Healthcare Improvement Scotland | ihub

Reducing Harm, Improving Care

North Lanarkshire

August 2022

NHS SCOTLAND

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Contents

Contents 1

Background 2

Introduction.. 2

Understanding local delivery insights 3

Key Insights.. 25

Suggested Improvement Acitivites ....**Error! Bookmark not defined.**

Appendix 1 - Peer Research Analysis 36

DRAFT

Background

Scotland is facing a drug and alcohol deaths crisis. In 2020, 1,339 people died from a drug overdose. This is the seventh consecutive year with a record number of drug-related deaths. Ninety-four of these deaths were recorded in North Lanarkshire[1]. The age-standardised drug-related death rate for North Lanarkshire between 2016-2020 was 21.6 per 100,000 people, compared with the average rate of 21.2 in Scotland.

In the same year, 1,190 people in Scotland died from an alcohol-specific death. This is the highest number of alcohol-specific deaths registered since 2008. 101 of these deaths were recorded in North Lanarkshire[2]. The age-standardised alcohol-specific death rate for North Lanarkshire between 2016-2020 was 29.8 per 100,000 people, compared with the average rate of 20.5 in Scotland.

There are strong links between homelessness and drug and/or alcohol use, with a significant number of people experiencing homelessness also using drugs and/or alcohol. In 2021, there were 34,402 homelessness applications in Scotland (1,416 in North Lanarkshire). 9% of people applying cited drug and/or alcohol use as a factor in not being able to maintain accommodation prior to this application, with 17% of people citing mental health reasons. However, it's important to note that some people experiencing homelessness will not disclose drug and/or alcohol issues at this stage in an assessment. In 2020, an estimated 256 people died in Scotland while experiencing homelessness. Over half of these deaths were drug-related and around 5% were alcohol-specific deaths[3].

Supporting people with drug and/or alcohol issues while they are experiencing homelessness is complex and requires a flexible and collaborative response. While individual services may be able to engage people, one service alone is unlikely to support people to recover. For many, unstable living conditions can mean that appointments are missed and routines could be challenging to maintain. For this reason, joined-up services to support people with their drug and/or alcohol use along with other needs, is crucial.

Introduction

In response to the challenges stated above, Healthcare Improvement Scotland (HIS) were commissioned by the Scottish Government to deliver an improvement programme to engage with homelessness and drug and alcohol services, alongside the people who use them, to improve access to these services, reduce harm and achieve better outcomes.

[1] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2020
[2] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths
[3] https://www.nrscotland.gov.uk/files//statistics/homeless-deaths/20/homeless-deaths-20-report.pdf

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This report outlines the steps we took to better understand the range of services available in North Lanarkshire, identify what people needed from services, and identify ways in which services could work together to better meet these needs. The report concludes with key findings, suggest improvement activities and relevant resources.

Understanding local delivery insights

A series of sessions were delivered to a North Lanarkshire project team (comprised of colleagues from across housing, health and social care) and other interested parties to help create the conditions for change, develop understanding about where change may be necessary and leave a quality improvement legacy for teams to move forward to test change ideas.

This report details the support provided and key findings and insights produced to inform improvement.

Interconnected Systems Mapping

Interconnected Systems Mapping (ISM) is a useful process to support our understanding of the range of services available in a particular area and can be used to:

- deliver a visual overview of part of an integrated health, social care and community system
- consider what insights it offers around the interconnectedness of the system
- provide an understanding of the flow of demand on the health and social care and housing system
- indicate focus areas for further improvement work; and
- enable informed strategic decision-making

In July 2021, our *Reducing Harm, Improving Care* programme team met with representatives from a range of services operating across North Lanarkshire. The purpose of the session was to populate a visual map of services that people experiencing homelessness and drug and/or alcohol issues might engage with.

This session allowed participants to identify the range of services operating within their local system and see how their work to support someone is connected. The completed map identified 87 available services (see below) across North Lanarkshire split across the categories below:

- information
- direct support
- community support
- unplanned care and support

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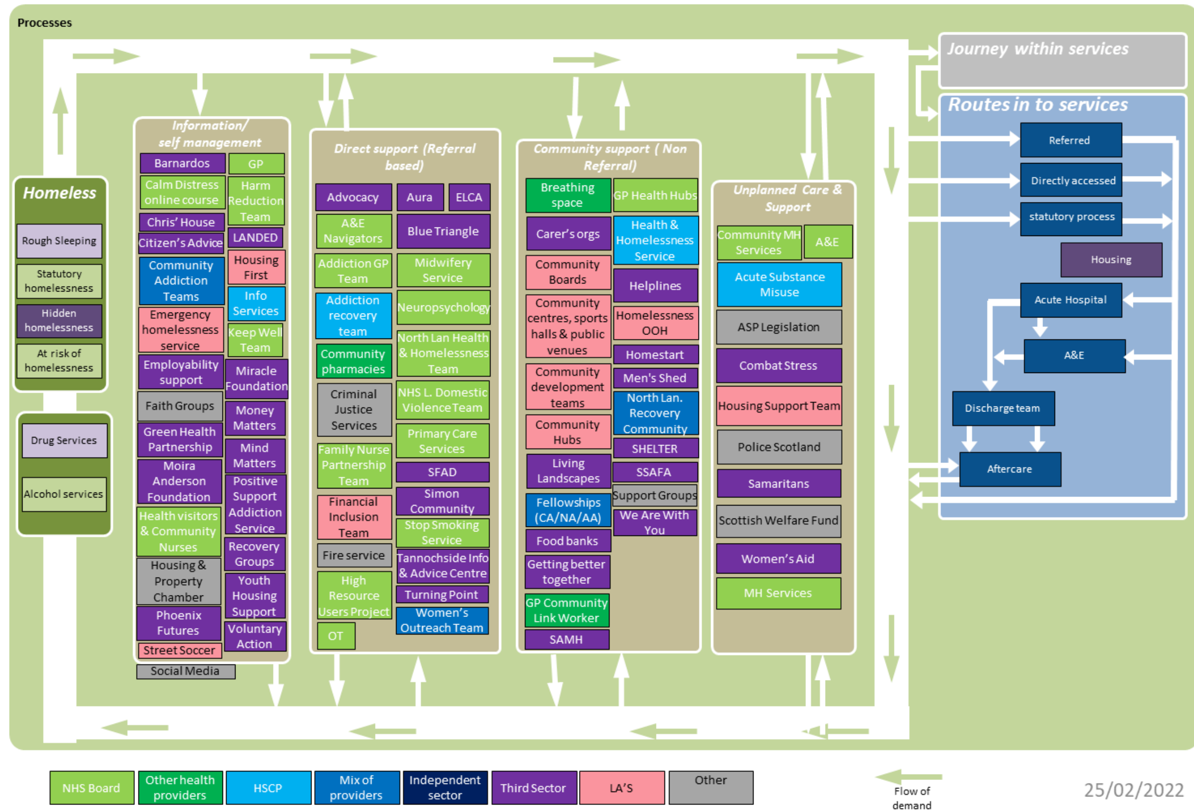
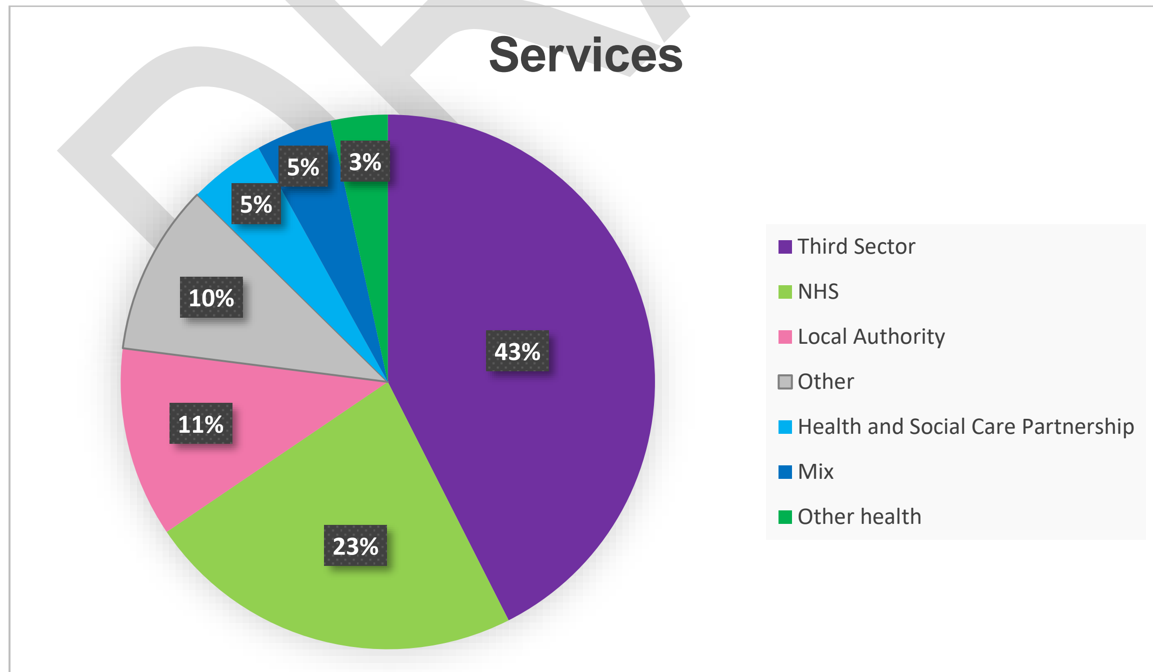
Interconnected Systems Map – North Lanarkshire

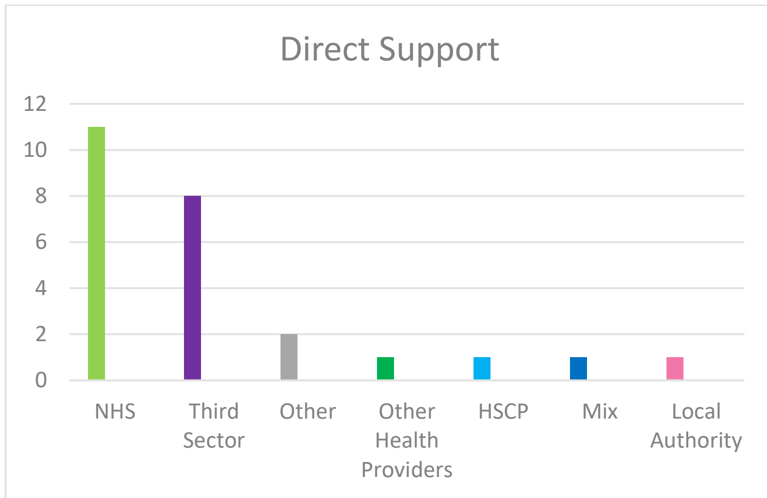
Created by Strategic Planning Portfolio, ihub, Healthcare Improvement Scotland.



