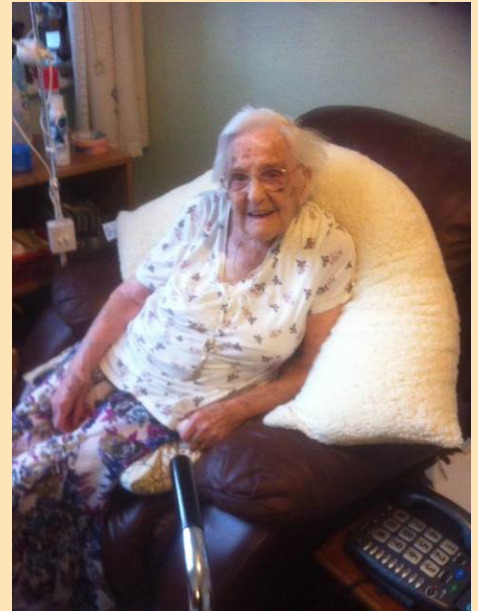




## Derby City's Healthy Housing Hub - preventing hospital admissions and more...

Derby City Council's health and wellbeing vision is "to improve the health and wellbeing of the people of the city and to reduce health inequalities."

This case study describes how the Council has linked a broad range of health and housing related services across the city to reduce the negative impacts of poor housing on health. It provides help to some of the city's most vulnerable to enjoy a better home environment, improved health and well-being by helping them feel comfortable, confident, safe; where they are at reduced risk of accident and housing-related poor health, whether that be physical, mental or general wellbeing



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## Introduction

Established in January 2012, Derby City's Healthy Housing Hub works with vulnerable people whose home living conditions are impacting, or have the potential to impact, detrimentally on their health: being identified as being in priority health need by health and care worker direct referral. The Hub is built on successful partnership working across a broad range of organisations and services including health and care professionals such as GPs, Community Matrons, OTs, Social Workers, Police and Fire Service and Community Groups. This increases the likelihood that the Hub's interventions are instrumental in preventing, reducing, delaying or lessening the occurrence or severity of an undesirable health occurrence, and helps it to access vulnerable individuals who might otherwise miss out on or fail to engage with Council, Health or Community services.

Derby City's JSNA 2011 states:

*"Housing is a key determinant of health, poor quality housing...intrinsically linked with poor health. Poor housing conditions...cause preventable deaths, illness and accidents...contribute to health inequalities, impact on peoples' life expectancy and... overall quality of life."*

The Hub has been crucial in supporting Derby City's Joint Strategic Needs Assessment (JSNA) in identifying and suitably dealing with poor housing conditions as well as housing-related health inequalities and identifying them as key challenges within the council's Health and Wellbeing Strategy

In view of these health and housing characteristics, by helping achieve safer, more suitable housing conditions, the Healthy Housing Hub can help to:

- Reduce home accidents, falls and general health risks;
- Reduce demand on primary care, social care and emergency services;
- Maintain independent living within own home
- Facilitate hospital discharge and reduce readmissions
- Reduce reliance on medication/care
- Increase client wellbeing and reduce long term conditions

To achieve this, the Hub utilises a range of low-cost health-focussed interventions including:

- Advice and support
- 'Prescribed works' and 'Healthy Housing Assistance' (means tested)
- 'Handy-person Service'
- Partnership links

Each case is assessed on its own individual merits and in context with the hazard in the home, the risk to health, safety and well-being, and may take into account a range of criteria for prioritisation which may include characteristics such as:

- older age – especially for people aged 70 years and over or those who are frail
- pre-school children

- chronic and severe illness or disability – including heart conditions, respiratory insufficiency, asthma and COPD (chronic obstructive pulmonary disease)
- energy inefficient homes
- living alone
- people who are in-patients at an NHS hospital and in need of works of repair or adaptation so that they can be safely discharged to their home

To be eligible to receive the Hub's 'means tested' services, a vulnerable customer will typically need to be on low income, in receipt of an income related or disability related benefit. In the absence of a qualifying benefit 'low income' is determined by a 'test of resources'.

The housing solutions offered by the Hub include:

- Repair boiler/gas fires, or install central heating in cold homes;
- Removing trip hazards;
- Making electrical installations safe;
- Help with fuel poverty.

## Delivering healthier outcomes

The Hub ensures a focus on those most vulnerable to negative health outcomes arising from unsuitable living conditions through its partnership working with the broad range of health and care workers that directly refer their most vulnerable patients/clients into the Hub. This includes GPs, Hospital Discharge Teams, East Midland Ambulance Service, Social and Mental Health workers, Fire Officers and Community Groups.

A service evaluation of Healthy Housing Hub's impact, carried out by Derby City's Directorate of Public Health in May 2016 supports this, having reported:

*"A study in 2013-14 found that clients with a history of falls who received services from the Hub, saw a reduction of 39.5% in their use of A&E and 53.8% in acute hospital stays; and 86.3% felt their health and wellbeing, levels of anxiety, peace of mind, security and confidence at home had benefited."*


A year later,

*"A study in 2015-16 found that, at one year post intervention, proportionally fewer Hub clients were in need of health and care services.<sup>1</sup> In the case of inpatient emergency care, 20% fewer Hub clients were admitted to hospital when compared to those originally admitted as a result of a fall 12 months earlier. And, 91% of Hub clients were still in their own homes at 12 months, at less cost. There was a marked difference in contact with East Midlands Ambulance Service not requiring conveyance to hospital and in 111 and out-of-hours services in which there was an average 51% and 74% greater use respectively in control groups."*

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<sup>1</sup> In this study 237 Healthy Housing Hub falls clients were retrospectively, statistically matched to a control group of service users receiving emergency inpatient treatment (1,164) or residential care (444) but whom had not received Hub support. All three cohorts had a history of falls.

