gaps exist and which interfaces need attention, to identify ongoing and forthcoming changes in the system and opportunities for quick wins, and to support recommendations for further development work. These are a survey, as well as one-to-one conversations with several key stakeholders.
- 7.7 The survey was conducted using SurveyMonkey and included multiple choice and open text questions. Questions were developed and tested with the WHP strategic group, the project commissioner and target services. WHP partners and other key stakeholders were asked to promote the survey within their own organisations to encourage completion. The survey was open between 24 April and 15 May 2023.
- 7.8 We received 36 responses to the survey, with 27 of these containing enough information to be usable. Of those 27, most (20) were fully complete while a further seven contained partial information. Responses came from 17 different organisations (plus one not specified), and 23 distinct services. As shown in Figure 1, the organisations responding gave us good representation across the key areas of drug and alcohol treatment, housing and homelessness, and health, as well as responses from peer support services, social inclusion charities and commissioners.

Figure 1: organisations responding by type

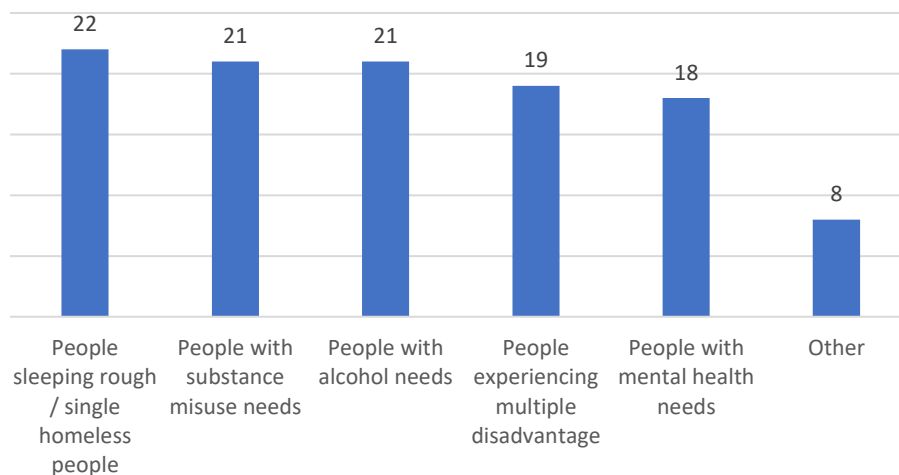


7.9 The organisations providing a response were:

- Bi Borough Substance Use Team/WCC&K&C
- Bi-borough Social Services
- Build on Belief
- CGL
- Change Communication
- Connection at St Martins
- Dignify CIC
- EASL
- Homeless Health CIC
- RMG
- SHP
- Solace Women's Aid
- St Mungo's
- The Dr Hickey Surgery
- The Passage
- Turning Point
- WCC

7.10 Most of the respondents (n=23) work with multiple groups of people, covering the various groups likely to be in need of support under this programme. These groups are shown in Figure 2. Groups falling into the 'other' category include victims of modern slavery, victims of male violence against women and girls, asylum seekers and undocumented migrants.

Figure 2: number of respondents supporting specific groups



7.11 We have also held one-to-one conversations with several key stakeholders to explore practice, gaps and developments in more detail. These include representatives from:

- CGL Alcohol Team
- Homeless Health CIC
- SHP
- Solace Women's Aid
- Turning Point (DAWS).

AN OVERVIEW OF THE CURRENT SYSTEM

8. Existing services and partnerships

- 8.1 Westminster is a complex, fast-changing setting, with a large number of services, initiatives and projects in development. Some of these focus exclusively on Westminster, while others are bi-borough (including RBKC) and others still tri-borough (including LBHF.)
- 8.2 Various websites attempt to provide up-to-date mapping of services and multi-disciplinary teams within the borough. These include:
- Westminster Homeless Health Coordination Project (WHHCP)
<https://groundswell.org.uk/westminster-hhcp/>
 - London Housing Foundation's Atlas <https://www.lhfatlas.org.uk/>
 - Roads to Wellbeing Community Map
<https://roadstowellbeing.communitymaps.org.uk/welcome>
 - One Westminster's directory of voluntary and community organisations
<https://www.onewestminster.org.uk/directory>
- 8.3 We do not attempt to replicate these websites in this report. Here we list only the primary services as an overview at the outset of the programme.

Drug and alcohol services

- 8.4 Drug and alcohol services are commissioned through Integrated Commissioning at WCC.
- 8.5 Turning Point holds the integrated drug and alcohol contract for the bi-borough. The Drug and Alcohol Wellbeing Service² (DAWS) provides a comprehensive package of support and treatment options including clinical, psychosocial and peer support interventions. The service supports overall wellbeing through one-to-one key working, groups, park fit, a women's day, recovery coaching, education, training and employment and more.
- 8.6 The DAWS+ service is a specific drug & alcohol service for those with multiple needs and are homeless or at risk of homeless. DAWS also delivers the Criminal Justice and Starting Over projects, which provide more intensive, focussed support for particular groups. The Criminal Justice project is an arrest referral service based in Marylebone Magistrates' Court and facilitates mandated treatment orders for alcohol and substance misuse. Starting Over provides wraparound support to Integrated Offender Management (IOM) clients and others experiencing multiple disadvantage including people leaving prison.
- 8.7 Change Grow Live (CGL) delivers the bi-borough Specialist Alcohol Service³. CGL employs six alcohol practitioners as well as a community nurse and part-time consultant psychiatrist. It provides the alcohol liaison service at St. Mary's Hospital in Westminster (and hospitals in neighbouring boroughs) and will shortly be expanding this to seven days a week. CGL also provides community detox.
- 8.8 Turning Point and CGL hold monthly clinical interface meetings to discuss patients, opportunities for joint working, and to ensure that referrals are made where appropriate.
- 8.9 Access to residential detox and rehab is via the bi-borough substance use team made up of social workers at WCC and RBKC. Referrals are made through DAWS and CGL.

