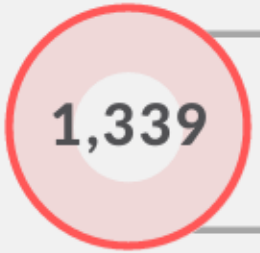
Healthcare Improvement Scotland

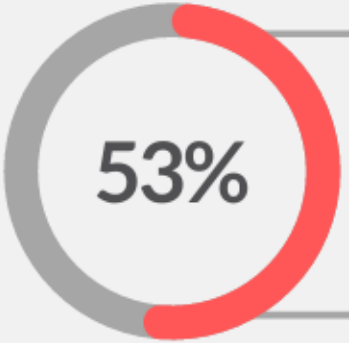
ADP and Homeless Programme: Reducing Harm, Improving Care

Healthcare Improvement Scotland has been commissioned by Scottish Government to deliver an improvement programme which engages specialist Alcohol, Drug and Homeless Services and statutory homeless functions, alongside the people who use them, to improve access, reduce harm and achieve better outcomes.

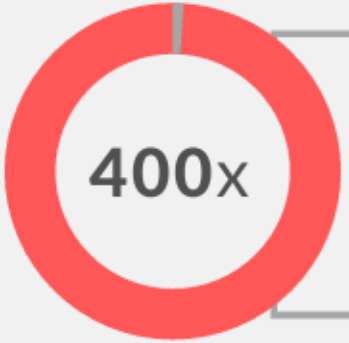
NHS SCOTLAND



1,339 drug-related deaths were registered in Scotland in 2020.



In 2018, 53% of deaths among people experiencing homelessness were drug-related.

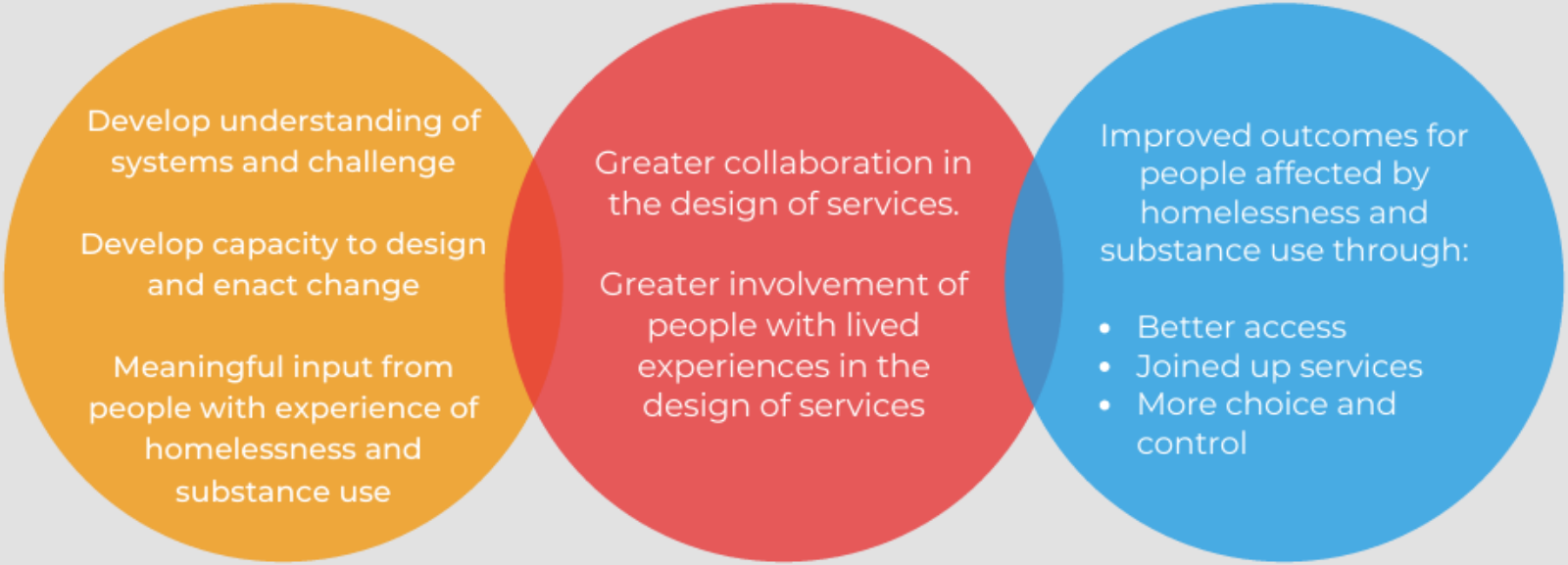


In 2018, 8% of deaths among homeless people were attributable to alcohol, compared to 0.02% for the general population of Scotland. This is 400x greater.

