Department of Health & Social Care

Evaluation of the Out-of-Hospital Care Models (OOHCM) Programme for People Experiencing Homelessness

Evaluating the Economic Impact of Intermediate Care for People Experiencing Homelessness: Lessons from Implementation in England and preparing for the future

19th European Conference on Homelessness, Utrecht,
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Seminar 14: Health and Homelessness

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The problem

1. **Care systems are disconnected**
2. **Inconsistent data collection**
3. **Lack of standardisation**
4. **Challenges in communicating insights**

The results are poor person outcomes and waste of money

Context and Rationale

- Homeless individuals often have complex health and social care needs
- Integrated support is crucial
- Out-of-hospital care models, including intermediate care, aim to address these needs
- Evidence on real-world effectiveness and cost-effectiveness is limited
- Evaluation of the UK Government's Out-of-Hospital Care Models programme (2020–23)

Note:

- Presentation of the programme, pilot sites, different care pathways, and audit provided by Professor Cornes (**Seminar 8: Health and Homelessness II**)

- **This presentation focuses specifically on the (economic) evaluation of the programme and developments for the future**

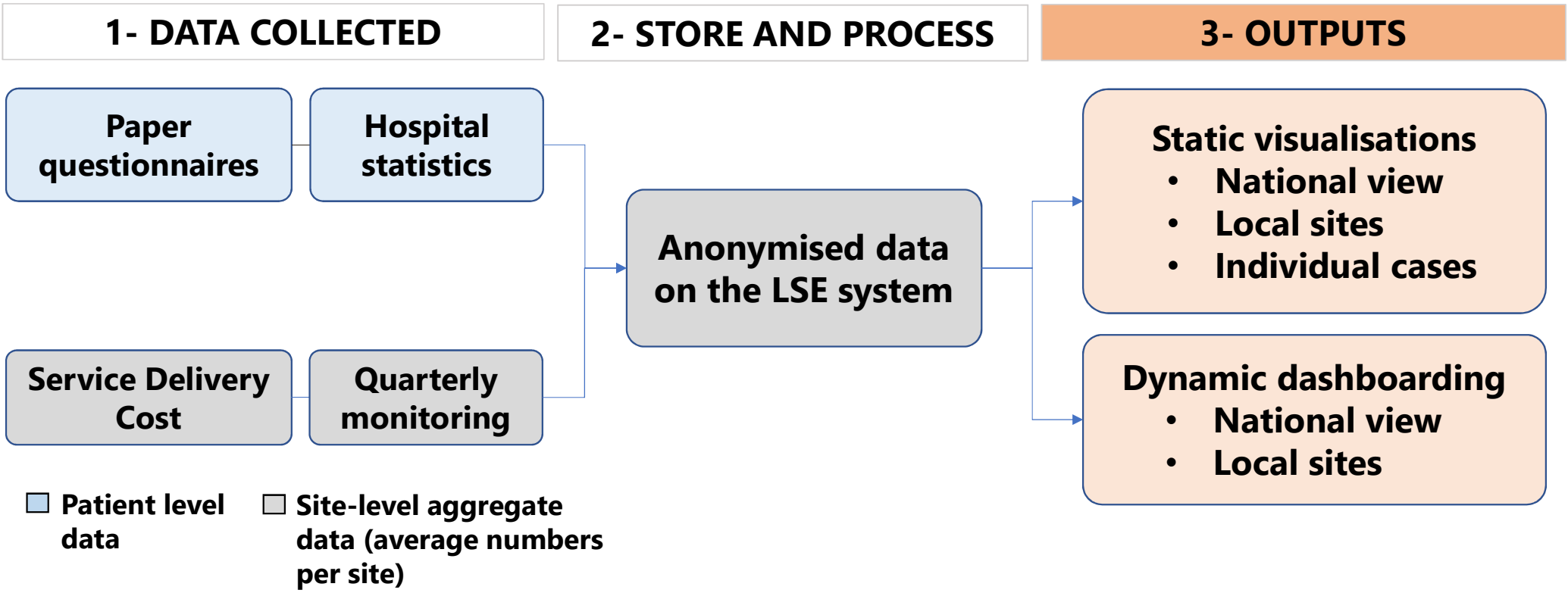
As part of the OOHCM evaluation, we wanted to:

- **Support the DHSC to design and implement an audit framework**
- **Undertake economic and outcomes evaluation**
- **Find a way to keep the audit and evaluation going in the long term**