² <https://www.turning-point.co.uk/services/daws>

³ <https://www.changegrowlive.org/the-alcohol-service/westminster>

- 8.10 There is also a Club Drug Clinic⁴, run by Central and North West London NHS Foundation Trust (CNWL.)

Housing and homelessness services

- 8.11 Housing and homelessness services are commissioned through the Housing Team at WCC. There are specialist commissioners for Rough Sleeping and the Street Population.
- 8.12 The statutory homelessness service, known as the Housing Solutions Service, is provided by RMG in conjunction with The Passage and Shelter.
- 8.13 The borough has 985 bed spaces available for people who are homeless in 18 accommodation services as well as five day centres. Details for all these services can be found using the directories outlined at section 8.2.
- 8.14 There are also two Housing First schemes, delivered by:
- St. Mungo's⁵, focused on people who have been unable to sustain long-term accommodation, *and*
 - Solace Women's Aid⁶, which works with homeless women affected by domestic abuse and multiple disadvantage.
- 8.15 The Compass team⁷, a partnership of St. Mungo's and The Passage, provides specialist outreach support to people who have been on the streets for a long time and often have multiple and complex needs.
- 8.16 SHP holds the floating support contract for the borough, supporting approximately 500 people at any one time. They will deliver the new assertive floating support service in this programme – see more information at 17.2. SHP also supports people through the Private Letting Service, accommodation for ex-offenders (AFEO) project, Rough Sleepers Accommodation Pathway trainee flats, and Changing Futures' Churchill Gardens and Bluelight projects.

Health services

- 8.17 Health services are commissioned through the NHS, via the North West London Integrated Care Board, and the Integrated Commissioning (Public Health) team at WCC.
- 8.18 A comprehensive list of health services in Westminster is available via the WHHCP for both physical health⁸ and mental health⁹.
- 8.19 Of particular note are the Specialist Homeless Health GP surgeries at Dr Hickey's and Great Chapel Street. These provide both standard Primary Care services and specialist interventions such as complex case management, step up (from the street) and step down (from hospital) health beds, multi-agency care planning, escalation and advocacy work and strategic and systems change work.
- 8.20 The Joint Homelessness Team¹⁰ is a multi-disciplinary community mental health service that works with people who sleep rough in Westminster and who have a mental illness. Earlier in 2023, CNWL also set up a new Statutory Team Enabling Pathways (STEP)¹¹ service to sit with

⁴ <https://www.clubdrugclinic.cnwl.nhs.uk/>

⁵ https://www.mungos.org/service_model/housing-first/

⁶ <https://www.solacewomensaid.org/our-services/housing-first>

⁷ <https://whpartnership.org.uk/general/outreach-in-partnership-westminsters-compass-team/>

⁸ <https://groundswell.org.uk/wp-content/uploads/2021/08/Physical-Health-services-directory.pdf>

⁹ <https://groundswell.org.uk/wp-content/uploads/2020/11/Mental-Health-services-directory.pdf>

¹⁰ <https://www.cnwl.nhs.uk/services/mental-health-services/adult-and-older-adult/joint-homelessness-team>

¹¹ <https://www.cnwl.nhs.uk/news/cnwl-launches-new-step-service-homeless-people-westminster>

JHT, comprising a multi-disciplinary team who will work closely with people in Westminster's rough sleeping pathway who have mental health problems but who do not meet the threshold for JHT's standard service or for other secondary mental health services. Many of these people have a combination of other problems such as substance use, trauma, brain injury, neuro diverse conditions, learning difficulties, or physical health issues, which when added together make them very vulnerable. Typically, they have frequent unplanned contacts with the NHS via A&E, contacts with the criminal justice system and will generate regular safeguarding concerns from the agencies who are working with them.

- 8.21 The SLaM Psychology in Hostels (PIH) Service is an innovative multi award-winning specialist homeless psychology service. Working across Westminster and Lambeth, the PIH team includes a Consultant Clinical Lead, a Principal grade psychologist, five Highly Specialist Clinical Psychologists, eight Specialist Clinical/Counselling Psychologists, a Nurse Psychotherapist, an Art Therapist and several Trainee Clinical Psychologists.
- 8.22 A dual diagnosis team run by CNWL currently operates across Westminster but has recently been the subject of consultation around restructure.
- 8.23 The Enabling Assessment Service in London (EASL) is a mental health team supporting homeless people across London and the agencies that work with them. They offer Occupational Therapy assessments to document the needs and functions of individuals, provide aids and adaptations for physical difficulties, advise around managing / living with mental health conditions and help access statutory services such as care act assessments.
- 8.24 Additionally, Groundswell Homeless Health Peer Advocacy¹² offers one-to-one support for people experiencing homelessness to make and attend health appointments. The service is delivered by volunteers that have personal experience of homelessness. Groundswell can support all clients in Westminster to attend either GP or hospital appointments.

