Healthy Homes in Knowsley
Housing and health

- The average person spends around 2/3 of their time at home (ONS, Time use survey 2005)
- Long established link between poor housing and poor health

Direct links:
- Excess winter deaths
- Cardiovascular disease
- Respiratory disease
- Poor mental health
- Accidents e.g. trips/falls

Indirect links:
- Crime/ASB
- Educational attainment
- Employment opportunities
- Community cohesion

- Estimated cost to NHS of treating ill-health resulting from sub-standard housing - £2.4bn/yr (NFH, 1997)
- Estimated cost of asthma - £847m/yr (Brambleby et al, 2008)
- Estimated cost of hip fractures to society around £726 million/yr (University of York, 2000)
Social Isolation

- **Loneliness and physical health**
  - The effect of loneliness and isolation on mortality exceeds the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)
  - Loneliness increases the risk of high blood pressure (Hawkley et al, 2010)
  - Lonely individuals are also at higher risk of the onset of disability (Lund et al, 2010)

- **Loneliness and mental health**
  - Loneliness puts individuals at greater risk of cognitive decline (James et al, 2011)
  - One study concludes lonely people have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012)
  - Lonely individuals are more prone to depression (Cacioppo et al, 2006) (Green et al, 1992)
  - Loneliness and low social interaction are predictive of suicide in older age (O’Connell et al, 2004)
The bad news – Knowsley by numbers

- Approx 64,500 dwellings
- Majority built 1920s onwards, as a result of Liverpool overspill
- Disproportionate level of 3 bed post war properties
- Over next 10 years, proportion of 85+ increase by 1,900 people (a 78% increase)
- 2nd most deprived Local Authority in the country – ‘running to just stand still’ (2015 data)
- 18% of properties contain a Category 1 hazard (2011 data)
- Highest rate of mortality from Chronic Obstructive Pulmonary Disease (COPD) in England, (almost twice average rate for England)
- Between 2008-2010 Knowsley had the 21st highest mortality rate from Cardio Vascular Disease (CVD) in England
- Welfare reforms inc. bedroom tax and benefits cap
  - 23.4% of households (14,500) facing fuel poverty and rising energy prices (2011)
- 44% of all properties are ‘low income households’ (English average - 33%)
- Reducing household income – benefits cuts, tax credits

<table>
<thead>
<tr>
<th></th>
<th>Knowsley</th>
<th>Nationally</th>
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</thead>
<tbody>
<tr>
<td>Owner occupied</td>
<td>62.30%</td>
<td>64.20%</td>
</tr>
<tr>
<td>Social housing</td>
<td>26.60%</td>
<td>17.70%</td>
</tr>
<tr>
<td>Private rented</td>
<td>9.7%</td>
<td>16.60%</td>
</tr>
<tr>
<td>Other</td>
<td>1.40%</td>
<td>1.50%</td>
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Additional challenges

• Vulnerable residents not engaging & accessing services earlier enough
• Services not engaging with the residents needing support (cultural barriers)
• Most services designed from a traditional approach ‘of doing to / for’
• Services are static – clients expected to go to them

So what does this result in?

• Problems grow (become more difficult to resolve and most expensive)
• Lack of social mobility – reduces engagement
• Services inflexible – limited uptake
• No real engagement – which maintains a dependence culture
• Fantastically designed services, that no-one knows about or accesses

Greater cost to public finances!
What is Healthy Homes?

**Purpose**

Target areas of poor quality housing and health via a team of trained Advocates to engage with residents and undertake a survey of both the well being householders and the physical aspects of the home.

**Overall aim:**

‘Prevention of physical and mental illness, reducing long term costs to society’

**Deliver model**

Bring the service to the people, by door knocking 32,000 properties within 2 years.

**Process**

1. Have a chat with residents about condition of their property & range of other issues affecting their health and wellbeing.
2. Make referrals via tablet computer to 17 different partners regarding:
   - Access to health care and lifestyle services
   - Support services
   - Housing condition
   - Energy efficiency and fuel poverty
   - Income maximisation & employment advice
   - Home safety
   - Safeguarding
   - Community activities
What we are finding
The story so far...

