

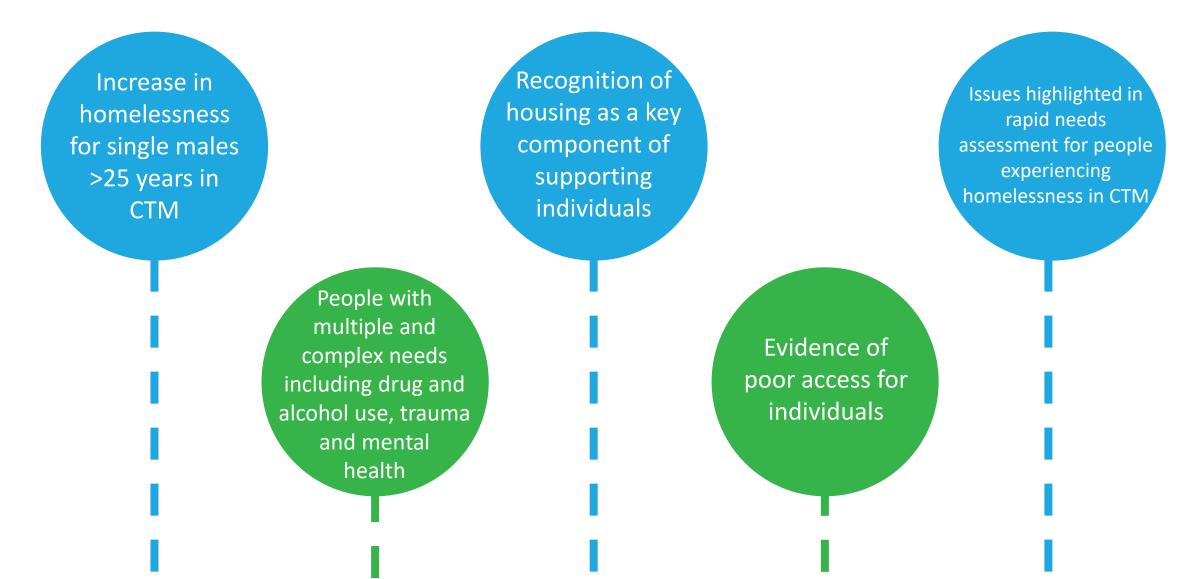
Integrating substance use services, health and housing

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CTM Area Planning Board Lead Officer (Substance Use)



Drivers for an integrated service



Development of the service















Service Objectives

- Improve outcomes for people who are accessing housing provisions
- Encourage engagement with statutory services such as mental health and substance use
- Provide a multi-agency approach when dealing with vulnerable individuals
- Support people that have a number of complex issues such as involvement in the criminal justice system, rough sleeping, vulnerably housed, substance or alcohol use and mental health
- Undertake targeted and assertive outreach
- Provide timely intervention to try support and reduce ongoing harm

A multiagency service

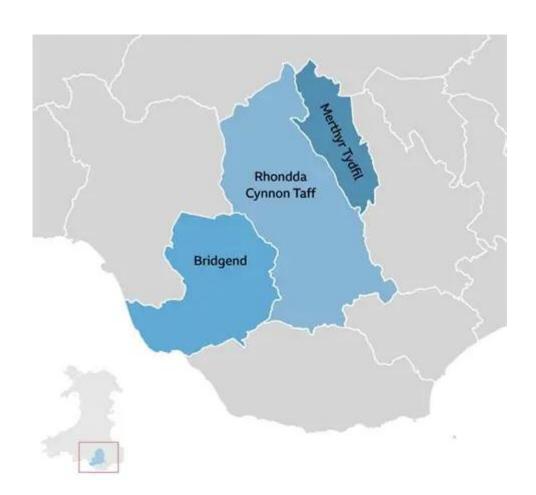
3 Local Authorities across the Region

- Rhondda Cynon Taf CBC (Providing a lead role)
- Merthyr Tydfil CBC
- Bridgend CBC

Cwm Taf Morgannwg University Health Board

Third Sector

- Substance Use Service; BAROD
- Mental Health Service Platfform
- Housing Support Providers



Structure, funding and Oversight



OVERSIGHT AND ACCOUNTABILITY

Welsh Government (Housing and Health)

CTM University Health Board

Cwm Taf Morgannwg Substance Use Area Planning Board

Regional Housing Collaborative Group

Local Authority Housing Support Grant Planning Groups (HSGs)

Strategic Steering Group (chaired by RCT CBC Housing)
Operational Steering Group (chaired by Third Sector Housing Provider)

FUNDING SOURCES

APB Substance Misuse Action Fund APB Complex Needs Funding

CTM University Health Board

Housing Support Grant

Health

Specialist Mental Health Nurse (Team Leader)

Specialist Substance Misuse Nurse (Clinical Lead)

Clinical Nurse Specialist (General Health)

General Health Nurse

Co-occurring Nurses x 3

Health Care Support Workers x2

Substance Misuse and Mental Health Consultant Psychiatrists x 1

Third Sector

STRU

SERVICE

Trauma Counsellors x3

Barod Support Workers x2

Local Authority

Team Co-Ordinator and administrators x3 Social Workers x 3 (2 new posts in recruitment phase)

IDVA Independent Domestic Abuse Advocate (RCT)

Who does the service see?



