EASTSUFFOLK COUNCIL

healthwatch Suffolk

A Qualitative Evaluation of the Stepping Home Service Supporting West Suffolk Clinical Commissioning Group

February 2021

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Executive Summary

The Stepping Home service aims to reduce delayed transfers of care (DTOC) and hospital admissions by offering the following:

1. **An appointed hospital Co-ordinator -** who can work to provide resolutions non-medical and housing needs through linking with local authorities, health and community sector agencies.

2. **Provision of a "Halfway Hub" -** To provide temporary accommodation while a patient is assisted with housing solutions to free up valuable hospital bed space. The Stepping Home West service has one unit at Northgate Lodge sheltered housing scheme in Suffolk.

These services are provided with the following aims:

- **Facilitate faster discharge -** using the Co-ordinator and Halfway Hub to support discharge from hospital.
- **Provide a cost-saving -** to the Suffolk health and care system by allowing patients with non-medical or housing needs to be discharged from hospital.
- **Prevent avoidable admissions -** By providing the services outlined above to community organisations (for example the British Red Cross) and health professionals in the community.
- **Deliver a better patient experience -** by putting the individual at the centre of solution planning.
- **Collect better data -** about the nature and frequency of how housing affects patients.

Healthwatch Suffolk (HWS) conducted an independent evaluation of the Stepping Home service in the east of Suffolk last year. Since that time, and building upon the success of the east service, the project has expanded to the west of the county. To understand more about the impact of this new service and how well it has supported the wider health system in west Suffolk, Healthwatch Suffolk was approached again to conduct an independent evaluation of the service.

This report, which is focussed on the service in the west of Suffolk, will include the perspectives of both patients and also health and social care professionals that have had contact with the service.

Three methods of data collection were used to capture, and then explore, the impact of the Stepping Home (west) service on patients and professionals. These were:

1. **Patient interviews** - Ten structured interviews were conducted by the Stepping Home hospital Co-ordinator with patients who had received a service from Stepping Home. Their feedback was recorded verbatim into an online survey link. These were then analysed by researchers at Healthwatch Suffolk (HWS).

2. **Professionals' focus groups** - Three focus groups with professionals who used the service were facilitated by HWS researchers. The three groups comprised of 11 professionals involved in a broad range of roles focussed on both admission avoidance and discharge facilitation.

3. **Professionals' survey** – The Stepping Home service promoted a short online survey to professionals who used the service. The survey asked about professionals' perceptions of the causes of delayed transfers of care and avoidable admissions, and their experience of using the Stepping Home service. There was a total of 29 replies to the professionals' survey.

The following summary presents results from all three methods by theme.

Overall positivity

Both patients and professionals who participated in the research were positive about the service overall.

Patients who participated in the interviews rated the service an average of 4.8 out of five stars overall.

There were several positive comments from professionals in the focus groups about how much they valued and wanted to keep the service and the support of the hospital Co-ordinator. For example:

> *"Because it is only a pilot scheme at the moment, isn't it, I think, to be honest, the way that it's slotted in alongside all the services that are available. It's quite important, actually. It's become quite an integral part of some of the discharges that we use, just to have that there." (British Red Cross)*

"No complaints regarding the service. It has been very timely and clients have been happy with the outcomes. Please keep it going for longer." (Social Worker)

All respondents to the professionals' survey rated the referral process to Stepping Home as either easy or very easy. Professionals positive ratings of their knowledge of the service and the ease of referral process to Stepping Home reflect findings from the professionals' focus group.

All the respondents to the professionals' survey were "satisfied" or "very satisfied" with the Stepping Home service overall.

Facilitating faster discharge

Both patients and professionals reported that Stepping Home allowed patients who might otherwise have had to stay in hospital due to the condition of their homes to be discharged sooner.

Four of the patient interviewees stated directly that they would still be in hospital if they had not had help from the service. One person said that the services they received helped them to stay independent.

"If I hadn't gone into the flat, I would have been stuck in hospital, which wouldn't have been good, especially during these times. I was definitely better off in the flat. It kept me independent. I only need care in the morning now and that's just to cream my legs."

"It gave me somewhere to stay when my house was being sorted by my daughter. I guess she never thought about where I would be living once I left hospital! Good job the flat was here otherwise I would have had to stay in hospital."

The professionals' focus groups reported that Stepping Home improved the speed at which environmental or housing issues could be addressed and made the process of resolving issues smoother.

They said that, previously, co-ordinating with social services, community organisations and relatives or neighbours could take time and contributed to discharge delays. In some cases, this could be for simple issues such as a key safe or moving furniture.

"From an Addenbrookes' discharge point of view, we haven't had any delays for quite some time but we've had some really complex work that [the Stepping Home Co-ordinator] has been involved with. So I don't think it's just coincidence that we've had less delays with her being in and helping with that service." (Social Worker)

"I don't know what we would do without [the Co-ordinator], especially at Newmarket [Community Hospital] when we do have those really complex cases and we don't have anywhere else to go. She has been an absolute godsend, just enabling those turnover of those more complex patients and trying to keep our length of stay down. Especially because Social Services haven't been so easy to get hold of during the period, so she's really helped." (Occupational Therapist)

Professionals who responded to the survey were asked to give examples of how Stepping Home had enabled patients to be discharged from hospital sooner. Key themes in the responses were:

- Stepping Home was able to facilitate a faster discharge. Many of the examples given referred to the quick provision of equipment or adaptations such as keysafes, bannisters or rails.
- A smaller number mentioned the hubs effectiveness in being able to move a patient out of hospital.

Examples of quotes from the survey about discharge facilitation included:

"Declutters have been actioned quicker and keysafes/grab rails have been fitted to enable discharge. The project is saving bed days and has become an integral part of the discharge planning route." (Social Worker)

"Stepping Home has helped remove clutter from patient's properties to allow space for equipment provision. They have also helped move furniture when required to aid relatives who are frail and do not have access to help to move items. Stepping Home have also provided keysafe provision to allow quick access for carers. All of these services have been very useful and Stepping Home have been incredibly responsive to these situations to aid a quicker discharge from hospital." (Occupational Therapist)

Preventing avoidable admissions

Professionals and patients reported that Stepping Home reduced the risk of preventable admissions.

In the patient interviews, eight of the interviewees said the cleaning or decluttering services that Stepping Home co-ordinated for them had helped them feel better about going home. Four of these said that that the decluttering meant they could move around their home safely. Six said that the arrangements made for them had given them the confidence to go home.

> *"Massive help as I would never have been able to get around the flat as it was. I have to use a frame now and there wouldn't have been the room."*

> *"[The Stepping Home Co-ordinator] showed me pictures of the flat as it was being cleared which helped me a lot. And now I'm home, it's been cleared really nicely and I can move about without tripping over things."*

Professionals highlighted in the focus groups that resolving housing issues in the community could often prevent admission or prevent a patient from having to access residential care. Preventing admissions was also considered to be an outcome of the Stepping Home service providing safer housing for people who had been inpatients.

> *"I have someone at the moment who's having difficulty at home but they just had the cleaning service completed earlier this week. And we're still awaiting a provider for a care package to be going in to support this person at home. And having that cleaning service having been completed has definitely avoided another admission into hospital." (Social Worker)*

> *"I've worked in that respect with the discharge from hospital but also, because I'm doing reviews for those that have been discharged, there's a little bit of admission prevention as well, that someone once they're back home, there may be issues that arise. So I've also worked with [The Stepping Home Co-ordinator] with the admission prevention as well." (Social Worker)*

Professionals who responded to the survey were also asked to give examples of how Stepping Home could prevent admissions. Several respondents talked about how the services provided by Stepping

Home helped to make patients' homes safe following discharge. Like the patients, one mentioned that this could promote independence and reduce the need for care.

> *"Ensure they are safe in their homes and prevention of falls and enabled them to be independent reducing the amount of care" (Occupational Therapist)*

> *"Stepping Home have helped clear patient's properties so patients are able to return home; otherwise carers may have declined to provide care in an unsafe environment and it would have been an environmental hazard for the patient. They have also helped clean aspects of patient's homes increasing patient's willingness to return home if they are anxious. Stepping Home have been able to fix environmental hazards extremely quickly; such as levelling a threshold and securely fixing a carpet at the top of a staircase. These were trip hazards that could have led to hospital admission." (Occupational Therapist)*

Improving patient experience

Patients and professionals both reported that spending less time in hospital improved patients' experiences.

