



Impact and success stories from MHIN Project 3

Advisory Board
Thursday 27th of March



What is Assertive Outreach Treatment?

- Assertive Outreach Treatment (AOT) is a model of care where health professionals support service users at home or in their neighbourhood, rather than asking them to come to a clinic or hospital.
- An established model of care in severe mental illness.

Who provides AAOT?

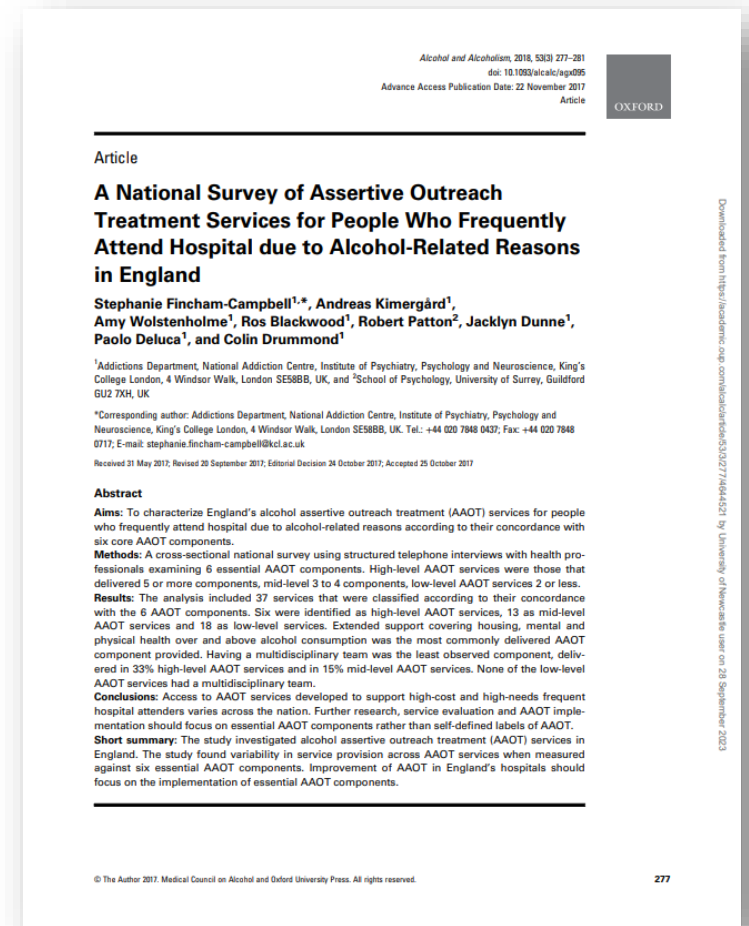
- Multidisciplinary approach by a team that may include outreach practitioners, psychiatrists, psychologists, specialist nurses, occupational therapists, and as well as links with a housing support worker and addiction and adult mental health services, social services.
- The team is proactive in developing and maintaining a lasting, supportive and therapeutic relationship with service users and their carers.

What makes an effective AAOT service?

Key features:

