

Housing, the health and care context

Good housing, good life, good death

Diana Hekerem, Associate Director, Transformational Redesign Unit, Healthcare Improvement Scotland

Improvement Hub
Enabling health and
social care improvement

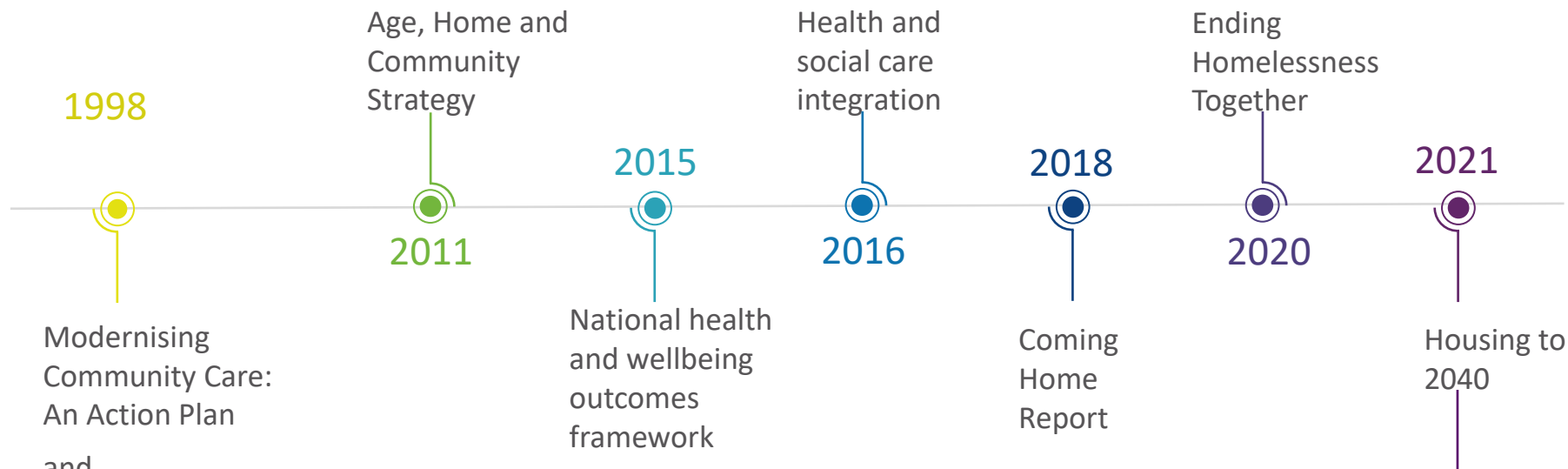


Over 12 years' experience of successfully providing practical support for the work of **designing** and **implementing** changes that make things better for people who need health and social care services.

*"Healthcare Improvement Scotland's ihub is respected across the UK and Ireland as **leading the way in thinking and practice in improvement**"*

Penny Pereira, Q Initiative Managing Director, The Health Foundation

Building a collaborative approach to housing, health and care

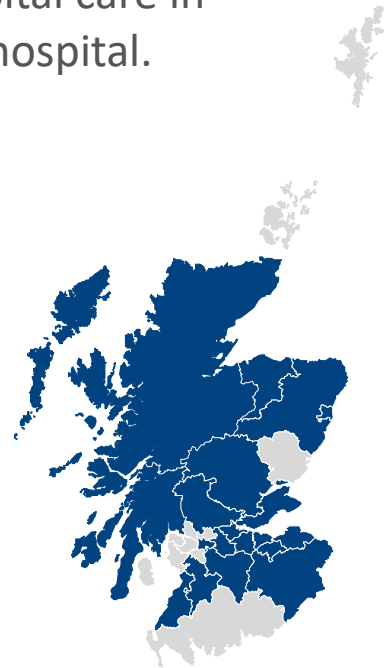


Housing to 2040

*Sets out what we are aiming for and how we will get there. The aim is that by 2040, everyone will have a safe, high quality home that is affordable and **meet their needs** in the place they want to be.*