Multi-agency forums

- 8.25 Considerable effort is made in Westminster to support joint working, identify gaps and develop new responses to emerging challenges. Two-thirds of respondents to our survey indicated that they take part in multi-agency partnerships. The WHHCP maintains a directory¹³ of multi-disciplinary forums across the borough. The examples below illustrate the breadth of partnership work that is taking place.
- 8.26 Multi-disciplinary team meetings, forums and panels provide clinical multi-agency governance for people and patients who need treatment and support. Other networks and forums enable professionals to share information, learn from each other, and identify gaps and opportunities.
- 8.27 These include:
- CGL Alcohol Service clinical MDT. Meets once a week to discuss new presentations, care plans, and complex cases.
 - DAWS Drug and Alcohol MDTs. One for everyone is held once a week and another fortnightly for rough sleepers in the south of the borough.
 - Starting Over Panel meetings. Held to discuss referrals and support plans for people eligible for Starting Over, attended by probation and IOM police.
 - Cognitive impairment and alcohol task group. A forum that meets every couple of months to set up pathways for people who have cognitive impairment and alcohol issues.

¹² <http://groundswell.org.uk/homeless-health-peer-advocacy/>

¹³ <https://groundswell.org.uk/wp-content/uploads/2021/12/Westminster-MDT-forums-directory.pdf>

- Enhanced Vulnerability Forum for rough sleepers. A monthly pan-borough MDT chaired by the Rough Sleeping Coordinators to discuss people sleeping rough and accessing the rough sleeping pathway who are presenting with escalating and/or high-risk health and mental health concerns. The focus is on people who have fallen between services and/or are very resistant to change.
- Westminster Homeless Health Partnerships Catch Up – a fortnightly meeting bringing together health practitioners working with homeless people in Westminster. Facilitated by the Rough Sleeping Accommodation Coordinator & Project Manager.
- Housing Complex Case Panel (HCCP). A monthly panel for WCC housed residents in WCC properties, housing associations or temporary accommodation. The focus is on stopping people from falling or bouncing between services where there are increasing concerns around their vulnerability.
- Violence against women and girls (VAWG) and multiple disadvantage forum. A monthly dedicated forum for women that includes representatives from housing, psychology, health, and domestic abuse specialists.
- Integrated Care Network. Held monthly, the Integrated care network (ICN) forum discusses health interventions for patients / clients who are in an ICN bed or ICN caseload.
- Combating Drugs Partnership. A multi-agency forum with responsibility for delivering the outcomes established through the 2021 Drugs Strategy *From harm to hope: A 10-year plan to cut crime and save lives*¹⁴.
- Westminster Homelessness Partnership. The partnership brings partners together from housing, homelessness, the NHS and drug treatment at three levels: strategic, service delivery leads, and practitioner, which includes managers of frontline services.
- Westminster City Council Changing Futures (WCC-CF) Multiple Disadvantage Partnership Group, which aims to improve outcomes for people in Westminster who are experiencing multiple disadvantage and is part of the national Changing Futures programme¹⁵.
- The Safer Westminster Partnership (SWP), the statutory Community Safety Partnership (CSP) for Westminster. Among other duties, it acts as a multi-agency forum to proactively or reactively manage crime and anti-social behaviour issues as they emerge in the city. The Partnership meets quarterly.

Support to partners

- 8.28 In addition to the multi-agency forums, many providers offer in-reach advice and support to partners across the borough. More than half (n=15) of respondents completing our survey reported that they offer this and a similar number (n=16) receive it. A small number (n=4) indicated that they did not receive any in-reach support and advice, which may be an opportunity to improve partnership working.
- 8.29 For drug and alcohol support, in-reach support and advice (on top of the forums outlined above) comes in the form of:
- Turning Point working with hostels to develop target lists of clients and deliver Stabilisation (Blue) Days¹⁶, satellite clinics providing harm minimisation and advice at

¹⁴ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

¹⁵ <https://www.westminster.gov.uk/changing-futures>

¹⁶ Stabilisation (Blue) days are for higher risk clients that are still actively using illicit substances. Blue days aim to ensure client stabilisation and progression within treatment towards community integration, enabling increased involvement and autonomy in one's own recovery, strengthening possibilities of goal outcome

seasonal services and regularly at day centres as well as wellbeing days alongside health professionals. Turning Point also attends prisons and probation to develop relationships with people ahead of starting to work with them.

- CGL providing alcohol advice and interventions to hostels.
- Bi-borough social services advising on detox and rehabilitation.

8.30 Advice and support on health comes from:

- Dr Hickey's surgery running in-reach services to many single homelessness hostels and two day centres, as well as outreach services to street homeless people.
- Great Chapel Street providing nursing support to hostels and some day centres and supporting the 24 health beds across the borough.
- EASL's Occupational Health clinics, which are delivered monthly in two hostels.

8.31 Housing and homelessness support and advice is provided by The Passage, including the statutory service. Support includes advice on challenging the local authority when they are not supporting people in line with the national homelessness code of practice¹⁷ and legislation.

Training

8.32 Several services also provide training to partners.

8.33 For substance misuse, the following is available:

- Level 3 substance misuse training online available to all professionals offered by Turning Point
- Ad hoc harm minimisation and substance-specific training and workshops by Turning Point
- A series of regular substance misuse training events provided by Turning Point¹⁸
- Training around what the local authority Substance Use Team does, provided by bi-borough social services
- Alcohol awareness training delivered by CGL
- Harm minimisation and substance misuse training relating to young people, provided by Insight at Humankind¹⁹.

