

Agenda Item No: 6
Report To: Ashford Health & Wellbeing Board
Date: 17th January 2018
Report Title: Housing and Health
Report Author: Sharon Williams
Organisation: Ashford Borough Council, Housing



Summary: This report is intended to provide an overview of the progress in progressing the relatively new priority of Housing and Health.

Recommendations: **The Board be asked to note the contents of the report and provide feedback.**

Purpose of the report

1. The Ashford Health and Wellbeing Board, at its last meeting in July 2017, identified Housing as a priority area. This report provides an overview of progress made since that meeting and expected outcomes.

Background

2. At the last meeting, the Board was advised of the council's aspiration to develop a Health and Housing Strategy to sit under its wider Housing Framework. This aspiration acknowledges the huge potential that housing has to play, not only in supporting the provision of safe and healthy homes, but also as a setting for the delivery of the preventative health agenda. Central to the strategy will be the aspiration to support local care as developing through the health transformation agenda.
3. For this piece of work to be meaningful, and to develop some realistic and achievable actions, it was agreed that input and active participation would be required from colleagues in both health and social care.
4. It was suggested that a workshop would be a useful starting point to discuss what the main issues are and where housing, health and social care can come together for the benefit of the resident(s).

Progress to date

5. Sadly it proved difficult to arrange a workshop by the end of 2017 and therefore this action has slipped. However there is now some progress in moving forward with setting a date hopefully within the next three months.
6. However in the meantime officers in Housing have been trying to pull together some useful data to help inform the development of a Health and Housing Strategy. A summary of key data identified so far is shown at Appendix 1 for the Ashford population below 65 and Appendix 2 for the key statistics for people over 65 years of age.
7. Some internal staff consultation has commenced and we have begun to formulate a selection of areas in which it is suggested housing has a part to play in the health agenda, which is shown at Appendix 3.
8. It is suggested that this key data and the topics identified at Appendix 3 form the basis of the planned workshop with health colleagues in order to develop these identified areas of work further or add to them with topics not yet identified.
9. It is suggested that the areas of work identified should also be prioritised to ensure we focus on the highest impact areas of work first.

Conclusion

10. Whilst the workshop has not yet taken place, housing have made a start on identifying areas where they feel they could make a difference and further develop partnership working with health colleagues. The data identified and the suggested areas of work will form the basis for the workshop which we hope to hold within the next three months.

Contacts: Email: sharon.williams@ashford.gov.uk
Tel: 01233 330803

Health and Housing data – 18 - 64 yearsPopulation estimates - Ashford

Message: slowly decreasing younger population as percentage of the overall population

	2017	2020	2025	2030
Total population aged 18-64	73,700	75,500	77,700	78,900
As percentage of total population	57.58	57.20	55.90	54.41

18-64 population – learning disability – Ashford

Message: approximately 2.5% of the 18 – 64 year old population will have a learning disability. Accommodation to assist people with learning disabilities who wish to live independently will need to keep pace with population growth. People with a learning disability living with a parent will need support and suitable accommodation options should their parent no longer be able to care for them.

	2017	2020	2025	2030
Total population aged 18-64 predicted to have a learning disability	1,789	1,833	1,887	1,921
Total population aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent	147	148	152	157

Source: <http://www.pansi.org.uk/>

18-64 population – physical disability – Ashford

Message: Approximately 11% of the 18-64 year old population will have a moderate or serious disability. Nearly half of these will find personal care difficult or require assistance. This includes: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

	2017	2020	2025	2030
Total population aged 18-64 predicted to have a moderate physical disability	5,956	6,174	6,455	6,484
Total population aged 18-64 predicted to have a serious physical disability	1,780	1,863	1,983	1,987
Total moderate and serious physical disability	7,954	8,318	8,467	8,471
<i>As percentage of 18-64 population</i>	<i>11</i>	<i>11</i>	<i>11</i>	<i>11</i>
Moderate personal care disability	2,966	3,095	3,268	3,270
Serious personal care disability	654	679	709	713
Total population aged 18-64 predicted to have a moderate or serious personal care disability	3,620	3,774	3,977	3,983

Source: <http://www.pansi.org.uk/>

18 – 64 population – Mental Health - Ashford

Message: Poor and/or unsuitable housing can contribute to and exacerbate mental health conditions. Approximately 16% of the 18-64 year old population will suffer from a common mental health illness. Common mental disorders (CMDs) are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder.