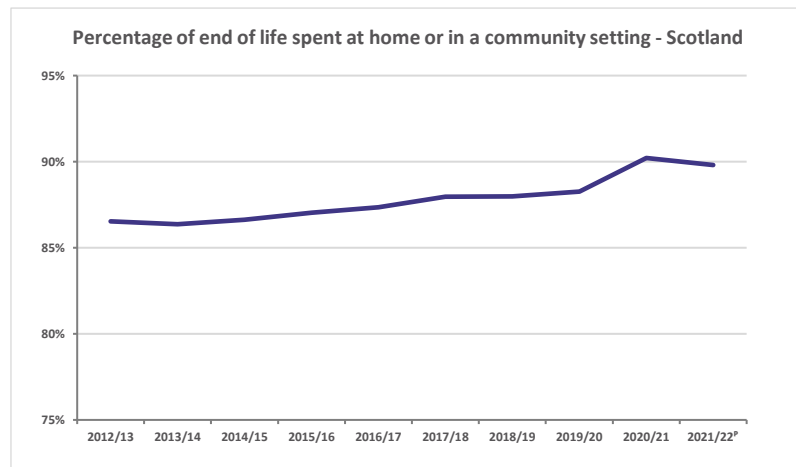
Hospital at Home (H@H)

A short-term, targeted intervention that provides a level of acute hospital care in an individual's own home that is equivalent to that provided within a hospital.



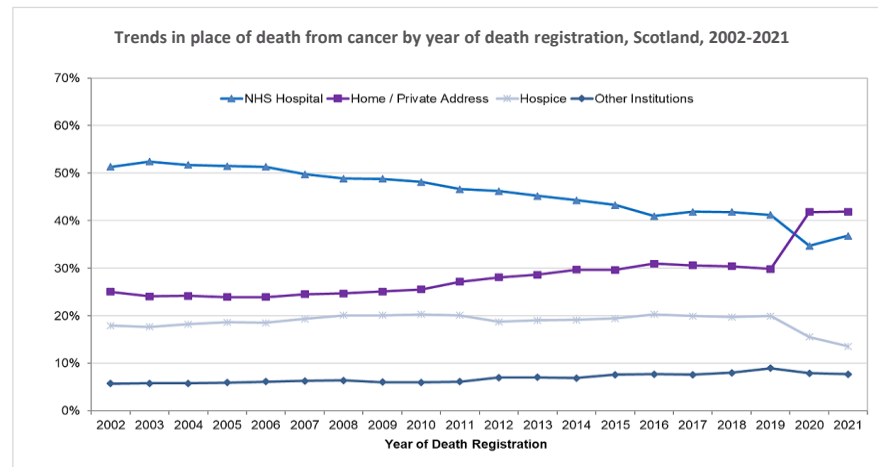
Trends and patterns in palliative and end-of-life care

In the last 6 months of life people are spending more time at home or in community



Source: [Public Health Scotland, Percentage of end of life spent at home or in a community setting](#)

Overtime deaths at home caused by cancer have increased, whilst hospital deaths have decreased



