From Houses to Homes to Health

Neil Hamlet

NHS Fife

#PHINS2018

“From Houses to Homes to Health”

Dr Neil Hamlet

Public Health Consultant, NHS Fife

Neil.Hamlet@nhs.net @Neil_Hamlet

- Octavia Hill saw the link between housing and wellbeing in Victorian London 1864
- Dr Henry Littlejohn

First municipal medical officer of health in Scotland

- 1865 –Sanitary Conditions of the City of Edinburgh Report
- Dr William Gairdner –

Medical Officer for Glasgow – mapping (ill) health to (poor) housing

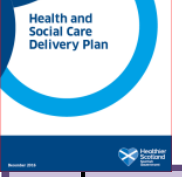
Health and Social Care Integration

The Scottish Government
Riaghaltas na h-Alba

Supporting people to live well and independently at home or in a homely setting in their community for as long as possible

- www.scotland.gov.uk/HSCI
- follow us on twitter @scotgovIRC

There's no ward like home



Health and Wellbeing Outcomes

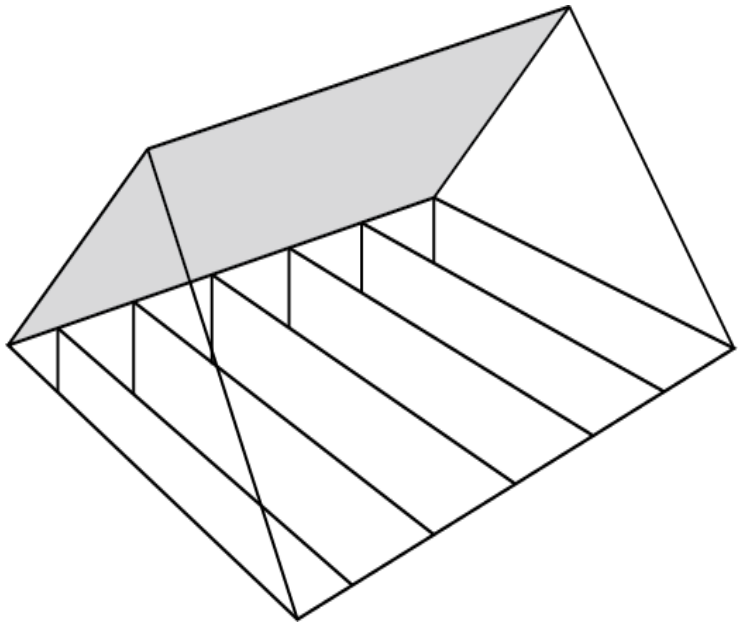
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

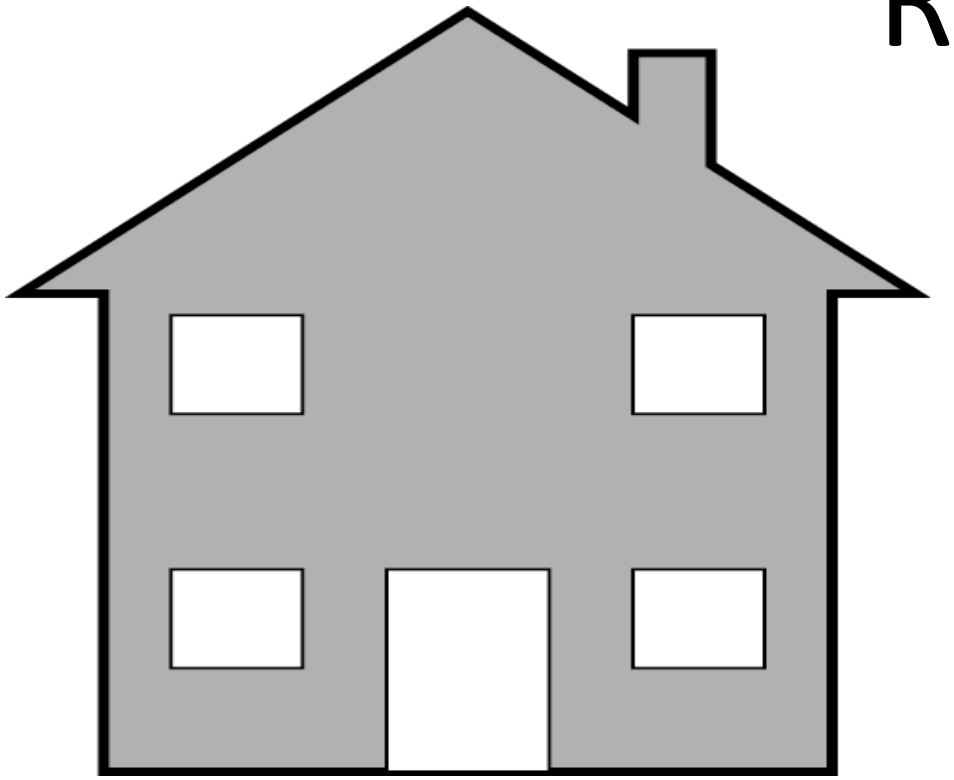
"A good house is the underpinning foundation of wellbeing across the life-course.....

....achieved through the *organised efforts of society*."