Drug and alcohol dependency can be a contributory factor to homelessness

	2017	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	11,875	12,190	12,537	12,703
<i>As percentage of 18-64 population</i>	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>
Total population aged 18-64 predicted to have alcohol dependence	4,361	4,486	4,624	4,698
Total population aged 18-64 predicted to be dependent on drugs	2,478	2,548	2,625	2,666

Source: <http://www.pansi.org.uk/>

Homelessness

The rate of hospital admissions and A&E visits for the homeless is four times higher than for the general public and the overall costs of health services up to eight times higher (Department for Communities and Local Government 2012).

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Economics_housing_and_health_Kings_Fund_Sep_2016.pdf

Health and Housing data – 65 years and over

Population estimates – Ashford

Message: growing population with increasing proportion of older people

	2017	2020	2030
Total population	128,000	132,000	145,000
65 and over	24,000	26,000	33,000
65 and over % of total population	19%	20%	23%
75 and over	10,000	12,000	17,000
75 and over % of total population	8%	9%	12%

Source:

<https://discovery.onsdigital.co.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

Older population - predicted to live alone – Ashford

Message: over a third of 65 and over population and over half of 75 and over population are predicted to live alone. This could result in older people being isolated, potentially living in properties larger than their needs, leading to fuel poverty and cold homes and associated health problems. Social housing tenants under occupying.

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to:

- Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)
- Undergo early entry into residential or nursing care (Russell et al, 1997)
- Use accident and emergency services independent of chronic illness. (Geller, Janson, McGovern and Valdin, 1999)

Source: <https://www.campaigntoendloneliness.org/threat-to-health>

Tackling loneliness contributes to achieving 3 of the NHS outcomes:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

	2017	2020	2030
Total population aged 65-74 predicted to live alone	3,580	3,600	4,190
Total population aged 75 and over predicted to live alone	5,346	6,106	8,698
total 65 and over predicted to live alone	8,926	9,706	12,888
percentage of total 65 and over population predicted to live alone	37%	37%	39%
percentage of total 75 and over population predicted to live alone	53%	51%	51%

Data Source: <http://www.poppi.org.uk/>

Older population - unable to manage at least one domestic task on their own – Ashford

Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities

Message: older people struggling to manage at home, increasing reliance on partners, family, friends or carers. Potential to have accidents trying to complete tasks

	2017	2020	2025	2030
Total population aged 65 and over unable to manage at least one domestic task on their own	9,986	10,891	12,643	14,692
percentage of 65 and over population unable to manage at least one domestic task on their own	42%	42%	40%	45%

Source: <http://www.poppi.org.uk/>

Older population - unable to manage at least one self-care activity on their own

Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines

Message: increasing numbers of older people unable to manage self care activities, increased reliance on carers.

	2017	2020	2025	2030
Total population aged 65 and over unable to manage at least one self-care activity on their own	8,193	8,900	10,311	12,034
percentage of 65 and over population unable to manage at least one self-care activity on their own	34%	34%	32%	36%

Source: <http://www.poppi.org.uk/>

Older population – health

Message: Health problems, including mental health, can have a negative impact on a person's ability to retain their independence and maintain a good quality of life. Measures to prevent poor health, accidents and isolation will reduce pressures on health and social care services.