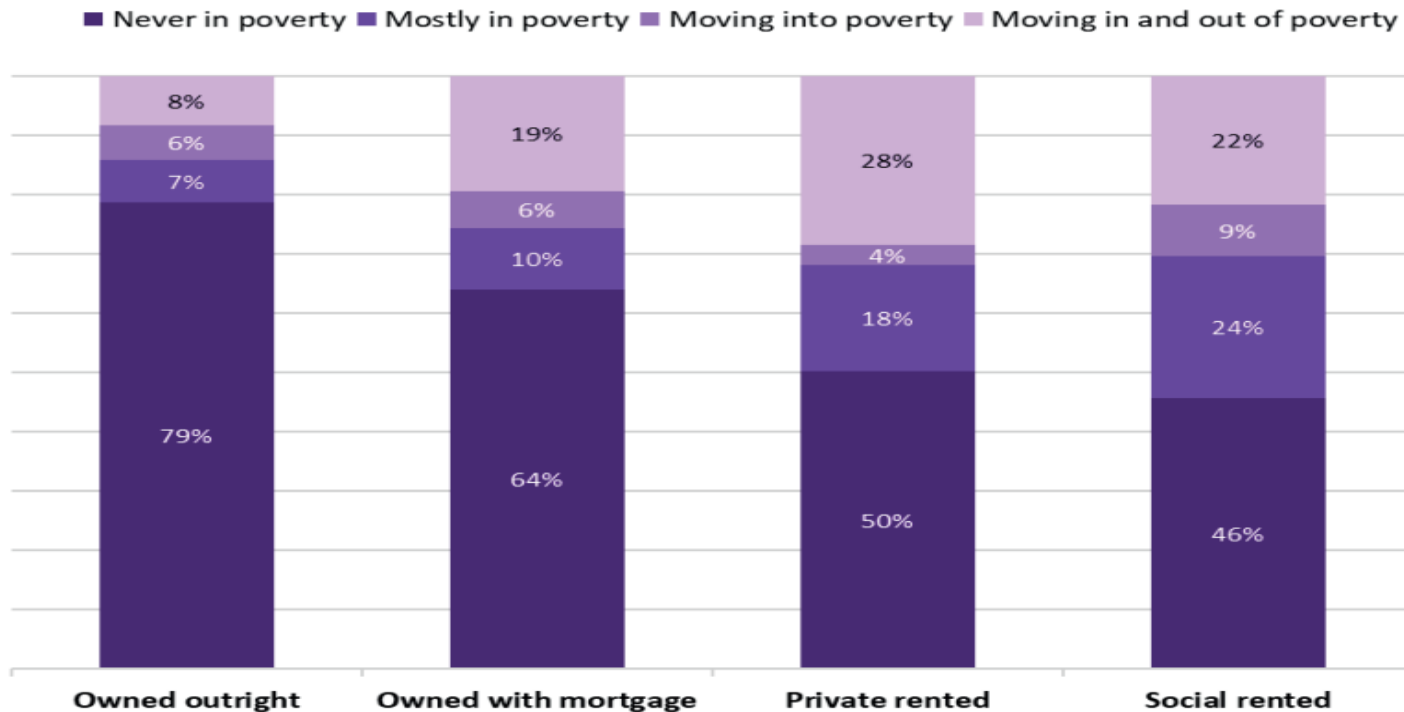
Source: [Public Health Scotland Place of Death from Cancer in Scotland - 2002-2021](#)

It is predicted that by 2040, up to 95% of all the people who die in Scotland may need some form of palliative care, with the conditions becoming increasingly complex.

Source: Marie Curie: Palliative care need in Scotland is projected to increase by up to 20% by 2040 (2021) Parliamentary Briefing <<https://www.mariecurie.org.uk/globalassets/media/documents/policy/briefings-consultations/scotland-briefings/marie-curie-palliative-care-need-by-2040.pdf>> Accessed 20-02-2023.

Relationship between housing tenure and poverty

Figure 6.3: Risk of being in a particular poverty trajectory group by housing tenure



What is needed for good end-of-life care at home



Where someone lives can, and does, impact on their ability to access this support.

Dying in the Margins



“ I almost missed my appointment yesterday as the lifts weren’t working again. ”

Stacey, research participant

Dying in the Margins



Image © Margaret Mitchell

“There's no way I'm going to afford them on my own, because all my stuff runs on electricity, and you know the electricity prices, they skyrocketed.”

Amandeep - research participant

Source: [University of Glasgow - Research - Research units A-Z - Glasgow End of Life Studies Group - Our Research - Dying in the Margins.](#)

Funded by Economic and Social Research Council and UKRI.

Dying in the Margins



Dying in the Margins participant

Exposure to black mould can worsen:

- asthma
- allergies, and
- lead to respiratory infections.