Patients who stayed in the Halfway Hub reported that they found it safer and more manageable than their own home. As well as facilitating faster discharge home, patients were positive about the support from the Stepping Home Co-ordinator.

> *"She was very helpful. She visited my sister for me when I needed more money for shopping and we phoned the Council together about where I was going to live. I couldn't have done that myself."*

> *"She kept me in the loop which was really helpful. It's not good when you don't know what's going on or how long until you can go home. Can't thank her enough."*

The professionals' focus groups also reported that patients frequently wanted to leave hospital as soon as they could. One professional gave a direct example of being able to stay in the hub providing a better experience for patients. The groups also discussed the positive relationships that the Stepping Home Co-ordinator was able to build with service users.

> *"I've had some customers who have been waiting, quite miserable even just having one extra night in hospital. So, having the service there to get things ready at home a lot quicker has meant that they've been able to get home quicker, so they've been happier and obviously, then, very grateful to [The Stepping Home Co-ordinator] and then are going to*

engage further in all those services that we put in that [Stepping Home] has helped set up because they're so happy they're no longer in hospital." (Social Worker)

"I think they're a lot happier. I know I definitely had one gentleman who was a hoarder that [The Stepping Home Co-ordinator] referred to me, and they'd built up a rapport which often, with hoarders, can be quite difficult. He trusted [the Stepping Home Co-ordinator]. He trusted her to go into the house and work with Lofty Heights to get it cleaned. And he was so much happier and healthier when he got home. So I think it definitely has a positive impact on our patients. I think they trust her and the service, which is great." (Independent Wellbeing Practitioner)

Recommendations for improvement

Professionals in both the focus groups and professionals survey said that increasing the number of beds available in the west for Halfway Hubs could improve the service.

All three of the focus groups suggested that Stepping Home could use additional flats or properties available for the Halfway Hubs. One said that they felt it would be useful to have Hubs in more areas, for example, Newmarket, Mildenhall and Brandon. One professional reported an example of a referral they had made, where they had to find an alternative, and others said that there was often a waiting list.

"Yeah. I mean, when you think about it, there's one flat. And last week, we had four homeless people in hospital. [The flat] was already filled so those four, they were all waiting accommodation and one of them was 27 years old so could have really gone to a flat just to wait for his housing." (Social Worker)

"Yeah. So I had someone here who was, I think, third on the waiting list for the flat… and if we think that each one is a few weeks at a time, not knowing, obviously, why they're there, then yeah, we had to find an alternative." (Occupational Therapist)

Four comments about what could be improved in the professionals' survey suggested that the service could have more flats/ beds available. One Occupational Therapist [OT] stated that they had tried to make a referral but the flat was already in use.

"A larger budget to support with minor house adaptations that prevent hospital admissions." (Occupational Therapist)

"Another flat would be very useful as I have made referrals before and the flat was already in use." (Occupational Therapist)

Introduction

About us...

Health and social care services work best when users of these services are involved in decisions about their treatment and care. Local Healthwatch were established by the Health and Social Care Act 2012 to be the “consumer champions” for health and social care services. The Healthwatch network ensures that patient, public, service user and carer voice is heard where it matters and where decisions are made.

Healthwatch Suffolk [HWS] is an independent organisation that works to determine what local people think about their health and social care services. Using established research methodologies and, by engaging local communities and networks, it delivers insight and evidence to inform service planning and/or delivery; putting people at the centre of decisions about their services and working collaboratively with providers and commissioner to shape local care.

Healthwatch Suffolk is established in law (with rights to responses from the NHS and social care system) and has local influence that means it can use people’s experiences to influence, shape and improve the services now and in the future. HWS also provides an information and signposting service for the public that can help people to navigate the health and social care system and to find local and/or national support.

The rationale for this research

The Stepping Home service evolved directly from the Ipswich Hospital Discharge Team, which highlighted that a range of complex, non-medical reason could cause delays for patients leaving the hospital. In particular, delays related to housing and non-medical needs were often recorded at a high level, for example, “housing” or “homelessness”.

The Stepping Home service aims to reduce delayed transfers of care (DTOC) and hospital admissions by offering the following:

1. **An appointed hospital Co-ordinator -** who can work to provide resolutions non-medical and housing needs through linking with local authorities, health and community sector agencies. For example, the Stepping Home Co-ordinator could work with partners to:

    - Deliver heating repairs or other housing repairs that could impact on health.
    - Organise same day key safe fitting and modular ramp fitting.

- Arrange furniture removals or decluttering via Lofty Heights.
- Coordinate with social services on care and hoarding issues.
- Fast track disabled adaptations.
- Arrange telecare services.
- Provide signposting.

2. **Provision of a "Halfway Hub" -** To provide temporary accommodation while a patient is assisted with housing solutions to free up valuable hospital bed space. The Stepping Home west service has one unit at Northgate Lodge sheltered housing scheme in Suffolk.

These services are provided with the following aims:

- **Facilitate faster discharge -** using the Co-ordinator and Halfway Hub to support discharge from hospital.

- **Provide a cost-saving -** to the Suffolk health and care system by allowing patients with non-medical or housing needs to be discharged from hospital.

- **Prevent avoidable admissions -** by providing the services outlined above to community organisations (for example the British Red Cross) and health professionals in the community.

- **Deliver a better patient experience -** by putting the individual at the centre of solution planning.

- **Collect better data -** about the nature and frequency of how housing affects patients.

3. **Reducing preventable admissions -** By providing the services outlined above to community organisations (for example the British Red Cross) and health professionals who work in the community to prevent hospital admissions.

HWS conducted an independent evaluation of the Stepping Home service in the east of Suffolk last year. Since that time, and building upon the success of the east service, the project has expanded to the west of the county. To understand more about the impact of this new service and how well it has supported the wider health system in west Suffolk, Healthwatch Suffolk was approached again to conduct an independent evaluation of the service.

This report, which is focussed on the service in the west of Suffolk, will include the perspectives of both patients and also health and social care professionals that have had contact with the service.

Methodology

Three methods of data collection were used to capture, and then explore, the impact of the Stepping Home (west) service on patients and professionals. These were:

1. **Patient interviews** - The primary method used in the evaluation was structured interviews with patients who have used the Stepping Home service. Ten interviews were conducted by the Stepping Home Hospital Co-ordinator with patients who had received a service from Stepping Home (west). Their feedback was recorded verbatim into an online survey link. These were then analysed by researchers at Healthwatch Suffolk (HWS).

2. **Professionals' focus groups** - In addition to the survey for patients, the Stepping Home Co-ordinator arranged focus groups for professionals. The focus groups were facilitated by HWS researchers. No representatives for the Stepping Home west service were present at the groups, to allow professionals to give their thoughts freely. The three groups comprised of 11 professionals involved in a broad range of roles focussed on both admission avoidance and discharge facilitation. These included:

    - Occupational Therapists
    - Independent Wellbeing Practitioners
    - Social Workers
    - A Hoarding and Wellbeing Advisor
    - A representative for The British Red Cross

3. **Professionals' survey** – The Stepping Home service promoted a short online survey to professionals who used the service. The survey asked about professionals' perceptions of the causes of delayed transfers of care and avoidable admissions, and their experience of using the Stepping Home service. There were a total of 29 replies to the professionals' survey including:

    - Occupational Therapists
    - Discharge Co-ordinators
    - Social Workers
    - Independent Wellbeing Practitioners
    - Physiotherapists
    - A Support Worker for The British Red Cross

The results from these methods are presented below.

Patient Interviews

Interviews with patients were carried out by the Stepping Home Co-ordinator. A total of nine patients who had used the Stepping Home service, and one friend of a patient, took part. The interviews were conducted between May 2020 and December 2020.

The date range means that their responses are also reflective of people's experiences during the COVID-19 pandemic.

Numbers and reason for admission

The interviewees had been admitted to hospital for a wide range of conditions. Three had experienced a fall prior to being admitted. In two cases, these patients had fallen and been unable to get up, with one person remaining on the floor at home for 24 hours, and another for three days.

Other reasons for admission included arthritis, alcohol dependency, difficulty breathing and wounds. One interviewee had not been admitted to hospital, and instead had been a referral from the community.

