

Home from hospital

How housing services are relieving pressure on the NHS

**NATIONAL
HOUSING
FEDERATION**

Executive summary

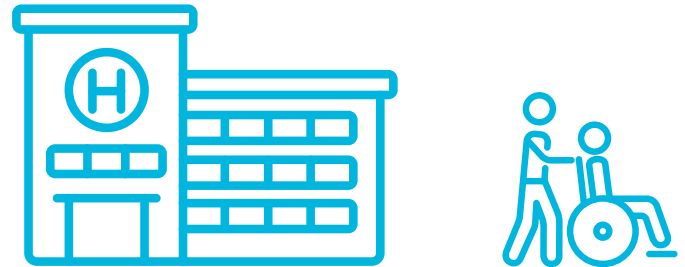


Introduction

This report considers the impact of increased delays in discharging people from hospital and shows how housing providers are working with health commissioners to offer solutions that work for patients while making savings for the NHS.

The National Audit Office (NAO) estimates that the NHS spends around £820m a year treating older patients who no longer need to be in hospital¹.

The case studies featured in this report demonstrate how housing services are successfully reducing delays in discharging people from hospital and preventing unnecessary hospital admissions. It is clear from the evidence presented here that there is a strong case for significantly increasing the scale and scope of the housing offer.



The **NHS spends** around **£820m** a year **treating older patients** who no longer **need to be in hospital.**

¹ National Audit Office (2016) Discharging older patients from hospital

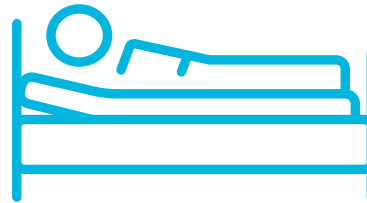
What is the problem?

Delayed transfers of care happen when people are medically ready to leave hospital but are unable to be discharged, often because there is nowhere suitable for them to move on to.

There could be a range of reasons for this, including delays in getting a care package or adaptations that would allow someone to move home, or because there isn't a space available in a residential or nursing home.

As well as having a significant impact on people's lives, delayed transfers of care are costly for the NHS and add unnecessary pressure to a service that is already under huge strain.

