



The Housing and Ageing Alliance

Policy Paper: Health, Housing and Ageing

This is one of a series of policy papers published by the national Housing and Ageing Alliance to stimulate debate and a coherent policy response to the critical issue of demographic change and housing.

The Housing and Ageing Alliance is made up of representatives from a broad spectrum of organisations working together with a single objective; to bring about improvements to the housing and living conditions of older people. It believes that homes, communities and housing related services should be planned and designed to enable choice, control, inclusion & independence in later life. Other policy papers include:

- ◆ *Housing, Ageing and Social Care*
- ◆ *Population Ageing and Housing Implications*
- ◆ *Economic Implications of Housing in an Ageing Society*

Why housing and ageing should be high on the health agenda

Housing quality and suitability is a major determinant of health and well-being, and hence impacts on demand for NHS services. Older people are the main users of both hospital and primary care and their homes are a particularly important factor in maintaining physical and mental health and addressing health inequalities.

There is a causal link between housing and the main long term conditions (eg. heart disease, stroke, respiratory, arthritis) whilst risk of falls, a major cause of injury and hospital admission amongst older people, is significantly affected by housing characteristics and the wider built environment.

Decent, suitable housing for older people can reduce the costs of health care. It can decrease GP visits by older people with chronic conditions, enable timely hospital discharge, extend independence for patients with dementia and provide end of life care at home. Therefore inclusion of housing is critical to better co-ordinated services for older people and their carers.

Improving and adapting mainstream homes, development of specialist housing and provision of housing related support can all contribute to efficiency savings¹ as well as achieving the policy aspirations of integration and prevention.

- ◆ Inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer²
- ◆ Poor housing is estimated to cost the NHS at least £600 million per year³

¹ The NHS has to make £20 billion of QUIPP efficiency savings by 2014-15

² World Health Organisation Regional Office for Europe (2012) [Environmental Health Inequalities in Europe](#)

³ Building Research Establishment & Chartered Institute of Environmental Health (2010) [Good housing leads to good health](#)

The Link between Health and Housing

The design, quality and standards of homes and neighbourhoods have measurable impacts on physical and mental health.

Housing was identified as an important social determinant of health in the Marmot Strategic Review of Health Inequalities⁴ and a number of housing related factors are now included in the *Public Health Outcomes Framework for England 2013-16*⁵.

The housing and health link becomes increasingly important with age. Older people spend an average of 80% of their time at home; they are at risk of falls and more susceptible to cold or damp related health problems.

- ◆ Vulnerable people over 75, particularly low income older homeowners, are the group most likely to live in poor housing, with a million occupying non-decent homes⁶
- ◆ Mental health is particularly affected by poor housing⁷, with key factors including lack of control of home environment, financial pressures, fuel poverty and housing insecurity
- ◆ Accessible and well designed homes and neighbourhoods can enhance health and wellbeing⁸

Long term health conditions and health inequalities

Many of the chronic health conditions experienced by older people have a causal link to, or are exacerbated by, poor housing. These include heart disease, stroke, respiratory conditions, mental health, arthritis and rheumatism.

- ◆ 60% of GP visits are by people with long term conditions
- ◆ Older people are more likely than other age groups to receive a home visit by a GP; 15% of GP consultations for people aged 75 & over were undertaken as home visits⁹

Warm, safe, well designed housing, effective delivery of home adaptations, the provision of supported specialist housing (across tenures), aids, equipment and assistive technologies all have quantifiable effects with regard to improved health, well-being and independent living, particularly for older people with chronic conditions.

"Current service models assume that we get ill, are treated in hospital and go home; yet 70 per cent of health and care spend is on people with chronic conditions requiring long-term support, not one-off episodes of care. Their needs defy traditional demarcations between 'health' and 'social care'."

Richard Humphries, Assistant Director of Policy, The King's Fund

⁴ Dept of Health (2010) *Fair Society, Healthy Lives*
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthinequalities/DH_094770

⁵ Dept of Health (2013) *Improving Outcomes and Supporting Transparency*

⁶ Dept for Communities and Local Government (2010) *Linking Housing Conditions and Health* University of Warwick

⁷ Page A (2002) *Poor Housing and Mental Health in the United Kingdom: Changing the Focus for Intervention* Journal of Environmental Health Research, CIEH

⁸ Dept for Communities and Local Government (2011) *Lifetime Neighbourhoods* University of York

⁹ Age Concern Policy Unit (2008) *Primary Concerns*

Falls

The prevention of falls is of major importance because they cause considerable mortality, morbidity and suffering for older people and their families, and incur wider economic costs due to hospital and care home admissions.

