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## CONFERENCE ABSTRACT

### **How important is integration to the successful 'roll out' of specialist hospital discharge schemes for people who are homeless?**

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Michelle Cornes<sup>1</sup>, Joanne Coombes, Vanessa Heaslip, Michela Tinelli, Elizabeth Biswell, Mike Clark

1: University of Salford, Salford, United Kingdom

2: King's College London, United Kingdom

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In 2021, we published research funded by the UK National Institute for Health Research that demonstrated the effectiveness and cost effectiveness of specialist hospital discharge schemes for people who are homeless. A key finding of the research was that areas that had a specialist homeless hospital discharge scheme had fewer delayed discharges and could reduce their emergency readmissions among homeless patients by 14%. This positive outcome attracted the attention of national health policy makers who allocated £16 million funding to 17 local authority areas to "roll out" new schemes. This paper reports the preliminary findings of an implementation evaluation. We assess how important integration was in those areas that successfully translated the evidence about "what works" into practice. This presentation is targeted at academics and commissioners of integrated care.

The evaluation employed a positive deviance (appreciative enquiry) methodology. This approach seeks out exceptionally performing sites, investigates the underlying factors contributing to the successful behaviours and strategies, and plans an appropriate means to replicate these with the aim to effect a change. The rationale behind appreciative inquiry is that solutions to common problems mostly exist within clinical/practice communities rather than externally with policy makers or managers.

The first step of the evaluation was to collect audit (performance) data from the 17 local authorities taking part in the programme. Audit data was then used to select three case studies sites that demonstrated high performance against key metrics such as having a shorter length of stay in 'step-down' services (longer stays being indicative of housing shortages and difficulties maintaining flow through the system). In the case study sites, reflective interviews and focus groups then sought to establish what factors underpinned this successful implementation. This included interviews with a range of key stakeholders including people with lived experience of homelessness and transitions out-of-hospital (over sixty stakeholders in total).

Integration was found to be a key factor in understanding successful implementation at many different levels - from building the initial strategic vision to delivering quality in frontline service delivery. Often this was 'relational' integration where building social networks in strategic places was the main factor in determining routinization and sustainability. Often boundary spanning was key where 'homeless commissioners' needed to cross the divide into the unfamiliar world of health

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service commissioning. Relational working required a dedicated project manager with highly developed skills in business planning, evaluation and policy literacy to negotiate the many hurdles that stood in the way of the routinization of specialist care. Successful sites also involved people with lived experience of homelessness in meaningful rather than tokenistic activities, integrating their knowledge of services and practice to ensure compassion was at the forefront of practice. Taking an in-depth qualitative perspective on successful implementation is important as very few of the 17 test sites managed to sustain their new services once the initial programme funding had run out.