
BETTER HEALTH FOR COMPLEX NEEDS

Brighter Futures Accident and Emergency Alcohol Support Scheme



passionate



creative



equal



empowering



sustainable

Introduction and outcomes

An earlier version of this report was published in August 2012. It covered the first five months of this innovative health scheme which brought together support workers from Brighter Futures, the Community Matron and a staff nurse from the health scheme for homeless people. Their aim was to work with people with alcohol misuse problems who frequently attended the A&E department of the University Hospital of North Staffordshire.

This latest report covers the first nine months of the scheme and was prompted by the latest findings which were.

From Health data

- **Nine of the most frequent attenders at A&E reduced their attendances from 300 in the year before the scheme to 30 in the schemes first six months.**
- **Non-elective emergency admissions to the acute trust for North Staffordshire have reduced by 33% in the last year for alcohol acute intoxications (against a rising trend)**
- **55% of customers have reduced or had no admissions to A&E since joining the scheme.**

Brighter Futures data shows

- **Measuring the “distance travelled” on the outcome star, people have made significant progress. Across a range of health and social functioning measures one person has achieved a 68% improvement and another 55% improvement.**

We are grateful to Sarah Chattaway who helped complete the earlier report, to the complex needs support workers for the case studies and to everyone involved who helped to demonstrate what compassionate health services can achieve.

Background

Brighter Futures were commissioned by the Stoke on Trent and North Staffordshire Clinical Commissioning Groups to improve the (A&E) four hour waiting time target.

Brighter Futures was tasked with delivering the following objectives:

- To provide assertive case management and immediate community follow up to persistent alcohol intoxicated A&E attendees.

- To engage and retain alcohol intoxicated patients in community and rehabilitation services and deliver training.
- To target vulnerable groups e.g. homeless people in order to reduce inappropriate attendances at A&E and to provide a consistent approach across Stoke and North Staffordshire

Brighter Futures appointed two full time support workers to complete and implement a risk assessment, support plan and Outcome Star Assessment¹ for each referred customer. The support offered was bespoke and included help to attend appointments, debt and benefit advice, tenancy management and housing and help to coordinate support from other partners thus creating a multi-agency plan of support. Every customer was fully involved in developing their plans and deciding what they wanted to do and when.

Findings - the customer profile

In the first nine months of the scheme Brighter Futures supported 50 people, 14 from North Staffordshire and 36 from Stoke-on-Trent and seven from North Staffordshire. There were 34 men and 16 women whose ages ranged from 19 to over 65. Seven people were living in temporary hostel accommodation and four were sleeping rough. People had complex needs² and had long standing alcohol issues which had severely undermined their health and their relationships with their families.

We recognised that the complex needs were often triggered by a traumatic incident in their life and that their use of alcohol was a form of self-help treatment. These triggers included, abuse in childhood, ill health, living in deprived circumstances. The effect was a traumatic experience and their best attempts to deal with these situations on their own had drawn them into addictions or other dangerous situations.

People's health needs included conditions, diabetes, cirrhosis and epilepsy made worse by the impact of alcohol and drugs. People neglected to care for themselves eating a poor diet and becoming increasingly isolated from family and friends. The drugs or alcohol had become a dominant feature in their lives, the resulting acquisitive crime and debt meant their housing was at risk. Keeping appointments with doctors and at the hospital was impossible, prescribed medication was misused, or not taken and physical and mental health issues had escalated.

¹ An Outcome Star Assessment is an approach to measuring change when working with vulnerable people. We call these measurable changes outcomes. It is used within the key work process and is integrated within assessments and reviews. This is a nationally recognized support planning model used in homeless or mental health services.

² For definition see "Effective Solutions for Complex Needs" Brighter Futures, 2012

