
CONFERENCE ABSTRACT

A person-centred approach to help services and commissioners to improve the experience of people who are homeless and secure better sustainability.

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Michela Tinelli¹, Elisabeth Biswell², Jo Coombes², Rapahel Wittener¹, Mike Clark¹, Michelle Cornes²

1: London School Of Economics And Political Science, London, United Kingdom

2: Kings College London, United Kingdom

Successful implementation of evidence-based services in health and social care depends largely on the fit of the services with the values and priorities of users who are shaping and participating in their delivery and use. When looking at the implementation of innovative specialist hospital discharge schemes for people who are homeless, there is a lack of knowledge on homeless people's preferences and perspectives on receiving out-of-hospital care.

In England, the Department of Health and Social Care, Ministry for Housing and Local Government and Ministry of Justice allocated £16 million to further develop and test out hospital care for people experiencing homelessness. The out-of-hospital care model programme is seeking to scale successful hospital discharge models that were shown to be effective and cost-effective in an earlier pilot programme adapting these for new contexts and circumstances post Covid-19. Evaluation of the implementation of the out-of-hospital care model programme is currently underway in 17 local authority test sites across England. A specific component of the larger evaluation is aimed at capturing service users' preferences for different types of specialist hospital discharge schemes.

This is done using a flexible health economics tool for measuring choices in health and social care-related settings named discrete choice experiments (DCE). It measures preferences from individual decision-makers over alternative scenarios (or service provisions). Each alternative is described by several attributes (or characteristics) and the choices made between two or more competing scenarios subsequently determine how preferences are influenced by each attribute (eg, which attributes are valued as well as their relative importance). It can also provide a measure of the overall value attached to different alternatives (and identify optimal service provision that meets stakeholder requirements and have the best chance of sustainability in the long term). Hence a DCE survey has been developed to measure people's preferences for what out-of-hospital care provides in terms of types of location of care, the professional who delivers most of their care, how often they receive care, how long they receive care after hospital discharge and rules about behaviour where they live.

The attributes (characteristics) and their various levels were informed by our previous research. Webinar discussions regarding what stakeholders value about specialist services were used to validate and refine the attributes and levels. PPI stakeholders were also consulted on the development of the presentation, wording and format of the survey. Efficient experimental design

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techniques were applied to create the DCE questions. Due to the cognitive load involved in completing the survey, respondents are assisted in the completion of the questionnaire by members of the research team to secure responses from more than 250 people who are homeless. Data will be modelled using logit techniques and results will be ready for presentation in May 2023.

Information on how service users value specialist hospital discharge schemes for people who are homeless is needed to better inform the implementation and development of the innovative out-of-hospital care model programme currently proposed in England at a national level. Identified learning will be shared at the conference.