HOUSING AND HEALTH

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

VERSION 1

INTENDED TO BE ENACTED DURING 2022 IN PREPARATION 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

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KEY MESSAGES

Housing and health are intimately linked. Improvements in the former can lead to latter, leading to better outcomes for patients and reduced pressures on health and other services

This document provides for the first time a systematic framework that can help build bridges between the sectors by providing a checklist and summary of the evidence-base

This is a good practice guide rather than a mandated policy and whilst the use of this is entirely voluntary, it is offered as a way to help Health Boards work with their partners

The timing of this document, which has been prepared by an all-Wales Community of Practice as a Bevan Exemplar project, is key as we face a forthcoming fuel crises

Within this document are various tools and summaries with the checklist for consideration. The scoring system is only intended to promote reflective practice as a baseline tool

The use of this guide is consistent with other policy areas, such as winter planning and the Regional Integration Fund which has a work stream on accommodation solutions

The more areas in Wales that adopt this guide then the more intelligence and evidence we can gather that will then improve the links between housing and health going forward

Thank you for taking the time to read this document

Dr Gareth P. Morgan, FRPSH.

Hywel Dda University Health Board.

Convenor of the all-Wales Community of Practice Group.

Preface

My interest in housing and a key determinant of public health started about a decade ago. So bringing forward a project in 2021 to the Bevan Commission and being awarded exemplar status has really given the opportunity to develop something of high value. Working with colleagues across Wales in a Community of Practice to achieve this has been invaluable.

So what is this document? It is a commentary on the relationship between housing and health and sets out a summary of the evidence-base. There have been two challenges with this. The first was to ensure brevity as this could have expanded to a vast document. The second was to provide a useful tool that could help convert the evidence-base to practice.

At the core, this document really seeks to stimulate reflection among health colleagues to work closely with colleagues involved in housing related projects. This could bring about 'win/win' outcomes for the public that we serve benefit whilst also leading to service efficiencies, for example with the NHS reduced hospital admission and enhanced discharge.

So what isn't this document? It is neither mandatory nor advisory as Health Boards have the opportunity to develop locally sensitive approaches and really, the driver could even be for a tripartite link between housing, health and social care. The delivery of such a model will involve public sector organisations and a wide partnership from other organisations in Wales.

This document also isn't making any claims to be a final product. It can be revised over time and much of the content draws from existing material that have been assembled for the first time into a coherent whole. In offering a product that can help develop a systematic approach across Wales, there will be learning and this will help inform the further iterations.

Whilst this document is also about an evidence-based approach, individual stories are always powerful. In my own family, several elderly relatives have needed housing adaptations to maintain independence and whilst we might be able to estimate or even calculate savings on the NHS, the boost to their subjective wellbeing is more difficult to measure but still vital.

In guiding colleagues through this document, some may simply wish to go directly to the checklist while others might want to review the evidence-base and sources of evidence. This document has been written with the needs of different colleagues in mind. It is also a living document that can be improved based on the experience of implementation across Wales.

Finally, the timing of this document has taken into account forthcoming winter pressures that are likely to be due in part to fuel poverty. In practice, working at regional levels or on Health Board footprints can take forward accommodation based solutions that can be shared across Wales and we collectively have an opportunity to collaborate as a nation to improve services.

Dr Gareth P. Morgan, FRSPH. Hywel Dda University Health Board and Bevan Exemplar lead

EXECUTIVE SUMMARY

Housing can influence many aspects of our health. For example, a cold home is a contributory factor in NHS 'winter pressures' due to admissions to hospital from patients with cardio-respiratory illness. A housing adaptation may also help to facilitate the hospital discharge process, for example if a patient has some limited mobility following a stroke. This good practice guide therefore seeks to build bridges between housing sectors and health services.

This document is intended to provide a very practical framework for NHS Wales to consider. Given this has no statutory basis, the incentives for adopting this are the benefits to the public and service efficiencies. It is also recognised of course that there will already be projects occurring across Wales that connect housing sectors and health. The document offers the opportunity for these to be shared across Wales, allowing good practice to spread.

This document seeks to add value to existing provision across Wales by offering a reference point that can help guide locally sensitive actions. This also helps complement rather than duplicate related policy initiatives, such as the homeless and vulnerable groups health action plan. Given that the focus is also upon delivery, this paper will provide just a summary of the key evidence rather than attempting to systematically review the full body of knowledge.

The following document is therefore a concise summary of the evidence, a checklist that can be considered for implementation and a potential performance management tool. An all-Wales Community of Practice could additionally be established as a driver for sharing good practice nationally and delivering updated versions of this document in future. This is mindful both of an evolving evidence-base and of the developing policy landscape within Wales.

An Editorial in the British Medical Journal :

A call for urgent measures

This Bevan Exemplar project started during 2021 and a lot has happened since that time. On March 10 2022, the prestigious *British Medical Journal* published an editorial titled '*Fuel poverty is intimately linked to poor health'*. There are two remarkable features about this. The first is that the impact of this public health issue of fuel poverty has received such attention in a medical journal of high international standing. The second is that an editorial implies prominence as this is usually one of the first items the readership will encounter.

Written by co-authors Professor Margaret Whitehead and Professor David Taylor-Robinson, the paper sets out the well known associations between cold, damp and mouldy homes with adverse health impacts. What this paper adds is a call to *'urgent measures'* to be taken with the level of fuel poverty anticipated to rise. This good practice guide is a public health tool and therefore it is worth considering the wider links that fuel poverty is associated with.

Terminology is key and fuel poverty may be better replaced with the term financial resilience. In bringing forward this document, especially to NHS staff, there are other links to be made. For example, Community Housing Cymru have a toolkit which can be considered and this guide is intended to be consistent with their key messages, such as inequality. Another publication from the Frameworks Institute cites housing as a key '*matter of life and death*'.

In their research briefing titled '*Rising Cost of Living in the UK'* published on March 28 2022 by the House of Commons library, the financial pressures anticipated are set out. Many families are likely to face difficult decisions of '*heat or eat*' and the impact of this is real. For example, about one is six people who receive Universal Credit access food banks. With financial pressures, this figure may rise as might the numbers needing Universal Credit. Working with food bank agencies and benefits services will therefore also be crucial.

Sources : *https://www.bmj.com/content/376/bmj.o606*

https://chcymru.org.uk/our-work/publications/demonstrating-the-value-of-housing-health-care-toolkit

https://www.frameworksinstitute.org/publication/a-matter-of-life-and-death-explaining-the-wider-determinants-of-health-in-the-uk/

https://researchbriefings.files.parliament.uk/documents/CBP-9428/ CBP-9428.pdf

Building bridges between housing and health:

A 5 Why's analysis undertaken as part of a national Bevan exemplar meeting

1. **Why does the housing agenda have variable implementation in the NHS?**

Although housing is a key determinant of public health, both as an 'up-stream' intervention such as to prevent falls and also 'down-stream' to support hospital discharge, it is not always seen as a priority given acute pressures on the service. This leads to variable implementation.