It is now widely accepted that multifactorial intervention which addresses muscle tone (exercise), review medication and modify the home (eg. adaptations & hazard removal) is the most effective way to reduce falls risk.

- ◆ One in three people over 65yrs and one in two of those over 80yrs will suffer a fall each year¹⁰ with home the most common place for falls. Over 75% of deaths due to falls occur at home¹¹
- ◆ Falls account for 10 to 25% of ambulance call-outs for people aged 65+ at £115 per call out¹² and represent over half of hospital admissions for accidental injury¹³
- ◆ The combined cost of hospitalisation and social care for hip fractures (most of which are due to falls) is £2 billion a year or £6 million each day¹⁴

Excess winter deaths and cold related ill health

As noted above, cold homes have a serious impact on older people's health. The Marmot Review team special report on cold home and health¹⁵ concluded that there is a strong relationship between cold temperatures and cardiovascular and respiratory diseases. It noted that cold housing;

- ◆ increases the level of minor illnesses such as colds and flu
- ◆ exacerbates existing conditions such as arthritis and rheumatism
- ◆ negatively affected mental health
- ◆ is related to excess winter deaths

On average, over each of the last five years, there have been 27,000 excess winter deaths; more than 90% of these deaths occur in the over 60s age group and can be attributed to cold-related illnesses such as heart attacks, strokes and respiratory conditions. The majority of these deaths occurred among those aged 75yrs; cold homes a significant causal factor.

Apart from the physical harm to older people, cold homes cost the NHS hundreds of millions of pounds in treating cold-related illness. A recent British Medical Journal article highlighted the relationship between heart attacks and cold conditions. The research found that a 2% cumulative increased risk of heart attack was associated with a 1°C change in ambient temperature and that most at risk were those aged 75-84 and those who had previously suffered a heart attack.

Source: NEA www.nea.org.uk

¹⁰ Department of Health (2009), *Falls and fractures: effective interventions in health and social care*

¹¹ Health Promotion England (2001) Fact Sheet 2 sourced from DTI Home Accident Surveillance System

¹² NHS Confederation *Fall prevention: New approaches to integrated falls prevention services.*, Briefing, April 2012 Issue 234

¹³ London Health Observatory. Accessed 05/10/10 www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/AccidentsInjury.aspx

¹⁴ *The National Hip Fracture Database National Report 2011*; British Orthopaedic Association, Information Centre and NHS

¹⁵ The Marmot Review Team (2011) *The Health Impacts of Cold Homes and Fuel Poverty* Friends of the Earth

Housing, hospital discharge and reduction of re-admissions

Almost two thirds of general and acute hospital beds are occupied by people over 65 whilst 80% of emergency admissions for more than two weeks are patients aged over 65. Delayed discharge is expensive; the average cost of an 'excess' bed day in 2010/11 was £255¹⁶.

Reducing emergency admissions and ensuring that longer lengths of stay by older people are clinically necessary has the greatest potential for efficiency savings.

Unsuitable home conditions can directly cause health problems, and hence hospital admissions. If individuals are discharged to unsafe, cold, unsuitable homes they are more likely to return to hospital. It is generally better for older peoples' health if they are discharged as soon as they no longer need hospital level medical care, hence addressing housing shortcomings is a key element in effective hospital discharge.

In November 2012, Care and Support Minister, Norman Lamb said:

“We recognise that any delay in being able to leave hospital after treatment is distressing for patients and costly to the NHS. People need to be able to return to a home that is safe, warm and meets their needs, and this is particularly important in the case of older people. In order to achieve this health, housing and social care must work in partnership.”

Some older patients medically ready to leave hospital may not be able to return to their previous home unless adaptations and improvements are made to it or, in some cases, until a new home can be found. Others can return home and manage with equipment, adaptations and temporary measures in the short term, but need more significant alterations to live independently. Either measure can reduce the risk of future health problems.

The Select Committee Report (2013) on Public Service and Demographic Change, *Ready for Ageing?* noted (Para 6):

The split between healthcare and social care is unsustainable and will remain so unless the two are integrated. Sufficient provision of suitable housing, often with linked support, will be essential to sustain independent living by older people.

