

## Public Health Outcomes Fund – Healthy Homes Evaluation Report April 2015

### Finance: Amount awarded and Total Project Spend

This project was initially awarded £192,805, although the funding was adjusted in 2014 and £102,234 clawed back due to an over-commitment elsewhere in the programme. The residual allocation was £90,571 and a total spend on this project was £83,800. The post of Healthy Homes Community Worker was created for this project and was a joint working pilot hosted by both the Council's Strategic Housing Service and the Community NHS Trust Livewell team.

### Project description (what did the project do?)

Focusing solely on our most disadvantaged communities to tackle health inequalities, the Healthy Homes programme contributes to a holistic approach to improve people's health outcomes by tackling the root causes. It responds to the full range of home based hazards and has developed a referral network of individuals experienced in working with vulnerable people. The scheme relies on effective inter-agency working and the development of a simple single assessment form which refers in services such as fire safety checks, police and anti-social behaviour team, home improvement agency support, energy efficiency grants, adaptations, financial assistance (Home Repair Assistance Loans and Renovation Loans) and health services as well as full housing inspections where serious hazards are identified.

#### Healthy Homes aims to:

- remove the main building-related hazards in the home for the most vulnerable households (e.g. young children and older people) **(Short term)**
- Improve living conditions and health and wellbeing- the link between cold and damp homes and poor health is well documented. Warmer homes improve living conditions for people with a range of health issues such as COPD, cardio-vascular disease, severe arthritis and mental illness. They also improve children's educational achievements and school attendance and reduce the incidence of childhood asthma. Better heating promotes social well-being and independent living, with older people able to use the whole house following central heating installation. This potentially reduces/delays admission to hospitals and care homes. **(Short term)**
- Prevent deaths, hospital admissions and GP consultations linked to poor housing **(long term)**
- Reduce health inequalities- poor housing conditions are concentrated in the east of the Borough where life expectancy is lowest and where the demand for grants is greatest. **(long term)**
- Use early identification methodologies and behavior change techniques to support individuals to adopt lifestyle changes which affect their health
- Reduce the barriers for the most vulnerable to access health services

The referrals that are made as a result of the Healthy Homes visit will improve health outcomes by:

- Housing, Health & Safety Rating System visits which will reduce 29 hazards in the home which in turn will reduce GP contacts & hospital admissions
- Fire Safety visits in vulnerable properties will reduce accidental house fires and related injuries
- Employment and training initiatives will improve mental health and wellbeing
- Benefits advice can enhance income, another key health determinant
- Police Home Safety Advice or support from the ASB team can improve perceptions of security in the home and community safety
- Energy Efficiency improvements which will contribute to reducing Fuel Poverty and which are often free for vulnerable groups and Excess winter deaths
- Specialist support for vulnerable groups through Promoting Older Peoples Independence Network, Disabled Facilities Grants, adaptations and financial assistance to get urgent works carried out (Home Repair Assistance Loans/ Renovation Loans).
- Referrals to Smoke Free Homes / smoking cessation can impact on many key target areas
- Referrals to Health Trainers to improve fitness, wellbeing and healthy eating
- Referrals to Gp's by identifying problems with blood pressure enables early intervention with this condition which can cause strokes and heart attacks

To become sustainable, it was considered that Healthy Homes must build on partnerships and explore new opportunities of joint working with our key partners within the community. The Public Health Outcomes Funding enabled a joint working pilot in partnership with Wirral Community NHS Trust's Livewell Team utilising the Health Trainers to provide an integrated service in recognition that Healthy Homes receives a significant number of direct referrals from front line health professionals. A huge benefit to the scheme was the addition of a Healthy Homes Community Worker, shared between the Council and Wirral Community NHS Trust, working alongside the Health Trainers and Health Advisors and Housing Officers. The Healthy Homes Community Worker is responsible for the delivery of healthy homes and also provides brief health advice / guidance assisting residents set health action plans to improve their health outcomes. They have also been able to directly refer residents who would like additional support to the integrated service on offer by Public Health which would include physical activity, improving mental wellbeing, stop smoking and losing weight.

### **Case study 1**

Mr T is a male of 76 years. He was referred to the Healthy Homes scheme via the Housing Options Team, who were concerned about his living conditions.

