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Emerald Housing, Care and Support

A critical evaluation of the 'Short Stay Project' - service users' perspectives

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Introduction

This paper critically examines an innovative collaboration between health, housing and social care to deliver an integrated service enabling adults with health, housing and/or care needs to remain independent. The 'short stay project' aims to avoid admission into care or National Health Service (NHS) facilities, known as step-up services, or facilitate timely discharge into the community from a care or NHS setting, known as step-down services. This project is different from existing services in that it offers service users a temporary stay in an adapted, self-contained apartment to maintain their independence and wellbeing in the community. The local authority housing options service is central to the 'short stay project', providing accommodation to adults over 18 years of age with a health, housing or social care need.

The 'short stay project' sits within existing intermediate care provision in the locality. Services promote faster recovery from illness, prevent unnecessary hospital admission and premature admission to long-term residential care, support timely discharge and maximise independent living (Department of Health (DH), 2009). Given the growth in demand, static capacity in health-based intermediate care and reducing capacity in re-ablement, intermediate care capacity nationally will fall behind demand (NHS Benchmarking Network, 2015).

There is a need for innovative service models be introduced to increase capacity, offering greater choice to service users. However, real change can only occur if the NHS develops new partnerships with local communities and local authorities (NHS

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England, 2014). The links between poor housing and ill health are well documented (Allen, 2006, World Health Organisation, 2008, Marmot, 2010, Minter, 2012, Thomson et al, 2013, Handy, 2014), the association being particularly acute among people above retirement age (Barnes et al, 2013). Poor housing costs the NHS £1.4 billion per annum (Nicol et al, 2015). Therefore, joint working between housing and health is vital to reduce pressures on the NHS (National Housing Federation, 2014) since housing is an integral element of care and support (Johnson, 2014). Health and housing services need to adopt a collaborative approach to effectively manage their resources in the future (Yaxley, 2015).

The 'short stay project' was initially a pilot scheme which needed evaluation to determine efficacy as part of local intermediate care provision. The findings of the evaluation are analysed in this paper from an occupational therapy perspective, where service users' wellbeing and occupational performance are fundamentally linked to their environment and participation in meaningful occupations (Christiansen et al, 2011). To evaluate the service the lead occupational therapist from the project team volunteered to undertake a time-limited, small-scale research study which formed part of her academic studies. Occupational therapists are argued to have a particularly important role to play in delivering successful re-ablement outcomes (Whitehead et al, 2016), so are well placed to evaluate such services.

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Background

Local context

The locality in the north of England has a history of heavy industry and associated health conditions, resulting in lower life expectancy and higher mortality rates than the England average (Rotherham Metropolitan Borough Council (RMBC), 2015). The locality Joint Strategic Needs Assessment reports in 2011, 21.9% of the local population reported a long-term illness, furthermore the number of people over 85 years is projected to increase by 28% between 2013 - 2021. Deprivation rose between 2007 - 2015, the driver being health and disability (RMBC, 2015). The local population has a growing number of people with multiple long-term conditions, increasing demographic of older people and high levels of deprivation, these factors combine to increase demand for health, housing and social care services.

Service users

Nationally, the cost to NHS and social care for people with increased co-morbidities is estimated to be £5 billion in 2018 (DH, 2012, p.6). By 2034 people aged over 85 years is projected to account for 5% of the population (DH, 2012, p.7). As demand grows, services must be developed to meet the needs of people with complex social needs, multiple long-term conditions and the aging population. In a similar study evaluating step-down medical respite provision for homeless people on discharge from hospital, Dorney-Smith et al (2016) found the use of existing homeless hostels as temporary medical respite was not ideal. Their results showed stand-alone units with good support were service users preferred type of provision on discharge.

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Person-centred, coordinated care is key to improving outcomes for individuals (DH, 2013a). Services must deliver care around the needs, convenience and choices of service users, carers and families (DH, 2013). Locally, 12% of the population provided unpaid care in 2011, compared to 10% for England (RMBC, 2015). Involving families and carers when adults move into or out of hospital is essential, without their support transition home is more difficult (National Institute of Clinical Excellence (NICE), 2015a, Parliamentary and Health Service Ombudsman, 2016).