“A good ~~house~~ home is the underpinning foundation of wellbeing across the life-course”

Rafters

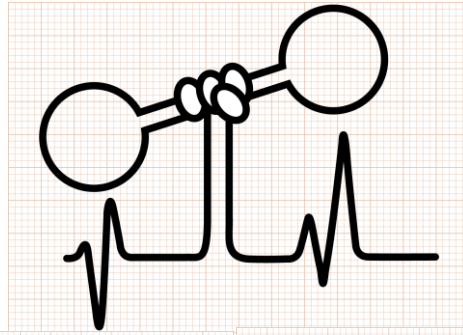




Relationships

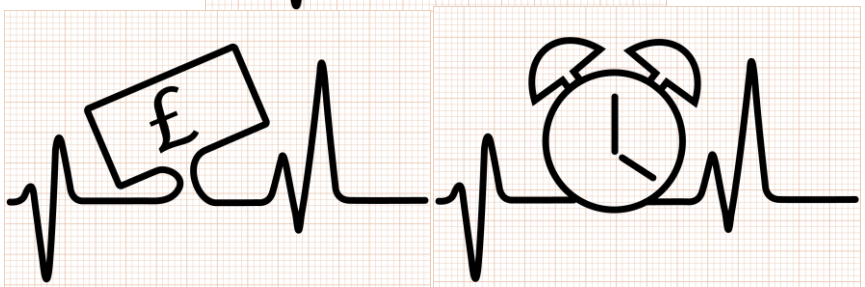
The ECG of Wellbeing

The critical building blocks of wellness across the lifecourse:

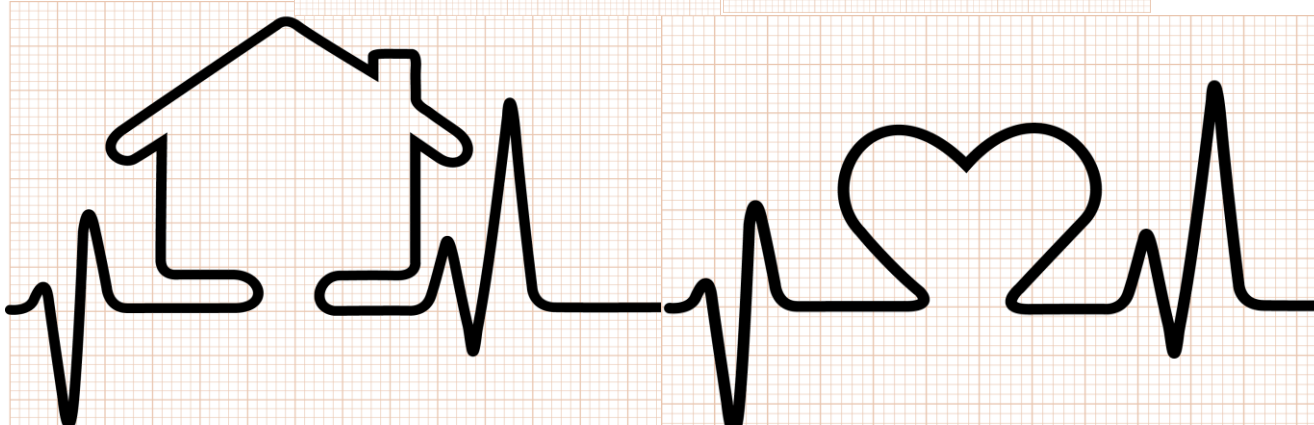


1. Rafters
2. Relationships

} Firm Foundations



3. Resources
4. Restoration
5. Resilience



ScotPHN report

Scottish Public Health Network

Foundations for well-being: reconnecting public health and housing. A Practical Guide to Improving Health and Reducing Inequalities.

Emily Tweed, lead author on behalf of the ScotPHN Health and Housing Advisory Group with contributions from Alison McCann and Julie Arnot

January 2017

http://www.scotphn.net/projects/health-and-housing

Commission on Housing & Wellbeing

A blueprint for Scotland's future

June 2015

'Housing generates Wellbeing'

http://housingandwellbeing.org/

National Records of Scotland

Preserving the past | Recording the present | Informing the future

Health and Homelessness in Scotland

Authors:

Dr. Andrew Waugh Mr. Auren Clarke

Dr. Josie Knowles Dr. David Rowley

http://www.gov.scot/Topics/Statistics/Browse/HousingRegeneration/RefTables/HealthHomelessnessDataLinkage

What work has been done before? - Fife

NHS Data (OASIS)

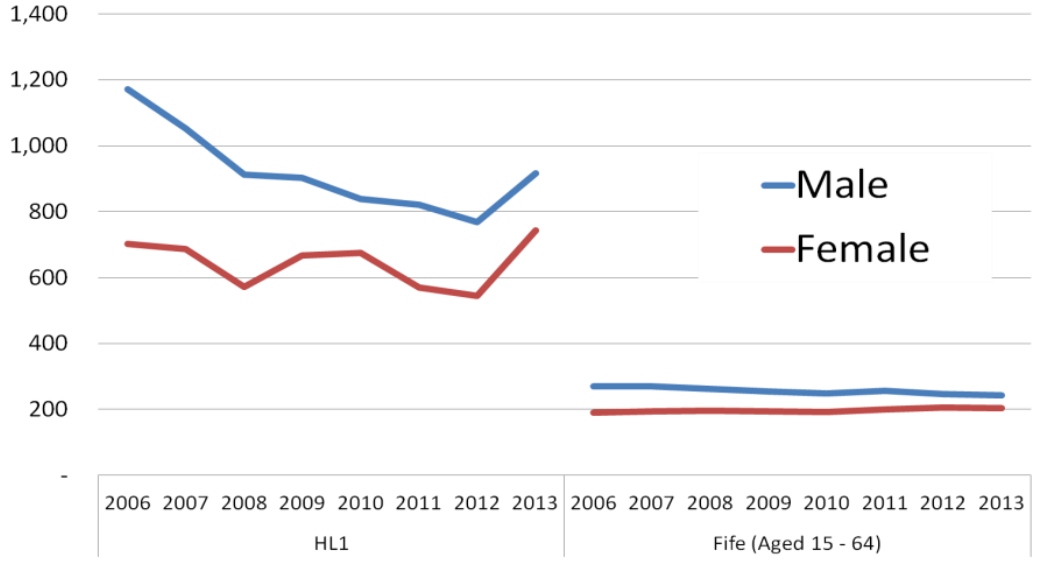
- A&E (and Minor Injuries Unit [MIU])
- Inpatients & Day cases
- Obstetrics
- Mental Health Inpatients
- Outpatients
- Mental Health Outpatients

Fife Council Homelessness Data (HL1)