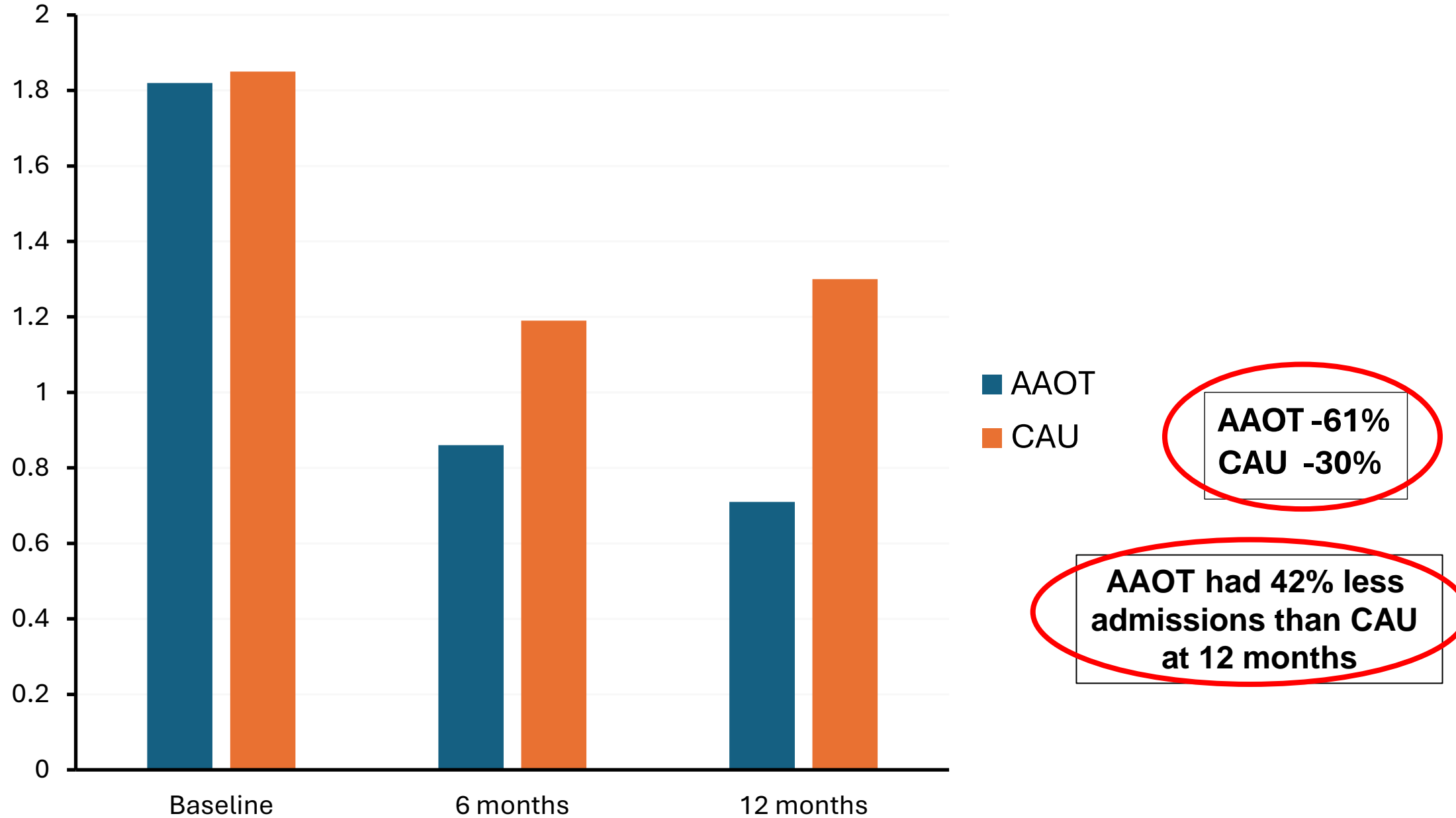
- Small caseload (10-20 patients per practitioner)
- Multidisciplinary team input
- Regular contact between patient and practitioner (at least once a week)
- Majority of contacts outside clinical setting
- Focus on both health and social care needs
- Extended care (up to 12 months)

