

The Care Forum Summer 2019 briefing - Housing and Health



the care forum

Introduction

This briefing surveys the current housing picture in the UK and looks at the links between housing and health. It looks at the ways in which Voluntary Community and Social Enterprise (VCSE) organisations work in partnership with other bodies to break the links between poor housing and poor health, and points towards some of the support they need from the statutory sector to continue this work.

Changing housing picture

The quality of housing has improved in the last fifteen years. The number of homes not meeting the statutory 'decent' standard (to be in reasonable repair, have modern facilities, and provide thermal comfort) fell from 35 per cent to 20 per cent between 2006 and 2014.

Further, there are still problems of under-supply and affordability. 'This is reflected in homelessness figures (71,500 households were homeless and in temporary accommodation at 31 March 2016) and in the support needed to keep people in homes (the government spent £20.9 billion in England on Housing Benefit in 2015/16)' (Buck, 2018). It's also worth bearing in mind that 'the private rented sector, which is now a long term home to increasing numbers of young families, has worse conditions than social or owner occupied housing' (Wall, 2019).

Housing and Health – the links

Older people

Poor housing, perhaps unsurprisingly, impacts on the very old and very young. Older people are particularly vulnerable to accidents in the home and the impact of these can be most severe in this group. Falls are 'the most common cause of deaths related to injury in people over the age of 75' (Buck, 2018). Older people are also vulnerable to hypothermia, which is 'the main contributing factor in cause of death for more than 400 people in the over-65 age group each year'. Indeed, research suggest that 'around 10 per cent of excess winter deaths are attributable to fuel poverty'.

Young people

Buck and Gregory also cite the Marmot Review's finding that 'children living in cold homes are twice as likely to develop respiratory problems as those in warm homes and there are clear effects of fuel poverty on the mental health of adolescents', as

well as pointing out that ‘children living in cold, overcrowded or unsafe housing to have a longstanding health problem, disability or infirmity and be below average in key academic areas as a direct consequence of living in poor-quality housing’. The impacts of poor housing on pregnancy are also severe, being linked with ‘an increased risk of preterm birth, low birth weight, poor mental health in infants and children, and developmental delay’.

The cost burden on the NHS

Poor housing leads to increased admissions. Even looking only at falls data, ‘a report by BRE using 2011 data suggests that bringing the highest risk housing up to average standards could save the NHS £435m in first year treatment costs’ (NHS, n.d.). At the other end, it also leads to delayed discharge. Keeping older patients (those aged 65 and above) who no longer need acute care in hospital rather than discharging them home is ‘estimated to cost the NHS in England £820 million annually’.

Effective VCSE responses

The most effective VCSE responses to poor housing and health are those that operate as part of strategic multi-sectoral partnerships. These partnerships could be grouped into several categories.

Information and navigation

Elderly Accommodation Counsel (EAC) and their national and local partners

provide the FirstStop Advice service which ‘provides a free and impartial advice and information on housing and care options for older people and their families and carers’. The Staffordshire Housing Group and their partners provide older and vulnerable people with ‘complex health needs support with health, housing, financial, social and navigation services’ shortly after discharge, while the Home from Hospital Partnership in North Somerset ‘supports people in hospital prepare to be discharged from hospital through practical discussions on housing, finances, social care and social support’ (NHS, n.d.).

Adaptation

The ASSIST Project in Mansfield, which is commissioned by the CCG as part of the Better Care Plan for Mid Nottinghamshire, ‘ensures patients’ properties are appropriate upon their return from hospital by providing adaptations and advice and, where necessary, helping people to move to more appropriate accommodation’.

Some adaptation programmes are specifically focused on heating. For example, Gentoo Group and Sunderland CCG have developed a project where GPs prescribe ‘heating double glazing, boilers and insulation’ which have led to a 60% reduction in GP appointments and 30% in A&E attendances for those patients participating in the project (NHS, n.d.).

Tackling homelessness

Partnerships take a range of approaches to breaking the links between homelessness and poor health. For example, the newly established Greater Manchester Homes Partnership offers rough sleepers 'accommodation with a wide range of support to help them access health, training and employment services and to sustain their tenancies'. Bournemouth Churches Housing Association, meanwhile, has seconded staff into hospitals to support homeless people on their discharge from hospital.

Mental health

The five year forward view for mental health 'places priority on supporting people at home – reducing the need for avoidable admissions to hospital, and ensuring rapid, effective discharge when people do need to be admitted' (Buck, 2018).

Some housing associations run mental health care pathways that support people to leave secure mental health inpatient services and moving into community living. For example, One Housing Group 'provides step-down care with a view to people eventually living in their own homes with ongoing support at Tile House in King's Cross, which provides 15 high- quality self-contained supported housing units for people with complex mental health needs'.

What support do these organisations need?

Core themes

The King's Fund's 'Housing and Health opportunities' report calls for the following support from Sustainability and Transformation Plans (STPs):

- Coordinated sharing of information, material and resources;
- Stronger emphasis on prevention;
- Each STP work-stream to designate housing lead;
- The new Public Health England Memorandum of Understanding on improving health and care through the home to be implemented;
- A register of spare housing capacity;
- A stronger partnership working between STP and housing.

Regarding this last point, as with much VCSE engagement, STPs have expressed the difficulty of knowing 'who to approach and engage among the wide range of local housing providers'.

Share systems

A strong theme that emerges among solutions to health and housing is the importance of sharing information technological and administrative systems: 'the entire home visiting workforce must take on the Making Every Contact Counts methodology and the use of fast easy trigger referral systems like First Contact Checklists and Well Aware so that all people supporting a person in their home

knows where to refer them' (Lys, 2019).

NHS land

A powerful impact that the NHS can have on good housing and good health is through the sale of land. The New Economics Foundation has looked at NHS sites that have been sold under the government's public land sale programme, and found that 'across the homes to be built on NHS land in England, four out of five will be unaffordable to a nurse on an average salary and only one in 10 of the homes built on sold-off NHS land will be for genuinely affordable social rent' (Buck, 2018). The Naylor review (Naylor, 2017) suggested that where land is sold by the NHS it could be developed to provide homes for NHS staff, thus helping with staff recruitment in areas with high housing costs.

Home versus institution

There is a concern within the home improvement sector that the 'attention has been disproportionately focused on the more eye catching specialist housing (e.g. Extracare, residential and nursing

care, retirement housing and new build) end of the market' which is associated with 'intensive and institutionalising care interventions'. It is argued that this is 'a mistake when the majority of older people live in mainstream domestic housing' (Lys, 2019) but there is evidence that housing a frail older person in a specialised unit can save around £3k in health and social care costs per year.

Further reading

Buck, D. a. G. S., 2018. *Housing and health: Opportunities for sustainability and transformation partnerships*, 2018: The King's Fund.

Lys, D., 2019. [Interview] (3 May 2019).

Naylor, S. R., 2017. *NHS Property and Estates*, London: NHS.

NHS, n.d. *Quick guide: health and housing*, London: NHS.

Wall, T., 2019. *Interview* [Interview] (6 June 2019).