Compared people in HL1 with general Fife population

A&E Attendance Rate per 1,000 Population

Attendances at two Fife Acute Hospitals



Emergency Admission Rate per 1,000 Population

Patients admitted to hospital as an emergency

Time period: ***15 years of data***:
June 2001 - Nov 2016

Study: ***1.3million*** *individuals*

Design: *Data Linkage exercise*

Cohort *&* ***Case Control Study***

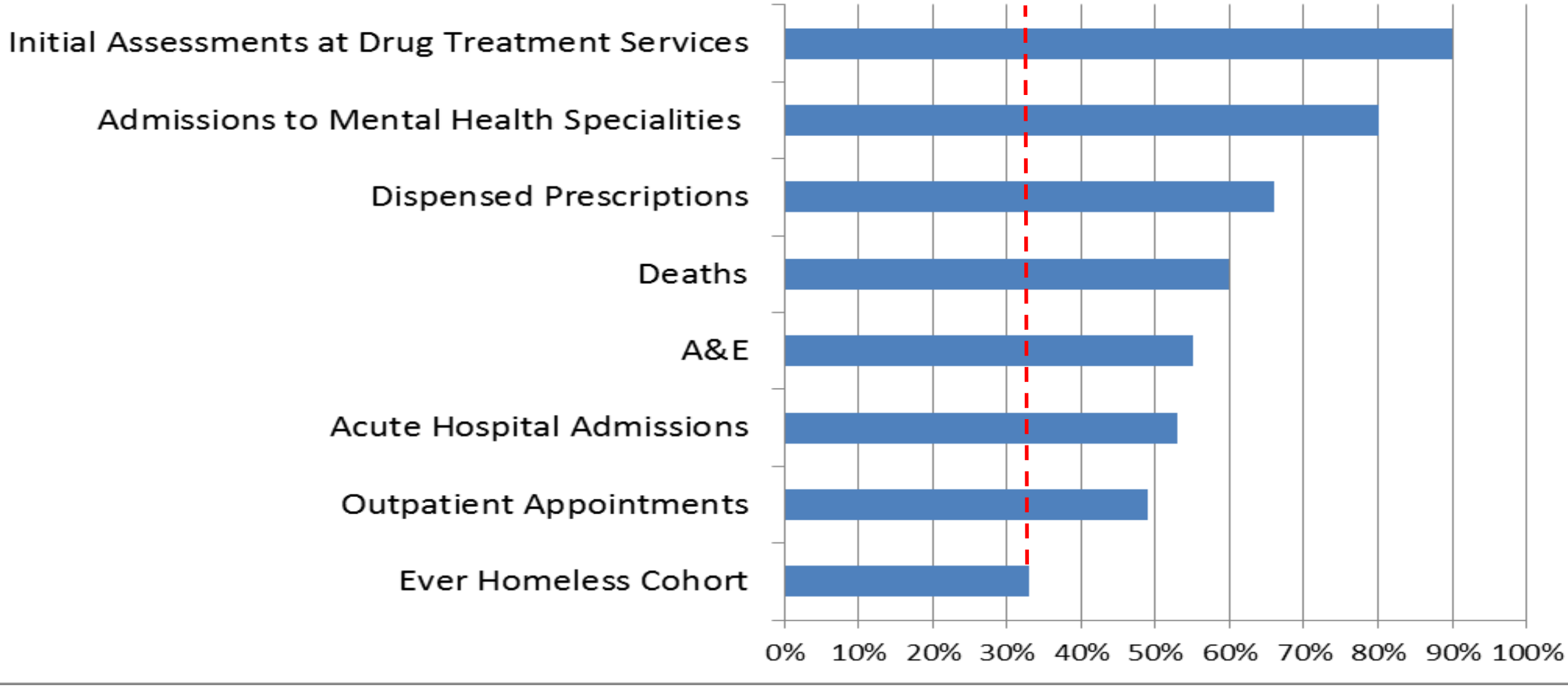
Cohorts:

- *EHC (Ever Homeless Cohort) 435,853*
- *MDC (Non-homeless - Most Deprived)*
- *LDC (Non-homeless - Least Deprived*

Datasets:

- *Scottish Government Homelessness Data (**HL1**)*
- *Accident and Emergency (A&E2)*
- *Inpatient and Day Cases (SMR01)*
- *Mental Health (SMR04)*
- *Outpatients (SMR00)*
- *PIS Prescribing Information (PIS)*
- *Scottish Drugs Misuse Database (SMR24, SMR25a)*
- *NRS (National Records of Scotland) deaths dataset*

Proportion of Interactions with each Health Service Dataset



People in the EHC are over-represented in all datasets

Proportion of people in each cohort using selected services

	EHC		MDC		LDC	
	M	F	M	F	M	F
A&E	68%	66%	52%	50%	38%	32%
Inpatient	61%	65%	44%	46%	32%	31%
Outpatient	80%	87%	63%	70%	54%	58%
Mental Health	7.2%	4.9%	1.4%	1.1%	0.4%	0.4%
SDMD	8.8%	4.0%	1.2%	0.5%	0.1%	0.0%