Fincham-Campbell et al (2017) Alcohol and Alcoholism



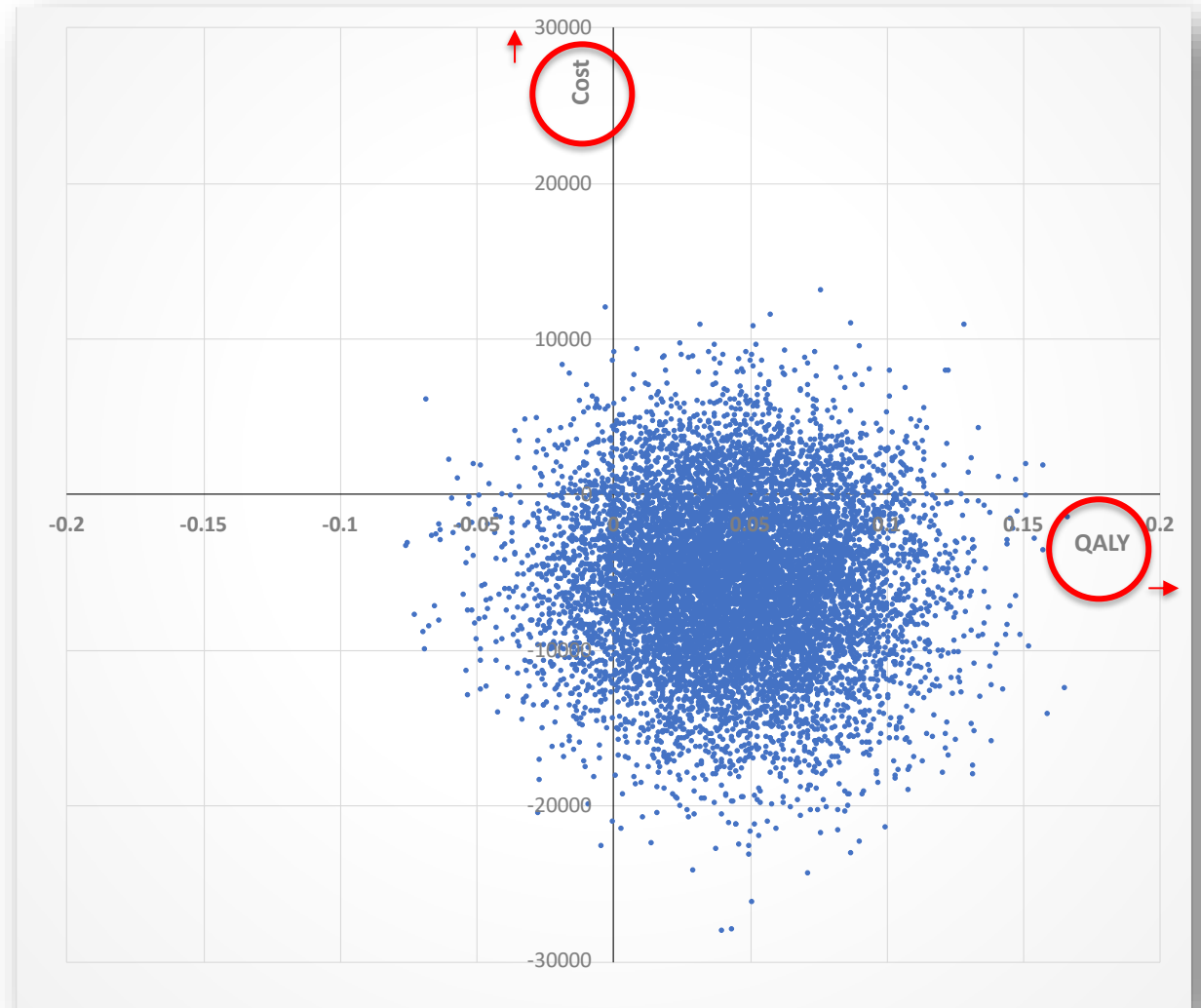
Fincham-Campbell et al (2017) Alcohol and Alcoholism

Mean number of admissions before and after treatment (n=174)



What impact did AAOT have on NHS and social care costs?