8.34 Health training is available as follows:

- The WHHCP run by Groundswell provides comprehensive health training to partners
- Dr Hickey's Surgery provides regular training sessions to medical students, street outreach workers, junior doctors in A&E and GP vocational training courses
- Women's health and informal offers of training delivered by nurses from Homeless Health CIC.

8.35 Statutory homelessness training is provided by staff at the Housing Solutions Service.

8.36 In addition, training is provided in:

- Domestic abuse by Standing Together

longevity and reduced risk of re-conviction. The Blue day model has an emphasis on risk identification, harm reduction and management of goal attainment.

¹⁷ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

¹⁸ <https://www.eventbrite.co.uk/o/daws-learning-60749680723>

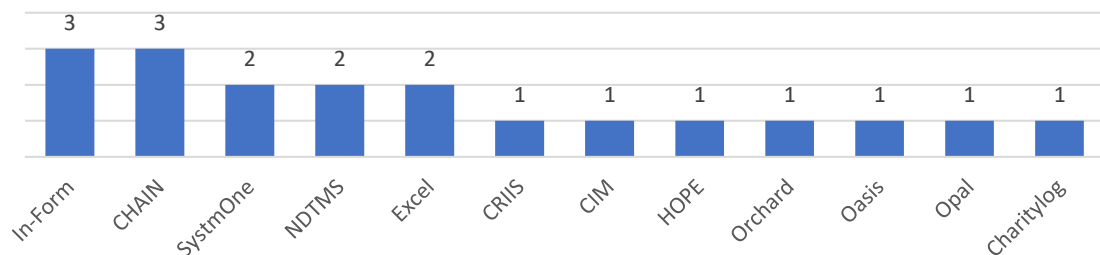
¹⁹ <https://humankindcharity.org.uk/>

- Modern slavery by The Passage, *and*
- EASL used to provide training on hoarding and capacity but is no longer funded to do this.

9. Outcomes monitoring

9.1 Outcomes for individuals are not recorded in a standard way across partners in the borough. Of the 17 organisations responding to our survey, nine use more than one system to fulfil reporting requirements and manage cases. In total, 12 different systems are in use. Figure 3 for details.

Figure 3: number of organisations using each IT system



- 9.2 Homelessness services most commonly use In-Form²⁰, an online case management system developed for the homelessness sector by Homeless Link, and other in-house systems. They also use CHAIN²¹, a multi-agency database recording information about people sleeping rough and the wider street population across London. CHAIN allows users to share information about work done with rough sleepers and about their needs, ensuring that they receive the most appropriate support and that efforts are not duplicated. Reports from the system are used at an operational level by commissioning bodies to monitor the effectiveness of their services, and at a more strategic level by policy makers to gather intelligence about trends within the rough sleeping population and to identify emerging needs.
- 9.3 Drug and alcohol services use in-house systems as well as recording information and outcomes on the National Drug Treatment Monitoring System (NDTMS)²²
- 9.4 Healthcare services use SystmOne²³, a clinical medical record system that gives access to a single source of information detailing a patient’s contact with health services across their lifetime.
- 9.5 Smaller voluntary organisations use a combination of Excel spreadsheets, in-house systems, and Charitylog²⁴ to record information and outcomes.

10. Relevant strategies

- 10.1 Due to the varying needs of people recovering from drug and alcohol dependency with housing issues, there are multiple strategies relevant to this work. These include:
- The bi-borough Health and Wellbeing Strategy²⁵ – which has a consultation deadline of 25 June 2023

²⁰ <https://homeless.org.uk/what-we-do/in-form/>

²¹ <https://homeless.org.uk/what-we-do/streetlink-and-chain/chain/>

²² <https://www.ndtms.net/>

²³ <https://tpp-uk.com/products/>

²⁴ <https://www.charitylog.co.uk/>

²⁵ <https://consult.rbkc.gov.uk/communities/bi-borough-health-and-wellbeing-strategy-2023/>

- The borough’s Fairer Westminster Delivery Plan²⁶
- Westminster’s Homelessness Strategy – to be developed in the second half of 2023
- Housing commissioning priorities review
- Safer Westminster Partnership strategy – being drafted in 2023
- Combatting Drugs Partnership strategy – currently in development
- The integrated neighbourhood teams²⁷ (a bi-borough model of health and social care) currently being prototyped – being led by Rachel Soni and Anna Raleigh.

11. Funding and commissioning arrangements

- 11.1 Commissioning structures are outlined in brief at section 8 above.
- 11.2 WCC Integrated Commissioning funds drug and alcohol services within the borough. This includes the main treatment contracts as well as contributions to health initiatives, peer support and homelessness advice. WCC housing commissioners fund housing and homelessness support and advice. Voluntary sector agencies also raise charitable funds to support their work.
- 11.3 Just under half (n=12) of respondents to our survey indicated that their services are funded by more than one funding stream. These additional funds come from the NHS, GLA, MOPAC and charitable grants. As shown in Table 1, the majority (n=15) are funded by only one source.