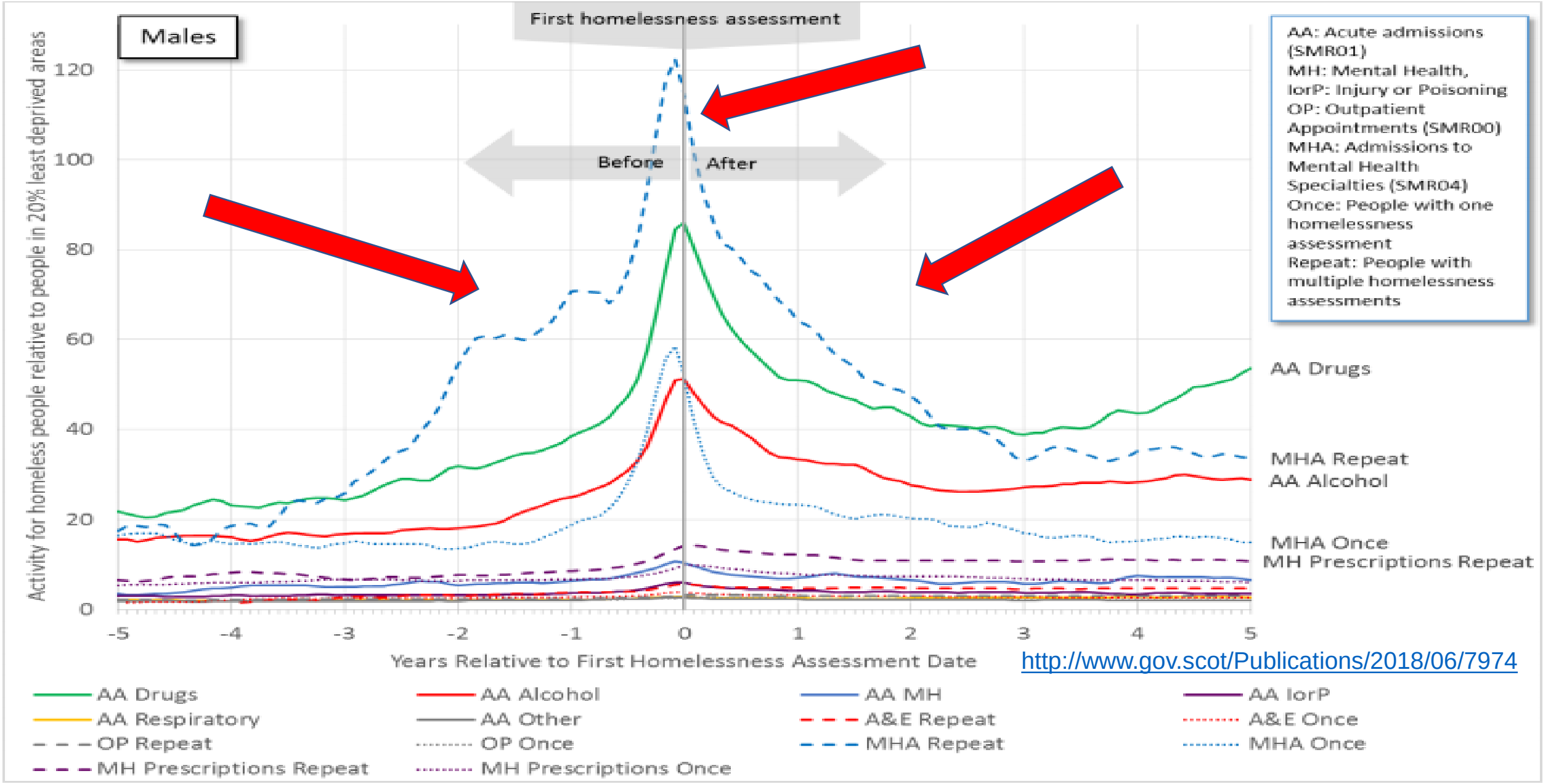
SDMD = Scottish Drugs Misuse Database

People who have experienced homelessness are more likely to have used the above services.

Cohort Ratio Differences – Key Slide

Dataset (health care measure)	EHC : MDC	EHC : LDC
A&E	1.8	3.5
Acute Hospital Admissions	1.7	3.1
Outpatient Appointments	1.6	2.3
Dispensed Prescriptions • Opioid • Alcohol	2.5 6.5 3.9	8.2 169 **16,800%** 23.6
Admissions to Mental Health Specialities	4.9	20.5
Initial Assessments at Drug Treatment Services	10	133
Deaths	2.1	5.3 **430%**

Figure 11.1a: An increase in health activity precedes the first homelessness assessment for **males.** Son after this date, particularly for drug-related and alcohol-related acute admissions, and for repeat homeles admissions (SMR04) and mental health prescriptions.



http://www.gov.scot/Publications/2018/06/7974

Figure 11.2a: An increase in health activity precedes the first homelessness assessment for **females.** Sor higher after this date, particularly for drug-related and alcohol-related acute admissions, and for repeat hor health admissions (SMR04) and mental health prescriptions.