¹⁶ PSSRU Unit Costs of Health and Social Care 2011

Positive suggestions for Action and Improvement

Recommendation

Implement the Marmot Review recommendation (E2.2) to *'Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality'*, through ensuring that Health and Well-being Boards identify the role of good housing and related services in their Joint Strategic Needs Assessments, taking the lead on planning better housing for an ageing population.

Recommendation

Effective early intervention and prevention measures which deliver improved health and independence for older people with long term conditions should be a cross departmental priority at a national level and an outcomes measure at a local policy, planning and front line delivery level. Health and Wellbeing Boards and Clinical Commissioning Groups should have a duty to deliver this change.

Recommendation

All national and local health and housing related strategies needs to address demographic change in relation to:

- ◆ Current and future housing supply (both specialist and mainstream)
- ◆ The physical condition and suitability of the existing housing stock
- ◆ The mechanisms available to enable individuals to improve, adapt and repair their homes
- ◆ Options for moving home in later life to maintain independent living or access care and support
- ◆ Integration of housing considerations into health and social care patient/service user assessment, treatment and delivery systems, including related telecare and telehealth provision

Recommendation

The new NHS Commissioning Board (CB) needs to focus on integrated commissioning which includes housing and involves the new GP-led Clinical Commissioning Groups and local authority commissioners. The new arrangements, including the planned duty to co-operate, provide a significant opportunity to jointly commission housing-related services that improve patient health and wellbeing outcomes and deliver service efficiencies. The NHS CB should take pro-active steps to encourage and promote examples of good practice.

Recommendation:

A shift of some treatment and care from hospital to home is in the interests of both patients and the NHS, but only if the home environment is safe and if people receive the care and support they need. Therefore integration of assessment of housing suitability, remedial action and housing related support needs to be incorporated into older patient's hospital discharge arrangements. Private sector housing disrepair, particularly in the case of low income, lower equity older owner occupiers whose health is affected by poor housing, needs to be reviewed at a national policy level.

Positive suggestions for Action and Improvement (continued)

Recommendation

Hospital staff and local clinical leads should work closely with the housing sector to redesign discharge pathways and ensure older people can go home from hospital safely. Hospitals should work with housing information and advice service providers, enabling them to become an integral part of the hospital setting, including housing advisers visiting wards to meet staff and patients¹⁷, and utilising the models and examples in the national *Hospital2Home* model¹⁸.

Recommendation

A fully integrated approach to supporting patients with long term health conditions (including multiple conditions) should include 'housing on prescription' measures. This should operate alongside integrated health and social care provision to enable independent living and better conditions management.

Recommendation

Specialist housing for older people should be designed with regard to the principles of the HAPPI¹⁹ report and recommendations. It should include a range of types and across all tenures, be carefully located; of a high standard of design and specification; and well-managed. Such housing should be an exemplar for mainstream housing, reflective of the fact that good quality housing helps facilitate active and healthy living in later life.

Recommendation

Health, housing and social care authorities should jointly commission the provision of independent, impartial information and advice for older people about their housing, care and support options to enable older people to plan for the future and make informed decisions.

Recommendation

Local authorities should make full use of central government funding for Disabled Facilities Grants and be obliged to work with Clinical Commissioning Groups and Health Trusts to jointly plan and fund fast, efficient provision of home for adaptations.

Recommendation

The current debate on Fuel Poverty strategy and definition following the Hills Review should address the wider health benefits which result from improvements to poorly heated and poorly insulated homes. Green Deal and emerging energy efficiency and fuel poverty related initiatives should be targeted at those in the worst housing/greatest fuel poverty, even though some of the improvements will result in increased comfort rather than reduced carbon emission.

¹⁷ Care & Repair England (2012) *If only I had known: Integration of Housing help into a hospital setting* www.careandrepair-england.org.uk/homefromhospital/pdf/if_only_i_had_known_integrating_housing_help_in_hospital_2012.pdf

¹⁸ www.housinglin.org.uk/hospital2home_pack/

¹⁹ *Housing our Ageing Population: Panel for Innovation* [HAPPI] (2010) report and follow up HAPPI 2 2012 Implementation Report www.homesandcommunities.co.uk/ourwork/happi
www.housinglin.org.uk/Topics/browse/Design_building/HAPPI2/?parent=8649&child=8650

Positive suggestions for Action and Improvement (continued)

Recommendation

Health and Wellbeing Boards should address the impact of poorly heated homes and fuel poverty on local health inequalities, planning for a range of remedies and interventions to improve health and wellbeing of occupants living in such conditions.

