

Supported housing and the NHS: reducing delayed discharge

National Housing Federation research briefing

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Summary

This paper presents strong evidence that a lack of suitable housing, particularly supported housing, is a key barrier to discharging patients who no longer need to be in hospital. The costs of delayed discharges are high, impacting on the capacity of the NHS as well as on the health and wellbeing of people who are stuck in hospital.

Our analysis of NHSE data found that waiting for supported housing is the single largest reason for delayed discharge from mental health hospitals, accounting for 19% (6,609 days) of all delayed discharge in May 2024.

In 2023/24, 109,029 days of delayed discharge were attributed to waiting for supported housing, costing the NHS around £56 million. If there were sufficient supported housing to enable those 109,029 people to be discharged, there could be cost savings in the region of £26-£50 million per year.

While these savings may not be fully realised unless wards were able to close, the findings indicate the scale of wasted resource and opportunity for more efficient spending within the NHS. Further costs could also be recovered through reduced use of expensive out of area placements and private hospitals.

In acute hospitals, we have found that the average number of patients per week who had a hospital stay longer than 14 days and a delayed hospital discharge due to housing-related reasons has nearly tripled since 2022. In Q1 2022, there was an average of 53 patients, but by Q1 2024 this had risen to an average of 148 patients per week.

More recent data tells us that, in July 2024, there were an average of 45 patients each week with a hospital stay longer than 14 days who had their discharge delayed due to a lack of available housing. A further 511 patients had their discharge delayed

because some kind of home-based support was not available, excluding social care. Although supported housing is only one of several factors that contribute to these reasons for discharge delay, supported housing would likely be an appropriate pathway for some of these patients affected.

These findings show that addressing supported housing shortages could play a crucial role in reducing delays to hospital discharge and, therefore, in tackling capacity issues and cost inefficiencies in the NHS. The evidence presented supports our calls for a long-term plan for supported housing. This plan should include:

- A commitment to at least 167,000 more supported homes by 2040.
- Ring-fenced funding for housing-related support allocated to local authorities in England.
- Help for local authorities and integrated care boards to plan for, fund and commission supported housing.
- Increased, more flexible grant funding to deliver supported housing through the Affordable Homes Programme.
- Ensuring that every decision about health is a decision about housing.

Introduction

[Research](#) has shown that supported housing plays a critical role in relieving pressures on the health system. However, a current lack of supported housing and other accommodation to move into can prevent people from being discharged from hospital, which can be detrimental to their recovery and health overall. Furthermore, this creates further strain on oversubscribed NHS waiting lists, preventing people from accessing treatment that they need.

The government has set getting “the NHS back on its feet” as a core priority of their vision for the country. This paper, by the National Housing Federation (NHF) sets out what we know about the impact that a lack of supported housing has on delays to discharge from hospital and the associated costs of this for the NHS. This will inform our research on the role and value of supported housing in tackling delayed discharge by providing a safe and suitable home for people to be discharged to, freeing up much needed capacity in the NHS.

This research supports our calls on the new government for a long-term plan for supported housing. This includes a commitment to at least 167,000 more supported homes by 2040 to meet supported housing need, as set out in our 2024 ‘[Need for supported housing](#)’ research, carried out by Altair Ltd, which showed that the supply of supported housing is not keeping up with demand, and identified delayed hospital discharge as an indicator of hidden demand for supported housing. Our current research aims to evidence the vital role of meeting supported housing need in reducing pressure and increasing efficiency within the NHS.

Policy context

The recent policy landscape for supported housing providers has been challenging. Available funding for supported housing has become increasingly scarce due to local authority budget constraints, restricting new developments and reducing supply and support hours. As well as large funding cuts, councils have experienced increased demand for statutory services, compelling them to divert funding from supported housing, leading to scaling back of support or scheme closures. However, efforts are being made to improve integration of health and housing services, alongside greater awareness of how supported housing provides better outcomes for individuals, their families and wider institutions such as the NHS. This strategic approach to supported housing needs to be funded to embed the inclusion of supported housing in local strategies to meet housing need.

Supported housing as an alternative to institutional care

Since the 1980s, there has been greater awareness and understanding of learning disabilities and autism, alongside a shift away from the practice of placing individuals in institutional care for long periods of time.¹ Correspondingly, specialist, supported housing has become increasingly widespread, importantly offering better clinical outcomes, wellbeing and independence in the community for these individuals. However, this has also meant that supported housing has broadened in scope and is not always well understood by the public, the government or clinicians. As a result, the government produced a [Supported accommodation review](#) in 2016 to better understand the scale and cost of the sector and to reliably inform future policy decisions. The review set out the relationship between supported housing and health outcomes for key groups such as people with a learning disability, older people, and people who have experienced homelessness, while adding that the closure of long-stay hospitals and institutions, a reduction in residential care and demographic changes are all contributing to a greater demand for supported housing across these groups.