Individuals that are based in temporary or emergency accommodation



Individuals from Housing First and Supported Housing Projects (who are at risk of losing their tenancy).



Individuals who have trouble accessing / engaging with traditional services or have a specific health-related issue

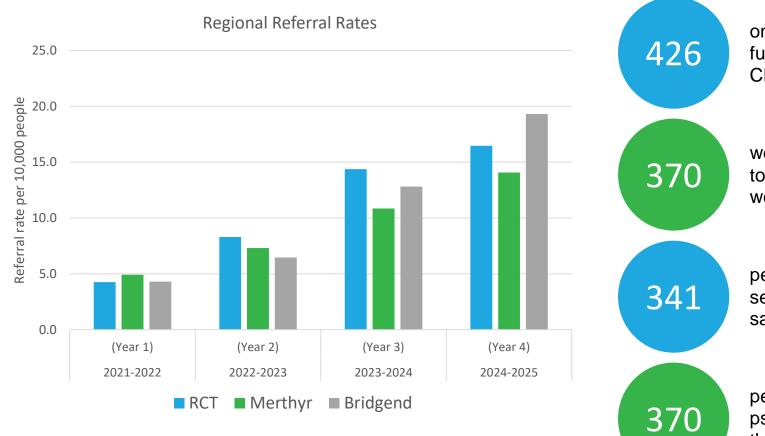
Core provision

- 1. Co-occurring & Physical Health Support
- 2. Drop ins/Breakfast runs
- 3. Harm Reduction/Naloxone Training
- 4. Social Work Support
- 5. Medic Sessions
- 6. Substance Use Support

Links/referrals to:

- Trauma Informed Counselling (TIC)
- Independent Domestic Violence Advisors (IDVAs)
- Community Drug & Alcohol Team (CDAT)
- Community Mental Health Team (CMHT)
- General Practice (GP)
- Podiatry
- Access to Service Involvement Groups
- Third Sector Support

What is the service achieving?



In the 2024/25 year:

onward referrals made to other services for further treatment/support, such as Barod, CDAT, CMHT, Sexual Health, TIC.

were supported to access GP services to improve their physical health and well-being

people completed both formal and informal sessions relating to harm reduction and safer substance use

people completed sessions relating to psychosocial/anxiety management to improve their mental well-being.

Wins and Challenges

- Delivery of specific training sessions to meet providers needs
- Flexibility to meet individual needs
- Growing service continue to deliver to community need
- Range of data challenges:
 - Use of different systems
 - Evolving reporting and monitoring for a larger service
 - Reporting on housing outcomes from a primarily health-based service

"The training that you have given the staff last week has been really effective and was put into use Thursday evening as we have an individual have a seizure and staff managed this appropriately. Also, the notes you have provided around seizures will potentially have a huge impact as they are possibly going to be shared with the wider Wallich community." - Wallich Bridgend

"They were just realistic with me and they believed in me and even when I was hard work, they kept coming back and banging my door to get me up.

I've started doing a tenancy programme to get myself ready to move out of temporary accommodation."

- Lewys - HOS Service User

Case Study

Case of JR, who had recently been released from prison and approached HOS at a drop-in session with support worker. JR had just had to leave his previous housing due to overcrowding and had been placed in temporary accommodation.

Needed to register with new GP urgently for schizophrenia meds in new temp accommodation area HOS worker
contacted GP –
history of antisocial
behaviour years
earlier but still
declined
registration

Escalation of situation to health board who liaised with GP practices

HOS enhanced health assessment provided to GP to support ongoing care



Potential risks to address:

- Goes off schizophrenia meds
- Loss of stability
- Risk of antisocial behaviour
- Impacts on housing

Came to HOS because had been declined registration by new GP unknown why

HOS liaised with previous GP practice - unwilling to provide ongoing support

Prev GP accepted to continue care if JR provided support from services

Where to next?

- Continue to closely monitor the service; outcomes and challenges
- Utilise meaningful data to evidence current and future needs
 - Improving data collection especially housing outcomes/impacts
 - Evidencing the 'so what'
- Through service user feedback provide a service that meets the needs of the population
- Continue to work with partners to further develop the service







Diolch yn fawr!