Existing services

Local existing intermediate care provision totals 92 beds across health and care facilities. The 'short stay project' is an additional community based resource, the only service within this provision integrating housing, health and social care. The Care Act 2014 describes housing as health-related support, central in delivering the 'wellbeing principle' underpinning this Act (DH, 2016). Intermediate care aims to promote quicker recovery, prevent unnecessary admissions, support timely hospital discharge and enable older people to maintain independence (DH, 2009, Martinsen et al, 2015, Legg et al 2015). The National Audit of Intermediate Care (NHS Benchmarking Network, 2015) found service models delivered good outcomes, promoting and sustaining functional independence. However, Legg et al (2015) argue there is no evidence suggesting re-ablement is effective at increasing independence or reducing care, calling for research to determine effectiveness.

The 'short stay project' combines re-ablement from existing intermediate care provision with a temporary stay in an adapted, self-contained apartment. Four

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vacant local authority apartments were furnished and adapted by the housing options service from existing budgets. The enabling service pays a nightly charge to housing options for the accommodation when occupied by a service user, in-line with similar re-ablement services there is no charge to the service user for a stay up to six weeks. The service aim is to reduce unnecessary admissions into health and care settings, and facilitate timely discharge from these services, therefore has the potential to reduce costs and maintain service users' independence. Boniface et al (2013) found occupational therapy services in social care emphasize a person-centred approach and promote self-reliance, principles which are central to the 'short stay project'. A prevention initiative, the project focuses on keeping people well, maintaining independence, rather than caring for them when unwell (NHS Confederation, 2016). Living in self-contained, adapted accommodation is not new, models of provision including extra care housing endeavour to meet housing, care and support needs of older people in private accommodation (Darton et al, 2012). However, the 'short stay project' temporary accommodation ensures service users' needs are met by the enabling service before discharge home – a true integration of services.

Integration

Integrating care and support with other local services (DH, 2013a) is a goal of statutory providers, especially as delays to hospital discharge occur without integration (NICE, 2015a). Interestingly, service users can identify partnership working which delivered good outcomes too (Petch et al, 2013). Johnson (2014)

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cautions integration is neither quick nor cheap, with local commissioners' having the role of stimulating innovative, integrated services (DH, 2013).

The Care Act 2014 (DH, 2016) is a key driver integrating health, housing and social care, amending the NHS Act 2006 to provide a legislative basis for the Better Care Fund. The Better Care Fund is a financial incentive to deliver integration of health and social care, requiring Clinical Commissioning Groups and local authorities to pool budgets and agree an integrated spending plan (DH, 2016a). This legislation acknowledges the need for new models of care and support, the 'short stay project' is an example of a such a service and could be financed through the Better Care Fund in the future. Resources shift into social care and community services to benefit communities, health and care systems (Local Government Association, 2016). The Localism Act 2014 (Department for Communities and Local Government (DCLG), 2011a) allows local authorities to allocate housing based on need, making available apartments utilised for this project.

National Audit Office (NAO) (2016) explains older people, once discharged, may need short-term support from local authority or community health services which are free. This potential for increasing costs demonstrates the importance of utilising the Better Care Fund, otherwise community partners will struggle to fund services to meet demand. Commissioners should consider the balance of step-up and down provision in intermediate care, ensuring adequate step-up capacity which may come under pressure from step-down demand (NHS Benchmarking Network, 2015).

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The Parliamentary Health Service Ombudsman (2016) has seen complaints relating to discharge from hospital rise, for example patients discharged with no home-care in place. Whilst recent policy and legislation promotes integration, professional and cultural barriers to collaborative work should not be underestimated (Allen, 2006). There is evidence of 'silo-working' and lack of understanding between sectors (Fendt-Newlin, 2016). Utilising temporary accommodation allows time to prepare service users, involve carers and arrange adaptations, equipment and/or care for their return home. NAO (2016) recommend NHS and local government minimise avoidable admissions and inappropriate lengths of hospital stays. The 'short stay project' is an innovative solution with potential to help meet this aim.

Gaps in existing research

Inadequate housing is a social determinant of health, contributing to health inequalities (World Health Organisation, 2008, Marmot, 2010). Poor, unsuitable housing having negative impacts on health and social mobility (DCLG, 2011, Tunstall et al, 2013). Despite appropriate housing contributing significantly to service users' health and wellbeing, an extensive search of relevant academic databases identified no literature relating to self-contained temporary accommodation available to meet a health, housing or social care need. Fendt-Newlin et al (2016) support this view, being unable to find UK intervention studies where health, housing and social care worked collaboratively to improve older people's ability to live well at home.