Source: [University of Glasgow - Research - Research units A-Z - Glasgow End of Life Studies Group - Our Research - Dying in the Margins.](#)

Funded by Economic and Social Research Council and UKRI.

What can we do?

1) Shine a stronger light on the problem

Scoping review with a human rights based approach

What is the impact of socio-economic status on access to palliative care in the home?



What barriers exist for people experiencing poverty to access palliative care in their own home?



How can we use examples of good practice to inform improvements?



Where would change have the greatest effect to break down barriers to care in the home?

Analysis of national data

What extent are people living in the most deprived areas able to die in their homes?



Are people with certain health conditions spending more or less time at home at end-of-life and does this pattern change for people living in more deprived areas?



How are people interacting with unscheduled care services at the end-of-life and how does this pattern change for people living in different parts of Scotland?

What can we do?

2) Embed housing within health and care planning

Recommendations from analysis of Health and Social Care Strategic Commissioning Plans (SCP) and Housing Contribution Statements (HCS)



Completing or updating HCS in line with the strategic planning cycle.

Improving the accessibility and presentation of SCPs and HCSs.



Expanding the range of National Health and Wellbeing Outcomes that are linked with housing activity.

Strengthening how service users are involved in the development of SCPs and HCSs.



Improving how evidence is shared across housing and health and social care.



Improving how SCPs and HCSs articulate housing related challenges, improvements and priorities.

Expanding on how the needs of particular groups are met.



Access the review here:

<https://ihub.scot/media/9719/20221123-housing-contribution-statements-pdf-11.pdf>

What can we do?

3) Practical support for improvement



ihub



Chartered
Institute of
Housing
Scotland



Housing and dementia framework

A practice framework to support Scotland's housing sector

October 2019



1	2	3	4	5
My home has been adapted to suit my needs and support me to stay at home	I know about housing choices and feel able to plan for my future	I receive valuable housing advice when I need it	I feel listened to and involved in decisions that matter to me	I am supported to live independently at home and to participate in the life of my community



Access the framework here:

<https://www.cih.org/policy/scottish-housing-and-dementia-framework>

In summary

If we want good end-of-life care to be equally available to all, we must build on the good work already in place and ensure even better collaborations between health, care and housing.



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TEC in Housing – Good Housing Good Health

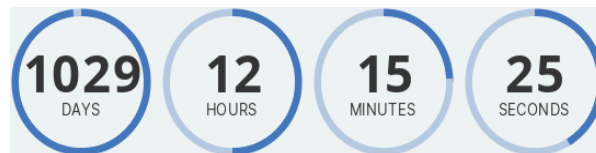


Technology Enabled Care in Housing (TECH)

- The TEC Programme is part of the Scottish Government's Digital Health and Care Directorate and is guided by the overarching Digital Health and Care Strategy.
- The programme focuses on citizen facing digital solutions where “outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support to look after more people at home”.
- It reports to the cross sector Digital Citizen Delivery Board as part of Digital Health and Care governance that oversees the programme.
- The Housing strand of this programme is hosted by the Scottish Federation of Housing Associations.

TECH VISIONS

- To work in partnership with the Digital Telecare programme to support housing providers to mitigate risks and maximise opportunities presented by the transition from analogue to digital telephony.
- To bring together colleagues in housing, health and social care to promote and facilitate the development of sustainable, effective and efficient person-centred services which will improve customers' health and wellbeing.
- To support housing organisations and their customers to embrace new ways of working, including the testing of existing and new technologies in a safe environment, focused on what they can offer to customers' health and wellbeing in their homes and communities.



Good Housing, Good Health!

The World Health Organization has highlighted poor housing conditions as one of the mechanisms through which social and environmental inequality translates into health inequality, which further affects quality of life and wellbeing.

The right to an adequate standard of housing is therefore inextricably linked to the right to the highest attainable standard of health.

Good Housing, Good Health!

