

Health Inequalities—Case Study

Integrated Addictions and Inclusion Health, July 2024

Identifying the issue

Substance use, and responses to substance use, are associated with both health and social harms. All people who use substances may experience harm, but substance related harms are also socially patterned. Those who live in more deprived areas, or who have fewer personal resources are more likely to suffer harm. Substance use is a source of health inequality, and some research suggests that this is greater than the impact of socioeconomic inequality.

[Vulnerability and Drug Use Report 04 Dec .pdf \(publishing.service.gov.uk\)](#)

The Service recognises the importance of addressing health inequalities and is committed to reaching under-served communities, such as those who are; homeless, non-English speakers, hearing impaired, elderly, refugees and asylum seekers, gypsy, roma, travellers, sex workers, or experiencing co-occurring mental health and contact with the criminal justice system. In the East Riding we have the additional barrier of the areas huge rural geography. The service recognised the need to develop a model of delivery which allowed them to access and support people with varying needs.

Making the Change

Service Approach:

- . The partnership service is Hub based, with an MDT team in each Hub who support with treatment and care planning.
- . They operate an open access approach, with no waiting lists meaning that people can access the service in a timely manner at the point they feel motivated to seek help.
- . They work with closely with GPs and have presence in surgeries, alongside other health and social care providers, allowing care to be coordinated seamlessly.
- . People can get in touch with the service through various means, and they have host venues across the East Riding in accessible locations.
- . Assessments and motivational work are carried out over a period of a few sessions, allowing time for people to build rapport with their worker.
- . The team also offer Opiate Substitute Treatment, with treatment pathways into residential and community rehab, and detox.
- . Preparation for detox and community detox for service users who use predominately alcohol is provided along with preparation for an aftercare plan i.e. one to one work, Community Rehabilitation Programme and Residential Rehabilitation preparation
- . BBV screening and vaccination is offered along with associated pre and post counselling
- . Accredited training for peer mentor volunteers and community connector volunteers

Interventions offered include:

Drug-related advice and information, needle exchange service, initial assessments, signposting and onward referral, brief interventions, solution-focussed counselling, motivational interviewing and referrals to all other parts of the service such as the Image and Performance Enhancing Drugs Service (IPED), Young People's Service and the Integrated Inclusion Health and Addiction Service (IIHAS).