- Saving of -£10,470 per patient per year compared to CAU
- Cost of AAOT £3,135 per patient
- Return on investment of £3.34 for every £1 spent
- If applied to all ARFA in Lambeth and Southwark (n=324), net saving of £3.4m per year



Scatterplot on a cost-effectiveness plane of differences in cost vs differences in QALYs

Collaborative Alcohol Care in Hull (CoACH) AAOT Practice and Research Yorkshire & Humber ARC



Principal Investigator: Prof Thomas Phillips

Dr Philippa Case, Research Fellow
Dr Tyler Mills, Research Assistant
Laura Hermann, Research Assistant
Prof Judith Cohen, Hull Health Trials Unit

ReNew

Provided by
 **Change
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City Council

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Hull University
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NHS Trust

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Key findings and outcomes in Hull



High-quality AAOT was effectively implemented from scratch

Individuals experienced high-levels of physical and mental health needs, and hospitalisations



The service model adhered to the 'gold standard' AAOT service designed in South London

30% of service users achieved abstinence. Those who continued to drink reduce their consumption by a third.



Service users reported significant increases in quality of life and reductions ED attendances and hospital admission following engagement with the service.

Active components of AAOT that are acceptable to service users:

- Engaged by AAOT staff prior to discharge
- Followed-up within 48hrs of discharge
- Frequent face-to-face contact – on average nearly 2 contacts per week and more frequent during early phases of care.
- Practitioner tenacity, *“perseverance in a kind way”*
- Assertive advocacy
- High-level of staff support required

Research Capacity Development and Outputs

- Kingston-upon-Hull providing sustained funding for the AAOT service
- ECRs: Laura Hermann successful NIHR Doctoral Programme, Dr Tyler Mills became Research Fellow and Dr Philippa Case Senior Research Fellow
- Programme of research supported a successful application led by Professor Phillips to establish the £11mn Centre for Addiction and Mental Health Research, NIHR Mental Health Research Group at University of Hull
- Dr Philippa Case successful grant applications to support Research into alcohol related cognitive impairment (£25k) and Mental Health Incubator Internships (£20k)
- Hull Project outputs include: 3 peer-review publications, 1 policy brief, plus toolkit development, webinars and further policy work across Hull-GM-London.



A mixed methods evaluation of the implementation of AAOT in Greater Manchester



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Division of Psychology and Mental Health, University of Manchester



Key findings in Greater Manchester



High-quality AAOT was successfully implemented and sustained in GM and qualitative findings support its appropriateness for service users with complex needs.



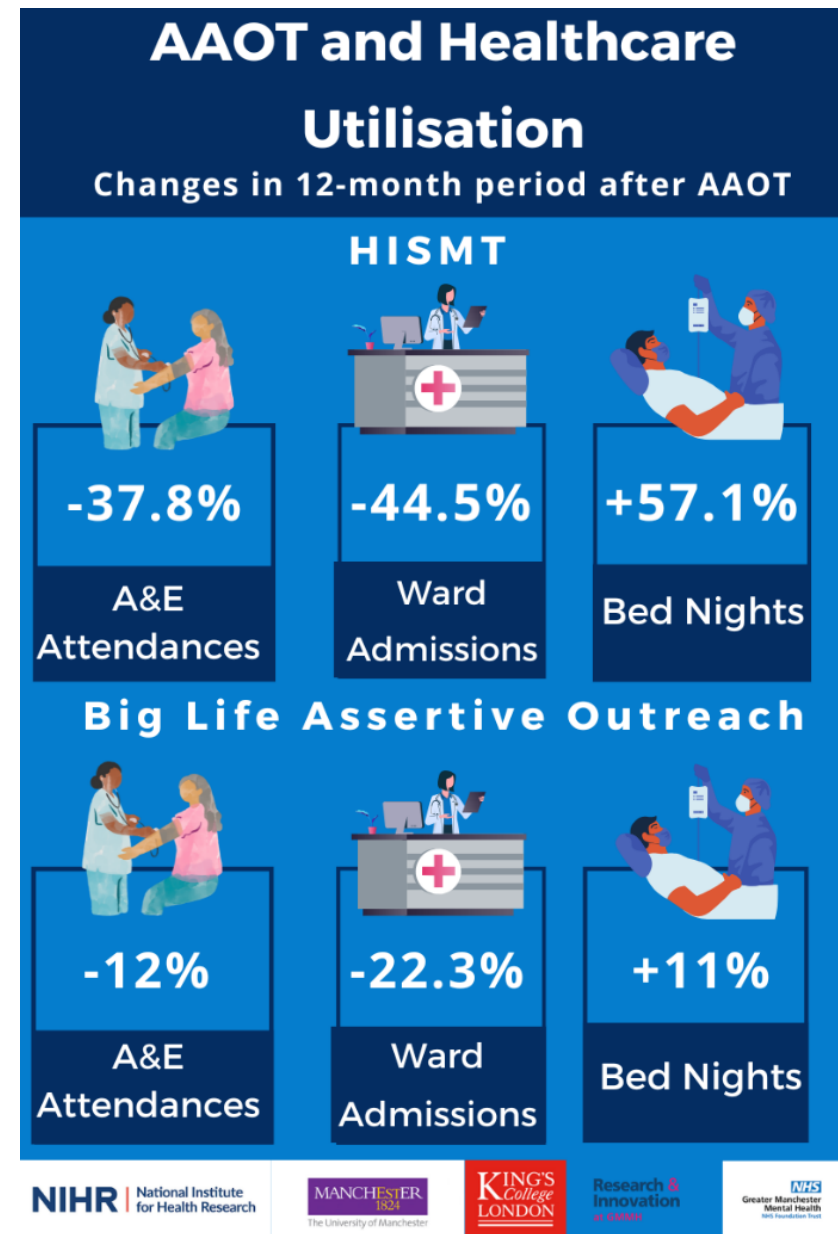
High-quality AAOT is effective in reducing unplanned healthcare utilisation.



