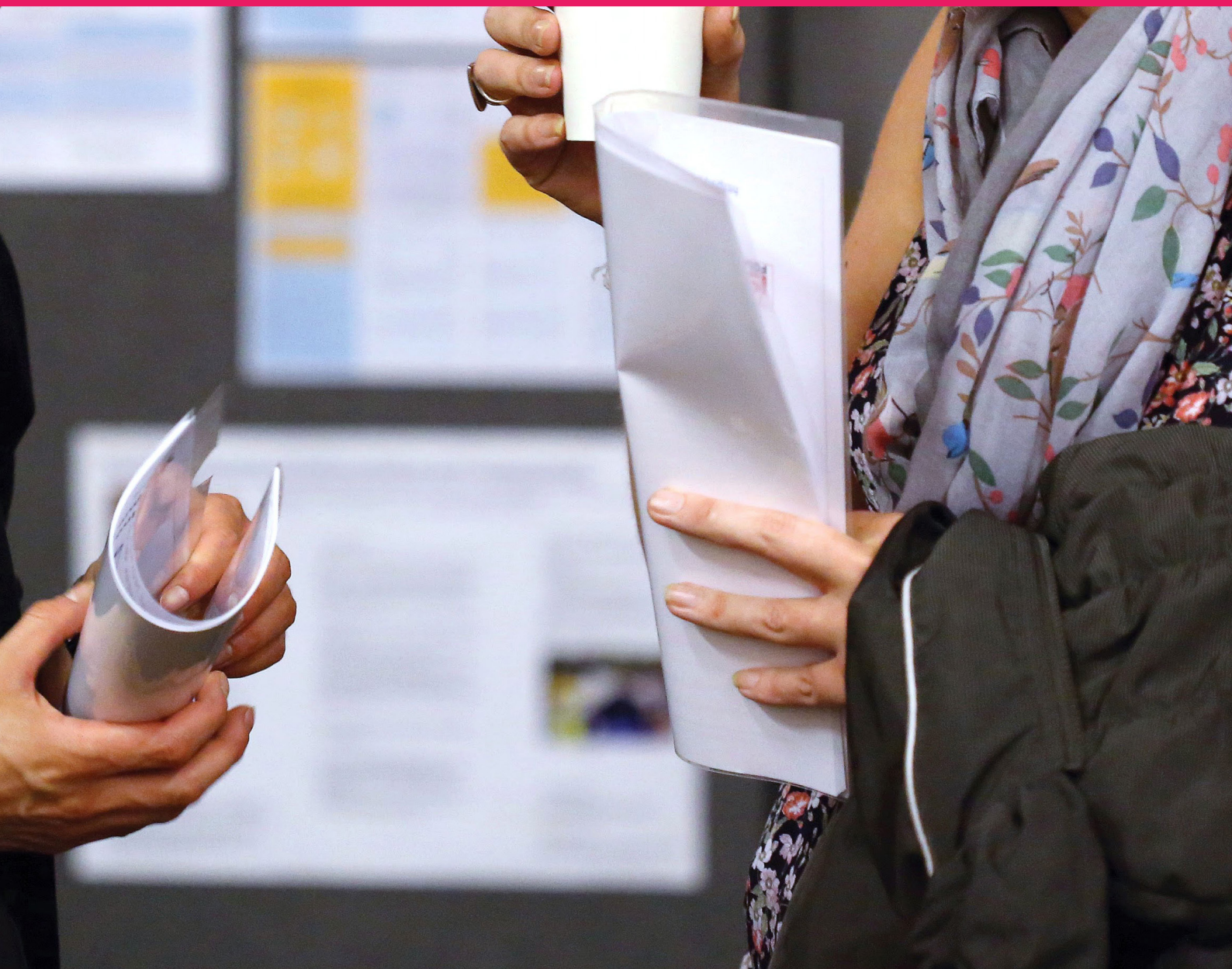


Service development in inclusion health practice

London Network of Nurses and Midwives Homelessness Group



The London Network of Nurses and Midwives Homelessness Group

This document was produced by the London Network of Nurses and Midwives Homelessness Group, who are a charity who support professionals working in inclusion health. We also welcome students and people with lived experience.

