

# *If only I had known...*

## **Integrating housing help into hospitals**

- It is generally better for older peoples' health if they are discharged as soon as they no longer need hospital level medical care
- 80% of emergency admissions for 2 weeks or more are patients aged over 65; reducing emergency admissions and ensuring that longer lengths of stay by older people are clinically necessary has the greatest potential for efficiency savings
- Unsuitable home conditions can directly cause health problems, and hence hospital admissions. If individuals are discharged to unsafe, cold, unsuitable homes they are more likely to return to hospital
- Enabling older people to return safely home from hospital is therefore not only about efficient medical and social care but also housing related help.



*This brochure highlights the results from local initiatives which have integrated housing advice and help for older people into hospitals, demonstrating savings to the NHS and benefits to patients.*

## Why?

No longer being able to climb steps and stairs or use the bathroom are common housing related difficulties that impact on older peoples' ability to leave hospital.

Poor housing conditions such as cold, damp and disrepair have a measurable impact on a range of common health problems, and hence increase risk of hospital admission.



Sometimes older people need help to organise home adaptations, repairs or a move to a more suitable home that will enable safe hospital discharge and reduce risk of readmission.

### Housing & Health Link

Many of the chronic health conditions experienced by older people have a causal link to, or are exacerbated by, poor housing\*. These include heart disease, stroke, respiratory conditions, mental health, arthritis and rheumatism.

This housing & health link becomes more important with age; older people are more prone to trips and falls and more susceptible to cold or damp related health problems.

Vulnerable older people over 75 yrs are the most likely to live in poor housing, with 1 million living in non-decent homes.

*The Building Research Establishment\* quantifies the costs to the NHS of specific aspects of poor housing as over £600 million per year.*

\* M Davison et al (2010) The real cost of poor housing BRE

\* Department for Communities and Local Government (2010) Linking Housing Conditions and Health

### Efficiency Savings

- More than 70% of hospital bed days are occupied by emergency admissions.
- 80% of emergency admissions who stay for more than two weeks are patients aged over 65.

Research by the Kings Fund\* suggests that reducing emergency admissions and ensuring that longer lengths of stay by older people are clinically necessary [rather than being due to delayed transfer of care] has the greatest potential for hospital efficiency savings.

It could save the NHS at least £1 billion a year, as well as delivering benefits for patients.

\* Kings Fund (Dec 2011) DATA Briefing: Emergency bed use: what the numbers tell us

### Illustration from Somerset West Care & Repair

Mr Hill is in his 80s. He lived in a small private rented house which was in a poor state - cold and damp with uneven, steep stairs up to a bedroom and shower room.

Mr Hill fell in the kitchen and broke his hip, resulting in hospital admission. When discharged home he had to live downstairs, sleeping on the sofa and using a commode. Carers came twice a day to help him dress/undress and to deal with the catheter and commode. The resulting poor hygiene from lack of bathing resulted in three further hospital admissions with infections. At the last admission Mr Hill met the housing options worker who organised a move to sheltered housing.

Mr Hill's health has improved significantly since moving, with no further hospital admissions and reduced carer visits.

### SAVINGS TO HEALTH of housing intervention at first admission

3 x unplanned hospital episodes	@ £2,334* per episode	£7,002
3 x emergency transport	@ £260 per episode	£780
<b>Total</b>		<b>£7,782</b>

### SAVINGS TO SOCIAL SERVICES

#### Care package

Carers median package	£320 per week
Carers low level package	£207* per week
<i>Difference</i>	<i>£113 per week</i>
<b>Saving</b>	<b>£5,876 per year</b>

### POTENTIAL SAVINGS TO HEALTH of earlier housing intervention

#### Prevention of the hip fracture @ £12,000\*

\* PSSRU Unit Costs of Health and Social Care (2011)



### Illustration from North Somerset Care & Repair

Miss Crest is in her 70s, lives alone, fell trying to reach a bathroom window and did not receive help for several hours. She was subsequently admitted to hospital for four days followed by a readmission via A&E three days after discharge home because she had not been able to get out of bed or to reach the toilet.

The local Care & Repair worker arranged a pendant alarm, installation of self-closing hinges on the bathroom and kitchen windows (to avoid future falls risk), obtained a special chair that has reduced Miss Crest's back pain and is easier to stand up from and organised a second key holder in case of further problems.

### SAVINGS TO HEALTH of earlier housing intervention

2 x unplanned hospital episodes	@ £2,334 per episode	£4,668
2 x emergency transport	@ £260 per episode	£520
<b>Total</b>		<b>£5,188</b>

### SAVINGS TO SOCIAL CARE

#### Prevention of residential care admission @ £28,080 per year

## What?

The *'If only I had known...'* approach enables older people, their families and carers make an informed decision about future housing, care and support, either following hospital admission or where an older person has a long term health condition.

Care & Repair or other housing advisers visit hospital wards to talk to staff, older patients and their families about housing and care options, offering practical housing help to enable discharge from hospital eg. home adaptations, repairs, care packages or moving home.

*Going Home from Hospital* information packs are available in bedside cabinets or handed out by ward staff.

By linking older people with long term health conditions to housing advisers sooner, they are enabled to consider the implications of their condition and to plan accordingly, particularly with regard to their future housing and care needs.



*"This is so useful for older patients"*

# Enabling Change

*'If only I had known...'* is a national project undertaken by Care & Repair England. It pioneered and supported local hospital initiatives aimed at enabling older patients to leave hospital and return safely to their own homes.

It has demonstrated that integration of housing help into hospital systems enables older people to go home from hospital safely and can:

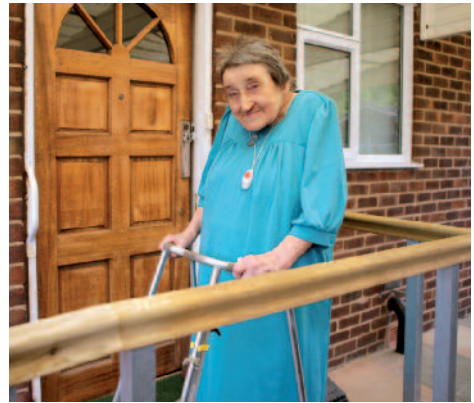
- Result in savings for health and social care providers
- Reduce health risks and lead to a better quality of life for older people

It concluded that integration of housing services works best when hospitals enable housing advisers to become an integral part of the hospital, visiting wards to meet staff and patients.

A range of freely downloadable resource materials set out the data and policy context, quantify cost benefits, and provide information about pilots to enable replication.

- *If only I had known...* Integration of housing help into a hospital setting
- *If only I had known...* An evaluation of the local hospital linked pilot projects
- Short descriptions of the local pilot projects
- Self Help Booklets for older people with arthritis, heart disease, respiratory disease, macular degeneration, stroke or dementia describing how to improve their housing.

Available at [www.careandrepair-england.org.uk/homefromhospital/index.htm](http://www.careandrepair-england.org.uk/homefromhospital/index.htm)



Care & Repair England is an independent charitable organisation established in 1986 which aims to improve older people's housing. We aim to innovate, develop, promote and support practical housing initiatives and the related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing.



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