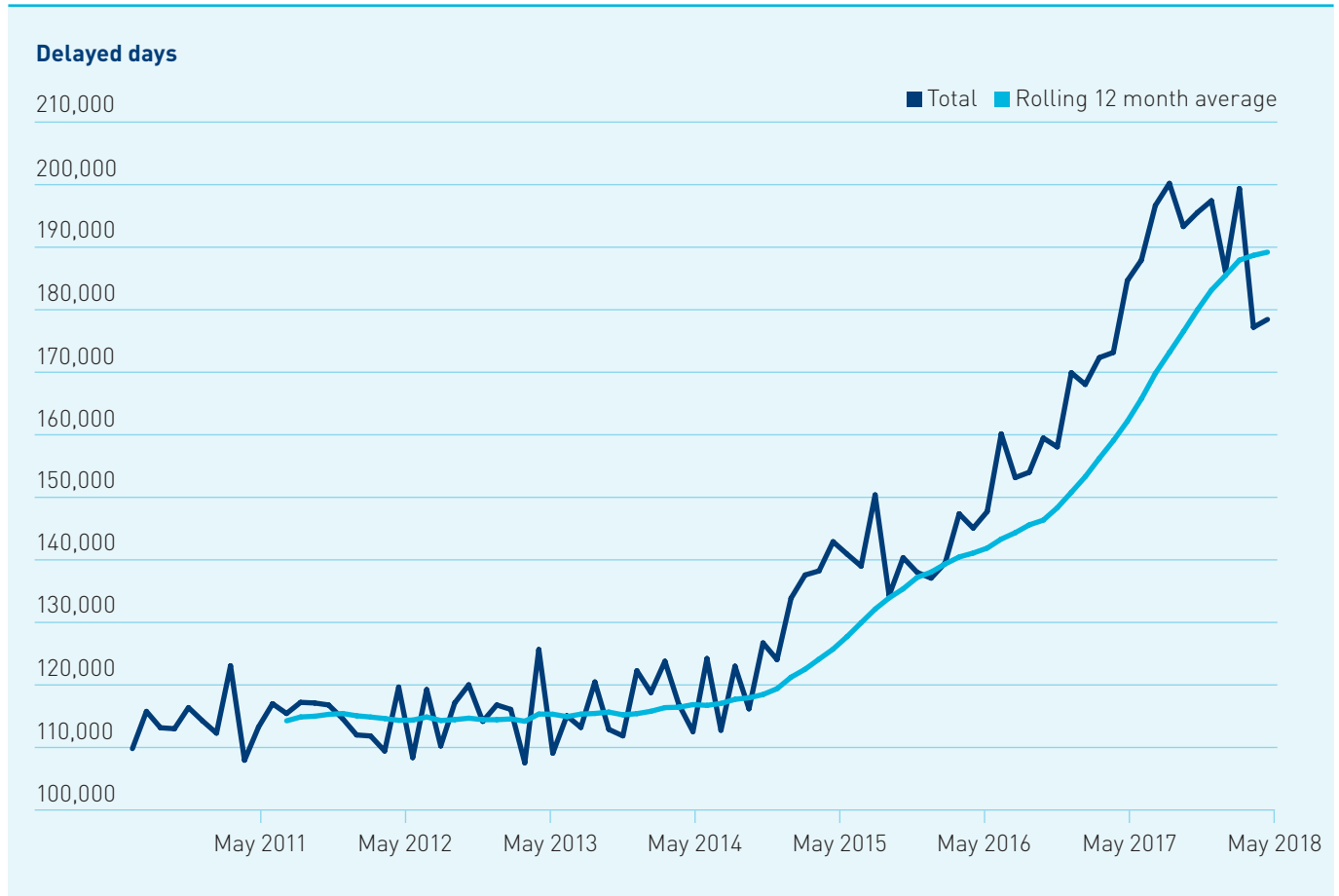
The scale of the problem has increased in recent years. Between 2013 and 2015 the number of delayed bed days rose by 31%, and in 2014-15 there were 1.6 million total delayed bed days in England. Delayed days occur when a patient is delayed after they are medically fit to be transferred/discharged. There were 456,447 delayed days in 2016-17 – this is a huge increase of 45.3% on the previous year which is attributed to “awaiting care package in own home”².



In **2014/15** there were **1.6 million** total delayed bed days in **England**.

² House of Commons Library briefing paper 7415: Delayed Transfers of Care in the NHS

Total number of delayed days



The NAO estimates that the actual number of patients in hospital who no longer need to be there is around 2.7 times higher than the reported figure so these numbers only represent a fraction of the problem.

All this means people are stuck in hospital for longer than is necessary, which has a significant impact on recovery time as well as overall health and independence. Older people can lose 5% of muscle strength for every day they remain in a hospital bed. Every unnecessary day they spend in hospital makes it harder for them to regain their mobility and independence.

Housing providers – reducing demand and making cost savings

Housing providers offer a range of services that help people who would otherwise be stuck in hospital to recover more quickly and stay well for longer.

By preventing unnecessary hospital admissions, reducing the length of hospital stays and reducing or avoiding delayed transfers of care, these services both reduce demand and save money for the NHS.

Central features of the housing offer include:

- Providing a temporary home for people coming out of hospital who cannot return to their own home immediately where they can access the support they need to prepare for independent living again. This is often referred to as a 'step down' service.
- Enabling timely and appropriate transfers out of hospital and back to the patient's own home or to other suitable accommodation.

- Providing a new home for people whose existing home or lack of housing mean that they have nowhere suitable to be discharged to.
- Keeping people well at home who would otherwise be at risk of being admitted or readmitted to hospital.

In addition to relieving pressure on acute hospital wards, these services also help to reduce pressure and costs across the NHS. This includes:

- **reducing Accident and Emergency attendances** by providing an immediate response for people with an urgent health issue.
- **reducing the need for regular community nurse visits** by offering preventative services that promote health and wellbeing and help people to manage chronic conditions effectively.
- **relieving pressure on ambulance services** by responding quickly to emergencies and providing increased levels of support where needed.