We put on events and publish guidance and other documents. We also hold a yearly conference, offer informal supervision and networking, and influence policy at a local and national level.

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Contents

Introduction	4
Thinking about ideas for change	5
Working out whether an idea will work	7
- Needs assessments	
- Pilot projects	
Funding	10
- Funding sources	
Getting buy in for a project	12
Developing a business case	13
Reporting on your project	14
- Writing case studies	
Asking for advice	17

Introduction

In inclusion health, we work in a constantly changing context. Much of our work happens across sectors and organisations, and funding for projects and contracts can be short.

Whether you are a staff nurse on the ground or a service manager, it is helpful to know how to identify, and provide evidence for, the need for changes in services, how to make a good case for these changes to be made, and how to make those changes happen.

This could be through extra staff time, funds for equipment, or simply permission to change the way that you work.

Being able to do this can make a really positive difference to the experiences and outcomes of your patients, and improve the working lives of your colleagues.

This guidance from the London Network of Nurses and Midwives Homelessness Group looks at ways you can do this.



Thinking about ideas for change

There are lots of ways to come up with ideas for improvement in healthcare.

You might see a problem, and ask how the situation could be improved.

For example, you may have a client who is homeless and repeatedly fails to attend GP appointments and find yourself wondering how they could be better supported. Through speaking to colleagues and spending time reflecting, you might wonder whether healthcare could initially be bought to him on the street where he sleeps, and start looking into how outreach services work.

You might see something working well elsewhere and think you may be able to apply it to your own service or work.

Taking the same example, you might hear about a health related street outreach service that is working well in a nearby borough and wonder whether such a service could help people in your area.

Changes can be large, like starting an entire service or pathway, but they can also be small things like providing staff training that improves patient outcomes or ensuring patients have information that they were not previously getting to help them look to after themselves or understand their care.

Reflective questions

Can you think of an unmet need in the area that you work in?

Can you think of a simple way to improve it?

Can you think of a time you have experienced a change which has improved the way that you are able to work?

Case study

A new physical health clinic at a substance misuse service

"While working at a busy substance misuse service, I read an article about good outcomes from a project run by a university centred around a respiratory clinic at a substance misuse service in another city.

With this at the back of my mind, I was struck by the number of clients we were seeing with respiratory problems either without a diagnosis, or with a diagnosis but without meaningful engagement with treatment, as well as the high number of clients who smoked cigarettes without much engagement about this aspect of their substance misuse. It was difficult to miss when people showed up to our clinics gasping for breath after a short walk up a hill!

This felt especially important in relation to the serious problems that arise for people with poor respiratory health who misuse substances other than tobacco, such as increased risk of overdoses and potentially avoidable hospitalisations and even deaths.

I was supported by my manager to visit the respiratory clinic from the report I had read and speak to the consultant there about her work. I also obtained a small grant from the Queens Nursing Institute so I could do a short spirometry course.

I already had quite a flexible schedule as I managed my own caseload so we agreed I would trial a short weekly physical health clinic for clients that included a basic respiratory assessment, which could be done without additional cost to the service. In addition, this would take some of the weight off other clinics and my colleagues as I was able to do immunisations alongside basic health assessments, and offer harm minimisation advice.

I also delivered some training to my nursing and non clinical colleagues to support them to have better conversations with their clients about respiratory health, and increase referrals to our new clinic.

Going through this process taught me that noticing a problem and asking how it can be solved can lead to some really positive health outcomes with the right support, and also that change within a service is possible, may be more straightforward than it appears, and is everybody's business."

Working out whether an idea will work

There are various ways to find out if an idea is worth putting into action, both in terms of whether it is actually needed and will be useful, and in terms of whether it is practically possible. This kind of work is sometimes referred to as a proof of concept project.

