

A data driven approach to inform service implementation for people experiencing homelessness

King's College London HSCWRU HOMELESSNESS WEBINAR: 14 December 2023

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What you can take away from today

- An early look at an approach to **gather, analyse and present data** to inform the **planning, commissioning, delivery and evaluation** of **effective and cost-effective services**.
- A chance to **discuss and shape** the future steps for this approach and to **consider your involvement**.

Note: Homelessness is the perfect test bed for this approach (high complexity and un-met need requires coordinated multidisciplinary working; high risk of harm and death), however, this **approach is transferrable to all user / patient / client groups** in social care and health.

Outline of today's webinar

- **Background to this approach**
- **The use of data to inform service implementation**
- **Next steps for the 'dashboards'**
- **Your questions and comments, discussion**

Background: understanding and developing the data approach

What is Evidence-based planning, commissioning, service delivery & evaluation?

HOW CARE IS DELIVERED

HOW CARE IS EVALUATED



Partnerships

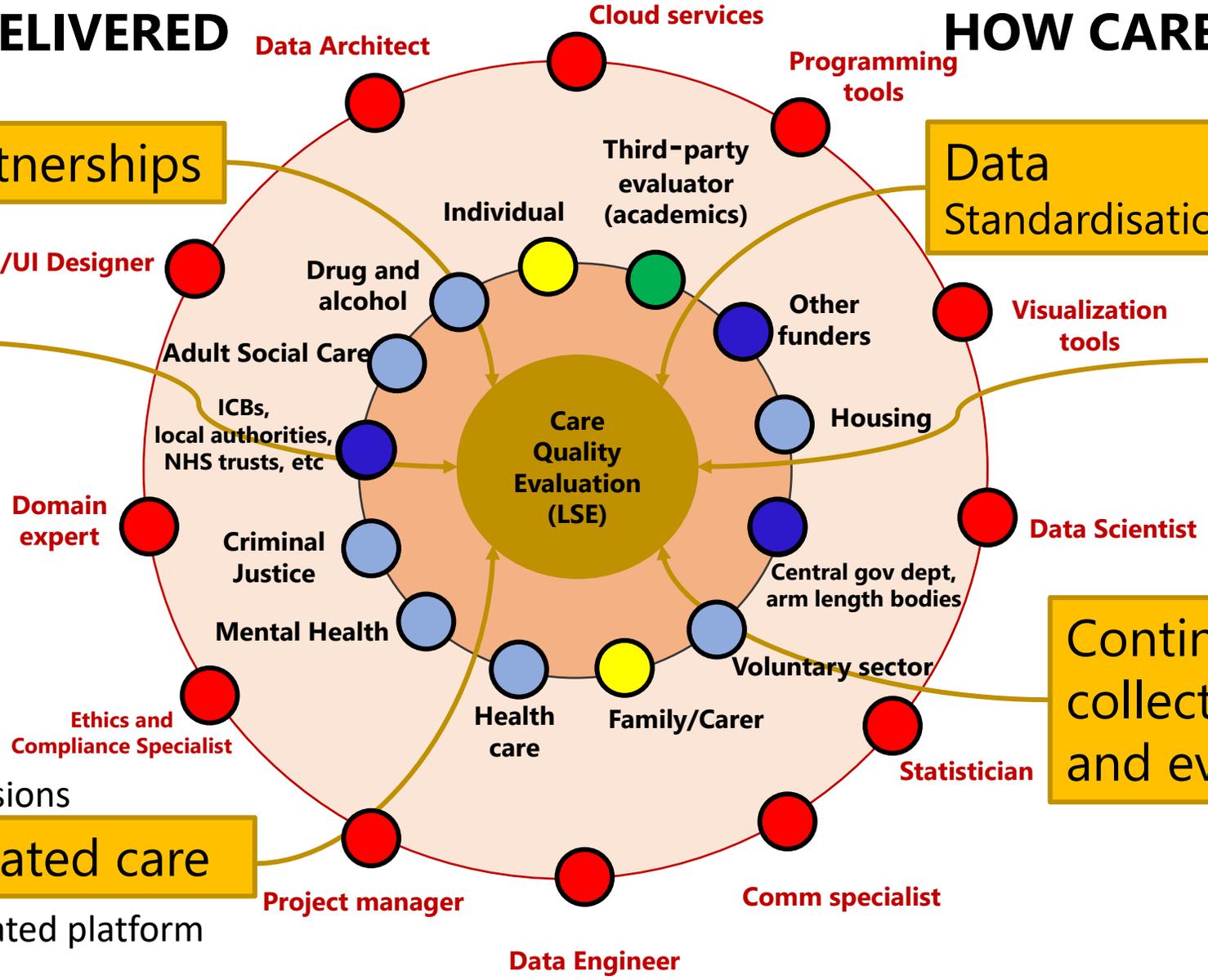
Data Standardisation

Organizational Efficiency

Continuous data collection, monitoring, and evaluation

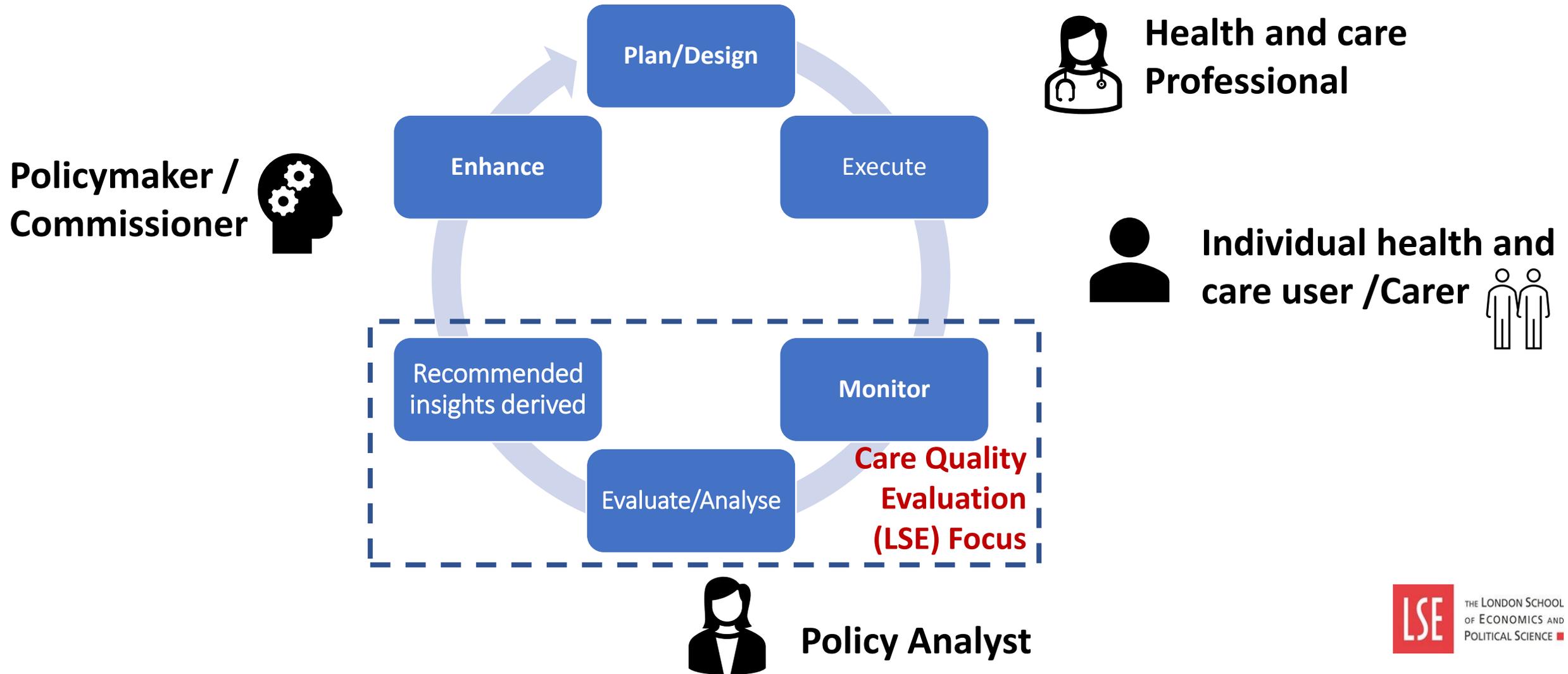
Integrated care

Person-centered care



- Who plans and commission care
- Who provides care
- Who experiences care
- Who evaluates care
- Who plans and commissions evaluation
- Data science and integrated platform

Lifecycle of a health and care Initiative



Background: Case study in homelessness