PARTICIPATORY ECONOMIC EVALUATION APPROACH

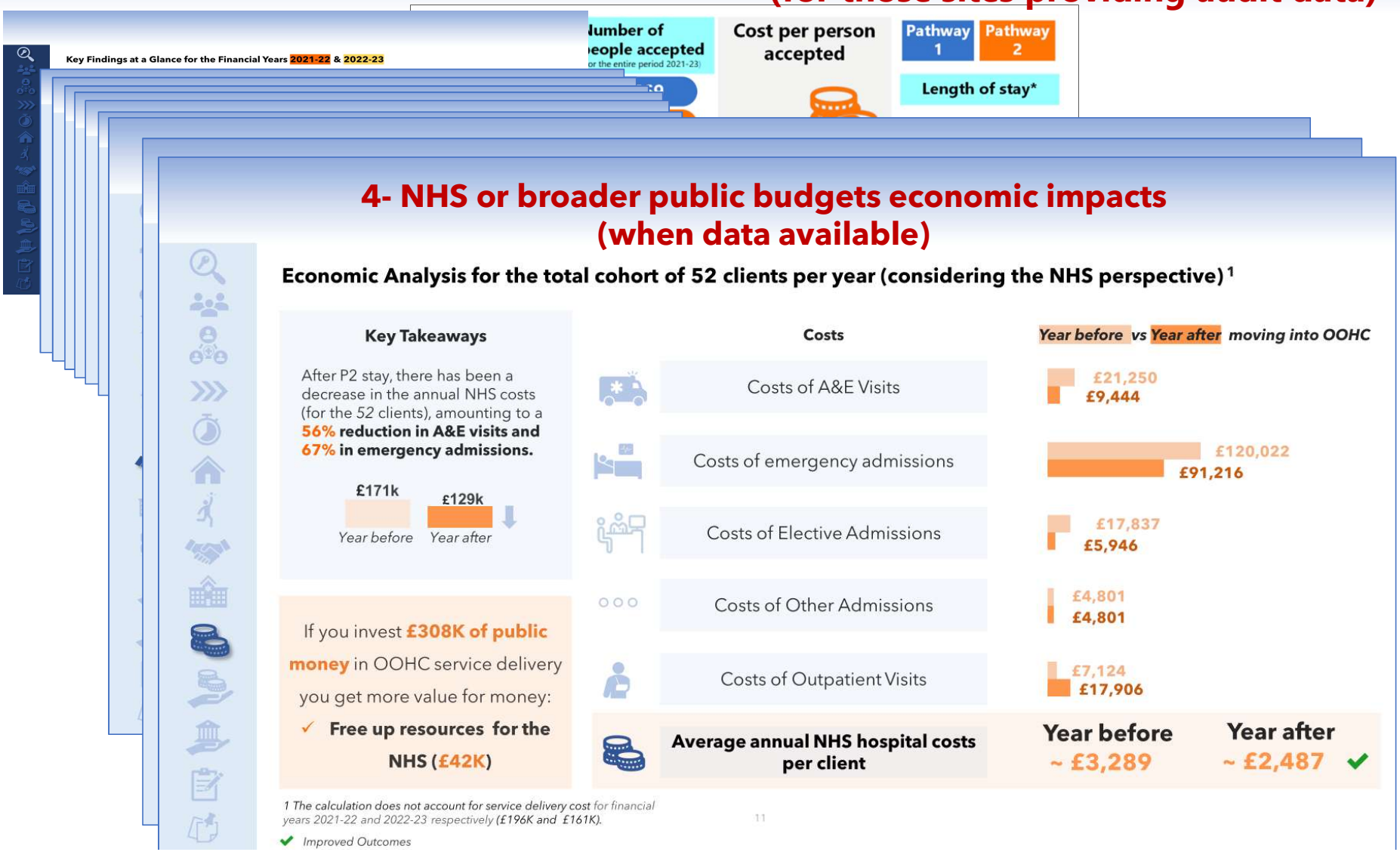
- **Evaluation Framework:** Cost-consequence analysis, including NHS costs and wider public budget impacts
- **Methods:** Mixed methods combining cohort data with qualitative storytelling
- **Study Design:** Before-and-after evaluation across 17 test sites (data received from 10 sites)

Data collection and dashboard development process



Static visualisations

3 – National Dashboard (for those sites providing audit data)



Dynamic visualisation example: predictive modelling

Service Uptake Modelling

Count of Individuals for the Experiment

112

In this analysis, we are comparing two scenarios:

1. **The baseline scenario**: This represents the current situation (in this case, rough sleeping).

1. **The target scenario**: This is the scenario you want to explore, which you can define using the filters.

This way, you can see which changes or improvements might encourage adoption of the target scenario.