Only one patient had been admitted to hospital in the last two years for the same health problem.

9
patients were interviewed

1
friend of a patient

1
community referral

Hospital Experiences

Respondents were asked to talk about their experience of being in hospital. Most did not specify which hospital they had been admitted to, but from the context of their answers, most appear to have been admitted to West Suffolk Hospital.

Two patients had been admitted to Addenbrooke's Hospital, and one to Ipswich Hospital. Three specified that they had received rehabilitation care, one at Hazell Court residential care home, one at Newmarket Community Hospital and one at Glastonbury Court residential care home.

Most of the comments about hospital stays were generally positive about the experience, and especially about hospital staff. Most comments about staff were about their general attitude:

> *"…they're all lovely."*

There were two negative comments about the noise on wards. There was one negative comment about the availability of transport:

> *"…too few ambulances".*

Examples of comments about experiences in hospital included:

> *"I was at Ipswich Hospital on Somersham Ward. The staff were great, but the ward was too noisy for my liking."*

> *"I stayed on F10 and the staff were lovely there. They moved me to Newmarket Hospital for some rehab. I remember you (Stepping Home Coordinator) came in and sorted my rent out and got it paid."*

> *"He stayed on F9 for the whole admission. We used the patient line to call and check on him. Very helpful and would always call back if they couldn't answer your questions. Felt like you weren't keeping the staff away from the patients."*

Housing needs

Almost all of the patients had experienced some kind of self-neglect.

The most common housing issues were cleaning or clutter (eight). One of these had experienced a flood at home. One patient was made homeless after moving out of their partner's home. Finally, one had issues with damp and heating.

Three of the patients said that their housing needs had contributed to their admission to hospital. Two had fallen over clothes, and a third had been admitted to hospital after carers reported that they had fleas in their home.

Examples of comments about housing needs included:

> *"My daughter is helping me tidy up the house. I seem to have collected a lot of things, mainly newspapers, and she said it's needs clearing out. It wasn't ready for me to return to so I came to this flat instead."*

> *"There was a flood in my bathroom that you sorted and then I went home for 2 days but the carers said I had fleas, so they sent me back to Newmarket Hospital."*

> *"He was living on crisps and sausage rolls and not letting me know as he didn't want to worry and think he wasn't coping with life. I didn't know how he was living, among the clutter and rubbish, until the Doctor called me and said he was being admitted to hospital and was making a referral to Social Services due to the state of his flat. He hadn't let me in his flat since he moved in 3 years ago. I had no idea." (Friend of a patient)*

> *"My house is a little bit damp… I don't have any central heating but I like it that way. We didn't have that sort of thing when I was young."*

Most (nine) had not received significant support for their housing in the past. One had received cleaning organised by social services.

One friend of a patient highlighted that the patient had not been given the skills they needed for independent living:

> *"He was moved from Supported Living to Independent Living 3 years ago and was never given the life skills to live on his own. He's never had a real family life, going to boarding school due to his learning disability, and his parents died when he was young. So no, he's had no support for 3 years." (Friend of a patient)*

Using the Stepping Home service

General feedback

Similarly to the east evaluation conducted by Healthwatch Suffolk last year, interviewees were extremely positive about the service overall. When asked for a rating, the interviews rated the service an average of 4.8 out of five stars overall.

The interviewees were asked what services the patients had received through Stepping Home:

- All of the patients (ten) had stayed in the Stepping Home Halfway Hub.
- Eight of the nine patients who had housing issues around cleaning or clutter had received services to address these through Stepping Home. The remaining patient stayed in the Hub while a family member cleaned and decluttered their home.
- Eight patients had received support from the British Red Cross following their referral to Stepping Home.
- Two had received a keysafe or home adaptation.

Four interviewees stated directly that they would still be in hospital if they had not had help from the service. One person said that the services they received helped them to stay independent. For some of these interviewees, it was clear that they preferred being in the flat or being discharged home to staying within an acute hospital environment.

Examples of these comments included:

> *"If I hadn't gone into the flat, I would have been stuck in hospital, which wouldn't have been good, especially during these times. I was definitely better off in the flat. It kept me independent. I only need care in the morning now and that's just to cream my legs."*

> *"It gave me somewhere to stay when my house was being sorted by my daughter. I guess she never thought about where I would be living once I left hospital! Good job the flat was here otherwise I would have had to stay in hospital."*

> *"If it wasn't for this flat, I would still be festering in hospital and not sleeping! I'm only going to be here for a week but it has made a huge difference."*

Eight of the interviewees said the cleaning or decluttering services that Stepping Home co-ordinated for them had helped them feel better about going home. Four of these said that that the decluttering meant they could move around their home safely. One friend of a patient said that they would not have known how to get cleaning and clutter issues resolved on their own.

Examples of comments about cleaning or decluttering services included:

> *"Massive help as I would never have been able to get around the flat as it was. I have to use a frame now and there wouldn't have been the room."*

> *"I'm not getting around as well as I used to, so helping me clear some things out will make life a lot easier for me."*

"I would have had no idea what to do so it was brilliant and quick how the project stepped in. Lofty Heights were arranged to clear and clean the flat. They did a brilliant job, they even put his ornaments out and his calendar on the wall."

Confidence

The interviewees were asked if the arrangements made for them had given them the confidence to go home. Six were positive about the services they had received giving them confidence to go home. Themes in their responses were very similar to those above, including being positive about having a clean home, and being able to move around safely without clutter.

Examples of comments where interviewees felt confident going home included:

"He was smiling when I saw him back at home. So pleased with his flat, feels more like a home now. He was a little worried about going back, but not for long. He's even sitting outside again which he hasn't done for a long time. I think the flat had really got him down but now he has carers and Red Cross coming in to see him, you can see his confidence has grown. When I speak to him on the phone, he seems to have so much more to say. Haven't seen him like that for over a year."

"Absolutely. It's made my life so much easier just knowing my home will be clean when I get there. One less thing to worry about."

"[The Stepping Home Co-ordinator] showed me pictures of the flat as it was being cleared which helped me a lot. And now I'm home, it's been cleared really nicely and I can move about without tripping over things."

Three responses were mixed. Two expressed lasting worry or concern about increased vulnerability (e.g. that they might fall again) despite the arrangements that had been put in place. One person said they were already confident to go home without the support from Stepping Home.

Examples of mixed comments about confidence included:

"I will still worry about falling but things should be a lot better at home now."

"I feel a dubious about going home. The nurse came this morning and my blood pressure was a little bit high but she said that's understandable. I haven't been home since the 16th of January and I know it won't look the same. Don't get me wrong, I am looking forward to going home and I'll be fine when I get there, it's just a bit worrying."

"It didn't give me confidence to go home. That wasn't a problem in my eyes."

Awareness of the service

Half (five) of the interviewees did not know what Stepping Home did when they were prompted. However, because the patients who use the service are likely to be vulnerable or unwell when using Stepping Home, many may not have had full awareness of everything the service provides.

Interviewees were generally aware of the Stepping Home service, their relationship with the Hospital Co-ordinator, what help they had received in their home and why.

The Stepping Home Co-ordinator

All of the interviewees were positive about the support they had received from the Stepping Home Co-ordinator.

- There were several general comments that the Co-ordinator was helpful.
- Seven talked about how the Stepping Home Co-ordinator had communicated with them or their family members. Most of these referred to the Co-ordinator giving them regular updates or making sure they were aware of what was happening at home.
- Two mentioned the Co-ordinators communication with their family members or Social Services.
- Two mentioned that the Co-Ordinator had checked in on them or gone to see them.
- One mentioned that the services in their home had been provided quickly.

All of the interviewees were "very satisfied" with the Co-ordinators communication with them and their family carers

Examples of comments about working with the Stepping Home Co-ordinator included:

"She was very helpful. She visited my sister for me when I needed more money for shopping and we phoned the Council together about where I was going to live. I couldn't have done that myself."

"She kept me in the loop which was really helpful. It's not good when you don't know what's going on or how long until you can go home. Can't thank her enough."

"You were great, keep popping in to make sure I'm ok and letting me know how my house was getting on. It helps being kept in the loop, don't feel so useless just sat here while everyone else is doing the work."