Background: Developed as part of national Evaluation of OOHCM Programme

- 2021 DHSC Out-of-Hospital Care Models (OOHCM) Programme: £16 million to 'roll out' specialist intermediate care for people in 17 test sites across England experiencing homelessness.
- 2021- 2023 DHSC commissions the [Evaluation of the Out of Hospital Care Model \(OOHCM\) Programme for People who are Homeless](#) on the implementation and sustainability of models.
- Evaluation team worked to **improve the information available to policy makers, commissioners and service leads.**

Metrics (type of data we collected)

We introduced (and standardised data collection for) over 50 metrics:

Demographics

Service provision

Economic
outcomes public
budgets

Investment costs
and budget
utilisation

Health outcomes

Housing
outcomes

Care experience

Preferences for
various care
models

KEY AIM: to support test sites to develop a 'dashboard of key indicators'

(VISUALISATION OF DATA AND INSIGHTS) that could also be used to make the case for future funding.

ALSO: to contribute to the broader landscape of national decision-making.



1254 people supported

[we have data for]

17 integrated care systems in England

97 beds

99 Staff members

7 economic case story analyses

2 financial years (2021-22, 2022-23)

10 reports for local users

10 dynamic online dashboards for local users

12 dynamic online dashboards for national users

272 people completed the questionnaires

788 questionnaires collected

50+ metrics featured in the dashboards



Early Impact

- **NHS England (2023) frameworks on health inclusion (1) and intermediate care (2) reported our dashboards as operational and management tool for homelessness stakeholders.**