2. **So why is the housing agenda not always seen as a priority by the NHS?**

There are competing demands on the NHS and there are always other considerations to take into account. To address competing demands, NHS resources may need to be focussed on acute medical pressures that present as we have seen during the recent COVID-19 pandemic.

3. **OK, so why are there other priorities and competing NHS demands?**

Because the NHS is under pressure with increasing demands in terms of meeting the health needs of population. There are many drivers for this increase in pressure, relating to a basic supply and demand model, meaning there is a requirement to improve service efficiencies.

4. **Fine although why is the NHS under pressure given housing can help?**

In focussing on the acute pressures faced, 'real time / real world' decisions have to be taken. Although in practice, there are links to the housing agenda, perhaps the potential for the benefits are not being fully realised at the present time and more work can be undertaken.

5. **Thank you, final question – why is the housing agenda not fully realised?**

There is a lot of good practice relating to housing across Wales although no one single area seems to have all the answers. Something exemplar could be done across Wales if there was a good practice guide that offered a basic checklist that offered a framework for the NHS.

IT IS RECOMMENDED THAT HEALTH BOARDS ACROSS WALES UNDERTAKE A BASELINE EXERCISE ON THE LINKS BETWEEN HOUSING & HEALTH AS OFFERED IN THIS DOCUMENT. PLEASE ALSO SEE SUPPLEMENTARY DOCUMENT AT THE END OF THE DOCUMENT FOR AN ANALYSIS OF THE BEVAN PRINCIPLES OF PRUDENT HEALTHCARE APPLIED TO HOUSING.

OUTLINING THE SITUATION ON WHY WE NEED A GOOD PRACTICE GUIDE

A house has many functions and some of these are obvious, for example it offers shelter. A house can also be a family home where people live together and for some people, it may be their place of work which is perhaps especially contemporary given the SARS-2 COVID-19 pandemic. Whilst at a basic level, a house is 'bricks and mortar', it can also be a place of both memories and security. Outside the remit of this document is the homelessness agenda.

Conceptually, a house can also be seen as a unit where health, both physical and mental, can be influenced. For example, a house that is appropriately warmed in winter and where the occupants feel psychologically safe clearly has the potential to impact positively upon subjective wellbeing. The opposite applies and may undermine health if for any reason the occupant(s) dislikes living there. This can lead to feeling stressed and effects on wellbeing.

Accommodation more generally, whether this is a house, flat or another type of dwelling, can also be a place where healthcare can be delivered. The housing agenda is therefore a key public health consideration that can influence i) prevention of illnesses ii) the delivery of treatment and iii) hospital activity, both admissions and discharge. A good practice guide could therefore be helpful to help provide a framework for considerations across all-Wales.

BACKGROUND

In the summer of 2021, discussions were opened with the Bevan Commission regarding the possibility of an exemplar project that could build bridges between housing and health. A successful application was made to develop an initiative initially within West Wales. Discussions were also initiated with colleagues in Public Health Wales and Welsh Government regarding the project. This was really intended to discuss the art of the possible.

By way of background, there are some key points of context to highlight. Taking Hywel Dda University Health Board as an example, there are already operational links between health services and housing. Locally sensitive good practice gives the opportunity to share experience more widely. Perhaps most importantly, there is no systematic process that will strengthen the health and housing links, which creates a difficulty in progressing the issue.

Discussions have therefore identified a possible innovation where a good practice guide could be developed for NHS Wales on housing and health. Such a guide would be flexible to take account of local circumstances whilst also bringing the advantages of a national approach. A first draft was prepared and various stages of product development occurred via a Community of Practice which brought together many partners from across all-Wales.

For further details of a Community of Practice, please see Appendix 1. In this situation, it is essentially a group of committed and enthusiastic professional colleagues who are committed to working together for the great good, in this case was housing and health

ASSESSMENT

Initial drafts of the good practice guide were written in a concise manner yet contained many links and citations that covered a broad spectrum of housing topics. It was intended to cover some key areas of work rather than all aspect of housing and health, which would significantly expand the document. For example, it omitted ventilation as a risk factor in lung cancer by carcinogenic radon gas build up in order to focus on some more impactful issues.

Version 1 is offered to NHS Wales and partners ahead of the forthcoming winter pressures. With the fuel crises anticipated, this seems most important and the intention is for version 1 to be used from October 2022 and in due course, this might broaden the scope of the agenda, for example bringing in possible developments around fuel efficiency and de-carbonisation, which may benefit health. Version 1 is offered now as a start, with a Community of Practice to oversee implementation as part of this in order to ensure a credibility and robustness.

The Community of Practice will be a key determinant of the success of the all-Wales approach. A number of organisations across the health, social care and housing sectors have expressed interest to join. The Community of Practice will also help steer the project and ensure that connections with other policies, such Welsh Health Quality Standards 2 and the Regional Integration Fund, are appropriately managed and cross connections are thus made.

RECOMMENDATIONS

This is an innovative project and it is therefore right to start with realistic expectations of what can be achieved. Version 1 of the good practice guide can be pilot tested during 2022 / 23 financial year with a recommended review timeline of April 2023. The self-assessment tool has been designed to give an overall % score an initial baseline score would be helpful.

To facilitate the above, it recommended that a refreshed Community of Practice is established from October 1st 2022 with any new members welcomed subsequently. The Community of Practice will be invited to amend version 1 and help produce version 2 of the guide for introduction from April 2023 onwards. The experience during 2022 / 2023 will be a major driver for the amendments and provide an evidence-base to establish a baseline.

This is therefore an iterative project, shaped by evolving evidence and policy with a dynamic Community of Practice. Longer term work for this includes an online resource archive, potentially interactive, to facilitate electronic exchange of experience and research publications on housing and health. It is also intended to produce short update reports every 6 months on all-Wales basis and collect practice worth sharing that can be adopted locally.

Suggested steps and implementation plan

To achieve guide being active from October 1st 2022

Timeline	*Comments*
Winter 2021	***Bevan status awarded and work starting in Hywel Dda University Health Board with partners***
January 2022	***A Community of Practice established with all-Wales partnership for the project***
April 2022	***Testing of the guide in Health Boards and seeking comments on the content of the document***
June 2022	***Community of Practice agrees the version of the good practice guide to be implemented***
September 2022	***Communication of the guide to professionals and consideration of messages also to the public****
December 2022	***Refreshed Community of Practice meets again to review progress & continue discussion***
March 2023	***Community of Practice meet again to reflect on experience and how to prepare version 2***
June 2023	***Compendium of practice worth sharing collected and compiled for sharing across Wales***
September 2023	***Version 2 of the good practice guide introduced and impact measure** off 2022/23 baseline***

****Within the communication messaging, there is no-one single approach. Numerous channels may be required and there is also the opportunity of public service broadcast, such as part of 'stay well in winter'***

***** The impact assessment of the guide will be difficult as there will be many variables simultaneously in action. Using natural evidence eg service activity is recommended as a reasonable 'real time' approach***

Part 1 : Summary of the evidence

There is a large body of evidence that describes the relationships between housing and health. Summaries of this are readily available, for example Public Health Wales has worked with a several housing organisations to compile a body of evidence-based resources (1). The evidence-base is also consistent regarding the key effective interventions for health gain.