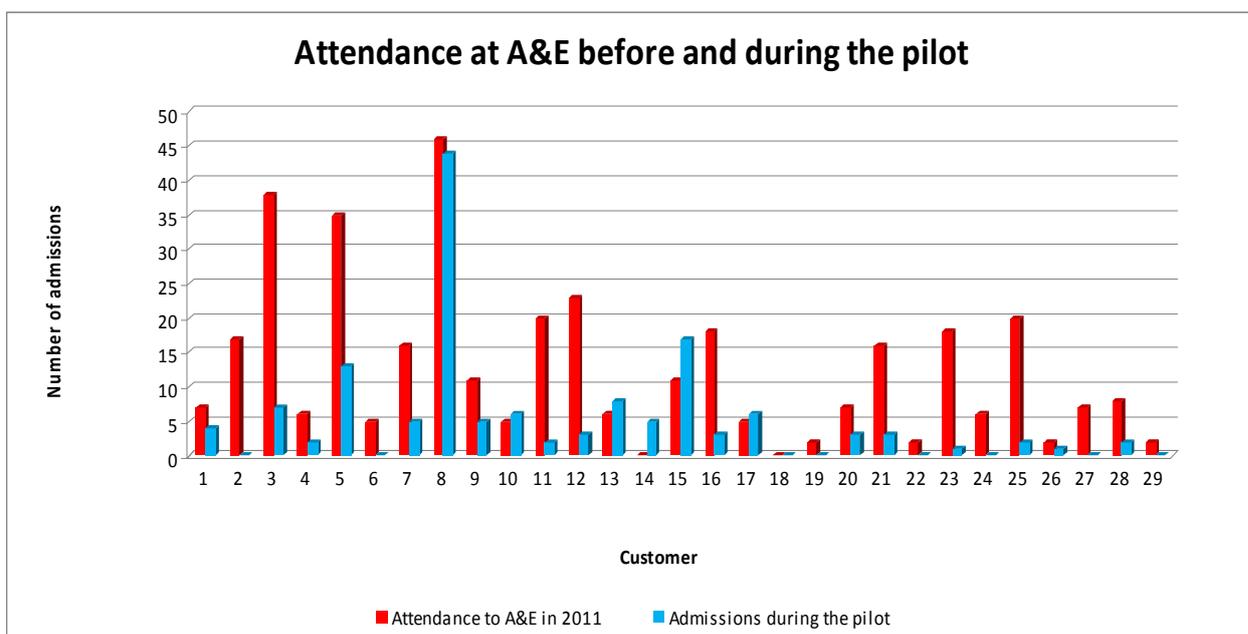
Interventions were designed to identify the underlying trigger factors and help people find better ways of coping with their “dis-ease”. Without doing so one self-help treatment may be replaced by another equally unhealthy one or relapse becomes a certainty.

Outcome Star³ data showed that 70% of people had very poor social networks. We found the bigger someone’s support network was the less frequently they attended A&E. Not surprisingly 20% of people said a bereavement of a ‘significant other’ was a trigger for their alcohol use.

67% said they had poor mental health which included suicide attempts and low moods and 50% had a history of offending which was linked, in the majority of cases, to alcohol consumption.

Results

This has been the first time that the voluntary sector had been used to support the emergency/urgent care system. Brighter Futures has considerable experience at working with people with complex needs and has developed what has proved to be a successful methodology.



Key recommendations

³ The Outcome Star developed by Homeless Link and Triangle Consulting is the person-led support planning system used at Brighter Futures.

General

- Explore ways to help socially-isolated people to improve and maintain their social networks. There is role for peer mentoring schemes and personal budgets to help develop activities which would enable people to develop a more fulfilling life.
- Develop and implement a local discharge policy for homeless and vulnerable people which includes preventing self-discharge and addresses the tension between the four hour A&E target and the need to discharge appropriately.
- Test out new health models to support the very complex people involved in the project and investigate providing beds supported by a community matron that will enable people to have their health care needs met in the community and avoid delayed or self-discharge. The Boston Hospitals, USA “cottage hospital “approach provides a suitable model.
- Provide training to help NHS staff understand the importance of non-oppressive practice.

For Brighter Futures

- In order to reduce the current waiting list for customers to access the scheme, priority should be given to customers with no other support services. Brighter Futures and scheme based support workers can use the A&E workers as expert advisors.
- Review the current referral criteria and screening tool and liaise with partners, there are some customers with no previous alcohol attendances who are being supported and some on the waiting list.
- Agree success indicators for customers to enable reduced support and more efficient ‘step down’ to other Brighter Futures scheme or providers.
- Consider developing a peer mentoring scheme which could offer a high degree of social support to people in the scheme.

Living with complex needs

Motivation and Responsibility

'I know I need to sort myself out and get my act together. I just don't know how to start' (male, age 36)

S. is sofa surfing and is stuck. (male, age 36)

'I am motivated to stop drinking but unsure how to reach my goal' (female, age 31)

Impact on social networks

'I have a limited relationship with my son (phone contact), I would like contact with my daughter but its not possible at the moment' (male, age 60)

S. is no fixed abode, all of his friends are fellow street drinkers and they are focused on surviving on the streets. (male, age 34)

The relationship with the family is so strained to the point where they do not want to know him. (male, age 42)

He has good family support which stops his situation from getting worse. (male, 58)

She has friends that visit and she will go out, her friends are people she tends to drink with. (female, 19 years)

Impact of bereavement

'My self-care and how I live is really low since my wife died two years ago' (male, age 60)

She doesn't have visitors and rarely leaves the house, her partner died suddenly this year. (female, age, 37)

'I have taken four overdoses recently after my partner passed away' (male, age 41)

Impact on managing money

'I spend all of my money two to three days after I get paid' (NB: receive benefits) (male, age 41)

'Everything feels a mess and I have a lot of debt' (male, age 36)

'I'm struggling to pay the gas, electricity and water, I try to have food in most of the time' (male, age 60)

M. has never had to manage his money before as he has always lived with his parents. (male, age 42)

'I ignore letters about bills and debts' (female, age 37)

Passing the time

C spends his time drinking in his rented room, doesn't go out much other than to the shop to buy his alcohol (male, age 47)

'I need to fill my time, I would like to start attending church' (male, age 60)

A. does nothing with her spare time. She stays at home and if she has money she will drink excessively (female, age 37)

'Things have improved as I started to go to the Clubhouse, going on walks and have done a basic computer course and I have seen my son on the odd weekend' (male, 50).

