Department of Health & Social Care

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

Ending Discharge to the Street After Hospital – What Works?

19th European Conference on Homelessness, Utrecht, September 18th-19th 2025

Speaker:

Michelle Cornes
Professor of Health and Social Policy Inequalities
University of Salford and Visiting Professor King's College London, UK

Ending Discharge to the Street – A Wicked Issue

2012 -2015

- 70% of patients who are homeless in England discharged to the street
- Intermediate care (step-down care) seen as an “elderly care model”
- First Homeless Hospital Discharge Fund (£10 million)

2016-2020

- Large scale evaluations confirm that specialist intermediate care is effective and cost effective (compared to standard care)

2021-2024

- National policy guidance recommends the commissioning of specialist homeless intermediate care services
- Out-of-Hospital Care Models (OOHCM) Programme - £16 million to “roll out” and evaluate specialist intermediate care in 17 test sites across England
- 5% of patients in Programme discharged to the street

2025

- Step-down services ended or reduced once pilot funding ends
- Discharge to the street back on the increase

The Out-of-Hospital Care Models (OOHCM) Programme

What is out-of-hospital care?

- A range of services that support people to leave hospital quickly and safely. Includes discharge teams in hospitals and short-term support in the community (called step-down intermediate care).
- Out-of-hospital care came to prominence in England during the Covid-19 pandemic, which saw the introduction of Discharge to Assess (D2A).

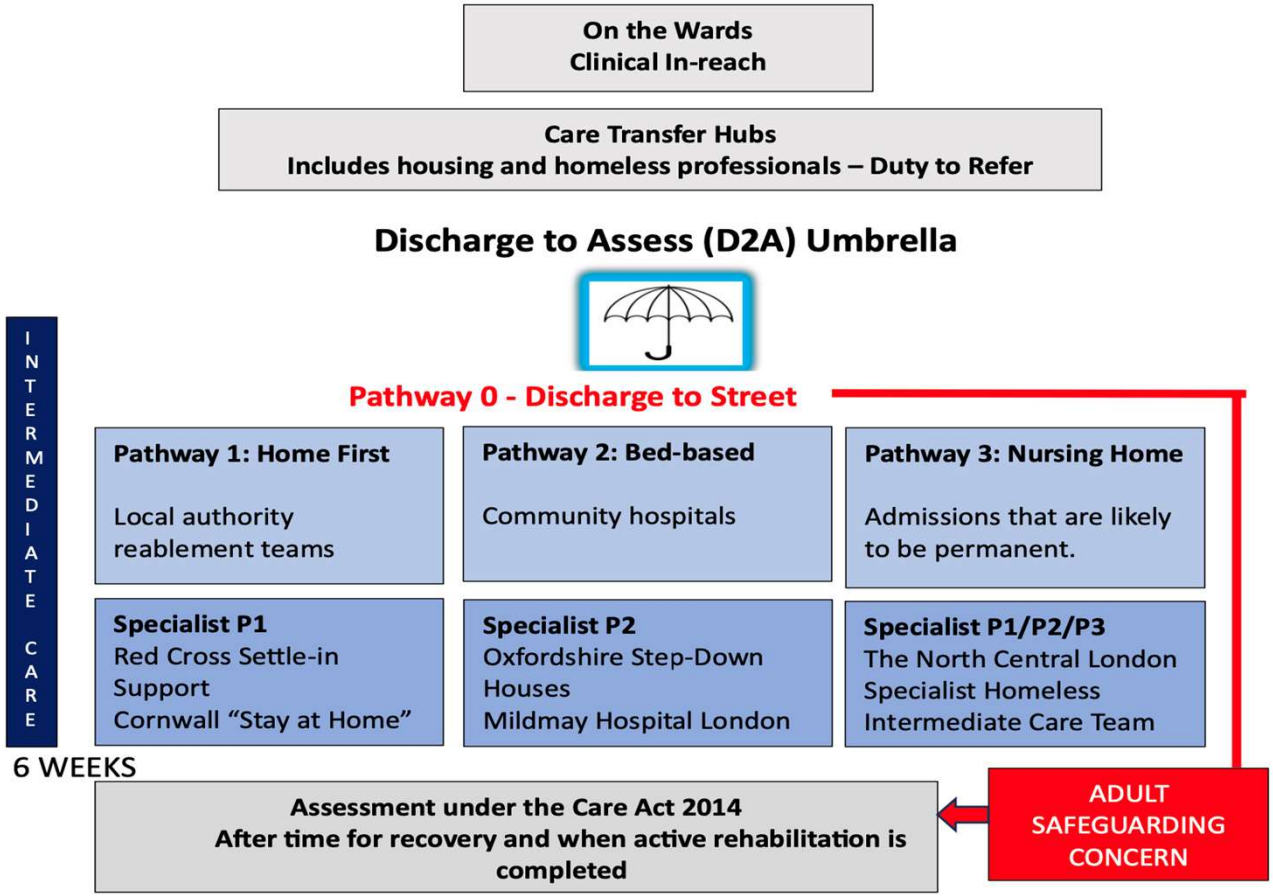
What did the OOHCM Programme Involve?