The key demographics of housing across Wales can be summarised as follows. With the population in Wales of over 3 million residents, Welsh Government data highlight there are about 1.4 million tenures (2). Of these tenures, about 70% are owner occupied, either outright or via mortgage, with the balance of 30% via the private rented sector, registered social landlords such as a Housing Association or provided by Local Authorities for some.

Additional data suggests about 1 in 4 people in Wales live in poverty and such inequality is often associated with poor health (3,4). It has been suggested that one remedial course of action to improve this would be to increase the supply of affordable social housing (3,4).

1.1 Key elements of housing that influence health

The relationships between housing and health are complex and therefore, several theoretical frameworks could be introduced to explore their relationships. This could, for example, include the social determinants of health, the 'Maslow' hierarchy of needs and the bio-psychosocial model. Each of these has validity and limitations yet a discussion of this beyond the scope of this document. For the purposes of this document, the focus will be on the evidence-base where two key elements of housing influence health. The first of these is temperature control and ventilation, which itself can have underpinning causes such as fuel poverty. The second is the physical infrastructure of the building which sometimes requires a housing adaptation, for example to reduce a risk of a fall or if a person loses some mobility.

1.2 The health risks associated with cold and damp homes

Living in a cold and damp home may have adverse effects on subjective wellbeing and mental health. There is strong evidence that cold homes, which itself may be due to many causes such as fuel poverty, is a determinant to adverse outcomes in patients with cardio-respiratory disease (5). This is particularly evident during cold weather and is a factor in excess winter deaths, where perhaps 75% of mortality is associated with cardio-respiratory disease (5).

Excess winter deaths fluctuate so it is difficult to estimate the impact of cold homes on NHS pressures. In terms of risk, however, the risk of excess winter deaths for individuals living in cold homes is about 300% compared with those living in warm homes. Children who also live in a cold home are also at increased risk of experiencing some respiratory problems (5).

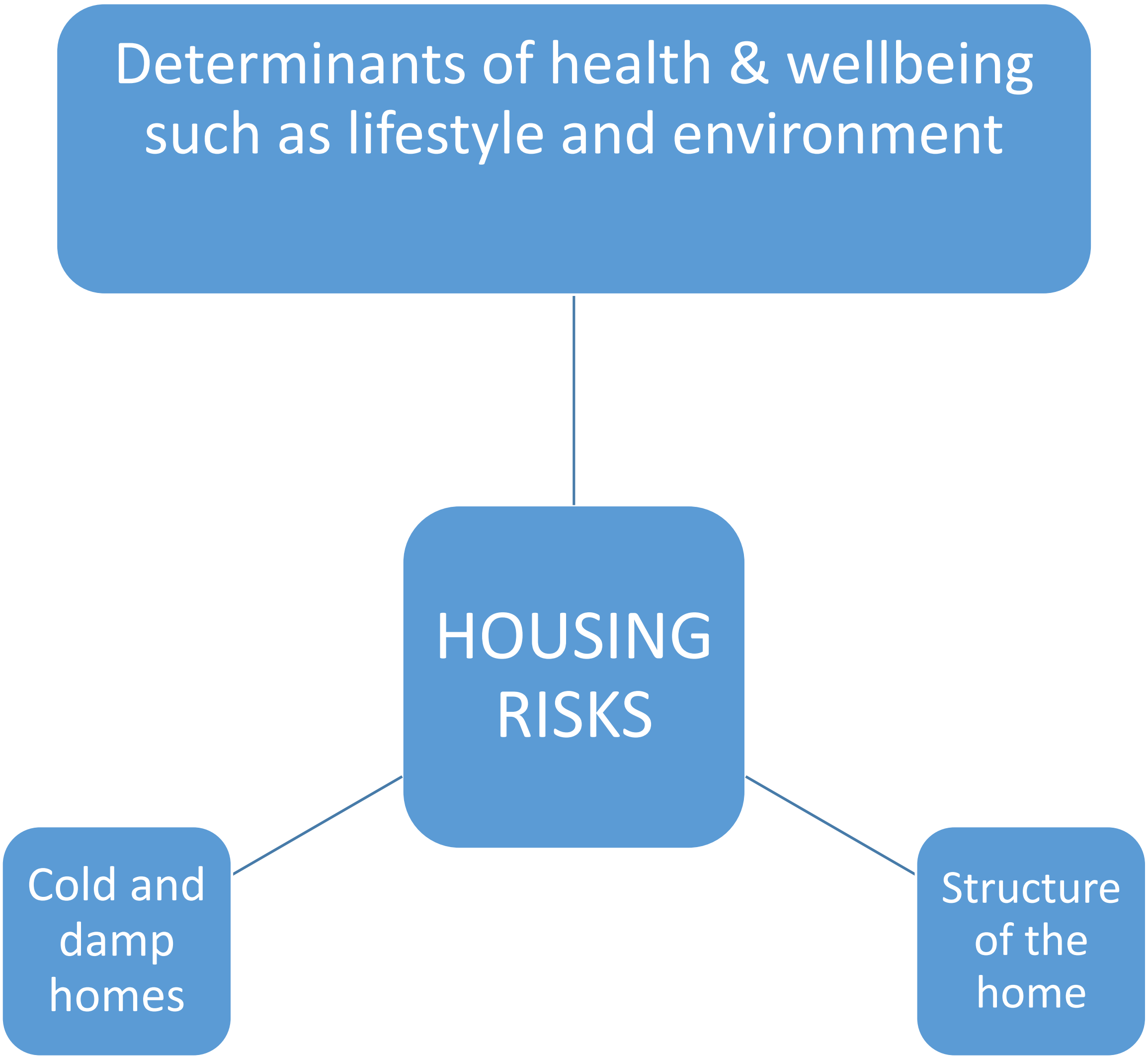
There seems to be a correlation between cold housing and risk of contracting SARS-2 COVID-19 infection (6). If the planning assumption is accepted that COVID-19 is likely to be a part of ongoing winter pressures, then the warm housing agenda has yet another key driver.

1.3 Health risks associated with the structure of the home

Some houses may present dangers in terms of their structure. For example, there may be an uneven step to enter or leave the property, which presents a risk of a fall that can lead to demand on the NHS. Or there may be a fire hazard, for example flawed electrical wiring. There are therefore opportunities to improve the structure and thus reduce associated risks.

In addition, the discharge of medically fit patients from hospital may be improved by housing adaptations. This might be particularly true in the case of patients leaving hospital with impaired mobility, such as post-stroke. Housing adaptations might include stair lifts or grab rails which could have significant benefits to patients as well as reducing NHS pressure. Estimates have suggested a financial return on investment potentially as high as 750% (7).