Caring for myself

He does not take care of his personal hygiene, does not eat well and he lives surrounded by empty cans, bottles and old newspapers. (male, age 60)

Due to his chaotic lifestyle he has missed appointments with doctors and his psychiatric nurse. (Male, age 36).

He continues to ring for ambulances to take him to A&E but then walks out before being assessed. He said *'I don't agree with waiting. I have recently had a CT scan but left before the results'* (male, age 61)

'I do take meds as prescribed. I see the nurse at the Hostel when I need to' (male, age 48)

'I feel much better with not drinking. I eat more and I have slept much better lately' (male, age 30)

Case Studies

Mike was aged 42. He was married with four children and he worked full-time as a self-employed, property renovator. A client he had completed an expensive job for refused to pay him. He became anxious about the debt and was left traumatised when a group of men attacked a friend who was visiting him at home. Mike was certain that they were the men who refused to pay him and that they had mistaken his friend for himself. Mike's mother was a heavy drinker and he found refuge from emotional distress in alcohol. Mike's marriage broke down and he became homeless.

Before the incident Mike described himself as a social drinker his intake gradually increased until he became alcohol dependant. His drinking resulted in falls and injuries that in turn resulted in A&E attendances. In the 12 months before joining the scheme Mike had 17 A&E attendances with one overnight stay. Mike was prescribed diazepam for anxiety. He was treated for several overdoses as a result of combining the drugs with alcohol.

The impact on Mike and his family was enormous and included: loss of employment and a record of offending as heavy drinking bouts with his mother resulted in violent arguments. His mother took out an injunction which he breached on numerous occasions, leading to several custodial sentences. He lost contact with his children. His mental health deteriorated he experienced anxiety and became increasingly isolated. Eventually he was admitted to a psychiatric ward. He was not able to maintain a home and became homeless.

Effective Solutions – Brighter Futures approach

When he was referred to the scheme Mike was still in hospital completing a detox. His support worker helped Mike to identify his goals. Mike identified what steps he needed to take to address his problems and when. Mike was helped to find accommodation at a Brighter Futures hostel. Mike's priorities were to reduce his risk of overdose, he asked his GP to give him a daily prescription. He wanted to re-build his relationships with his children. He wanted to demonstrate that he was addressing his alcohol issues so he could apply to the courts for access to his children. He was breath tested daily. Mike moved into a self-contained bedsits in the hostel which gave him responsibility for budgeting and cooking. Mike found community support to manage his alcohol misuse but felt anxious about attending groups and was agoraphobic.

Mike has made astonishing progress. He maintains his daily medication and is working with his GP to reduce this. He has not reoffended and charges pending were later dropped as he was able to provide evidence of his sobriety and progress. He has contact with three of his four children and telephone contact with his youngest son.

In total Mike attended A&E 64 times in the three years prior to joining the scheme. Since which time he has not been back.

John was 48 years old, married and in fulltime work. Triggers to his alcohol use were rooted in a disturbed and difficult childhood in which alcohol featured regularly as did stealing cars and committing petty crime. John's had a history of offending and served his first custodial sentence when he was in his early teens, a pattern which continued for the next 30 years. He had four children and he did have custody of one of his daughters for 6 months because her mother's drug use but his heavy drinking eventually led to his daughter being removed from his care. Relationship breakdowns led to bouts of depression, anxiety, low confidence and self esteem. John's parents deaths left him feeling guilty and blaming himself

John's childhood drinking escalated and he became dependent on alcohol in his mid-twenties. He had been homeless and slept rough for a number of years, with no benefit claim in place he was unable to pay for accommodation and he stole to fund his alcohol use. He had 18 attendances at A&E in the year before joining the scheme.

Effective Solutions – Brighter Futures approach

John was referred to the A&E support scheme after spending the night in the Intoxication Observation Unit. In discussion with his support worker John, decided securing accommodation was a priority and he got a bed in a Brighter Futures hostel. The next day he was supported to attend a GP appointment where he was told to go to A&E immediately as the GP was concerned about his health. John had a history of not waiting for treatment when attending A&E so his support worker sat with him. This ensured John got the treatment he needed, he spent three weeks in hospital and completed a detox. Whilst in hospital he completed a support plan and prioritised his needs. He was discharged early as his support worker helped supervise his detox. He moved into a hostel bedsit and began to work on his cooking, shopping and budgeting skills. John wanted more support to address his alcohol misuse and wanted breath testing daily. This would enable him to provide evidence of his sobriety to the court.

Since completing his detox and engaging with the team he has maintained sobriety and is working with the local alcohol support agency ADSIS. He is now working with his local GP, attends appointments and takes medication as prescribed. John reports that his mental and physical health is much improved. He is in receipt of benefits, is budgeting well, looking after his bedsit and has no rent or service charge arrears. He is a peer supporter of new customers at the Hostel. He has enrolled on a numeracy and literacy course.