During the pandemic the ways people accessed specialist services significantly changed. This led to greater joined up working between homelessness and alcohol/drug services, improving access for some people.

Programme Aims

Understand existing care pathways and test care coordination to improve quality of care and health outcomes for people experiencing homelessness who require alcohol and drug services



Our activities will support:

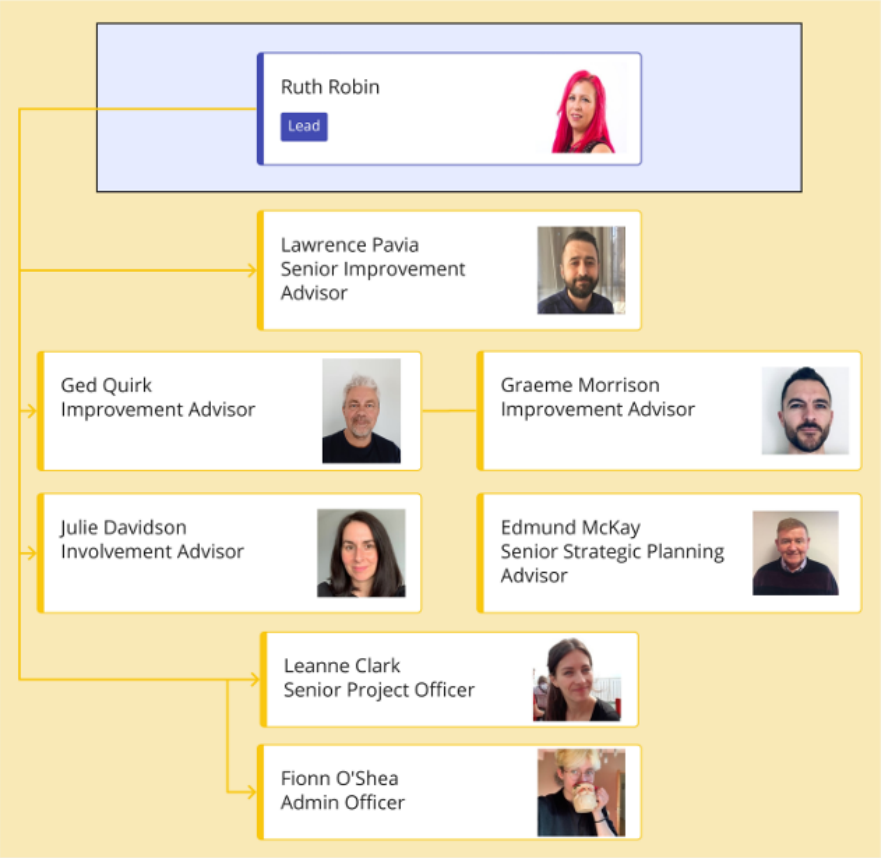
System understanding – to understand the current system (including changes to local services in response to the COVID-19 pandemic), and the user and service needs that can be better met through service redesign and improvement.

System redesign – to work with four HSCP areas to support the design and delivery of an integrated care model to improve outcomes for people experiencing homelessness who require alcohol and drug services.

Co-design and co-production – to increase opportunities for people with lived experience, communities and partners from across the system to be engaged in planning, design and delivery of integrated Homelessness and Alcohol and Drugs services.

Learning system – to identify, share and spread good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive Homeless and Alcohol and Drugs services (including policy development).