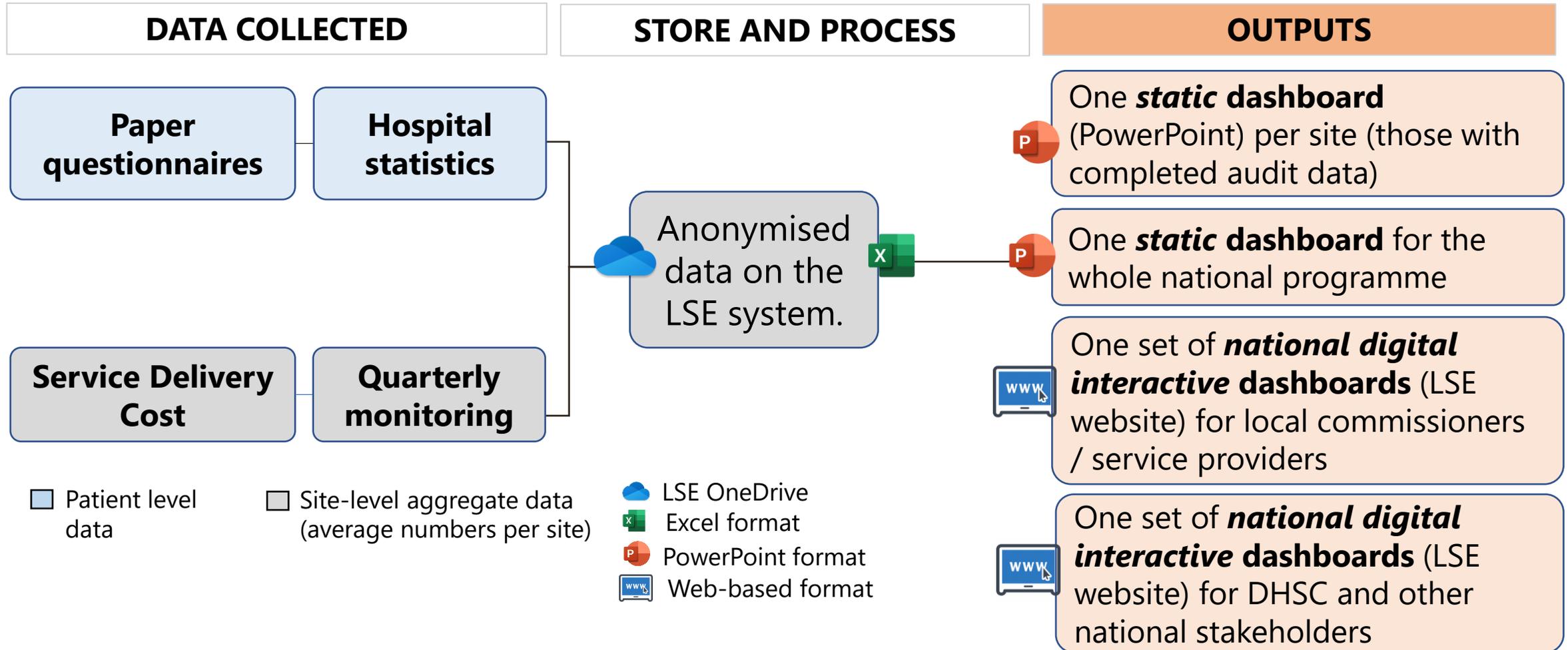
“Digital dashboards have also been developed to capture ongoing data by site, enabling routine gathering, analysis, and comparison of trend data for individual providers, ICSs, local government areas and the nation against benchmarks. These dashboards are a valuable management tool for monitoring and is key in driving long-term service improvements.”

1) <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

2) <https://www.england.nhs.uk/publication/intermediate-care-framework-for-rehabilitation-reablement-and-recovery-following-hospital-discharge/>

The use of data to inform service implementation

The data collection and dashboard development process



The aims and objectives of the dashboards

- The integrated management dashboards are designed to serve as a management tool for both local and national stakeholders.
- Their primary objectives include:

**Performance
Monitoring**

**Quality
Assessment**

**Resource
Allocation**

Trend Analysis

**Risk
Identification**

Benchmarking

**Reporting and
Transparency**

**Continuous
Improvement**

How they work

- Visual data presentation and interactive charts
- Filtering and customised data views
- Comparative Analysis
- Benchmarking and trend analysis

National Average

**Regional or
Location
Averages**

**Type of Service
Provision**

**Benchmarking
with Similar
Organisations**

What the dashboards provide

- The dashboards provide **actionable insights for programme stakeholders**, including service providers, local and national commissioners, policymakers, and third-sector organisations.
- By utilising the data, we **inform decision-making, optimise resource allocation, and enhance effectiveness** of out of hospital care for people who are homeless.

Positive outcomes: We emphasise positive trends and improvements, increased access to care, improved health outcomes, improved care experience, and more participants transitioning to stable housing.

Challenges: We indicate challenges and areas that may require additional attention, such as allocated budget utilisation, accessibility issues, or coordination concerns among service providers.