Housing Conditions

Thermal efficiency

Weatherproofing

Heating affordability

Ventilation

Space

Food storage cooking

Neighbourhood

environment

Risk Factor

Damp, mould, cold,

humidity Fuel poverty

Dust mites and

infestations Cleanliness

Overcrowding

Concerns about crime

and antisocial behaviour

Health conditions

Cardiorespiratory disease

Digestive health

Allergies and skin

conditions Headaches,

migraine

Stress, anxiety

Depression and mental ill

health

The role of technology...

🏠 Home / Environmental / Stirling Council to deploy largest IoT smart sensors rollout



Stirling Council to deploy largest IoT smart sensors rollout

A tenant's perspective ...

Tenant Robert Cairney said: *"I was initially sceptical about what the sensors and technology being put into my home would bring in terms of financial or health benefits. However, by recording moisture in the air, I can be alerted to the risk of damp and mould. Rather than having to keep an eye out for these things myself, my landlord also better knows when it is time to come and do repairs or maintenance work on the property."*

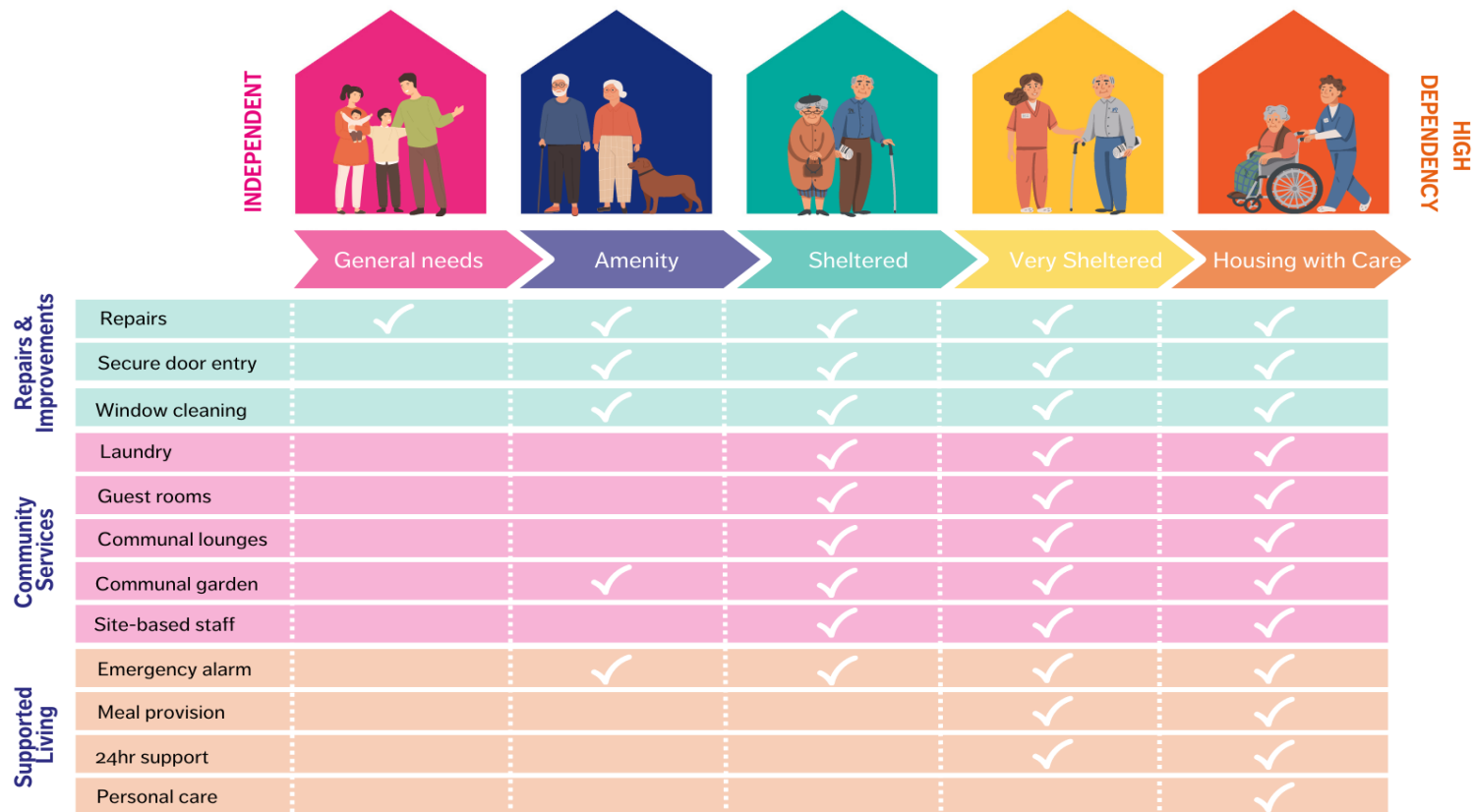
"This new IoT technology for homes like mine is fantastic because it helps me to feel safer, live in a healthier environment, and reduce costs. I'm more aware of how my home is behaving, and alerted to ways I can save money by using this free cutting edge connected home kit. For example, wasting money trying to heat a home that has gaps in the doors and windows letting heat out, or an inefficient boiler and room heaters that need bleeding. Everyone is concerned about the rising costs of energy but, thanks to these improvements, it's not a question of eat or heat for me now."



