

Hospital discharge services – how integrating housing with health and social care can support your service

A Good Home Network Learning Output

Timely hospital discharge can be facilitated by health and care teams working with home improvement services. This briefing summarises the discussions of the second Good Home Network meeting and outlines some of the key issues faced by housing professionals in supporting hospital discharge services.

Local government leaders and managers, housing officers and Home Improvement Agency staff came together to share their insights, support each other, and find solutions to some of the challenges they face. Further meetings of the Good Home Network are planned throughout the year.

What is the Good Home Network?

The Good Home Network is a hub for active learning connecting people from different areas across England who are exploring ways to improve poor-quality homes in their communities.

To help local authorities ensure people in their communities can live independently, safely and with dignity in their own homes, the Centre for Ageing Better has set up the Good Home Network, in partnership with Foundations.

While what works in one local authority may not always be transferable to another place with a different structure and different local circumstances, members see the value in sharing lessons learned and challenges faced to improve and build good practice.

To find out more, visit <https://ageing-better.org.uk/good-home-network> or email goodhomenetwork@ageing-better.org.uk

The role of home improvement services

Network members shared examples of where they already work collaboratively with health and social care services to speed up discharge. Some of the services discussed include:

- pre-discharge home health and safety visits,
- assistance with clearing and cleaning which could also include on-going support for hoarding issues from trained support workers such as Independent Living Officers,
- handyman services to install aids such as key safes for carers or video doorbells
- supply and fitting of telecare support,

- referrals to community-based social care services for assistance with shopping, cleaning, hot meals, etc, which may also include support from volunteers,
- information and advice on accessing grants, such as low value discharge grants or the Disabled Facilities Grant.

Accessing and diversifying funding

Issues

- It can be challenging for local authorities and home improvement services to access funding from health budgets due to ongoing pressures in the NHS. Challenges shared by network members include:
 - making the case to initiate or develop a service when the benefits in terms of lower social care costs can be difficult to quantify and are found elsewhere in the system.
 - with competing priorities, securing interest and understanding of the value of home improvements to a comprehensive service.
 - needing to bring in funding from other parts of the local system to develop a comprehensive service.
- Other departments that could fund elements of a service – eg adult social care departments – are often also under pressure to make savings.
- Even where a hospital discharge service is up and running, there are constant requests to fund other bits of work that can chip away at a service's budget and put strain on staff resource.
- Members from some areas shared concerns and/or lack of confidence that they are fully using opportunities to fund work from the Better Care Fund and the Disabled Facilities Grant.

Solutions

- Co-commissioned services can help to spread the cost and situate the hospital discharge service at the centre of housing, health and social care. This can improve the chances of sustainable, integrated services. Some areas shared how effective a housing outreach worker who is part-funded by the NHS and co-located with health staff can be in bringing the two parts of the system together.
- Make the business case to Integrated Care Board for a hospital discharge service that includes home improvement services. Use calculators such as the BRE Housing Health Cost Calculator to support this work.
- Seek local clarification on and/or shared understanding of what can be undertaken using Better Care Fund funding and through Disabled Facilities Grant. Foundations can provide support and guidance on using Disabled Facilities Grant is available (see the resources section at the end).
- Make hospital discharge grants more flexible to ensure a range of measures can be put in place quickly and with minimum bureaucracy. These kinds of grants would be non-means tested, without a form, with quick turnaround (ideally within a day) to fund

things like key safes, microwaves and deep cleans. One way for local places to achieve this is to ensure the grant is included in the local Housing Assistance Policy.

- The top up of the Disabled Facilities Grant of £102 million over two years announced by the Department for Health and Social Care is looking to support flexible, agile services like these and provides an opportunity to augment hospital discharge services.

Developing relationships for integration

Issues

Operational

- High staff turnover in hospitals can make engagement with local NHS hospitals difficult. It is a challenge to ensure that hospital staff know about and remember the home improvement aspects of the discharge service and how / when to engage with it most effectively.
- It can also be challenging to make and keep relationships with other key professionals in the community such as community-based occupational therapists, social workers and social prescribers depending on how teams are set up and run in local areas.

Strategic

- On a strategic level, senior housing managers are often keen to be included in conversations on integration and cross-system services but can find it difficult to get 'a place at the table'. Facing differing challenges and priorities can make this collaboration inherently difficult to achieve.