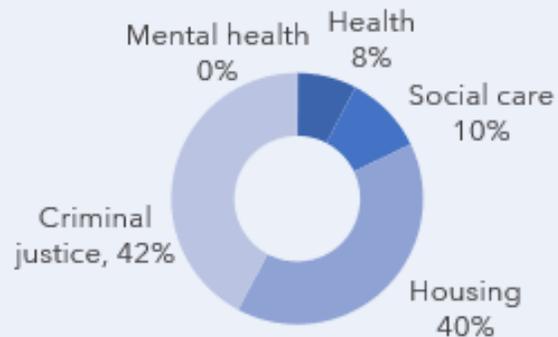
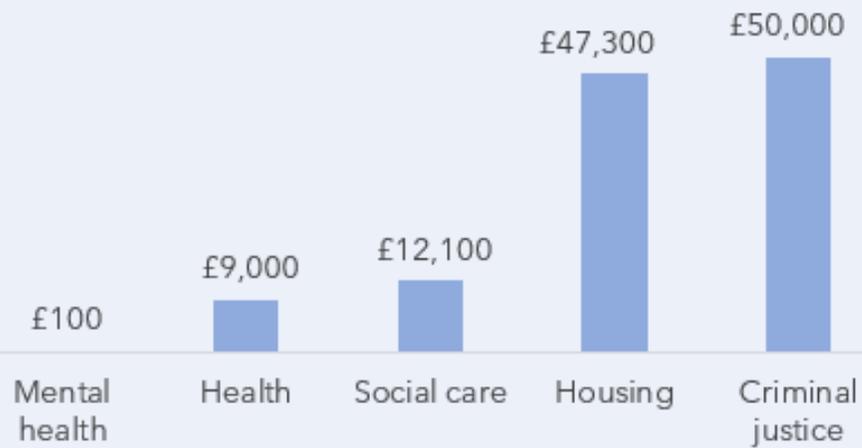
Individual case stories

Key
outputs

Economic Analysis of Mr. J.D. Case Story (considering broader public perspective)

Year before moving in OOHC

Total annual public costs: **£118,500**



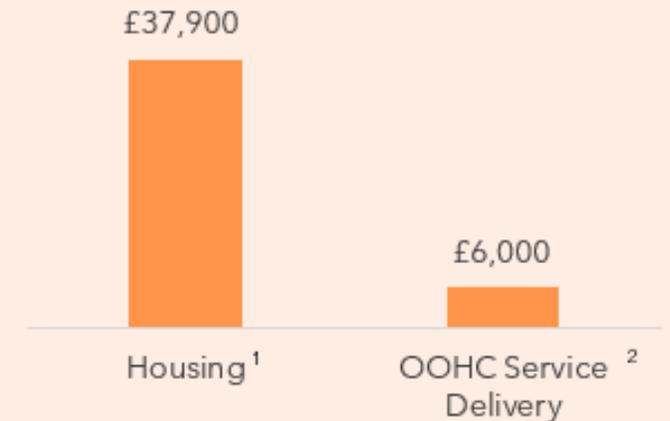
If you provide specialist OOHC you can do more with public money: free up **£74,600** per person who is homeless in one year

With the same investment, you can provide support for three people instead of just one, securing improved outcomes for each of them.



Year after moving out of OOHC

Total public costs: **£43,900**



OOHCM service delivery 5%



Housing
95%

Local site static dashboard (set of 13 slides plus explanatory notes)

Key
outputs

National Audit of Specialist Intermediate Care for People who are Homeless Financial Years 2021-22 & 2022-23 OXFORDSHIRE (Pathway 2 Step-down Services)

Key Findings at a Glance for the Financial Years 2021-22 & 2022-23

Investment and Budget Release

 **£196K** Investment for service delivery
£161K in Pathway 2 services per year

 **£3.7K**
£3.1K Costs per person per accepted

 **£42K** Total NHS budget release for financial years 2021-2023 (re-allocatable resources)

Overall impact of public investments

- ✓ Providing specialist step-down services for people who are homeless is value for money
- ✓ It frees up resources for the NHS (**£42K**) and other public budgets¹
- ✓ It improves or prevents a deterioration in health and wellbeing outcomes

Pathway 2 Outcomes

 **85%** Acceptance rate
69% (51/58 referrals)

Aggregate Figures for 2021-2023

 **61%** People experienced better or unchanged QALY²

 **100%** People reported being treated with dignity and respect

 **98%** People did not sleep rough after leaving step-down

 **25%** Decrease in emergency admissions

 **56%** Decrease in A&E visits



10 Beds across 2 houses

1 MDT working in and out of the hospital

126 People accepted in Pathway 2 step-down services (2021-23)

29 days Length of Stay

¹ More details provided [slide 12](#) and in the [notes](#).

² More details provided [slide 8](#) and in the [notes](#).

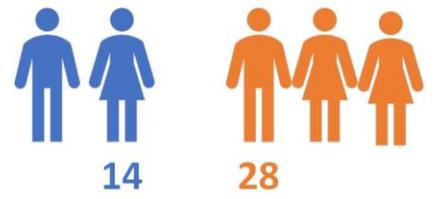
Key outputs

OOHCM programme static dashboard

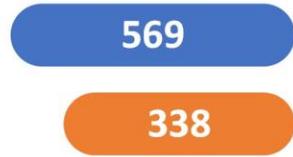
OOHCM programme for people who are homeless Key findings at a glance (2021-23)

Pathway 1 Pathway 2

Number of staff members



Number people accepted



Cost per person accepted



Length of stay



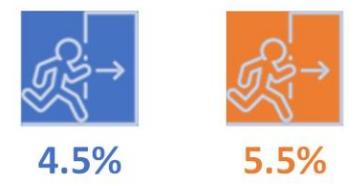
Investments



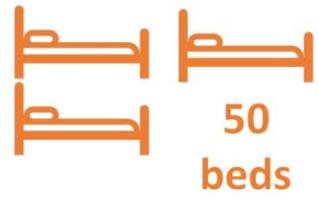
Budget utilisation (%)