Funding supported housing

In 2003, the Supporting People programme was launched, providing £1.8 billion to local authorities that was ring-fenced for providing services to help individuals live independently in the community. Crucially, supported housing was at the heart of the

¹ Gates, B. (2022) Care or control: the complex history of learning disability nursing. RCN Magazine. www.rcn.org.uk/magazines/History/2022/Jun/History-of-learning-disability-nursing

programme and its intended outcomes: “Housing related support services make an immense and very cost-effective contribution to improving the quality of lives of vulnerable people, and to the development of community wellbeing.”² An evaluation in 2009 calculated that the programme generated at least £3.41 billion in financial benefits.³

However, in 2009, the grant to local authorities was no longer ring-fenced, meaning that local authorities could spend these funds on other things. At the time, the government acknowledged that “pressure on local authority budgets” could be a potential threat to some services.⁴ The 2016 Supported accommodation review, as well as our conversations with NHF members, tell us that the removal of the ring fence in the Supporting People programme in 2009 has contributed to instability in funding arrangements for supported housing providers.⁵ For some providers, ongoing financial insecurity has curtailed their ambitions to develop further housing, while for others, this has led to decommissioning of services altogether.⁶

Policy focus on health and housing

Despite wider challenges to the sector, there has been sustained improvement in understanding of the relationship between housing and health. This has in part been driven by ambitious NHS policies such as *Transforming Care* - an initiative to improve health and care services and provide better outcomes for people with a learning disability and autistic people. In particular, it emphasises “improving health and care services so that more people can live in the community, with the right support, and close to home”.⁷ Subsequently, [NHS England](#), the [Local Government Association](#) (LGA) and the [Association of Directors of Adult Social Services](#) (ADASS) published guidance in the form of a national plan to enable providers, commissioners, clinicians, families and people with a learning disability and/or autistic people to achieve this. Specialist supported living plays a key role in the National Service Model, whether this is brief use of short-term accommodation or settled housing in the community.

² Jarret, T. (2012) [The Supporting People programme](#). House of Commons Library

³ Department for Communities and Local Government (2009) [Research into the financial benefits of the Supporting People programme](#)

⁴ Jarret, T. (2012) [The Supporting People programme](#). House of Commons Library

⁵ Department for Work and Pensions (2016) [Supported accommodation Review: The scale, scope and cost of the supported housing sector](#)

⁶ NHF (2024) [Supported and older person’s housing development survey 2023](#)

⁷ NHS England, [Homes not hospitals](#)

Summary of existing evidence

As the statistics we have analysed for this briefing will show, delayed discharge is a persistent problem for the NHS. Its impacts are not just on day-to-day hospital management, there are repercussions for the quality of and access to NHS care for patients.

Evidence and impact of delayed discharges

Delayed discharge from hospital creates wasted costs, providing a bedspace for people who no longer need to be there. In the case of treating older patients alone, the National Audit Office estimated that this costs the NHS around £820 million each year.⁸ Within mental health services, an increasing number of patients are in more-expensive out-of-area placements, due to capacity constraints locally. In the year ending May 2023, this cost £134 million.⁹

While these are different situations, they are all created by structural inefficiencies and lead to the same outcome: the NHS is paying for care that is not needed and is also detrimental to patients' wellbeing. Longer hospital stays for older patients can lead to worse health outcomes and an increase in their care needs on discharge¹⁰, while a 2015 study by Healthwatch England also found that delayed discharges from a mental health setting were detrimental to people's psychological well-being.¹¹

While some people are staying in hospital longer than they need to, others are being discharged more rapidly, with more complex levels of need.¹² Due to increasing wait times for emergency admissions, acute hospitals are under pressure to discharge patients who are seen as 'bed blocking'.¹³ While this approach may ease capacity in the immediate term, patients are more likely to be discharged to the streets or sub-standard temporary accommodation and, in turn, develop complications and end up back in hospital.¹⁴ As statistics show they can often have support needs, supported housing would most likely be a viable option for people experiencing

⁸ National Audit Office (2017) [Discharging Older Patients from Hospital](#)