Several studies related to accommodation offering medical respite services to support homeless people when discharged from acute hospitals (Pathway, 2016,

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Krug, 2015, Dorney-Smith et al, 2016, Zur et al, 2016). Research was identified into intermediate care provision in hospitals (Dahl et al, 2015), short term residential units (Trappes-Lomax and Horton, 2012) and nursing homes (Abrahamsen et al, 2016). However, none of these services are offered in self-contained accommodation for individual use, many are rooms located in an existing care facility.

There is an evidence gap regarding service user perspectives around how housing and housing-related support might support older people (Fendt-Newlin et al, 2016). The 'short stay project' integrates health, housing and social care services to meet service users' needs locally. Critically evaluating this project adds new insight into service users' perspectives of a self-contained housing-related initiative. An occupational therapist from the Council's housing department led the project, acknowledging the importance of housing to service users' health and wellbeing, presenting a fresh approach to service development and integration.

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Methodology

Design

A qualitative approach, interpretative phenomenological analysis (IPA), was the methodology for this study. IPA is concerned with critical exploration of personal lived experience (Smith, 2011), ideal to examine service users' perspectives on their life and environment (Bailey et al, 2015, Polit and Beck, 2010). Information and consent forms were given to potential participants, they were assured confidentiality and offered the opportunity to decline to participate in the evaluation. In-depth semi-structured interviews were audio-recorded using an iPhone with a secure password and transcribed verbatim before analysis (Smith, 2011). Narratives collected from the interviews, delivered a useful insight into service user perspectives of the project and are the focus of this research.

Data analysis

IPA (Smith et al, 2009, Smith, 2011) was utilised because of its focus on participants' meaning-making of their experiences. Each transcript was read repeatedly noting down interpretations and summarising ideas, recurrent themes were extracted, key words or phrases captured - acting as codes. This procedure was repeated for each transcript, emerging patterns were highlighted and thematic connections identified, within and across transcripts. Themes were clustered and developed into a consolidated list. Transcripts were re-read to ensure themes could be recognised then transcript quotations collated for each.

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Setting

Four self-contained Council owned apartments were identified close to town centre community facilities and transport links. Each apartment was adapted to meet service users' physical needs and furnished to provide a welcoming, comfortable environment. Mason (2002) argues in qualitative research, knowledge and evidence are contextual, situational and interactional. Interviews were conducted before leaving the project, observing service users in the apartment afforded context not possible outside the setting.

Participants

Service users were referred into 'short stay project' via the locality single point of access. The referring professional supported the service user throughout their stay and provided continuity for their onward transition into new accommodation or their return home. The enabling service considered each referral against eligibility criteria: an adult with a health, housing or social care need which could be improved by a stay in temporary accommodation were referred to the new service. The first three service users accepted into the project were asked to participate in the evaluation, all agreed to take part. The sample is small as this was a time-limited pilot study conducted over a period of three months with three apartments available to the project. DH (2013a) recommends engaging with people who use services to hear their experiences. Participants were selected by purposeful sampling of service users staying in the apartments, they have experienced the phenomena and can articulate their experiences (Polit and Beck, 2010).

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Ethics

Permission to undertake the research was granted from the performance and quality department, assistant director and communications team in the setting. Ethical approval from York St John University Research Ethics Committee was granted, approval number 130109842_Brown_20061016. Anonymity is difficult with a small sample so participants were given a pseudonym (COT, 2015).

Trustworthiness

Paley and Lilford (2011) argue qualitative research is subject to people's accounts of their decisions which can be unreliable, advising multiple measures and observations, recommending triangulation to achieve accurate understanding. To reduce bias the lead researcher did not have any influence on the referral and allocation process into the apartments nor were they known prior to conducting the interviews.

Validity

During interviewing every effort was made to be non-directive. Participants were sent their interview transcript and key themes, providing the opportunity to add to or change what they said attempting respondent validation (Richards, 2015).

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Findings

Three service users participated in the interviews. The service users had spent a minimum of two weeks living in a 'short stay project' apartment. The demographics of the participants are summarised in Table 1.

Table 1. Participant demographics

Pseudonym (Gender)	Age Category	Ethnicity	Marital Status	Carers	Reason for referral
Pauline (F)	40-49	White British	Divorced	Formal and Informal	Discharged from care home, waiting for permanent adapted accommodation, full time wheelchair user
Judith (F)	30-39	White British	Single	Formal and Informal	Fleeing domestic violence, refuge placement not appropriate
Robert (M)	60-69	White British	Single	None	Hoarding behaviours, temporary accommodation required whilst house cleared

The findings have highlighted three key themes: satisfaction with apartment, emotional and social wellbeing; and what the future holds. Within each theme there are subcategories summarised in Table 2.