"[The Stepping Home Co-ordinator] was very good. She came to see me at home and we went through what I wanted to keep and throw away, before I went into her flat. She often popped in to see me and keep me updated with what's going on at home. She went back to my bungalow to collect belongings that I had forgotten which was really helpful as well."

"I think this project is amazing and how quickly you stepped in to help him. You were tip-top with everything you did, even getting him a fridge/freezer and chest of drawers." (Friend of a patient)

The Halfway Hub

Patients who stayed in the Halfway Hub reported that they found it safer and more manageable than their own home. They were generally very positive about the facilities at the Hub. Themes in their responses were that the flat was clean and tidy, and that the smaller space was more manageable to move around than their own home. Four mentioned the safety and security of the flat, including having a pendant alarm and being able to lock the door.

Examples of comments about the flat being safer or more manageable than the patients home included:

"It was excellent, I wish I could move in! I'd rather be here. It's so compact and clean. Easy to keep tidy. The security is important to me and the heating was brilliant."

"Definitely. You can lock the door and the windows. I like being on the ground floor, I can lock the door and no one can get in. It's so much easier to get around as it's all in one room."

One patient was less positive and found the flat "claustrophobic" due to its small size and the lack of a view out of the window. However, they acknowledged that they appreciated the support and that it was a *"means to an end"*.

Improvements to the service

The interviewees were asked if there were any improvements they would make to the service. Seven said that there was nothing that could be improved. Two of these mentioned that they felt the arrangements made could help them or the patient in the future. Improvements generally focussed on minor improvements to the flat, like those above.

Examples of comments about improvements included:

> *"I'm happy with everything and enjoyed staying in the flat. I had all that I needed there and I can't think of anything you could do to make it better."*

> *"It was good. So happy to have my home back. Now I just need to keep it this way but [the Stepping Home Co-ordinator] has arranged a cleaner to come once a week, so it should be ok. Can't think of anything that could be improved."*

> *"I needed reassurance that this wasn't just a temporary solution and things are put in place for the future, which I can now see is happening. I don't think there's anything to improve!" (Friend of a patient)*

Where patients suggested improvements, these focussed on the facilities in the flat, including a washing machine in the flat, the temperature of the flat and having a bigger flat with more windows:

> *"Move the brick wall [outside the window] !! If it had been a bigger flat, with more windows, I think I wouldn't have felt so penned in."*

> *"It would be better if there was a washing machine in the flat rather than having to go to the room down the corridor."*

> *"I wish the windows could open a bit wider but I had a fan as it is getting a bit hot in the flat."*

Interviewees were asked if there was anything else they would like to add about the service. These comments included:

"It was very important to make future plans for him *as I didn't want to lose him as he could have gone down hill. His hygiene was getting bad and he wasn't taking care of himself or the flat.* ***What Stepping Home have done for him has been brilliant."*** **-** *(Friend of a patient)*

"I think it's a very good idea. ***Gets people used to being on their own before going home."***

"I never give a perfect score because then people stop trying! ***Just want to say thanks for everything and I'd love to stay there again."***

"I was treated very well and kept in the loop which helped me. *Just can't wait to get back to normal!"*

Professionals Focus Groups

HWS facilitated three focus group sessions with professionals who use the Stepping Home service. These groups were organised by the Stepping Home West Suffolk Hospital Co-ordinator. A total of 11 professionals took part in the groups. Information about their roles is shown in table one and two.

Knowledge of the Stepping Home service

All of the professionals involved had good knowledge of the service. None were unsure of what the service did or mentioned gaps in their knowledge.

> *"It's sort of like an all-rounder, really. If you're struggling with something, they're sort of a point-of-contact for a bit of information that we're not quite sure about, they can point us in the right direction." (British Red Cross Service Co-ordinator)*

When prompted to discuss the services offered, professionals mentioned the following:

- Support for homelessness or housing difficulty;
- Support through Lofty Heights for hoarding;
- Addressing heating issues through Warm Homes Healthy People;
- Installing key safes, bannisters or grab rails;
- Moving or supplying beds and other equipment.

Professionals were more likely to talk about these services than the Halfway Hubs, but four mentioned the hubs in their answer.

> *"Yeah. So anybody that we've got in hospital that is homeless or got a housing difficulty, they can help us and liaise with the right people… i.e. hoarding, no heating, problems with the property in general, they can link us to Lofty Heights or link us to*

Table 1: Professionals' Job Roles

Job Title	No.
Occupational Therapist	5
Independent Wellbeing Practitioner	2
Social Worker	2
Representative for the British Red Cross	1
Hoarding and Wellbeing Advisor	1

Table 2: Organisations represented

Organisation	No.
West Suffolk Hospital (WSH)	3
WSH - Glastonbury Court	2
WSH - Discharge Hub	1
British Red Cross	1
WSH - Early Intervention Team	1
Havebury Housing	1
Addenbrookes	1
Newmarket Community Hospital	1

Warmer Homes… And they've got the flat in the west that we can use for people that are either waiting… Anything that can help us get people home that struggle with property, really." (Social Worker)

A smaller number of professionals mentioned the role of Stepping Home in admissions prevention. However, this may have been influenced by the fact many of the professionals involved in the groups had roles that were focussed on supporting discharge as opposed to admissions avoidance activity.

"Supported housing where people who come out of hospital use the supportive role, supporting them before they then go back to home. So, I think it's a bit of both. Coming out, support before they go home, and also prevention." (Hoarding and Wellbeing Advisor)

What are housing and environmental issues?

Professionals were asked to highlight some of the key non-medical or environmental issues that can cause delays or preventable admissions. Some of the key issues they mentioned were:

- Hoarding, cleaning, self-neglect and the general home environment was mentioned by two groups. One said that, although they had to respect patient's mental capacity, some patients lived in conditions that meant they "*can't return that person to their house in that same way" (Social Worker)*

- Access to properties was highlighted as an issue that could cause delays. For example, because of the above issues with hoarding, or lack of a key safe if they required carers to attend the home.

- One mentioned that the manner in which some people are admitted to hospital can have an impact on how soon a vulnerable person can be discharged back to their home. For example, sometimes emergency services are required to force entry to a person's home in order to access and provide urgent care.

- Two groups mentioned mental health difficulties could contribute directly to environmental or housing issues.

- Two groups referred to delays caused by patients needing to have furniture reorganised within their home to accommodate a safe return. This might include changes that can help people to manage their home environment better and avoid future falls. Similarly, some patients with changes to their mobility required their homes to be prepared for downstairs living. One group mentioned the impact of not having relatives available to help prepare the patients home for discharge.

- One group mentioned that the changes some patients experience in function and mobility can lead to a loss of confidence that makes them feel hesitant about the return to home and, ultimately, to living with independence.

- One group expressed that some patients needed home improvements that could prevent them from having to move into residential or nursing care.

- One group highlighted that friends and family do not always have good knowledge, or information available to them, about the services that could support them with housing related issues.

- Several professionals discussed the need for equipment such as grab rails or beds to make a home suitable for discharge.

- One professional mentioned that support for safe housing following discharge could prevent admissions.

Examples of comments about the kinds of housing issues that could cause delays or preventable admissions included:

> *"From the experience that I've had it's, yeah, because of hoarding and quite often, when the ambulance attended someone's property, they've raised a safeguarding concern because of the condition of the property. Either they're hoarding or there's some form of self-neglect (Social Worker)*
>
> *"I think a lot of the time, as well, families or relatives and customers don't know where to turn to." (Independent Wellbeing Practitioner)*

Impact of the service

The professionals' focus groups were guided to focus on:

1. How they addressed non-medical or environmental delays before the Stepping Home service was implemented.
2. How they use the Stepping Home service to address these issues now.
3. The impact that the service has on patient and family carers.

Because of the relatively unstructured nature of the focus group discussion, themes from across these questions have been combined and are shown below:

Faster discharge

The professionals' groups reported that Stepping Home improved the speed at which environmental or housing issues could be addressed and made the process of resolving issues smoother.

They said that, previously, co-ordinating with social services, community organisations and relatives or neighbours could take time and contributed to discharge delays. In some cases, this could be for simple issues such as a key safe or moving furniture.