- Completed 1\textsuperscript{st} year (2 years funding)
- Door knocked almost 12,000 properties
- Completed over 1100 surveys
- Generated over 3500 referrals
- Increasing word of mouth = more interviews (over 50\% surveys are now via appointments)
- Expanding and developing the services with new partners
- Direct referrals routes from COPD Nurses and GPs
- Promoting service on a wider scale
- New projects work with Police and Children Centres.
- Establishing good links with community stakeholders
## Numbers of referrals

<table>
<thead>
<tr>
<th>Partner Agency/Service</th>
<th>Number of referrals</th>
<th>Partner Agency/Service</th>
<th>Number of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Housing &amp; Environmental Health</td>
<td>433</td>
<td>Debt and Welfare Advice via Citizens Advice Bureau</td>
<td>210</td>
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<tr>
<td>Children Centre</td>
<td>120</td>
<td>Merseyside Fire Service</td>
<td>654</td>
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<tr>
<td>Knowsley Works</td>
<td>56</td>
<td>Merseyside Police</td>
<td>238</td>
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<tr>
<td>Benefits Team</td>
<td>72</td>
<td>Health Trainers</td>
<td>199</td>
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<tr>
<td>Knowsley Access Team (KAT)</td>
<td>24</td>
<td>Energy Efficiency Advice</td>
<td>366</td>
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<td>IKAN</td>
<td>161</td>
<td>Care &amp; Repair Service</td>
<td>121</td>
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<tr>
<td>Community Messaging</td>
<td>300</td>
<td>Early Help</td>
<td>14</td>
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<tr>
<td>Discretionary Support</td>
<td>12</td>
<td>Anti Social Behaviour Unit</td>
<td>25</td>
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</table>

*No longer a referral route.*
Housing - Issue Types

- Excess cold: 29%
- Damp and mould growth: 15%
- Electrical hazards: 12%
- Entry by intruders: 8%
- Falling on stairs etc: 4%
- Falling on level surfaces etc: 5%
- Falling between levels: 1%
- Explosions: 3%
- Fire: 3%
- Food safety: 4%
- Personal hygiene, sanitation and drainage: 4%
- Structural collapse and falling elements: 6%
- Position and operability of amenities etc.: 1%
- Carbon monoxide and fuel combustion products: 3%
- Collision and entrapment: 1%
The good news – initial findings

General

• Each survey is producing on average 3 referrals. (Record is 8).
• Surveys normally take on average 25 minutes. (Record is 4 hours - quality not quantity)
• Debt issues mainly women, living on their own, in social rented property living on benefits/sickness benefits. 40% of all queries were benefit related.
• 2/3 of people seen were women.
• 2/3 of people surveyed are experiencing improved mental well being. (SWEMWEBS)

Property

• Main property profile types are mid-terraced or semi detached houses, built during 1946-79 period.
• On average finding x2 hazards per property.

Finances

• For every £1 spent with Citizens Advice Bureau = achieving benefits worth £10.
• 25% of CAB referrals successfully offered ‘self help’ – reducing future demand.
• Home energy help averages saving £150 per household.
• 9 x Improvement Grants fully completed (cost of £40,000 – ‘paid back’ within 1st year)
• Further 37 grants being processed, with another year to run.
• So far ‘Social Value’ in excess of £500k.
Our key learning

1. The reality is different to the theory
2. Community Engagement vital
   - Vary approaches
   - Do community values match service values?
   - Staff continuity crucial
3. Outcomes can be hard to prove
   - Mental health
   - ‘Social value’ point of view
4. Men can be difficult to find and engage with
   - Flexible approaches needed
5. Justifying the expenditure and ‘proving the savings’
6. Sustainability/Legacy Plan increasingly difficult
Early in March we were told of an exercise group. We asked Jeannie about it and she said one would be starting on Monday 16 March 2015. She asked if we would like to join. We agreed with reservations, thinking that it would be of little interest, as we had always been reasonably fit at work and during our spare time, in both gardening and caravanning.

I suddenly found myself, really laughing again, and much to my surprise, enjoying exercises, which in the past had been a bind. They had been a part of my life, and an absolute necessity for me to survive.

Now after only a few weeks, I have not only developed into my old posture but my whole outlook has changed. I no longer walk with the feelings of an old man and I am looking forward to getting my knee repaired. My complexion has changed for the better and my mind is much more alert. Plus I get two hours a week with elderly people, who are all developing, laughing and obviously enjoying themselves just like me.

OBSERVATION.
Wednesday 29th July. After 20 weeks of exercises on Mondays and Wednesdays. To-day we feel ten years younger and a lot of pressure has vanished. We are no longer preparing to die. We accept it is inevitable but we are not suffering like we used to and this gives us the feeling, there are many more things to do and see.

We are also getting responses from family, friends and neighbours and this is wonderful, though we are surprised that people are commenting on our looks, our stature, and our posture. Even the doctors comment on how fit we are for our age. All this after five months of exercise!!!

OBSERVATION.
Wednesday 12th August. After 22 weeks of exercises on Mondays and Wednesdays. We are now convinced we must follow Rachael’s instruction. Shouted so all can hear, after each session, and now part of our vocabulary. “GO! AND LIVE YOUR LIVES”
Thank you for your time

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