



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	19th June 2025				
Title of report	RESET Programme – Drug and Alcohol Treatment for individuals rough sleeping or at risk of rough sleeping				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)		Information only (No recommendations)
Reporting Officer & email	Shaun.Morris1@shropshire.gov.uk Gordon.Kochane@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address? Please tick all that apply	Children & Young People		Joined up working		x
	Mental Health	x	Improving Population Health		x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		
	Workforce		Reduce inequalities (see below)		x
What inequalities does this report address?	Homelessness Access to health, care and support Access to accommodation				

Report content - Please expand content under these headings or attach your report ensuring the three headings are included.

Summary

Shropshire Council's Public Health Team received funding annually to support those homeless or at risk of homelessness with drug and alcohol support, providing additionality to the existing treatment services taking a multi-agency approach called RESET. Partners include the Rough Sleeping Team, Drug and Alcohol Services, Health and Voluntary Sector Organisations. The use and performance of this funding is closely monitored by the Office for Health Improvement and Disparities (OHID) as part of the Department of Health and Social Care (DHSC).

The services are largely centred around Shrewsbury, but pockets exist across the County. Challenges exist in rurality and dispersed temporary accommodation, Additionally, the annularity of funding brings recruitment and sustainability issues with roles difficult to recruit to and the retention of staff.

About 25% of this complex group make substantial progress in Shropshire, like other homelessness services in England using the Rough Sleeping Drug and Alcohol Treatment Grant. Ambitions of the service for the 2025/26 year are in place, with RESET aspiring to increase the numbers of referrals into the service, those retained in treatment, and those making marked progress whilst within the service.

Recommendations

To note the contents of the report.

Background/overview:

The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) is an initiative led by the Office of Health Improvements and Disparities (OHID) part of the Department of Health and Social Care on behalf of the Ministry of Housing Communities and Local Government (MHCLG). Funding was originally targeted at Local Authorities identified by the Department of Levelling up and Health communities (DLUHC) and OHID who had the highest number of people placed in emergency accommodation, sleeping rough and/or at risk of sleeping rough and contributes to the Government's

ambition to end rough sleeping. The first funding round started in 2022, and Shropshire Council were successful in applying for a grant; this enabled the creation of a multi-agency offer called RESET which went live in 2023.

The purpose of the grant is to:

- Ensure that the engagement that people have had with drug and alcohol treatment services whilst rough sleeping or in emergency or temporary accommodation is maintained as they move into longer term accommodation.
- Build resilience and capacity in local drug and alcohol treatment systems to continue to meet the needs of this population in future years.
- Support people experiencing, or at risk of, rough sleeping to access and engage in drug and alcohol treatment.
- Ensure that rough sleepers and people at risk of rough sleeping receive holistic support to achieve their desired goals and outcomes.
- Promote and support the physical and emotional health and wellbeing of rough sleepers and people at risk of rough sleeping.
- Support people who previously may not have accessed or engaged with drug and alcohol treatment.

The initial grant Shropshire received was c£950k and Shropshire has been fortunate to receive funding each year. However, for 2025/26, funding was reduced by approximately £45k therefore the current allocation is c£905k.

