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

## *Economic case study*

*Making research Count webinar 07.06.22*

*Dr Michela Tinelli, LSE*

LSE THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Expert Focus

KING'S College LONDON

# Aims and methods

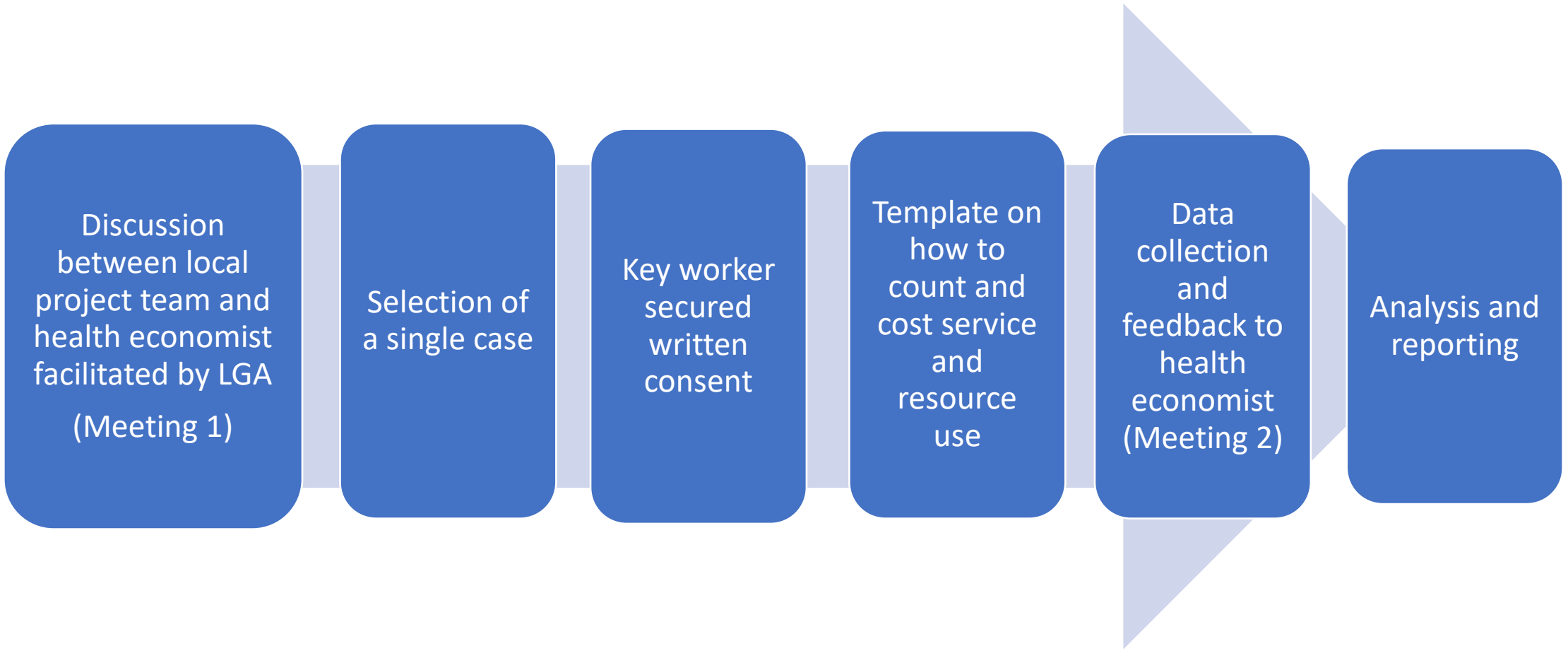
- Aim: To explore the economic impact of the Cornwall OOHCM

- We looked at what happened to one individual
  - Without OOHCM - the year prior to staying in the step-down house (2020/21)
  - with OOHCM – the following year (2021/22)

- We looked at the potential benefits (shifting costs from urgent / emergency services to recovery and prevention).

- Information on use of resources: audit data from stakeholders
  - Costed using published tariffs and previous studies

# Process applied



# The case: Mr K.A.

**Prior to engagement with OOHCM services**

- Frequent A&E admissions because of his complex health conditions, his rough sleeping and self-neglect.
- Deterioration of his health and wellbeing with no realistic prospect of improvement.
- Difficulties managing his diabetes led to a below the knee amputation, leading to him becoming a wheel chair user.

# The case: Mr K.A.

**Once the OOHCM provision was in place**

- Moved from hospital into the step-down house where his ongoing health, care and housing needs could be properly assessed.
- Access to support work and the new specialist domiciliary social care service.
- Access to community health and outpatient care that will help him manage his health and cope with the impact of his amputation.