% Early self-discharge



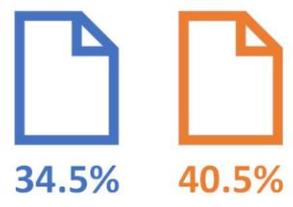
Number of beds



Waiting times Between referral and assessment

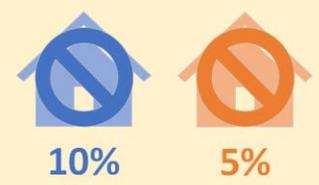


% Care Act assessments completed against patient numbers



Outcomes

% Back to rough sleeping



% people that felt being treated with dignity and respect



% People with improved - unchanged - worse quality of life outcome (QALY)

▲ % Improved
 ▬ % Unchanged
 ▼ % Worse





Key outputs

National digital interactive dashboards (LSE website)

<https://www.lse.ac.uk/cpec/research/OOHCM/integrated-management-dashboards>

Contact the team: cpec.imd@lse.ac.uk

LSE website (complete or

Access to a



Home A management tool for the commissioning and delivery of specialist intermediate care for people with experience of homelessness.

About The Project | Access the dashboards | Contact us | CPEC | CQE | Highlights | Impact | Meet The Team

Budget Utilisation Per Site

| Site | Financial Year | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | Total |
|------|---------------------|------|------|------|------|------|------|------|------|----------|
| 101 | Apr 2015 - Mar 2016 | | | | | | | | | £345,000 |
| 102 | Apr 2016 - Mar 2017 | | | | | | | | | £142,704 |
| 103 | Apr 2017 - Mar 2018 | | | | | | | | | £105,942 |
| 104 | Apr 2018 - Mar 2019 | | | | | | | | | £4,279 |

Access the Dashboards Fill in a quick form to gain access to the dashboards

About the Project

About the project Find out more about the project

Meet the Team Find out more about the Project's team

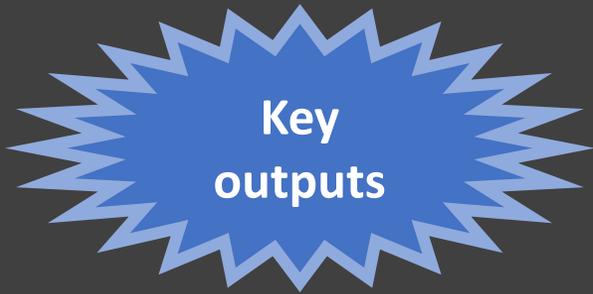
Latest News

Latest News Read the latest news about the project

Impact Read more about the project's impact

Project Highlights

Highlights Explore the project's highlights



Access the dashboards

About the Dashboards

Key dashboard numbers



What are the aims and objectives of the dashboards?



How do they work?



What do they provide?



Dashboard Access

Fill out the below form. Once completed you will automatically be sent a link to relevant data.

[Access the Dashboards](#)

Print or share



[Contact us](#) [View our contact details](#)

Access the Dashboards

Your details

Name *

Email *

Job Title *

Where is your place of work? *

How did you find out about the project?*

- Research Team
- Research Paper
- From a colleague
- Online
- Other

Are you a:*

- Local Commissioner
- National Commissioner
- Representative from a participating site

Who can access the dashboards and why

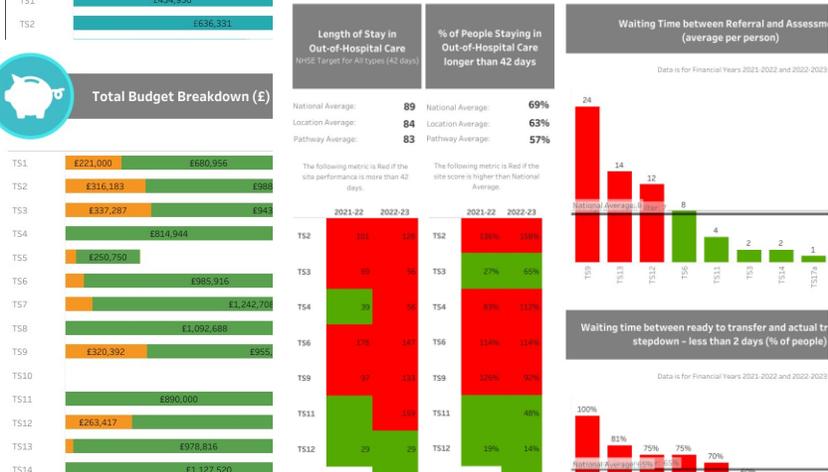
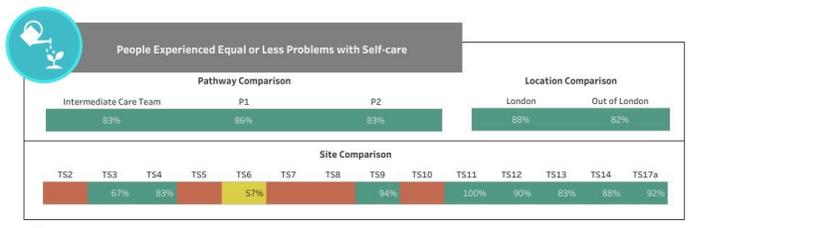
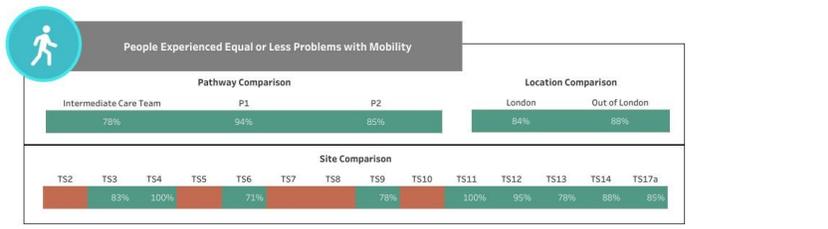
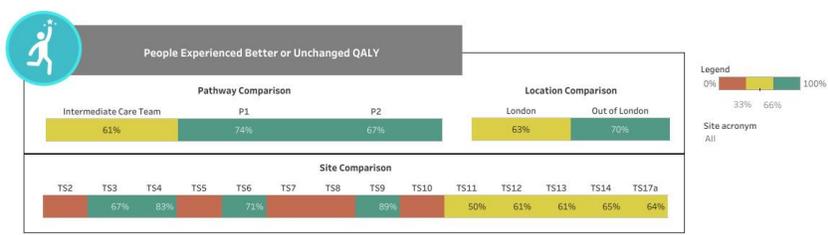
Who:

Local commissioners, service providers, and national stakeholders engaged with the OOHCM programme

ALSO: guest users can access samples of relevant visualisations

Why:

This enables learning about the framework to consider its transferability to other services / populations / environments



Data Availability

| Site | Quality of Life (Baseline) | Quality of Life (Exit) and Other Metrics | Patient Reported Experience Measures (PREM) | Utility and Resources |
|-------|----------------------------|--|---|-----------------------|
| TS1 | | | | |
| TS2 | | | | |
| TS3 | | | | |
| TS4 | | | | |
| TS5 | | | | |
| TS6 | | | | |
| TS7 | | | | |
| TS8 | | | | |
| TS9 | | | | |
| TS10 | | | | |
| TS11 | | | | |
| TS12 | | | | |
| TS13 | | | | |
| TS14 | | | | |
| TS15a | | | | |
| TS15b | | | | |
| TS16a | | | | |
| TS16b | | | | |
| TS17a | | | | |
| TS17b | | | | |
| TS17c | | | | |
| TS19 | | | | |

Search
Menu

Data Availability Map

Data Availability Map
View the dashboard

Summary Metrics

Summary Metrics
View the dashboard

Investments and Service Delivery Costs

Investment and Service Delivery Costs
View the dashboard

People Demographics and Staffing

People Demographics and Staffing
View the dashboard

Housing Outcomes

Housing Outcomes
View the dashboard

The Flow of People In and Out of Services

The Flow Of People in and out of Services
View the dashboard

Housing Outcomes

Health Outcomes
View the dashboard

Person Reported Experience Measures

Person Reported Experience Measures
View the dashboard

Health Outcomes

Health Outcomes
View the dashboard

Economic Analysis - NHS Perspective

Economic Analysis NHS Perspective
View the dashboard

Economic Analysis - Broader Public Budget Perspective

People Preferences and Service Uptake Modelling

People preferences and Service Uptake Modelling

Summary (Pathway, Year, Location Filters Applied)

Total NHS Hospital Resource Costs Year Before vs After OOHCM Admittance

| Before OOHCM | After OOHCM |
|--------------|-------------|
| £463.39K | £493.69K |

Number of people

| Before OOHCM | After OOHCM |
|--------------|-------------|
| 144 | 144 |

More details about the survey, please see in this link.

Service Uptake Modelling

Preference data were used to calculate probabilities associated with choosing specific OOHCM options. Click this button below to go to Service Uptake Modelling dashboard:

Service Uptake Modelling

Subgroup Analysis

Please note that this page provides results for the overall cohort of people who participated in the survey. Please

MESSAGE 1: Respondents do not want to go back to rough sleeping. (They prefer any alternative arrangement to going back to rough sleeping).

MESSAGE 2: All five aspects play a significant role in individuals' choices regarding their OOHCM, appearing in order of impact:

- Professional Providing Care
- No Rules about Behavior
- Location
- Duration of Care (in weeks)
- Number of visits (per week)

MESSAGE 3: Respondents prefer the following model of care:

- The person is in their own home.
- A housing support worker provides their care.
- They are seen 4 times per week.
- Their care is provided for at least 10 weeks.
- There are no rules about their behavior.

What does this data approach mean for you now?

If you commit to:

- Providing data
- Using the dashboards
- Paying for maintenance fees



You receive:

- Continuous data collection, analysis, and reporting
- Numbers and case stories
- Essential metrics
- Consistent and standardised data collection
- Data comparability, benchmark and trend analysis
- External evaluator
- Transferability of the approach



Next steps for the 'dashboards'

Standardised and continuous monitoring and evaluation is needed to support better decision making at all levels

For service manager

For service planning
and commissioning
(at local and
national levels)

For policy making
(at local and
national levels)

Who is missing ?

