



Housing LIN

Connecting people, ideas and resources

There's more to integrating housing and health than building new homes

Written by Sara McKee, Chair of Foundations Independent Living Trust (FILT)

Last year the FILT saved the NHS at least £2.4 million through house improvements for older and vulnerable people at risk of fuel poverty.

We distributed grants worth £637,000 through our Warm at Home programme to 3,600 people in England, helping them stay safe warm and well in their own home. The grants were delivered by 71 Home Improvement Agencies (HIA) across 183 district councils, and funded everything from draught proofing and fitting reflector radiator panels to replacement of boilers and central heating systems.

Yet the role of Home Improvement Agencies isn't mentioned in the Government's Fuel Poverty strategy. Nor do HIAs have a seat in the debate about integrating housing, health and social care.

As the new chair of FILT, I'm determined to change this and have set a clear objective to raise the profile of HIAs as a vital delivery partner to the NHS and social care. Here's why.

HIAs are local and trusted

Discussions about integrating housing and health have focussed on building new types of supported housing or the technology and design features needed to sustain a happy and healthy later life. The [HAPPI3](#) report recommended that the Government should boost supply of housing for the older generation, and the Department of Health should supplement the Government's capital investment programme for housing with care support.

While I applaud these endeavours, the reality is we're never going to build enough new housing to support older people, and besides many people want to remain living in their own home. Unfortunately, many of these homes are also not-fit for-purpose for our ageing population and the evidence shows that they either directly lead to an illness or exacerbate an existing condition. A highly influential review found that between 10 and 25 per cent of the 43,900 excess winter deaths in 2014/15 were caused by fuel poverty and cold homes. ([Marmot Review 2011](#)).

We believe that the answer to health across ages is to maintain and improve existing housing stock, in addition to new development. Yet the recent Housing White Paper was virtually silent on this. However, if we 'future-proof' existing housing for an ageing population, we recognise the emotional attachments to the family home and the importance of a close and better connected community. What's more, some people are harder to reach than others. People on low incomes, with a disability or

chronic illness can often be hard to reach as they might not be registered with a GP, they might be mistrustful of council services or socially isolated.

In our view, HIAs are in a unique position to help. They are small, locally based not-for-profit organisations that are seen as safe and trusted by the communities they serve. As a result, they can identify those most at risk. They're also often affiliated to the local social housing provider and can identify other local agencies that can provide people with additional advice and support. Plus, they are exceptionally knowledgeable about extra sources of potential funding, including grants, loans and/or other financial instruments such as equity release.

The multiplier effect – generation x

We know that relatively small home repairs and improvements delivered by HIAs can make a big difference. Not only do they relieve people's symptoms, but they also make people worry less about their home. According to [the evaluation of the Warm at Home programme](#), this makes them feel healthier, less stressed and better able to manage long term conditions themselves.

Programmes like Warm at Home also have a key role to play in addressing loneliness, which in itself can have huge consequences for an individual's health and wellbeing through the generations. Visits by the HIAs during the Warm at Home grant programme provided social contact, emotional security, and wellbeing to older and vulnerable clients who were in poor health and often socially isolated.

Small = nimble + flexible

The [evaluation of the Warm at Home programme](#) found numerous examples where funding was provided in a few days for urgent home repairs. Swift action prevented further illness or harm such as falls, carbon monoxide poisoning, burns and admissions to hospital and residential care.

The HIAs could act quickly due to their locality, but also due to flexibility and a "light touch" approach to the funding and administration of the Warm At Home grants. The funding's broad eligibility criteria meant that HIAs could help more people to keep warm, some of whom would not have qualified for other funding schemes. The equation being fewer restrictions on what could and could not be funded enabled HIAs to use their judgement in order to better meet peoples' needs and outcomes.

Policy in practice

The outcomes of Warm at Home have demonstrated how HIAs are well placed to deliver current policy recommendations. We will be submitting evidence on this to the Centre for Ageing Better's consultation, [The role of home adaptations in improving later life](#).

The [NICE \(National Institute for Health and Care Excellence\) guideline on excess winter deaths](#) also recognises the role of local networks in identifying people at risk of ill health due to cold homes, but also the importance of discharging older people from hospital to a warm home.

In the same guideline, NICE also recommended Health and Wellbeing Boards should commission a local single-point-of-contact health and housing referral service for people living in cold homes. Given the network of HIAs across the country and the breadth of services provided, they are ideally placed to fulfil this role.

The Cold Weather Plan is another policy area where HIAs could become a key component of the delivery mechanism both nationally and locally.

Conclusion

The work we do in partnership with the HIAs is really simple. We make cold homes warm. And in doing so we improve people's health and wellbeing and prevent excess winter deaths. Together we are a vital cog in this country's fight against fuel poverty and the fight for good health!

Watch out for our new campaign being launched this April.

Foundations Independent Living Trust (FILT) is the charitable arm of Foundations - the national body for home improvement agencies (HIAs) in England. FILT helps older and vulnerable people live with dignity in their own homes by operating and distributing funds through its network of HIAs which enable local HIAs to provide a range of support including repairs, improvements, advice and information to people's homes. www.filt.org.uk

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