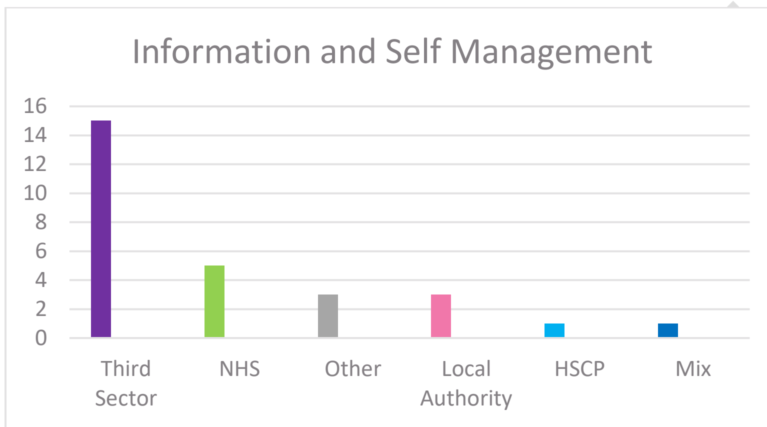
The chart below provides a breakdown of service providers delivering services across North Lanarkshire:



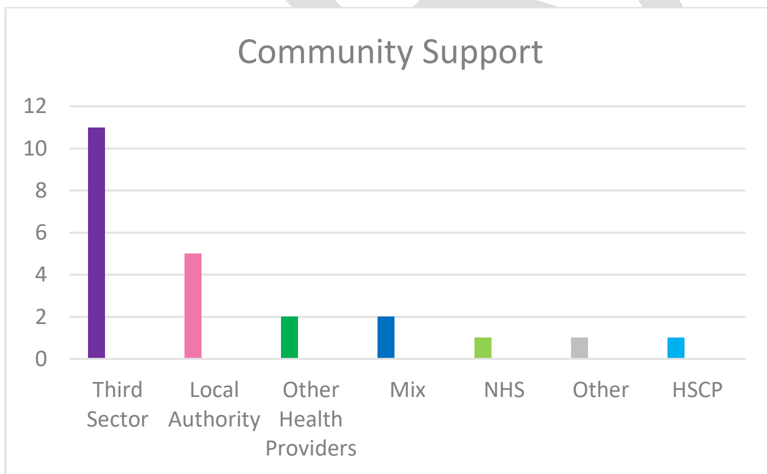
The following charts show the number of services across the different service categories:



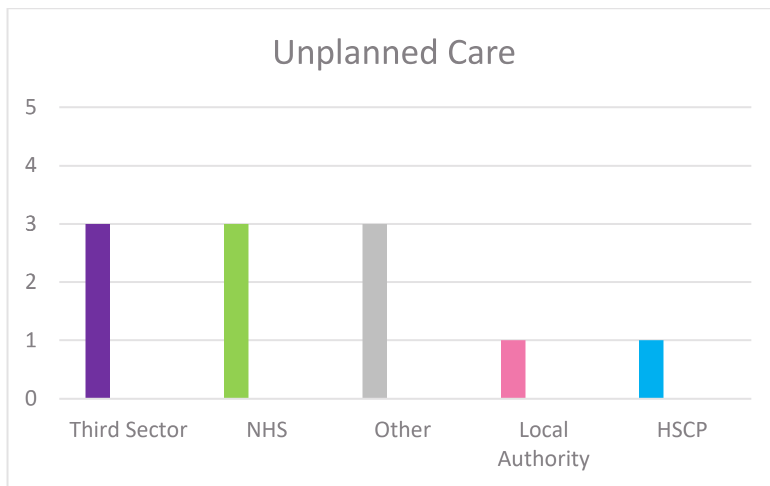
Direct Support
12
10
8
6
4
2
0
NHS
Third Sector
Other
Other Health Providers
HSCP
Mix
Local Authority



Information and Self Management
16
14
12
10
8
6
4
2
0
Third Sector
NHS
Other
Local Authority
HSCP
Mix



Community Support
12
10
8
6
4
2
0
Third Sector
Local Authority
Other Health Providers
Mix
NHS
Other
HSCP



The number of services on offer across North Lanarkshire highlights the complexity of the system. Activities undertaken by HIS, and by the Scottish Drugs Forum on our behalf, have provided some insights into the challenges this complexity presents to people seeking support for a range of health and wellbeing needs. On top of the challenges people might face in needing support from a range of services, stigma can make some of these services difficult to access. Furthermore, unstable living conditions can mean that appointments are missed and routines challenging to maintain. These challenges mean that many people require advocacy to engage with these services and attend appointments.

It should be noted that the services presented here were informed by the participants available and are unlikely to be fully comprehensive. However, this mapping exercise allowed the area teams to identify services that deserved more attention in the context of the improvement programme and consider the links between services.

Demand Analysis

Having identified the range of services available through Interconnected Systems Mapping, it was important to understand what people were asking of selected services at the point of access and the capability of services and the wider system to respond to these needs.

What is it?

Demand analysis is used to gather information over time to understand what people who use services are asking of the system at the point of access. Capturing demand in their words allows services to understand the key demands placed on the system and to identify how their service responds to what people need.

It requires a template to be shared with participating staff from services to be completed. The data is then analysed and categorised to identify the key demands placed on services and provides a basis for further analysis to be undertaken to understand the journeys of people that flow from the key demands identified.

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Why did we do it?

We wanted to understand the range of needs people using services have and how services respond to the key demands to help identify areas for improvement.

What did we do?

To ensure a consistent approach to the capture of demand information, it is important that staff capturing demands understand the process and have the confidence to undertake the exercise. To support participating staff, we delivered a demand analysis teaching session on 7 October 2021 with project and service leads to support the capture of demand information across selected services.

The North Lanarkshire project team identified the following services to undertake demand analysis, in recognition of their significant role across the homelessness and drug and alcohol system:

- Housing Support Services
- Addiction Recovery Team (ART)
- Harm Reduction Team
- Health and Homelessness Service
- Community Mental Health Team (CMHT)

The Harm Reduction Team and the Health and Homelessness Service provide a Lanarkshire-wide service and findings from the analysis are also shared with colleagues from South Lanarkshire.

Participating services were asked to collect 5-10 ‘demands’ per day over a two-week period to provide a sample of the key demands placed on their services. Services were asked to collect what people wanted from them (i.e. a demand) in the person’s own words. This was to ensure that all the needs of people accessing services were captured and any assumptions around the ask of the service were removed.

Across these 5 services, 162 demands were collected.

Service leads were asked to provide purpose statements for their services and asked to assess whether each ask of the service was something they thought their service was set up to respond to (i.e. in line with purpose), or if it was not something the service was not set up to respond to (i.e. not in line with purpose).

Demand categories that make up the top 80% of demands are coloured red in the charts provided to indicate the areas in which improvements may be sought.

Below, we will look at the demands on each service in the context of their purpose. It should be noted that most of the demands recorded were not in the person’s own words and further analysis of those demands was required to gain a better understanding of the range of needs people cited when engaging with the service.

Analysis of each of the services below includes:

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- Purpose
- Demand categories
- Purpose vs non purpose
- Key findings
- Discussion

Physiological/advocacy-based needs

Analysis of demand captured identified that many people require help to access other supports outwith direct alcohol, drug, or homelessness issues such as food parcels, electrical white goods, and financial assistance. People also required support with advocacy-based activities such as support to claim benefits, help to attend appointments and liaising with other service providers on the person's behalf. These types of demands have been categorised as physiological[4]/advocacy-based needs throughout the report.

Housing Support Services

Purpose:

"Housing Support Services exist to support people to sustain their tenancies and avoid homelessness, linking them into other services and supports as appropriate (e.g. health and social care and education and employability services)".

Demand Categories:

[4] Physiological needs - these are biological requirements for human survival, e.g., food, drink, shelter, clothing, warmth, sleep.