Standardised and continuous monitoring and evaluation is needed to support better decision making at all levels

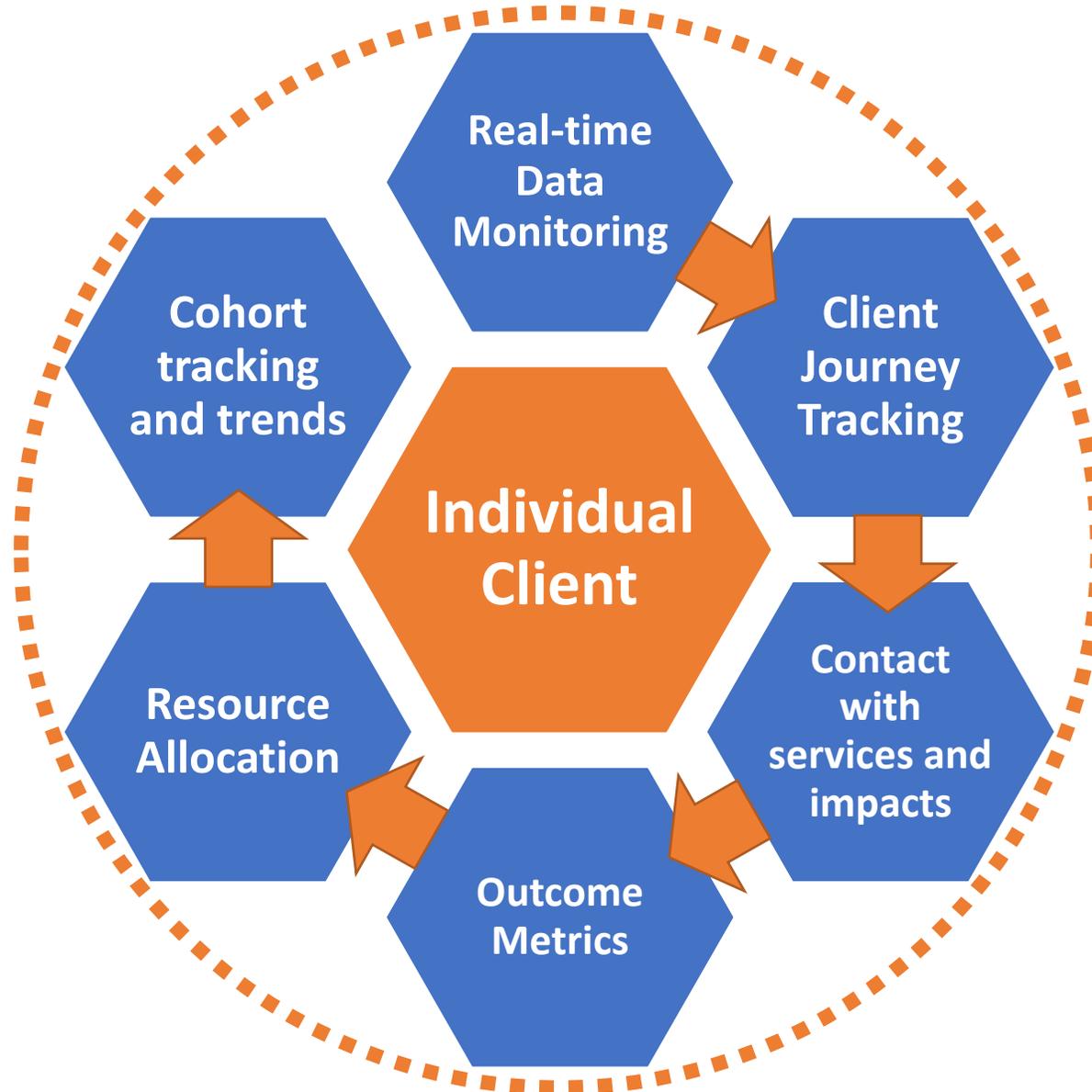
For service manager

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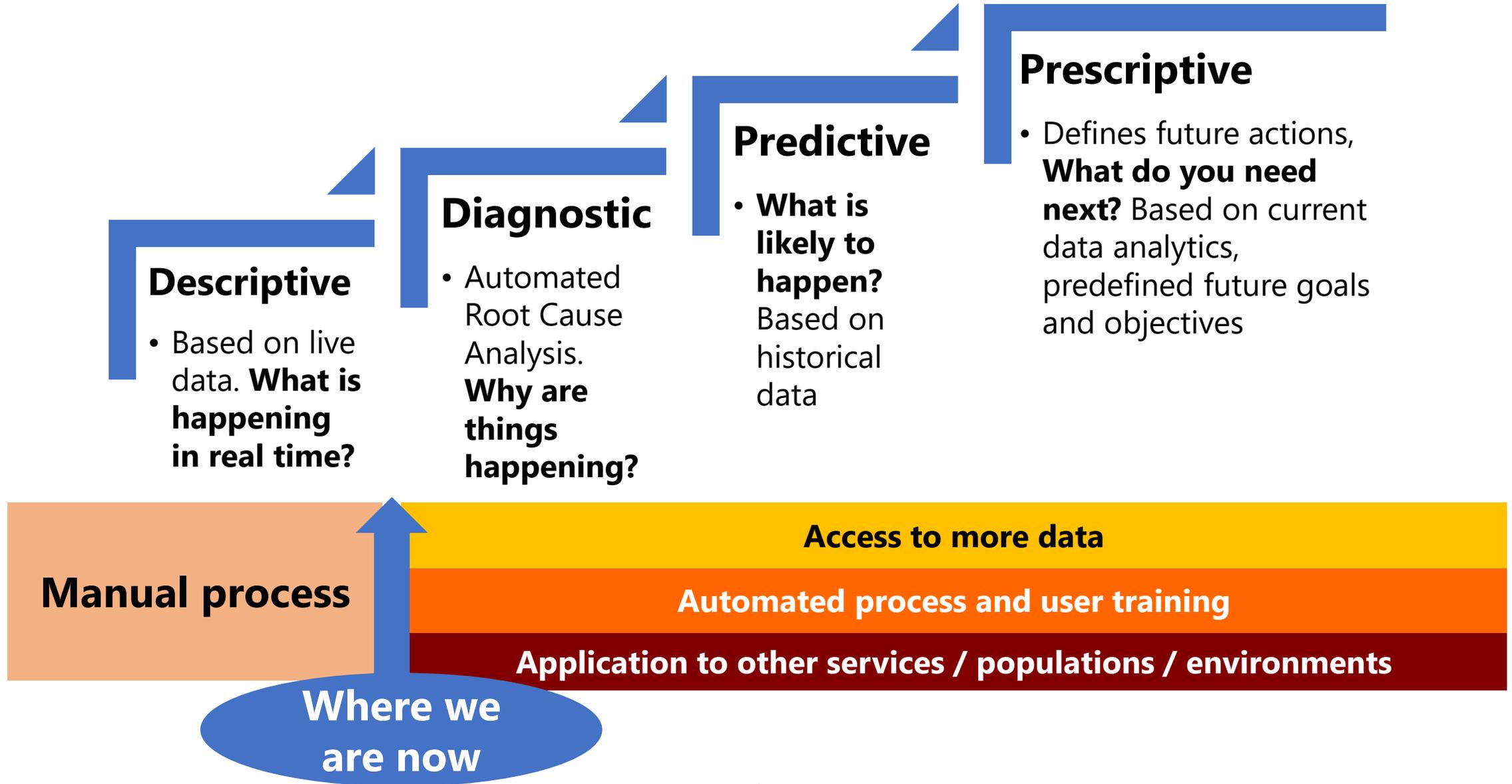
For policy making
(at local and
national levels)