Examples of comments about facilitating discharge included:

> *"From an Addenbrookes' discharge point of view, we haven't had any delays for quite some time but we've had some really complex work that [the Stepping Home Co-ordinator] has been involved with. So I don't think it's just coincidence that we've had less delays with her being in and helping with that service." (Social Worker)*

> *"Definitely. I think it's the speed and efficiency of the service, as well. They don't hesitate to react to any referral. They're very quick, and they're quite happy, even if we're not sure if a referral's appropriate, to have the conversation over the phone... I think it speeds everything up, which always comes back as a better option for patients anyway because as soon as things happen quickly, they're very grateful for that." (Occupational Therapist)*

> *"I don't know what we would do without [the Co-ordinator], especially at Newmarket [Community Hospital] when we do have those really complex cases and we don't have anywhere else to go. She has been an absolute godsend, just enabling those turnover of*

those more complex patients and trying to keep our length of stay down. Especially because Social Services haven't been so easy to get hold of during the period, so she's really helped." (Occupational Therapist)

"In terms of grab rails and simple things like bannister rail and grab rails being fitted, sometimes they would have to sit in a care bed for two or three weeks while we sent out an OT from the community to fit one because we couldn't get Flagship or we didn't have the right numbers to get it done. We'd do home visits, we would go out with Red Cross as well and then that would take a couple of days arranging that. We'd get out there, realise the house was a mess and awful, then we would phone Lofty Heights ourselves and they would want another home visit with us. We'd have to arrange that and get a quote, it'd take another week. So the person would be stuck in a hospital for weeks waiting on all of this." (Social Worker)

One group highlighted an additional benefit to the wider health and care system, noting that the provision of the Stepping Home Halfway Hub meant transfers of care out of the acute hospital (West Suffolk Hospital) to community hospitals could also be avoided.

"Sometimes they end up… transferred to these community assessment beds, which really are for people who need that short period of reablement to get back on their feet again and so forth and sort other issues out. And sometimes those beds will be used in those situations, and they're not used appropriate, really. So they'd go there because that was the only space they could go." (Occupational Therapist)

Improved patient experience

The groups also highlighted that the Stepping Home service often improved overall patient experience by being able to prevent delayed discharge. They reported that patients frequently wanted to leave hospital as soon as they could. One professional gave a direct example of being able to stay in the hub providing a better experience for patients.

Examples of comments about faster discharges improving patient experience included:

"So this person that's come in, she's got no care needs, no health needs, there's nothing wrong with her, she's not unwell. She's literally just sitting in here homeless because of an accident at her house. So she's been able to go and stay in the flat now and has a much nicer environment than a noisy, six-foot, acute ward where she doesn't really need to be, yeah. And the hospital are always strapped for beds, so any bed that they can get back that someone doesn't need to be in, that's always a positive." (Social Worker)

"Yeah. A lot of patients, they do want to go home, and the relatives want them home, so I do find that Stepping Home help to facilitate that in a much faster way, a quicker way." (Occupational Therapist)

"I've had some customers who have been waiting, quite miserable even just having one extra night in hospital. So, having the service there to get things ready at home a lot quicker has meant that they've been able to get home quicker, so they've been happier and obviously, then, very grateful to [The Stepping Home Co-ordinator] and then are going to engage further in all those services that we put in that [Stepping Home] has helped set up because they're so happy they're no longer in hospital." (Social Worker)

Preventing deconditioning and loss of independence

Professionals said that Stepping Home facilitating a faster discharge could often prevent loss of independence or function during a longer hospital stay (also known as "deconditioning").

One noted that longer hospital stays and deconditioning could lead to otherwise independent patients needing further care. Related to this issue, another professional mentioned the added risk of hospital infections resulting from unnecessary extended stays within the acute hospital environment.

"And I think all those things, about the deconditioning and about losing your skills and all that kind of stuff, that's less likely to happen the quicker we can get them out of hospital, so that's inevitably going to benefit the patients." (Occupational Therapist)

" I think we've got people that are not struggling at home. Because sometimes we would have to say, "If you go home without your bannister rail, you'll have to be downstairs-living until they put one in," and arrange for all of that, which is not really fair on that person when actually they can do the stairs, they just need a bannister. And then by the time they've got the bannister a couple of weeks later, they then aren't really able to do stairs because they haven't done stairs in so many weeks and then they then need physio and everything like that. So overall customer wellbeing, it is much, much better to get it done quickly when they need it." (Social Worker)

"Yeah. I mean, hospital-acquired infections is the first one, and they often ended up on Ward F12 because of the length of time that they're staying in there and the exposure to that. And also, deconditioning and loss of function and low-motivation issues, as well. And it does make me wonder when these people do eventually leave they've become more

reliant on services as a result rather than quickly going to be discharged to a flat." (Occupational Therapist)

Admissions prevention

Professionals highlighted that resolving housing issues could often prevent admission or prevent a patient from having to access residential care. Referrals from the community were discussed less than delayed discharge. However, preventing admissions could also be considered to be an outcome of the Stepping Home service providing safer housing for people who had been inpatients. This was discussed by a Social Worker in one group:

"I've worked in that respect with the discharge from hospital but also, because I'm doing reviews for those that have been discharged, there's a little bit of admission prevention as well, that someone once they're back home, there may be issues that arise. So I've also worked with [The Stepping Home Co-ordinator] with the admission prevention as well." (Social Worker)

A Hoarding and Wellbeing Advisor, who works in the community with people with housing issues and who are experiencing mental health difficulties, said that the service had supported admissions avoidance within the health and care system by enabling better communication and integration between different professionals:

"But she can sometimes, also, push the other side of things and speak to you guys to see if you recognise any of the tenants that I'm supporting. So it is helping and I do think it will prevent admissions, hopefully on the mental health side of things as well as the slips, trips, and falls." (Hoarding and Wellbeing Advisor)

The British Red Cross help with shopping, housework and signposting to support people in the community, as well as those who have been discharged from hospital. A representative for The British Red Cross highlighted how the Stepping Home service could prevent admissions by being responsive to housing needs that they identified in the community:

"We use [the Stepping Home Co-ordinator], for instance, for people that we identify in the community that actually, nobody's really flagged them up before… She can come out and assess. And for instance, if you've got a house with fire damage and we've popped out, we've noticed that there's something wrong with it, she can pluck them out, put them in the flat, sort the house out, and put them back again. It's really, really helpful, especially for people that sort of feel like they're at loss, really. (British Red Cross)

"And Lofty Heights, they'll come out and do the quote, and sometimes they could take a couple of weeks before they could fit it in. But for some reason when going through [the Stepping Home Co-ordinator] now, it's so much quicker, so much smoother... So it takes that big waiting game that we had before, which means our turnover of referrals is a lot better than it was actually because that means we can just signpost out this way." (British Red Cross)

Other mentions of how the Stepping Home service in the west had worked to prevent admissions to hospital included:

"I think also the good thing about it is because they're doing the acute and also the admission prevention side of it, they know what's going on in the community and they know the changes that are taking place with things like Orbit. And if there are changes to contracts, [the Stepping Home Co-ordinator] is really very much in the know about that and she does communicate with us what she can and cannot access." (Independent Wellbeing Practitioner)

"I have someone at the moment who's having difficulty at home but they just had the cleaning service completed earlier this week. And we're still awaiting a provider for a care package to be going in to support this person at home. And having that cleaning service having been completed has definitely avoided another admission into hospital." (Social Worker)

Improving professionals' capacity

One group focussed on how the Stepping Home service saved professionals time in trying to co-ordinate support for housing or environmental issues. They reported experiences, before the Stepping Home service had been established in the west of Suffolk, of having to ring around to find support for housing issues.