1.4 Figure illustrating housing and health evidence-base



PART 2 : 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 * Scoring system based on previous National Service Frameworks	**√**
1.	**Strategic Overview :** Please identify how the Health Board recognises the significant contribution that the housing sector brings e.g: 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	Score 1-10
	Comments:	
2.	**Partnerships :** Please show how the Health Board ensures that a focus on housing and health, to include both social and private sectors, is 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	Score 1-10
	Comments:	
3.	**Health and Housing Pathways** Please describe how has the Health Board has worked with partners 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, 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/	Score 1-10
	Comments:	

4.	**Excess Winter Deaths :** Please evidence how much has 'NICE Guidance and pathways on Excess Winter Deaths' been implemented. This would also have links with the Cold Weather Resilience Plan in Wales. Source : https://www.nice.org.uk/guidance/NG6 https://gov.wales/cold-weather-resilience-plan Please provide examples to highlight good practice in implementation	Score 1-10
	Comments:	
5.	**Falls Prevention :** Please confirm if the Health Board reviews and improve multi-agency falls prevention programmes ensuring there is join up between falls prevention initiatives in health, local authority and third sector settings. Please attach any relevant strategies.	Score 1-10
	Comments:	
6.	**Primary Care :** Please show if the Health Board ensures housing is a priority in GP Cluster Plans, demonstrating and including links with local housing organisations, and establishing referral pathways between primary care and the housing sector. Please provide examples from any Cluster plans where these exist as evidence.	Score 1-10
	Comments:	
7.	**Enhanced Discharge :** Please provide examples of how the Health Board works with housing organisations to find suitable solutions including working with those patients with complex health and social needs to enhance discharge from hospital at the appropriate time	Score 1-10
	Comments:	
8.	**Networking and Information :** Please show opportunities maximised for integrating housing within information portals and improving data linkage between health, care and housing. Please provide examples	Score 1-10
	Comments:	
9.	**Research and Development :** Please evidence how does the Health Board encourage evidenced based health and housing research.	Score 1-10
	Comments:	
10.	**Sharing and receiving experience :** Please evidence if you have sought external feedback on your work or offered feedback on other areas	Score 1-10
	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

PART 3 : Suggested baseline tools and calibration guides

Housing has a major role to play in the health and wellbeing of the population we serve. For example, cold homes are a contributory factor to winter pressures by increasing the risk of hospital admission related to circulatory or lung disease. A home may also be unsuitable and delay a hospital discharge, for example a patient with partial disability post-stroke may need some housing adaptations. Or possibly increase risk of hospital admissions due to falls.

There are many agencies that can help our patients in terms of housing or housing related issues. This includes safety checks, fuel poverty or benefits, warm housing and adaptations for mobility and falls prevention. The challenge is to ensure we work with and signpost to the correct partner. The purpose of this exercise is to gather soft data to help inform the next steps and develop practical solutions that can be introduced for patient benefit.

Please briefly describe your service and the area you work in with respect to housing

1. Do you work with patients that could benefit from :

1.a Direct housing support eg warm housing, adaptations Y/N
1.b. Indirect housing support eg fire safety check, benefits Y/N

2. If No, then this is still useful to know. If Yes to either questions 1a or 1b:

Please underline how frequently you work with patients requiring 1a or 1b?

Once or twice a year. Once or twice a month. Once of twice a week.

3. Please indicate the most common type of issue eg adaptation, cold house

4. Are you currently aware of services available to help? Y/N

5. If Yes, is this : Care & Repair, NEST warm homes project, AdviceLink, Other?

6. Do you currently make referrals? If yes and it is working well, could you expand overleaf?

If no, what are the barriers? Eg time constraints?

7. Any other comments?

Housing related service delivery : Self-assessment audit tool

To be completed by services areas with existing

housing related referral pathways

1. Please estimate the number of patients with housing related need

Please give a brief description of need eg falls prevention, cold home

2. Please estimate the number of referrals made to housing services

Please indicate approximate number to agencies eg Care & Repair

3. Please describe anything that has worked well or is good practice?

4. Please describe anything that has worked less well or any barriers?

5. Are there are gaps in services or unmet needs to highlight?

6. What would be helpful to you going forward eg more training?

7. Would you like to offer any other comments or thoughts?

SUGGESTED CALIBRATION GUIDE

The 1-10 scoring system is intended to be a prompt to discussion and reflection rather than an attempt to provide an objective measure of progress. Rather than attempt to offer a definitive guide on this, general points are outlined in order to provide some basic calibration and this is based on a baseline in a Health Board.

Score of 1-2 : Implies that the progress is at a very early stage, such as very preliminary discussions or intentions to enact an initiative related to housing and health. For example, if there was to be training initiative set up for NHS staff to raise awareness on housing and health, then if this was still at a concept stage then give a score of 1. As this progresses, the score might rise initially to a 2.

Score of 3-4 : Implies some action has been taken but more is to be done. For example, research on housing and health could be initially started by a desk-top review of the evidence and some initial plans*. This indicates that some progress has been made although not yet reaching the threshold to tip the score over into a higher amber level at 4. A score of four implies moving toward more action.

Score of 5-6 : Implies there is already action in practice but that there is a need for product development. For example, suppose a Health Board had information on their web-page setting out advice on housing and health, then this could benefit from further development to fully reach the public to achieve any impact eg communication. If this was boosted by social media, then perhaps score 6.

Score of 7-8 : Implies that this is ripe to progress into a higher score in the green zone. For example, suppose a Health Board was establishing a signposting link from their smoking cessation service to the NEST scheme, then this could be further developed by having more targeted and active referrals from the former to the latter and also vice-versa. Moving to 8 implies real momentum of work.

Score of 9-10 : Implies that this is highly advanced and represents an area of good practice. For example, suppose a Health Board was actively working with a range of different organisations by seeking out experience on housing and health from across Wales as well as sharing their own experience. This would merit a high score such as one of 9. The score of 10 implies nothing further can be done.

* Please see Appendix 2 for an example of a ‘desk-top’ analysis of fuel poverty

ILLUSTRATION OF THE OUTPUT FROM A SELF-ASSESSMENT

The following extract is based on some very initial baseline work in Hywel Dda University Health Board. The key caveat is that there will inevitably be some margin of tolerance to the score and primarily, the key point to the exercise is only to stimulate consideration as to how bridges can be built between housing and health. The scoring will be subjective to some degree although there is no pretence this is an objective or scientifically validated tool. It simply offers a framework with an intuitive output of scores 1 to 10 for each area of work and an overall composite score of 100 overall, which naturally converts into a % value.