Medium-fidelity transition-focused AAOT increased contacts with community drug and alcohol teams by 75% - demonstrating successful transition from non-engagement to engagement.



Experiences of stigma from healthcare services are widespread among service users who access AAOT. Advocacy, patient-centredness, pragmatism and persistence are key strategies to combat such stigma.



Research Capacity Development and Outputs

£ Experience gained within MHIN Project 3 was instrumental in a successful NHIR funding application for a new implementation science project targeting hard-to-reach service users with alcohol and drug dependence in GM.



ECR Nikos Mylonas named as co-applicant in this application and led a service evaluation in the GM mental health homelessness team.



GMMH Addictions Research Group has expanded and is developing a further programme of work and future funding applications including future work on experiences of stigma.



GM Project 3 outputs include: 3 peer-review publications, 2 local reports, 1 policy brief, toolkit development, webinars and further policy work across Hull-GM-London.

Impact



Hosted two well attended multi-agency dissemination events with staff, NHS leaders and commissioners across GM.



Increased fidelity of the medium-fidelity AAOT through additional medical staff who can conduct outreach visits.



Development of sustainable collaborations between NHS-based addiction research, academic partners, 3rd sector organisations, local commissioners and the Greater Manchester Combined Authority (Mayor's Office).



Shared learning and expertise with other AAOT services in NW and increased interest in implementation science and research projects across the footprint.