Table 2. Service users' perspectives of the 'short stay project'

Key theme	**Subcategory**
Satisfaction with apartment	Location and internal environment
	Adaptations / Telecare
	Recommendations for improvement
Emotional and social wellbeing	Maintaining previous roles
	Social isolation and loneliness
What the future holds	Uncertainty
	Optimism

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The following section explains each theme, illustrated by quotes from service users who are known as Pauline, Robert and Judith.

Satisfaction with apartment

Location and internal environment

Service users cited the apartments' location as a strength, which is close to the town centre and associated amenities, therefore easily accessible.

"Oh, its lovely, everybody wants to move in [laughs], near shops, near bus station, oh its lovely, near everything" Pauline

"Actually, I have loved it, 10 minutes into town, nice and flat" Robert

Service users were unanimously satisfied with the general ambience of the apartments including décor, furnishings and household equipment provided.

"It's nice here…it's warm and quiet" Judith

"it's a good kitchen, everything I need is there" Robert

Adaptations and telecare

Provision of a level access shower benefitted all service users. Both Robert and Judith have baths in their permanent accommodation and found the shower was better able to meet their needs.

"The best thing was the [level access] shower…I struggled getting out of the bath [where I lived] before 'cos it's a right deep one" Judith

"that's [level access shower] been brilliant!" Robert

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The only service user to access the call system was Pauline but she successfully contacted the service when she needed support.

"I pulled the [alarm] cord…and my sister came to help me" Pauline

Recommendations for improvement

Service users could identify ways in which the apartment could be improved depending on their needs. Pauline was frustrated by the worktops and hob being inaccessible from her wheelchair and Robert suggested raising the sofa and a grabrail fitting adjacent to the toilet to facilitate easier transfers.

"the worktops are too high…the cooker is too high" Pauline

"a hand rail to pull yourself up next to the toilet side" Robert

There were some issues relating to using the facilities in the apartments and understanding how to access the wider amenities.

"the only problem was the door trying to work out how to lock it" Robert

"my fob didn't work for the laundry" Judith

Emotional and social wellbeing

Maintaining previous roles

Service users clearly illustrate the importance of being able to maintain their roles during their stay. When previous roles can be enjoyed, there is a sense of contentment and peace.

"I do like the quiet…I like watching videos, I listen to the radio and I read a lot" Robert

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However, if previous roles cannot be fulfilled due to reduced physical abilities and environmental limitations this has a negative impact on service users' wellbeing.

"If you were me you would want to be able to cook on your own, I am a woman, it's what I do, washing, cooking, ironing, you know?" Pauline

The loss of choice and control through disability, becoming reliant on others for support can create feelings of helplessness and resentment.

"I am happy that carers help me but I get mad that I can't do it myself. I wish I could do it, it makes me feel bad asking all the time." Pauline

Social isolation and loneliness

Two of the three services users described being lonely during their stay in the 'short stay project', despite both having carers and family members visiting each day.

"I am on my own [here] with no one to talk to" Judith

"…came here to be on my own with care, to be able to manage on my own, you know, do things, but I had company there [care home], now I'm on my own all the time." Pauline

Loneliness had a negative effect on these service users' wellbeing, highlighting the 'short stay project' can contribute to social isolation which must be addressed with future users of the service.

What the future holds?

Uncertainty

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The service users expressed concerns about moving on from the apartment, fuelled in part by the temporary nature of their stay and fears about the future.

"well I think it's been like a halfway house between hospital and your own house" Pauline

"well I'm dreading it [returning home]" Robert

All service users had experienced differing but significant life events before moving into the 'short stay project', coming to terms with their new circumstances was a challenge for each of them.

Optimism

Despite these concerns, service users demonstrated resilience and could share optimistic ideas around what the future might hold for them. Empowering service users to prepare for or adjust to their new circumstances could be an important role for the 'short stay project'.

"when I get new glasses, I get electric wheelchair and then life begins at 50! [laughs]" Pauline

"I suppose I will have to start collecting again now I've had a clear out [at home]" Robert

The service users interviewed had differing, complex physical and/or mental health needs, the reasons for referral into the project were diverse yet all could benefit from their stay. Service users interviewed for the study needed accommodation to alleviate psycho-social aspects, homelessness, hoarding behaviours and gender-

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based violence, rather than a physical health need, this is an unexpected and important finding of the research.