Scottish Government
Riaghaltas na h-Alba
gov.scot



Staying Independent at Home



Our Homes



What Do you Need to Stay Independent at Home?



Q - Hanover wants to help its tenants live full and independent lives. From the list below, please tell us the three support services that are most important to you

<u>Services</u>	<u>16 to 64</u>	<u>65 to 74</u>	<u>75 plus</u>
Care and support to help you live independently	38.9%	49.5%	59.1%
Telecare support to help you feel safe and supported	35.6%	44.4%	55.2%
Adaptations to your home to help you stay in home such as handrails or wet floor showers	26.2%	30.6%	31.0%
Providing welfare benefits and money advice	34.2%	28.8%	21.1%
Supporting individuals to access the internet	14.9%	13.3%	11.4%
Don't know	0.8%	0.4%	0.6%
None	36.0%	29.0%	22.9%



Two Examples

TENANT A – MALE 95

- Very Sheltered Tenant for 7 years
- End of life (cancer)
- Telecare & 2x welfare checks
- 2 meals per day
- Walk in Shower
- GP pushed for nursing home
- Care package 4x per day
- Team supported family to keep him at home
- He passed peacefully in the place he wanted to be

TENANT A – MALE 55 - PHYSICAL DISABILITY

- Very Sheltered Tenant for 10 years
- Palliative care (cancer)
- Telecare & 2x welfare checks
- 2 meals per day
- Walk in Shower
- Social care pushed for care home as required more than 42 hours of home care
- Room in the flat for a hoist
- Team supported son to keep him at home
- Son flew in from NZ and stayed in the home or guest room
- He passed peacefully in the place he wanted to be

WHAT WE CAN INFLUENCE

- House Design
- Basics– food, toilet and care & support
- Alarm to call for help
- Additional welfare checks
- Somewhere for your family to come when you need extra

WHAT WE CAN'T REALLY INFLUENCE

- Social care packages or HSCP commissioning rules
- Workload of GP and nursing teams when needs increase
- Whether you have family to help
- Housing Team not being seen as professional equals.....

What Would Help Nationally

- Greater investment in older peoples housing models
- Housing standard to suit all ageing well and accessibility requirements
- Core technology to make life easier in the home as standard



- Refocus on bringing health, housing and social care together at the front line – make better use of budgets and tools such as SDS
- Training and support for housing teams to advocate for tenants to support them to remain independent
- Support the sector to develop the right policies and procedures to keep teams safe but empower them to do the right things – adapt Care Inspectorate tools