	2017	2020	2025	2030
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	6,049	6,553	7,605	8,715
<i>As percentage of 65 and over population</i>	<i>25</i>	<i>25</i>	<i>24</i>	<i>26</i>
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	4,925	5,383	6,385	7,433

<i>As percentage of 65 and over population</i>	21	21	20	23
Total population aged 65 and over predicted to have depression	2,146	2,287	2,573	2,956
<i>As percentage of 65 and over population</i>	9	9	8	9
Total population aged 65 and over predicted to have dementia	1,669	1,876	2,265	2,734
<i>As percentage of 65 and over population</i>	7	7	7	8
Total population aged 65 and over predicted to have a fall	6,600	7,106	8,090	9,480
<i>As percentage of 65 and over population</i>	28	27	25	29
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	494	556	682	775
<i>As percentage of 65 and over population</i>	2	2	2	2
Total population aged 65 and over unable to manage at least one activity on their own	4,493	4,895	5,687	6,712
<i>As percentage of 65 and over population</i>	19	19	18	20
Total population aged 65 and over with a BMI of 30 or more	6,554	6,916	7,640	8,698
<i>As percentage of 65 and over population</i>	27	27	24	26
Total population aged 65 and over predicted to have diabetes	3,105	3,324	3,720	4,290
<i>As percentage of 65 and over population</i>	13	13	12	13
Total population aged 65 and over predicted to have a learning disability	518	555	624	720
<i>As percentage of 65 and over population</i>	2	2	2	2

Source: <http://www.poppi.org.uk/>

Benefits of extra care housing

Extra care housing residents' unplanned hospital admissions reduce from 8-14 days to 1-2 days, compared to the community. Additionally, over a 12 month period, total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year.

Health Professionals Publication – Summary information

How Housing can play its part in the sustainability and transformation partnership.

Delivering local care:

Housing can contribute to the multi disciplinary team to offer joined up care in people's homes and communities. Helping to maintain independent living, preventing accidents and ill health and promoting good mental health:

- Disabled adaptations
- Warm, secure homes
- Moving to more suitable accommodation
- Utilising shared spaces (sheltered/extra care scheme facilities) to deliver community health i.e. exercise classes, public health initiatives -
- Hubs to deliver community services

Falls:

Major falls that result in a hospital admission cost an average of £5000 each time. In 2020 it is predicted that 556 Ashford residents aged 65 years or older will be admitted to hospital due to a fall, resulting in an overall cost of £2,780,000

Works to tenants homes in 2016/17 to improve access through level thresholds, ramps etc. cost on average £3840

The cost of treating sprains, strains and minor wounds is estimated at £621. In 2016/17 installing grab and bannister rails in tenants homes (81 jobs) cost on average £140 per home.

Loneliness:

For older people alleviating loneliness is vital to enabling independent living. Lonely individuals are more likely to visit their GP, have higher use of medication, more likely to fall and increased risk of long term care.

Over half of the 75 years and over population are predicted to live alone.

Housing staff and health staff can work closely to identify lonely residents and signpost them to community activities.

Feeling lonely can have a negative impact on mental health. By 2020 it is predicted that over 14,000 residents (18 years +) will have a common mental disorder.

For a decade of an older person's life, the extra economic cost of loneliness is calculated as £6,000. For every £1 spent on preventing loneliness, there's the potential to save £3.

Reducing pressures on health staff:

On average a member of the public sees their GP 6 times a year. This increases in the older population. Average yearly costs of GP per person aged 80+ is £5000 to £6000. Living in extra care has been shown to reduce GP visits by 46%.

Based on 6 visits per year if 10% of the over 80 year population lived in extra care this would make a potential saving on GP visits of £1,909,690 compared to an equivalent number of 80+ residents.

Hospital Care:

Housing can assist with timely discharge from hospital.

- Homebridge recuperative care
- Early assessment of adaptations at point of admission could ensure works are carried out at earliest opportunity to enable safe return home.

Homelessness

For homeless people the rate of hospital admissions and A&E visits are 4 times higher than for the general public. Homelessness prevention reduces pressures on vital A&E services.

It is estimated that one person sleeping rough costs between £8,605 and £35,000 a year in crime, emergency health and social care services alone.

What ABC is doing:

- Enabling Independent Living (older people, young people, LD, MH)
- Disabled adaptations – DFGs and for tenants
- Homelessness prevention work – Christchurch House
- Winter shelter
- Porchlight outreach work
- HELP referral system
- Strong partnership working (PFIs, HAs)
- Green spaces and play areas