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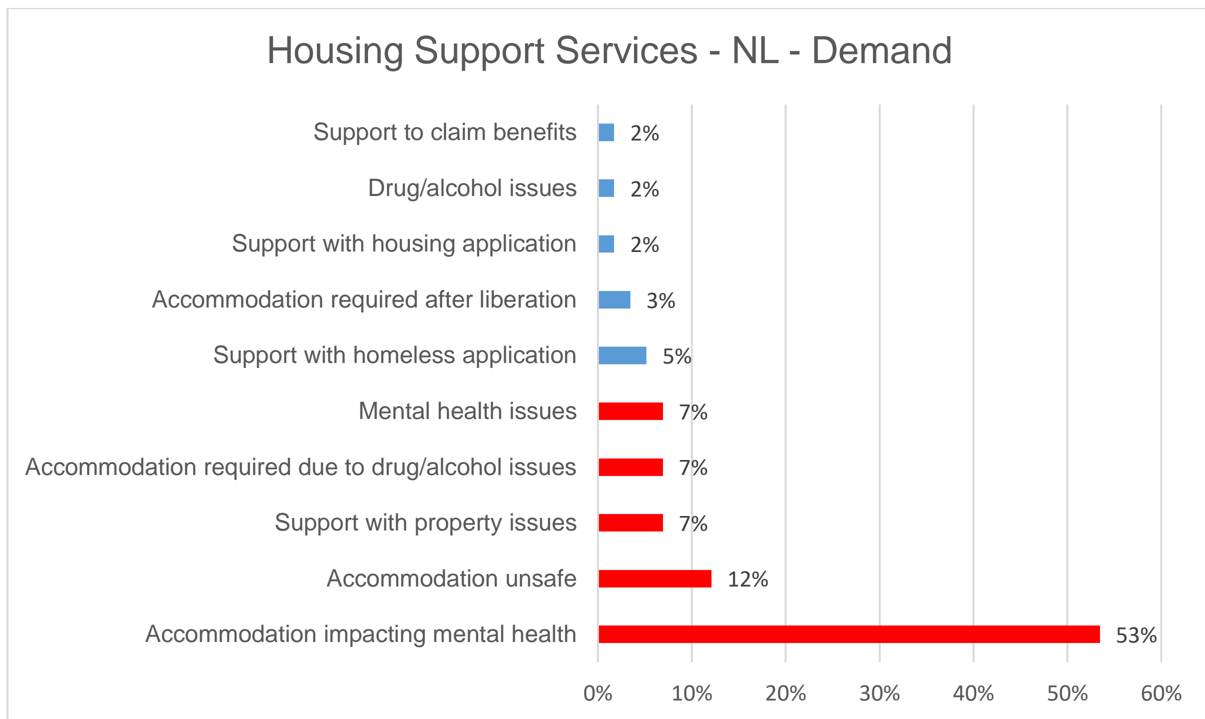

Findings:

Analysis of demand recorded identified that Housing Support Services are largely responding to requests for accommodation, in line with the stated purpose. Demand analysis shows that:

- 53% of demands were from people who stated that their mental health was being affected by their accommodation
- 12% of demands were from people feeling unsafe
- 7% of demands were from people needing accommodation due to a drug/alcohol issue
- 7% of demands were for support with property issues

Drug and alcohol issues were also mentioned separately (2%), although people may be less likely to disclose these issues due to stigma and fear about the potential impact on their housing options, and it was often a contextual factor for other issues they were facing, as was mental health (7%).

Are demands received in line with the service's purpose?

Staff collating the demands on the service were asked to identify whether the demands being received were in line with the service's purpose. Demands that do not form part of the service's purpose can quickly become part of that service's normal practice if not addressed.

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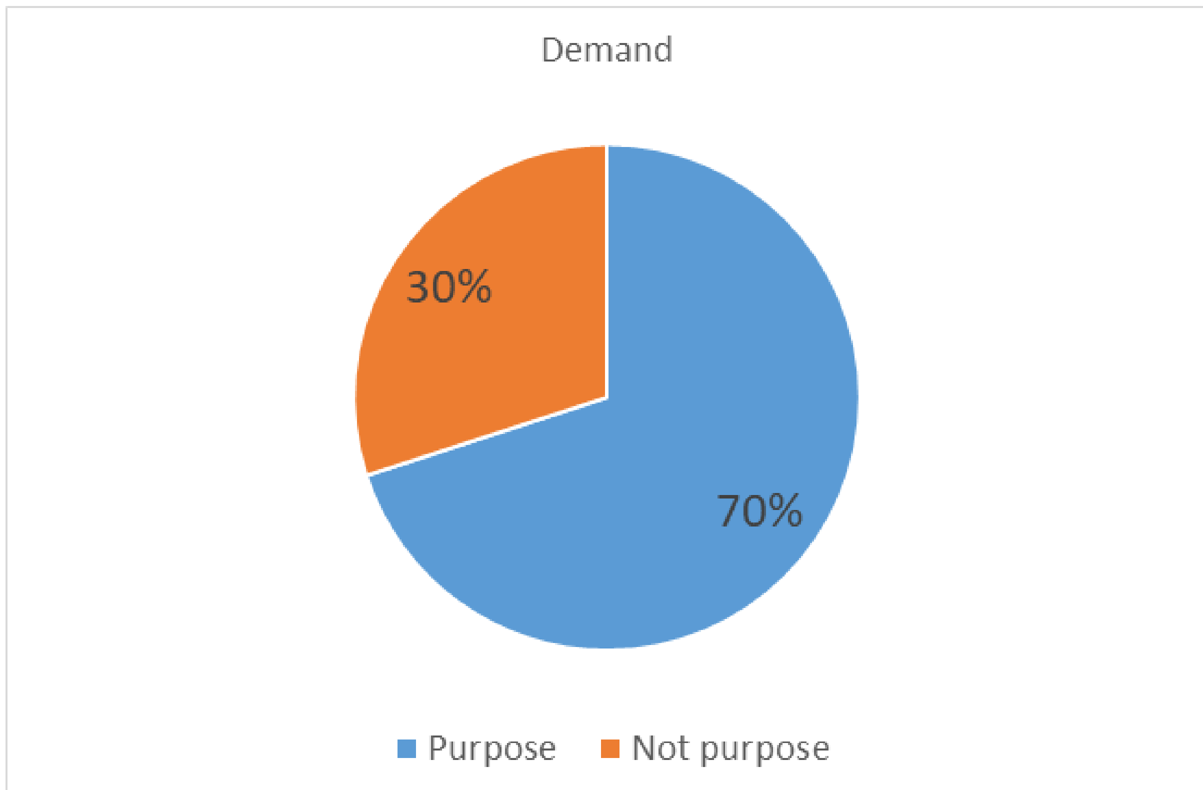

70% of demands were categorised as being in line with purpose, with 30% categorised as ‘not purpose’. Some examples of demands classified as ‘not purpose’ by staff included:

- people looking for new accommodation because their current situation is deemed to be unsuitable (e.g. impacting on mental health, issues with neighbours, etc) and
- people presenting as homeless when they were assessed as not eligible for a homeless application.

Understanding these demands can help services reflect on how they might avoid escalations or raise awareness of eligibility for homeless cases.

Discussion:

Demand analysis from Housing Support Services has demonstrated the prominence of mental health issues, with a substantial number of people contacting housing services stating that their housing situation is negatively impacting on their mental health. This issue requires housing services to consider how they can prevent situations that could exacerbate mental health issues (proximity to people and behaviours) and consider how to strengthen links with mental health support and services.

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Drug and alcohol issues are also often present but may be less likely to be disclosed due to stigma and fear it might negatively affect access to housing options. Further discussion with the service identified that, where these issues are presented, the team signposts people to other services such as the Addiction Recovery Team, the Health and Homelessness Service, Phoenix Futures, Alcoholics Anonymous and other support groups.

It is notable that some people turn down housing offered due to being far from supports (e.g. family) or too close to potentially harmful factors (e.g. proximity to people selling drugs or those they have had previous negative experiences with).

Suitability of accommodation is an issue that has been raised by people with lived/living experience through our peer research interviews, with interviewees noting that offers that do not consider these aspects can impact their chances of recovery. North Lanarkshire's allocation policy states that an applicant experiencing homelessness can select their preferred areas and that the housing offered will take proximity to support or services required into consideration. Currently, applicants are made two offers with the service stating that it is not always possible to offer housing that matches preferred areas or types of housing, which can result in refusals.

Addiction Recovery Team (ART)

Purpose:

"The Addiction Recovery Team (ART) exists to support people to reduce risks associated with alcohol and drug use and improve health and wellbeing".

All nurses in the team are registered mental health nurses who can provide mental health support and an occupational therapist also provides psychological support.

Demand categories:

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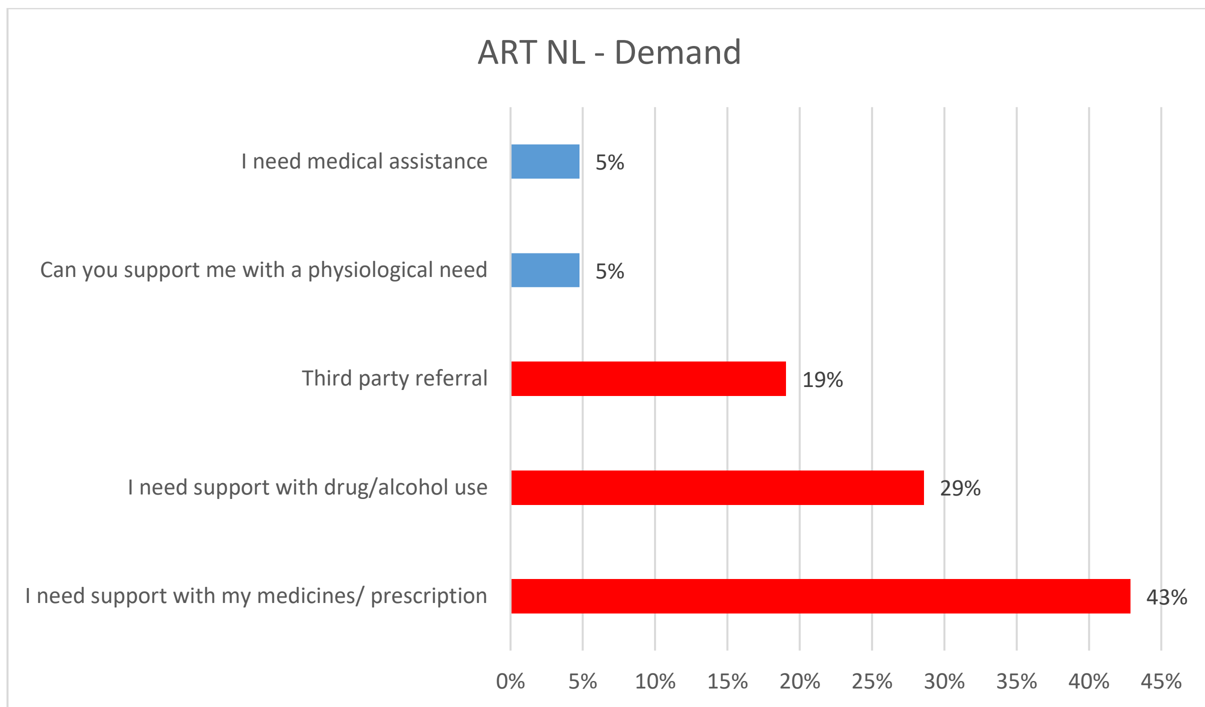

Findings:

Analysis of demand for this service shows that:

- 43% of demands were for support to access prescriptions/medication such as starting treatment, having their prescription issued or discussing changes to their current prescription
- 29% of demands were for self-referrals for support with alcohol and / or drug use
- 19% of demands were generated from third party referrals for drug and alcohol support from Justice services, GPs, psychology service and Lifelink distress brief interventions

These three key demands represent over 90% of demand highlighting the key demands currently placed on the service.

