

ABSTRACT

Aims – We aim to present the Home at Last Team (HALT) model from Sheffield Health and Social Care NHS Foundation Trust.

Background – It is well documented that people who are homeless or without stable housing, suffer from higher rates of substance use and higher rates of mental and physical ill health, in comparison to the general population. People of no fixed abode often experience barriers to accessing appropriate care and treatment. HALT is an intervention specifically designed to support this population.

Methods – We will illustrate the HALT model and detail approaches to care and lessons learnt so far.

Results – Results from structured feedback and time spent working with the HALT team will be reviewed.

Conclusions – Results to date suggest that providing specific interventions for people without stable housing and substance use disorders has improved outcomes in comparison to standard care.

INTRODUCTION

HALT supports a complex and diverse group of service users in the greater Sheffield area, who experience both homelessness and substance use disorders (namely alcohol, or opiate dependence). HALT started seeing service users in August 2021, boosted by Public Health England initiative ‘Everyone In’ at the start of the Coronavirus pandemic.

The HALT model of care is based on evidence that integrated care, combining substance use interventions with mental health treatment and other types of support, including practical support with housing and benefits, is associated with improved outcomes (Miler *et al.*, 2021). There is also strong evidence for harm reduction interventions in this population of service users, which have shown better outcomes for drug-related risks, including overdoses and hospital admissions (Miler *et al.*, 2021).

METHODS

HALT Approach to Care

It has been well established that people who are homeless or without stable accommodation are both less likely to access mainstream substance use treatment and are more likely to disengage from care. This group is at high risk of adverse outcomes and has increased all-cause mortality and morbidity.

HALT treatment approach is flexible, person-centred, supportive, and integrated, combining substance use intervention with mental health treatment and social care support. Assertive outreach is used to improve access, engagement, and retention. A harm reduction approach is used to ensure people can access treatment without the expectation of abstinence. The HALT team is easily accessible and can be approached without a planned appointment.

HALT can also act a ‘bolt-on’ to existing treatment provision (e.g., working alongside community mental health teams and/or standard substance use teams). There is close collaboration with other agencies, such as general practitioners, social care, and non-profit organisations.

HALT Assertive Outreach Van

-HALT actively goes out into the local community with a van. Sites visited include busy city centre areas, established guesthouses used for temporary/emergency accommodation and homeless charity premises (e.g., The Archer Project),

-The van offers a full needle exchange (including sharps bins, foil, citric acid, and sterile water) and blood borne virus screening. HALT workers carry a laptop, which can instantly access blood results for service users.

-HALT recovery workers can support service users to get back on regular methadone and buprenorphine prescriptions by providing instant urine drug screens directly from the HALT van and liaising by mobile phone with non-medical prescribers or medics back at the team base.



Figure 1 = HALT Van



Figure 2: Needle Exchange Inside HALT Van

Home at Last Team Structure

-Team Coordinator, -Recovery Workers,
-Non-medical prescribers (NMPs),
-Wound care/tissue viability,
-Social work advanced practitioner,

-Housing worker,-Consultant psychiatrist and psychiatry registrar input.

-Weekly Multidisciplinary Team Meeting – Sheffield Health and Social Care, Homeless Assessment and Support Team (community mental health team), Shelter (charity).

-HALT operates a 7-day per week service.

Eligibility Criteria to be Accepted by HALT

-Current substance dependence,

-Current or recent rough sleeping, living in a hostel or emergency accommodation, and/or at risk of rough sleeping.

-NOT in structured substance use services, or having difficulty engaging with structured substance use services,



RESULTS

-HALT Caseload has grown to 64 service users (predominantly opiate-dependence) + HALT has provided significant support to numerous other people informally,

-14/64 HALT services users are also open to the Homeless Assessment and Support Team (HAST) a community mental health team that provides support for homeless people with severe mental health problems,

-Support has successfully been provided by HALT for multiple methadone and buprenorphine prescription restarts, access to inpatient detoxes and rehab, as well as access to tenancies and long-term housing,

-Current HALT service users have recommended peers to access HALT support.

-HALT pathway of care has been highly praised by Trust senior management reviews.

-HALT has received exceptionally good feedback, notably, a family member of a deceased service user wrote to HALT to express gratitude for all HALT had done for them and their late relative.

CONCLUSIONS

- The HALT team provides a hugely valuable service and is successfully engaging services users, who would otherwise not access treatment.
- The caseload of HALT has grown significantly since its beginning in 2021. The team is currently closed to new referrals due to high demand and limited resources.
- It is notable that 20% of HALT service users are also under the care of the community mental health team HAST, suggesting significant mental health comorbidity.
- The role of medical input (e.g. consultant psychiatrists and psychiatry higher trainee) for HALT is still in development, main medical input aims are to support risk management and formulation. There are issues around planned clinic slots for HALT service users being taken up by high demand from mainstream services.
- It is unclear why there are fewer HALT service users with alcohol dependence versus opiate dependence, this may relate to accommodations and/or the differences in medication options for opiate dependence.
- Sadly, the future is uncertain beyond August 2023 for HALT and mainstream NHS substance use services in Sheffield. There has been recent news that an alternative provider to the current NHS substance use service provider has been successful in a competitive bid.

REFERENCES

Miler JA, Carver H, Masterton W, Parkes T, Maden M, Jones L, et al. (2021) What treatment and services are effective for people who are homeless and use drugs? A systematic ‘review of reviews’. PLoS ONE 16(7): e0254729. <https://doi.org/10.1371/journal.pone.0254729>.

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