For example, you may see a respiratory service working well in another area and think about whether you could replicate it at your own clinic.

Then, when assessing need, it could turn out that your patient groups respiratory health is already well provided for and that a new service would not be useful but rather you need to improve your referral pathways into existing services.

Needs assessments

A needs assessment is a systematic process for determining and addressing needs, and may be required in order to develop a 'business case'. A business case attempts to prove that a measure will be beneficial, usually including financially, to the corporate leadership of a service, and will be explained in more detail later in this document.

In order to determine the need for a new service, the kind of information that could be useful to collect includes:

- The number of patients in your area who could benefit
- Any information about specific things that could be improved, such as mortality
- Any existing literature which supports the intervention you are proposing
- Any existing services that are similar to the one you are proposing which have been successful
- Related costs, and projected savings

A Homeless Health [Needs Assessment Toolkit](#) has been developed by the London Homeless Health Programme to support the needs assessment process, with a focus on homelessness. This toolkit includes a template developed by Groundswell to assist with engaging effectively and meaningfully with rough sleepers.

It is important to understand existing evidence for what is, and isn't effective. A good place to start is the Lancet paper "[What works in inclusion health: overview of effective interventions for marginalised and excluded population](#)"

It may also be useful to undertake an Equality and Health Inequalities Impact Assessment focused on the provision of primary care to rough sleepers in your area. Your employing organisation, Local Commissioning Group or Clinical Commissioning Group (CCG) should have a template for this.

[An example of this kind of document can be seen here.](#)

Pilot projects

A pilot project goes one step beyond the needs assessment, actually running a stripped down or time limited version of an idea to prove that it is functional in that form.

Pilot projects should be scalable or extendable, so that if the pilot project is a success then you can build on this by developing the project further, or running it for longer, perhaps even obtaining ongoing funding and support to make it permanent.

[You can see a number of examples of a range of short term funded inclusion health projects, supported by the Queens Nursing Institute, and an evaluation, here.](#)

Service user involvement

Service user involvement is about making sure that health services, organisations and policies are led and shaped by the people best placed to know what works: people who actually use the services. They are often called experts by experience.

Meaningful involvement of people who use—or have used—services is being increasingly recognised as an indispensable part of service design, and also service delivery. When people are equipped and supported to help commission, design deliver and check the services, they and their peers use, it is felt that those services will improve and the people involved will also gain in confidence and skills.

When you are designing your new service consider how service users can be involved throughout the process, and research service user involvement work that is being done locally, so that you can learn and collaborate with them. For an excellent example of peer led work [review the Groundswell website.](#)

Case study

A health related street outreach pilot

"Whilst attending an awards event to celebrate the achievements of individuals and teams across Lambeth, my colleagues and I realised that we could have the opportunity to be celebrated at next year's awards. We started to think about what services we provide and what gaps there were.

We realised we were missing out on a group of clients, who weren't able to access our flexible service. The clients were rough sleepers, who either were not using the services where our clinics were held or were banned from service locations such as day centres.

For us, as a service with inclusion in our title, it was important that we address this gap and quickly. My colleague and I spoke with one of our local outreach teams and devised a plan to pilot going out with them once per month to target rough sleeping clients who were not accessing services and had significant health needs that weren't being addressed.

We were able to provide rough sleepers with same day health checks, by initially, with consent, assessing on the streets and if there was a need, would be able to bring them back to a base hub, where they could have investigations such as observations, blood tests, vaccinations, dopplers, wound care and anything that we would do in our regular clinics.

Before we knew it, we had applied for an innovation fund from the Queen's Nursing Institute and received a small grant to help us officially pilot our street outreach service.

During the pilot we looked at what key performance indicators (KPI) data we could collect (e.g. vaccinations, referrals to addiction services, GP registrations) and report on to present to local commissioners, so that we could obtain funding for the pilot to be extended. We also presented several case studies, charting clients journeys, to highlight the benefits of the service to the clients and outcomes achieved.