Do we need
dashboards for
practitioners?

What would an integrated management dashboards for practitioners look like?



NEXT STEPS: Care Quality Evaluation (CQE) Roadmap



NEXT STEPS: 2024 online workshops applying this further with homelessness

- One with **national users** (government depts, arm length bodies, eg NHSE).
- One with **local users** (service managers, commissioners in ICBs, local authorities, NHS trusts, etc).

LSE is ready to support the development of the automated version, BUT this is contingent upon stakeholders committing to:

- 1- Providing the necessary data**
- 2- Using the dashboards systematically**
- 3- Covering the associated running costs**

Contact the team (m.tinelli@lse.ac.uk) if you would like to participate.



A question for you: which data option would you choose?

A) Current system snapshot

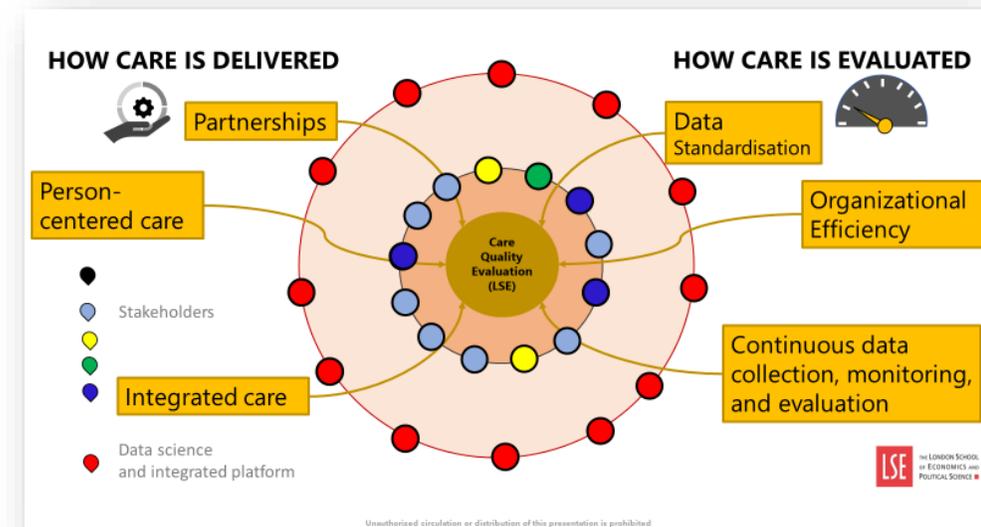
- Stakeholders tend to operate in isolated silos.
- Emphasis on evaluating what has happened, not what is happening.

B) Do nothing

- No evaluation.
- No system improvement.

C) We develop system change together

- Foster collaboration among stakeholders.
- Shift focus to real-time assessment and intervention. **Everybody needs to play their part!**
- Secure better outcomes for individuals.





Department
of Health &
Social Care

Questions? Comments?



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Case study in homelessness team:

Evaluation of the Out of Hospital Care Model (OOHCM) Programme for People who are Homeless

Dashboard lead:

Michela Tinelli (London School of Economics and Political Science)

Evaluation Team

Michelle Cornes (co-PI) and Vanessa Heaslip (Salford University)

Michela Tinelli (co-PI), Kyann Zhang, Michael Clark, Jessica Carlisle, Raphael Wittenberg, Joanne Madrudejos, Areej Malik, Jack Gibbs, Anusha Ganapathi (London School of Economics and Political Science)

Elisabeth Biswell, Joanne Coombes, Jess Harris (King's College London)

Stan Burrige (Expert Focus)

Sarah Dowling and Rachel Mason (Oxford Lived Experience Advisory Group)



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