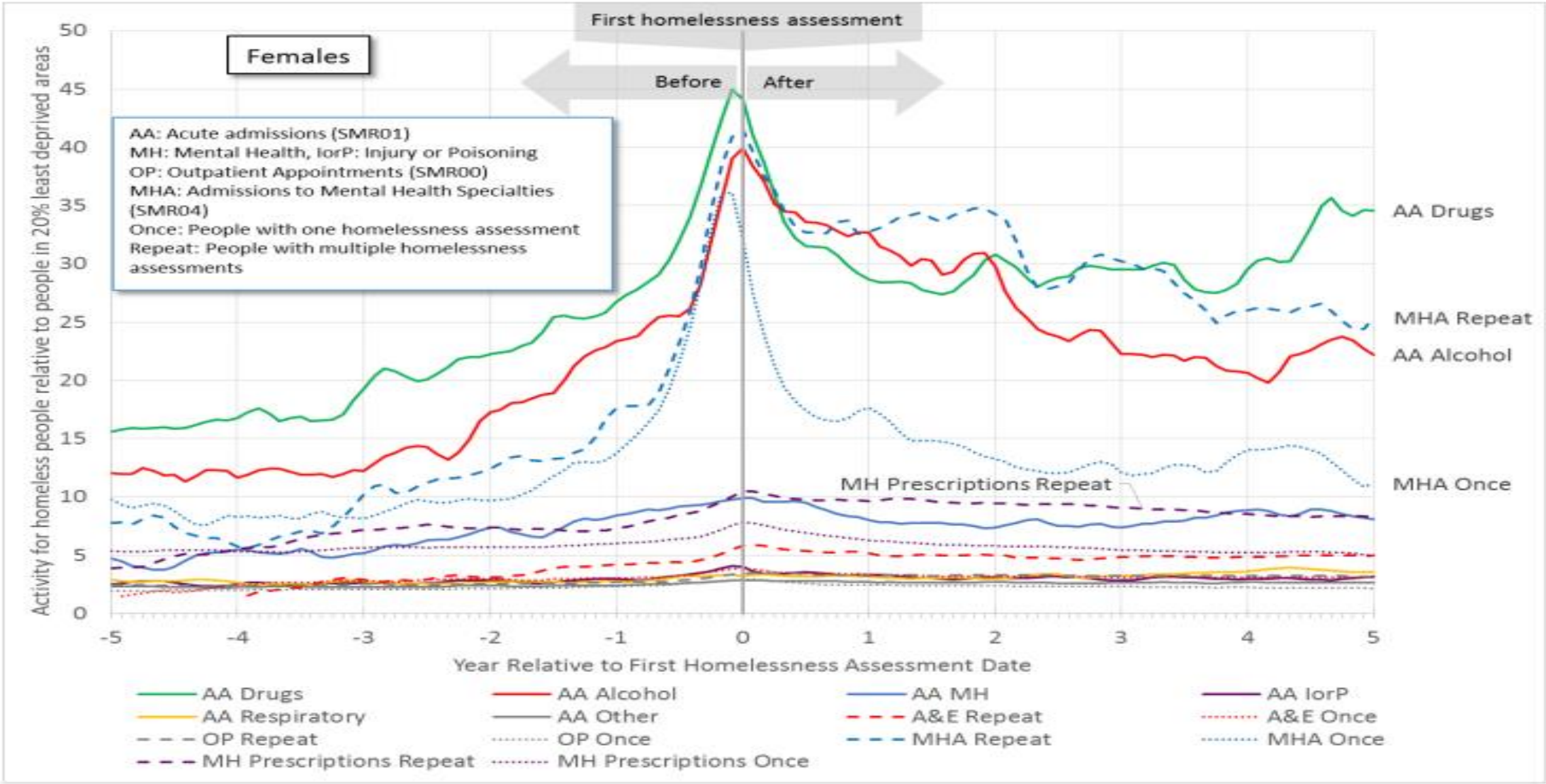


Figure 11.1b: An increase in health activity precedes the first homelessness assessment for **males.** Some activity after this date, particularly for mental health acute admissions (SMR01), mental health prescriptions and A&E atten repeat homeless persons.