⁹ Grant Thornton (2024) [NHS out of area placements: challenges and solutions](#)

¹⁰ National Audit Office (2017) [Discharging Older Patients from Hospital](#)

¹¹ Healthwatch England (2015) [Healthwatch England Special Inquiry: Safely home](#)

¹² Association of Directors of Adult Social Services (2024), Spring 2024 Survey

¹³ Pathway (2023) [Beyond the Ward: Exploring the Implementation of the Duty to Refer in Hospital Settings](#)

¹⁴ Holding et al. (2023) [Exploring the Impact of a Housing Support Service on Hospital Discharge: A Mixed-Methods Process Evaluation in Two UK Hospital Trusts](#)

homelessness.¹⁵ An audit of 15 acute hospitals found that 99% of the people they surveyed, who were homeless and experiencing a delayed discharge, needed accommodation with some kind of support. Only 1% needed accommodation only.¹⁶

Supported housing has the potential to address these issues and help to prevent the series of repercussions caused by delayed and unsafe hospital discharge. In 2016, the PSSRU found that **if supported accommodation could provide appropriate care to eliminate delayed discharges, up to £54 million could become available for better use within mental health care**¹⁷. Below, we have gathered a range of evidence highlighting the direct relationship between a lack of supported housing and delayed discharges from hospital.

Lack of supported housing as a key barrier to discharge from hospital

In 2017, research by the NHF and Housing LIN identified that the groups affected by delayed transfers due to housing related issues were older people, people with mental health problems and people experiencing homelessness¹⁸. Research suggests a key reason for delayed discharge is patients not having suitable housing to be discharged to that meets their needs¹⁹.

An audit of 15 Acute hospitals in London illustrates the extent to which a lack of supported housing prevents individuals from being discharged from hospital. Of the 86 patients identified as homeless currently in hospital, almost half (42) were deemed medically fit for discharge, with 12 patients having been in hospital for at least two weeks after being declared fit for discharge. Many of these 42 patients had complex needs and so could not be discharged due to a lack of an onward safe destination - such as supported housing. 28.6% of individuals with delayed discharge

¹⁵ Ministry of Housing, Communities and Local Government, [Homelessness statistics](#)

¹⁶ Healthy London Partnership (2022) [Health, housing and social care integration for people experiencing homelessness: needs identified in an inpatient audit](#)

¹⁷ Personal Social Services Research Unit, London School of Economics and Political Science (2022) [Mental health and housing: Potential economic benefits of improved transitions along the acute care pathway to support recovery for people with mental health needs](#)

¹⁸ Housing LIN and NHF (2017) [Home from Hospital: How housing services are relieving pressure on the NHS](#)

¹⁹ Holding et al. (2023) [Exploring the Impact of a Housing Support Service on Hospital Discharge: A Mixed-Methods Process Evaluation in Two UK Hospital Trusts](#)

(12) were awaiting specialist accommodation and a further 28.6% were awaiting a bed or other accommodation.²⁰

Although this audit was conducted on a small scale, the findings suggest that **a lack of supported housing can be an obstacle in preventing patients from being discharged in a safe and timely manner**. At the same time, streamlining discharge pathways and ensuring patients' needs are reflected in supported housing that is available can help to reduce the impact of delayed hospital discharge.

Exploring the integration of health and housing solutions

Many professionals in both the health and housing sectors observe the positive outcomes achieved for patients when their services work effectively in partnership. The *Home from Hospital* report by the NHF and Housing LIN, highlighted examples of how housing providers are working with hospitals to successfully prevent unnecessary hospital admissions and avoiding or reducing delayed transfers of care, including:

- providing a temporary home, i.e. 'step down', for people coming out of hospital who cannot return to their own home immediately.
- enabling timely and appropriate transfers out of hospital and back to patients' existing homes.
- providing a new home for people whose existing home or lack of housing mean that they have nowhere suitable to be discharged to, and
- keeping people well at home who would otherwise be at risk of being admitted or readmitted to hospital.²¹

An evaluation of the impact of housing support services on hospital discharge saw two hospitals introduce initiatives such as providing a triage service to support people who need extra help to return home and the introduction of a housing to home support worker to provide a single point of contact for housing-related discharge issues²². Research by Pathway also noted that measures such as embedding housing officers within hospitals could improve hospital discharge for people who are homeless.²³

²⁰ Healthy London Partnership (2022) [Health, housing and social care integration for people experiencing homelessness: needs identified in an inpatient audit](#)

