



Homes: For Every Future

A Hospital to Home mission to end the housing penalty for patients in Wales

The human cost of the housing emergency is profound, it deeply affects health, wealth and life opportunities across our nation. We believe the next Senedd term offers a turning point for change. **Good homes are Wales' prevention infrastructure and we need a bold, deliverable plan to end Wales' housing emergency.**

As part of our campaign for change, [Homes: For Every Future](#), we are calling for the next government to take bold action and launch a **hospital to home mission to get people who are ready home from hospital faster.**

THE CHALLENGE: A SYSTEM AT A BREAKING POINT

- **Staying in hospital when you are ready to go home is active harm:** In December 2025, 1,401 people¹ were stuck in hospital beds despite being well enough to leave. For every extra day someone spends in a hospital bed they don't need, they face "deconditioning"—a rapid loss of muscle strength—and an increased risk of infection. It can also reduce confidence and the likelihood of rehabilitation if dependencies are created.
- **The Housing Penalty:** While general discharge delays are improving, those caused by housing issues are worsening—rising from an average of 63 days in 2023 to 76 days in 2025.²
- **The Cost of Inaction compounds waiting list delays:** Housing-related cumulative delays alone cost the Welsh NHS £2.49 million.³ This is money and bed capacity that could be used to tackle elective waiting lists.

¹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/pathway-of-care-delays>

² [Building Healthier & Fairer Places: Impact of Housing Constraints on NHS Hospitals, Community Housing Cymru, 2026](#)

³ [Building Healthier & Fairer Places: Impact of Housing Constraints on NHS Hospitals, Community Housing Cymru, 2026](#)





THE OPPORTUNITY: A CATALYST FOR NHS RENEWAL

Investing in our homes is the best investment we can make in Wales' health. By aligning housing goals with health targets, we can protect patients from the harm of long stays and turn a national emergency into a wave of recovery for every tenure—whether social, private, or owner-occupied.

- **Economic Multiplier:** Every **£1** invested by housing associations generates **90p** for the Welsh economy.
- **A "Home First" Future:** Shifting the focus from the hospital to the community as the centre of healthcare will reduce avoidable readmissions and allow the NHS to focus on acute care.

A National "Hospital to Home" Mission

The housing emergency in Wales is not just about bricks and mortar; it is about health and people. Currently, a lack of suitable, safe, and warm homes is creating a "bottleneck" that leaves patients stranded in the hospital and puts their recovery at risk. **The next government should launch a hospital to home mission.** This mission should rapidly identify ways that housing, health and care systems could work better together to reduce delayed transfers of care. There are over 1400 people who are well enough to leave the hospital that stay much longer than they should. **Those that are waiting to go home face a housing penalty which has seen delays rise against the national trend.** Getting people home faster must be a key focus for the mission.

This action plan sets out the actions and considerations for a new Government to make decisive and quick progress to end the housing penalty.





Three Key Actions to tackle the housing penalty:

1. Establish Shared Accountability

- **Unified Accountability:** Mandate shared performance indicators across Health and Social Care in relation to delayed discharge from hospital.
- **Joint Data Insights:** Link hospital admission data with housing information so that discharge planning and safety assessments begin the moment a patient enters the hospital. Use the new 'Ask and Act' duties under the Homelessness and Social Housing Allocations Act as a route to cement this culturally within admissions teams.
- **Invest in a 'bridge' between sectors:** This could include a joint coordination role which could act as a bridge between housing, health, care and the non statutory sectors and be able to work with partners to provide options to clinicians which, where appropriate, may act as a viable and safe alternative to a formal social care package.

2. Expand "Discharge to Recover and Assess"

- **Step-Down as Clinical Space:** Where suitable, use existing housing infrastructure (such as extra care and independent living schemes) as "step-down" beds where people can continue to get better after leaving the ward.
- **Recovering at Home:** Where suitable ensure long-term care assessments happen in a person's home environment rather than a hospital ward. This reduces patient anxiety and ensures the support they get is exactly what they need for their real-life setting.
- **Plan and fund enhanced community capacity and support:** Funding and coordination with local providers including Care and Repair, social care and housing associations. The support should be person centered and should range from reablement support to more intensive care services. This additional resource should be considered against the savings to the public purse from reducing delayed transfers of care.

3. Secure the Financial Foundation to reduce housing related delays:

- **Protect Prevention:** Provide a multi-year inflationary uplift for the **Housing Support Grant (HSG)**. The housing support services that HSG funds are part of Wales' prevention infrastructure - keeping people independent and out of hospital in the first place.





- **Fast-Track "Small Repairs" & Adaptations:** Increase funding for rapid, small-scale adaptations and essential repairs (like fixing a broken boiler or a leaking roof). Often, a repair costing less than £150 can save the NHS thousands in "lost" bed days.
- **Reform and Boost the Physical Adaptations Grant (PAG):** Address the significant funding shortfall where providers are currently oversubscribed and could deliver up to ten times more work with adequate resources and cut red tape by removing the layers of Welsh Government bureaucracy and "cliff-edge" annual cycles to allow for more flexible, rapid delivery of home changes.
- **Trusted Partner Assessments:** Allow Housing Associations and partners like Care & Repair to carry out their own assessments for minor changes and where a full Occupational Therapist assessment is not required to get patients home weeks faster. The Care and Repair [Hospital to a Healthier Home](#) scheme already shows that this can work well in communities.

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