Table 1: number of funding streams by survey respondents

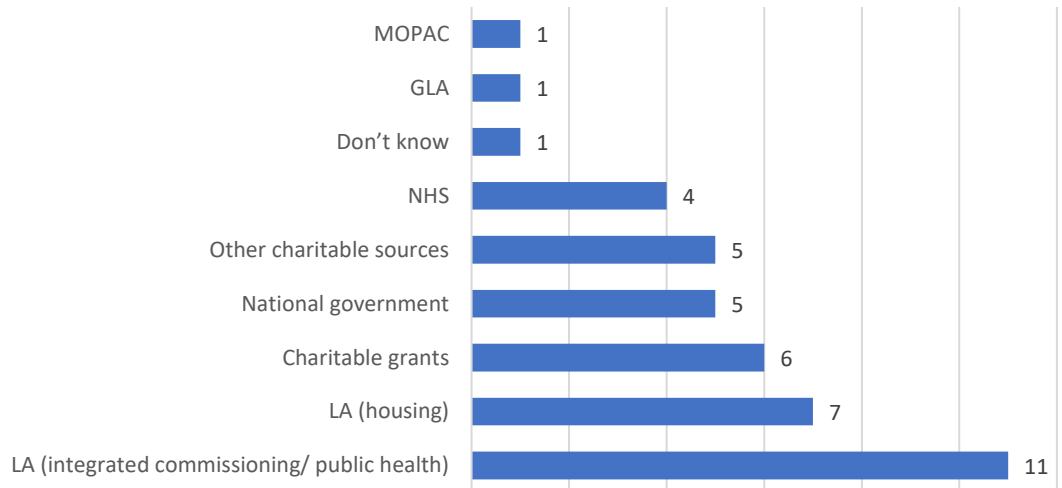
Number of funding streams	Number of respondents
1	15
2	7
3	4
4	1

- 11.4 Figure 4 reveals the number of respondents to the survey who reported receiving income from each funding source.

Figure 4: sources of funding

²⁶ <https://www.westminster.gov.uk/delivering-our-plan-build-fairer-westminster>

²⁷ <https://drive.google.com/file/d/1J5WRtb3urcqwW1M24n5zc-0Y7X39zKfn/view?usp=sharing>



WHAT IS AND ISN'T WORKING

12. Identifying what is and isn't working

- 12.1 Through our research, we were keen to establish what local stakeholders believed was working well and where improvements could be made within the current system. This will allow commissioners and practitioners to recognise and celebrate existing good practice, and ensure that the new OHID funded programme is focused on where it can add the most value.
- 12.2 To help us do this, we asked people completing the survey to rate how often different parts of the system work well. Options were: always, mostly, sometimes, rarely and never. Each response was given a score from 5 to 1 respectively. This allowed us to generate overall ratings of effectiveness and identify what respondents felt was good, and what could use improvement. For the full results, see Table 2 in the appendix to this report.
- 12.3 As the focus of the Grant is on supporting people with their housing, we also tried to identify if there were particular types of accommodation that were particularly easy or difficult to support people in, and what types of housing issues were most difficult to tackle. For the full results, see Table 3 and Table 4 in the appendix to this report.
- 12.4 Finally, we asked about particular groups who may face additional barriers that existing services and structures were not adequately supporting.

13. Established good practice

- 13.1 There is already much to celebrate in how services and systems work to help people recovering from drug and alcohol dependency to have stable and secure housing in Westminster. Although a complex borough, there are a large number of examples of commissioners and service providers adapting to new evidence and circumstances flexibly and creatively, working together, and providing effective support to individuals.

System features

- 13.2 There is a great deal of consensus about what is working well, which includes the following features.

Multi-agency working and the value of individual services

- 13.3 Joint working was rated most highly among survey respondents. It includes how services come together to support people operationally, as well as how partners share expertise and knowledge. Information sharing and referrals between services were all recognised as working well. There was also lots of support for the effectiveness of the various multi-agency forums and multi-disciplinary teams, and appreciation to the local authority conveners for how these operate.
- 13.4 Related to this, it was notable how many respondents to the survey took the opportunity to praise individual workers and services. Local authority, voluntary sector and health services were all named and credited with, as one person put it, being "*committed to partnership working and getting things done to support clients*". This is a real indication of the respect that exists, and the culture of support and partnership between services in Westminster.

Drug treatment

- 13.5 The services and support of the integrated drug and alcohol service (DAWS) is also rated particularly highly. People talked explicitly about access to medical treatment, harm

minimisation interventions, and the approach to relationship-building for individuals experiencing multiple disadvantage.

Long-term consistency of support

- 13.6 Although not available to everyone, in services such as Compass (see section 8.15) where it exists, support that is longer-term and person-centred as people move accommodation and between services was seen as particularly positive.

Housing support

- 13.7 Despite the higher level of need among people who are sleeping rough or living in hostel accommodation, respondents suggested that support provided to these individuals worked better than for others. This is likely because of the extra resources and focus that are given to building relationships with and supporting these groups and recent additional investment as a result of the government's Rough Sleeping Initiative.
- 13.8 In determining housing issues that are supported well, it is important to point out that there will remain occasions when these issues are hard to tackle. However, overall the issues that emerged as least problematic for those in treatment are:
- Under occupation – bedroom tax issues
 - Location of accommodation
 - Problems with neighbours
 - Overcrowding.

14. Promising practice

- 14.1 To help partners determine priorities for improvements, we here outline areas where it is recognised that there has already been progress and/or that sometimes work well already, but that could be applied more consistently.

System features

- 14.2 The areas that are seen as having some good practice but which are not consistently available as much as needed are as follows.

