

Planning Together: From Hospital to Home

Taking a joint approach to planning people's housing needs

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The Problem

Hospital isn't a home

- People remain in hospital who are ready to leave
- Delays are driven by lack of suitable housing
- Costly, restrictive, and not designed for living

This isn't just a housing supply problem—it's a planning problem



What the System is Telling Us

- People are known to services before crisis
- Admissions continue to rise
- Discharge depends on housing availability
- Readmissions still occur

Key message:

We already know who will need housing—but we don't act early enough, or together



Why Planning Fails

Why we struggle to plan housing well

- Fragmented across health, care, and housing
- No clear route to housing providers
- Reactive decisions at point of crisis
- Limited shared view of future need



What Joint Planning Looks Like

What good looks like in practice

- Shared demand insight
 - ✓ knowing who will need housing early
- Forecasting & pipeline development
 - ✓ planning supply ahead of crisis
- Partnership with housing providers
 - ✓ creating a real route to market
- Shared risk & investment
 - ✓ moving away from cost-shunting

In Hampshire & Isle of Wight:

- Developed a demand profile to understand future housing need
- Built relationships with housing providers where none existed before
- Started developing a pipeline of bespoke and step-down schemes
- Began joint conversations on funding and risk sharing

Key message:

This isn't just a service model—it's a system approach

What Good Looks Like for People

- Choice and control over where people live

- Homes designed around individual needs

- Integration across health, care, and housing

- Strong voice for individuals and families

In practice locally:

- Moving towards a population-based approach to housing for people with learning disabilities and autistic people

- Embedding earlier planning into pathways, not just at discharge

When Planning Works

Personalised housing in practice

- Purpose-built environments
- Designed for sensory and behavioural needs
- Safe, adaptable, and sustainable
- Supports independence, not containment

Local insight:

- Bespoke environments developed for very specific needs (e.g. behavioural and sensory risks)
- Reduced reliance on restrictive settings and crisis responses

This level of design only happens when planning starts early—and happens together

Example: Joint Scheme

•Partnership between ICB and local authority

•Step-down from hospital

•Trauma-informed approach

•Joint funding and nominations

In Hampshire & Isle of Wight:

•Jointly developed schemes for people stepping down from hospital

•Stronger alignment between care planning and housing development

This didn't happen by accident—it happens through joint planning

Real Life Impact

A different life, not just a different placement

- Improved health and wellbeing
 - Greater independence
 - Reconnection with community
 - Personal goals achieved
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Giban's story -
Giban's journey to a
healthier, happier life

SEE ABILITY
Live. Love. Thrive. Belong.



Final Message

Three shifts we need to make

- From crisis → anticipation
- From services → lives
- From organisations → shared responsibility

So, this isn't just a housing problem. It's a planning problem. And it's one we can solve—if we choose to plan together.

Thank you