RESET - A Local Response

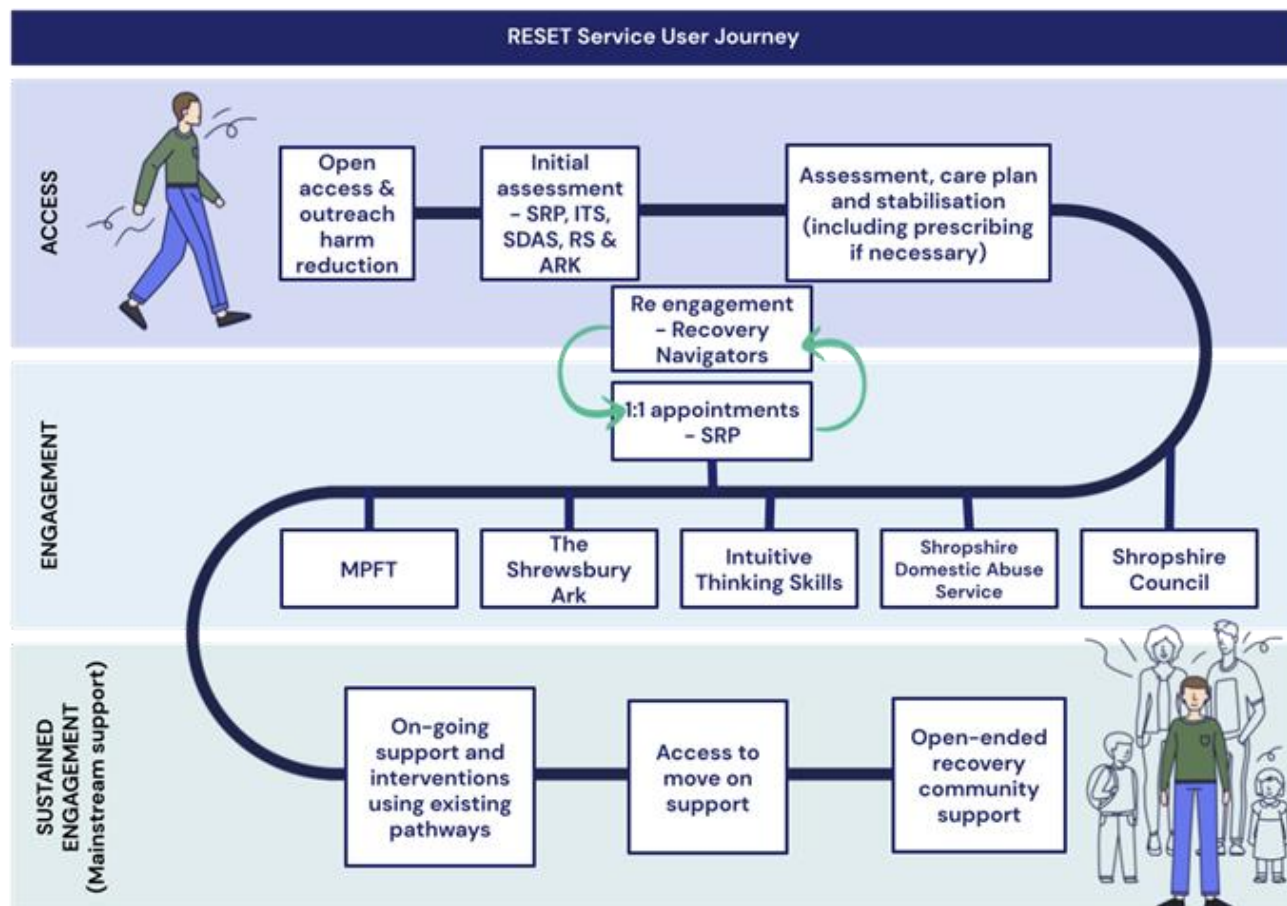
The local response to use the rough sleeping drug and alcohol grant has been through the creation of the RESET offer. RESET is a multi-agency, multi-disciplinary team which includes; the Council's rough sleeping team and Adult Social Care, the drug and alcohol service (Shropshire Recovery Partnership, SRP), mental health and psychology support through Midlands Partnership University NHS Foundation Trust (MPFT), lived experience and peer navigation through Intuitive Thinking Skills (ITS), a front door and early assessment of need provided by Shrewsbury Ark, and access to residential rehabilitation and day service through Willowdene. There is also a medically equipped van which supports outreach and engagement into market towns across the County. The Council's rough sleeping team is not funded through this grant but does have a Housing Navigator role attached to RESET, which is funded from the RSDATG this year.

The team provide holistic support so that rough sleepers or those at risk of rough sleeping affected by substance use can find long term accommodation, address their drug and /or alcohol challenges and achieve their goals. They work collaboratively, using a person-centred approach to meet the needs of rough sleepers and those at risk of rough sleeping, where they are, by providing outreach and wrap-around support. Although the aim of this funded work is to encourage engagement in structured drug and alcohol treatment, there is no immediate expectation for individuals to do so, particularly if there is a more priority need to address for example, physical health. The initial and continued engagement by RESET navigators and the rough sleeping outreach staff in the community helps to build trust with rough sleepers, which can be a very long process for some individuals.

A review of the RESET team was completed at the end of last year to inform planning for 2025/26, highlighting the need for more mental health and psychology support. It is hoped that by enhancing the mental health offer, this will support the formulation of plans for individuals and provide support around trauma and behavioural change.