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Discussion

Prior to the official launch of the 'short stay project', the project lead received several expressions of interest from health and social care professionals, demonstrating demand for a service to reduce or prevent health, housing or social care needs and maintain independence. The 'short stay project' is a client-centred service to maintain or enhance user's skills and wellbeing through independent living in a safe environment. The interest shown prior to launch demonstrates health and social care professionals can identify service users to refer into the 'short stay project'.

All service users interviewed, unanimously enjoyed the location of the project, being near local amenities and transport links. The high standard of the apartments and adaptations was valued, the apartment and building created a comfortable, safe setting where services users could feel at home. Service users recommended provision of a welcome pack which contains relevant contact numbers and instruction booklets along with an explanation of the wider amenities including bin store, laundry and parking. The importance of taking time to ensure each service user can use appliances and facilities within the apartment cannot be underestimated as it promotes independence during their stay.

Providing minor adaptations suggested would benefit current and future service users, namely grab rail adjacent to the toilet and lowered kitchen worktops, a recommendation has been made for these to be provided in all apartments. The 'short stay project' did meet service users' basic needs as proposed by Maslow's hierarchy of needs (Maslow, 1943) but did not meet the psychological needs or

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achieve self-actualisation. The 'short stay project' whilst offering temporary respite from social inequalities, including gender-based violence, poverty and homelessness, does not at present address these wider barriers to long term psychological wellbeing and self-actualisation. These issues remain at a societal level. Pearson (2016) highlights a persons' home circumstances influence the potential success of intermediate care provision. The goal of returning home cannot be assumed for all service users, for some home may not be perceived as a place of safety, instead representing a threatening or uncomfortable environment.

The importance of service users maintaining previous roles during their stay is essential. However, when it is difficult to maintain roles due to decreased functional abilities the frustration caused is palpable. Pauline moved to the project from a care home and her functional abilities differed from her expectations. A period of adjustment is required and additional resources provided to enable participation in her roles of choice.

"the worktops are too high…I can do the washer and the fridge" Pauline

Role change occurs throughout life leading to changes in occupational balance, an important aspect of health (Wilcock et al, 1997). Role conflicts emerge as disabilities make it impossible to sustain previous domestic, work and leisure roles. Occupational therapy is concerned with the roles people have and the roles people are prevented from having. In occupational science terms, over or under occupation and the connection of this to lack of opportunity is occupational imbalance

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(Townsend and Wilcock, 2004), a condition of occupational injustice since it impacts on the service users' right to autonomy and social participation.

"I'm like an hermit, not being able to go out and meet people… just somebody to talk to"
Pauline

To achieve occupational balance, occupations undertaken must be meaningful, service users who need to have control over their choice of roles. However, society operates with many occupational injustices (Townsend and Wilcock, 2004) denying access to meaningful participation in occupations of daily life, leading to service users having roles imposed upon them outside of their control resulting in occupational deprivation. The Care Act (DH, 2016) emphasises the importance of interventions to prevent ill health. The 'short stay project' can be described as both a secondary and tertiary intervention but the service model must identify and support service users at risk of occupational deprivation. To maximise wellbeing, practitioners need to ensure the emotional and social needs of service users are met in addition to any physical needs. Research into who could undertake this role would be recommended. One hypothesis suggests occupational therapists are ideally placed to offer their expertise, maximising occupational performance (Law et al, 2005) by taking a 'whole person' perspective proposed by service users themselves (King's Fund, 2016).

A criticism of traditional occupational therapy models is being client-centred they emphasise the individual over the environment. The Kawa Model, proposed by Iwama (2005), takes a different view, the individual seeks harmony with the environment, aims to realise differences, including disabilities, as assets, and

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accepts, rather than resists change. The implication is the individual may be less significant in the role change process than the environment, role change is perceived as inevitable and accepted. Working through this model with service users staying in the project may help them adjust to changes of role and plan for the future. Wider social inequalities impacting on service users could be identified via this model with practitioners supporting individuals to address psycho-social aspects of their home context. This presents a challenge as Murie (2012) argues welfare reform and policy change may produce a more difficult environment for social and economic success creating obstacles for health and other policies.