The Stepping Home service has reduced the workload of staff within the hospital environment, meaning that they have more time to focus on patient care (for other patients requiring their attention) and facilitating appropriate safe discharge:

"It would be a lot-- it's really time-consuming. We'd have to ring around and actually find services ourselves that would be able to support with things. We did liaise a lot with Lofty Heights previously ourselves, and we'd get quotes. But obviously for us, in the acute settings or managing the hospital discharges, we don't really have the time to be able to do all those home calls and all those referrals. So we were doing it, but of course that then

would have an impact on our delays with our other patients and customers as well. (Independent Wellbeing Practitioner)"

"It's really efficient, really, because it's less time consuming for clinicians, for certain people. In the past, I have tried to call church voluntary services, tried to look at what charity organisations, so with the Stepping Home especially based here, it's so efficient. (Occupational Therapist)

"It's lifted anxiety from my perspective about getting someone home. When there's a complicated home set-up with the cluttering or lack of facilities or needing of the bed moving and no relatives and stuff, rather than chasing around the country trying to find a relative that might be able to deal with this, then my first call's going to be to Stepping Home to say, "Is there any chance that you can do this?" And every time that I've done that, then they've been able to do it and done it really quickly, if not on the same day then the next day." (Occupational Therapist)

Knowledge and relationships

Professionals also spoke about the benefit of the Stepping Home Co-ordinator's knowledge and relationships with the organisations and services who could support housing issues. Professionals reported that the Co-ordinator could signpost them to support, knew about services that they were not aware of and had existing relationships with services that could remove barriers to getting a housing issue resolved.

Comments about the Co-ordinator's knowledge and relationships with organisations who could support housing issues included:

"And I think we're fortunate, too, that they understand the demands on the acute side. So we've got [The Stepping Home Co-ordinator]… and her experience and knowledge and confidence that we have in her, as well, helps considerably. So we know that she understands what we're up against. She's sort of that link person between the acute and all the community services, so yeah, I feel we have quite an advantaged position." (Occupational Therapist)

"Oh, well, sometimes we would end up-- for homeless people, we would end up-- if we knew they were homeless in hospital, we would end up having to sort of ring up all the housing authorities for homeless links with a house. And we never really got anywhere because a lot of the time, to be honest, we don't know the right numbers to phone, they'd live in different areas so they might come out of West, some people in Bury, other people--

because West Suffolk Hospital covers so many different housing associations, it's really hard to tell." (Social Worker)

Professionals also commented on the positive relationships that the Stepping Home Co-ordinator was able to build with patients. One said that the Co-ordinator was able to build trust and rapport with patients, which could help to facilitate successful discharge, particularly in cases of self-neglect where patients' may be uncomfortable with receiving support in their home.

Examples of comments about relationships with patients included:

"I think they're a lot happier. I know I definitely had one gentleman who was a hoarder that [The Stepping Home Co-ordinator] referred to me, and they'd built up a rapport which often, with hoarders, can be quite difficult. He trusted [the Stepping Home Co-ordinator]. He trusted her to go into the house and work with Lofty Heights to get it cleaned. And he was so much happier and healthier when he got home. So I think it definitely has a positive impact on our patients. I think they trust her and the service, which is great." (Independent Wellbeing Practitioner)

"[The Stepping Home Co-ordinator] is so lovely. She's so good with it. She's so persuasive. Yeah. She just takes it on. Yeah. She's great, actually, she really is." (Focus Group 1)

Service evaluation and service improvement

The professional's groups were also asked to think about how the service could be improved. Researcher's asked follow-up questions about the capacity and resilience of the service. The themes below combine this feedback with positive themes about the function of the service from the rest of the questions.

Good communication

All three groups agreed that the Co-ordinator was generally available and easy to contact. In addition, groups reported receiving feedback on patients and information about services from the Co-ordinator.

Examples of comments about communication included:

"Yeah. Communication is just faultless, and from when you refer to then when something is done, just, yeah, having that communication is really good." (Occupational Therapist)

"[The Stepping Home Co-ordinator] is regularly keeping us up to date with any changes, which is good. Because I think that's really important for us to know what's happening with their services. Because all the services seem to be changing at the moment, and it's having that reassurance to know that they are still offering what they originally set out to provide. (Occupational Therapist)

"I've never had any problems with communication. She's always fed back. No concerns there at all. It's really, really good and it works well. And because she's got that awareness, because she used to work in discharge planning and she's got the experience from being in the acute setting, she knows the pressures that we're under. So she doesn't delay anything. (Independent Wellbeing Practitioner)

Responsiveness

Professionals also often reported that the service was responsive and able to provide support quickly. Examples of quotes about the responsiveness of the service included:

"Yeah, I called her the other day about a bed, and we were like, "Gosh--" this equipment was due to go in that day and we didn't realise that there was stuff in the way. And she literally got it done within about an hour and a half, it was moved. So that was good. So the equipment could carry on going in and then the care could start, so yeah. Yeah." (Social Worker)

"I just think that any request that I've made has been-- they've worked it out, so they sorted it out. So actually, I haven't had the experience of anything that they haven't been able to do so far." (Occupational Therapist)

"And it's great. We've never had that option before, Stepping Home, especially something so local to us that feels accessible. And so that's a huge peace of mind for us." (Occupational Therapist)

Capacity in the Halfway Hubs and funding

All three groups suggested that Stepping Home could use additional flats or properties available for the Halfway Hubs. One said that they felt it would be useful to have Hubs in more areas, for example, Newmarket, Mildenhall and Brandon. One professional reported an example of a referral they had made, where they had to find an alternative, and others said that there was often a waiting list.

Examples of comments about capacity in the Hub included:

"Yeah. I mean, when you think about it, there's one flat. And last week, we had four homeless people in hospital. [The flat] was already filled so those four, they were all waiting accommodation and one of them was 27 years old so could have really gone to a flat just to wait for his housing." (Social Worker)

"Yeah. So I had someone here who was, I think, third on the waiting list for the flat… and if we think that each one is a few weeks at a time, not knowing, obviously, why they're there, then yeah, we had to find an alternative." (Occupational Therapist)
"I was going to say it seems to be in such high demand. I don't think I've ever had a time where I've rung and it's been empty. So I think there's always been someone that's using the flat so that, yeah, it's next in line or such." (Occupational Therapist)

In addition to capacity in the Halfway Hubs, one group said that additional funding for services or equipment to address housing or non-medical issues would be useful.

Capacity in the Co-ordinator role

Researchers also asked follow-up questions about the resilience of the service and the capacity of the Co-ordinator role. Professionals said that the Stepping Home Co-ordinator was organised and managed their capacity effectively. This included having contacts with other members of the Stepping Home team if the Co-ordinator was unavailable.

They felt that the Co-ordinator and discharge staff worked as a team to support each other and were able to effectively prioritise patients according to need.

Examples of comments about capacity in the Co-ordinator role included:

"I'm not saying I've seen her struggle by any means, I haven't. But I would say that any support for anybody would be great. I don't believe for a second that [The Stepping Home Co-ordinator] is struggling at all, I don't. She's far too organised." (British Red Cross)
"It's prioritising of work, isn't it? If they're in hospital, she'll prioritise them, then sort of admission and prevention, and then all the other people that are kind of safe in the community and just need-- she'll make referrals for people but they can sort of wait… I think hopefully we can sort of have face-to-face discussions with each other as well if someone's got something on that they can't cope with." (Social Worker)

Overall positivity

There were several positive comments from professionals about how much they valued and wanted to keep the service, and the support of the hospital Co-ordinator.

Examples of these comments included:

> *"Because it is only a pilot scheme at the moment, isn't it, I think, to be honest, the way that it's slotted in alongside all the services that are available. It's quite important, actually. It's become quite an integral part of some of the discharges that we use, just to have that there." (British Red Cross)*

> *"The service is all brilliant.*
> *Yeah, it's amazing.*
> *We don't want to lose it." (Focus Group Three)*

> *"I don't think so. Can't think of anything, no. Just very positive. We like [The Stepping Home Co-ordinator] and we want to keep her." (Social Worker)*

Staff and Professionals Survey

In addition to the patient interviews and professionals focus groups, the Stepping Home Co-ordinator promoted a short online survey to professionals who use the service.

There were 29 responses to the survey between October 2020 and December 2020.

- 14 worked in an acute setting and used Stepping Home to assist discharge;
- Nine worked in the community and used Stepping Home to prevent hospital admissions;
- Six used the free text box to state that they used Stepping Home to both assist discharge and prevent admission or worked in both a hospital and the community.

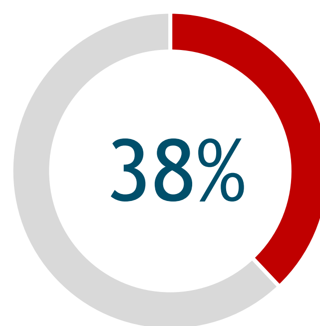
The job roles of the professionals who took part in the survey are shown in table three.