Solutions

Operational

- Be a visible presence – explore possibilities for co-locating in hospital or health settings.
- Some areas commit to making regular presentations or take slots in staff meetings at hospitals to promote the service so staff know who they are and how they can help. Doing this regularly (say every quarter) can mitigate high staff turnover.
- Welcome any approaches to be part of meetings or health interest groups to make contacts and share benefits of the services widely.
- Making the case in terms of savings can be an effective way of getting the service noticed. For example, people take notice when they hear that an average hospital discharge / prevention grant can be under £1,000 which is a lot less than admission to the local hospital.

Strategic

- Identify, create and maintain links with key people – local Integrated Care Boards and others – to help support proposals and access diverse funding sources.

- Look for opportunities to join cross-system or multidisciplinary groups so that the case for integrating housing with health and social care is heard widely and often. Opportunities could include:
 - o initiatives such as [Core20PLUS5](#) (an NHS England approach to inform action to reduce health care inequalities at both national and system level).
 - o approaches such as housing, health and care delivery groups that bring together a powerful range of partners in some areas including local authorities, registered providers, health providers, fire and rescue etc to look across different issues.
 - o interest groups such as a child and asthma taskforce group focused on improving health through improving the home environment.

Providing an effective service

Issues

- Hospital discharge services often see the same people coming back through the service multiple times. This is detrimental to the person requiring multiple hospital admissions and re-admissions, but it also uses scarce resources. Issues within a home may need to be treated in an on-going way to resolve problems rather than as a one-off intervention funded by certain discharge grants. For example, hoarding is a complex issue that cannot be treated with a one-off house clearance.
- In many areas the threshold for accessing services is getting higher in the face of funding pressure. This means some cases that are below the threshold but could be easily resolved are missed. As a result they can become more complex and more challenging for services to support.
- Managing a hospital discharge service is challenging by its very nature. Hospitals do not know who will be ready for discharge each day, so planning work and engaging contractors is difficult.

Solutions

- Members shared positive examples of different ways a hospital discharge service can be set up to meet local needs / circumstances and ensure they are effective. These include:
 - o health and housing coordinators based in hospitals and receiving referrals from the in-house discharge team.
 - o Independent Living Officers employed through Integrated Care Boards and trained for up to eight months to work with people with poor mental health who need ongoing support such as long-term, sensitive support with hoarding issues.
- Ensure hospital discharge grants are as flexible as possible by including the grant in the local Housing Assistance Policy. One way to speed up works it to send referrals for minor repairs directly out to contractors.

Conclusions - how to achieve change

There is value in local areas sharing what they have done, who they have engaged and how they have worked to bring about changes to the way they work. Here are some suggestions:

- Look to co-commission services to spread the funding burden and situate the hospital discharge service at the fulcrum of housing, health and social care integration. This will improve the chances of having sustainable, integrated and effective services.
- Identify and nurture champions and changemakers to encourage support and ensure high level buy-in.
- Promote or share work from other places to demonstrate what good looks like.
- Keep in touch with developments via the Good Home Network and Foundations to take advantage of any opportunities – for example, these are the sorts of services that the Department for Health and Social Services are encouraging local authorities to provide using the £102 million uplift in Disabled Facilities Grants to enhance agile and responsive services.

Further resources

- Department of Levelling Up, Housing and Communities (2022) Disabled Facilities Grant (DFG) delivery: Guidance for Local Authorities in England. Available at: www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england
- Local Government Association (2022) Improving health and wellbeing through housing: A High Impact Change Model. Available at: www.local.gov.uk/publications/improving-health-and-wellbeing-through-housing-high-impact-change-model
- National Housing Federation (2017) Home from Hospital: how housing services are relieving pressure on the NHS. Available at: www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Home_from_hospital.pdf
- Royal College of Occupational Therapists (2016) Reducing the pressure on hospitals – a report on the value of occupational therapy in England. Available at: www.rcot.co.uk/files/reducing-pressure-hospitals-%E2%80%93-report-value-occupational-therapy-england
- The Health Foundation (2023) Why are delayed discharges from hospital increasing? Seeing the bigger picture. Available at: www.health.org.uk/publications/long-reads/why-are-delayed-discharges-from-hospital-increasing-seeing-the-bigger-picture
- Interactive map developed by Foundations and Housing LIN that provides information on projects to support discharge from hospital: <https://www.housinglin.org.uk/home-from-hospital/>