²¹ Housing LIN and NHF (2017) [Home from Hospital: How housing services are relieving pressure on the NHS](#)

²² Holding et al. (2023) [Exploring the Impact of a Housing Support Service on Hospital Discharge: A Mixed-Methods Process Evaluation in Two UK Hospital Trusts](#)

²³ Pathway (2023) [Beyond the Ward: Exploring the Implementation of the Duty to Refer in Hospital Settings](#)

However, both pieces of analysis highlighted that these **measures could only have a limited impact while there was a lack of suitable housing for patients discharged from hospital or referred to homelessness services. The NHS hospital evaluation added that this was particularly due to a lack of social, adapted or supported housing for people with mental health issues or physical support needs.**

Supported housing as a key partner to the NHS

It is clear that a lack of supported housing causes problems for patients' wellbeing and results in greater costs and use of resources by an NHS that is already under strain. A promising pool of research documents the **benefits supported housing currently delivers for the NHS and wider society, alongside the potential benefits that a greater supply of supported housing could deliver if realised.**

Demos found that older people with a home in sheltered housing stay in hospital for less time compared to older people in the general population, partly because they can integrate back into appropriate and accessible housing where support is already present. They estimated that this kind of sheltered housing may save the NHS almost £300m per year in facilitating shorter inpatient stays for older people alone. Furthermore, cost savings due to reduced falls, A&E admissions and ambulance call outs, other emergency call outs and GP visits bring the social value of supported housing to £486m.²⁴ An evaluation by Housing LIN of One Housing Group's scheme for older people identified savings of between £400 and £700 per person per week in excess bed days in hospitals. Across only ten apartments studied for the evaluation, this equated to between £200,000 and £364,000 of savings per year to the NHS.²⁵

Finally, more recent research by Imogen Blood estimated that, were it not for the supported housing sector, there would be need for 14,000 additional inpatient psychiatric places, each costing around £170,000 per year. There might also be an increase in core homelessness of around 41,000 people, and a further 30,000 people at significant risk of future homelessness, with an estimated cost to the public purse of over £40,000 per person experiencing long-term homelessness per year.²⁶

²⁴ Demos (2017) [The Social Value of Sheltered Housing](#)

²⁵ Housing LIN and NHF (2017) [Home from Hospital: How housing services are relieving pressure on the NHS](#)

²⁶ Imogen Blood (2023) [Research into the supported housing sector's impact on homelessness prevention, health and wellbeing](#)

Delayed discharge – the current situation

Delayed discharge from mental health hospitals

Number of delayed days due to a lack of suitable supported housing

In May 2024, there were 36,020 days of delayed discharge, for patients clinically ready for discharge from a mental health inpatient hospital. The reason for **6,813 of these delayed discharge days was because the person was waiting for supported housing**. This was the largest reason for delayed discharges, accounting for **19% of all delayed discharge days** in May.²⁷

Waiting for supported housing also accounted for the vast majority (76%) of all housing-related delayed discharges, which accounted for a total of 8,940 delayed days in May 2024.

The table below presents the number of delayed discharge days and percentage of total delayed discharge days for the five most common reasons for delay (excluding where the reason was unknown). It shows that, after waiting for supported housing, the next most common reason was waiting for a care home with nursing placement, followed by waiting for a care home without nursing placement. Together these accounted for 7,115 days of delayed discharge (21% of all delayed discharge days).

Table 1: Number of delayed discharge days in May 2024, for the five most common reasons for delay

Reason for discharge delay	Number of delayed days in May 2024
Housing - Awaiting supported accommodation	6,813
Awaiting availability of placement in care home with nursing	4,215
Awaiting availability of placement in care home without nursing	3,907
Awaiting further community or mental health NHS Services not delivered in an acute setting including intermediate care, rehabilitation services, step down service	2,096
Awaiting commencement of care package in usual or temporary place of residence	2,042
Total (all reasons)	36,020

²⁷ NHS England, MHSDS Monthly Statistics, May 2024 - <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-may-2024>

Cost of delayed discharge

In the financial year 2023/24, 109,029 days of delayed discharge were attributed to waiting for supported housing. The average cost per night for adult mental health inpatient services in 2023 was £515.²⁸ This means that **in 2023/24, delayed discharge attributed to waiting for supported housing cost the NHS around £56 million.**

The average cost for supported housing for working-age people is around £58 per day.²⁹ However, people being discharged from hospital may have higher care and support needs than average. For example, specialist supported housing for people with a learning disability costs on average £272 per day, including the cost of housing, care and support.³⁰

Using these figures, Table 2 shows that **if there was sufficient supported housing to enable the discharge of the 109,029 people experiencing a delayed discharge due to waiting for supported housing in 2023/24, then there could be cost savings in the region of £26-£50 million per year.** While these savings could not be realised unless wards were able to close, this indicates the scale of wasted resource and opportunities for more efficient spending within the NHS. Moreover, as indicated by previous research on the topic (detailed above), **further costs could be recovered through reducing out of area placements and use of private hospitals** where this is occurring due to capacity issues.