Marmot (2010) identifies housing as a social determinant of heath however as housing is one of many personal, social and environmental impacts on health, complex interaction means it is difficult to identify specific housing impact (Barnes et al, 2013). However, without appropriate housing, health and care interventions are limited in what they can achieve. This study demonstrates the opposite is also true, appropriate housing alone is not enough, without social care and health support the 'short stay project' cannot meet its full potential.

Shaw et al (2016) found an authentic later life was possible but residents required emotional and social support to live through the transition and challenges of becoming aged. This research has found younger service users with disabilities also require emotional and social support to successfully adjust to new roles and occupations. Assessment of service users' emotional and social needs on referral to the 'short stay project' would be beneficial to identify opportunities for support. NICE

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(2015b) suggest the voluntary sector could also support older people to access local services using digital technology. This research highlights the importance of extending such support to younger adults with health, housing or social care needs.

When asked about planning for the future, there was a clear mix of apprehension and optimism, service users demonstrate resilience when faced with uncertainty.

"I'm settled here, moving on will be a bit strange" Judith

I try to take each day at a time, like they [family] say I have come a long way and I'm alright" Pauline

The importance of involving service users in developing and evaluating services is imperative to ensure those services meet the needs and expectations of those who use them. The 'short stay project' could develop findings identified in this study to deliver emotional and social support assisting service users to transition into and out of the project successfully.

The Care Act 2014 (DH, 2016) provides a strong mandate to integrate housing with health and social care. However, Dorney-Smith et al (2016) identified the main barrier to provision is siloed and depleted budgets existing across the voluntary sector, housing and social care. Services are encouraged to integrate and innovate but they need to truly co-operate through sharing resources if models such as the 'short stay project' are to meet their full potential. Co-operation needs to occur not only within and between services, but in partnership with service users utilising co-production to deliver services which facilitate individual resilience and promote inner

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strength. Only then can the joint aim of health, housing, social care and service users of maintaining independence and wellbeing be achieved.

Limitations

The small number and purposive sample can be criticised for not fully reflecting the larger representative population making transferability limited. Limited time and availability of apartments impacted on sample size. This is in-line with similar IPA studies which have used small sample sizes (Smith, 2011). As this is a pilot study, additional participants could be interviewed in the future to provide further evaluation.

There was potential for researcher bias as the lead researcher was the lead occupational therapist for the service. To reduce this the referral and allocation process was undertaken by the enabling service manager and contact with the service users in the project was minimal. Grant (2014) explains qualitative researchers need to be perceptive about their own role and position as it affects understanding of the research process. Throughout the interview process the researcher was mindful of the power dynamic aiming to level the relationship between researcher and participant by actively listening with care and respect. It is clear from the transcripts that as the interview process progressed the researcher contributed less to the discussions, encouraging participants to talk without interruption. Palaganas et al (2017) describe reflexivity as a journey of learning and unlearning. This was found to be the case in this study as unexpected insights from service users challenged the researchers' previous assumptions about who the service was for and how service users would benefit from their stay.

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Conclusion

This research has critically evaluated service user views of the 'short stay project' from an occupational therapy perspective, finding services integrating health, housing and social care can be innovative and broadly meet short term needs.

The benefits associated with moving to the 'short stay project' were clearly valued by service users especially relating to location and standard of apartments. However, despite providing a safe, comfortable setting the project did not meet the emotional and social needs of all service users, resulting in social isolation and occupational imbalance. Further research is recommended for commissioners from health, housing and social care to investigate these findings in greater depth and evaluate potential models of service delivery which meet these wider needs.

Whilst some service users could maintain their previous roles in the 'short stay project' this was not unanimous and caused distress to those who could not. Supporting service users to adjust to their changed circumstances and/or decreased functional abilities may be an important aim of the project and requires further investigation around delivering interventions to prepare for a return home. The fundamental links between environment and occupational performance (Christiansen et al 2011) empowering service users to maximise their wellbeing are clearly demonstrated in this evaluation.

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Overall, the 'short stay project' is a successful service with evidence of positive outcomes and service user demand for the project. This research has identified service models integrating health, housing and social care can prevent service users' admission into and facilitate discharge from care and health services. One of the main findings in this study has been psycho-social implications relating to wider social inequalities as driving demand for the service, rather than the health-related issues that could have been expected. This surprising finding is important, highlighting to commissioners across health, housing and social care the urgency to utilise the Better Care Fund in delivering integrated services to meet these rising demands. Further research into the development of effective integrated services which maximise service users' wellbeing and occupational performance is recommended.

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