<u>IT IS RECOGNISED THAT HEALTH BOARDS MAY INITIALLY NOT WISH TO SHARE THEIR SELF-ASSESSMENTS AND INSTEAD FOCUS ON BOOSTING AREAS OF WORK. THAT IS UNDERSTANDABLE ALTHOUGH IT IS EMPHASISED THAT THE COMMUNITY OF PRACTICE MODEL IS ONE ONLY OF IMPROVING SERVICE AND FURTHERMORE, THE GOOD PRACTICE GUIDE HAS NO LEGAL REQUIREMENTS.</u>

Based on some very initial baselining in Hywel Dda University Health Board, the overall composite assessment is amber. This based upon some standards being red, some amber and currently only one green. The one score that currently merits a green and requires maintaining the two process stage is standard 10 and this is important in order to further build bridges between housing and health.

The other high score is on standard 8, which is an evolving collaboration between the smoking cessation service and the NEST project. This was established on the basis that patients who smoke at are increased risk of cardio-respiratory illness and therefore more susceptible to the impact of a cold home in terms of exacerbation of underlying disease and the sequalae, which can include hospital admission during the winter and a higher of mortality during the same interval. This is a high amber score of 7 and what tips it into green is being well embedded, routine delivery and are generating clear evidence of impact to add value. Plus there could also be a reverse referral pathway from NEST to smoking cessation.

Several of the standards were scored red. That does not represent a criticism to what is happening in practice but more the unfulfilled potential and urgent nature of the task. So with winter pressure, the forthcoming fuel crises requires urgent action and could be a major focus for the work to be prioritised in the area.

ILLUSTRATIVE EXAMPLE OF STAGES OF PROJECT DEVELOPMENT

Smoking is a causative factor in lung disease, carcinoma of many different organs and vascular disease that can predispose to heart attack and stroke, both ischemic and haemorrhagic. For simplicity of illustration, the term cardiorespiratory disease will be used to cover the main impacts of smoking on health. Smoking cessation services are therefore an important part of the NHS.

The evidence-base around winter pressures shows an increased risk of hospital admission and mortality during cold weather in patients with cardiorespiratory disease. The physiological effects of being cold can produce pressure on lung and circulatory function so an underlying illness can be exacerbated. The implications for this in respect of living in a cold home are therefore obvious for patients.

In Hywel Dda University Health Board, an innovation has been introduced via a collaboration between the smoking cessation service and the NEST project. This is part of the Bevan exemplar and the following table shows the evolution of the project in terms of stages and by extrapolation, what the next steps could be. The suggested scoring against each of these stages is also provided for consideration.

Stage	Comment	Score
1	Initial concept considered of collaboration between NEST and smoking cessation. Preliminary and non-committal discussions	1
2	Several Teams calls between NEST and smoking cessation to discuss the ‘art of the possible’ and agree some next step action	3
3	NEST information sent to smoking cessation and agreement for this to be included in the pack sent out to the service users	5
4	This is now being enacted and data being collected regarding the numbers of NEST leaflets sent and service uptake levels	7
5	As a future aspiration, a two-way referral system between the services and evidence of impact using readily available data	9

See Appendix 3 for further illustration of the stages of project development

References : Please see overleaf so summary digests of key documents

1. *Public Health Wales : Improving health & wellbeing together.*https://gov.wales/sites/default/files/publications/2020-02/housing-info-group-seminar-30-january-2020-improving-health-and-well-being-together.pdf (last accessed 9.11.21)

2. *Dwelling stock estimates by Local Authority and tenure.* https://statswales.gov.wales/Catalogue/Housing/Dwelling-Stock-Estimates/DwellingStockEstimates-By-LocalAuthority-Tenure (last accessed 9.11.21).

3. *Poverty in Wales. What does the latest data say?* Bevan Foundation. https://www.bevanfoundation.org/commentary/poverty-in-wales-what-does-the-latest-data-say/ (last accessed 9.11.21)

4. *Poverty in Wales.* Joseph Rowntree Foundation. https://www.jrf.org.uk/report/poverty-wales-2020 (last accessed 9.11.21)

5. *Marmot review team. The health impacts of cold homes and fuel poverty.* http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty (last accessed 9.11.21)

6. *Centre for Ageing Better & Kings Fund. Homes, health and COVID-19.* https://www.ageing-better.org.uk/publications/homes-health-and-covid-19?dm_i=21A8,71LED,QZXL6D,SGEMR,1 (last accessed 9.11.21)

7. *Care and repair Cymru Rapid Response Adaptation Programme.* https://www.kingsfund.org.uk/sites/default/files/media/Care%20&%20Repair%20Cymru,%20RRAP%20(2).pdf (last accessed 9.11.21)

Acknowledgements

The work on this document was led by Dr Gareth Morgan from Hywel Dda University Health Board. The development of this document has been greatly influenced by a large number of colleagues that are too extensive to mention individually. The organisations involved include Bevan Commission & Exemplars, Cardiff University, Care & Repair, Citizen's Advice, Hywel Dda University Health Board and many NHS colleagues across Wales, Macmillan Cancer Care, Local Authorities (Carmarthenshire, Ceredigion and Pembrokeshire), Mid & West Wales Fire & Rescue Service, NEST/NYTH, Public Health Wales, Swansea University, Welsh Government.

1. Welsh housing quality standard – Last updated 12/1/2022

This is important for housing associations and local authorities with council houses. Meeting the standard includes that houses must be in a state of good repair, safe and secure, adequately heated and where possible suitable for residents, such as those with disability

2. Renting Homes (Amendment) (Wales) Act 2021

Brings forward a simpler system, with two types of contract. Secure for the social rented sector and standard for the private rented sector. It ensures homes are fit for human habitation including electrical safety and working smoke alarms and for carbon monoxide.

3. Housing Act 2004 : Part 1 – Housing, health and safety rating system

This guidance is given to Local Authorities in Wales. This has links to the Welsh Health Quality Standard and of relevance to the NHS is the statement that '*significant hazards should not be ignored and occupiers should not be left for long-periods in unhealthy or unsafe housing'*

4. Health and Social Care Regional Integration Fund – guidance 2022-7

This sets out a work-stream on accommodation. This is highly solution focussed and requires links across a broad range of partners. The good practice guide could be one of the tools that could be deployed to help with the implementation of this particular regional workstream.

5. Winter preparedness documents

A number of organisations, such as Care & Repair, produce materials to help people prepare for the winter. This includes very practical solutions to keep warm, which for some is a major risk factor for disease exacerbation if they live in a cold home. Useful resources to be used.

6. Cost of poor housing in Wales. Davidson M et al.

This report highlights the link between the public health agenda and social policy. In the report, there is a call for a cross-cutting approach to improve the housing stock in Wales. The NHS could be part of this solution by building bridges between health and housing partners.

7. SAIL databank research project, 2009-17 analysis

Conducted with Care & Repair, this independent evaluation by Swansea University noted that housing adaptations lead to a 13% reduction in falls. For frailty patients, there was a reduced risk also that they would need admission to a care home so independence prolonged.

8. Fuel poverty data linkage : NEST scheme 2017 (Social Research 2017/17)

Demonstrated a significant positive effect, with NEST intervention reducing respiratory GP events by 3.9% whilst in the control group, there was an increase by 9.8%. Clearly a highly relevant issue eg for asthma and underlines the key relationship between housing and health.