Healthcare Improvement Scotland operational team



Daniela Latina
Social Researcher

Evaluation, evidence, literature & learning system

Adna Dumitrescu
Knowledge & Information Specialist

Data capture, analysis, sense making

Partnership approach





















People experiencing homelessness who require drug and alcohol services and those delivering those services are at the heart of the programme.

The people using and delivering services know what works and what doesn't.

We want to build on the great work already being done.

Edinburgh

North Aryshire

North Lanarkshire

South Lanarkshire

Scottish Drugs Forum

Homeless Network Scotland

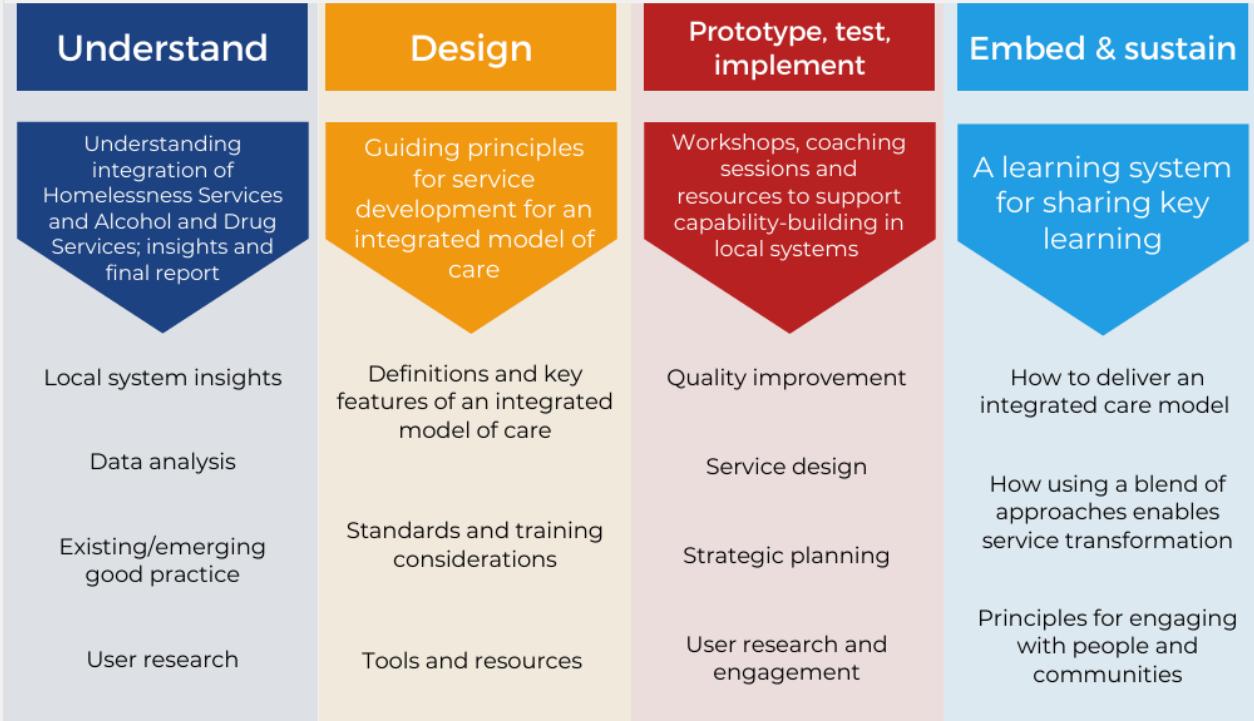
We will build on data and evidence, including innovations from Covid-19 to identify existing models of care coordination and examples of good practice.

This can be adapted and expanded based on insights gained from services and those that use them.