Person-centred support

- 14.3 This includes services having the time and skills to build relationships with individuals. This is certainly available in some services and for some clients, but due to resources and, in some cases, lack of understanding of client groups, is not provided by or for everyone. In particular, the survey revealed that contributors would like to see more availability of bespoke ongoing support, and intensive support during transitions. Similarly, co-production of recovery and support plans with individuals could be achieved more regularly.
- 14.4 The value of peer support is recognised among practitioners and the evidence supporting its effectiveness is outlined in a number of national reports²⁸. While there is some peer support available in the borough, respondents would like to see more.

²⁸ See e.g. The Young Foundation (2016) *Saving Lives, Saving Money: How Homeless Health Peer Advocacy Reduces Health Inequalities* and Welford, JD. Milner, C. and Moreton, R. (2021) *Improving transitions for people experiencing multiple disadvantage: Prison release*.

Mental health treatment and support

- 14.5 This was on the edge of needing modest or considerable improvement. Survey respondents highlighted good examples of services within the borough, including from SLAM, the dual diagnosis team and specialist homeless health services. However, despite this, accessing appropriate diagnosis, support and treatment around mental health remains difficult for people in treatment with housing problems.
- 14.6 It was highlighted that undiagnosed mental health conditions could often be the cause of housing problems as well as a consequence, as they prevent people coping with neighbours and landlords. They also limit people's ability to engage with services that could provide support.

Housing support

- 14.7 The type of housing falling into this category of promising practice is temporary accommodation. This includes that provided within the borough and, less consistently, out of the borough. Responses in the survey identify that people are aware of the challenges living in this accommodation can bring, and that efforts to understand these and develop solutions are being explored.
- 14.8 The types of housing problems that can sometimes be challenging are (in order from most to least difficult):
- Condition of property
 - Financial – including benefits
 - Domestic abuse
 - Hidden homelessness – needs own place
 - Slow responses to problems from housing providers
 - Requires rehousing due to health, disability or similar issue
 - Isolation
 - Hoarding
 - Problems with others within the household.
- 14.9 While some of these problems relate to individuals, others could be resolved through improvements by housing options and providers, particularly around conditions of the property and repairs, and style of communication, which can cause people to disengage. A technological barrier mentioned was that the Housing Options systems is problematic due to its crashing while uploading.
- 14.10 It was also highlighted that helping people to get set up in accommodation could be better, with furniture and other items. This would help people to settle in their housing more quickly.

15. Practice to be developed

- 15.1 In this section we describe where stakeholders encounter the most challenges when helping people recovering from drug and alcohol dependency to have stable and secure housing in Westminster. In addition to the system features and housing support that work less well, we outline groups that face additional barriers.

System features

- 15.2 The system features that are seen as less effective include the following.

Training on housing options

- 15.3 Although some respondents felt they were always able to access this, overall the availability of housing options training was rated lowest across the survey.

Support for people with a dual diagnosis

- 15.4 Linking to 14.5 above, despite the efforts of some excellent services, getting support for people with a dual diagnosis is viewed as particularly challenging. The dual diagnosis team are seen as very useful to share information and try to get support, but a current consultation taking place about this function has led some practitioners to fear that this situation is likely to get worse over the coming months.

Preventative work with people at risk of housing problems

- 15.5 Whereas support is considered to be very good for those at the more severe end of homelessness, stakeholders felt there were fewer services that could identify people who are at risk of housing problems and take steps to prevent those risks from escalating. The suggestion is that providing this support earlier could prevent problems getting worse for individuals, avoiding disengagement with treatment and more costly and disruptive interventions being required around housing and homelessness.

Availability of appropriate accommodation

- 15.6 Housing supply is a challenge in the borough and across London in general. Waiting lists for supported accommodation are long, and for people recovering from drug and alcohol dependency in Westminster, the survey suggested there is a shortage of:
- Step-down accommodation following detox/rehab
 - Abstinence-based supported accommodation
 - Accommodation for people who leave treatment earlier
 - Good quality temporary accommodation in the right location
 - Self-contained accommodation
 - Respite/emergency provision.

Access to alcohol treatment

- 15.7 In general, the proactive and assertive relationship-building that is visible in substance treatment was felt to be less available relating to alcohol. Respondents to the survey said they would like to see more and earlier engagement around people who may not yet be ready to work with services.
- 15.8 While funding is available for detox and rehab in the borough, accessible via the bi-borough substance use team, it is seen as challenging to access. This is thought to be due to the criteria for accessing detox around client readiness and engagement. Further exploratory work is being undertaken by the WCC Rough Sleeping Commissioner on this issue and so we do not cover it extensively in this report.

Housing support

- 15.9 In line with the findings at 15.5 around preventative work, the types of accommodation that are seen as most difficult to support people in are private sector rentals, privately owned homes, and general needs social housing.
- 15.10 The types of housing issues that are most challenging are, starting with the most difficult:

- Lack of move-on from hostels/supported housing
- Rent arrears and other debts
- Cuckooing and tenancy hijacking.

Groups that face particular challenges

15.11 We were interested to know whether there were particular groups of people who experienced additional barriers to achieving stable and secure housing on top of those listed above. These can be loosely grouped into the following categories:

People from outside Westminster

15.12 This is a broad category, that includes people from other areas in England but without a local connection, as well as migrants for whom English is not the first language. It was seen as especially challenging to find appropriate support for Roma communities, and people with no recourse to public funds.

People with particular histories

15.13 These might be criminal offences that increase barriers to accommodation, such as sexual or arson convictions. They also include non-criminal problematic behaviour such as non-payment of rent and previous evictions.