Due to the reduction in funding for 2025/26, local areas were asked to consider making savings from non-front-line roles, subsequently, some roles were moved from FTE to a 0.8 WTE. A decision was also made to remove both the healthy lives workers who delivered social prescribing and Shropshire Domestic Abuse Services (SDAS) from the programme for this year. This is because the healthy lives social prescribing offer is open to all Shropshire residents regardless of where they live in the County or what other services they access, and for the Domestic Abuse service it was felt that clients were not engaging with the service because it was not the right time to address their current/historic abuse

due to the many other challenges within their lives. However, RESET continues to be linked with the Council's Domestic Abuse team and support has been connected when required. There is a commitment from the RESET Steering Group to record both the number of victims (current and historical) and known perpetrators within the rough sleeping cohort so that we can work with the Domestic Abuse team to put in place the right support in future. Finally, it was decided to move the RESET Coordinator role into the Public Health team, this role previously sat within the drug and alcohol service. Public Health is accountable for RSDATG to both ensure that the programme is monitored and achieves the aims set out but are also accountable for the budget. By moving the role into the Public Health team, this will provide increased oversight.



Eligibility for the service has been revised with more plans are underway to support the at-risk cohort. Additionally, a workshop is planned to review the RESET offer. This is line with OHID's focus for 2025/26 to monitor the quality of services individuals receive from the front door to treatment exit.

Performance and Baseline

Since the inception of the Grant in 2022, OHID had not set any performance metrics until now and have used information from the 2022 data returns to set the Baseline (see ambitions for 2025/26 below).

During the year 2024/25, there were 118 unique individuals accessing structured treatment with 49 new presentations. This includes rough sleepers and those at risk of rough sleeping. To note, the at-risk cohort includes anyone with a rough sleeping history who may be in temporary accommodation with at risk of accommodation breakdown. This data represents 12-months rolling and includes anyone closed to the drug and alcohol service during that period. Although Public Health are accountable for the quarterly returns which includes a progress report, OHID have not requested any formal qualitative information.

At the end of March 2025, of the 118 unique individuals:

29% of opiate users showed substantial progress* (England - 24%).

20% non-opiate users showed substantial progress (England – 23%)
19% of alcohol users showed substantial progress (England – 27%)

*'Substantial progress' means the proportion of those in treatment who completed successfully, are not using their problem substances, or have substantially reduced their problem substance use.

Engagement of rough sleepers in treatment for 12 weeks or more has been very good, this is helped by the additional support being provided through RESET to sustain that engagement. The challenge is however ensuring that the progress people make in treatment is improved. We do recognise the complexities of this vulnerable group and sometimes there are small wins with clients who may, for example, be attending the Shrewsbury Ark for food and a shower with concerning health issues but do not want to address their substance misuse. Months later once that trust has been built with staff, they enter structured treatment.

Two rough sleepers are currently receiving Buvidal (prolonged release Buprenorphine), an opiate substitute treatment for treating opioid dependence in adults. This is having a positive impact on their lives, and one client's treatment is due to come to an end soon.

The successes seen last financial year have been a real team effort with the Rough Sleeper Team, RESET and other agencies working together to achieve positive results.

Challenges

Although Shropshire is a large rural county, much of the street homelessness is centred in Shrewsbury but there are pockets across the county. Temporary accommodation is also dispersed so access to some services is difficult, increasing the risk of tenancy breakdown, dis-engagement from support services and deterioration in housing status.

Housing rough sleepers is a particularly difficult challenge. Rough sleepers have multiple complex needs and those on the streets for a while have ingrained habits that can make the transition to accommodation extremely difficult. The complexities are wide ranging and often it is not until an individual has stabilised or become abstinent that other needs become more visible, e.g. mental health. The RESET team working alongside the Rough Sleeping Team have had many successes with getting a significant number of rough sleepers into accommodation. However, once in accommodation, the challenge is supporting individuals to sustain that accommodation. There are very strict rules around breaches and the loss of housing duty, so ensuring the right support is in place is vital.

It is recognised that challenges around accommodation supply included the temporary closure of a central hostel that was used as the first point of housing rough sleepers. The Council have invested in this location to undertake improvements and essential compliance works, and this is due to reopen in July/August 2025. This will make a significant difference, as the rough sleeping team increase its efforts to house rough sleepers.

Moving on to permanent accommodation also has its challenges. Ensuring services continue to work together to compliment the work of the Rough Sleeping outreach/homeless team (mental health services, Probation, Social Care and the drug and alcohol service) has provided its own challenges. There is however positive engagement and willingness across the partnership.