9. Managing Better – Three years impact report

In this report, the impact on helping people with sensory loss – a partnership between Welsh Government, Care & Repair Cymru, RNIB Cymru and Action on Hearing Loss – is presented. Very impactful project with over 4,000 individuals with sensory loss helping across Wales.

10. Care & Repair – hospital to a healthier home

Provides the evaluation of the winter pressures service from 2019. Demonstration of a return on investment and making a recommendation for the service to be funded going forward. Potential to have even stronger ties between the NHS planning and this service.

11. Public Health Wales : Improving winter health*

Provides a comprehensive commentary on the topic including some of the epidemiological considerations and also takes a broader view of wellbeing, for example isolation and loneliness. Data from 2017/18 although many of the key themes still relevant and current

12. Chartered Institute of Housing – Good health brought home

This sets out 6 ingredients for successful collaboration between housing, health and social care. These are i) Shared analysis of issues and solutions ii) Person-centred iii) Leadership iv) Joint budgets v) Shared interpretation of legislation vi) Recognition of power imbalance

13. Kings Fund Centre for Better Ageing – Homes, health and COVID-19

Although the focus of this report is the pandemic, the focus on homes is best illustrated by their statement : *The health of our population is indelibly linked to the health of our home. We must act now.* This statement is consistent with the need for the good practice guide.

14. Ageing Well in Wales / Public Health Wales – SAFE on a post-card

This resource confirms that falls is not an inevitable part of ageing and practical steps. SAFE is an acronym based on : Strength And balance. Falls history Environment. Invites readers to pass on the key messages to others who might be at risk of experiencing a fall in future.

15. APPG on Housing and CFOP – Housing for People with dementia : Are ready?

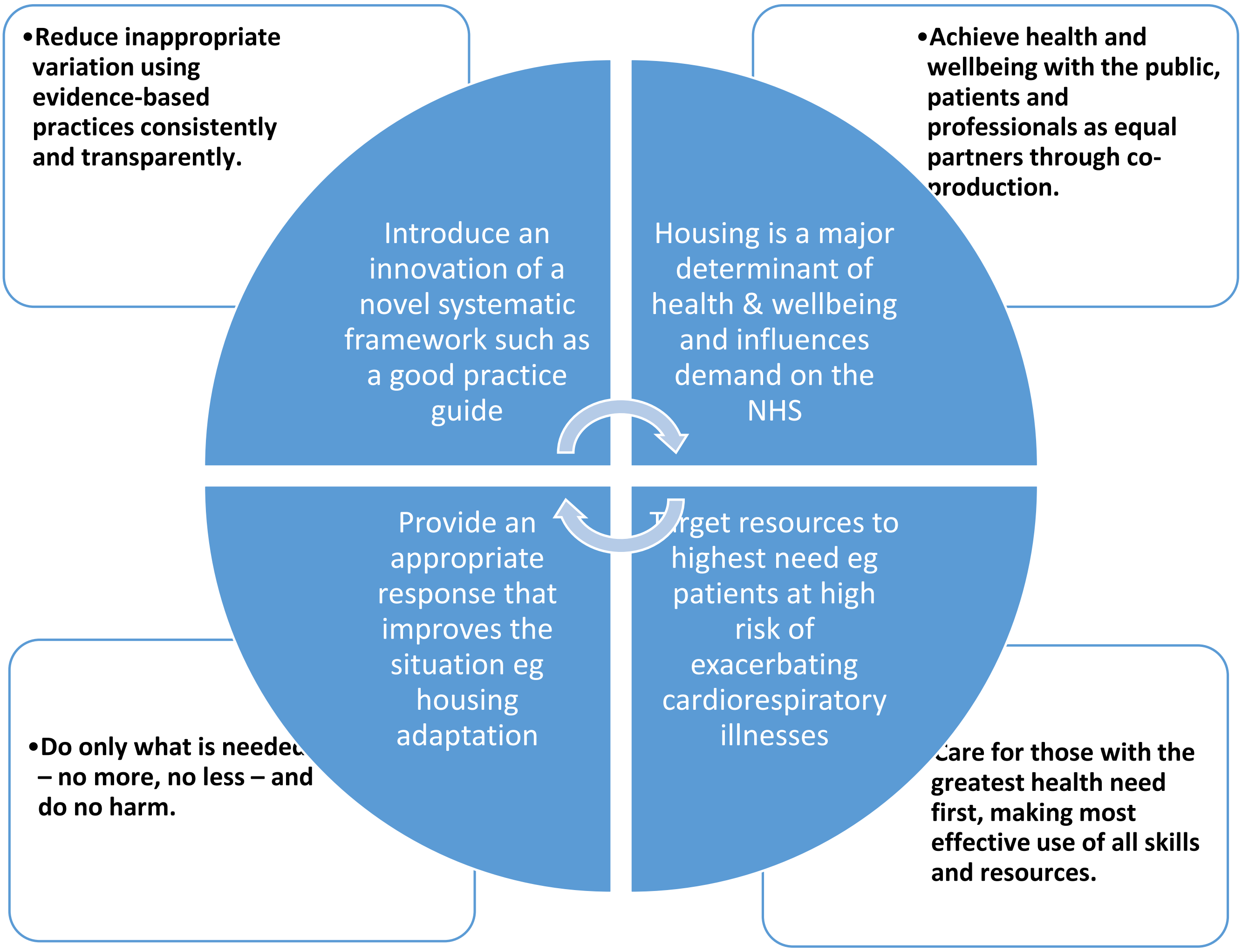
This 2021 report from the All Party Parliamentary Group and Care For Older People offers key messages, one of which is that dementia care pathways usually do not link care and housing together. More information also needs to be given regarding housing and dementia.

*Full citation : Azam S, Jones T, Wood S, Bebbington E, Woodfine L and Bellis MA (2019). Improving winter health and well-being and reducing winter pressures. A preventative approach. Public Health Wales, Cardiff.

Further citation from Public Health Wales of relevance can be found at : Watson I, MacKenzie F, Woodfine L and Azam S. (2019). Making a Difference. Housing and Health: A Case for Investment. Cardiff, Public Health Wales.

SUPPLEMENTARY DOCUMENT

BEVAN PRINCIPLES OF PRUDENT HEALTHCARE



APPENDIX 1

HOUSING AND HEALTH

Expressions of interest invited to join an All-Wales Community of practice

Despite a compelling evidence-base that housing is an important determinant of health outcomes, implementation is variable. Housing influences admissions to hospital, for example a cold home is a major factor in 'winter pressures' from patients with cardio-respiratory illness. A housing adaptation may also help to improve hospital discharges, for example if a patient has some limited mobility.

Hywel Dda University Health Board has now been successful in being awarded a Bevan Exemplar status to build bridges between housing and health. The project lead, Dr Gareth Morgan, invites expressions of interest from colleagues working in Health Boards across Wales to join a community of practice. The first product planned will be a good practice guide for all the Health Boards in Wales.