Programme deliverables

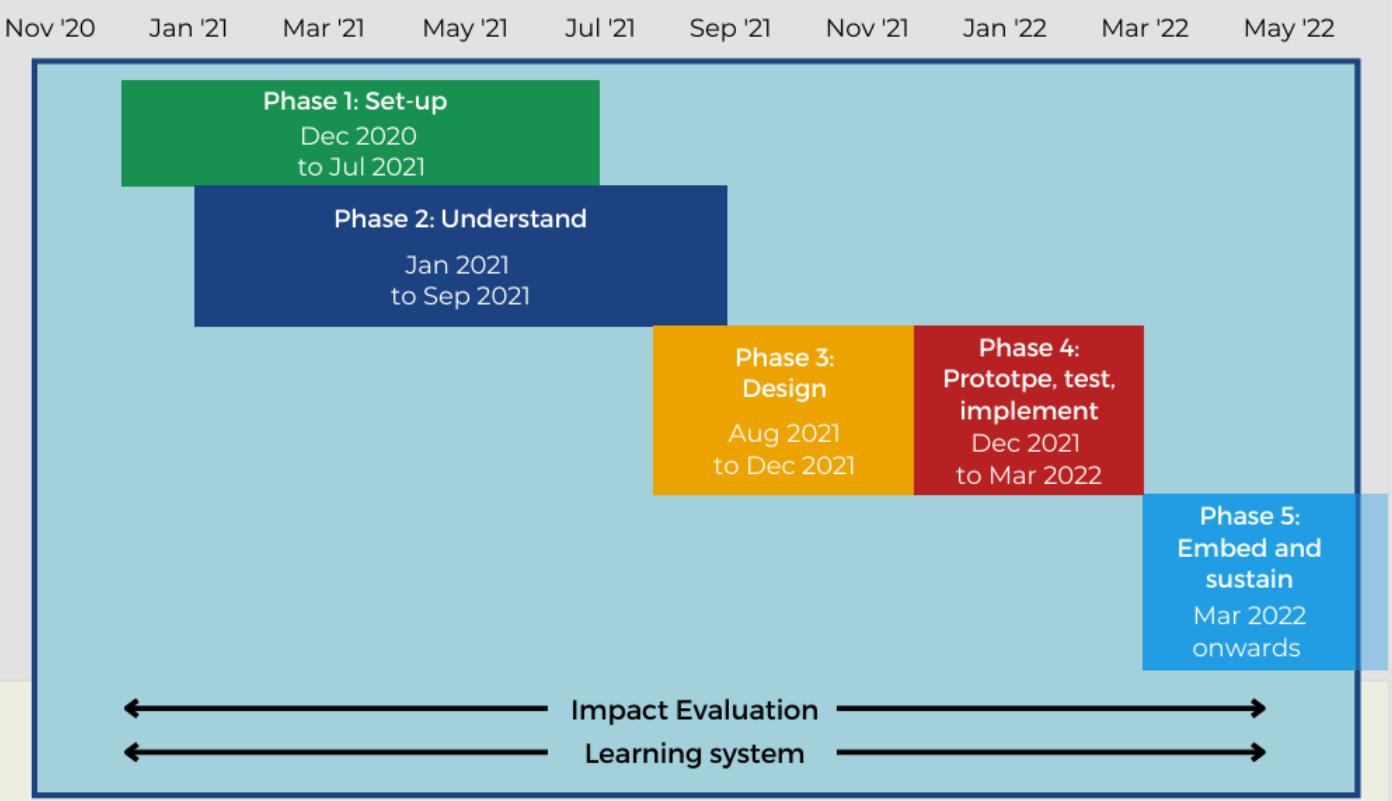
Using The Scottish Approach to Service Design (SAtSD), we will deliver the programme using the four stages of redesign.

Underpinning this will be an evaluation that will help us understand "what works" to support the spread of good practice.



An evaluation of impact and outcomes to identify good practice, innovation and learning about "what works"