The other challenge is to sustain the Winter provision delivered during the last winter. In previous years, accommodation has been provided to all rough sleepers as part of the Severe Weather Emergency Protocol (SWEP) when the temperature is zero or below. In January 2025, provision was extended to every night between 24/1 and the 22/3. This meant the Rough Sleeping team with support from some volunteers set up the facility hosted at the ARK each evening and cleared up each morning for 60 consecutive nights. It has been identified that RESET will explore the role of supporting the Winter service provision again should this be provided in subsequent years. This is a good opportunity for agencies to engage with the rough sleeping community outside of the normal and formal professional settings, with the SWEP/Winter Provision being a lifesaving service which all services need to contribute to and support.

Shropshire received its funding allocation for 2025/26 at the end of December 2024; notification is received around this time each year. Funding brings its own challenges because a) crucially, we would not be able to provide this enhanced service without it, b) late notification of the grant allocation leaves little time for commissioners to plan and negotiate new contracts for the following year, and c) instability for staff who frequently move on to seek other opportunities offering more security. Where roles are not recruited to, for example in Q1, the offer of a 9-month contract becomes less attractive. OHID have listened to feedback across the country around this and looking to see if they can give local areas more assurance for future years, but unlikely we will hear the outcome until the Autumn.

Ambitions for 2025/2026

All Local Authorities receiving the RSDAT Grant were given the opportunity to set Ambitions for 2025/26. The expectation is that these should be realistic and show steady improvement from the 2022 baseline figures. In addition to this, following feedback received from Authorities on the monitoring return, OHID have revised this to make the monitoring process more streamlined. The process also recognised that there was not enough qualitative data being collated to show the type and level of wrap around work being carried out, outside of the drug and alcohol service.

Our Ambitions for 2025/26 are:

	2024/25 performance			2025/26 Ambitions		
	Total Number in Treatment End of March 2025	Retained in treatment for 12 weeks or more	% making marked progress	Total Number in Treatment	Retained in treatment for 12 weeks or more	% making marked progress
Total number in treatment	127			158		
Opiates	65	94.1%	39%	70	97%	50%
Non-opiates	36	78.3%	29%	48	90%	35%
Alcohol	26	76.5%	23%	40	82%	30%

There is some stretch for the total numbers being supported through RESET because there is a need to increase the support being provided to the at-risk cohort.

Whilst the aspirations of the RESET service for the 2025/26 year are challenging, a role has been advertised and in the process of being recruited into to increase coordination of process and systems specifically for the RESET offer, which has been supported by the Partnership.

RESET Impact - Case Study:

D first started rough sleeping in 2019 and had been doing so for about 3 years before the RESET project started. He was living in a men's hostel, snowballing and injecting heroin into his groin. He did not engage with any services, only with the drug and alcohol service Shropshire Recovery Partnership (SRP) for his methadone. He refused all other services and support.

D was begging on the bridge in Shrewsbury and although he refused to engage with RESET staff, the navigators would check in on him regularly for chats and offering him food and slowly started to encourage him to receive additional support. He met his partner who was in treatment with SRP for support with her opiate use. She had her own accommodation and D moved in with her unofficially about 18 months ago.

Currently, D is smoking one joint of cannabis a day, and his partner is no longer using *any* substances. They are expecting a baby in a few weeks. Social workers will be doing a parenting assessment as D's partner has had 6 children removed. There has been Social Work support

throughout the pregnancy, and the couple are being supported to move to more suitable accommodation.

When D was asked why he did not engage previously, he said he always knew where the service was if he needed anything. He never felt judged was treated like a human and realised he was worthy to make the changes he needed.

Financial implications (Any financial implications of note)	The Rough Sleeping Drug and Alcohol Treatment grant is an annual allocation, with notification received around December each year. This does not provide security for staff or clients who may be receiving treatment and support. OHID are aware of these challenges for local areas and are looking to see if they can provide assurance for a longer grant period. We hope to hear the details of this in the Autumn. The grant was reduced this year by approx. £50k, and should the grant be extended for future years, there may be possibility of further reductions which would limit what the RESET project could provide.	
Climate Change Appraisal as applicable	N/A	
Where else has the paper been presented?	System Partnership Boards	N/A
	Voluntary Sector	N/A
	Other	N/A
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead Cllr Bernie Bentick, Portfolio holder for Health & Public Protection Rachel Robinson, Executive Director – Public Health, Shropshire Council		
Appendices N/A		