This gentleman has had 3 heart attacks, a triple bypass, suffers from epilepsy and mental health issues.

The Healthy Homes inspection established that the home had no electricity supply, no gas supply, there was a hole in the roof that had been untreated therefore water had penetrated the property and caused severe damage to the bedroom and living room ceiling below and buckets and dishes were in place to collect the incoming water if it rained. The front door did not open, the back door did not lock securely raising concern around exiting if there was a fire and security issues. To enhance the concerns around fire there were issues around hoarding. There was evidence that pigeons or other birds had access to the property raising concern around respiratory issues. In addition, a joist in the kitchen which had been holding up a supporting wall had been removed and general disrepair issues were evident throughout the property in relation to doors, skirting boards, stairs, banisters as well as the back garden being very over grown and unkempt.

Financial assistance can be provided through the Council's Home Repairs Assistance and this client is being supported to obtain legal advice to get his property registered so that he can qualify for assistance to get the essential repairs carried out. Mr T's daughter does not live in the local area and he appears to have very limited support networks, the mental health issues prevent him being proactive in changing his current position. The Healthy Homes Community Worker contacted many services to see if they could offer Mr T the support he needed to move the situation forward, however he did not meet their criteria, therefore The Healthy Homes Community Worker continues to support this gentleman to ensure things improve.





## Case Study 2

A Healthy Homes visit was arranged due to a woman being concerned about the property her uncle was living in. The building contained three bedsits over 3 floors; there were major concerns with this property. The photographs show the poor state of disrepair this property was in and after the Healthy Homes visit was carried out the building was referred to the Council's Housing Standards Team who is now in the process of prosecuting the Landlord.

The three tenants who lived in this building were all vulnerable adults and the risk of them coming to some harm due to the lack of maintenance was high, however it was even greater for Mr N due to him being an amputee, the lack of heat/smoke detection, the very badly damaged stair case with ineffective hand and banister rails, and the fact that there was no means of escape from the upper floors, which represented a significant fire hazard.

The Healthy Homes community worker sent a report to the Property Pool Plus Team who operate the re-housing service for the Wirral's Registered Housing Providers which led to Mr N's priority for re-housing being raised to an emergency level allowing him to be re-housed promptly.



### **Case study 3**

Mrs W has Bipolar and Asperger syndrome. Her husband died over twelve months ago. Prior to his death, Mr W dealt with all aspects of home maintenance however since his death, the disrepair issues within the home have escalated and Mrs W was struggling with getting quotes and communicating with trades people. Mrs W had tried to get quotes for the work she needed, however she had problems expressing what she wanted, this would lead her to crisis point. The Healthy Homes Community Worker offered to speak to the contractors on her behalf and also offered support if she needed them to be around when work started. The Healthy Homes Community Worker also informed Mrs W that she would be present when the Housing Officers came to discuss the Cosy Homes Grant that was applied for on her behalf.

Mrs W was extremely thankful and stated that her anxiety had dropped once they had spoken to the builder and clarified what was needed. Mrs W also stated that there are services to support her with both of her conditions, however the support was usually around counseling and there are no other services that offered the practical support the Healthy Homes service was able to provide. This case shows again how the Healthy Homes Community Workers role covers gaps in services.

### **Case study 4**

The healthy homes community worker did a home visit to a pregnant mother and her two young children both under 5 years. On return to the office and after speaking to colleagues it was agreed that a full inspection of the property was required due to the lay out of the flat. The only entrance and exit from the property was through a ground floor kitchen. All other rooms which consisted of three bedrooms, lounge and bathroom were on the first floor and the only means of escape from the first floor was through a bedroom window on to a pitched roof. Evidence shows that most fires start in the kitchen and therefore it was

concluded that the layout of the property constituted a fire safety risk. There were also many other disrepair issues evident causing a health and safety risk to the residents. The mother and her young family are now being re housed in a property that suits their needs and is safe. The landlord is now in the process of reconfiguring the property to ensure it is a safe place to live. If the Healthy Homes Community Worker had not visited this property the family would still be living in a flat that was not safe.