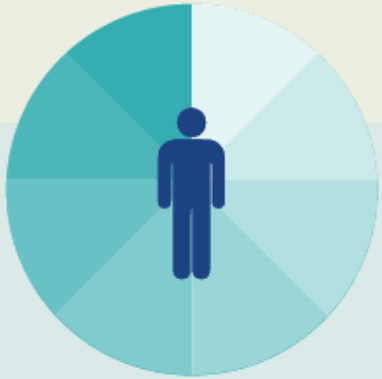
Timeline





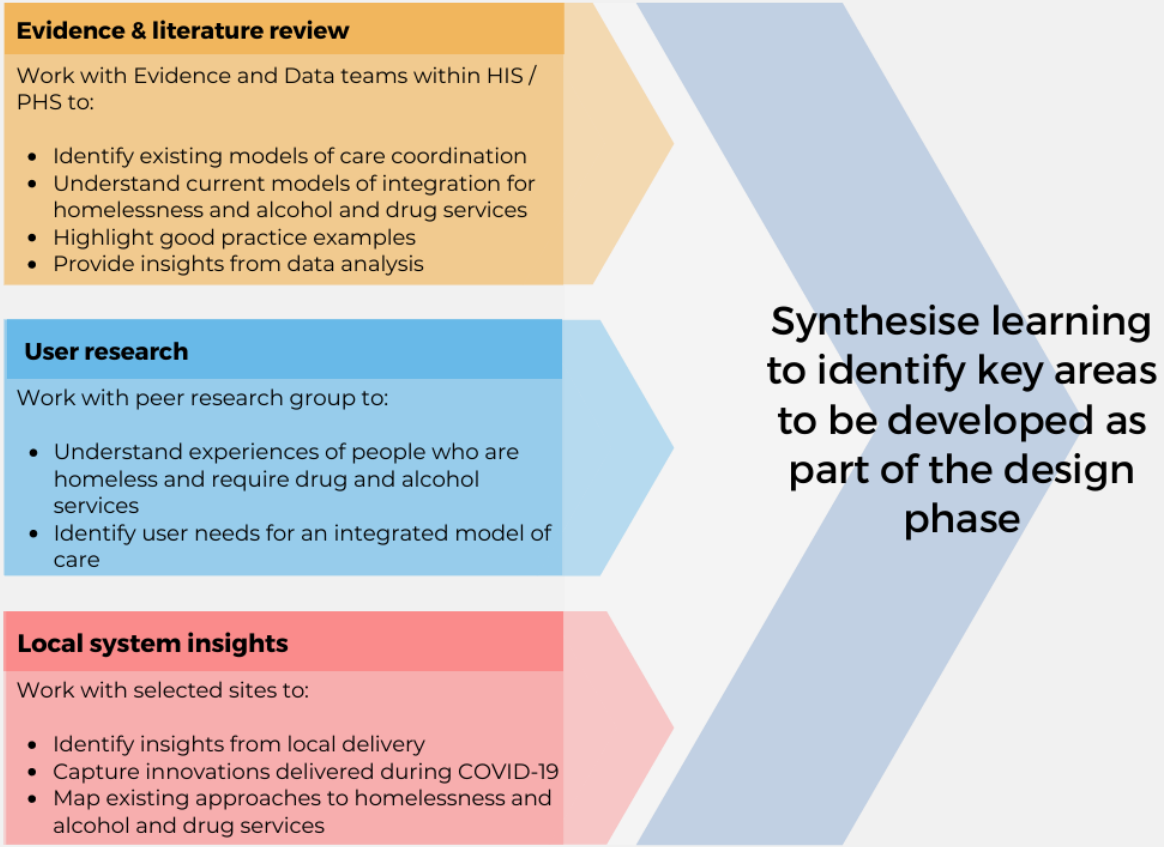
Our approach blends the methods of strategic planning, service design, and user involvement to understand the experiences of people who use those services alongside those who deliver them, to design potential solutions and improvements.

We will then apply quality improvement methodology to test, refine and evaluate the solutions and improvements identified.



The project will be supported by a multidisciplinary team with knowledge and skills in these methods. The programme will be guided by subject matter experts in areas such as homelessness, pharmacy, and criminal justice.

Understand phase



Understand phase

It is crucial that we gain a firm understanding of current delivery models for people who are homeless and require alcohol and drug services.