Are demands received in line with the service's purpose?

Demand was not categorised as 'purpose'/'not purpose' for this service but most, if not all, demands would fit within the Outcomes Star[5] model, therefore fitting within purpose.

Discussion:

ART demand was a mix of people currently receiving support, people self-referring to the service and people being referred to the service by third parties. Demands from those receiving support related to existing prescriptions. ART noted that they receive self-referrals and a high number of referrals from criminal justice social work services.

[5] https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

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There is a service-level agreement that people are assessed within 21 days. ART note that there are challenges in meeting this target due to non-attendance of appointments. Reasons may include:

- People being unwell
- People being imprisoned
- People's contact details changing
- People no longer wishing to engage/cancelling appointments/not responding
- Access to travel costs / bus passes / taxis

ART note that a large proportion of referrals are made by third parties, which may mean that although a referral has been discussed and agreed with the person concerned, there may be other barriers to them engaging with the service. ART also report variation in the number of referrals they receive and when combined with staff sickness, leave, etc, the 21-day agreement may not be achieved.

Referrals from criminal justice social work services require ART to support them to assess people for a Drug Testing and Treatment Order[6] (DTTO) (which is an alternative to prison custody for people whose offending is linked to drug use) and provide appropriate support. Furthermore, people may be subject to a Community Payback Order[7] where they have a condition to attend ART.

ART occasionally receive referrals for people who reside outwith the locality and these people are referred to a service in the appropriate area. However, if people are open to the locality and move temporarily to another area, ART can continue to support them until they move outwith the locality on a permanent basis. The team does not accept transfers from other areas unless people are residing within the locality and have a GP in the area. However, exceptions can be made in circumstances where, for example, people are fleeing violence.

They also noted that following assessment, frequent referrals are made to Phoenix Futures (and recovery cafes). These referrals may be made to support people outwith ART's Monday to Friday, 9am-5pm working hours and can also provide support on a person's discharge from ART.

Alongside demands for support with prescriptions, self-referrals and third-party referrals were for people seeking medical assistance (e.g. a wound dressing) and support for physiological needs (e.g. seeking food vouchers). ART noted that people present with medical issues when they are not registered with a GP and a duty system is in place, so that nobody is turned away. The team stated that they also support people to access food banks, bus passes and gyms. They also support people if they require electrical white goods such as cookers and fridges or need support with benefits applications. These tasks are carried out in line with the Outcomes Star model, which encourages a holistic approach to addressing drug and alcohol issues and wider support needs.

[6] https://www.northlanarkshire.gov.uk/social-care-and-health/justice-services/services-offenders-and-their-families/drug-testing-and-treatment-order-service
[7] https://www.northlanarkshire.gov.uk/social-care-and-health/justice-services/services-offenders-and-their-families/community-payback

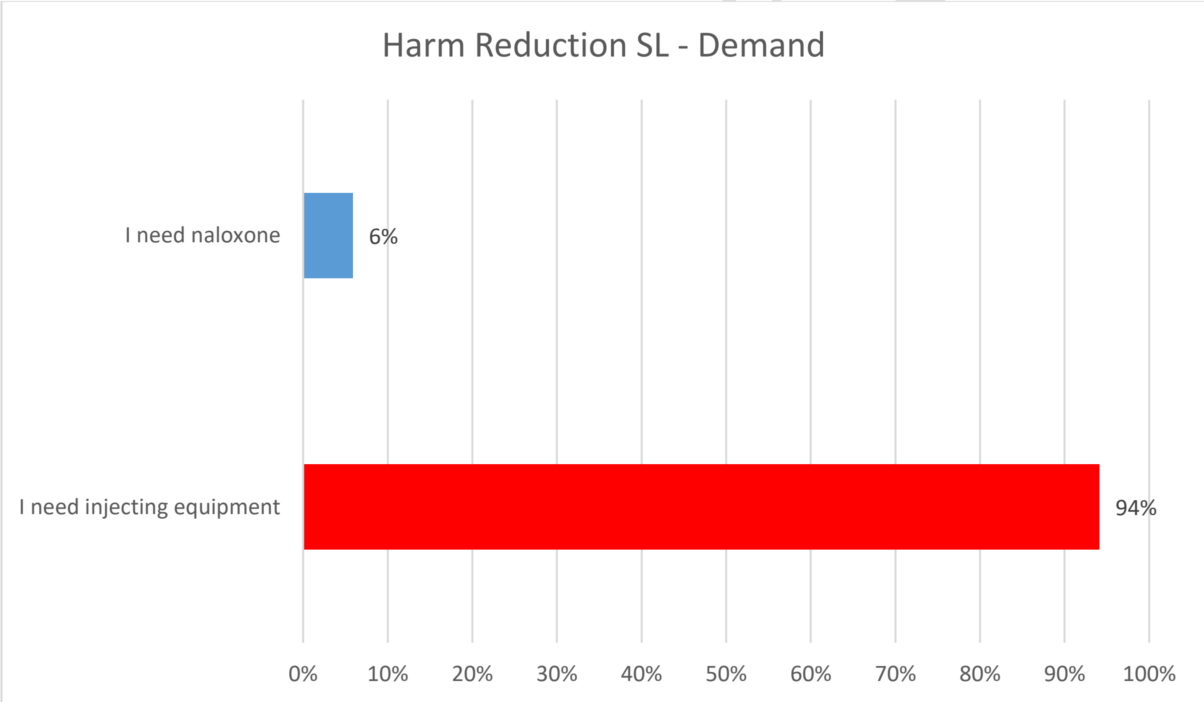
Mental health does not feature in the demand collected for this service, but the service has noted that it is working more closely with mental health services to better support people who are experiencing both mental health issues and drug and alcohol issues.

Harm Reduction Team

Purpose:

"The Harm Reduction Team exists to provide equipment and training so that drug-related harms are reduced (e.g. spread of blood borne viruses and infections, overdose, etc)."

Demand categories:

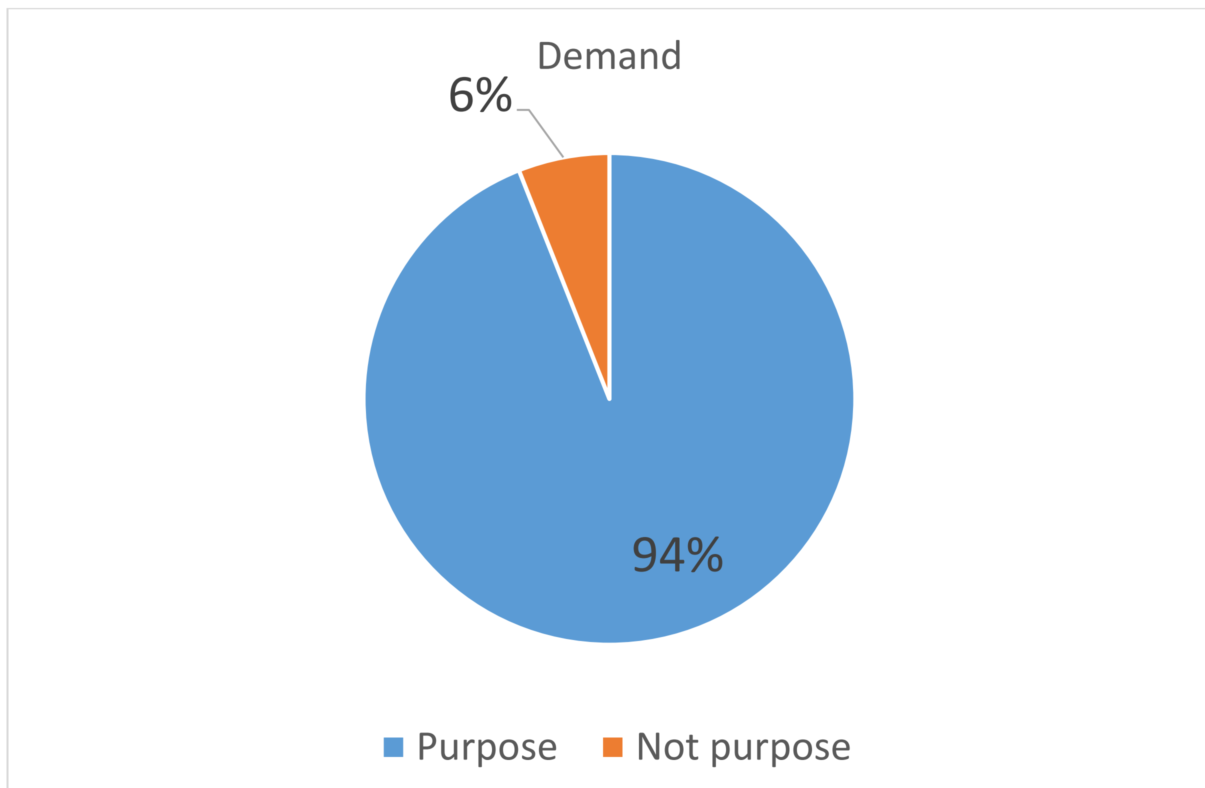


Findings:

From the demands captured, 94% were listed as requests for injecting equipment, with 6% of demand for naloxone.

The range of demands captured was limited for the Harm Reduction Team. They noted that this was due to the demand capture being based on telephone and email requests coming into the service, rather than the outreach service.

Are demands received in line with the service's purpose?



All the demands were for injecting equipment or access to Naloxone, which is in line with the service's purpose. However, during this exercise there was a request for injecting equipment from someone who was not resident in Lanarkshire. The person was signposted to another service local to them and checked to make sure they had received what they needed. This was recorded as 'not purpose'.

