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Proceedings Paper:

Holding, E. orcid.org/0000-0002-4368-1462, Foster, A., Lumley, E. et al. (3 more authors) (2021) Facilitating hospital discharge through housing support : a mixed-methods evaluation of a housing association support service in two UK hospitals. In: The Lancet. UK Public Health Science conference 2021, 25 Nov 2021, Virtual conference. Elsevier , S53-S53.

[https://doi.org/10.1016/S0140-6736\(21\)02596-4](https://doi.org/10.1016/S0140-6736(21)02596-4)

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Facilitating hospital discharge through housing support: a mixed-methods evaluation of a housing association support service in two UK hospitals

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Abstract

Background Appropriate transfer of care from the hospital to the home is vital for improved patient outcomes, but evidence on the effect of housing-based interventions developed to facilitate timely hospital discharge is scarce. We aimed to explore the effect of a housing support coordinator on service users' health and housing outcomes, hospital costs, and hospital discharge processes.

Methods We did a mixed-methods process evaluation of a housing association service aimed at improving hospital discharge in two hospitals in Yorkshire, UK, from Nov 26, 2020, to Dec 31, 2021. Patients for whom suitable housing was anticipated to be a barrier to timely discharge were referred to the housing service by health-care professionals while in hospital. We undertook interviews with service users and hospital and housing staff, administered a questionnaire to all eligible service users, conducted a secondary analysis of routine data (information on demographics, housing issues, support provided, and housing outcomes collected between April 1, 2018, and May 31, 2021), and did an economic evaluation to assess costs. Service users completed questionnaires at the start and after finishing the service. Questionnaires were also sent to all services users already discharged from the service. Interviewees were recruited via telephone and email. We did a thematic analysis using NVivo 10 software to assess interviews and survey data and statistical analysis for routinely collected data and questionnaire data using SPSS-27. We also did a before-and-after study to compare economic costs. We used a following-the-thread technique to integrate the different methods. Informed consent (both written and verbal, depending on the mode of data collection)

was obtained from participants. Ethical approval for this project was granted by North of Scotland Research Ethics committee and the Health Research Authority (REC reference: 20/NS/0050).

Findings 489 people were supported by the service the majority of whom were male (321 [66%]). Five service users, seven hospital staff, and four housing staff completed interviews, and 31 service users completed a questionnaire (14 prospectively and 17 retrospectively). Service users faced different housing barriers: 136 (28%) of 481 experienced homelessness and a further 80 (17%) of 481 faced challenges with their accommodation no longer meeting their physical needs. Service users found the support useful. Hospital staff at all levels felt the service facilitated discharge, reducing pressure on health-care services. Having skilled housing officers embedded within the patient's care team was valued, with both the questionnaire and routine data highlighting that the housing officers provided support ranging from organising repairs, arranging new accommodation, accessing financial help, and referring to additional services. The service was constrained by the unavailability of appropriate housing stock and wider support systems for service users after discharge. As this study is ongoing, available routine are currently insufficient to allow reliable quantification of economic impact.

Interpretation The evaluation has shown the benefits of housing discharge services and will inform future commissioning decisions on funding services to facilitate discharge. We recommended that other hospitals with housing-related barriers to discharge might want to adopt a similar model.

Funding National Institute for Health Research (NIHR) School for Public Health Research

Contributors

EH led on the study design with support from EG. EH led on the overall data collection and analysis, with support from AF for the quantitative element, EL for the qualitative element, and MG and AB for the economics. EH and AF wrote the first draft of the Abstract. All authors approved the final version of the Abstract.

Declaration of interests

We declare no competing interests

Acknowledgments

This study is funded by the UK NIHR School for Public Health Research (grant reference number PD-SPH-2015). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care. We thank our participants for taking part in this research and our project advisory group for supporting its successful completion.