Somerset Health and Wellbeing

Improving Health through the Home

The Somerset Strategic Housing Framework

Tracy Aarons (Mendip DC) and

Mark Leeman (Taunton Deane BC and West Somerset DC)

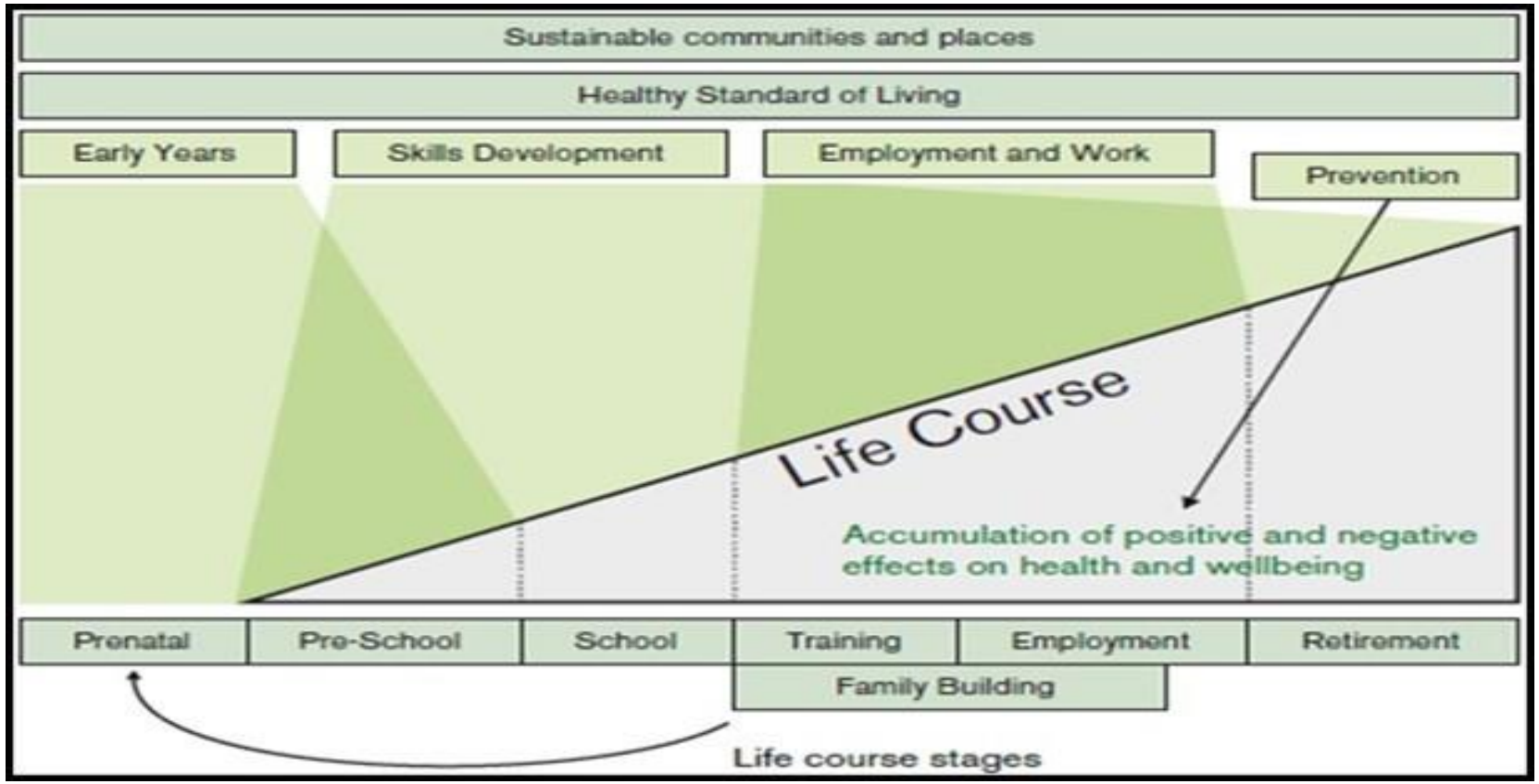
Purpose

Somerset Health and Wellbeing

- To inform:
  - The links between health and housing
  - Case studies
- To engage (workshop F):
  - Collaboration between health, care and housing providers
    - To discuss and identify the opportunities for health and prevention

Our health is the work of a lifetime

Somerset Health and Wellbeing



Start and develop well

Somerset Health and Wellbeing

Unhealthy homes increase the risk of

- respiratory illness
- poor infant weight gain
- poor diet
- emotional and mental health problems
- physical injury and poisoning
- domestic fires