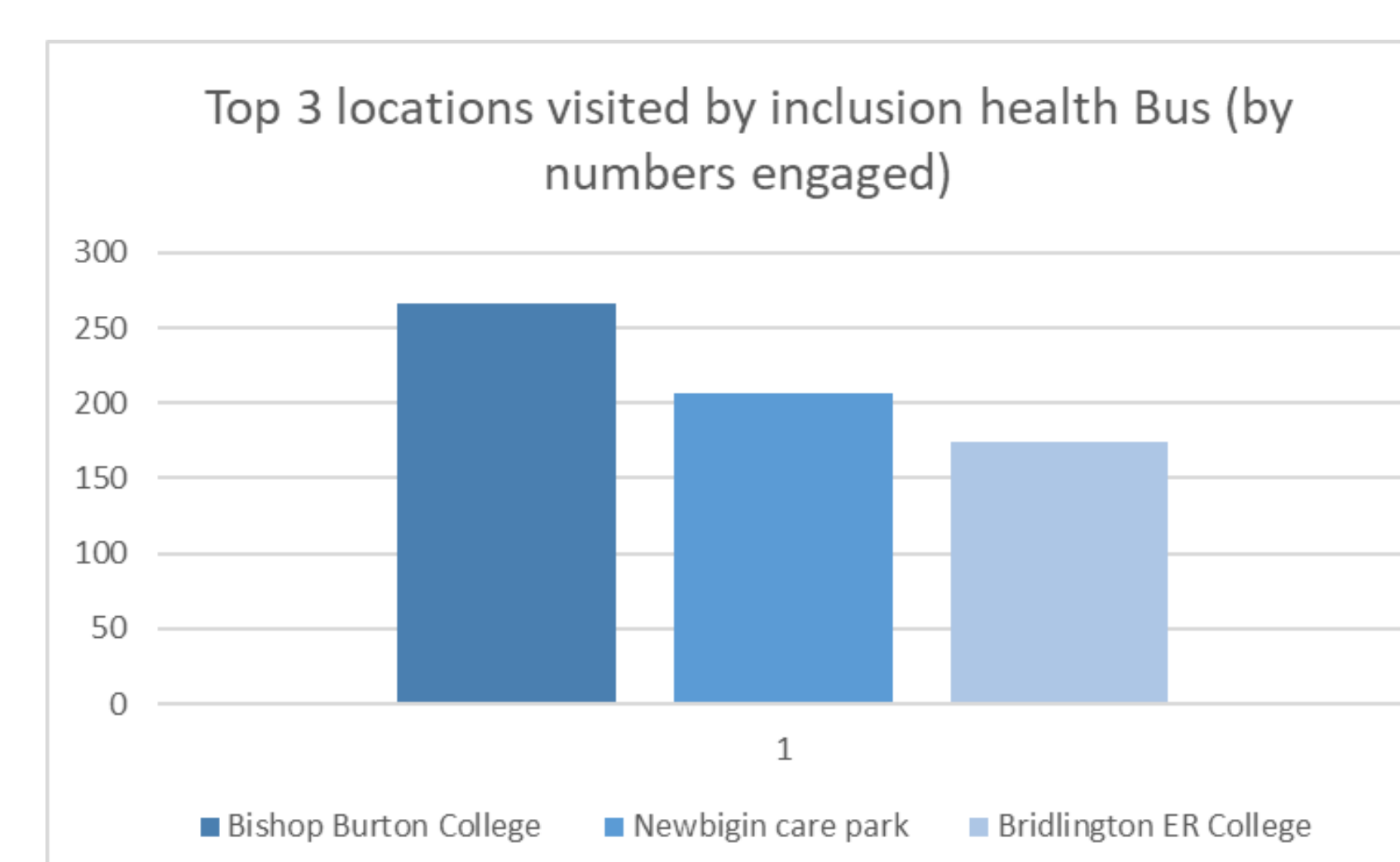
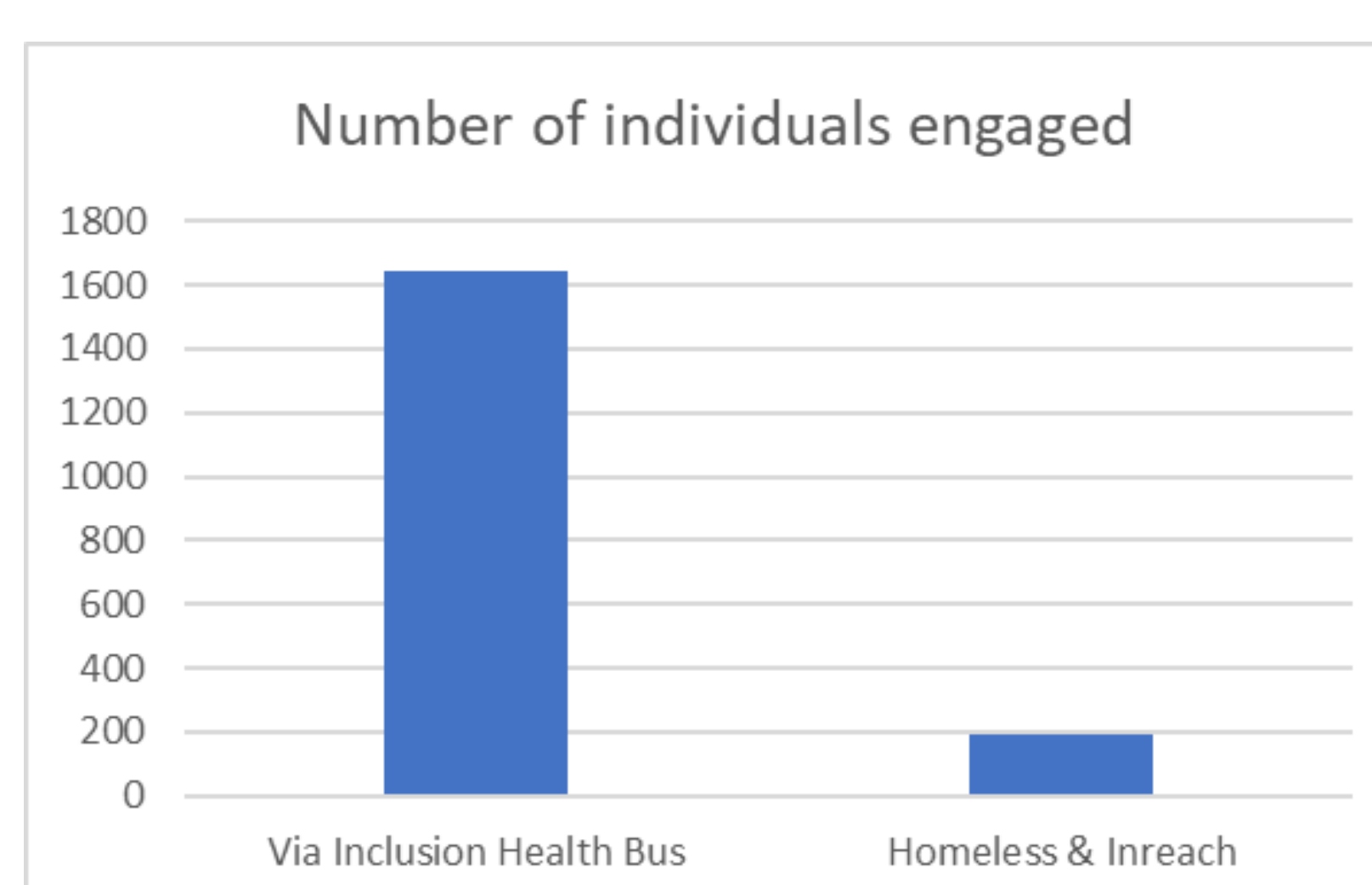
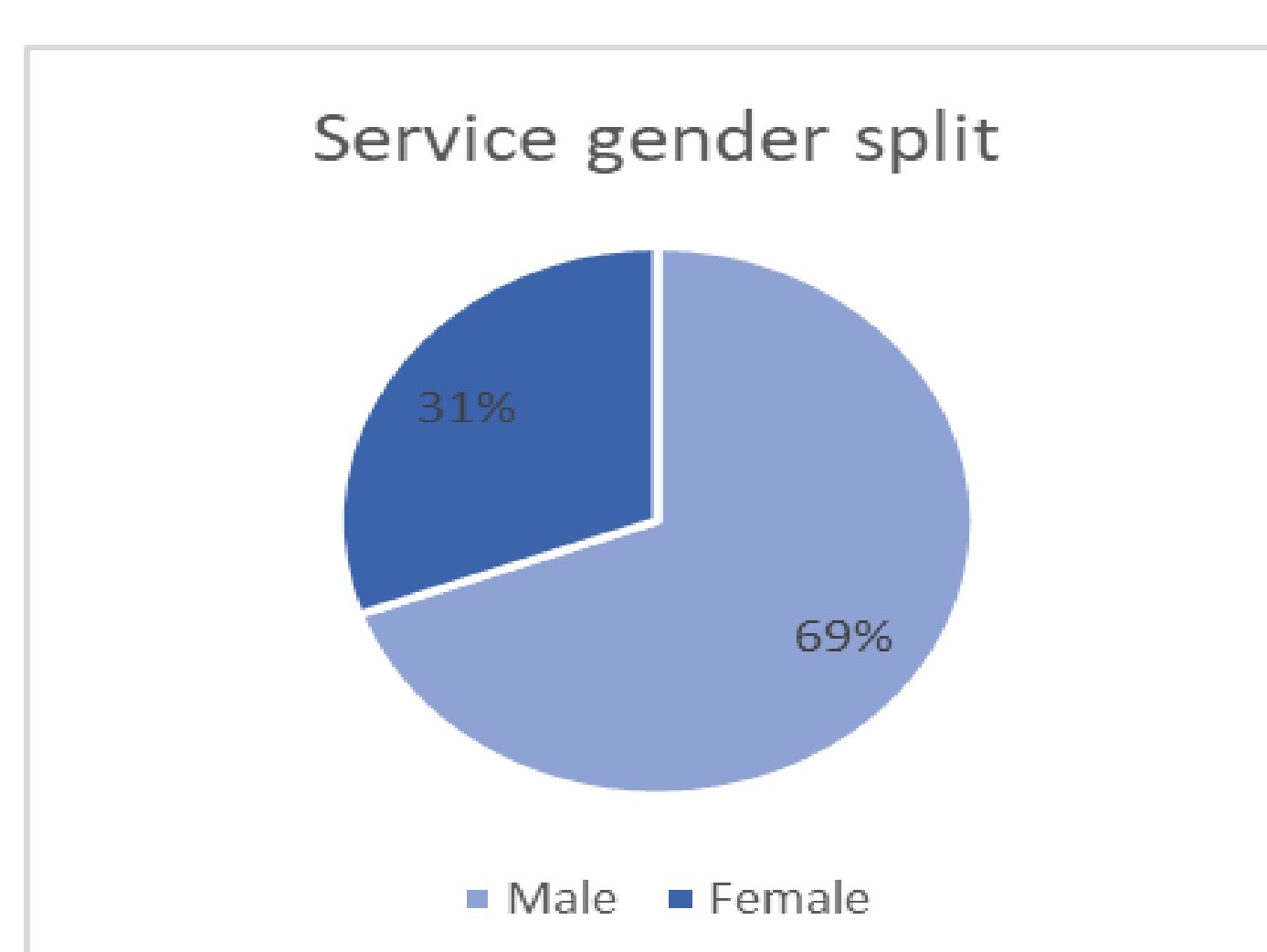
Peer Mentor volunteers with lived experience offer a 'whole system' level of support to add to service user care plans.