This process helped us to robustly review our service, look for gaps and come up with an innovative idea to meet the needs of our clients. It also gave us the skills and confidence to write grant applications and liaise with commissioning services."

Funding

A first question to ask is whether your existing service actually needs any new funding to deliver a needs assessment or pilot. It may feel possible to obtain initial needs assessment data without funding, or to reorganise your existing service for a specified time as a pilot.

If a project cannot fit into an existing service without additional resources, for example in terms of time, staffing or equipment, sources of funding may be need to be considered.

If you get to the point of completing a pilot and deciding that an idea should be put into place more permanently, then it is more likely funding will be required but again this may not be the case.

Funding cycles

Try to be aware of funding cycles. For example, most NHS Trusts make full year funding decisions during the October of the prior financial year. Financial years usually run from April to March. Conversely small amounts of pilot funding may be available at the end of a financial year. Lots of charities also have specific grant making windows.

Grant applications

Do not be put off by grant application forms. Find someone else who has done one, who is likely to be happy to share their expertise! Some grants will also require you to attend an interview if your application is shortlisted and again this is something worth practicing, and getting advice on if you have not done it before.

Conditions of funding

Many funders attach a range of conditions to their funding. Often this comes in the form of reporting. Make sure you know what the conditions of your funding are and that you prepare to meet them from the start. For example, you may need to gather particular kinds of data so you can report outcomes in a way that your funders are happy with.



Funding sources

Possible sources of funding to apply for in order to deliver a needs assessment or pilot include:

Your own organisation. If you are an NHS employee there may be internal quality initiative or innovation funds within your own organisation that you could apply to for a few extra nurse hours a week, and perhaps to purchase basic equipment, or packs for outreach.

Clinical Commissioning Groups (CCGs). CCGs organise the delivery of health services in a particular area, including by distributing resources. You could start by approaching your CCG, and asking who is responsible for inclusion health there.

Local Authority (LA) Leads. LAs are responsible for certain things locally as a proxy for the government. A Council is one kind of LA. You could approach the LA, and ask who is responsible for local rough sleeping pathways to discuss funding and support opportunities.

Primary Care Networks (PCNs). PCNs are networks designed to better integrate primary healthcare, including GP surgeries, with other local services such as social care providers. You could start by asking who is responsible for inclusion health within your local PCN.

Government departments. For example the Ministry of Housing and Local Government (MHCLG), Department of Health and Social Care (DHSC), or the Greater London Authority (GLA) may have funds.

NHS Trust Charities. Many NHS trusts have charities which fund innovation projects.

Other charities or grant making organisations. For example, [Queen's Nursing Institute innovation funds](#), or [Burdett Trust for Nursing](#) small grants can be applied for by a wide range of professionals. Some charities may offer specialist support for projects within their remit. For example, a diabetes charity may be worth looking at if you are piloting a project about diabetes and homelessness.

Geographically specific funding bodies. Different parts of the UK may have different funding systems. For example, in Wales you can approach GP clusters and health boards.

Getting buy in for a project

It is important to get 'buy in' for new projects. If you are changing the way things happen in your service, it is important to have your managers and your colleagues on board, as this can provide you with practical support and also mean that patients are more likely to be encouraged to access a new provision.

For example, if you are putting something in place to improve the physical health of patients at a mental health service, it may be a good use of time to provide some training on the relationship between physical and mental health, and ensure that your colleagues are invested in your work being successful, for example by supporting them to understand the benefits of improved physical health for their patients and their workloads.

It can also be a good idea to involve professional networks when you are building a new service or provision, so that you can get input from people who may have expertise in what you are trying to do and also to help you promote your project and make sure that people see the results.

It can also be useful, and is sometimes critical, to get buy in from more structurally senior people such as clinical leads or senior trust staff. When looking to obtain funding, getting buy in from inclusion health leads within the CCG or local authorities can result in opportunities for support emerging, and also can also connect you to people who can help you get things done.