Table 3: Survey respondents' job roles

Job Roles	
Occupational Therapist	13
Discharge Co-ordinator	5
Social Worker	5
Independent Wellbeing Practitioner	3
Physiotherapist	1
Support Worker - British Red Cross	1
Blank	1

Causes of delayed discharge and admissions

Professionals were asked if it was common for non-medical/ housing/environmental factors to cause delayed transfers of care [DTOCs] or preventable admissions. 90% (23 out of 26) agreed. One said no, one did not know and one did not respond.

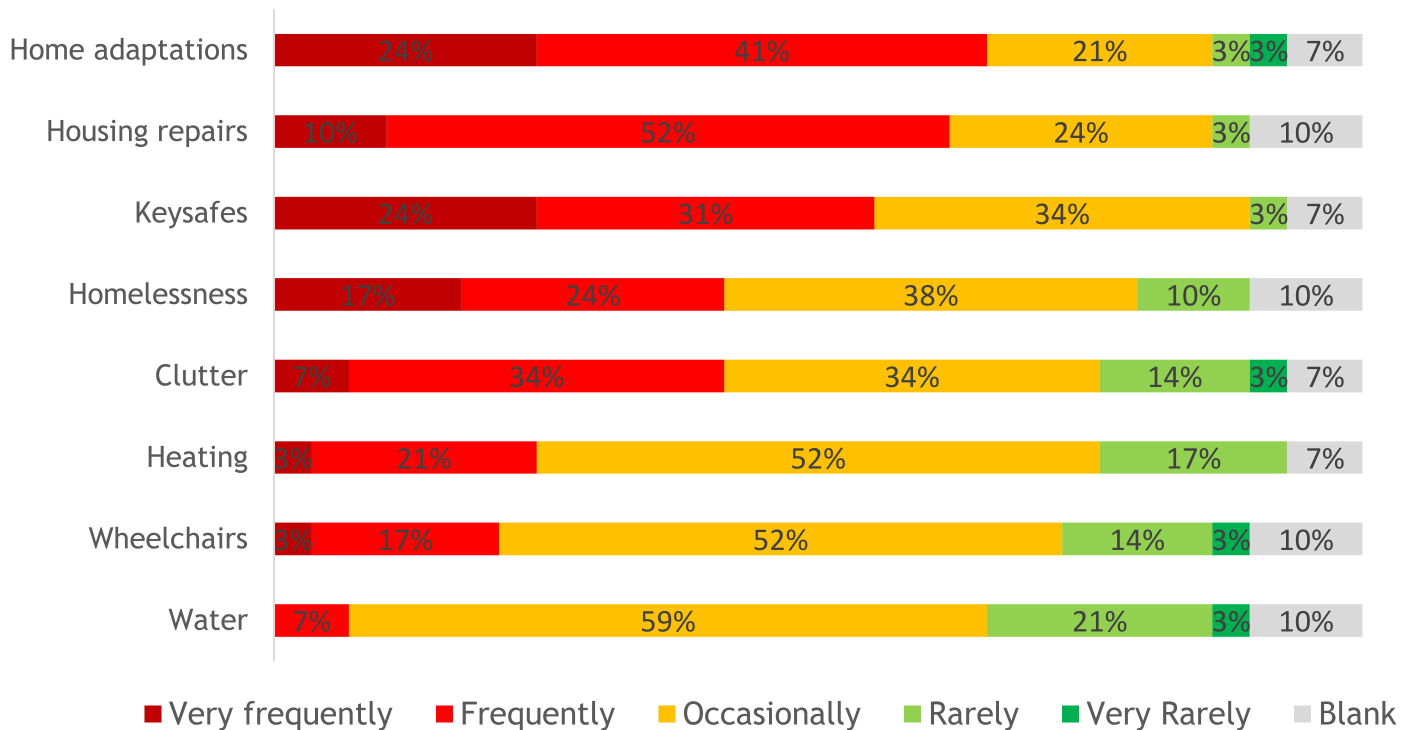


Felt that non-medical issues were not identified early enough in the discharge process.

Professionals were asked what non-medical or environmental factors commonly cause delayed discharge or preventable admissions. Their responses are shown in chart one below.

Keysafes, clutter and home adaptations were reported as the most frequent causes of delayed discharge or preventable admission.

Chart 1: Common non-medical causes of delayed discharge or admission



The question also included a free text box for other suggestions. Three professionals gave a response.

These included cleaning and neglected properties, furniture or equipment related issues, lack of knowledge about where professionals can access support and questioning related to their capacity to resolve housing issues. Many of these issues were also discussed in the professionals' focus groups.

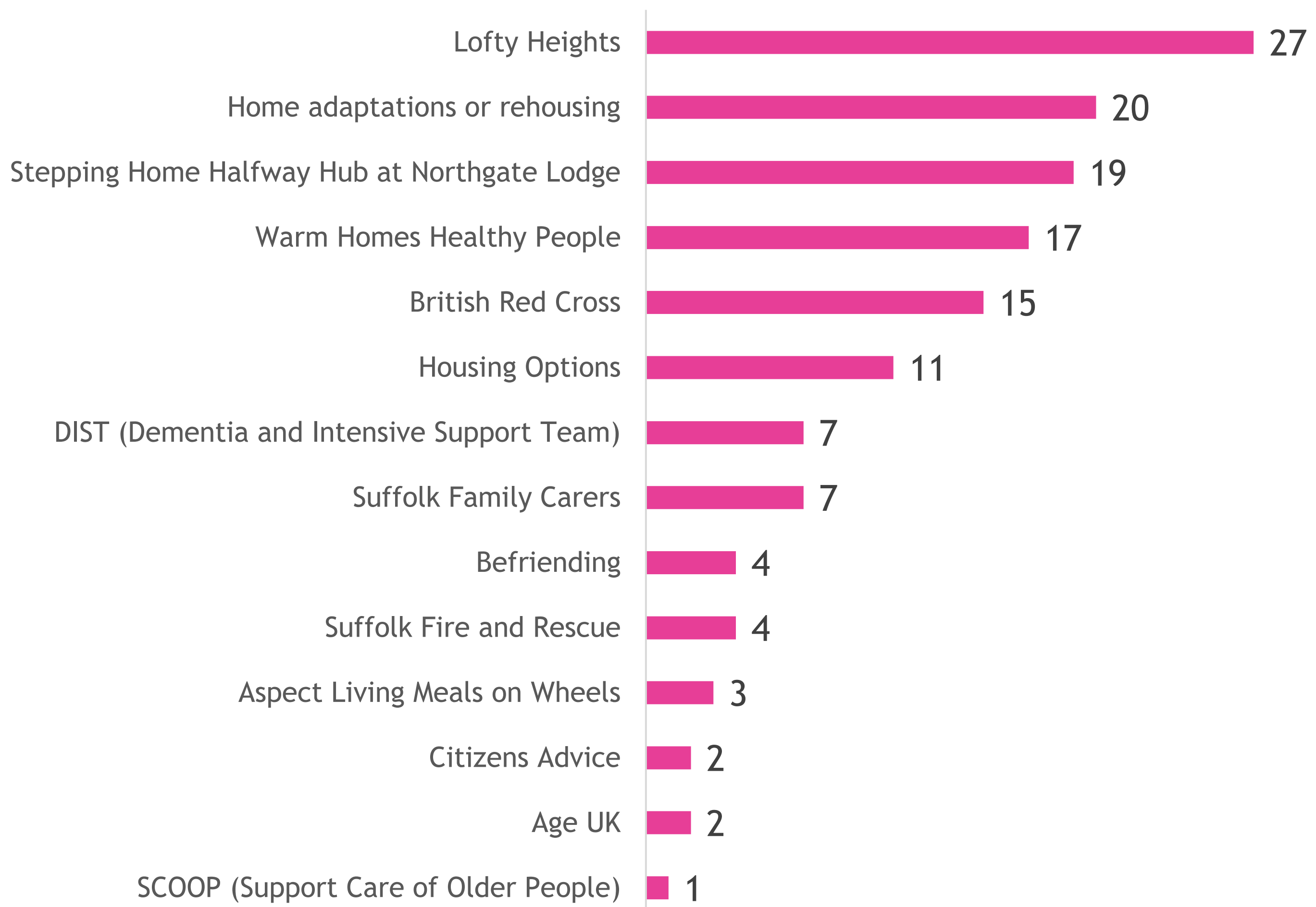
Services referred to through Stepping Home

Professionals were asked what services they were aware of patients receiving through Stepping Home. The most common responses were:

- Lofty Heights (decluttering)
- Home adaptations or rehousing
- The Halfway Hub
- Warm Homes Healthy People

Chart two shows all of the services that professionals were aware of patients receiving through Stepping Home.