Which groups benefit from these services?

- **Older people** are most likely to be affected by delayed transfers of care. In 2014-15, patients aged over 65 accounted for 62% of all delayed bed days³.
- **People with mental health problems** can end up staying in mental health settings longer than necessary due to delays arranging their aftercare, housing and support. This has been shown to be detrimental to people's psychological wellbeing. An estimated one in twenty bed days are used by people experiencing a delayed discharge in a mental health setting^{1,4}.
- **Homeless people** can also experience delays in being discharged from hospital due to difficulties in finding appropriate accommodation for them to move on to. Good coordination between health and housing services to ensure that homeless people have suitable accommodation to move into after a hospital stay can help to significantly improve their recovery and prevent or reduce readmissions to hospital.

“If one were to scale up this work it would be massive across the UK. Savings of this magnitude would go a long way towards funding 7-day secondary care”.

**Dr Mark Holland,
President of the Society for Acute Medicine**

¹ National Audit Office (2016) Discharging older patients from hospital

³ Health and Social Care Information Centre, Hospital episode statistics, 2014-15

⁴ Healthwatch England analysis of My NHS Mental Health Hospitals in England data at October 2014: <http://www.nhs.uk/Service-Search/performance/Results?ResultsViewId=1014>

Housing providers are already making a difference

As well as the three examples below, the full report features nine further case studies that show the positive impact these services have on people's lives and the cost benefit to the NHS.

Curo – Step down scheme

Through this scheme Curo provides step down accommodation for vulnerable adults who are ready to be discharged from hospital but cannot return home immediately.

Key features

- Six self-contained one bedroom flats or bungalows within existing extra care hubs.
- Dedicated support and access to 24-hour care teams.
- Transport from hospital, avoiding potential delays with accessing ambulance services.
- Emphasis on relearning skills to improve future independence and reduce the risk of readmission.

Outcomes

- 62.5% of clients are discharged to somewhere other than residential care.
- 79% of clients have been assisted in establishing contacts with external services and groups.
- Every year, between 20-30 people are discharged from hospital and are able to live independently as a result of these step down units.



In 2015/16 the service **saved 1,854 excess bed days** resulting in a **saving of £561,762** for the **NHS**.

One Housing Group – Step down scheme

Ten step down beds are provided within the Roseberry Mansions extra care scheme to provide support for older people leaving hospital who aren't immediately ready to return home.

This is a short term reablement service where people can relearn skills and get support from a team of occupational therapists, physiotherapists, social workers and support workers.

Key features

- Aims to improve the quality of people's lives by enabling them to return home or to other appropriate accommodation in a sustainable way.
- Facilitates earlier hospital discharge and avoids unnecessary or repetitive hospital admissions.
- Prevents or delays the need for long-term residential or nursing care placements.

Outcomes

An evaluation after 10 months during 2014/15 showed:

- 57% of referrals came from acute hospitals and 43% from the community. People stayed on average for 41 days, just under the six-week limit.

- Savings were made of between £400 and £700 per person per week in excess bed days. Across ten apartments this equates to between £200,000 and £364,000 of savings per year to the NHS.
- The service has resulted in a 30% reduction in the size of care package people need when they return home, compared to those not receiving the service; these are cost benefits to the local authority.
- 95% of people who move on from the step down service avoided moving to residential care.
- 20% of people were previously unknown to Adult Social Care; without a multi-disciplinary team assessment and a place to discharge to, these people would be at greater risk of delayed transfer.



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Bournemouth Churches Housing Association – Hospital discharge service

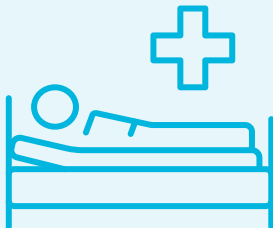
Bournemouth Churches Housing Association has staff based at two hospitals in Plymouth to support people who are homeless to be discharged from hospital in a timely way.