### **What went well?**

Despite delays recruiting into this post and loss of a significant amount of funding half way through the programme, the project achieved 273 Healthy Homes Visits and Surveys, 59 Health Action Plans, 13 Cosyhomes Heating Grants and attendances at wide range of community and public events to raise the profile of the service and offer advice to vulnerable residents. The scheme also provided additional benefits for example by distributing winter warmth packs and liaising with food banks to ensure joined up working with the most vulnerable groups.

The integration of this new role into both services has been very successful and has enabled both services to reflect on, and improve their individual services. The Housing Standards Team has overall responsibility for the Health Homes Community Worker, however operationally both the NHS and Housing have jointly managed performance and service delivery. The managers from each agency have been clear about their expectations, however all parties have been aware that this has been a newly developed role and there has been some flexibility given to allow the development of processes and systems that have emerged as the project has developed.

Currently the Key Performance Indicators request that 20 Healthy Homes Enquiries are responded to each month. As the job has been split over two different work locations (Wallasey Town Hall and Old Market House) and having two IT systems to navigate, this has proved to be the appropriate level to manage.

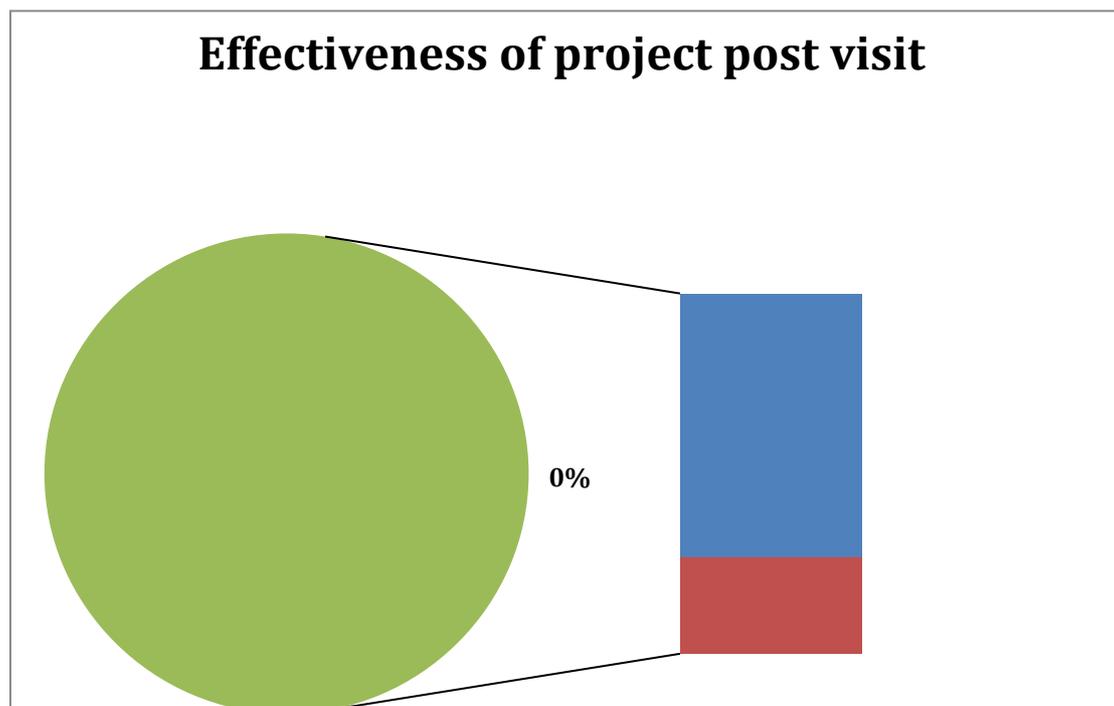
The Healthy Homes Community Worker has reported that *“being part of two teams has gone very well, having two sets of work colleagues to learn from and relate to has been very positive from a personal development point of view”*. She has also reported that *“relationships and referrals to and from partner agencies has gone very well, we receive referrals from various sources, however our closest partners are the Fire Service, Health Visitors, Social Care, Environmental Health, Energy Project Plus and the Wirral Food Bank Service”*.

