



# **#HealthNow economic evaluation**

## **Clarification answers**

February 2023



- **What do you typically mean by “homeless” people for the HHPA programme? Are we talking about street homeless, those in temporary accommodation, those in supported accommodation, those receiving statutory support? Are they primarily single adults or could they also be young people or families?**

We adopt a broad definition of homelessness which includes people experiencing street homelessness, living in emergency, temporary or hostel accommodation and people who are living in insecure (i.e. insecure tenancies) and inadequate housing (i.e. unfit or overcrowded accommodation).

Our HHPA services only work with adults (over the age of 18) who are experiencing any form of homelessness. We work with people on a one-to-one basis so often this is single adults, however clients may be living with their family or have dependents that they support.

- **What outcomes data do you currently capture in your CRM for those involved in the HHPA service? Do you capture any before/after data for clinical measures or self-assessed health measures?**

We currently capture outcomes which focus on engagement with healthcare services (i.e. successful GP/dentist registrations, primary care/secondary care appointments attended, referrals completed, complaints raised).

We do not collect before/after data for clinical measures or self-assessed health measures. We may however, collect data about clients’ specific healthcare needs which enables advocates to understand the support that a client may need.

- **I saw that your previous economic evaluation relied heavily on data from within the NHS system (on appointment attendance and unplanned healthcare usage). As far as I’m aware, the systems used to get this data are only accessible from within NHS organisations. Is that in line with your understanding? Do you have pre-existing relationships with NHS trusts in Newcastle, Birmingham or Manchester that are likely to make accessing similar data possible? Or are you effectively looking for a supplier that already has a “way in” to access NHS data?**

We have relationships with local service commissioners and providers in Newcastle, Birmingham and Greater Manchester. However, we would be expecting the successful contractor to lead on accessing any appropriate data required to compete the evaluation. We do not have a current agreement to access NHS data, but will work with the successful provider and our local partners to identify appropriate data sources and to negotiate access.