Meetings will start from January 2022 and within 6 months, the intention is to have a draft good practice guide that we can then take views on from wider stakeholders. The good practice guide will also contain a self-assessment tool allowing Health Boards to grade progress and determine any priority areas for action. The anticipated publication of this guide will be during October 2022.

The group will seek input from a range of sectors and one or two representatives from each Health Board are required. The group will meet virtually and if there is agreement, Chaired by Dr Morgan. The group will be supportive, sharing evidence and experience from across Wales. Please seek permission from your line manager to be involved before expressing an interest to be part of this.

To express an interest or to discuss the topic further, please contact:

Gareth.Morgan5@wales.nhs.uk Telephone: 01554 756567 ext 3456

APPENDIX 2 Health impact assessment of cold homes in Wales : A forecast for 2022

Introduction : Cold homes are a major determinant of illness, not least as it can exacerbate cardiorespiratory disease. Excess winter deaths in England and Wales approach 30,000 per annum and more than 25% of these can be attributed to cold homes(1). It has been estimated that fuel poverty will rise by 50% during 2022 with inevitable impacts on health and upon hospital admission which will introduce additional pressures upon the NHS.

Methods : For ease of calculation, the population of Wales will be approximated as 5% of the United Kingdom. It is assumed that 50% rise in fuel poverty (2) will impact both on deaths and hospital admissions. A ratio was also taken of hospital bed capacity to death in the population from England, with figures of 100,000 (3) and 600,000 respectively (4). For each death, the bed day occupancy is therefore 100,000 multiplied by 365 / 600,000 = 60 days. This is consistent with a 6 day average length of stay in hospital (5) with 10% mortality rate of the patients. This 10% figure is higher than the overall annual ratio (6) as it is in the winter.

Results: Current data suggests that there are about 1,500 excess winter deaths in Wales with 400 due to cold homes. With a rise of 50%, then 200 more people may die due to a cold home in 2022 with 12,000 more bed days needed due to the hospital admissions. This is approximately 2,000 more patients hospitalised for a 6 day average length of stay. If a base rate of £200 (7) is applied to a bed day, this will in excess of £2 million of excess winter hospital pressures due to cold homes. On top of other winter pressures, this could be a significant additional factor and perhaps more importantly, mitigating this is also possible.

Conclusions: Fuel poverty inevitably impacts on the poorest members of the community. With uncertainties over energy security and rising prices, focus is needed to address this. Preparation for this needs to start during the spring and summer of 2022 in readiness for the colder weather usually associated with October onwards leading to the winter pressures.

1. National Energy Action. https://www.nea.org.uk/news/271120-01/

2. commonslibrary.parliament.uk/research-briefings/cbp8730/#:~:text=The%20charity%20National%20Energy%20Action,the%20drivers%20of%20fuel%20poverty

3. https://www.bma.org.uk/advice-and-support/nhs-delivery-andworkforce/pressures/nhs-hospital-beds-data-analysis

4.https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2020

5.https://www.statista.com/statistics/881260/average-length-of-hospital-stay-inuk/#:~:text=In%20the%20period%20from%202010,six%20days%20in%20intervening %20years.

6. https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2022-02

7. https://hgs.uhb.nhs.uk/foi-0778-tariff-cost-of-bed/

Commentary on the assumptions and results

As with all prospective health impact assessments, there are two considerations. The first is the degree of confidence in the assumptions and the second in the degree of confidence in the results. Each of these will be considered separately under the subheadings offered below although the impact needs to be considered with respect to a diverse range of services. This includes all the 'entry points' to the NHS, including GP's, ambulance and A&E services.

PLANNING ASSUMPTIONS : With a strong degree of certainty, NHS Wales should plan for an increase in pressure due to fuel poverty and cold homes. The most obvious presentation will be in the form of hospital admissions during cold weather, especially in patients with vascular and respiratory illnesses. The underpinning assumptions are robust, namely there is a compelling evidence-base that cold homes leads to more hospital admissions. Rising energy prices and energy security will also be a consideration and there is a strong degree of certainty that there will be more fuel poverty as we move again into the colder weather.

STRENGTH OF THE RESULTS : The model builds from what is known in respect of scale of magnitude. The estimates of 25% of deaths in the winter being due to cold homes has a robust evidence-base in patients with underlying health conditions. In Wales, the estimate of 400 winter deaths being due to cold homes is realistic as is the rise in fuel poverty of 50% leading to an additional 200 deaths. Less certain is the impact on hospital pressures albeit it is a strong assumption that this will rise. The extra pressure created by fuel poverty will be most acute in hospital admissions. Converting this into bed days and costs seems reasonable.

NEXT STEPS : This health impact assessment offers a robust description of an anticipated pressure on the NHS during the winter of 2022 with an illustration of the potential scale of magnitude. It would seem reasonable for this report, with a clear caveat that all prospective health impact assessments are only illustrative, to be considered by colleagues within NHS Wales and partner organisations including public and third sector. The focus really needs to be on practical steps to mitigate the almost inevitable rise in fuel poverty that will impact negatively on the poorest members of the community via locally sensitive action plans. As one tool to assist with this, a good practice guide has been developed as part of the Bevan Commission Exemplar project and this could be given consideration across NHS Wales.

SUPPLEMENTARY NOTE : Research findings from the UK suggest that fuel poverty has far reaching impacts on the wellbeing and physiological responses of people. The former is perhaps unsurprising and itself may manifest in service demands, NHS mental health services and partners, such as MIND. The latter was measured by inflammatory markers which indicate stress and may increase chronic disease risk. This finding is consistent with the very serious impact that the forthcoming fuel crises will bring to the NHS and partner agencies.

Davillas *et al.* Getting warmer : Fuel poverty, objective and subjective health & wellbeing. Energy & Economics 2022;106:DOI 105794

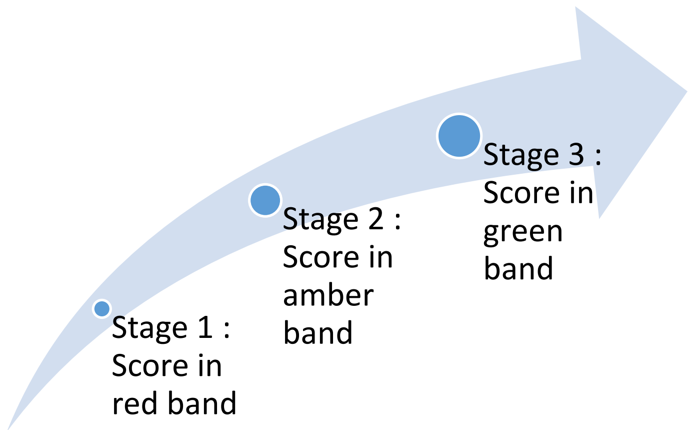
APPENDIX 3 : FURTHER ILLUSTRATION OF THE STAGES OF PROJECT DEVELOPMENT

Project development in housing and health may go through different stages and with respect to the self-assessment tool, each stage may reflect red, amber and green. Consider a project where there are three stages, namely to introduce a training package via e-learning to boost knowledge of NHS staff on the importance of housing to health and where to refer patients.