Discussion:

Demands captured for this service were largely in line with purpose. The limited range of demands collected highlights the need to ensure that demand is collected from all routes into the service. For example, the Harm Reduction Team noted that in outreach work they support people with a range of needs, including wound assessment/care, applying dry dressings and connecting people to GPs to support with infections. The service also tries to deliver Naloxone training when someone accesses the service. These aspects were not collected through the telephone and email requests they received and further analysis should be undertaken to better understand the range of demands placed on this service.

Health and Homelessness Service

Purpose:

"The Health and Homelessness Service is a nurse-led service that exists to improve the health and well-being of people experiencing homelessness by signposting people to the most appropriate service following an assessment of needs."

The service can also provide emotional support and harm reduction support but does not provide support with medicines.

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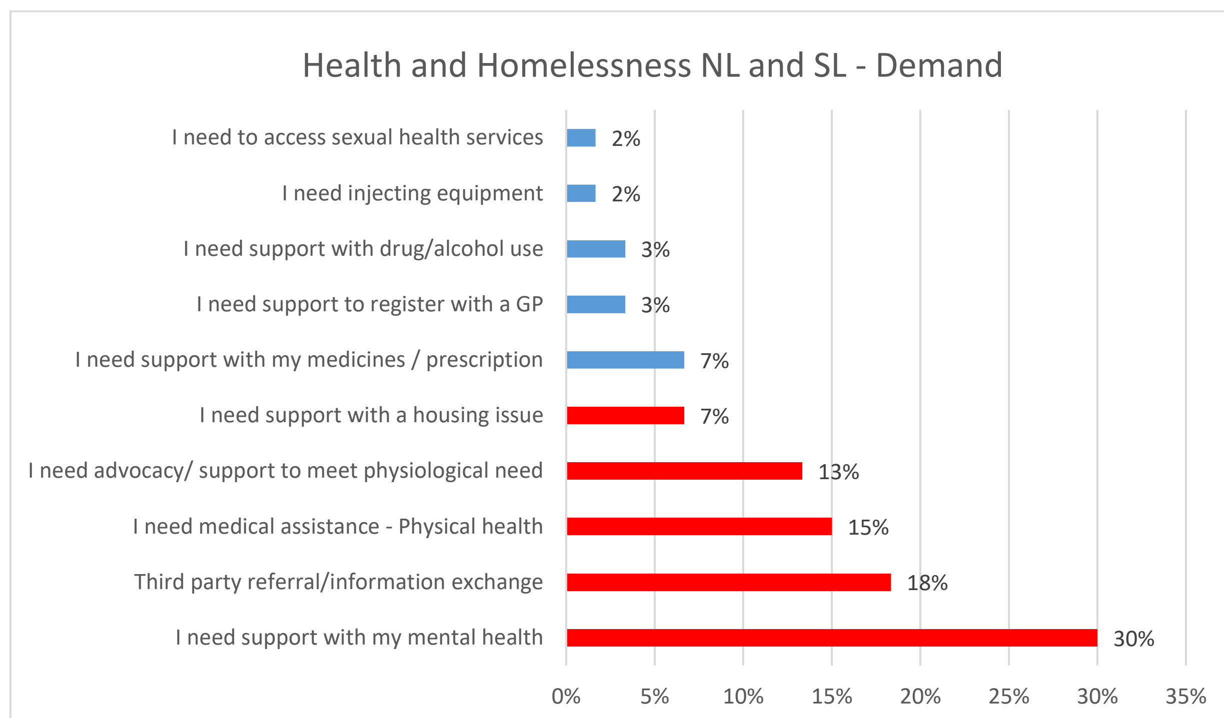
Demand categories:



Findings:

The service takes both self-referrals and third-party referrals but the demand collected was largely generated from third-party referrals (organisations, support workers, etc):

- 30% of all referrals highlighted a concern for people requiring support with mental health issues
- 18% were similar demands with third parties seeking advice from the service on a range of matters such as a person's methadone prescription
- 15% of demands were self-referrals for assistance with physical health. This was mostly for assessing/dressing of wounds.
- 13% of demands were requests from people needing advocacy support and support to meet physiological needs such as food, clothing and financial assistance.
- 3% of demands related to support with drug/alcohol use, with one person asking for a referral into an addiction recovery service.

Are demands received in line with the service's purpose?

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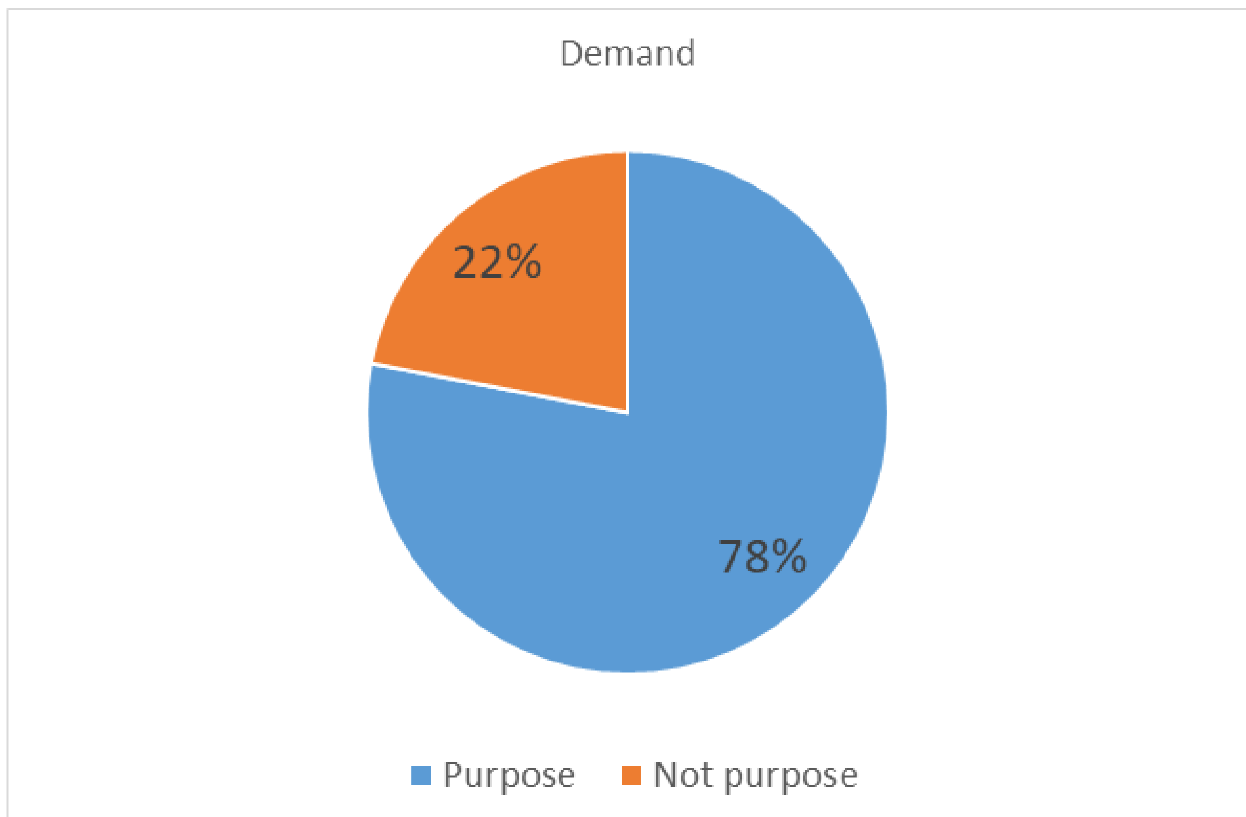

78% of the demand for the service was deemed to be in line with purpose, with 22% deemed to be outwith the purpose of the service.

Those demands considered to be outwith purpose included: support with a housing issue, asking for injecting equipment, asking for a food parcel, and referrals from third sector organisations seeking mental health assessments for people known to them.

The service stated that if an individual is already open to a mental health service or drug and alcohol service, then they would not duplicate by also providing mental health support. In these cases, the Health and Homelessness Service can see that a person is connected to a community psychiatric nurse or addictions nurse but would not be able to share that information with some referrers. It was noted that when referrers do not have this information about existing service engagement it can create duplication of effort. This example poses a question about how duplication can be avoided where the need for support is identified.

Discussion:

Mental health was a prominent issue for the Health and Homelessness Service, with the service receiving many referrals from third parties concerned about someone. These referrals may be viewed as duplication in circumstances where the people concerned are already in contact with/being supported by mental health services.

At the demand analysis feedback session, the team noted that people are often linked with appropriate services, but they still receive a referral – this depends on what information is shared with/available to the referrer. Although the team can see when a person is connected to an addictions nurse, for example, they cannot share that with some referrers. This can generate duplication as highlighted above and highlights

DRAFT

issues around data sharing between services, as people are often required to re-tell their story when engaging with different services.

The team noted that because the service takes referrals from third parties who may assess the person's needs as different to what they would themselves, the outputs of the needs assessment can vary from what is detailed in the initial referral. Someone may report mental health issues but when the service speaks with the person they may be consuming alcohol every day, resulting in support being declined and the person being rerouted to addiction services. This might explain why drug and alcohol issues are less visible from the demand collected for this service. However, it should be noted that drug and/or alcohol use was often noted in the demand as a contextual factor for mental health input required.

Some of the demands were not met by the service due to other more appropriate services being available. For example, one request was for a prescription, but there was no prescriber onsite and the person would be able to access it from the GP they are registered with. Further understanding of how these transitions are managed is required, as there could be reasons for someone not accessing a service from their GP, e.g. experience of judgemental attitudes or, conversely, positive experiences of accessing the Health and Homelessness Service.

Community Mental Health Team (CMHT)

Purpose:

"The Community Mental Health Team (CMHT) exists to support people with mild, moderate or severe mental health issues so that they can improve their wellbeing".

The service can support people with anxiety management, mood management, psychosis management, medicines monitoring, and recovery-based care planning. The service does not take the lead on care where alcohol/drugs are prevalent issues.