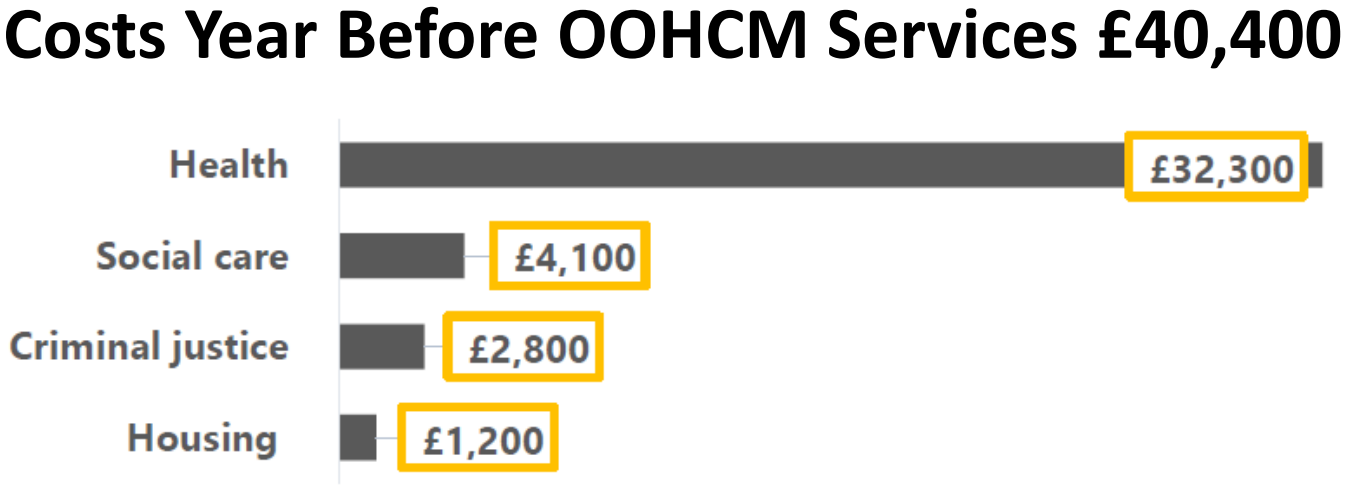
# Use of resources without OOHCM

- **In the year prior to entering step-down:**
- 7 A&E visits, 46 days in hospital (6 different emergency hospitalisations), one hospital outpatient visit
- One assessment by a social care worker plus consultations
- Homeless Outreach Team, two staff for 43 contacts whilst living rough
- Community police, 60 contacts, mainly welfare and antisocial behaviour
- He slept rough for 309 nights
- Hotel for a total of 10 nights

# Use of resources with OOHCM

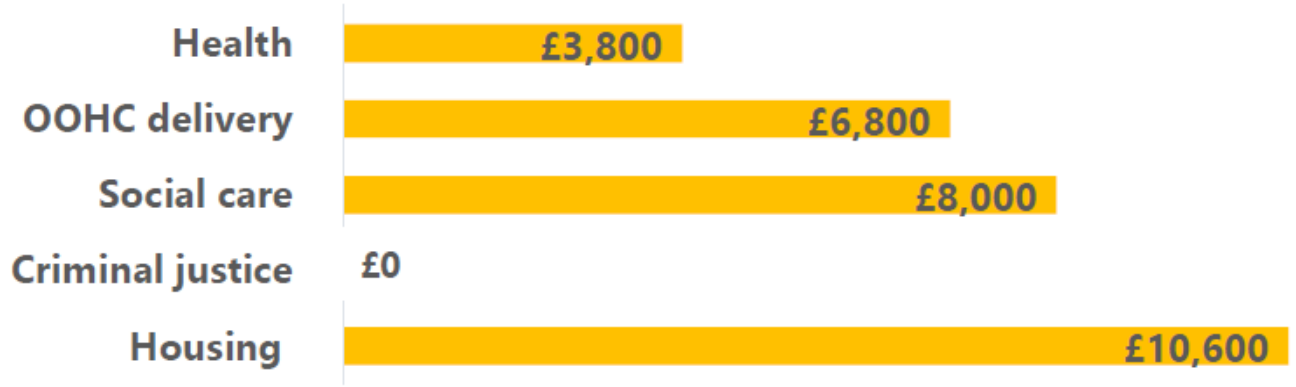
- **Based on Mr KA's first 12 weeks at the step-down house and discussion with experts, we assume in the first year:**
- 3 visits to A&E, one planned hospital admission, 24 outpatient visits (with a neurologist, nurse and podiatrist)
- a care package in place a paid carer who visits him every day
- No contact with community police
- Stay in supported accommodation all time
- Rough sleeper outreach worker, social worker, homeless patient advisor and occupational therapist - together with Mr KA and the staff where he lives to ensure his needs are being met
- OOHCM delivery costs (staff time, overheads and other costs per client)

# Economics of what happened to one individual



# Economics of what happened to one individual

## Costs Year After OOHCM Services £29,200




**OOHCM costs 28% less compared with before. Saving for the first year £11,200**

# Shifting the costs from urgent / emergency care to recovery and prevention

## Without OOHCM


**Health** (A&E visits, hospitalisations, and outpatient visits)

**Social care** (Homeless Outreach Team and paid carer)

**Criminal justice** (Welfare and antisocial behaviour)

**Housing** (Sleeping rough and hotel)

**OOHC delivery**

## With OOHCM


**Health** (Mainly outpatient/ planned care)

**Social care** (Homeless Outreach Team and paid carer)

**Criminal justice**

**Housing** (Supported accommodation)

**OOHC delivery**

# Summary

- **(1) Overall OOHCM costs 28% less compared with before.** The total saving on public money invested after one year at Step-down is £11,200.
- **(2) The costs in the system are shifted to the community and are more preventative and recovery focussed.** About £20,100 are shifted to housing and social care.
- **(3) KA health and wellbeing has dramatically improved (4X increase** in general health status compared with before - from 20 to 80 on a scale where 0 is the worst imaginable health and 100 the best imaginable health).