The Community Worker was able to attend many events organised by the fire service, which have helped to promote the Stay Safe and Warm campaign as well as general awareness events held in the local fire stations and a conference held by the Fire Support Network to highlight the issues around hoarding, this proved very valuable and the service The Fire Support Network promotions have been utilised

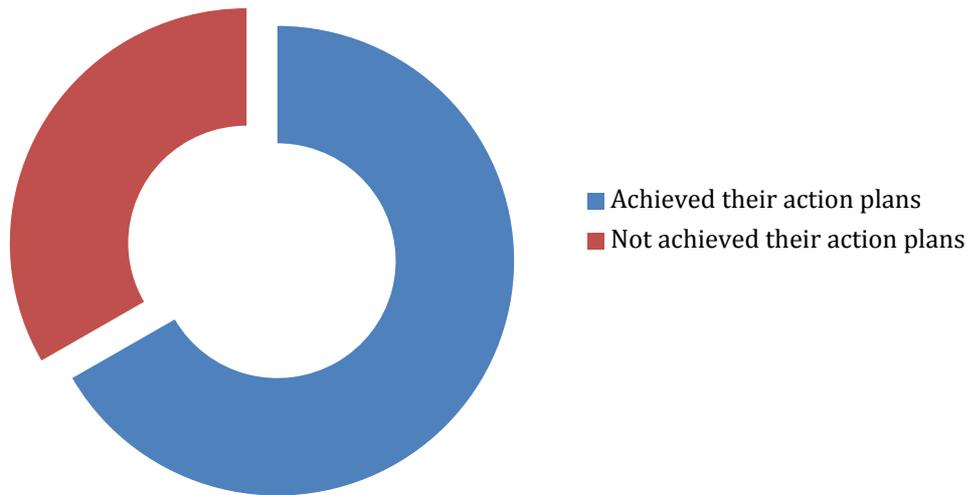
regularly by Healthy Homes. Other events included the Older Persons Parliament, a Stroke Association event, Children's Centre events and promotions at local supermarkets.

It is significant that as behaviour change is difficult to instigate in a short period of time, 73% of clients reported that they were able to make a positive lifestyle change as a result of Healthy Homes and over 2/3rds achieved their action plans. This suggests that if the scheme had longer to work with clients as it will have in Selective Licensing Areas going forward, even better results could be achieved and additional support directed at where changes had been less easy to make.

Operationally the survey that is used dovetails the housing information and health information very well allowing the Healthy Homes community worker to move from one subject to the other quite smoothly. Service users are informed about the link between inappropriate housing and poor health and to date nobody has objected to answering any of the questions about their health although their primary objective has been about improving their housing conditions.



## Number of Action Plans achieved



### What didn't go well?

The Short Warwick-Edinburgh Mental Well Being Scale (Swemwebs) is the last form on the Healthy Homes survey to be completed. The form has been included in the questionnaire as a way of evaluating whether Healthy Homes has a positive impact on self-reported mental health & wellbeing. It was the intention of the scheme that this element of the survey would be repeated in twelve weeks and twelve months.

Taking into account that some adults struggle with reading and writing or they may have language difficulties or they may be meeting the Healthy Homes Community Worker for the first time; some of the questions might be considered personal, therefore asking for explanations could be embarrassing for them. The Healthy Homes Community worker had more success completing this part of the survey by reading the questions to the client rather than expecting them to complete the form on their own.

Problems with this part of the survey form emerged early in the project with the Healthy Homes Community Worker reporting that *"for the majority of people, their demeanour changes quite considerably, once they know what the form measures. I have noticed that the person's posture becomes more withdrawn, their speech becomes less animated and they generally look and sound unhappier/down. I get the distinct impression that people think that having a low score could support them to improve their chance of securing a social housing property or moving house. Due to this I don't feel we get a true measurement of wellbeing"*.

The Community Worker reported great difficulty contacting people for their 12 week follow up, which again makes measuring the improvement of people's wellbeing after our involvement difficult.

There are times when it isn't appropriate to fill the SWEMWEB in with people, and this leaves concerns about how we measure the improvements to the lives of these people, from a public health perspective.

This difficulty has been discussed and other indicators are currently being considered for the next phase of the project to ensure that outcomes can be effectively recorded.

