Healthcare Improvement Scotland

Flash Report

ADP and Homeless Programme: Reducing Harm Improving Care

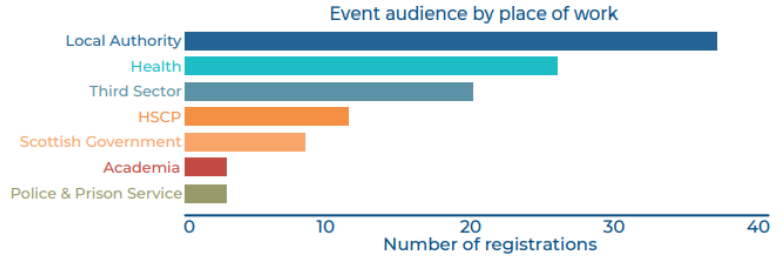
Webinar: Sharing Practice, joining up services and responding differently

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Background:

Healthcare Improvement Scotland has been commissioned by the Scottish Government and COSLA to deliver an improvement programme which engages specialist alcohol, drug and homeless services and statutory homeless functions, alongside the people who use them, to improve access, reduce harm and achieve better outcomes.

The Reducing Harm, Improving Care team worked in partnership with representatives from Alcohol and Drugs Partnerships, homelessness services, and third sector support providers to understand the current delivery landscape, and the experiences of people using services in order to consider how we might improve outcomes.



We organised a webinar series to share and discuss best practice recommendations. The first webinar was attended by over 100 people and explored the potential for better care coordination, improved collaborative working, and highlighted some practical solutions that have already been implemented in Scotland.

Key Talking Points from our Guest Speakers

Lisa Ross, Hunter Street Service Glasgow Health and Social Care Partnership

The service was re-developed during the pandemic. The team worked with smaller caseloads (20-25 people per person) and moved away from a medical model for the management of people with multiple and complex needs.

The new multi-disciplinary team has: nurses, medics, sexual health reps, psychologists, psychiatrists, GPs, social care workers, occupational therapists and administrative staff.

Saw a significant increase in positive outcomes such as increased engagements (via lower did not attend rates) and a 60% reduction in drug related deaths.

They have a new, improved transition process. Once a service user maintains a period of stability, a complex needs care manager works with a local key worker for a four week period before a final handover. This is a key stage to share information and have a smooth and safe transition which should help prevent relapse.

Norma Howarth, Change Grow Live

The Forth Valley service provides case management for approximately 1000 people who have problematic substance use, more than half of whom are on medically assisted treatment.

In 2020 they piloted a new Community Recovery Hub which targets higher risk people through a 'one-stop' approach to multiple services: nurses, hepatology, harm reduction, social care support, Citizens' Advice Bureau and peer support.

The long-term ambition of the Community Recovery Hub is to sustain integration of multi-disciplinary services who become a 'Team Around the Person', and reduce the current pressure on the healthcare system.

David Pentland, Scottish Government

Spoke on his personal experience of rough sleeping, during which he was banned from most services “due to his chaotic lifestyle”.

David shared that he was lucky to come across a "sticky", trauma informed service. The approach worked and he got out on the other side of the service within a year because the service worker had a "whatever it took attitude". Despite having trauma triggered flare ups, he was never banned and is still in touch with this person, 33 years later.

From his perspective, homelessness services are now more risk averse and segmented.

People struggle to access mental health support and are stuck in the system: “tied to a house or a prescription with no end in sight”. His job is to advocate using his personal experience of what works to bring about positive change.

Q: David Pentland, you mentioned experiencing that frustrating feeling of being ‘bounced’ around by services; what was its impact on you and your journey?

A: “I remember looking to get a prescription and that it took so long that I had no choice but to do my own thing in the meantime. There was a two year wait for a house back then, this time scale was so far out of the time zone on which I could plan, that I simply dropped out and didn’t present to services for a very long time. ”

Discussion Session

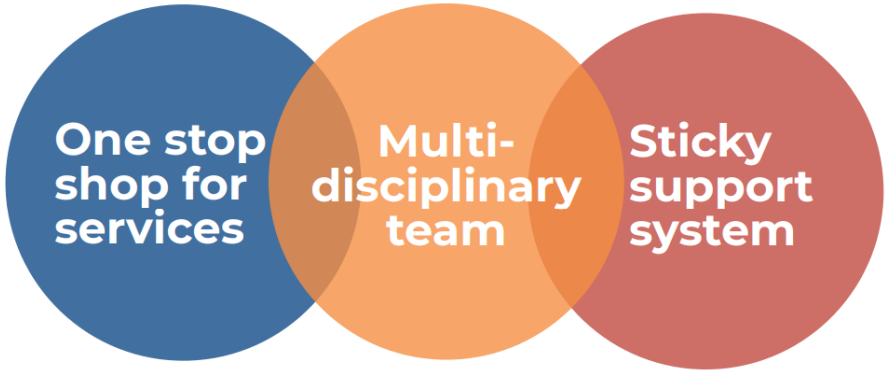
Q: Lisa Ross, can you tell us more about some of the practicalities you went through when service provision changed to an outreach model almost overnight during Covid?

A: “We were in fact in the process of making changes to the structure of the service before the pandemic started. We were facing issues with staff capacity and morale levels, so everyone was on board and keen for a change. Everyone came together and had a new boost to work through the pandemic and provide the best posible service. Overall people got lighter caseloads, which improved the quality of our service and people benefited from a new truly multidisciplinary team.”

Q: Lisa Ross, how did you overcome the barrier of information sharing across multiple statutory services? This is often one of the reasons people get asked to re-tell their story and get re-traumatised in the process.

A: “We were lucky that we never really had this problem within our service. Perhaps because we are embeded within the HSCP, we are used to working across different information systems. At the moment all staff use the health system framework to record the data, and we have access to housing and casework data as well. The only systems we do not have access to are the community justice data, but our care managers have links with the right people and can circumvent the lack of direct digital access.”

Take Home Messages



We heard the perspective of service providers and from a person with lived experience of accessing services. Across all presentations, and through our own research as part of the Reducing Harm Improving Care Programme, what stood out is that the package of services needs to be structured to meet the complex needs of this particularly vulnerable population which experiences homelessness, drugs and alcohol use. People should receive access to all services from one access point, ideally through work carried out by a multidisciplinary team which will offer continuous support across their journey to recovery, recognising that their mental health may dip or addiction may resurface.