

How can housing support improve hospital discharge?

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About the research

Delayed hospital discharge is a global healthcare policy concern. Housing related issues, such as homelessness, constitute a large number of delayed discharges. Although several non-medical interventions have been developed to improve hospital discharge, little is known about their impact. To bridge this gap in evidence we conducted a mixed methods process evaluation of the introduction of Housing Support Coordinators (HSCs) in two UK hospital trusts. The aim of the service was to improve hospital discharge processes by supporting patients with their housing related issues whilst in hospital.

We conducted semi structured interviews with housing/hospital staff and service users (N=16), routine analysis of housing data (N=488) and an economic analysis to understand the impact of the service and any challenges to delivery. Several key findings emerged which will be of use to other organisations wishing to implement similar housing/health integrated services.

“... I think everybody is saying it’s really beneficial to have someone who specialises in housing.

I wouldn’t know where to start if someone told me that they were homeless... And it takes the stress off both staff and service-users”

(Health care professional)

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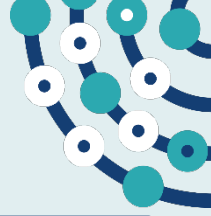
Policy implications

- Our findings point to some recommendations for policy and practice, and for those who are interested in commissioning and implementing similar services
- The working model should ensure Housing Support Coordinators are placed within a health and care discharge team with access to appropriate medical IT systems
- Housing Support Coordinators need appropriate managerial support from healthcare managers who understand the role and can help promote it from within the organisation.
- When establishing the Housing Support Coordinator role, significant communication with internal and external stakeholders will be required to ensure the correct people are involved, and that all involved understand each other’s remit, priorities and what the service can provide.
- Our findings are likely to be relevant to other hospitals in different geographical locations facing similar challenges. Given the positive benefits, other hospitals facing housing related barriers to discharge may wish to adopt a similar model.

About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

1. University of Sheffield 2. Wakefield and District Housing 3. Mid Yorkshire Hospitals NHS Trust 4. South West Yorkshire Partnership NHS Trust



Key findings

- Service-users faced different housing barriers, for example: over 28.3% experienced homelessness (n=136) whilst 80 (16.4%) faced challenges with their accommodation no longer meeting their physical needs.
- Service users were appreciative of the service and received support for a variety of issues such as assistance with medical priority, assisted bidding on properties and referral to other support services.
- Hospital staff at all levels credit the service for improving hospital discharge processes and significantly reducing staff stress.
- Key to the success of the intervention was having housing support coordinators with highly developed skills in providing patient centred care, building effective relationships with healthcare staff, and being placed in a multidisciplinary hospital team with access to medical notes and systems.
- Key challenges were service-users needing longer term support and a lack of suitable housing options especially supported housing for mental health service-users.
- The service has the potential to save the NHS costs. If the HSC service reduced delayed discharge by 2-3 days in 1-2 patients every week, then the service would pay for itself.

“[Without the service] I’d have had to stay in hospital... being in hospital with other patients can be very, very awful and nasty. And when you’re basically spending the last couple of months there when you’re well, waiting for this house, it has a dramatic effect on you.”
(Service user)

Further information

The findings from the qualitative and routine data analysis has been published:

<https://www.hindawi.com/journals/hsc/2023/4027277/>

The main project report and economics report, alongside a project infographic, are available on the NIHR SPHR website:

<https://sphr.nihr.ac.uk/research/housing-support-and-coordination/>

Contact the researchers

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This project is supported/funded by the National Institute for Health and Care Research (NIHR) School for Public Health Research (Grant Reference Number PD-SPH-2015). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.