Demand categories:

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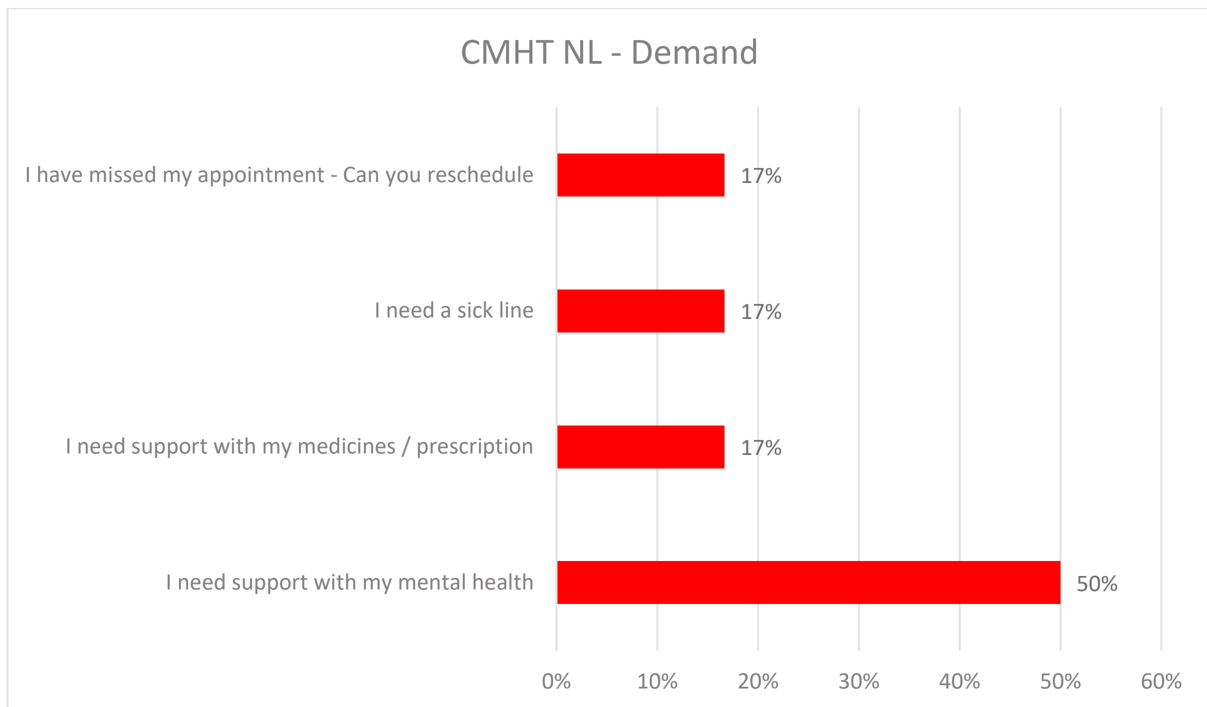

Findings:

The demand collected from this service was limited in number due to the scope being focused on people known to be experiencing homelessness and/or drug/alcohol issues.

The demands for mental health support were from third parties. One referral was received from and passed back to the Addiction Recovery Team due to the person being referred being perceived to be actively using drugs and/or alcohol. The other referral was received from a GP and passed back to the GP to be referred on to the Addiction Recovery Team due to the person, again, being perceived to be actively using drugs and/or alcohol.

Are demands in line with the service's purpose?

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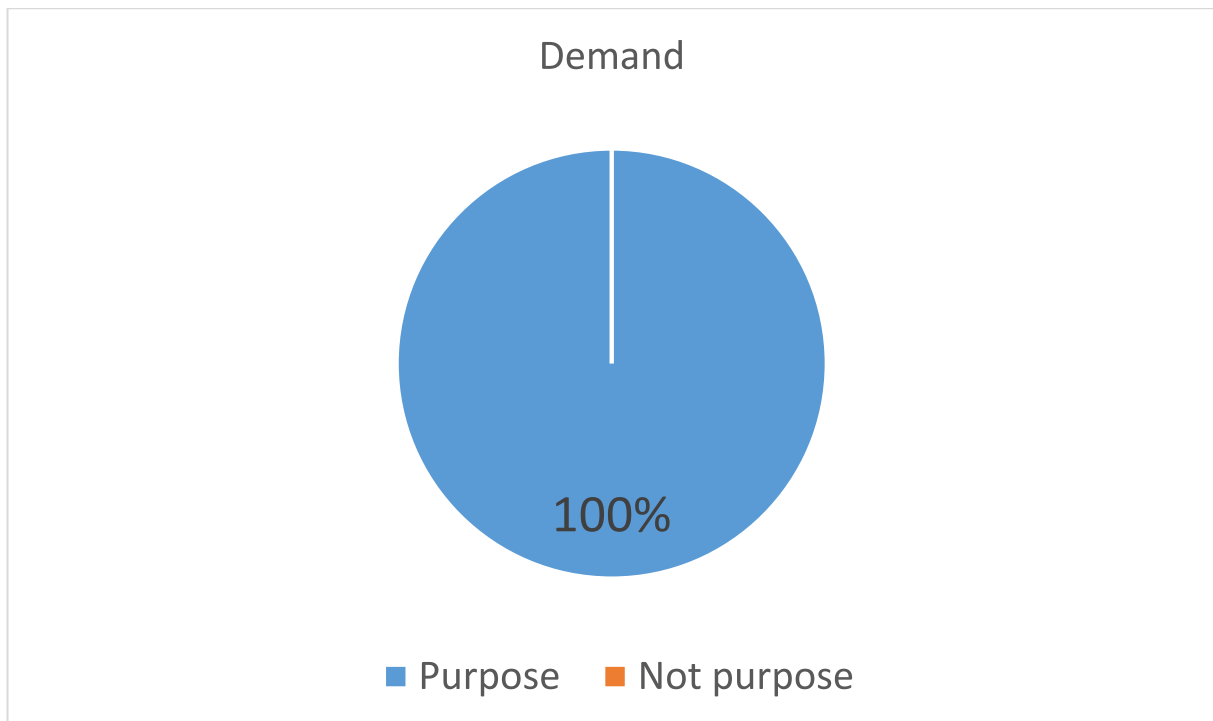

The staff collecting the demand felt that all demands collected were in line with purpose. However, around 50% of these demands could be considered inappropriate demands as they included referrals that had to be passed back or passed on to another service. So, while some demand may be appropriate in that it is to support with mental health, the circumstances around that referral may mean the CMHT might not view themselves as the most appropriate service to support, e.g. when someone is actively using substances.

Discussion:

Poor mental health and drug and/or alcohol issues are strongly linked, causing issues for people accessing services and those delivering services. The CMHT observed that they receive a number of referrals from GPs and drug and alcohol services. However, the service itself will not assess mental health if people are perceived to be actively using drugs and/or alcohol. This results in referrals often being declined or redirected. Further work is required to understand how best to support people who require both support with mental health and drug and/or alcohol use.

The team have been working with GPs in their area to explain why they are declining these types of referrals and to develop new ways of working to ensure people requiring access to both mental health and addictions services can be supported appropriately. The team is working more closely with the Addiction Recovery Team to make decisions about who is appropriate for each service, by having a representative from ART at their weekly meeting. At our feedback session this point led to a discussion about the merits of co-located services.

The CMHT stated that they do not have the capacity to support people who they deem are not appropriate for their services and that if they pass on a referral, they have an obligation to contact the person needing support to explain why they are not taking

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them on and referring to another service, which is why they are making efforts to avoid taking these referrals in the first place.

Peer research

As part of the Reducing Harm, Improving Care programme, the Scottish Drugs Forum and Homeless Network Scotland were commissioned to provide training and support to peer researchers to engage with people with lived and living experience of homelessness and drug/alcohol issues. 53 interviews were undertaken across the four participating areas. 14 of the interviews were carried out in North Lanarkshire with peer researchers supported by Scottish Drugs Forum.

A range of similar themes were identified across all of the interviews, and these have been used to support our key findings. A full report detailing the findings of the peer research undertaken across the four participating areas can be found at Appendix 1.

Although drawn from a relatively small sample size, some key themes emerged from interviews with people accessing services in North Lanarkshire:

Access to services

- People spoke of accessing services over a long period of time but felt that they were now receiving positive help through the recovery cafes. Addiction workers were a large part of the support they receive.
- People described their experience in attending allotment therapy with the support of an Occupational Therapist during COVID-19 which helped with their mental health and alleviated loneliness.
- People also spoke of being able to access a community psychiatric nurse through addiction services when they were accessing the homeless unit.
- Addiction services were described as being friendly with a quiet reception area which made it easier for them to attend.

Trust and relationships

- The majority of people who were accessing recovery cafes for support have spoken about it being a good service due to peer workers who understand their experiences, allowing them to open up more. In keeping with this, people who accessed outreach services felt that it was a good service as peer workers were supporting them in their recovery.
- People spoke of being part of a WhatsApp group chat with other people who share the same experiences as them, so didn’t feel judged.

Impact of COVID-19

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- People spoke of feeling isolated, while physical distancing measures were in place, as they were unable to access a support worker due to services being closed to the public.
- People had also lost friends during this time and highlighted the fact that more people were using drugs in their homes on their own.
- One perceived benefit of lockdown was being able to pick up weekly prescriptions from the pharmacy instead of having to travel every day, with this arrangement staying in place due to trust being built.

Additional support

- People described seeking support through support phone lines such as Breathing Space and the Samaritans, which they found very helpful. Some people also mentioned seeking and gaining support to access housing through their local councillor and the police.
- Some people also spoke about having family support to access services, with a parent putting them in touch with services.
- Third sector organisations and addictions workers also supported people to attend appointments, with people highlighting that it was helpful that they did not have to navigate services on their own.

Stigma

- Someone described being rehoused because of the poor treatment they received from people in the community.
- Some people also mentioned stigma in relation to the way they were spoken to by health providers, feeling 'soul destroyed' after appointments and feeling 'pushed away constantly'.

Integrated services

- People spoke of receiving access to mental health support, such as a community psychiatric nurse, through their GP and mental health team.
- People also spoke of reaching crisis point before they were supported in their recovery, with one person being linked in with a doctor who organised a care and treatment plan following an overdose in temporary accommodation.