Recommendation

In line with the National Planning Policy Framework objective, ie. *'to support strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being'*, all new homes should be built to a high standard to enable healthy, inclusive, independent living for an ageing population.

Illustrative case studies

Benefits of a holistic approach to health and well being²⁰

Mrs Morgan, a single woman in her mid sixties, severely affected by rheumatoid arthritis, contacted her local Bristol Care & Repair Agency [about] problems with the gas fire in her home. A visit revealed that she was unable to carry out a range of daily tasks such as bathing, toileting, using stairs internally and externally, using the telephone etc, without discomfort and risk of injury.

Mrs Morgan had had years of involvement with the health service (both GP and hospital) but her home conditions had never been addressed. She was not aware of the wide range of assistance that was available to her. As a result of the intervention of the Care & Repair agency, adaptations were funded to Mrs Morgan's home, she was provided with equipment (funded by a charity), her disability benefits were increased and she was provided with assistance to access a disabled parking badge.

As a result, Mrs Morgan's safety and well-being were significantly improved and six years later, she remains living independently, is making fewer visits to her GP and has had fewer hospital admissions.

Enabling hospital discharge and re-ablement²¹

Breathing space has been delivered by Bedford Citizens Housing Association since 2004 when evidence suggested that people were staying in hospital for longer than necessary. It offers older people time out to prepare for independent living, whether this is in transition from hospital back to home, or for respite.

En-suite accommodation, care and support are available, for up to five people at any time, alongside an existing residential care home. Re-ablement activities are provided with a focus on mobility, confidence building and reducing the risk of falls. Social interaction through various activities and space for people to receive visitors are also important. People typically stay for around four weeks. The service provides improved co-ordination and continuity between hospital and care settings. The costs and demands on clinicians' time are much reduced. Up to 60 people stay in the scheme every year, for an average of four weeks, at a cost of £68 per day compared to an average estimated cost of £686 per day in hospital.

Improving health through assisted house move

Mrs Trent is in her 80s. Though increasingly frail she did not want to leave her family home. She has a weak heart, cannot bathe alone safely and regularly passes out. Carers were visiting twice a day, but she was having sudden blackouts. Her son was very worried that it was not safe for her to continue living alone, but she was adamant about not moving. The son felt he was on 24 hour call.

A blackout led to a two week hospital stay. This resulted in Mrs Trent agreeing to move home. A hospital worker put her son in touch with the North Somerset 'Housing Options' caseworker who was located in the hospital part of the time, and who talked through the various housing possibilities with Mrs Trent and her son on the ward. [The Housing Options worker] then helped to find an extra care flat (to purchase) very quickly, checking that Mrs Trent's pension and attendance allowance was enough to pay the ongoing housing costs.

Mrs Trent is very happy in her new home. Her son says she has had a new lease of life. Before moving, Mrs Trent was increasingly unsteady on her feet and was not at all mobile [with the associated falls risk]. Now she walks to the lift to get lunch downstairs and is socialising with other residents. She is fitter, healthier and happier and has not returned to hospital since.

²⁰ HACT (2011) *Pathways to prevention* http://hact.org.uk/wpcontent/uploads/2011/11/Pathways_to_prevention_new.pdf

²¹ National Housing Federation (2012) *On the Pulse: How housing is critical to better health and social care for older people* www.housing.org.uk/publications/find_a_publication/care_and_support/on_the_pulse.aspx



The Housing and Ageing Alliance

About the Housing and Ageing Alliance

The aim of the Housing and Ageing Alliance is to bring about improvements to the housing and living conditions of older people. The group believes that homes, communities and housing related services should be planned and designed in ways that enable choice, control, inclusion and independence in later life.

The Housing and Ageing Alliance members are drawn from a wide spectrum of national organisations committed to improving the housing and living conditions of older people including: Age UK, Care & Repair England, Chartered Institute of Housing, Elderly Accommodation Counsel, ILCUK, Foundations, Hanover, Housing Learning and Improvement Network, McCarthy & Stone Retirement Lifestyles Ltd, National Housing Federation, Older People's Action Groups (London and North East).

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