Overcrowded homes increase the risk of

- behavioural and mental health problems
- meningitis
- respiratory illness
- tuberculosis
- physical injury
- tobacco harm

Precarious housing increases the risk of

- emotional behavioural and mental health problems
- low birth weight
- missing immunisations

Live and work well

Somerset Health and Wellbeing

Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- mental health problems

Overcrowded homes increase the risk of

- mental health problems
- respiratory illness
- tuberculosis
- tobacco harm

Precarious housing & homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Age well

Somerset Health and Wellbeing

Unhealthy homes increase the risk of

- respiratory illness
- cardiovascular problems
- excess winter deaths
- physical injuries, particularly from falls
- domestic fires

Overcrowded homes increase the risk of

- physical injuries, particularly from falls
- general health deterioration following a fall
- social isolation

Precarious housing & homelessness increases the risk of

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

A framework for understanding

Somerset Health and Wellbeing

- **A healthy home**: warm, safe, free from hazards
- **A suitable home**: suitable to household size, specific needs of household members e.g. disabled people, and to changing needs eg, as they grow up, or age
- **A stable, secure home** to call your own: without risk of, or actual, homelessness or other threat eg, domestic abuse
- **Healthy communities & neighbourhoods**

- **Changing needs = changing home?**

Tenure and populations

Somerset Health and Wellbeing

- Owner occupation
  - 64% homes – shrinking but ambition to grow
  - Most unhealthy homes and least accessible
  - Most under-occupied and stable accommodation
  - Most older people live here!
- Social rented
  - 17% homes – shrinking & expected to continue
  - Healthiest & most accessible homes but most overcrowded
  - Profile looks different for different areas and providers
- Private rented
  - 19% homes – growth and expected to continue
  - Highest percentage of unhealthy homes
  - Least affordable & stable
  - Increasingly younger households live here

Do we have the homes for health?

Somerset Health and Wellbeing

- ‘Unhealthy’ (DCLG English Housing Survey)
  - One in five homes ‘non decent’ – most private
  - 3.6m children, 9.2m working age, 2m pensioners
  - 15% homes in poor condition (Cat.1 hazard)
- Unsuitable
  - Between 4-7% homes fully accessible (four visitability features. EHS 2015)
  - 1.1m homes overcrowded (fewer bedrooms than bedroom standard. Census 2011)
  - 16.1m ‘under-occupied’ (1 or more spare bedroom. Census 2011)
- Precarious and homeless (unstable)
  - Rising for all populations (DCLG official statistics)

Cost of poor housing to the NHS

Somerset Health and Wellbeing

Cost of poor housing to the NHS due to excess cold, damp and safety issues	Between £1.4 billion and £2 billion pa (Nicol et al 2015)
Cost to NHS of failure to fit adaptations or take other preventative measures	£414 million pa (Garrett et al 2016)
Cost of falls to the NHS	£2 billion (Tian et al 2014)
Cost of dementia to the NHS and Social Care	NHS = £4.3 billion, Social Care = £10.3 billion (Alzheimer's Society)
Cost to the NHS of delayed hospital discharges	£820 million annually (NAO, 2016)
Cost to the NHS of domestic violence	£1.6 billion in 2009 (Walby 2009)
Overall use / cost of health services for homeless people compared to general public	4 to 8 x higher, costing £85 million pa (DCLG, 2012)

Not enough homes!

Somerset Health and Wellbeing

- Mismatch in supply and demand – for quite some time!
- Affordability and suitability issue across country
- Migration from more expensive areas
- Increasing number of working households need social security
- Choice? Move or live in poor, unsuitable, unstable home
- Inequalities growing between richest and poorest

Housing Services delivering health and prevention

Somerset Health and Wellbeing

- Local authorities
  - Including private sector housing teams, housing options service, enabling teams, town planners etc
- Registered Providers (Housing Associations) e.g. Aster, Knightstone, Magna, SHAL, Stonewater & Yarlington etc
- ALMO e.g. Homes in Sedgemoor
- Specialist e.g. TAH, YMCA, Relate etc

Targeted prevention in high demand areas

Somerset Health and Wellbeing

- One Teams – partnerships that provide a range of interventions
- Other providers - Community Teams
- Working to combat the ‘toxic trio’

Adaptations and Improvements

Somerset Health and Wellbeing

- Reducing hazards in the home environment (falls and slips, excess cold, damp etc)
- Efficient use of Disabled Facilities Grants / other grants
- Working closely with Occupational Therapists
- Promoting and enabling independent living

