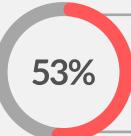


## ADP and Homeless Programme: Reducing Harm, Improving Care

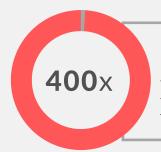
Healthcare Improvement Scotland has been commissioned by Scottish Government to deliver an improvement programme which engages specialist Alcohol, Drug and Homeless Services and statutory homeless functions, alongside the people who use them, to improve access, reduce harm and achieve better outcomes.



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.

Further work is needed to improve access to support for all 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

Develop understanding of

Develop capacity to design and enact change

people with experience of

Greater collaboration in the design of services.

Greater involvement of people with lived experiences in the design of services

Improved outcomes for people affected by homelessness and substance use through:

- Better access
- Joined up services
- More choice and

**Short Term** 

**Medium Term** 

Long Term

#### 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.

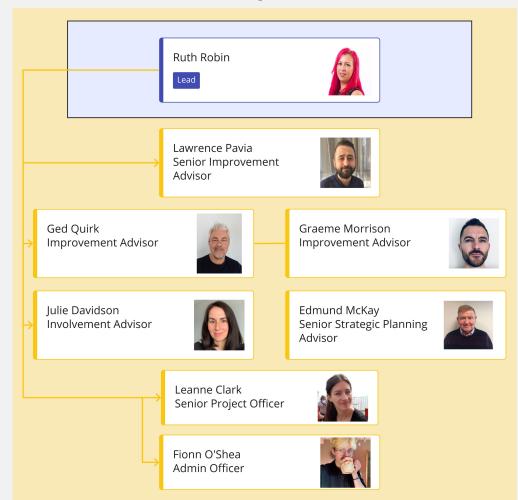
Learning system – to identify, share and spread good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated and inclusive Homeless and Alcohol and Drugs services (including policy development).





# ADP and Homeless Programme: Reducing Harm, Improving Care

# 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



















Lived & Living experience of homelessness and drug and

alcohol services

4 HSCP areas -ADP & Homelessness Services

Peer Research Partners Evidence & Data

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.





# ADP and Homeless Programme: Reducing Harm, Improving Care

#### **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.

#### Understand

#### Design

Guiding principles

### Prototype, test, implement

#### Embed & sustain

Understanding
integration of
Homelessness Services
and Alcohol and Drug
Services; insights and
final report

development for an integrated model of care

Workshops, coaching sessions and resources to support capability-building in local systems

A learning system for sharing key learning

Local system insights

Data analysis

Definitions and key features of an integrated model of care

Quality improvement

Service design

How to deliver an integrated care model

Existing/emerging good practice

Standards and training considerations

Strategic planning

How using a blend of approaches enables service transformation

User research

Tools and resources

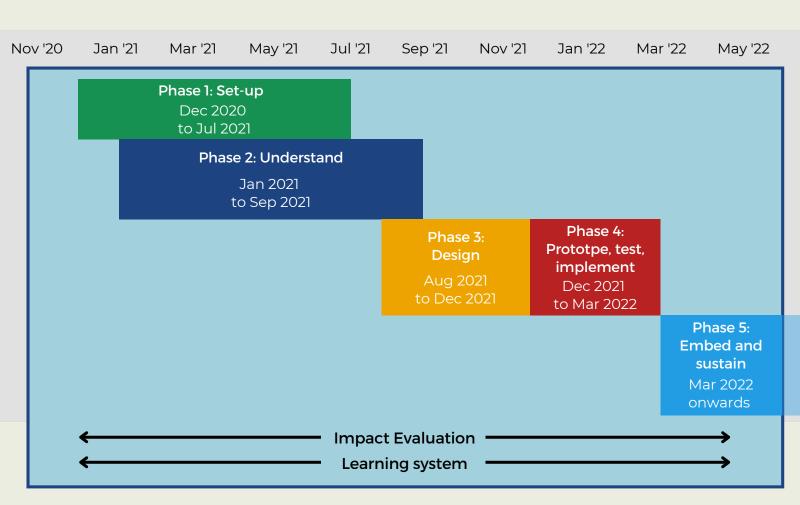
User research and engagement

Principles for engaging with people and communities



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.



You can find out more about

Healthcare Improvement

www.ihub.scot



#### ADP and Homeless Programme: Reducing Harm, Improving Care

#### **Understand Phase**

#### **Evidence & literature review**

Work with Evidence and Data teams within HIS / PHS to:

- Identify existing models of care coordination
- Understand current models of integration for homelessness and alcohol and drug services
- Highlight good practice examples
- Provide insights from data analysis

#### **User research**

Work with peer research group to:

- Understand experiences of people who are homeless and require drug and alcohol services
- Identify user needs for an integrated model of

Synthesise learning to identify key areas to be developed as part of the design phase

#### Local system insights

Work with selected sites to:

- Identify insights from local delivery
- Capture innovations delivered during COVID-19
- Map existing approaches to homelessness and alcohol and drug services

enablers and barriers to

Through workshops and COVID-19 pandemic

with lived and living their needs to inform the basis of an integrated model

Using data and evidence, we will identify existing integrated 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 Integrated guiding principles for an Care Model integrated model of care **Findings** Guiding from **Principles** Based on the guiding principles, understand we will design a prototype for testing in participating local areas phase **Support HSCP** areas to adapt existing models

Develop prototypes for testing



# ADP and Homeless Programme: Reducing Harm, Improving Care

#### 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



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?

Plan

Do

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

Act

Act

Study

Quality improvement support to facilitate PDSA cycles

Evaluation support to measure the impact of potential solutions

# 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.

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