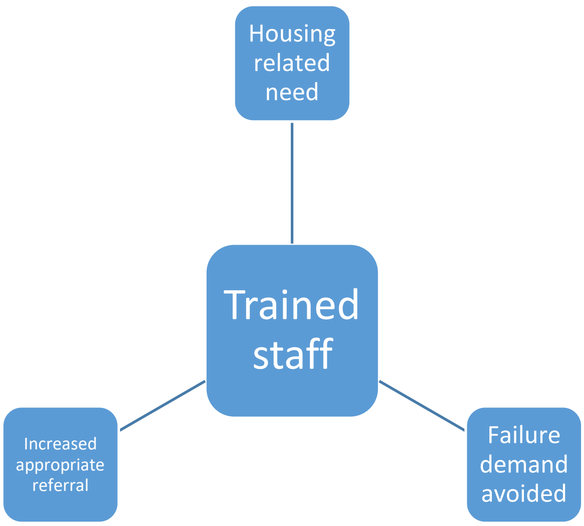
Stage 1 = Plan the training package and ensure the package is in place

Stage 2 = Introduce the package and roll it out for staff to undertake it

Stage 3 = Gather data to performance measure the impact of package



As for performance measurement, this could draw upon 'natural evidence' such as the number of staff who completed the training, the number of referrals to other agencies and the level of failure demand. For example, with forthcoming anticipations on fuel poverty, there might be circumstances where individuals living in areas of high socio-economic inequality, as illustrated by the Welsh Multiple Index of Deprivation, need to choose between 'heat or eat'. This might mean more presentations to non-housing services such as food banks or even admission to hospital. Being able to sign-post patients to the appropriate service might therefore offer considerable 'return on investment' on any training package.



APPENDIX 4 : Proof of concept

Housing and Health Collaboration Checklist : Proof of concept HDUHB

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

Self-assessment scoring system to be completed every 6 months*

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 * Scoring system based on previous National Service Frameworks	**√**
1.	**Strategic Overview :** Please identify how the Health Board recognises the significant contribution that the housing sector brings e.g: 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	Score 1-10 5.
	Comments: Across the health board footprint, there is engagement with housing partners on these topics. This has been graded as a 5, meaning that some progress has been made but variation exists. Next steps need to be to ensure that this is more consistent across areas.	
2.	**Partnerships :** Please show how the Health Board ensures that a focus on housing and health, to include both social and private sectors, is 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	Score 1-10 5.
	Comments: Partnerships locally include with Local Authorities and non-public sector agencies such as Care & Repair, NEST. While these have strengths, there are opportunities to widen the range of partners and ensure a more robust link into the local plans across the region	
3.	**Health and Housing Pathways** Please describe how has the Health Board has worked with partners to implement and improve referral pathways between Health and Housing Professionals, using local partnerships with services.	Score 1-10 5

	There might be a focus upon how these supports the most vulnerable e.g Cancer patients, 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: Hywel Dda has developed an innovative product that has information on housing partners on the website. This is a good start although the challenge now is product development by ensuring the public access this resource and make use of the initiatives available.	
4.	**Excess Winter Deaths :** Please evidence how much has 'NICE Guidance and pathways on Excess Winter Deaths' been implemented: Source : https://www.nice.org.uk/guidance/NG6 Please provide examples to highlight good practice in implementation	Score 1-10 3
	Comments: Understandably, the last few winters have been focussed on dealing with COVID-19 and other seasonal challenges such as influenza. Anticipations of fuel poverty mean that it is important to have in place plans to address exacerbation of illness from cold homes	
5.	**Falls Prevention :** Please confirm if the Health Board reviews and improve multi-agency falls prevention programmes ensuring there is join up between falls prevention initiatives in health, local authority and third sector settings. Please attach any relevant strategies.	Score 1-10 5
	Comments: Discussions with physiotherapists, occupational health staff and partners suggests that a lot is being done in practice although the impact of this needs to be clarified. Evidence of variation across the Health Board and next steps to ensure a great consistency of work	
6.	**Primary Care :** Please show if the Health Board ensures housing is a priority in GP Cluster Plans, demonstrating and including links with local housing organisations, and establishing referral pathways between primary care and the housing sector. Please provide examples from any Cluster plans where these exist as evidence.	Score 1-10 3
	Comments: Scored low purely to reflect the opportunity to boost this. For example, referrals from primary care to housing organisations could be advanced via novel interventions, such as social prescribing. Real opportunity to make a positive impact on patient outcomes.	
7.	**Enhanced Discharge :** Please provide examples of how the Health Board works with housing organisations to find suitable solutions including working with those patients with complex health and social needs to enhance discharge from hospital at the appropriate time	Score 1-10 5

	Comments: Known to be working in some parts of the Health Board but variation exists. For example, in Withybush General Hospital Care & Repair part of discharge discussions although provision in Ceredigion is yet to be fully adopted. Therefore intra-area variation existing.	
8.	**Networking and Information :** Please show opportunities maximised for integrating housing within information portals and improving data linkage between health, care and housing. Please provide examples	Score 1-10 7
	Comments: Very good example is the signposting link between the NEST project and the smoking cessation service. This is linking a service where many patients will have cardiorespiratory illness with one that can improve housing in respect of improving the warmth.	
9.	**Research and Development :** Please evidence how does the Health Board encourage evidenced based health and housing research.	Score 1-10 3
	Comments: Further original research is needed although some of this might come from natural evidence using readily collected data. To date, research has been drawn from literature reviews and collecting a bibliography of key references, so this is 'desk top' at present.	
10.	**Sharing and receiving experience :** Please evidence if you have sought external feedback on your work or offered feedback on other areas	Score 1-10 9
	Comments: The Health Board have led a Bevan Exemplar project trying to learn – and share learning – with other parts of Wales. The adoption of an all-Wales guide will be helpful to further strengthening links with other parts of Wales and ensuring a systematic approach to the topic.	

Score = 50/100. Amber assessment overall.

Summary : In Hywel Dda, there is only one area that currently merits a green and maintaining the two process of standard 9 is important in order to further build bridges between housing and health. The other high score is on standard 8 and 10 and what tips it into green is being well embedded, routine delivery and are generating clear evidence of impact to add value.

Two of the standards, 4 and 6 are scored red. That does not represent a criticism to what is happening in practice but more the unfulfilled potential and urgent nature of the task. So with winter pressure, the forthcoming fuel crises requires urgent action and in primary care, the potential for work via the social prescribers could be taken forward. As an initial action plan therefore, it is suggested to progress the one 7 score to a green and the two reds to amber. This takes account of 'real time / real world' pressures likely to face the Health Board.