Chart 2: Services Stepping Home had provided for patients following referral from a survey respondent



Faster discharge and preventing admissions

Professionals were asked to give examples of how Stepping Home had enabled patients to be discharged from hospital sooner, or prevented hospital admissions. Key themes in the responses were:

- Stepping Home was able to facilitate a faster discharge. Many of the examples given referred to the quick provision of equipment or adaptations such as keysafes, bannisters or rails.
- A smaller number mentioned the hubs effectiveness in being able to move a patient out of hospital.
- Several respondents mentioned that the services provided by Stepping Home helped to make patients' homes safe following discharge, and a few mentioned directly that this could prevent admissions.

Examples of quotes from the survey about discharge facilitation and admission prevention included:

"Stepping Home has helped remove clutter from patient's properties to allow space for equipment provision. They have also helped move furniture when required to aid relatives who are frail and do not have access to help to move items. Stepping Home have also provided keysafe provision to allow quick access for carers. All of these services have been very useful and Stepping Home have been incredibly responsive to these situations to aid a quicker discharge from hospital." (Occupational Therapist)

"Declutters have been actioned quicker and keysafes/grab rails have been fitted to enable discharge. The project is saving bed days and has become an integral part of the discharge planning route." (Social Worker)

"[The Stepping Home Co-ordinator] enabled a woman to go into the flat for 5 days while her home was decluttered by Lofty Heights. This lady would have had to wait in hospital or would have self-discharged while waiting and returned to her home before it was ready." (Social Worker)

"Fitting of bannister rails along the stairs or in key areas has really reduced the risk of falls for all of the clients I have referred to this service." (N/A)

"Stepping Home have helped clear patient's properties so patients are able to return home; otherwise carers may have declined to provide care in an unsafe environment and it would

have been an environmental hazard for the patient. They have also helped clean aspects of patient's homes increasing patient's willingness to return home if they are anxious. Stepping Home have been able to fix environmental hazards extremely quickly; such as levelling a threshold and securely fixing a carpet at the top of a staircase. These were trip hazards that could have led to a hospital admission." (Occupational Therapist)

"Ensure they are safe in their homes and prevention of falls and enabled them to be independent reducing the amount of care" (Occupational Therapist)

Service evaluation and service improvement

Professionals were asked questions about their perception of the service overall, and how easy it was to use.

187 referrals

- The professionals who responded to the survey had made a total of over 187 referrals to Stepping Home.
- All respondents felt they had good knowledge about the service, and all rated their knowledge about the service as either "good" or "very good".
- All respondents rated the referral process to Stepping Home as either easy or very easy. Professionals' positive ratings of their knowledge of the service and the ease of referral process to Stepping Home reflect findings from the focus groups.
- All of the respondents were "satisfied" or "very satisfied" with the Stepping Home service overall.

Improvements

Professionals were also asked how they thought the service could be improved.

Four comments about what could be improved suggested that the service could have more flats/ beds available. One Occupational Therapist [OT] stated that they had tried to make a referral but the flat was already in use. Another OT stated that the service could have more budget for minor housing work to support admission prevention.

Examples of comments about flat capacity and funding included:

"A larger budget to support with minor house adaptations that prevent hospital admissions." (Occupational Therapist)

"Another flat would be very useful as I have made referrals before and the flat was already in use." (Occupational Therapist)

Two comments mentioned more "handymen" or more people to complete work in homes. For example:

"Great service very helpful and easy to refer for busy therapists. Perhaps more handymen" (Occupational Therapist)

Two comments mentioned out of hours or weekend support. One said that they would like an online referral form. Examples of these comments included:

"An online referral form may be useful as occasionally unable to get access to Stepping Home worker when ringing in straight away." (Occupational Therapist)

"More handymen/furniture removal. OOH emergency support. Brilliant service" (Occupational Therapist)

"Weekend access" (Occupational Therapist)

Two professionals mentioned wanting more follow up from a referral to the service. A member of the British Red Cross suggested that patients could receive follow-up visits to see if changes were maintained. One OT said they would like access to the notes of what discharged patients had received on SystmOne.

Ten respondents were very positive about the Stepping Home service when asked for improvements. Examples of these comments included:

"Service works well in my opinion." (Discharge Co-ordinator)

"No complaints regarding the service. It has been very timely and clients have been happy with the outcomes. Please keep it going for longer." (Social Worker)

"More of it!" (Occupational Therapist)

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Conclusion

This evaluation of the Stepping Home west service has shown that both service users and professionals feel the service is meeting its key objectives:

Preventing delayed discharge from hospital due to housing and environmental issues

Both patients and professionals reported that Stepping Home allowed patients who might otherwise have had to stay in hospital due to the condition of their homes to be discharged sooner.

In addition to directly saving time and cost for acute services in bed days, health professionals working in discharge also reported that the service saved them time and capacity. This was a result of having a faster, easier process to resolve complex cases and prevent transfer to other services (e.g. community hospitals). Professionals also highlighted that the service could prevent deconditioning in hospital.

Improving patient experience

Patients and professionals both reported that spending less time in hospital improved patients' experiences. This was achieved both by allowing them to go home sooner, and patients who were discharged to the flat feeling they were in a better environment than the hospital itself. In addition, improving the conditions of patient's homes can help them to feel more secure about going home from hospital and professionals' feedback also highlights that faster discharge can mitigate risks associated with longer stays within an acute setting (e.g. infection and reduced mobility).

Reducing the risk of preventable admissions

Professionals reported that Stepping Home reduced the risk of preventable admissions by:

1. Working with community organisations such as The British Red Cross. Such professionals highlighted that the service was both identifying needs and allowing housing and environmental issues to be resolved more quickly.

2. Co-ordinating services for people who have been discharged from hospital that improve the safety of their home. This was also clear in the patient interviews, where several people felt their home was safer after they had received services co-ordinated by Stepping Home.

In addition to meeting the key objectives for the service, both patients and professionals reported positive relationships with the Stepping Home Co-ordinator.

Having a single, knowledgeable point of contact for housing and environmental issues was of benefit to professionals, and the Co-ordinator was well established within the discharge team. For patients, good communication and having a connection to an individual who could co-ordinate services was of benefit. Finally, professionals in the focus groups said that the relationship of trust between patients and the Co-ordinator could increase people's confidence about going home and help them to feel more comfortable with the arrangements made on their behalf.

Increasing capacity in the Halfway Hubs was highlighted a number of times in both the focus groups and the staff survey.

Only a small number reported that they had made a referral for a patient who could not access the Hub, however, professionals did report that there was often a wait.

Stepping Home currently has only one Hub unit in the west. Increasing capacity may therefore allow the Stepping Home service to be more effective in allowing patients to be discharged. Related to this, a few professionals in the focus groups recommended that there could be more funding available to address housing issues.

Reviews of the service overall were extremely positive. Stepping Home should therefore focus on ensuring that these standards are maintained.

This could be promoted by continuing to gather feedback from patients and professionals on an ongoing basis. Continuing to gather feedback could help the service to develop and highlight any issues that might arise in the future, for example, some of the minor suggestions that patients made about the flat.

Like the service in the east, the Stepping Home west service appears to have had a positive impact in the west of the county.

The evidence from this report has shown that the service is meeting its objectives to support both health services and vulnerable people with complex needs. The evaluation has also demonstrated that the service is facilitating faster discharge and preventing admission to hospital at a time when it has never been more important to maintain capacity within our local NHS and social care system. Safely supporting people to leave the acute setting faster, but with the right support in place, is essential to managing the impacts of the ongoing pandemic and reducing the spread of the virus amongst our local communities.

The total bed days and equivalent cost saving for the service are difficult to quantify and are not evidenced by this data. However, if hospital and service data support these conclusions, then alongside the Stepping Home east report there is significant evidence to suggest that the model is effective. One of the key challenges, however, is ensuring that the service has the appropriate capacity of beds and funding to the scale of housing need in each area.