Think about inviting your commissioner, health inequality lead, or Chief Executive Officer to shadow you so that they get can a better understanding of what you want to do, and why you want to do it. You may need to discuss this with your direct line manager first, but this can be a powerful tool for getting support for your project.

You should also consider whether you can involve patients or people with lived experience in the development of services, and prioritise doing so if possible. If you are running a pilot scheme, for example, you might want to ask patients what is important to them when having services delivered to them to help you think about how to have maximum impact. You should also consider involving people with lived experience in delivering services.

You can read more about the importance of patient involvement [in NHS England's guidance here](#).

Building a business case

In addition to a needs assessment you may be asked to develop a formal business case for a needs assessment or pilot service. You may also need to do this after a pilot project if you are asking for support to extend it. If you work for the NHS it is likely that your employing organization will have a template for this.

Common elements of a business case include:

- Evidence of the problem (taken from any evidence of local need)
- What the argument is for acting, for example local organisational and national policies on reducing inequalities, how action aligns with organizational aims and values.
- What specifically you are proposing (staff, hours, resources, partnerships)
- What is the budget and how does it break down?
- What you hope to achieve, including proposed Key Performance Indicators (KPIs)
- What alternatives exist to what you are proposing
- What will happen if no action is taken

[The Green Book](#) (HM Treasury, 2020) outlines the 'five case' model to build a business case around, often used in government and the public sector:

Strategic dimension

What is the case for change, including the rationale for intervention?

Economic dimension

What is the net value to society (the social value) of the intervention compared to continuing with Business As Usual?

Commercial dimension

Can a realistic and credible commercial deal be struck?

Financial dimension

What is the impact of the proposal on the public sector budget in terms of the total cost of both capital and revenue?

Management dimension

Are there realistic and robust delivery plans?

Reporting on your project

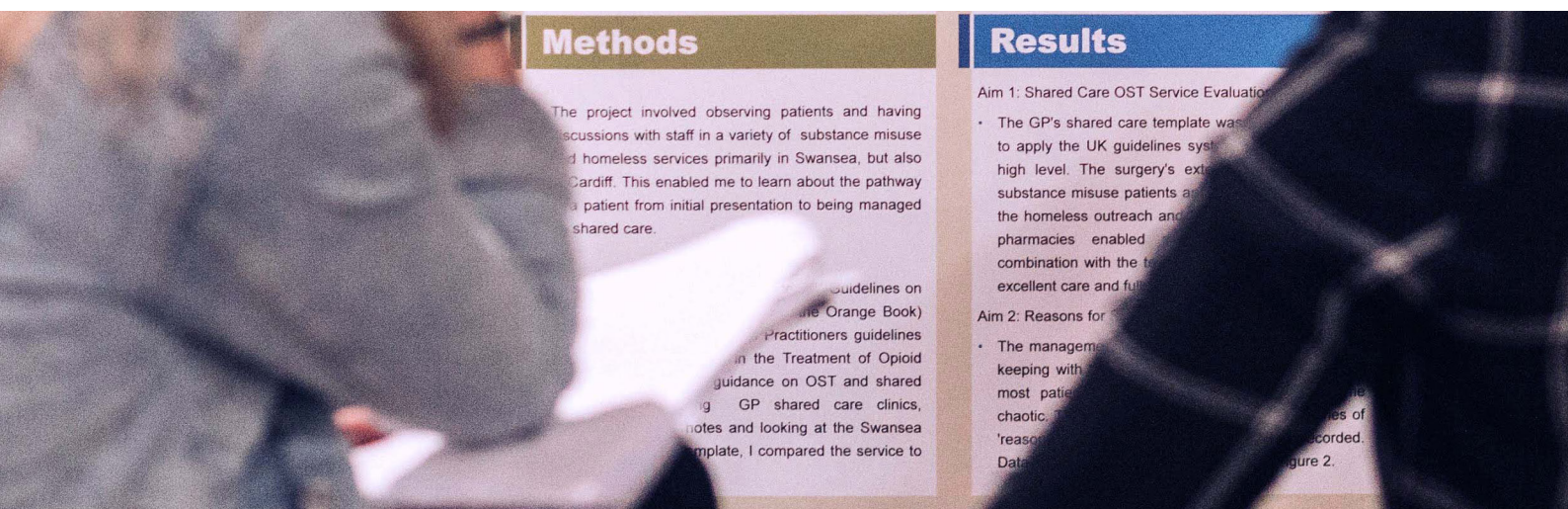
It is important to report on the outcomes of any pilot project or the early stages of a new service, both while it is in progress and also at the end if it is time limited. If you have involved people with lived experience in your project they can assist you in presenting it.

