Health Services and Delivery Research Programme

NHS National Institute for Health Research

Commissioning Brief
13/156 - Effectiveness and cost-effectiveness of integrated homeless health and care services
Closing date: 16 January 2014

1. Remit of this call: main topic areas identified

Service and policy guidance highlight the growing divide in health status and outcomes for disadvantaged groups. Recent government initiatives on inclusion have focused on a number of high risk groups, including homeless people. Commissioners and managers recognise that homeless people make more use of unplanned services, often with untreated conditions which have escalated requiring emergency treatment at higher cost. At the same time, health professionals recognise a moral imperative to reduce health inequity through the services they offer.

The main focus of this call is on assessment of innovative services, from outreach teams and mobile services to case workers to one-stop shops in emergency departments and elsewhere. This may focus on particular services or whole clinical pathways of care, but with a focus on integration. Research teams should consider the transferability (or not) of service models to other disadvantaged groups, such as travellers or asylum seekers.

We know that current services do not always meet the needs of homeless people. They also make demands on particular services, such as emergency departments, which are already under strain. Homeless people tend to have many co-morbidities and are poor attenders of planned services. There are particular concerns about the need to integrate a range of health and social care agencies. More work is needed to throw light on the most cost-effective form of delivering services to homeless people. This was highlighted as a key general research gap in recent NICE public health guidance on tuberculosis services for hard to reach populations.

Homeless people range from single people living in the streets or hostels to families in temporary housing. Different definitions are used[1] - this call covers the broad spectrum of needs.

It is well established that homeless people have poorer health than the general population and make less use of planned services, despite greater need. Health problems include a range of physical and mental health disorders as well as drug and alcohol abuse. There are also particular risks arising from homelessness, including higher rates of injury or infectious disease such as tuberculosis. There are distinctive patterns of service use, with greater cost for unplanned admissions (higher rates of attendance at emergency departments, admissions and length of stay). Chaotic and itinerant lifestyles make it difficult to provide continuity of care and support for people with chronic and multiple illnesses.

This call is timely, given the recent announcement[2] in September 2013 of Department of Health funds to support new services for homeless people, focusing on preventing hospital admission and providing continuity of care after discharge. Robust evaluation of these and other innovative services is needed to generate robust evidence for future planning and provision of services.

Applicants should be aware that the Department of Health's Policy Research Programme has issued a similar call on improving the health of the poorest populations. Further information about this call is given in the supporting information document.

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[1] A useful description of various terms in use to describe homeless people is given by HomelessLink http://homeless.org.uk/about-homelessness#.UjxuEj_mDBY

[2] https://www.gov.uk/government/news/ten-million-pound-cash-boost-to-improve-the-health-of-homeless-people

Research need

The main focus of this call is for evaluations of new approaches to delivering services for homeless people, with a focus on improving access, continuity and quality of care across boundaries. Different aspects of this are set out below, as an indication of the main interest of this programme. Studies do not need to include all dimensions outlined here, but the main driver for this call is in producing robust evidence for commissioners and service leaders on what works best in delivering cost-effective care. This call relates largely to the effectiveness of different modes of care delivery, in terms of how services are organised. These will feature different ways of deploying staff and elements of service re-design Such studies would include outcome measures of quality and patient experience, as well as costs and impact on service parameters such as length of stay and readmission rates, in line with updated MRC guidelines on evaluation of complex interventions (http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC004871).

Target population:	Coverage to tackle co-morbidity, such as interdependent problems relating to physical health, mental health or substance abuse, would be particularly welcome. Some service models worthy of evaluation have a particular focus (such as younger homeless or those sleeping rough with mental health problems) but more niche services need to justify substantial evaluation effort.
Intervention:	Should be well described, including staff composition (skill-mix, grade-mix of core team and access to multiagency inputs), resources (dedicated sessions or secondments) and setting. Proposals should be explicit about the choice of clinical approach, such as models of case management (including a focus on multi-morbidity) which should be grounded in existing evidence. New approaches might include use of information systems (for instance, integrated care records or use of mobile phones for self-management or reminders) but the focus of this call is on the whole service, rather than use of particular technologies or new therapeutic interventions. This call covers a range of different service models, which might include initiatives to improve access or navigation of existing mainstream health and care services, as well as bespoke specialist services for homeless people. The focus is on integration of services or entry to services.
Methods:	Likely to be mixed-methods, which could include quasi-experimental approaches (such as pre-post testing or interrupted time series for a new service); useful guidance is given in MRC Complex Interventions Guidance http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC004871. Studies should include cost-benefit analysis, process evaluation and qualitative component to understand patient and staff experience, organisational culture and other factors affecting implementation.
Outcomes:	Outcomes are likely to include quality of life measures, some measure of health status (perhaps for an index condition) and detailed resource use (for instance, number and duration of hospital admissions). It might be important to measure access, including coverage of target population, and to identify some measures of continuity if that is a feature of the study.
Settings:	New services may be based in hospital settings or the community, but should pay attention to wider health and care needs, recognising the importance of third sector and social enterprise activity in this area. Studies must include multi-agency perspectives, for instance across health and social care.