Mental health

- Although there were no specific mental health questions asked, people referred to their mental health throughout the interviews, suggesting that mental health is a pertinent issue for people experiencing drug and alcohol issues.

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Safety

- In relation to temporary accommodation, people described their experience of having people selling drugs next door to them, feeling that services should advise housing on not rehoming people in an area where there are triggers.
- It was highlighted that mixed gender shared accommodation can prevent some women from feeling safe.
- People spoke of feeling safe in accommodation provided by Simon Community Scotland, where staff were available to support at all times, carrying out welfare checks in the morning and at night.

Summary

- Overall, third sector support was highlighted through the interviews as being a positive help in recovery, with support to access mental health, homeless, addictions services and appointments.
- People whose support involved peer workers spoke of feeling respected and welcomed into the service.
- Some people spoke of feeling stigmatised by services and communities, however, the majority of people said they had a good relationship with the services they access.
- Being housed in an area with less triggers problematic to their recovery was important to people, as well as having positive relationships with support workers.
- It was important for people to feel safe in temporary accommodation, away from people who were taking and selling drugs, with around the clock welfare checks.

Red Rules, Blue Rules

Following analysis of demand a session was held on “Red Rules, Blue Rules” in preparation for developing change ideas with a view to making improvements to the system.

Rules can be viewed as being ‘red’ or ‘blue.’ Red rules are rules that cannot be broken, as they protect the wellbeing of people and may be set by the government in the form of laws or regulations. Blue rules may be processes that evolve from custom and practice.

We held a session on 8 October 2021 with all participating area project teams to support them to better understand what ways of current working could be challenged and which could not.

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The session supported project team members to:

- recognise how their own appetite for risk, particularly in relation to the lives of people they support, influences their ability to break rules
- identify what kind of rule is stopping a change in practice and understanding what they can do to break/change a blue rule
- identify workable solutions
- develop a plan to articulate why a rule change is necessary

Driver Diagram

A driver diagram is a visual display of a team's theory of what 'drives', or contributes to, the achievement of a project aim. This clear picture of a team's shared view is a useful tool for communicating to a range of stakeholders where a team is testing and working.

A driver diagram shows the relationship between the overall aim of the project, the primary drivers (sometimes called 'key drivers') that contribute directly to achieving the aim, the secondary drivers that are components of the primary drivers, and specific change ideas to test for each secondary driver.

Members of the North Lanarkshire area team attended our teaching session on driver diagrams held on 23 March 2022 to support them to complete a project charter used in this exercise to gain traction at a local level.

The learning from the understand phase has been instrumental in allowing the team to start to think about the system they work in, what that system produces in terms of output and to consider some change ideas based on this evidence and learning, towards improving parts of that system. At the session the group discussed testing a repeat homelessness trigger for multidisciplinary interventions and developing working agreements across services on the issue of information sharing.

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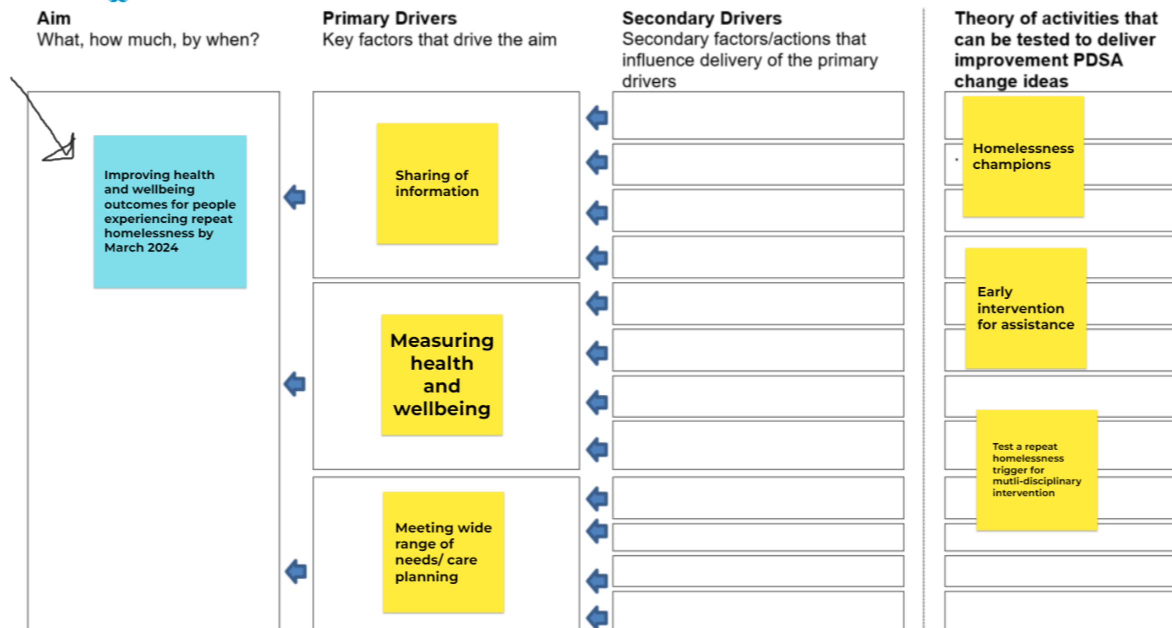

The driver diagram session concluded our quality improvement process and should now be used in conjunction with the project charter, issued at the same session, to take forward changes identified by the team. We suggest an approach to the local Quality Improvement Hub at NHS Lanarkshire with a view to supporting this work.

Key Insights

Below we detail some of the key insights that have been generated from the activities we have undertaken with the North Lanarkshire project team, people with lived/living experience and wider stakeholders.

Services are designed to deliver by specialism, meaning that no single service can meet the range of varying needs

Analysis of demand alongside the findings from our peer research exercise highlighted the range of needs that people have when accessing services. The interconnected systems map highlighted those services are currently delivered by specialism meaning that no one service can meet all a person's needs at the point of contact. This results in people being referred to other services or having to navigate the range of services on offer to have their needs met. People interviewed as part of the peer research exercise spoke of the difficulties in navigating the system to receive the care they need. Insights from family members and carers highlighted that they are often left to try and coordinate care for their loved ones.

DRAFT

The lack of coordinated care means that people are often required to retell their story, meaning they are having to relive traumatic experiences, and this can act as a barrier to people engaging with services.

People with complex needs require support to access appropriate services

The interconnected system mapping exercise evidenced the wide range of services people with complex needs may need support from. The combination of these needs and a complex system can make it difficult for people to both navigate and manage appointments/routines without assistance. Demand analysis shows that many people require advocacy support from family or support workers to co-ordinate the care they require, engage with services and attend appointments. This was particularly evident in our South Lanarkshire demand analysis of the Salvation Army.

Trusting relationships are crucial to effective support

Demand analysis highlighted that many of North Lanarkshire's services are dealing with supporting people's physiological needs or everyday tasks regardless of the services stated purpose. The demand analysis showed that people attended a service they knew well, had prior experience of and had some of their needs met beforehand.

Demand analysis also suggests that services may only have a limited view of the issues people are facing. For example, drug and alcohol issues were not prevalent in our demand analyses of some services. Responses from our peer research interviews suggest that this may be due to the impact of judgement/stigma on people's health-seeking behaviours, meaning that they only approach services they trust/have positive experiences of and/or disclose issues they are comfortable disclosing. Drug and alcohol issues may be less visible in our demand analysis for housing support services due to the perception this disclosure could affect housing support.

Our peer research interviews highlight how crucial trusting relationships are to overcoming barriers to support. People who were interviewed highlighted how much they valued support from third sector organisations, particularly from people with lived experience of the same issues they face. They also noted the importance of support workers in advocating on their behalf and managing their contact with services they need. Continuity in relationships were also deemed to be important, especially where relationships have been built to share sensitive information.

The workforce must have the capacity and skills to address issues that impact on drug and alcohol use

Demand from all four areas involved in RHIC (Reducing Harm, Improving Care) has shown that some services face significant demands for advocacy support to access services and/or meet physiological needs (e.g. food vouchers, heating, etc). Many

DRAFT

services already operate within an Outcomes Star model of care[8] (where various aspects of a person's life are considered critical in supporting them to address drug and alcohol issues), and the requirement for support with physiological and/or advocacy-based need should be provisioned for within this model of care. Providing for these needs does require that the workforce are resourced to meet people's needs without the need for referral to other services.

When people do ask for this type of support, it may be an indicator of strong relationships. Having the skillset to develop trusting relationships through trauma-informed practice is a critical component of effective care. This was evidenced through our peer research findings where people spoke of the need for sensitivity to the disclosure of traumatic life experiences.

Going where people are can provide opportunities to engage them with services

While some services see a limited picture of people's needs, the Harm Reduction Team may see more of these issues presenting together, but due to the demand being collected via telephone and email requests, the range of demands was limited. Given that this type of service provides a crucial way to engage with people who may find other services inaccessible by meeting people 'where they are', further demand analysis may offer important insights into the support people need and how best to co-ordinate this support.

Demand analysis from the Turning Point Overdose Response Team collected for South Lanarkshire (but also operating in North Lanarkshire) suggests that this team is also operating at a critical intersection of housing, drug and alcohol use and mental health issues, with the team linking people in to appropriate services for each of these issues, often many of them in one intervention. Intervening at a time of crisis may provide a unique opportunity to explore how services can work together to support someone.

If services do not see the full range of people's needs, then they might not understand how they can co-ordinate their contributions with other services to make things simpler for people needing support. Awareness of the services available, therefore, is crucial for both services and the people who can benefit from them.

Clarity required on the appropriateness of referrals and how best to manage these transitions

Demand analysis showed that people often get referred to other services deemed to be more appropriate, however, the passing of time between the presentation of issues and support with issues can increase the risk of people not accessing the service they require.

[8] https://www.outcomesstar.org.uk/about-the-star/what-is-the-outcomes-star/

DRAFT

The Addiction Recovery Team has stated that it receives a large number of third-party referrals but that people referred may not attend for a variety of reasons. It's crucial that people are supported to follow through with a referral from another service.