Isolation and Loneliness

Somerset Health and Wellbeing

- Supporting and facilitating community groups
- Supporting better use of meeting halls
- Digital inclusion
- Care packages – Extra Care Housing / Supported Housing

Supporting people with LTCs e.g. MH, LD and dementia

Somerset Health and Wellbeing

- Training and awareness raising (e.g. dementia and mental health)
- Financial support services
- Making links to colleges/employers and libraries – to increase employability

Lifeline Services

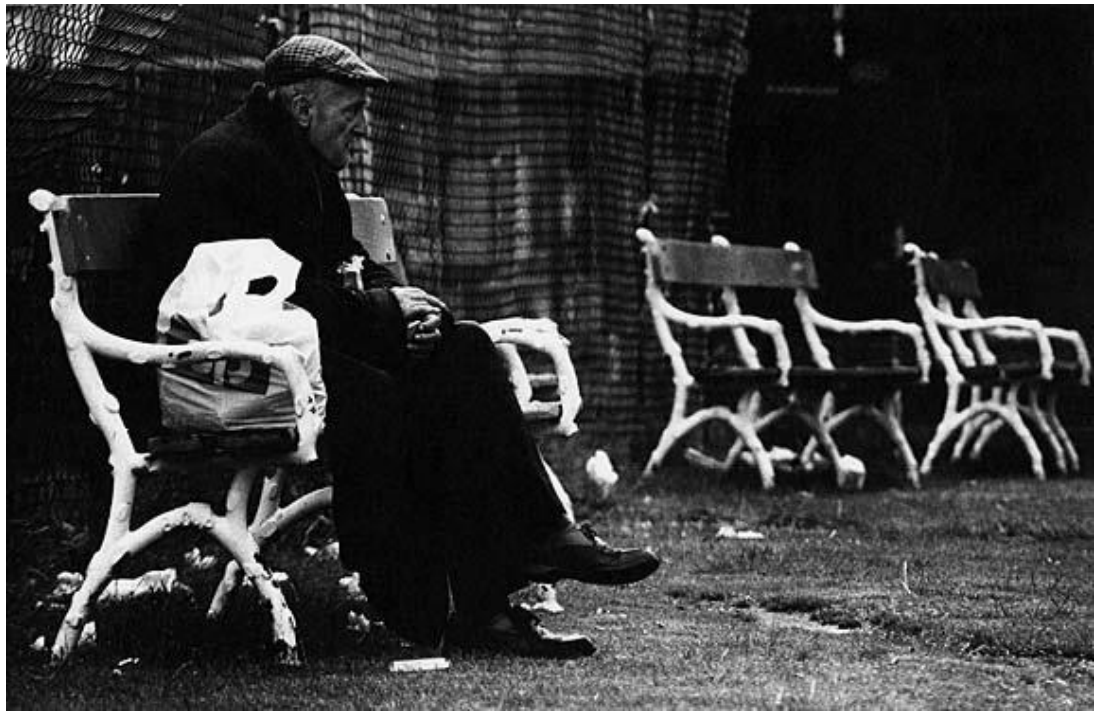
Somerset Health and Wellbeing

- Emergency response
- Home from hospital
- Making better use of adapted properties
- Supporting victims of domestic abuse e.g. chill and chat / staff training

Access to housing and tackling homelessness

Somerset Health and Wellbeing

- Maintaining the housing register – Homefinder
- Providing suitable / safe accommodation
- Stable tenancies
- Working with and supporting our partners (e.g. YMCA, TAH, Open Door)
- Making best use of external funding e.g. EDFE, govt grants etc



Case study - Family Mosaic Health Begins at Home

Somerset Health and Wellbeing

- In 2012 Family Mosaic Housing identified that 71% of their residents of 50 years of age had one or more long term health conditions.
- In 2013 they started a research project with LSE, local Public Health and local CCGs to test the model ‘can housing interventions effect a reduction in NHS usage by tenants?’
- 600 tenants over 50 in four London Boroughs we involved over an eighteen month period.

Model Used

Somerset Health and Wellbeing

- Group one – a control group with no intervention
- Group two – A housing officer offers basic advice and signposts the tenants to local health and wellbeing services, with three monthly visits.
- Group three – tenants assigned a health support worker who develops a health actions plan and actively accompanied them to health and wellbeing services, visiting them as often as necessary.

Starting position

Somerset Health and Wellbeing

- 87% had visited a GP in the last six months
- 92% had one or more health condition
- 25% has had suffered a fall in the last six months
- 90% were overweight
- 49% felt lonely at one time or another

- Cost to NHS based on previous six months of use of services was £862,200 annually for the cohort.

