Quick Guide: Health and Housing

Transforming Urgent and Emergency Care Services in England

This is one of a series of quick, online guides providing practical tips and case studies to support health and care systems.
1. Background

The NHS Five Year Forward View identified the need for health and social care to work together in the design of future services. Memorandum of Understanding as a commitment to support joint action across housing, health and care. The definition of ‘housing’ (and housing-related services) is broad; the New NHS Alliance explains how housing is organised and what housing organisations do.

This quick guide provides practical resources and information for Clinical Commissioning Groups (CCGs) from a range of national and local organisations on how housing and health can work together to prevent and reduce hospital admissions, length of stay, delayed discharge, readmission rates and ultimately improve outcomes, particularly by promoting equality (for groups protected under the Equality Act 2010) and reducing health inequalities in accessing services through integration (as defined under the Equality Act 2010 and the Health and Social Care Act 2012).

Colleagues in Local Government have a key role to play in this area. After all, good health starts at home, and local authorities manage many of the important assets: the housing, the budget for aids and adaptations, local planning decisions, green spaces etc. Hence, local areas are encouraged to take a joined-up, place-based approach across housing, health and social care.

**Why Housing matters to health**

A report by BRE suggests that at a system level, poor housing cost the NHS in 2011 at least £1.4bn in first year treatment costs.

This quick guide also marks the beginning of a national CCG Engagement Programme on the topic and focuses on three key elements:

1. How housing can help prevent people from being admitted to hospital;
2. How housing can help people be discharged from hospital; and
3. How housing can support people to remain independent in the community.

The CCG improvement and assessment framework 2016/17 provides key indicator areas that focus on these three elements and should be considered alongside this document, particularly the Better Health and Better Care indicators.

Further information about webinars and other resources available as part of the CCG Engagement Programme for Health and Housing can be found here.

**How to use this quick guide:**

1. Choose an area of focus that is an identified issue
2. Look in to the examples provided and identify other potential examples
3. Make contact with local housing providers
4. Note top tips for implementation

To note, there are several topic areas which cross over all three elements, in particular regular repairs, adaptations and handyperson services, enabling informed decisions and supported housing. The case studies were chosen by a group of stakeholders as key examples of how health and housing can work in partnership, and we acknowledge there is a wide range of examples which could have been included.
2. How housing can help prevent people from being admitted to hospital

The NHS Five Year Forward View states that “while local authorities now have the responsibility for many broad based public health programmes, the NHS has a distinct role in secondary prevention”. The NHS England’s ‘The function of clinical commissioning groups’ document outlines the duty CCGs have in relation to prevention, with Section 5 of the NHS Act 2006 also identifying the inclusion of other services in the prevention of illnesses.

Housing organisations are often well placed to partner NHS in its prevention strategies because they are in touch with large numbers of vulnerable people, including older people and disabled people, and they have a long history of supporting them to live independently in the community.

How housing can assist

1. Enabling access to home interventions (social prescribing)

Gloucestershire CCG is piloting social prescribing models across the CCG in partnership with local councils, the NHS Trust and a range of voluntary and community organisations.

Doncaster Social Prescribing Service is a partnership funded project, to which Doncaster CCG is a commissioning and contracting partner. People with long term conditions are referred to the service by their GP and are then linked in with local, non-clinical services. In 2015/16, the service engaged with 588 clients, with a 68% reduction of repeat GP appointments and improvements in customer resilience.

2. Improving affordable warm homes (safe, warm housing)

The Warm Homes Oldham service was set up in 2012 by Oldham CCG, Oldham Council and Oldham Housing Investment Partnership. Using an innovative ‘payment by results’ approach it has helped over 3500 people escape fuel poverty. Evaluation of the scheme shows significant improvements in perceptions and health and general life satisfaction, as well as evidence of a reduction in emergency hospital admissions and GP visits.

Gentoo Group and Sunderland CCG have developed a project where GPs can ‘prescribe’ double glazing, boilers and insulation. Initial results (although based on very small numbers) have been promising, and showed a 60% reduction in GP appointments and 30% in A&E attendances for those patients participating in the project.

3. Improving suitability and accessibility (regular repairs, adaptations and handyperson services)

Somerset’s My Home, My Life is jointly funded, with Somerset CCG as one of the partners. The service aims to help people get the equipment and home improvements required to live independently at home.