People with dogs

15.14 Accommodating people with dogs can be a challenge, with providers often excluding pets leading to individuals turning down offers.

People with limited reading/writing skills

15.15 There are particular challenges for those who have limited reading and writing skills, and for people who can't get online. Support will by definition need to be more accessible and personalised for these groups.

IMPROVEMENTS PLANNED THROUGH THIS GRANT

16. Gaps the grant is aiming to fill in Westminster

- 16.1 The aims of the grant are outlined at 5.2. In developing its proposal for the programme in Westminster, local authority commissioners convened service providers to discuss the current system and identify gaps. The key gaps identified were:
- Support for people placed in temporary accommodation out of the borough
 - More assertive support for people moving rapidly through settings on a treatment journey
 - More peer support
 - A service to enable social activities for isolated people with communication needs
 - Specialist housing advice located within treatment providers
 - A strategic post to join up the various initiatives and developments taking place.

17. Services commissioned

- 17.1 To meet these gaps, the programme has secured funding for the following.

Specialist floating support

- 17.2 Additional floating support from SHP to provide support to people in temporary accommodation out of the borough and a more assertive outreach approach to people who need it.
- 17.3 Peer support workers based at Turning Point to provide interventions to help people thrive in their accommodation.
- 17.4 A community buddy scheme by Change Communication, providing support to people with communication needs including brain injury.

Specialist housing support caseworkers

- 17.5 A triage post based in the Housing Solutions Service to provide a dedicated one-stop shop for advice for treatment services. The post will spend time based at Turning Point, CGL and Dr Hickey's surgery.
- 17.6 A dedicated Singles Support Post delivered by RMG to work with people placed in temporary accommodation to prevent placement breakdown and further homelessness.

Strategic posts

- 17.7 WHP coordinator time to deliver some baseline research and identify where gaps remain.
- 17.8 A strategic post within WCC to oversee delivery of the programme and reporting.
- 17.9 A part-time data coordinator.

Training, personal development and workforce support

- 17.10 Accredited training in substance misuse delivered by Turning Point.

Personal budgets

- 17.11 Available through DAWS and Dignify CIC.

Other interventions

- 17.12 Build on Belief (BoB) Weekend Recovery Social Club to provide social support and activities and in-reach into housing settings such as hostels, supported housing and temporary accommodation.

ADDITIONAL FORTHCOMING CHANGES

17.13 As already described, Westminster is a borough where commissioners and services are working constantly to identify gaps and find solutions to challenges. As a result, there will always be changes both being rolled out and in the early stages of development. Here we outline those we are aware of at present that are relevant to this Grant. Please note, this does not include the elements that have been added to the system through this Grant, which are described at section 17.

18. Housing

- 18.1 Westminster's Homelessness Strategy will be developed later this year. This will include a review of how homelessness services are delivered and how rough sleepers can be served better by statutory and non-statutory services.
- 18.2 The Accommodation for Ex-Offenders (AFEO) project has been expanded to the tri-borough and includes support to help people access private rented accommodation. Similarly CAS3 is an initiative to increase accommodation options for people receiving probation supervision.
- 18.3 Commissioners and providers are considering developing a Housing First project for couples.

19. Health

- 19.1 As described at 8.20, CNWL has set up a new Statutory Team Enabling Pathways (STEP)²⁹ service comprising a multi-disciplinary team within the JHT who will work closely with people in Westminster's rough sleeping pathway who have mental health problems but who do not meet the standard threshold for involvement from the JHT or other secondary MH services.
- 19.2 The RSI-funded women's health improvement project has nursing support and a full-time women's health navigator. Priority is given to women who are homeless and particularly those who are vulnerable or who have complex needs, and where joint working with midwives and children's services is needed.
- 19.3 The RSI and NHS-funding work providing 24 health beds is ongoing. These provide intensive support for up to eight weeks.
- 19.4 There is work happening at a place-based level on a bi-borough model of health and social care, prototyping integrated neighbourhood teams³⁰.

20. Treatment

- 20.1 Turning Point is developing a women's day to help support females access treatment and feel safe in their environment. Housing support will be factored into this development.
- 20.2 The local authority is convening a task and finish group to identify pathways for people with cognitive impairment and alcohol problems.
- 20.3 An Engagement Assessment Treatment (EAT) team is being developed by the local authority to support people at risk of enforcement by the police.
- 20.4 The local authority has also convened partners to identify and co-create solutions that will enable better access to detox and rehab.

²⁹ <https://www.cnwl.nhs.uk/news/cnwl-launches-new-step-service-homeless-people-westminster>

³⁰ <https://drive.google.com/file/d/1J5WRtb3urcqwW1M24n5zc-0Y7X39zKfn/view>

- 20.5 CGL is expanding its alcohol liaison service at hospital to seven days a week. This should be fully operational by August.
- 20.6 The Connection at St Martin's (CSTM) is running a treatment project working group looking at how to unblock barriers including accessing detox and harm reduction.

21. Upcoming changes of concern

- 21.1 Upcoming changes that are causing concern are primarily focused on developments beyond Westminster. These include:
- Increasing costs of the private rental sector
 - Cost of living pressures
 - Continuing squeeze on mental health support.

ANALYSIS OF GAPS AND DEVELOPMENTS

22. Areas for development and steps being taken

- 22.1 Through this analysis we attempt to summarise the key gaps and areas for development that have been raised during this research and by providers during consultation in developing the programme.
- 22.2 We have considered alongside each gap/area for development the steps that are currently being taken in response. Where issues are not explicitly addressed in communications about the Grant funding, we have suggested where these could be included.

