

Evidencing best practice of the NICE Guidelines on Integrated Care for People Experiencing Homelessness

A Health and Wellbeing Alliance case study

Outcomes: Providers and policy makers challenged and supported to embed inclusion in service design and improvement; increased evidence base of sustainable, scalable solutions to reduce and prevent health inequalities.

Delivered by the Homeless Health Consortium (Groundswell, Pathway and Homeless Link) on behalf of the Department of Health and Social Care Multiple Disadvantage and Displacement team.

Summary

The Homeless Health Consortium (HHC) led on developing a series of case studies evidencing best practice in inclusion health following the recommendations of the NICE Guidelines on Integrated Care for People Experiencing Homelessness (NG216). These case studies were delivered to DHSC to develop their input and recommendations into the upcoming Comprehensive Spending Review, Homelessness Strategy, and Interministerial Group on Ending Homelessness.

What was the problem?

The NICE NG216 guidelines were considered groundbreaking when they were first released in 2022. Despite representing some of the most comprehensive and considered guidelines on working with people experiencing homelessness in healthcare settings to date, there has been limited evidence of their impact or spread in the years since release. Members of the HHC and DHSC shared concerns that the impact and potential of the guidelines was at risk because of this.

What action was taken?

To support the implementation of the guidelines, we worked under the guidance of DHSC to develop a series of six case studies focused on good practice examples from across the guidelines. These provided insights, knowledge and expertise from specialist homeless health organisations, and supported a closer relationship between the VCSE and system partners.

The case studies were designed around the following themes:

- Multidisciplinary teams
- Integrated funding
- Strong leadership
- Lived experience involvement

They explored different service models as follows:

- An intermediate care service in the South of England
- An infectious disease outreach team in London
- A charity leading innovation in rough sleeping data monitoring in London
- A hospital discharge team in the North of England
- A specialist primary care service for people experiencing homelessness in London
- An inclusion health unit within an ICB in the North of England

Responsibility for collecting case studies fell across the partners of the HHC. Topic guides were developed by Pathway and Groundswell in collaboration. In-person interviews with people with lived experience of homelessness were facilitated by Groundswell researchers, while Pathway led on a number of senior-level case study interviews. Responsibility for project oversight, and for collating and authoring the interviews, was held by Homeless Link, who also acted as the primary point of contact with DHSC partners.

What was the result?

The case studies demonstrated a range of good practice from across the field of homeless health. The services showcased were diverse in nature, exemplifying how the good practice featured within the NICE guidelines can be embedded in a variety of settings, service types and governing bodies.

Outcome: *Increased evidence base of sustainable, scalable solutions to reduce and prevent health inequalities.*

While the services themselves were diverse, there were common themes that cut across almost all of the service areas – both positive and negative. Strong leadership was at the forefront of services, with inspiring leaders driving the service forwards and maximising buy in from service users, staff and other services locally. Services exemplified good practice in trauma-informed and person-centred care.

When we had initially designed the project, the case studies were developed to showcase a particular recommendation of the NICE guidelines. What we found in practice was that services often fitted more closely with recommendations we hadn't considered than those we had initially nominated them for. Usually, services showcased good practice across a number of recommendations at once, showing that good care for people experiencing homelessness usually had the NICE principles baked into their modes of delivery whether they had done so consciously or not.

Outcome: *Providers and policy makers challenged and supported to embed inclusion in service design and improvement.*

DHSC informed us they have used the case studies broadly in their internal influencing:

As a newly formed team, the research has been crucial in identifying priority areas and strengthening our understanding of the barriers socially excluded groups face in accessing healthcare. It has shaped our strategic objectives and strengthened our evidence base.

We are currently drafting a strategy paper on improving healthcare access for socially excluded groups. Insights and recommendations from the case studies have been used to inform practical suggestions within this strategy.

In response to commissions from MHCLG for the inter-ministerial group on homelessness and rough sleeping for the homelessness strategy, we have submitted the case studies as part of our departmental return to evidence potential proposals that leverage policy levers for better integration of health and housing services.

What was the key learning?

Despite obvious challenges raised by the General Election period, the collaborative working with DHSC was successful during this year's HWA. There were clear lines of communication

between the HHC team and officials throughout the year and a collaborative approach to project development. This meant that there were obvious opportunities for the case studies to feed into pre-existing work within the DHSC and that the outputs were able to support existing strategic aims.

Clearly defined roles for each of the HHC members meant that the project was delivered to schedule and at a high standard. Initial challenges in agenda setting caused by the pre-election period were overcome by working collaboratively with DHSC officials to ensure that the project was straightforward and clearly defined.

What's next?

The data has been used to inform decisions within DHSC and will continue to feed into their strategic priorities as the Government develops their platform on homelessness and health. The case studies will be publicised on Homeless Link, Pathway and Groundswell platforms with the hope they can inspire organisations to think creatively about what is possible in their locality to reduce health inequalities and deliver services that go above and beyond for people experiencing homelessness.

Find out more by getting in touch with cat.tottie@homelesslink.org.uk