CONFERENCE ABSTRACT

Successful application of a cross-sectoral integrated care approach to addiction and homeless services – the experience from Southern Ireland

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An introduction: (comprising context and problem statement) The 2010 Irish National Drug Rehabilitation Framework advocated an integrated and coordinated care approach to drug rehabilitation in Ireland, providing guidelines around standardised protocols (screening, assessments, care-planning, case-management) within the addiction services, then largely absent nationally.

Short description of practice change implemented: In the absence of consistent practice across the region where numerous screening tools, assessments and care-planning processes were being used in an ad-hoc manner, a standardised system of case-management and care-planning was implemented.

Aim and theory of change: This initiative aimed to: (i) provide a continuum of care for service users across all addiction and homeless services across Southern Ireland and (ii) enable co-operative interagency working.

Targeted population and stakeholders:

Substance misusers

Homeless

Prisoners

Irish Traveller Community

Key stakeholders included statutory, community and voluntary organisations.

Timeline: Since 2011, a 4-phased approach was taken: (i) exploration, planning and resourcing, (ii) implementing, (iii) operationalising, and (iv) business-as-usual (embedding), creating an integrated rehabilitation pathway. A regional case-management manual to support the process was adapted from the National framework, and in 2014, a joint assessment developed which

satisfied both addiction and homeless sectors. Training was delivered to 190 frontline staff and 40 managers (28 agencies representing 75 diverse services).

Highlights: (innovation, Impact and outcomes) This is the only region in Ireland to have integrated both addiction and homeless services inclusive of an Irish Prison. Co-ordinated shared care between services has resulted in a better quality service and enhanced access to health services for a hard to reach cohort of the population.

Outcomes:

reduced duplication of screening and assessment

reduced assessment waiting times

decentralisation of assessments from statutory clinics to the wider community

Comments on sustainability: We designed a comprehensive implementation plan, reviewed iteratively by a multi-disciplinary team which represents the sectors described herein. This ensures fidelity to the integrated care framework. This consultation process continually informs how best to respond to successes and challenges in order to ensure sustainability.

Comments on transferability: The continued work on this initiative provides a guiding framework that can be replicated in other regions and sectors. The pre- and post-implementation strategy employed to-date has proven to work with a heterogeneous population.

Conclusions: (comprising key findings) To date this initiative has provided an integrated and coordinated care approach across two sectors inclusive of an Irish Prison. Integrated care across statutory, community and voluntary organisations has now been established in the region.

Discussions: This initiative provided a continuum of care for service users across all addiction and homeless services in Southern Ireland while providing a framework to allow services to work in a more integrated way.

Lessons learned: This project necessitated a significant cultural shift for services to work together under the same framework. This initiative crosses professional, organisation and sectoral boundaries with a core focus on person-centred care.