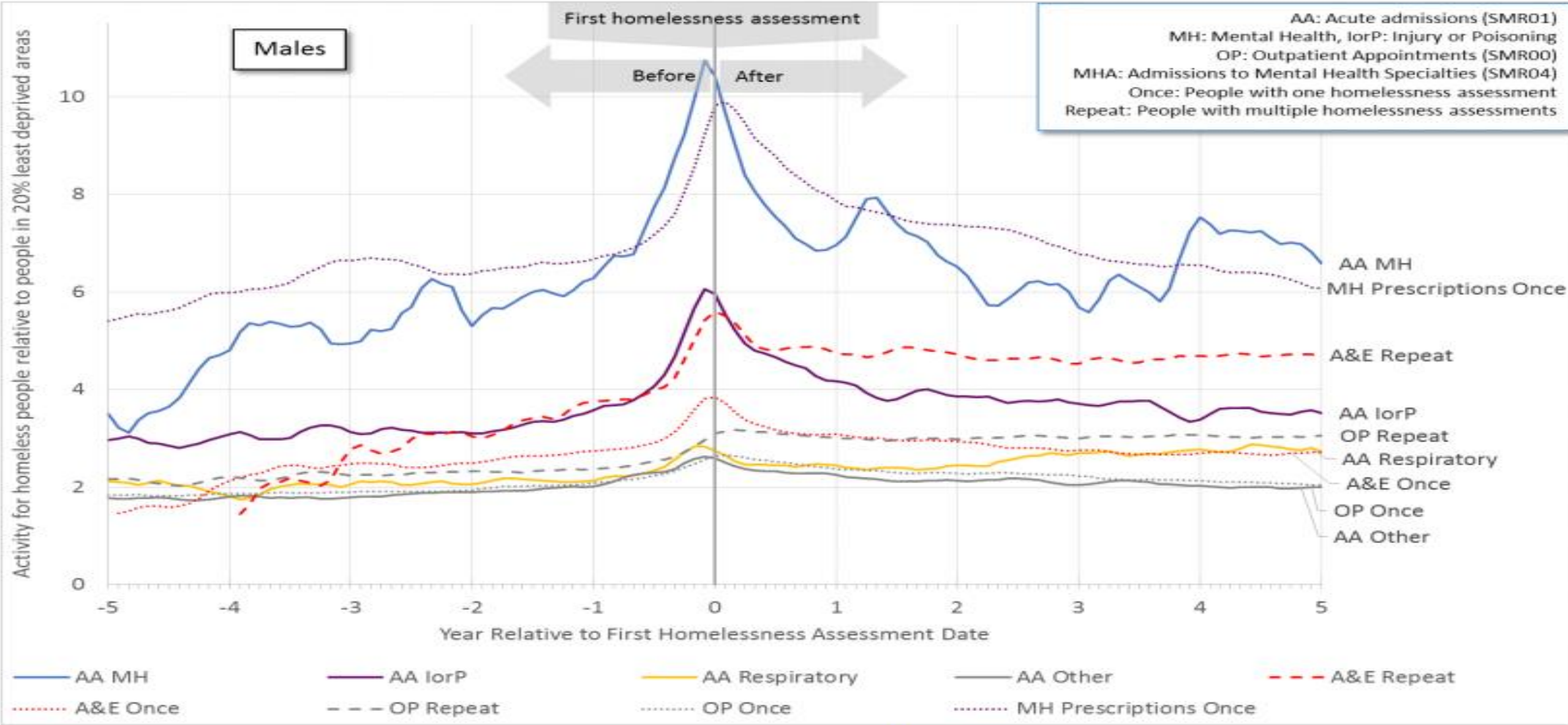
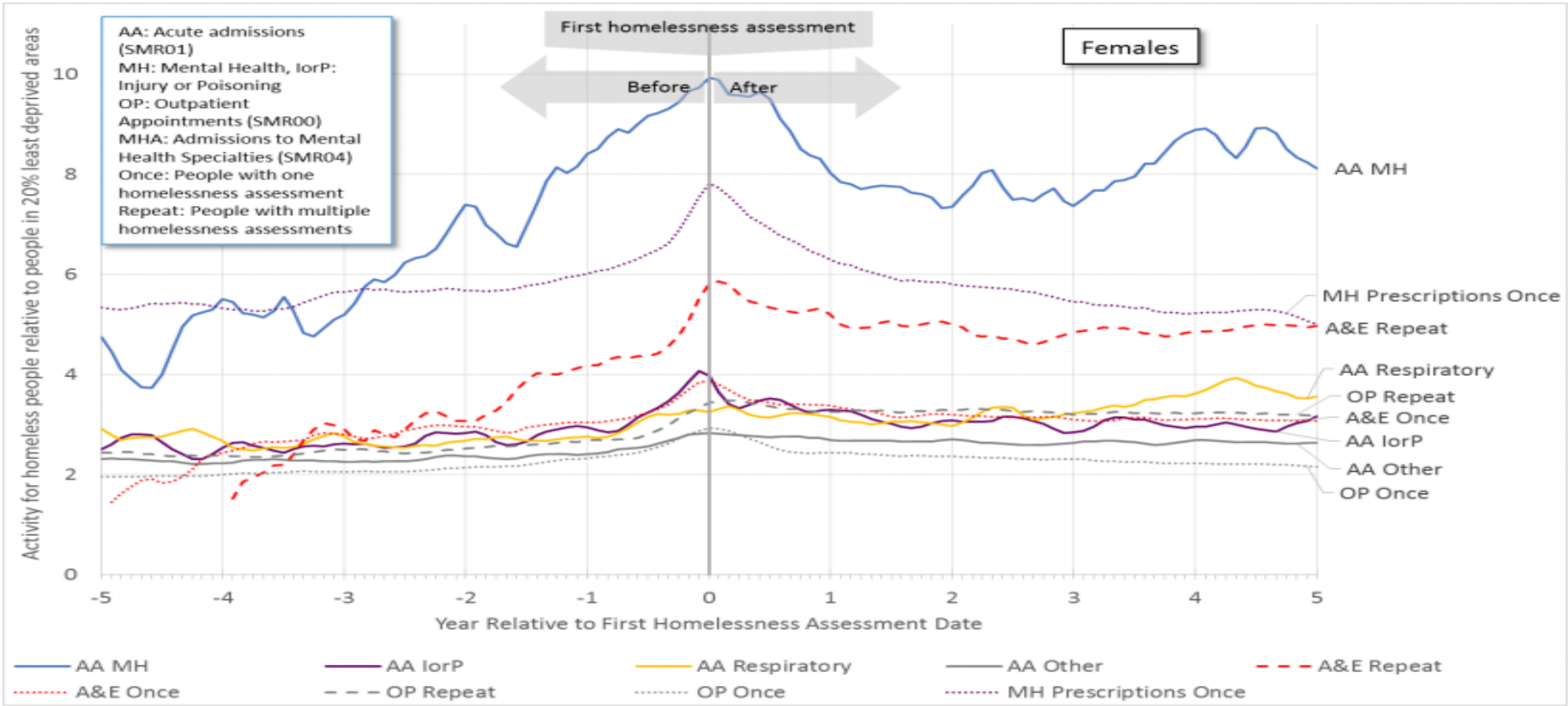


Figure 11.2b: An increase in health activity precedes the first homelessness assessment for **females.** Some activity higher after this date, particularly for mental health acute admissions (SMR01), mental health prescriptions and A&E by repeat homeless persons.



Data – Linkage as driver for:

Improvement in understanding of:

- causes
- consequences
- interventions

Improvement in:

- service design
- joint working

Root Causes

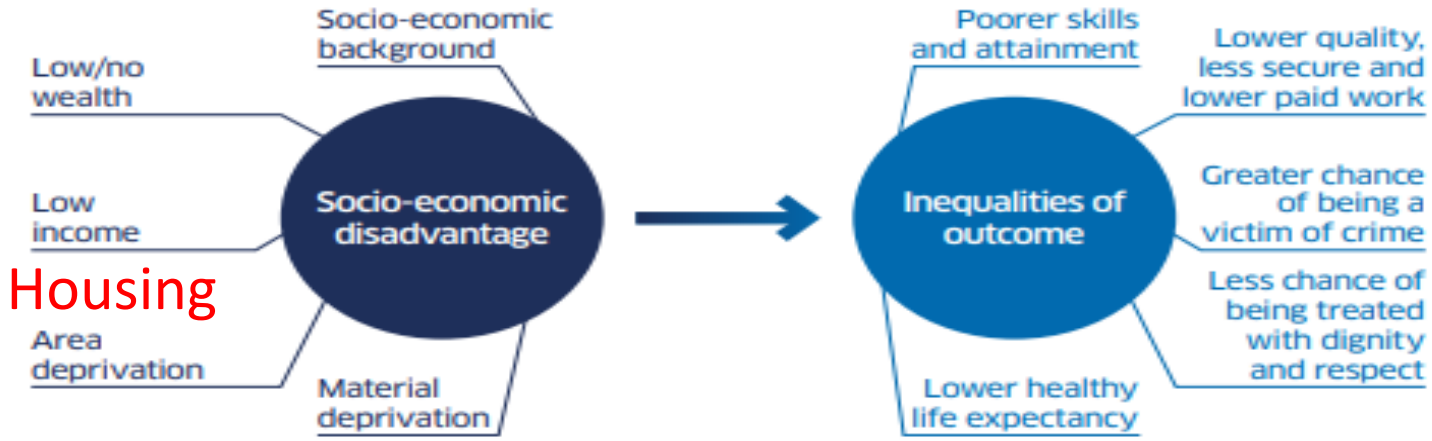
Consequences

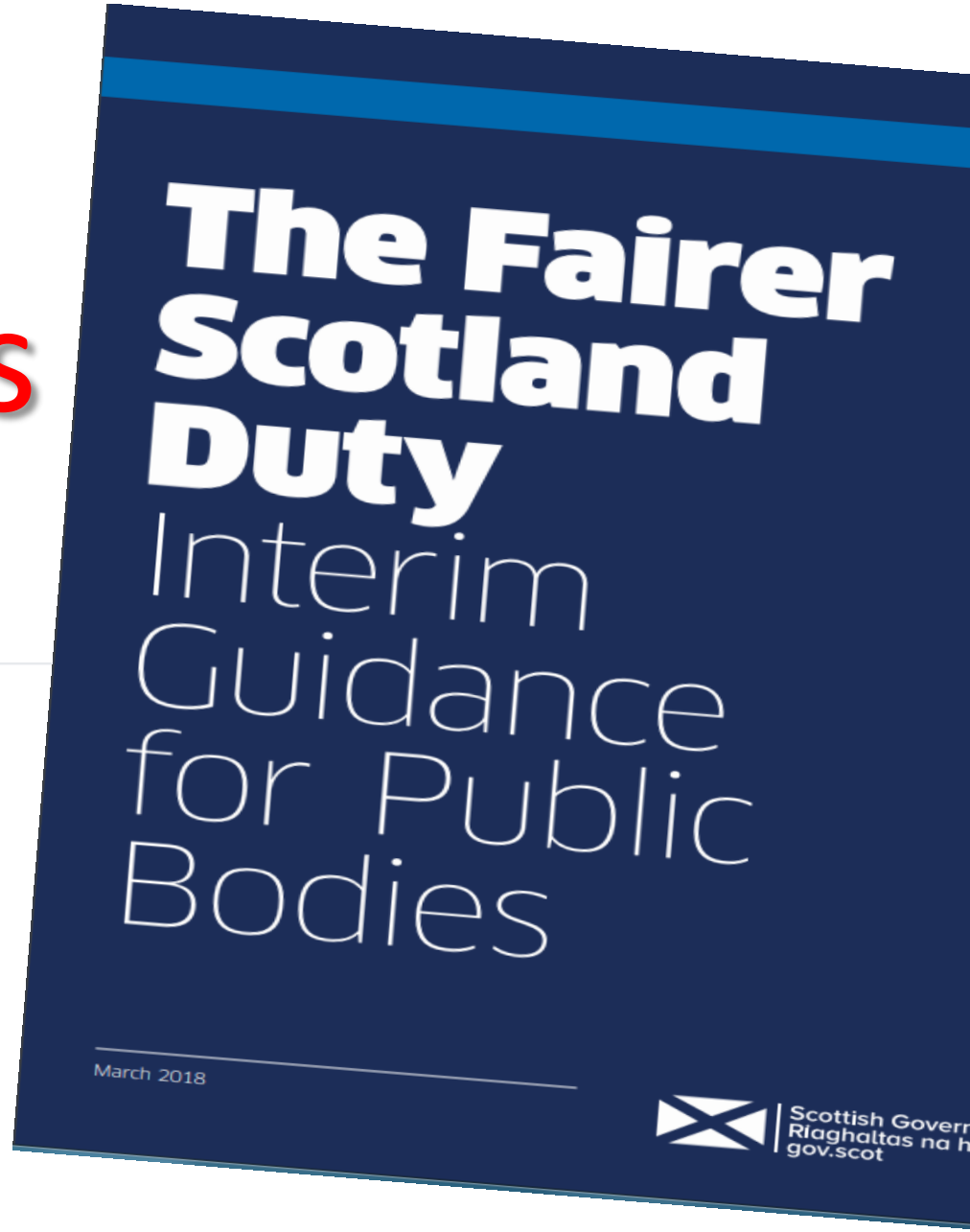
Interventions

How can we ensure that hidden populations are represented in data linkage projects?

Addressing Poverty

- key to Homelessness Prevention





How does housing affect health?

- Directly

NHS Health Scotland

Housing strategies briefing paper
September 2018

'Colleagues from both sectors should seek public health representation in key strategic forums and planning processes relevant to housing, in order to maximise the potential contribution of good housing to improving health and reducing inequalities. Public health teams should also consider the contribution good housing can make to local priority areas identified through Community Planning, and how this contribution can be embedded into Local Outcome Improvement Plans and locality plans.'

To support achievement of this recommendation we have produced this briefing paper for public health practitioners. It seeks to enable public health teams to engage with housing colleagues in the development of key housing plans and strategies. It outlines strategies and plans relevant to housing that local authorities (LAs) produce, and highlights opportunities for public health to engage so that the contribution that these plans and strategies can make to good health and reduced health inequalities is maximised.

How does housing affect health?

- Directly
- Indirectly

- Downstream implications of housing policy & practice
  eg: Glasgow & New Towns

- Economics of housing costs – buy, rents, benefits

How does housing affect health?

- Directly
- Indirectly
- Universally

We are all born
'housing – ready'

How does housing affect health?