Gap / area for development	Steps being taken
Support for people placed in temporary accommodation out of the borough	Addressed: this will be a focus of the new floating support service provided by SHP
	Addressed: new Singles Support post based in RMG has been funded
More assertive support for people moving rapidly through settings on a treatment journey	Addressed: this will be a focus of the new floating support service provided by SHP
More peer support	Addressed: additional peer support funded at Turning Point
	Addressed: peer-led activities funded through BoB
A service to enable social activities for isolated people with communication needs	Addressed: Community Buddy scheme funded to be delivered by Change Communication
Specialist housing advice located within treatment providers	Addressed: a dedicated post has been funded based at RMG to support treatment services
A strategic post to join up the various initiatives and developments taking place	Being addressed: recruitment for a post is under way
Access to detox/rehab	Being addressed: developments being led through a Turning Point pilot
Support to diagnose, treat and support mental health that is both a cause and consequence of housing issues	Not explicitly addressed in current plans: could form part of strategic post role to develop further including considering options to work alongside the SLaM psychology in hostels team (see 8.21) and SHP in-house team

Housing problems relating to the tenant (cuckooing, debts, isolation, hoarding etc)	Not explicitly addressed in current plans: should be included within support provided by floating support, BoB and Turning Point – use cuckooing toolkit available from WCC
Housing problems relating to systems / providers (lack of move-on options, condition of properties etc)	Not explicitly addressed in current plans: should be owned by the strategic post and tackled alongside housing partners
Training on housing options	Not explicitly addressed in current plans: the dedicated specialist case worker post could take this on
	Strategic post could map where needed and ensure provision
Preventative work with people at risk of housing problems especially those in private rented, privately owned or general needs housing	Not explicitly addressed in current plans: could form part of focus of floating support contracts
Availability of appropriate accommodation	Not explicitly addressed in current plans: should be owned by the strategic post and tackled alongside housing partners
More assertive approach to engage people with alcohol treatment	Not explicitly addressed in current plans: this is an opportunity to enhance practice (including linking with BoB) and for future investment

23. Recommendations for further development

- 23.1 The analysis reveals that many of the gaps/areas that we have identified for development are already being addressed as part of the programme.
- 23.2 Of the remaining areas, most could be addressed (or could be made explicit) as quick wins by ensuring that a focus is given to:
- Floating support services targeting people who are moving rapidly through transition points in treatment.
 - Floating support services intentionally seeking clients who may be at risk of housing problems, particularly those who live in private rented, privately owned or general needs social housing.
 - The strategic post taking responsibility for working with partners to reduce barriers caused by the housing system, develop options for better mental health support, and mapping where additional housing training is required.
 - The dedicated specialist case workers taking on responsibility for providing housing options training to partners.
- 23.3 One area – the need for a more assertive approach to engage people with alcohol treatment – does not appear to fit well with existing plans and will require further thought and development.

24. Recommendations for the programme

- 24.1 Progress towards delivery of this programme is moving at speed, with operational teams in place or recruitment underway. To ensure the grant is able to deliver against its stated aims, further work would be useful to:
- Ensure the differing elements of the programme can work together effectively by clarifying the roles of new services and communicating expectations across services
 - Bring the funded providers together to co-create a protocol setting out how people who could benefit from support will be identified and engaged by the most appropriate support offer
 - Establish methods for continuous learning, performance metrics and a process for reporting on outcomes and learning to local partners and OHID.

APPENDIX: SURVEY TABLES

Table 2: Effectiveness of system features

Feature	Score*
Multi-agency knowledge/expertise sharing	96
Training on drug and alcohol support	93
Information sharing with other organisations	91
Access to medical drug and/or alcohol treatment (substitution, testing etc)	88
Access to interventions such as harm minimisation and needle exchange	85
Joint working around individuals	83
Referrals between services	81
Time and skills to build relationships with individuals	80
Co-production of recovery and support plans with individuals	77
Access to peer support	75
Availability of bespoke ongoing support	72
Access to mental health treatment and support	66
Intensive support during transitions	66
Access to detox	64
Access to rehab	64
Availability of appropriate accommodation	63
Preventative work with people at risk of housing problems	63
Support for people with a dual diagnosis	62
Training on housing options	53

*Score determined by following rating: always – 5; mostly – 4; sometimes – 3; rarely – 2; never – 1.

Table 3: How easy it is to support people in particular types of accommodation

Type of accommodation	Score*
Rough sleeping/ NFA	80
Hostel/ supported housing	75
Temporary accommodation (within Westminster)	69
Temporary accommodation (placed out of borough)	67
Private sector tenancy/owner occupier	64
General needs social housing	54

**Score determined by following rating: always – 5; mostly – 4; sometimes – 3; rarely – 2; never – 1.*

Table 4: housing issues where more support is needed

Housing issue	Score*
Lack of move-on from hostels/supported housing	16
Rent arrears or other debts	14
Cuckoo-ing / tenancy hijacking	11
Condition of property	9
Financial – including benefits	9
Domestic abuse	9
Hidden homelessness – needs own place	9
Slow responses to problems from housing providers	8
Requires rehousing due to health, disability or similar issue	8
Isolation	6
Hoarding	6
Problems with others within the household	5
Overcrowding	3
Problems with neighbours	3
Location	3
Under occupation – bedroom tax issues	0

**Score determined by respondents identifying their top five challenges*