There are lots of ways to do this. Some methods include:

- Email bulletins via a mailing list
- Speaking at conferences or network events either in person or via video
- Writing case studies
- Presenting at your place of work
- Publishing your outcomes in a journal
- Publishing your outcomes in a sector publication or magazine

The benefits of reporting your project well include:

- Exposure for your work to support your career
- Helping people to access a service by letting them know it exists
- Supporting colleagues to put similar work in place
- Satisfying your funders requirements
- Highlighting the importance of innovation and improving patient outcomes



Writing case studies

Case studies can be a particularly powerful way of demonstrating the outcomes of a project. They can also be very useful in demonstrating an initial need for a project as they can help people understand the experiences of people or groups whose needs are not being met.

There are many way to write case studies. In order to write a client case study the narrative could be constructed in the following way

Context

What was the client's current situation?

What were the key problems/issues?

What action was needed?

Action

What did you do?

How did you do it?

Why did you do it this way / why did you need to do it this way?

Outcome and impact

What was the actual outcome?

What difference did your intervention make to your client?

What would have happened if you had not intervened?

Learning

What worked well?

What would you do differently next time?

How has this changed your practice?

What would you recommend to others?

You can also write case studies about service development without focusing on a particular client, for example by telling the story of how a new clinic was thought of and then put in place, and what effect it had on your service.

Such a case study could include data on clinic numbers and the demographics of patients who attended, and any outcome measures you can think of such as onward referrals or measurable improvement in physical health.

Tips for writing case studies clearly

It is important to bear in mind that some of the people who will read your case study may not have a good prior understanding of the work that you do, or the area you work in.

Your case study should be accessible for people without a clinical background, and also ideally for patients.

Some tips for writing clear case studies include:

Do not use unnecessarily long words or needlessly complex phrases.

For example, instead of saying

‘We undertook a sequence of listening exercises and used an iterative learning process which allowed us to respond to the emerging data and build a prospective service model’

You could say

‘We asked patients what they thought. We then went back to them again with the ideas that came out of these conversations to check we had understood them and to see if they had anything new to add. We created a service design based on this collaborative process.’

Use short sentences and break up your paragraphs.

Do not assume that people understand acronyms or clinical slang

For example, many people do not know what COPD is, including nurses, and working in inclusion health can lead you to assume that they would. It is not unusual to come across the acronym without an explanation.

Final tips

If you are doing something which you know you would like to base a case study on, you could consider proactively collecting feedback from patients to include such as quotes or measures of satisfaction using a number scale. Collecting feedback from patients is generally good practice regardless of whether a case study is to be written! And don't forget consent.

Use quotations and images to illustrate the difference the change has made, if these are available. Making your case study look professional and attractive can make a difference to how it is received.

There is a short guide to writing case studies from Public Health England [hosted here](#).

Asking for advice

There are a number of organisations you can approach for advice about inclusion health service development.

They include:

The London Network of Nurses and Midwives Homelessness Group

lnnmhomeless@gmail.com

The Queens Nursing Institute Homeless Health Programme

mail@qni.org.uk

Pathway

info@pathway.org.uk