- Directly
- Indirectly
- Universally
- Unequally

NHS Health Scotland (2016) Inequality briefings: housing and health inequalities

http://www.healthscotland.scot/media/1250/housing-and-health_nov2016_english.pdf

A home in which to: ‘start, live & age well’

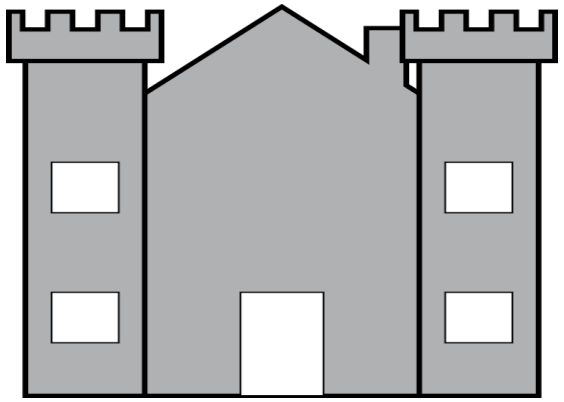
A ‘healthy home’ is:

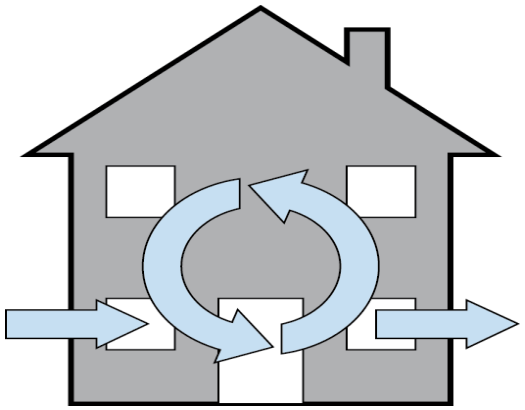
- Secure and safe
- Affordable, security of tenure
- Warm & affordable to heat
- Ventilated, free from damp/mould
- Free from hazards, and harm
- Accessible - enabling movement around the home and garden
- Positive local neighbourhood
- Support available if needed
- A ‘Smart’ home – telecare / telemedicine

A Healthy Home leads to……

- Improved physical and mental wellbeing
- Early prevention of ill-health
- People self managing their health & care needs
- Allows people to remain in their own home for much longer as their health fails
- Ensures positive care experiences
- Delays and reduces the need for health care and social care interventions
- Timely discharge and reduced hospital re-admissions
- Enables rapid recovery from periods of ill-health or planned admissions

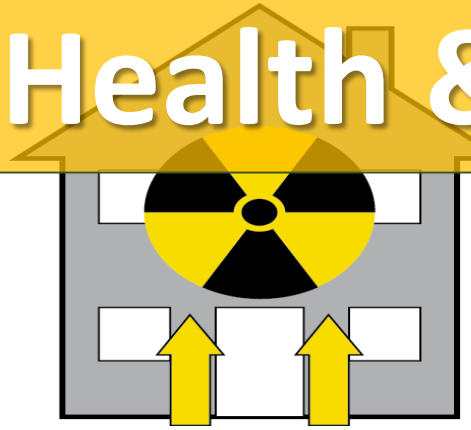
Applying the Public Health Lens





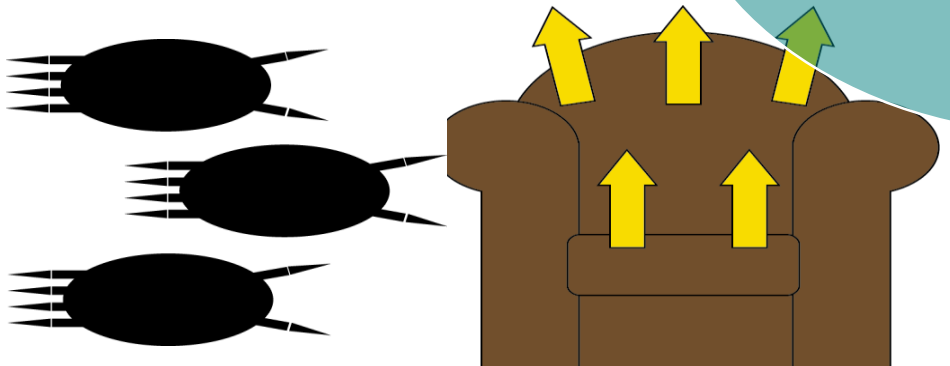
Health improvement

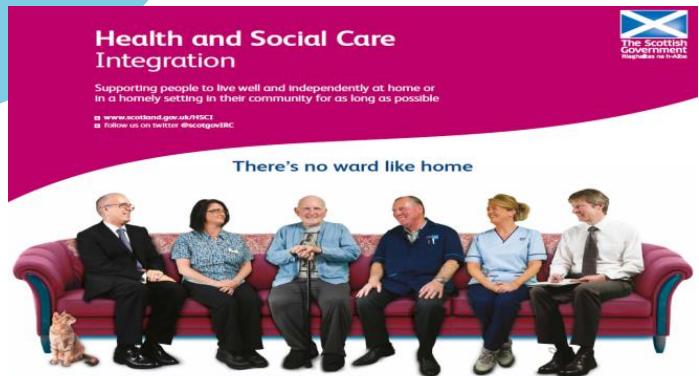
Health & Housing = intelligent healthcare



Health protection

Health and care quality





“Homelessness is a core and sensitive indicator of social injustice across Scotland – and therefore must be addressed within the Public Health Priorities in Scotland”

Housing is rising up the priority list:

- *Scottish Directors of Public Health*
- *ScotPHN Reports, SHIIAN and ScotPHN – resources*
- *NHS Health Scotland work programme*
- *NHS Healthcare Improvement Scotland (iHub)*
- *National Health & Homelessness Group/Faculty of Homelessness and Inclusion Health*
- *Scottish Health & Homelessness Conferences*
- *Health input to the Joint Housing Policy and Delivery Group*
- *Health input to the Homelessness Prevention Strategy Group (HPSG)*
- *Health and Homelessness in Scotland Report June 18 (Game-changer evidence)*
- *First Minister statement and Programmes for Government 2017/18 and 2018/19*

Where will housing sit in the new PH body?

1. POLITICAL WILL, 2. EVIDENCE, 3. STRATEGIC INTENT,

4. TACTICAL COLLABORATION, 5. FRONT LINE PASSION,

6. EXPERT CO-PRODUCTION, 6. SOCIAL ENGAGEMENT.

'Houseless and Hungry' by Luke Fildes depicting homeless paupers queuing outside the casual ward of a London workhouse