²⁸ PSSRU (2020) [Unit Costs of Health and Social Care 2020](#). – Uprated to 2023 prices using the [Bank of England Inflation Calculator](#)

²⁹ Imogen Blood & Associates (2023) [Research into the supported housing sector's impact on homelessness prevention, health and wellbeing](#).

³⁰ Mencap and Housing LIN (2018) [Funding supported housing for all Specialised Supported Housing for people with a learning disability](#) - costs uprated to 2023 prices using the [Bank of England Inflation Calculator](#)

Table 2: Lower and higher estimates of cost savings from providing a supported home for patients waiting to be discharged to supported accommodation

	Lower estimate (based on higher costs for specialist supported housing)	Higher estimate (based on average costs for supported housing)
Number of delayed discharge days due to waiting for supported accommodation	109,029	109,029
Cost of mental health inpatient spell per night	£515	£515
Average cost of supported housing	£272	£58
Difference in costs	£243	£457
Potential cost savings	£26,494,047	£49,877,034

Data on out of area mental health hospital placements tells us that 805 patients were experiencing an inappropriate out of area placement in March 2024, with a total of 25,260 days during the month. Out of area placements are often more expensive. NHSE data suggests they cost on average £700 per night in March 2024.³¹

Delayed discharge for people with a learning disability or autistic people

Data on people with a learning disability or autistic people in a mental health hospital shows that a lack of supported housing is a key barrier to discharge, and therefore to the success of the Transforming Care agenda. In May 2024, 225 people with a learning disability or autistic people had their discharge delayed, the reason for 24% (55 people) of these delayed discharges was waiting for supported accommodation. This was **the single largest reason for a delayed discharge** in May, consistent with previous months.³²

The next most common reason was waiting for a care home without nursing (35 people, 15%), followed by waiting for a care home with nursing (15 people, 7%). Together, waiting for a care home accounts for 22% of delayed discharges, still fewer than those waiting for supported accommodation.

³¹ NHS England, [Out of Area Placements in Mental Health Services, March 2024](#)

³² NHS England, [MHSDS LDA Monthly Statistics, May 2024](#).

Delayed discharge from acute hospitals

Number of additional bed days for patients who no longer meet the criteria to stay in hospital

In April 2024, there were **12,772** patients on average per day who stayed in hospital after they no longer met the criteria to reside there. Between 1 and 28 April 2024, there were **on average 134,463 additional bed days per week** for patients remaining in hospital since no longer meeting the criteria to stay there, when their length of stay was longer than 7 days.³³

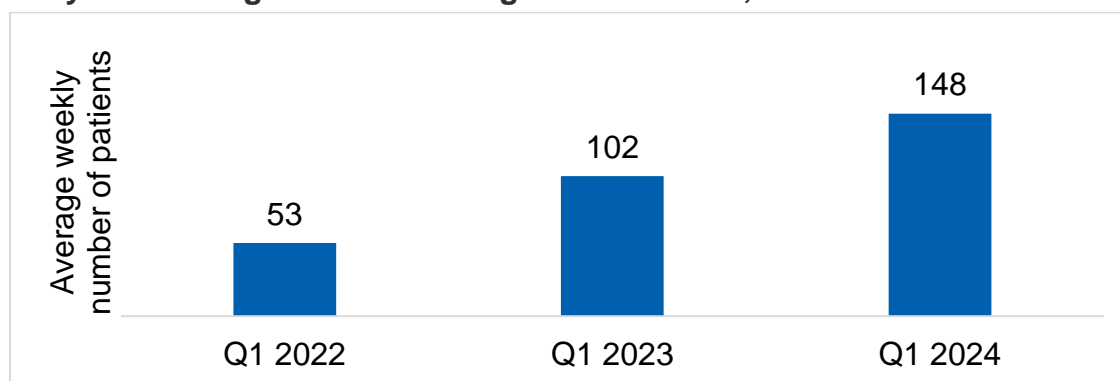
Delayed discharge due to housing-related issues

