Evaluation of the National Out-of-Hospital Care Models (OOHCMs) Programme for People Experiencing Homelessness (Financial Years 2021-22 & 2022-23)

Project Findings

- The OOHCM Programme has delivered many new services and been influential in securing many practice changes and allowing areas to test new ways of collaborative working.

- The Programme worked with 1,254 homeless patients (for whom we have data for analysis). Many experienced improvements in quality of life and had positive experiences of the services feeling that they were treated with dignity and respect. Relatively small numbers of people (7%) returned to rough sleeping after a stay in hospital and/or step-down (compared to earlier reports that indicated around 77% of people were returning to rough sleeping).

- Beyond the performance analysis completed against the DHSC business plan 2020, this programme marks the initial attempt to standardise over 50 metrics, encompassing demographics of the individuals, process outcomes (e.g., the flow of individuals in and out of care, staff composition, workload, and more), economic outcomes concerning the NHS and broader public budgets, investment costs, health outcomes, housing outcomes, care experiences, and preferences for various care models.

- In alignment with NHS England frameworks on intermediate care and health inclusion, the future automatisation of the integrated management dashboards aims to facilitate rapid improvements in data quality and coverage and embedding real-time data into day-to-day operational practices at the local system, regional, and national levels.

- However, the danger is that these impacts will be short-lived unless a way is found to maintain the momentum of the Programme delivery and its continuous monitoring and evaluation. One leading homeless health charity has also raised the issue that much work is still needed to change practices in areas beyond the Test Sites.

- Workshops are planned by the evaluation team to showcase the full potential of the dashboards and discuss the roadmap to adoption by local sites and commissioners as well as national stakeholders (if interested in participating please contact the team here: m.tinelli@lse.ac.uk).

- Qualitative feedback from service users was incredibly positive about the value of these specialist services and their potential to change lives. "I was not allowed to go back to my own flat and I had nowhere to go. I remember laying in my hospital bed sobbing, then I was told about step-down and that I could go there, just till I was able to look after myself and that they would help me get the help I needed and believe me they did just that." (Service User).

- Overall, the evaluation supports the findings of the Hewett review which highlights that Integrated Care Boards (ICBs) do not currently tackle health inequalities as a routine part of their wider transformation work around delayed discharges and other intractable issues. Specialist out-of-hospital care services for people who are homeless are still considered a "nice to have" that commissioners will only fund once they have tackled what they perceive to be more pressing pressures on the NHS.

- Top Tip: When planning for future service developments, the discrete choice experiment (DCE) preference data indicates that service users have a strong aversion to returning to rough sleeping after a stay in hospital and highly appreciate any alternative options offered to them. The ideal models feature longer-term accommodation (for a minimum of 10-12 weeks) with multidisciplinary teams providing consistent support (3-4 times per week) without imposing behavioural restrictions.

Project Resources

- Link to the protocol [Protocol Summary](#)

- Link to key finding at a glance, static dashboard (PowerPoint) for the whole national programme [National Programme Static Dashboard](#)

- Link to the Audit Tables for Homeless Intermediate Care Teams, Quarterly Monitoring Data Year 2 (2021/22) and Year 3 (2022/23) [Audit Table - ICT](#)

- Link to the Audit Tables for Hospital In-reach Teams, Quarterly Monitoring Data Year 2 (2021/22) and Year 3 (2022/23) [Audit Table - IRTS](#)

- Link to the Audit Tables for D2A Pathway 1 Specialist Homeless Services, Quarterly Monitoring Data Year 2 (2021/22) and Year 3 (2022/23) [Audit Table - P1](#)

- Link to the Audit Tables for D2A Pathway 2 Specialist Homeless Services, Quarterly Monitoring Data Year 2 (2021/22) and Year 3 (2022/23) [Audit Table - P2](#)

- Link to the webinar: [A data-driven approach to inform service implementation for people experiencing homelessness](#)

- Link to the blog: [Data-Driven Decision-Making in Homelessness Services](#)

- Link to Integrated Management Dashboards flyer: [Dashboards Flyer](#)

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