HOUSING AND HEALTH

A GOOD PRACTICE GUIDE FOR NHS WALES DEVELOPED VIA A BEVAN COMMISSION EXEMPLAR

SHORT VERSION

INTENDED TO BE ENACTED DURING 2022 IN PREPERATION FOR ANTICIPATED WINTER PRESSURES

IT IS RECOMMENDED THAT HEALTH BOARDS ACROSS WALES UNDERTAKE A BASELINE EXERCISE ON THE LINKS BETWEEN HOUSING & HEALTH AS OFFERED IN THIS DOCUMENT







HOUSING AND HEALTH

BUILDING BRIDGES BETWEEN THE SECTORS: SHORT VERSION

Housing and health are intimately linked and the evidence-base that is both compelling and extensive. Cold and damp homes can adversely affect health, especially during the winter in patients with underlying health conditions. In addition, factors in the home environment can either increase or decrease both hospital admission and discharge. For example, a patient who falls at home may require admission for hip fracture. As for discharge, patients may require housing adaptation on leaving a hospital, for example of they have had a stroke.

This document is a short version of a much longer report that is available on request. The longer report provides a summary of the evidence-base as well as tools to assess progress on building bridges between housing and health. Yet the core message is the same. Health Boards are encouraged to baseline their links with housing partners using the self-assessment checklist overleaf. Whilst this offers a scoring system, the only intention of this is to stimulate thinking and planning rather than to claim that it is an objective measurement system.

This short version provides a focussed approach to building bridges between housing and health. The timing is important, given the anticipations of fuel crises that will leave many individuals and communities struggling to pay their energy costs. This will lead to direct health impacts, such as cold homes, as well as the ripple effects of this including potential 'heat or eat' choices and stress that compromises mental health. This short version has been developed through the work of an all-Wales Community of Practice via a Bevan Exemplar.

Thank you for taking the time to consider this guide.

Dr Gareth Morgan.

Hywel Dda University Health Board.

Bevan Exemplar lead. Contact: Gareth.Morgan5@wales.nhs.uk

Housing and Health Collaboration Checklist

How well are we working together? A self-assessment tool

Self-assessment scoring system to be completed every year starting October 2022

1-3 respectively indicate little or no progress and highlighted red

4-7 respectively indicate some or substantial progress and highlighted amber

8-10 respectively indicate completion or near completion and highlighted green

| | CHECKLIST FOR LOCAL HEALTH BOARD COLLEAGUES – please date the review | ٧ |
|----|---|-------|
| | * Scoring system based on previous National Service Frameworks | |
| 1. | Strategic Overview : Please identify how the Health Board recognises | Score |
| | the significant contribution that the housing sector brings e.g: | 1-10 |
| | | |
| | Improving patient outcomes | |
| | Reducing health service usage | |
| | Supporting earlier hospital discharge | |
| | Enabling patients to stay in their home | |
| | Protecting health and preventing ill-health | |
| | Enabling significant cost savings to be made | |
| | Comments: | |
| 2. | Partnerships : Please show how the Health Board ensures that a focus | Score |
| | on housing and health, to include both social and private sectors, is | 1-10 |
| | developed as part of regional and local statutory partnership working | |
| | arrangements. Please demonstrate any joint initiatives with health | |
| | and housing partners, both social and private, being included in health | |
| | and well-being plans at both a regional and local level as appropriate | |
| | Comments: | |
| 3. | Health and Housing Pathways | Score |
| | Please describe how has the Health Board has worked with partners | 1-10 |
| | to implement and improve referral pathways between Health and | |
| | Housing Professionals, using local partnerships with services. | |
| | There might be a focus upon how these supports the most vulnerable | |
| | e.g Cancer patients, Dementia, Older People and Chronic Obstructive | |
| | Pulmonary Disease, children and asthma, fuel poverty schemes, risk of | |
| | house fire. There might also be consideration of Health Board | |
| | encouraging take-up of national housing schemes which would benefit | |
| | local residents e.g. NEST, Care & Repair, Citizen's Advice. For example | |
| | https://hduhb.nhs.wales/healthcare/services-and-teams/community-support-housing-and-health/ | |
| | Comments: | |
| | comments. | |

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| 4. Excess Winter Deaths: Please evidence how much has 'NIC and pathways on Excess Winter Deaths' been implement would also have links with the Cold Weather Resilience Pla | 4.40 |
|---|----------------------------------|
| Source: https://www.nice.org.uk/guidance/NG6 https://gov.wales/cold-weather-resilience-plan | n in Wales. |
| Please provide examples to highlight good practice in imple | ementation |
| Comments: | |
| Falls Prevention: Please confirm if the Health Board resimprove multi-agency falls prevention programmes ensuring join up between falls prevention initiatives in health, local and third sector settings. Please attach any relevant strate Comments: | ing there is 1-10 all authority |
| 6. Primary Care: Please show if the Health Board ensures he priority in GP Cluster Plans, demonstrating and including local housing organisations, and establishing referral between primary care and the housing sector. Please examples from any Cluster plans where these exist as evident | ; links with pathways se provide |
| Comments: | |
| 7. Enhanced Discharge: Please provide examples of how Board works with housing organisations to find suitable including working with those patients with complex health needs to enhance discharge from hospital at the appropria | e solutions 1-10 and social |
| Comments: | |
| 8. Networking and Information: Please show opportunities for integrating housing within information portals and impulinkage between health, care and housing. Please provide | roving data 1-10 |
| Comments: | the Health Score |
| 9. Research and Development: Please evidence how does Board encourage evidenced based health and housing rese | 4.40 |
| Comments: | Cooms |
| LITT I ENDRUGE ORGEROCOMURE OVERHOROS I DICACO OVICIONO CO ITAVO IL N | ave sought Score |
| 10. Sharing and receiving experience: Please evidence if you h external feedback on your work or offered feedback on oth Comments: | |

Self-assessment score = %.

Please feel welcome to join an all-Wales community of practice by emailing the Chair Dr Gareth Morgan at Hywel Dda University Health Board: Gareth.Morgan5@wales.nhs.uk

NOTE: THIS SCORING SYSTEM IS HEAVILY INFLUENCED BY THE NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE IN WALES WHICH FOR SEVERAL YEARS USED SUCH A PERFORMANCE MEASUREMENT. THE CHECKLIST HAS BUILT ON WORK UNDERTAKEN BY PUBLIC HEALTH WALES COLLEAGUES

Summary diagram of checklist: Please mark scores in each circle