- The OOHCM Programme aimed to provide an understanding of the most effective way of 'rolling out' specialist out-of-hospital care services for people experiencing homelessness.

  There was lots of evidence that these services were effective – but they were not being routinely implemented – people were still being discharged to the street

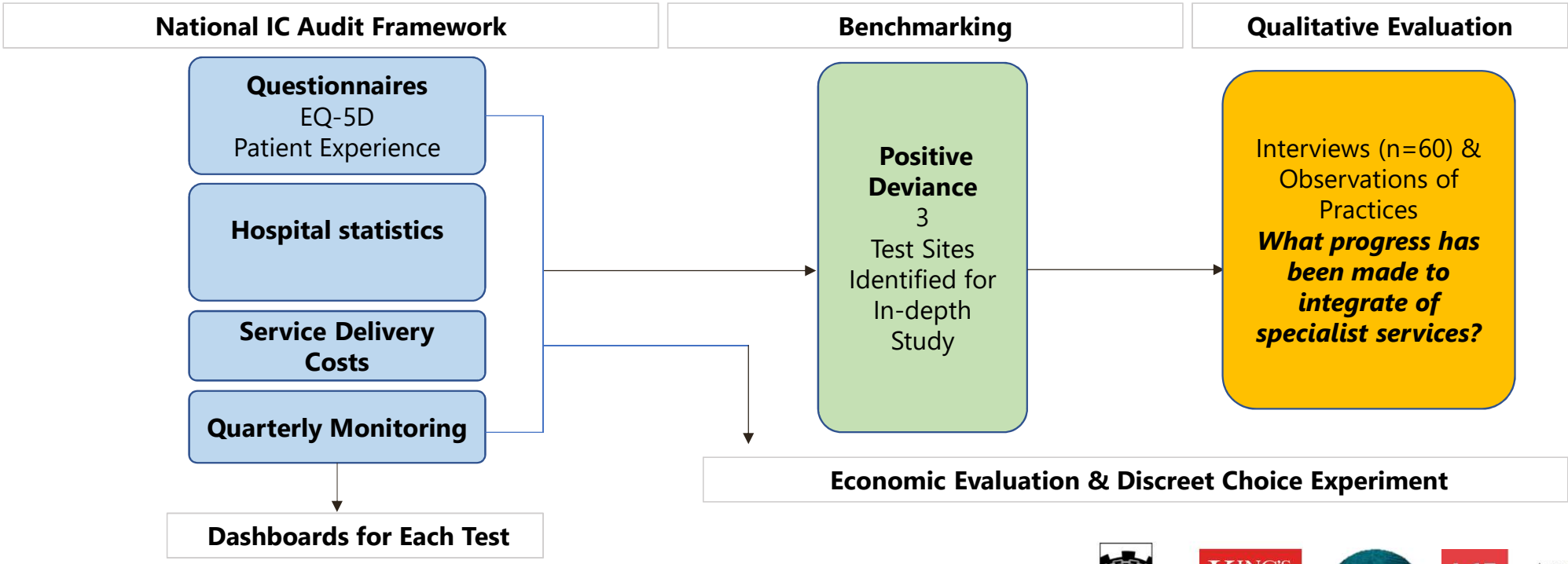
- £16m of investment across 17 tests sites in England.
- Resources for improvement support (from Local Government Association and Healthy London Partnership) and for evaluation to capture the learning.
- Ran from October 2021 until April 2024

Discharge to Assess (D2A)