The Sheffield Stay Put and Handyperson Service is led by Yorkshire Housing Foundation and supported by a number of partners, including Sheffield CCG. The service provides aids and adaptations with the aim of enabling discharge from hospital within 48 hours.
4. Housing Support

Housing support is help that is provided to enable someone to live independently in their own home. Interventions range from carrying out improvements to properties to prevent a fall and an admission into hospital, to providing person-centred support to develop their skills to live independently thereby reduce the risk of a more acute crisis or intervention, or prevent homelessness.

The Supporting People off the Streets (SPOTS) project in Peterborough provides temporary accommodation in order to assist people to find a more permanent home solution.

A Safe and Well visit is a person-centred home visit carried out by Fire and Rescue Services (FRS) to provide fire risk reduction and health interventions advice and support. A range of CCGs nationally are partnering with the FRS to deliver these services, with positive patient outcomes depending on the region. Examples of these outcomes include reduction of premature mortality and reducing the incidence of avoidable harm.

Top Tips for Implementation

Look at the NICE Guidelines NG6 and Standard QS117 when implementing safe, warm housing strategies.

Collaboration with the FRS can assist in the development of Sustainability and Transformation Plans (STPs) Working Together provides further practical tips.

Find your local Home Improvement Agency and handyperson service via the Foundations website.

Key Resources

Housing Learning and Improvement Network (LIN) - Home Improvement

New NHS Alliance - How, exactly, should primary care and health commissioners interface with housing? -

Public Health England - A call to action: commissioning for prevention

Sitra - Public Health Housing Workforce is the key - case studies

National Housing Federation - Housing’s offer to Health

NHS England - Fire as a health asset: A new partnership

NHS England - Healthy Aging Guide

Care & Repair England - home adaptations services and home adaptations

Foundations - Home adaptations

Building Research Establishment (BRE) - Housing Health Cost Calculator and Housing Stock Models

Why Housing matters to health

When it comes to specialised, purpose-built accommodation, there is a strong case for investment. According to a recent report by Frontier Economics, housing a frail older person in a specialised unit can save around £3k in health and social care costs per year.

The savings are considerably higher for those living with a sensory impairment (£6k), a mental health condition (£12.5k) or a learning disability (£15.5k) when compared with the accommodation they would otherwise have had.
3. How housing can help people be discharged from hospital

Current issues faced in discharging patients from hospital

NHS Central London CCG have identified that patients (particularly those with complex health needs) have fallen between the gaps between health and social care. The coordination of social care and housing services, use of step down/intermediate care services and accessible housing design reduces the likelihood of delayed transfer of care which results in timely discharge and improves patient outcomes.

NHS England’s Quick Guide: Discharge to Assess emphasises the importance of timely assessment where going home is the default pathway, with alternative pathways for people who can’t go straight home.

How housing can assist

1. Coordination of services

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 from hospital. The project is funded by Stoke-on-Trent CCG, with a project evaluation from July-December 2014 showing that 92% of service users were not readmitted to hospital.

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.

2. Provision of step down services

The Bradford Respite and Intermediate Care Support Services provides a step down service for people who are homeless or living in unsuitable, insecure or dangerous accommodation in partnership with Bradford City CCG. An evaluation of the service identified there was a positive impact on length of stay rates, with high levels of client satisfaction.

The Curo Step Down scheme provides temporary accommodation upon discharge from hospital for vulnerable patients. The project commenced at the beginning of 2014, with 62.5% of clients discharged to somewhere other than residential care and 79% of clients were assisted in establishing contracts with external services and groups.

Tile House provides support for people with mental health problems, including those with forensic histories, to step down from hospital and residential care, and avoid re-admission. The October 2014 evaluation of the service showed a reduction in length of stay for hospital admissions and showed 23 occasions of hospital avoidance.

Most older people are owner occupiers with:

- 76% owner occupied
- 18% social rented
- 6% private rented

(Care & Repair England)

### 3. Accessible Housing Design

The ASSIST Project in Mansfield 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. ASSIST is commissioned by the CCG as an integral part of the Better Care Plan for Mid Nottinghamshire. Since October 2014, it has helped 1280 people and is expected to save £1.3 million per year.

Aspire is a national charity that provides temporary housing for newly discharged spinal cord injury patients whilst they wait for more permanent homes. They also offer a free, dedicated housing case management service to help people with spinal cord injuries tackle the housing issues they face.

### Top Tips for Implementation

- Develop partnerships with local Home Improvement Agencies to keep up to date on service options and housing suitability.
- Involve Occupational Therapy teams for specific adaptations to existing properties.
- Find out if your local councils have a register of adapted or accessible properties.
- Investigate processes for when rapid adaptations are required.