It's also important to note that in our peer research interviews people with lived experience commented that they were often not clear on how they had become linked with a particular service and reported that they were often re-telling their story, which could be harmful to them.

Referrals may be deemed to be inappropriate for other reasons, which could lengthen delays, such as we saw for the Community Mental Health Team who will not accept referrals for people if they are using drugs and/or alcohol. This resulted in referrals being refused or diverted to the Addiction Recovery Team. It is therefore crucial that services understand what each other are offering and how they can work in a complementary way to support people to meet their needs.

Demand from the Health and Homelessness Service showed that they receive many third-party referrals. Some of these referrals may be seen as duplication, e.g. someone may be referred due to concerns about mental health when the person is already receiving support from a mental health service or a drug and alcohol service that can provide mental health support. However, this information may not be available or be allowed to be shared. Information sharing is therefore an important area for future collaboration.

Accommodation has an impact on recovery

A large proportion of demand for the Housing Support Service was requests to move accommodation due to the impact of their housing situation on their mental health. In peer research interviews, people also spoke about how their accommodation can affect their drug and alcohol recovery, for example, they could be housed close to people selling/using drugs or be housed far from supportive family members. Hostels were also viewed as unsafe environments, especially for people in recovery, with some people viewing prison as a safer place to be. While housing options may be limited due to availability, these factors are important considerations, especially if someone is returning to the community having been imprisoned and may be an area for collaboration with drug and alcohol services.

DRAFT

Suggested Improvement Activity

The table below lists suggested improvement activities that follow from our key insights. The table provides information about suggested improvement activities and other resources available to support these teams.

<table>
<tr><td colspan="3">Improvement Activity 1:

Commissioners of services should be mindful of the complex system created from commissioning services by specialism and consider this complexity in their integrated strategic planning. Evidence from the peer interviews were testament to the difficulty navigating around services, especially as many rely on a referral process that requires all patients to re-tell their, often traumatic, story to different agencies which may have a detrimental effect on wellbeing. The demand analysis evidenced that all the services involved in the process were dealing with the same physiological demands, despite having quite different purposes.</td></tr>
<tr><td>Suggested action</td><td>Suggested approach and how you might implement</td><td>Other resources to support you</td></tr>
<tr><td>Develop mechanism in strategic planning groups to engage with complex system analysis</td><td>Review and, if necessary, develop a ‘good’ strategic planning culture</td><td>Strategic Planning Framework Self-Reflection Tool</td></tr>
<tr><td>Work with referrers and other key personnel to better understand referral pathways and documentation</td><td>Undertake process mapping sessions

Undertake current state. Review and, if necessary, develop a ‘good’ strategic planning culture</td><td>Advice and support from quality improvement teams in local areas

Strategic Planning Good Practice Framework

Strategic Planning Framework Self-Reflection Tool</td></tr>
<tr><td>Use commissioning powers to shape relationships</td><td>Commissioners can bring people together, create partnerships and focus on the best response for meeting needs.</td><td>Build capacity by:

1. Appreciative Inquiry
2. What? So What? Now What?
3. Alliance Contracting</td></tr>
</table>

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<table>
<tr><td></td><td>Create flexibility: trusted relationships between commissioners and providers enable services to be more responsive and flexible without having to change formal agreements.

Set expectations around collaboration</td><td></td></tr>
<tr><td colspan="3">Improvement Activity 2:

Each person requiring support from ADP (Alcohol and Drugs Partnership) and Homeless services should have a single coordinated care plan accessible by every agency providing support. This should include a personal care and housing plan. This coordinated care plan should be held and managed by a key worker in a lead agency. The lead agency and key worker should be agreed with the person requiring care.</td></tr>
<tr><th>Suggested action</th><th>Suggested approach and how you might implement</th><th>Other resources to support you</th></tr>
<tr><td>Identify good practice</td><td>Literature review of co-ordinated plan approaches (e.g. anticipatory care plans)

Commissioners can ensure that local pathways exist which enable people to access appropriate services</td><td>Anticipatory Care Planning

Reducing Harm, Improving Care report on co-ordinated care

ihub Strategic Commissioning Improvement Support</td></tr>
<tr><td>Develop shared ownership and leadership</td><td>Joint working across sectors needs strong, senior and visible leadership underpinned by strong governance arrangements

• Get the relationships in your leadership team right</td><td>You as a Collaborative Leader (YaCL) programme

Audit Scotland update on Drug and Alcohol Services</td></tr>
</table>

DRAFT

	• Help your team to learn how to make collective decisions • Ensure the rest of the organisation understands the new structure and how to engage with it • Understand the different leadership styles needed to make shared leadership work	

Improvement Activity 3:

Partners across housing, health and social care should develop a systems map outlining all that is available in their area, and this should be reviewed regularly or each time a new service is funded. The map will be a visual representation of where the services are and allow for services to be planned better, avoiding duplication or over saturation in high demand areas and better access in rural areas. Maps should be made visible to people who use services and to those who deliver them to ensure they understand the choices available in their area.

Suggested action	Suggested approach and how you might implement	Other resources to support you
Create a systems map for your area	Interconnected Systems Mapping Engage with HIS Strategic Planning Portfolio to build capacity	Interconnected Systems Mapping document

Improvement Activity 4:

Partners across housing, health and social care along with third sector support providers, to develop plans for information sharing protocols to avoid duplication, strengthen collaborative working and reduce the need for people to re-tell their story when engaging with different services.

Suggested action	Suggested approach and how you might implement	Other resources to support you

DRAFT

<table>
<tr><td>Develop information sharing protocols</td><td>Finding effective ways to share intelligence is fundamental to progress.

Regular Multi-agency meetings might be a key way to achieve this.

This type of forum can serve as a way to join up service provision and offer a way to share information in the absence of any shared digital information system.</td><td>Scottish Information Sharing Toolkit</td></tr>
<tr><td colspan="3">Improvement Activity 5:

Services across housing, health, social care and the third sector should understand the range of varying needs and design and deliver services to meet these needs. This should include support for physiological needs and support with advocacy-based requests. Each new service should have direct access to food vouchers and travel vouchers negating the need to refer on for this support.</td></tr>
<tr><td>Suggested action</td><td>Suggested approach and how you might implement</td><td>Other resources to support you</td></tr>
<tr><td>Enhance understanding of the needs of people who use drugs/alcohol</td><td>Identify unmet needs collected through demand analysis

Adopting a multidisciplinary approach to design and develop an action plan</td><td>Journal article: Implementing failure demand reduction as part of a demand management strategy

What? So What? Now What?

The Scottish Approach to Service Design (SAtSD)</td></tr>
<tr><td>Developing capacity to deal with a wide range of issues identified</td><td>Adopting a multidisciplinary approach to design and develop an action plan</td><td>Prioritisation Matrix

What? So What? Now What?</td></tr>
<tr><td colspan="3">Improvement Activity 6:

ADPs/services to consider workforce requirements to respond to wide range of needs that impact on drug and alcohol use or can prevent people from being able to engage</td></tr>
</table>

DRAFT

with drug and alcohol treatment. This should also include Trauma Informed Practice training.		
Suggested action	**Suggested approach and how you might implement**	**Other resources to support you**
Undertake an audit of trauma training knowledge across services that support people with drug/alcohol issues	Audit of current trauma training level Assess current trauma training available	NHS Education for Scotland Trauma Training Plan
Develop a linked workforce plan across all partner which addresses local and system-wide challenges	Agree and ensure a consistent focus on a wide definition of 'workforce': those working in the independent, third and public sectors, contractors, and those who provide services on a voluntary basis. Ensure appropriate levels of engagement with the workforce, in line with staff governance standards, workload and supply considerations	Strategic Planning Good Practice Framework
Improvement Activity 7: Services should carry out activities to better understand their workload in relation to their purpose, with demand analysis being one tool that could be used.		
Suggested action	**Suggested approach and how you might implement**	**Other resources to support you**
Work to better understand workload in relation to service purpose	Identify unmet needs collected through demand analysis	Quality Improvement Teams in local areas

DRAFT

		Journal article: Implementing failure demand reduction as part of a demand management strategy
Improvement Activity 8: Housing services to consider how housing could affect people's mental health and drug/alcohol recovery and work collaboratively with related services to inform housing applications to prevent negative impacts.		
Suggested action	**Suggested approach and how you might implement**	**Other resources to support you**
Housing services to seek to better understand people's housing needs in relation to substance use	Work with people, their families and substance use services to inform personal housing planning	Healthcare Improvement Scotland's Personal Housing Planning Guidance (available on request)
Undertake an audit of trauma training knowledge across housing services	Audit of current trauma training level Assess current trauma training available	NHS Education for Scotland Trauma Training Plan Understanding adverse childhood experiences and trauma: What does this mean for the housing sector?
Improvement Activity 9: Partners across housing, health and social care to raise awareness of the range of services across the locality for people delivering services and for people who require access to them.		
Suggested action	**Suggested approach and how you might implement**	**Other resources to support you**
Develop awareness raising activities based on findings from interconnected systems map	Update drug and alcohol service directories and explore alternative modes of communication	Scottish Families Affected By Alcohol and Drugs Service Directory Scottish Drug Services Directory Scottish Needle Exchange Directory

DRAFT

		Alcohol Focus Scotland Service Directory Local ADP (Alcohol and Drugs Partnership) held directories

Improvement Activity 10:

ADP and mental health services to work together to better understand their roles and develop new approaches to supporting people with co-occurring mental health and substance use issues.

Suggested Action	Suggested Approach	Other resources to support you
Develop a multi-disciplinary working group to understand barriers and opportunities for working together	Active involvement in the ihub's Mental Health and Substance Use Pathfinder programme	Healthcare Improvement Scotland's mental health and substance use programme

Improvement Activity 11:

Project leads should work with the Quality Improvement Teams within Lanarkshire to further develop change ideas and support the development of tests of change based on the findings of this work.

Suggested Action	Suggested Approach and how you might implement	Other resources to support you
Identify aims from key findings and suggested improvement activities to take forward	Driver diagram support from local quality improvement teams	NHS Education for Scotland 'Quality Improvement Zone'

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Appendix 1 - Peer Research Analysis

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We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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