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

Positive Deviance Methodology



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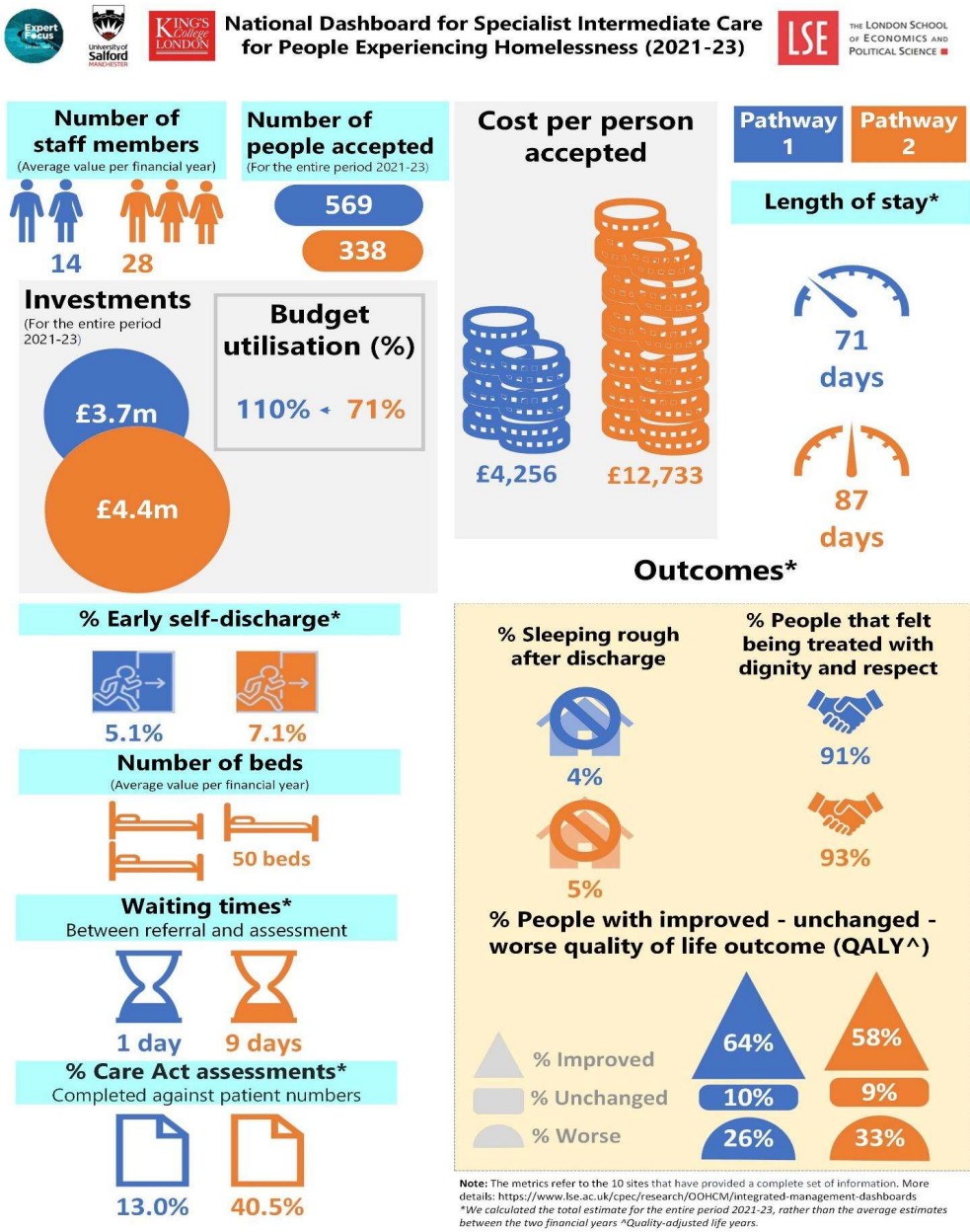

Note: The metrics refer to the 10 sites that have provided a complete set of information. More details: https://www.lse.ac.uk/cpec/research/OOHCM/integrated-management-dashboards

**We calculated the total estimate for the entire period 2021-23, rather than the average estimates between the two financial years ^Quality-adjusted life years.*

What were the facilitators of successful mobilisation?

- Ambitious planning and visionary leadership
- Appointing a skilled test site manager who adopted the role of ‘single system coordinator’ and integration mechanic
- Embedding standard ‘patient flow’ measures such as ‘trusted assessment’ and ‘escalation’
- Prioritising support for front line staff though reflective practice, training, good supervision and personal budgets

What were the barriers to successful mobilisation?

Overcoming the main barriers to effective implementation all require changes outside the direct control or organisations in the locality.

- Increasing capacity in mainstream health and social care services to ensure better access to assessment in step-down, particularly Care Act, 2014 assessments and therapy-led assessments.
- Increasing capacity in longer-term care and support to prevent specialist services from ‘silting-up’.
- Addressing the housing shortage and complex underpinning legislation (e.g. local connection rules) that further contribute to services silting up.
- Failure to tackle organisational abuse. Discharge to the street still seen as acceptable when pressure increases on beds increase.

Specialist Homeless Nurse Advocacy in Hospitals – A Very Challenging Job!

“Bear Pits and Burnout”

How sustainable were these models?

Was scaling-up possible?

Light House Effect

- Challenging economic climate meant no scope for new service developments to be ‘routinised’ in baseline budgets.
- Continued reliance on short-term funding: many services ‘limping along’.

Little scope to scale-up

- Rolling back
- Watering down
- Fragmentation
- Decommissioning
  - Health inequalities still not being tackled as part of routine transformation work around delayed discharges.
  - A ‘nice to have’ that commissioners will only fund once they have tackled what they perceive to be other more pressing pressures.

Evaluation of the Out-of-Hospital Care Models (OOHCMs) Programme for people experiencing homelessness

Project website:
https://www.lse.ac.uk/cpec/research/OOHCM/integrated-management-dashboards/News-and-Highlights

LGA&DASS report (2023) featuring preliminary data:
https://www.local.gov.uk/publications/home-first-discharge-assess-and-homelessness

Final project report published April 2024
https://www.kcl.ac.uk/research/oohcm-evaluation

Contact M.L.Cornes@Salford.ac.uk