In summary, the two service evaluations found:

<b>Use of A&amp;E</b> <b>39.5%</b> reduction	<b>Acute Hospital</b> <b>53.8%</b> reduction in stays	<b>Admissions</b> <b>20%</b> fewer hospital admissions
<b>EMAS</b>  reduction in contact and conveyance to hospital	<b>91%</b> of clients still in own homes at 12 months	<b>86.3%</b> felt benefit in health, wellbeing, anxiety, confidence

## Case studies

The following case studies show improvements that the Heathy Housing Hub has made to people's lives.

### ***Mr D.***

86 years old, Mr D has had a severe stroke and also suffers from diabetes and blood pressure, whilst his 78 year old wife suffers from arthritis. Mr D cannot speak or move and is fed through a peg feeding tube. Two carers visit four times a day to provide all personal care and the community nurse visits twice a day to give him his medication. Mrs D cares for him throughout the day and night.

The main source of heating was a very old and inefficient gas central heating system but the boiler broke down and they only had a gas fire in the living room to provide warmth but no hot water. The house was very cold and good personal hygiene very difficult without hot water – unacceptable conditions given the health care needs of Mr D.

The Healthy Housing Hub quickly installed a new gas central heating system with an efficient boiler. This was done by working very closely with the gas engineers, the community nurse and social services, who were able to arrange four days of respite care for Mr D to avoid causing him any stress during the work.

Mrs D said:

*"I can't thank you enough, I feel I have a new home... it's warm and comfortable. I could not afford to replace the heating and I'm sure my husband would have been admitted into hospital and then into a care home because the house was very cold and it was not helping his health conditions. By having my husband at home with me you have given him dignity, respect and I'm very happy as at home we are together and the grandchildren can spend time with him and support me...God Bless You".*

### **Mrs M.**

69 years old, Mrs M has breast cancer, osteoporosis, sciatica, hypertension, glaucoma, asthma, arthritis, diabetes and low blood pressure. She also has poor mobility and cannot use the stairs without a stair lift. Her partner, who does not live with her, provides her support and daily care.

Mrs M had poor personal washing facilities as the level access shower no longer worked; the kitchen had damp and mould caused by a leaking downpipe, no heating and no extractor fan. The grab rails outside the front door were very old and rusty and the stair bannister was loose; both posing falls risk. Through the Healthy Housing Hub a new shower was installed, the leaking pipe was replaced; a new radiator installed in the kitchen and an extractor fan due to be fitted. Grabs rails were replaced and the stair bannister programmed for repair.

Mrs M's carer, Mr B, said:

*"...without your help Mrs M will not have been able to live independently in her house. You have helped with all her concerns and have made her house a safe and comfortable environment for her to live in. We are both very grateful for all your help..."*

### **Mrs R.**

73 year old Mrs R lives alone and was referred by a MacMillan nurse to the Healthy Housing Hub. She had cancer of the spine and lung, fibromyalgia, spondylosis, glaucoma and mobility problems. Receiving chemotherapy but couldn't return home as the 30 year old boiler had broken and was beyond repair. She had no savings and received Council Tax Support, and Guaranteed Pension Credit and Attendance Allowance.

We were able to help replace the boiler and provided temporary heating until the work was done. Also fitted key-safe, grab rail by the toilet, smoke detector and linked with Care-Link for emergency alarm.

### ***Mr T.***

80 years old Mr T, has diabetes, respiratory problems (emphysema) and limited mobility. He had been admitted to hospital with a kidney infection as he collapsed in the street. The ward would not allow him home without grab rails being fitted to the property. The HHH through the handyperson service fitted two mop-sticks on the stairs and two grab rails by his front door to reduce risks of falls.

## **Lessons Learned**

Significant benefits for the client, the NHS, the local authority and its partners, including:

- Reduced home accidents, falls and general health risks;
- Reduced demand on GP, hospital and other health services;
- Reduced reliance on social care;
- Increased client ability to live safely and independently in their own home, or to return home from hospital;
- Increased client well-being.

## **Conclusion**

It is widely recognised that unhealthy or inadequate housing affects the physical and mental health of people from all spectrums, but it is the vulnerable populations, such as young children, frail elderly and those with long term health conditions that are disproportionately at risk and affected.

Interventions most likely to lead to health improvements are those that target clients most in need, where the potential benefit is greatest, i.e. the residents most vulnerable to the detrimental health effects are those residents in the poorest housing; and it is the support of those unfortunate people which Derby's Healthy Housing Hub addresses.

The Hub's interventions can help reduce identified likelihoods of a housing-related detrimental health outcome and the seriousness of those outcomes for Derby's residents, and thereby maximise the health, well-being and cost benefits of the intervention.

## **Further information**

For further details about the project and to view the service evaluation, visit:

<https://www.housinglin.org.uk/Topics/type/Derbys-Healthy-Housing-Hub/>

## **Note**

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

## About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

The Housing LIN is a signatory to the national Health and Housing Memorandum of Understanding (MoU). The refreshed version (2018) can be found at:

<https://www.housinglin.org.uk/Topics/type/Improving-Health-and-Care-through-the-home-A-National-Memorandum-of-Understanding/>

To view other examples of health and housing partnerships, visit the Housing LIN's dedicated 'Health Intel' pages at:

<https://www.housinglin.org.uk/Topics/browse/HealthandHousing/>

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