Baseline Scenario

Person is **Sleeping Rough**

A **Nurse** delivers most of the care

There are **no rules** about the behaviour

The care is provided for **4-5 weeks**

They are seen **1-2 times per week**

Target Scenario

Location of Service
own_flat/house

Primary Carer
housing_support_worker

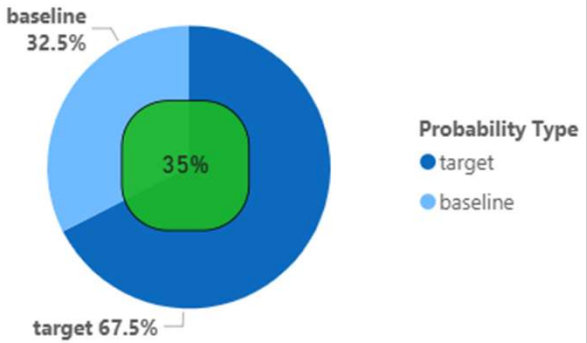
Rules about Behaviour
Very strict rules

Duration of Care
10-12 weeks

Frequency of Care
More than 7 times per w...

You may want to adjust the levels in the target scenario to find out which changes are needed to define a service (or service configurations) that are likely to be adopted by people.

Expected Adoption Rate



Red depicts that people have less probability of choosing the target scenario over baseline.

Green depicts that people prefer the target scenario over baseline. (The higher the change in probability value (green), the more likely a particular scenario is likely to be chosen.)

The change in probability value indicates how likely the person would adopt the target scenario compared to the baseline.

Key observations

- We started building evidence on the value of implementing OOHCM.
- There is widespread difficulty in accessing, linking, and analysing data.
- Stakeholders want to know what works, before and after interventions, moving from anecdotal evidence to systematic insights.
- Individual-level data is essential to inform **population-level changes**.
- Real-time insights, rather than static reporting, are required to guide planning and operational decision-making.

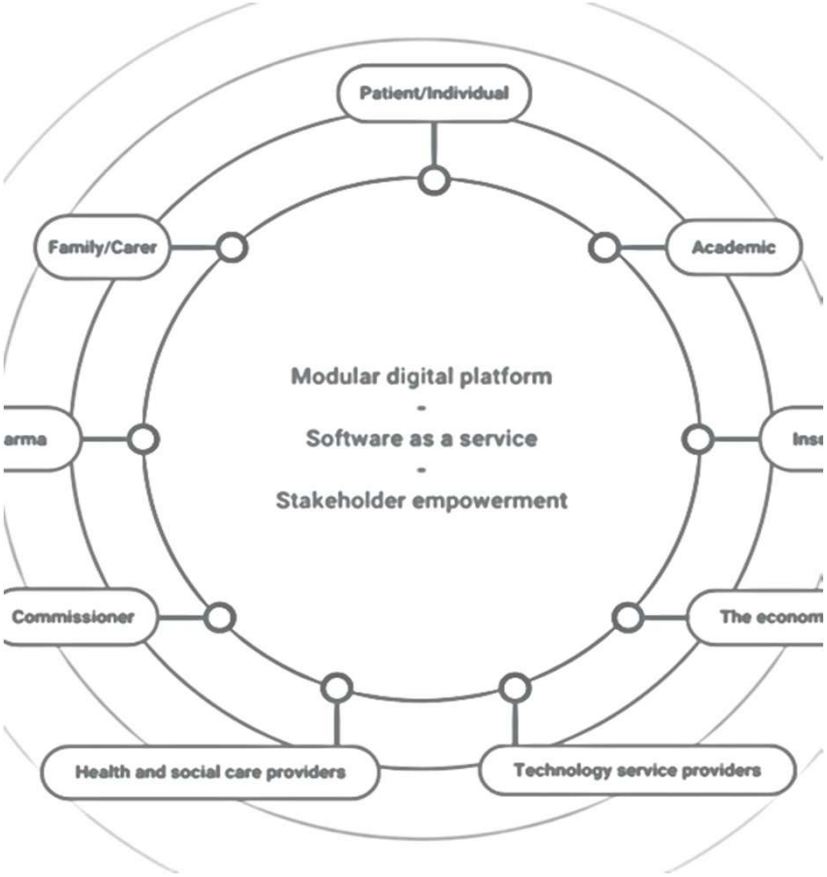
NOTE: OOHCM outputs were available only at the end of the programme and stakeholders did not have enough time to use dynamic dashboards for planning and operational purposes.

ORIGINS: Everything was done manually!

Dashboarding was developed to support DHSC's Out-of-Hospital Care Programme

Now recognised by NHS England and DHSC as an innovation for planning and decision-making

Automated version now available: Care Quality Evaluation



- More than a dashboard: a platform technology to collect, process, and report data in real time, generating automated reports for different audiences
- Prototype available for testing (free of charge until December 2025)
- Currently tested in the UK, with growing international interest

For further information:

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