From the week beginning 3rd April 2023 to the week ending 7th April 2024, there were **149 patients per week** on average who had stayed in hospital longer than 14 days and whose discharge was delayed due to:

- Being homeless upon discharge
- Having no recourse to public funds
- Having no place to be discharged to

The average number of patients per week who had a hospital stay longer than 14 days and had their discharge delayed due to housing-related reasons has **nearly tripled since the same quarter in 2022**. In Q1 2022, there was an average of 53 patients, but by Q1 2024 this had risen to an average of 148 patients per week.³⁴

Graph 1: Number of patients with a hospital stay longer than 14 days and a delayed discharge due to housing-related issues, 2022 - 2024



³³ NHS England, [Acute Daily Discharge Situation Report](#), Monthly timeseries from April 2021 onwards – pre May 2024 SitRep change, Daily Series

³⁴ NHS England, [Acute Daily Discharge Situation Report](#), Monthly timeseries from April 2021 onwards – pre May 2024 SitRep change, Weekly Series

Discharge delays due to housing and care capacity issues

From 27th May 2024, data definitions on reasons for discharge delays changed. They are now categorised under hospital process, wellbeing concerns, care transfer hub process, interface process and capacity. Unfortunately, this means it is difficult to compare more recent data to that which was previously collected. For this briefing, we have chosen to highlight capacity reasons relating to housing and community support.

In July 2024, **45 patients each week on average whose hospital stay was longer than 14 days had their discharge delayed due to a lack of available housing.** A further **511 patients had their discharge delayed because some kind of home-based support was not available**, excluding social care.³⁵ Although supported housing is only one of several factors that contribute to these reasons for discharge delay, supported housing would likely be an appropriate pathway for some of these patients affected.

Table 3: Number of patients with delayed discharge by reason

Month	Home-based rehabilitation, reablement or recovery services not yet available	Other home-based social care service not yet available	Other home-based community health services not yet available	Housing provision not yet available
June 2024	461	215	121	43
July 2024	388	209	123	45

³⁵ NHS England, [Acute Daily Discharge Situation Report](#), Monthly timeseries from April 2021 onwards – post May 2024 SitRep change, Weekly Series

Conclusion

There is strong evidence that a lack of suitable housing to meet people's needs, particularly supported housing, is a key barrier to discharging patients who no longer need to be in hospital.

While research has shown that measures to improve integration between health and housing are integral to improving pathways for patients from hospital to home, we know that by themselves they are insufficient. They cannot succeed without enough supported housing to meet local need.

The evidence we have presented indicates potentially huge resource savings from reducing delayed discharge through increasing the availability of supported housing. This resource could be more efficiently spent on treating people who need hospital treatment, reducing wait times and increasing preventative treatment.

The impacts of delayed discharge go further than the immediate costs. A lack of capacity means that more patients are sent out of area or to private hospitals for mental health inpatient treatment, with higher costs attached. Longer stays in hospital are detrimental to people's health and wellbeing.

Therefore, our findings show the crucial role of addressing supported housing shortages in tackling capacity issues and cost inefficiencies in the NHS, as well as in finally meeting the commitments of the Transforming Care agenda.

To meet supported housing need, we need a long-term plan for supported housing to ensure everyone can live as independently as possible, for as long as possible, in a home that meets their needs. This plan should include:

- **A commitment to at least 167,000 more supported homes by 2040.**
- **Ring-fenced funding for housing-related support allocated to local authorities in England**, to allow local authorities to maintain and commission much-needed supported housing. This should be £1.6bn per year initially, rising to £3.4bn by 2040.
- **Help for local authorities and integrated care boards to plan for, fund and commission supported housing**, to ensure supported housing is part of a strategic plan to meet housing need. This will include data collection at national and local level to understand need and a recommitment to the £300m Housing Transformation Fund.

- **Increased, more flexible grant funding** so we can meet the target for 10% of the Affordable Homes Programme (AHP) to deliver supported housing and ensure the AHP covers the costs of developing supported housing.

The research supports our call to ensure that **every decision about health is a decision about housing**.

Next steps

The evidence shows that increased provision of supported housing must play a crucial role in tackling delayed discharges and addressing capacity issues within the NHS. We will use these findings to shape the next phase of our research, exploring how these opportunities can be realised to facilitate more timely, safe and successful discharge from hospital, alleviating pressure on the NHS and empowering people to live independently in the community.