### Key resources

- NHS England - Quick Guide: Better Use of Care at Home
- Foundations - Hospital Discharge
- Housing LIN - Hospital 2 Home Resource Pack
- Care & Repair England - Home from hospital initiatives
- Housing LIN - Accessible Housing Design
4. How housing can support people to remain independent in the community

Supported self-management and self-care is an important aspect of ensuring people with long term conditions, mental health conditions and learning disabilities remain independent in the community. The role of care plans and personal health budgets are increasingly being used to enable people to stay independent, and have real choice and control in their care.

It is also important to note there are support services to support people to remain at home (including homecare and personal assistants). There are eligibility criteria for this support, with costs potentially associated.

**How housing can assist**

1. **Enabling informed decisions about home and housing options**

   Care & Repair England’s Silverlinks service provides localised home and housing information to older people to make informed decisions on their options.

   Elderly Accommodation Counsel (EAC) and their national and local partners provide the FirstStop Advice service. It provides a free and impartial advice and information on housing and care options for older people and their families and carers. The service has shown an increase in the wellbeing (by 59%) and outcomes (by 43%) for older people using the service.

2. **Assisted technology and community equipment**

   Coventry City Council and Tunstall have used a telecare system and assisted technology for older people and people with learning disabilities to improve patient outcomes and support individuals to remain in their own home. The service has become an important component to the Home First strategy in the Coventry area.

   Carecall in Central Essex provides a variety of telecare systems for older people and their carers which can automatically detect events such as falls, fires or inactivity and raise an alert at a specialist monitoring centre which can respond according to the situation. It currently supports 60 people per month who are at risk of falls, and also works to enable early discharge and provide post discharge support.

3. **Social inclusion**

   Community hubs in Gloucestershire County Council have been designed for people over 55 years of age. They provide drop-in health, healthy lifestyle and social services and are usually located within extra care housing schemes. An evaluation conducted on the project found a 19.5% increase in social interaction of participants, an 11.6% improvement in independence and an improvement of reported health and wellbeing of 15%.

   Bolton at Home’s ‘Digital memories project’ supports older people at risk of social isolation to use personal and local historical information to encourage engagement with digital technology.

4. **Supported housing**

   Supported Housing (also known as housing with care, extra care housing or assisted living) is applied to a range of purpose built accommodation to rent or buy for older people and those with a long term condition (such as dementia or learning disabilities). The housing is specifically designed and managed to provide independent living and facilitate access to care and support that meets their needs.

   The Good Death Pilot Project in Newcastle worked in partnership to assist palliative care patients remain at home as long as possible through medical care, advice, guidance, signposting, practical support and digital technologies. The project resulted in a 10% reduction in A&E attendances and a 55% reduction in GP consultations.

   The Coach House in Cornwall provides young people (aged 16 - 24) with temporary accommodation and practical skills for independent living and employment engagement.
5. Promoting healthy lifestyles

St Mungo’s Hammersmith and Fulham Health and Homelessness Project improves the health of their clients through: health and wellbeing events such as health fairs, health screening events in conjunction with local health providers, and initiatives such as Get Fit, Get Active. They also develop training programmes and co-ordinate ‘Health Action Groups’, which are networks of housing and health providers focusing on health improvement.

Regenda Homes’ regeneration projects in Limehurst and West View work closely with their partners and residents to transform the areas, and the lives of the people who reside there. This includes assisting in securing employment and education opportunities and community inclusion and health and wellbeing programmes for residents.

Top Tips for Implementation

The Department of Health Care and Support Specialised Housing Fund offers access to capital funding for housing organisations to improve the quality and provision of supported housing for older and vulnerable people and prevent a move to more costly accommodation.

Ensure Health and Wellbeing strategies address housing and built environment issues.

Key resources

The Kings Fund and New NHS Alliance - The economics of housing and health

Housing LIN - Technology enabled housing with care

National Housing Federation and Housing LIN - On the Pulse: Housing routes to better health outcomes for older people

Housing and Health - Resources

NHS England - Healthy New Towns Programme

Pathway - Healthcare for homeless people

Why Housing matters to health

Overcrowded homes increase infectious disease and are linked with poor mental health. A BRE report identified, using 2011 data, that bringing the most overcrowded homes up to the average standard could save the NHS £2m in first year treatment costs (excluding mental health savings).
Further information, case studies and webinars is available from the NHS England website here.

Special thanks goes to these organisations for their support, time, effort and commitment during the development of this Quick Guide.

Did you find this Quick Guide useful?  

[Yes]  [No]