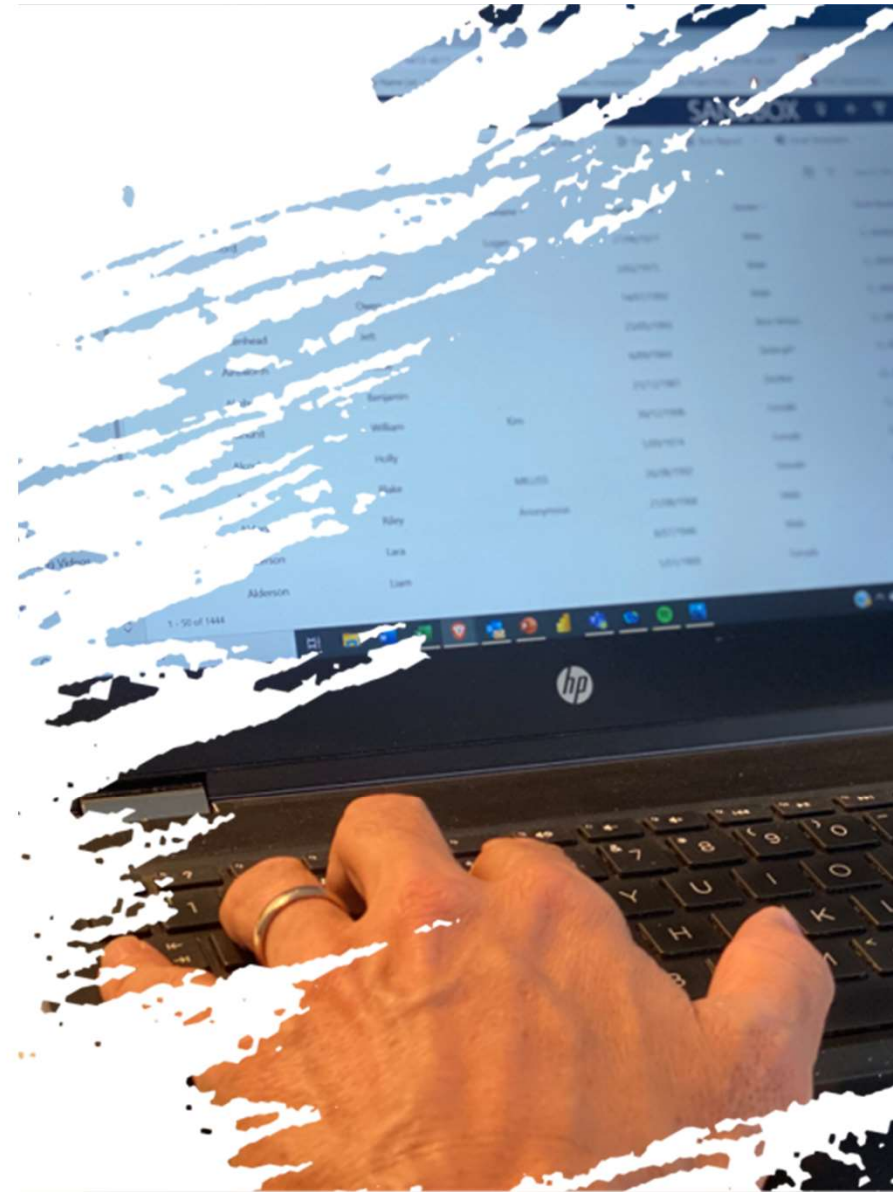# End Street Sleeping Collaboration

Using the power of Information, Technology and Networks to improve service quality and safety

It's time to think and work differently

- Legacy IT systems focus on administration not outcomes

- Information is undervalued because it's siloed, inconsistently collected and often out of date

- Bureaucratic structures treat complex, multi-facetted issues with single focus responses

- This results in duplication of effort, inefficient work practices, impacts safety and ultimately leads to poor client/patient outcomes

End Street Sleeping
Collaboration

ESSC's approach to end homelessness in NSW

Shared: Vision, Goals, Information, Commitment
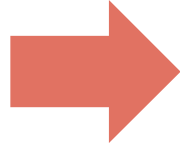
Collect and use person by person information to better co-ordinate supports

Create local collaborative structures to improve service responses

Turn off the taps by using evidence and learnings to drive continuous learning and systems change

End Street Sleeping Collaboration

The keys to successful implementation

Expanded on the 'By Name List' and built a case coordination system which is 'real-time' and accessible to all organisations

Recognise the importance of having health, justice, community organisations at the table and part of the service network

Utilise a consistent, medically reviewed, lived-experience and practitioner informed survey to gather client/patient information

Services understand that they are part of a larger process and that their participation and information are vital to the smooth functioning of that process

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# How this improves service quality & safety
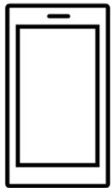
A clinician using the 'By Name List' has immediate access a person's (self reported) medical and mental health conditions, as well as flags for risk of self harm, harm to others, and non-use of medication

A person's record provides details of other services, including health services that they are being supported by. This streamlines information gathering, reduces the need to relive past trauma, assists with continuity of care

Patient/client care and support are better matched with their needs in the immediate and longer-term which leads to improved health and housing outcomes
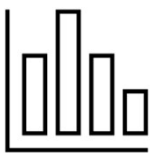
As the database grows in number of records and longitudinally it is being used to inform and advocate for system and service design changes, and can be used for research purposes

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The By Name List and collaboration in practice

People who are admitted to the Concord and Royal Prince Alfred Hospitals mental health units are seen by a Social Worker on admission and screened for their housing status

The Social Worker checks the 'By Name List' to see if the person has a record. Relevant physical and mental health information is accessed as well as the flags for risk of harm and medication use/misuse

The Social Worker creates a case note on the 'By Name List', emails this information to the person's homelessness case worker (using a link from the By Name List) and then liaises with the case worker until the patient/client is discharged

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A quick look at the 'By Name List'

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