Note: The Programme recognises that this population pose particular problems for research in terms of participation and consent. Care is needed by applicants to ensure that patient recruitment targets are realistic and teams are experienced in undertaking research with this or similar challenging study populations.

Studies will be considered which meet the following criteria:

- Led by research teams with track record in complex service evaluations across settings
- Focused on plausible models of care or service redesigns which could be applied to other homeless populations
- Participation of key service leads or agencies and commitment to support the service model for the duration of the evaluation period
- Designed to address important questions on service delivery and organisation (with a strong focus on quality, service activity and costs)

Out of scope

The main focus of this call is the cost-effectiveness of new models in delivering integrated services and improving access to existing health and care services for homeless people. Research might include some element of case finding in order to identify target populations for particular service interventions. However, pure epidemiological studies to describe the homeless population and health needs, without developing and testing of service evaluations, is not within scope for this call. Similarly, studies which focus exclusively on the clinical effectiveness of particular therapeutic interventions (such as cognitive behavioural therapy for anxiety and depression) in the homeless population, without a focus on the organisational and service context, will not be considered. However, such studies could be within remit for the NIHR Health Technology Assessment Programme, which also has an interest in this area. Applications should be made to its Clinical Evaluations and Trials workstream. Those interested in assessing public health interventions for homeless people led by agencies outside healthcare should apply to the NIHR Public Health Research Programme.

Purpose of call

This topic emerged as a key area from recent service priorities on addressing health inequities. Particular research gaps include NICE guidance[3] in which identified uncertainties around evidence on managing tuberculosis in homeless populations and models of integrated care for homeless people. Research is needed to address uncertainties around current services and to inform the planning and delivery of future care.

Further information on the background to this call, including knowledge gaps and relevant research is given in supporting information.

Selected relevant NIHR work (on-going)

HS&DR Project 11/1017/04. Title: Service provision for older people who are homeless and have memory problems [16]. PI Prof Jill Manthorpe. Start date January 2013, expected date of publication July 2015.

Research for Patient Benefit Project ID: PB-PG-0110-21014. Title: Evaluation of London pathway: Discharge planning for the homeless, examining The London Pathway. Does a GP led discharge team reduce the in-patient burden and improve quality of care? [17]. PI Prof Graham Foster. Expected study closure date June 2013.

NIHR School for Social Care Research Project. Title: Support for formerly homeless people[20]. Start date January 2013, expected end date April 2014.

NIHR School for Social Care Research Project. Title: Project title: A longitudinal study of the service use and need of homeless women[21]. Start date April 2011, expected end date march 2013.

2. Notes to Applicants

The NIHR Health Services and Delivery Research (HS&DR) programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, including costs and outcomes in order to improve health and health services. It is focused on research to support

[3] Tuberculosis - hard-to-reach groups. NICE public health guidance 37 (2012)

decisions by frontline managers and clinical leaders on the appropriateness, quality and cost-effectiveness of care.

The NIHR HS&DR programme is funded by the NIHR, with contributions from NISCHR in Wales, the HSC R&D Division, Public Health Agency in Northern Ireland, and case by case contributions from the CSO in Scotland.

The programme operates two funding streams; researcher-led and commissioned. Researchers in England, Wales and Northern Ireland are eligible to apply for funding from either workstream under this programme. Researchers in Scotland may apply to the researcher-led workstream but are not eligible to respond to the commissioned workstream and should contact the CSO to discuss funding opportunities for healthcare delivery-type research

3. Application process and timetable

Please ensure you have read the supporting documents and application guidance notes provided to support this call.

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at HS&DR programme - FAQs, if the answer to your question cannot be found please email your query to hsdrinfo@soton.ac.uk with the title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the HS&DR website by **1pm** on **16 January 2014**. All proposals will initially be checked for remit and competitiveness[4]. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their outline application in March 2014.

Shortlisted applicants will be invited to submit a full proposal via the HS&DR website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in August 2014. Please note that these dates may be subject to change.

4. Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

http://transparency.number10.gov.uk/
http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp
http://www.contractsfinder.businesslink.gov.uk/

[4] '***Non-Competitive***' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the HS&DR programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.