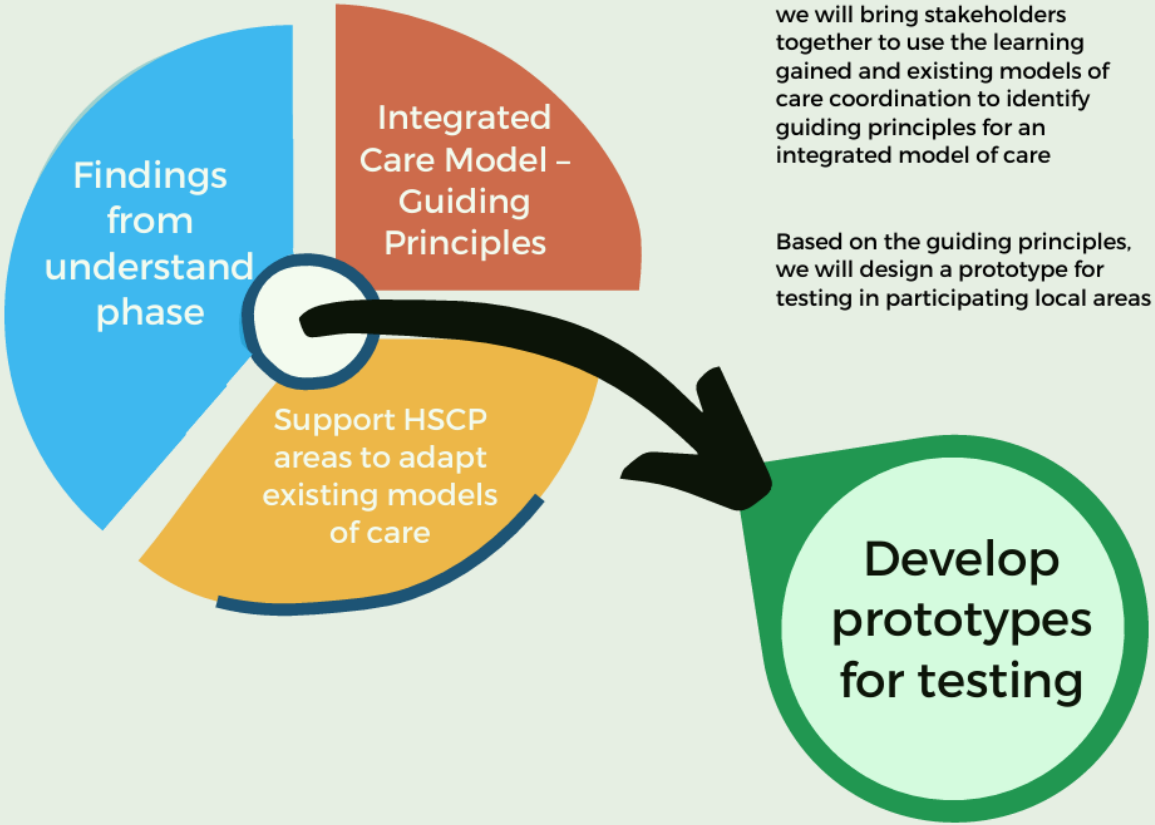
We will do this to identify enablers and barriers to access and the key considerations for future service improvement.

Through workshops and coaching sessions we will support participating areas to understand their current systems, including capturing changes to local services in response to the COVID-19 pandemic.

We will work with people with lived and living experience to understand their needs to inform the basis of an integrated model of care

Using data and evidence, we will identify existing integrated models of care that can be adapted as part of the design phase based on insights from service users and those delivering services

Design phase



Following the Understand phase, we will bring stakeholders together to use the learning gained and existing models of care coordination to identify guiding principles for an integrated model of care

Based on the guiding principles, we will design a prototype for testing in participating local areas

Design phase - prototype, test, and implement

We will support partners in local areas to complete a series of Plan, Do, Study, Act (PDSA) cycles to test prototypes for service change

Develop prototypes for testing

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in an improvement?



Quality improvement support to facilitate PDSA cycles

People who use services and peer researchers will give feedback to service providers on changes being tested

Evaluation support to measure the impact of potential solutions

Design phase

Coaching and Workshops

Improvement Advisors will work with service providers and those with lived and living experience to facilitate PDSA cycles and capture learning and insights to provide recommendations for an integrated model of care.

Knowledge transfer

We will work to upskill those using and delivering services to engage in future service improvements in their local area, by supporting their learning of the use of quality improvement methodology.

Increased capacity within local systems to drive service change

The work undertaken by this programme will drive improvements in integration between homelessness, alcohol and drugs services.

The involvement of people accessing services will ensure that improvements focus on what matters.