Key features

- Provides advocacy and support to individuals who have come into hospital and are homeless or at risk of becoming homeless.
- Ensures that people are supported into suitable accommodation.
- Supports people to engage with appropriate health and community services.

Outcomes

- Between April and December 2016 there were 50 referrals to the service.
- These 50 people were frequent users of the health service. In the 12 months prior to being supported by the hospital discharge service, they were admitted a total of 107 times and took up 809 bed days.
- Hospital admissions for these patients accounted for 77 bed days to March 2016. This is a significant reduction compared to the bed days in the previous 12 months.
- The estimated cost benefit in terms of reduced excess bed days to the NHS for 2016-17 was £280,000.



The **estimated cost benefit** in terms of **reduced excess bed days** to the **NHS** for 2016-17 was **£280,000**.

Next steps: scaling up the housing offer

The case studies featured in this report clearly demonstrate the significant impact that housing services can have, both in making a real difference to people's lives by helping them to stay well for longer and in reducing pressure on acute services to help achieve substantial savings for the NHS.

Evidence from these existing schemes shows that they successfully reduce delays in discharging people from hospital and help to prevent unnecessary hospital admissions.

There is a strong case for increasing the scale and scope of the housing offer, and within the sector there are high levels of support for doing this. This would have significant cost benefits for the NHS. The savings achieved as a result of the individual schemes featured in this report represent a tiny fraction of the total savings that could be achieved if provision of these services was extended across the country.

Housing providers are ideally placed to do this, and have developed a joined up plan to extend and increase the services they offer to help people out of hospital, into a suitable home with the right support.

There are four key components to this sector-wide offer:

- 1.** An increase in the number of housing step down units or beds nationally which can facilitate efficient discharge from hospital.
- 2.** More housing staff seconded to discharge teams locally to coordinate and speed up transfers of care.
- 3.** Care packages to help prevent people from needing to go into hospital in the first place and to reduce readmissions.
- 4.** A commitment to facilitating robust evaluation of this solution.

This offer will ensure that people are getting the care and support they need, and will free up the NHS to deliver its services to those who need them most.

Given that the population of older people is set to rise steadily over the coming years, the potential savings that housing providers could make in the future will increase significantly.

Projected population by age, United Kingdom, mid-2014 to mid-2039

Ages	millions						% increase in age group 2014–2039
	2014	2019	2024	2029	2034	2039	
0-14	11.4	12.0	12.3	12.3	12.3	12.4	9%
15-29	12.6	12.4	12.3	12.6	13.2	13.5	7%
30-44	12.7	12.9	13.6	13.7	13.3	13.2	4%
45-59	13.0	13.4	12.9	12.6	12.7	13.4	3%
60-74	9.7	10.4	11.1	12.0	12.4	12.0	24%
75 and over	5.2	5.8	7.0	7.8	8.7	9.9	90%
75-84	3.7	4.1	4.9	5.4	5.6	6.3	70%
85 and over	1.5	1.7	2.0	2.4	3.2	3.6	140%
All ages	64.6	66.9	69.0	71.0	72.7	74.3	15%
Children	12.2	12.7	13.1	13.1	13.2	13.2	8%
Working age	40.0	42.0	43.0	44.2	44.3	44.6	12%
Pensionable age	12.4	12.2	13.0	13.6	15.2	16.5	33%
Old Age Dependency Ratio (people of pensionable age per thousand people of working age)	310.4	290.4	301.3	308.1	344.1	369.6	

Source: Office for National Statistics

Notes:

1. Children are defined as those aged under 16.
2. Working age and pensionable age populations based on state pension age (SPA) for given year.
3. Between 2012 and 2018, SPA will change from 65 years for men and 61 years for women, to 65 years for both sexes.
4. Then between 2019 and 2020, SPA will change from 65 years to 66 years for both men and women.
5. Between 2026 and 2027 SPA will increase to 67 years and between 2044 and 2046 to 68 years for both sexes.
This is based on SPA under the 2014 Pensions Act.

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