Results of the research

Somerset Health and Wellbeing

- In the 18 month period the self reported health and wellbeing ratings, health behaviours such as smoking, drinking etc and self reported activity and mobility levels showed no significant differences between the groups.

- NHS usage showed marked differences over time, particularly around planned appointments. Group 2 significantly reduced the number of nights they spent in hospital, Group 3 reduced their emergency GP visits substantially in comparison to Group 2.

Lessons Learnt

Somerset Health and Wellbeing

- The interventions had an impact because the tenants had trust in the organisation
- Many individuals were isolated, vulnerable and no-one was aware.
- Engagement uncovered unmet health needs and also identified numerous quick fixes.
- All participants identified benefits from being involved pointing to the high benefit of social interaction of health
- Signposting shows benefits

Cost implications

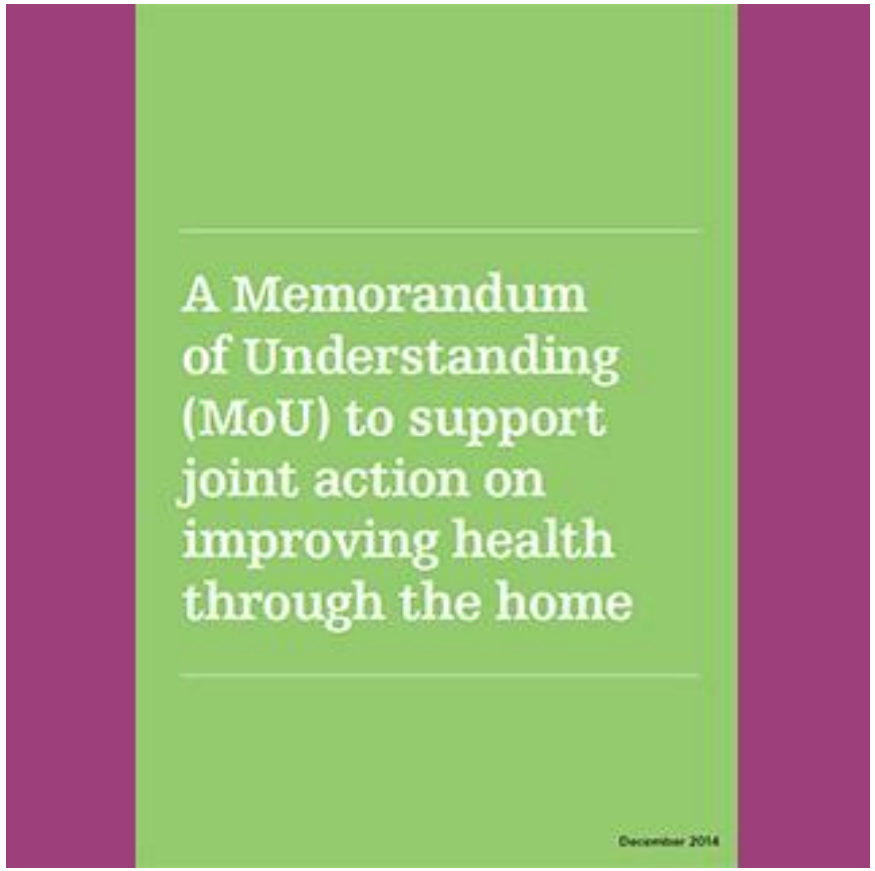
Somerset Health and Wellbeing

	Group 2 – 172 people	Group 3 – 174 people
Real NHS usage reduction per group	£30,670	£65,903
Potential reduction if interventions made for all 5,805 tenants over 50	£2,070,253	£4,397,297
Factoring for the higher than average rate of long term health conditions (93% v 71%) The potential savings across Housing Mosaic's tenants over 50	£1,580,516	£3,357,076

Memorandum of Understanding

Somerset Health and Wellbeing

- ‘The right home environment is essential to health and wellbeing, throughout life’
- ‘A home in which to ‘start, live and age well’
- **‘We will work together across Government, housing, health and social care sector to enable this’**
- Signatories: adass, NHS England, Public Health England, LGA, NHF, DoH, DCLG etc



Opportunities & Leadership

Somerset Health and Wellbeing

- Opportunities….timing is right, the strategies are aligning:
  - Health & Wellbeing Strategy
  - Sustainable Transformation Plan
  - Somerset Commissioning Academy
  - Somerset Strategic Housing Framework
- Leadership
  - To understand the interplay between the systems
  - To build relationships / partnerships
  - Requires evidence to establish need, priorities and to drive change