

**COLLABORATION FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND
CARE SOUTH WEST PENINSULA (PENCLAHRC)**

**Case Studies Showcasing the Value of CLAHRC Funding
1 January 2014 to 31 March 2015**

1. Bay6 Evaluation

'Bay6' is a service run by Community Housing Aid, an Exeter-based charity for homeless people. Bay6 employs four specialist housing workers to find accommodation for people who are homeless or become homeless while inpatients in the Royal Devon and Exeter Hospital (RD&E), Torbay Hospital, or North Devon District Hospital.

Bay6 has been operating since October 2013 and is currently funded until March 2015 by the NHS England Regional Innovation Fund. This funding includes the cost of an independent evaluation of Bay6 being carried out in collaboration between PenCLAHRC and the Public Health Directorate, Devon County Council.

The aim of the preliminary evaluation of Bay6 is to answer the following questions:

1. How is the service provided and used by Bay6 and NHS staff? Are there differences in the way it is provided and used in the three hospitals where it currently operates?
2. What are the perceptions of NHS and Bay6 staff of the impact of the service on health and other outcomes for homeless patients?
3. What are the perceptions of NHS and Bay6 staff of the impact of the service on the use of NHS resources?
4. Are there any potential savings to CCGs and NHS Trusts arising from the implementation of Bay6, in terms of reduced readmissions, reduced delayed discharge, and reduced emergency admissions? If so, what is their scope and magnitude?

Our interviews with NHS and Bay6 staff indicate Bay6 workers have better housing knowledge and contacts than hospital staff, which makes them more effective and efficient in finding accommodation. Interviews reported that this:

- Increases the chances of accommodation being found
- Reduces the likelihood of patients being discharged onto the streets
- Reduces delayed discharges and consequent pressure on hospital resources
- Prevents hospital staff being diverted from providing care to other patients on the wards.

Hospital staff, and clinicians in particular, emphasised that Bay6 has eliminated the time they would have spent finding accommodation for homeless patients and that the time saved has been redirected to providing routine patient care. They reported that the provision of suitable accommodation was a positive alternative to discharge onto the streets because it:

- Helps prevent the patient's health deteriorating after discharge and thus helps avoid readmission
- Makes it easier to provide post-discharge medical, further reducing the risk of readmission. Services such as medical follow-up, district nurse attendance to change wound dressings, and provision of support by community mental health services require the patient to have a stable home address
- Improves the likelihood that patients will comply with post-discharge medical care
- Helps patients and staff to address drug and alcohol misuse issues.

Comments from staff members illustrate the ways in which the service improves health outcomes:

"...if you're detoxing a patient and you've come so far, you wouldn't want to send them out to the street because they will fail. So you're going to be keeping them until you find a different way of finding them accommodation, which can be ... incredibly time consuming".
(Patient flow manager, City Hospital)

"[Bay6] helps us to get people out quicker because they know the discharge process, they know what's out there, what's available and they can do a lot of the ground work for us."
(Matron, City Hospital)

"They're my saviours. I know that sounds a bit cheesy but they are my saviours because before this, it was a struggle. It was a struggle at ward level." (Matron, City Hospital)

POTENTIAL NHS COST SAVINGS

We analysed hospital data in relation to Bay6 service users, comparing their use of hospital services in the six months before and after using the service. We found that Bay6 clients (homeless people) are high consumers of hospital care – costing on average about £20,000 per year to the NHS.

For the 104 homeless client records we analysed, hospital use in the six months after using Bay 6 involved fewer A&E attendances (273 vs 367) and fewer A&E attendances by ambulance (187 vs 233). There were then also fewer inpatient admissions (157 vs 244) and fewer bed days (923 vs 2190) but more outpatient appointments (224 vs 191) after their use of Bay6 than in the six months before.

In terms of the cost of hospital care, total costs were about £90,000 lower in the 6 months after using Bay6 than in the six months before, a possible saving (if this is a causal association) of 20% of total costs (£309,638 vs £397,690). The pre- post comparison including the cost of the index admission episode in the pre-intervention six months shows that costs in the six months after use of Bay6 were less than half of the costs in the 'pre-intervention' six months.

IMPACT OF THE EVALUATION PROJECT

We have been able to document a wide range of perceived benefits of the service. Some seem to be directly measurable, such as the reduction in hospital use in the six months following the

appointment. In our sample of 104 homeless service users this was associated with a £90,000 (20%) reduced cost of hospital care in the six months after using the service. However, another perceived benefit – avoiding the wasted time of nurses and other clinical staff trying to arrange accommodation – may also prove to have a substantial economic saving as well as having implications for improved patient safety.

Our interim findings were shared at the Acute Medical Services Committee of NEW Devon CCG in January 2015 and informed their decision to extend the funding of this service through the Royal Devon & Exeter Hospital until end of March 2016. By demonstrating the potential short-term cost savings of the service and identifying several less quantifiable benefits this CLAHRC-supported service evaluation will inform the ongoing commissioning of this service and similar services for homeless patients in other parts of the country.

CONTRIBUTION OF PenCLAHRC TO PROJECT

- Qualitative research expertise and expertise in working with Third Sector Organisations (Ms Rebecca Hardwick)
- Administrative support
- Financial flexibility given the rapid timelines and delays to accessing the NHS England Regional Innovation Funding. (For example, the qualitative data collection had to start before the grant funding had been transferred and before formal appointment of a researcher and PenCLAHRC support allowed us to pay a researcher as a temp to do this)
- A highly supportive environment in which to start developing knowledge and networks relating to the research and evaluation of third sector organisations involved in health care provision, a topic on which Rebecca Hardwick is now undertaking a PenCLAHRC-supported PhD.

WHAT HAPPENED NEXT?

We have produced a final report, which will go to Community Housing Aid, the CCG, and the research funders. We will draft and submit a journal article to disseminate the findings. This will include directly sharing our findings with those running similar services in other parts of the UK.

As a research team, we would like to use more rigorous evaluation methods to evaluate similar services in the longer term but this depends on such services attracting investment and existing in the long-term. We want our positive experience of collaborating with Community Housing Aid to be a basis for further collaboration between PenCLAHRC researchers and third sector organisations involved in commissioning and delivering health and care services in the South West.