Project-wide knowledge mobilisation and impact

AAOT Community of Practice



Frontline AAOT
workers

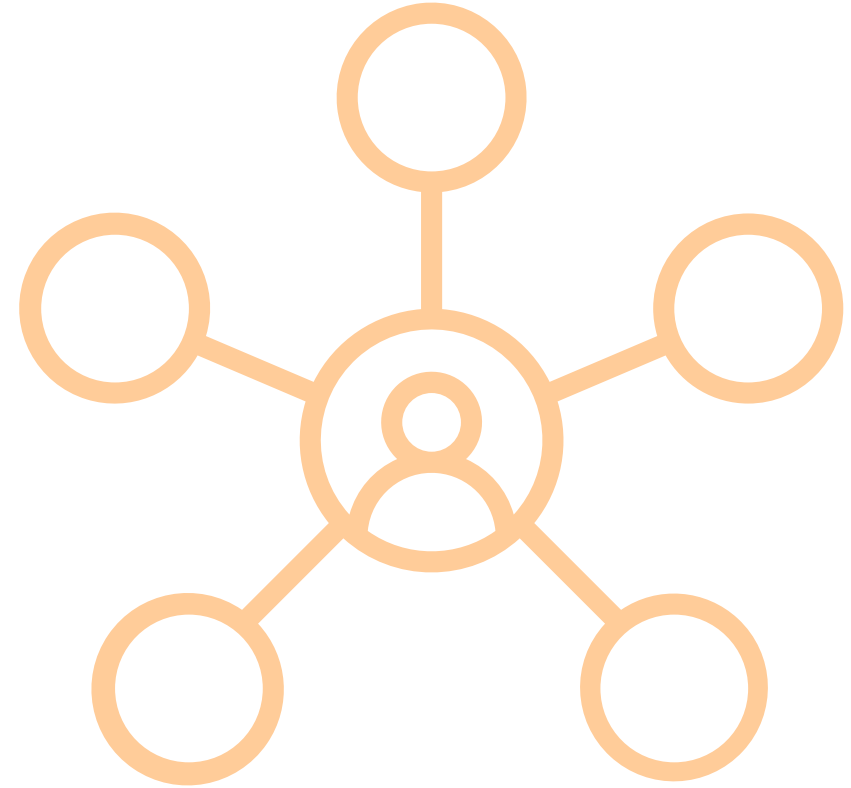
One member, one
voice



Online with core
team technical
support

PPI and EDI

- Well-established local PPI structures
- PPI training
- Co-facilitation of local workshops
- Co-authorship of publications
- Co-facilitation and presenting at commissioner events
- Disseminating research findings



An AAOT Toolkit: From Outreach to Outcomes

A) Developing Systems of Care



B) Developing Staff



C) Delivering Service User Care



D) Evaluating Service User Care

- Created in partnership between 3 AAOT sites
- Informed by regular discussions in MHIN network meetings and MHIN Celebration event, a workshop in the Lisbon 2024 Addictions Conference, and a workshop with AAOT staff and stakeholders in Greater Manchester
- Structured around implementation stages
- Emphasis on developing, implementing, and sustaining high-quality AAOT
- Features:
 - How to make an AAOT business case
 - Implementation strategies for common challenges
 - How to evaluate an AAOT service
 - Case studies



Engagement and dissemination events

Learnings shared in over 9 regional, 1 national, and 1 international events over past 2 years:

- Y&H CRN Addictions and Mental Health Conference
- Y&H ICB: How to meet the unmet need in patients with alcohol and complex health problems
- Greater Manchester Combined Authority drug and alcohol commissioner events
- Lisbon Addictions Conference 2024
- North East and Yorkshire Alcohol and Tobacco Steering Group
- CGL National meeting
- ICAHR Seminar, University of Hull
- CPD Medical Education
- University of Manchester Mental Health Conference



Publications

- Research into practice: implementation and evaluation of Alcohol Assertive Outreach in England, UK
- The Value of Outreach (VALOR): An evaluation of the implementation of alcohol assertive outreach in Greater Manchester
- Policy Briefing: Alcohol Assertive Outreach Treatment in Hull: Developing and Implementing High-quality Care
- “Perseverance in a kind way”: A mixed-methods evaluation of the development and implementation of a high-quality Alcohol Assertive Outreach Treatment service in Hull
- Service user treatment engagement and health outcomes from a mixed methods study of the implementation of alcohol assertive outreach in the North West of England
- A Qualitative Exploration of the Barriers and Facilitators to the Implementation of Alcohol Assertive Outreach Model
- AAOT Toolkit
- Greater Manchester: AAOT Policy brief
- Between fidelity and sustainability: Lessons learned from the implementation of two alcohol assertive outreach treatment models in the North West of England using a mixed-methods approach
- Making their chaos a little bit safer": Elaborating an Ethos of AAOT

**Thank you for all
your hard work!**