The Integrated Addictions Service has a dedicated Inclusion Health Service (IHS) who play a key part of the whole-system approach to accessing and supporting excluded groups. The IHS Team includes the following roles:

- . Practice Lead
- . Senior Social Worker (IPED Lead)
- . Inclusion Health Worker.
- . InReach Worker.
- . Homelessness Navigator.
- . Peer Mentors

Impact

- The Health Inclusion Service's work is intensive and holistic, and a referral trajectory could be as long as needed. This has reduced the number of re-referrals and the 'revolving door' effect often experienced in substance use services. The service have a 90% success rate for working with people who have been prescribed pain management drugs to support reduction. (Optimise)
- This data covering the year 2023-2024, shows the significant reach of the service, engaging over 1800 individuals in total over a wide geography.



Learning

- The intensive approach the team offer pays off in the long term, by supporting engagement and reducing drop out rates. The key enabler here is that the team have lower caseloads, allowing them increased flexibility and capacity to meet demand.
- Peer mentors not only support the capacity of the team and the wider service, but positively role model that recovery is possible and a pathway into employment provides hope.
- Many people who access the service have limited resources in terms of technology and so the flexible offer supports this, alongside providing the means to access technology, reducing digital exclusion.

Feedback

"Having a former steroid user on the calls (peer mentors) was really useful to see that there is a light at the end of the tunnel, so to speak, and video calling made that much easier to bring different parties together."

"I'm really glad we have people like you who take the time to speak to us and really show you care."

"I was homeless for ten years, addicted to heroin and not really living. I have been given flats before and don't get me wrong I was grateful, but I couldn't do it alone. I've never had support like it and now I can live inside and work on being independent, I love my flat and the girls who support me".

Next Steps

- The team are progressing plans around supporting and reaching out to Traveller Sites.
- They are looking strategically at how to link in with the young people's element of the service
- Use of the Inclusion Health van in working with Children and Young People is being explored
- Early intervention work with students relating to substance use and IPED work from the Inclusion Health van. This has prevented potential unhealthy behaviours developing.
- Hostel outreach work is expanding.
- Physical Health checks from the Inclusion Health Van are underway.