



A spoonful of housing lets the medicine go further

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GPs feel embattled and overwhelmed by rising demand, funding pressures and the constantly changing system and service expectations they face. Addressing patients' housing issues often gives GPs headaches. The list of housing problems patients might face is long. Overcrowding, cold homes and fuel poverty, disrepair, rent arrears and adaptations are just the more common ones!

However, the housing information hub we have helped the NHS Alliance¹ develop specifically for GPs could reap significant benefits for both their older and vulnerable patients and reduce demand for GP appointments and other health services.

Coupled with our own online Health Intel² resources, the 'hub' provides GPs with information about the broad role of housing options for such patients. It also outlines the evidence of the link between poor or inappropriate accommodation and ill-health. They can use it to shape both prescribing of housing remedies (such as aids and adaptations to homes) and other interventions. These include better insulation or a move to specialist housing.

It can help them ensure that primary and community health providers truly deliver the aspirations set out in NHS England's *Five Year Forward View*³, published to general acclaim last October. That template, which was central to the political parties' NHS discussions during the general election, emphasised the need for prevention alongside home care and support services in people's own homes.

Much of this is driven by the stark facts around our ageing population and the impact on public services.

There is plenty of evidence that GPs and their colleagues should look carefully at the housing circumstances of older people and those with disabilities or long term multiple conditions (the latter of which famously consume 70% of NHS resources).

¹ <http://www.housingforhealth.net>

² <http://www.housinglin.org.uk/HealthandHousing>

³ <http://www.england.nhs.uk/2014/10/23/nhs-leaders-vision>

You need look no further than a Memorandum of Understanding⁴ (MoU) between NHS England, Public Health England, a range of social care, health and local government organisations and networks such as the Housing LIN, for such evidence.

Published in December – just two months after the forward view - the document shows that NHS leaders recognise the link between housing and health.

It opens: “The right home environment is essential to health and wellbeing throughout life. We will work together across government, housing, health and social care sectors to enable this.”

The MoU signatories emphasised that the right home environment can:

- Delay and reduce the need for primary care and social care interventions, including admission to residential or nursing homes
- Prevent hospital admission
- Enable timely discharge from hospital and prevent re-admissions
- Enable rapid recovery from ill-health or planned admissions.

So where the *Forward View* talks about working with social care – and integrated management arrangements funded through the £5b better care fund – the housing needs of older and vulnerable people are a key element of that package.

It suggests repeatedly that GPs working in new multi-speciality provider organisations and through their leadership of clinical commissioning groups can drive a preventive and holistic approach. The *Forward View* also recognises the importance of home care and support in reducing demand. As both the new NHS Alliance ‘hub’ and the MoU make clear, housing is essential to effective home care and support packages.

With agreement around the *Forward View*’s need for (patient or service user) involvement, integration, investment and innovation, I would add a fifth I: information.

The new NHS Alliance resource supported by the Housing LIN will, amongst other things, introduce GPs and their primary and community health colleagues, to the excellent specialist housing advice and information services available. These evolving services will raise your awareness of the housing options and support your patients can access.

Many GPs will be familiar with local residential and nursing care provision. However, there is a growing trend amongst local councils and housing associations to make better use of sheltered housing and develop a range of new extra care

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[http://www.housinglin.org.uk/library/Resources/Housing/Support materials/Other reports and guidance/A Memorandum of Understanding MoU to support joint action on improving health through the home.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support%20materials/Other%20reports%20and%20guidance/A%20Memorandum%20of%20Understanding%20MoU%20to%20support%20joint%20action%20on%20improving%20health%20through%20the%20home.pdf)

housing for rent or sale, where older people can access on-site care and support within a housing setting to accommodate their needs as they change.

Meanwhile, well over half of people who have paid off the mortgage on their home are over 65. Many of them will have – or will develop – care and accessibility needs. They will need home care and community nursing services if they are to continue to live in their own home. Some will need advice and information on the options for adapting their homes and reducing the risk of accidents or falls that place an additional burden on many health services – including GP appointments and out of hours services.

You can also direct some of your older or vulnerable patients and their carers to agencies such as the charity, Elderly Accommodation Counsel and the FirstStop Advice⁵ services it runs.

Yes, weary and wary GPs might feel that the housing information hub is yet another resource to embrace. However, this is one that you can use while your patient and/or their carer are sitting in front of you. And one where the outcomes might well include reduced demand for both primary care and other health services, as well as offering a prescription to better housing.

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⁵ <http://www.firststopcareadvice.org.uk>