



South Tyneside Healthy Homes: a social prescribing approach

My home, my care, my way

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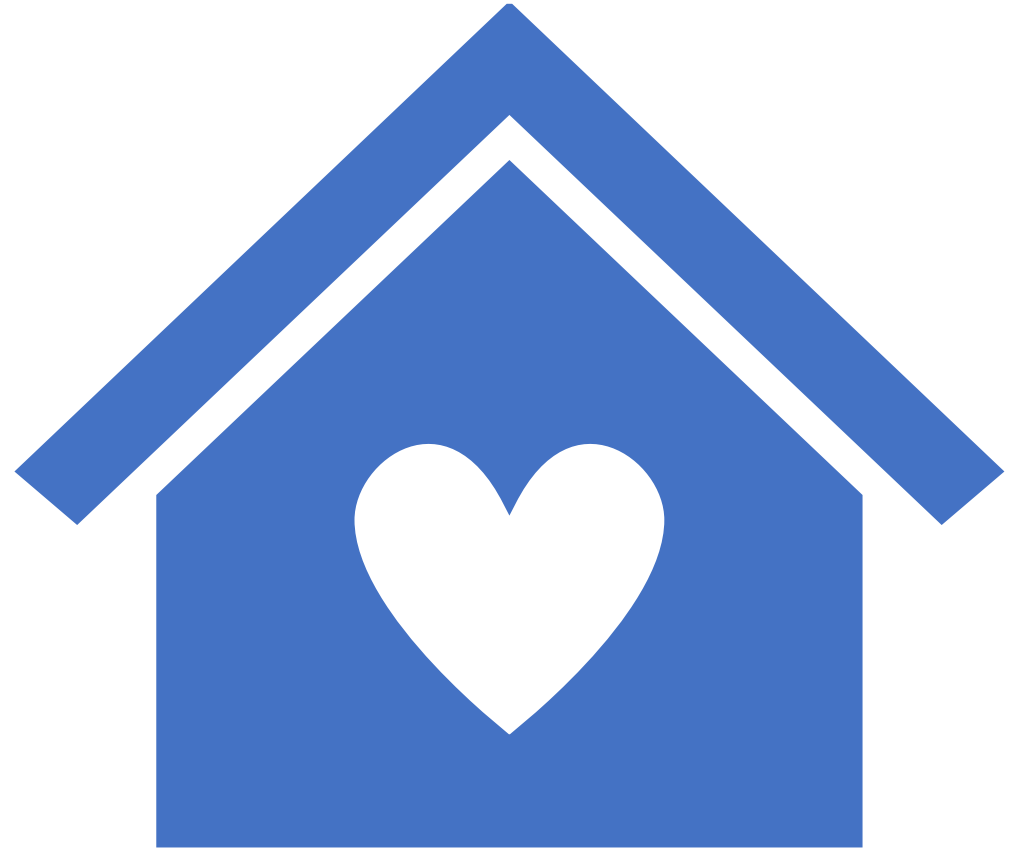


Background

- Non recurrent CCG (ICB) monies identified 2022
- Colleagues from health, public health and housing met to consider use of funds
- ‘Healthy Homes’ type work happening across Liverpool & other areas
- Selby took social prescribing into homes
- Identified priority postcodes using data
- Undertook consultation - what does a “healthy home” mean to you in those wards

Aim

To deliver significant sustainable health and housing improvements; to reduce the burden on NHS secondary care by targeting housing deficiencies that cause or exacerbate preventable chronic disease and premature death, targeting some of the most vulnerable residents in South Tyneside



Our Model

- Developed a model that brought together social prescribing with a healthy homes approach
- Delivery of model commenced in 2023
- Making Every Contact Count (MECC) training implemented simultaneously

Evaluation

- Commissioned external independent evaluation
- Undertaken by Dr. Philip Hodgson, Northumbria University



Evaluation Approach



Creation of a data capture tool highlighting financial benefits of the service



Qualitative interviews to explore service user experience and outcomes



Development of strategy / outcome measures for future evaluation

Quantitative data

Complex Needs

Service users experiencing a combination of needs relating to health conditions, low household income and age

Additional Needs

Financial advice / social inclusion / reduced mobility

Poor Housing Conditions

48% Concerned about fuel poverty / 31% at risk based on housing need / 43% experiencing signs of condensation



Potential cost benefits (calculated using BRE Cost of Poor Housing (2023))

Category 1 hazard	Total cases	NHS saving per annum per case	Total potential saving per annum to health services
Excess cold	33	£1654.28	£54,591.32
Dampness	21	£521.00	£10,940.93
Falls on level	15	£298.72	£4480.74
Falls between levels	3	£286.69	£860.06
Falls on stairs	1	£212.55	£212.55
Fire	1	£160.00	£160.00
Total saving			£71,245.59

Theme one: Person-housing fit

- **Physical & mental health impacts of the home**
 - **Paradoxical connection to place**

“It’s very dangerous – like steps everywhere. So, they said, are you considering moving into a bungalow – but I’ve paid this off. This is my livelihood now. So, this is... I haven’t got anything else [...] We can’t afford to move anywhere.”

(P6)

Theme two: Service experience

- “Loveliness” – home visit & ongoing advice

“Yeah, chatting on like we are. And it really meant a lot, that. Because, I mean, that’s not their job. It’s not their job.” (P7)

Theme three: Service impacts

- Large impacts from small changes
- Prevention and personalisation

“And the anxiety through those light fittings was a nightmare. Every time I flicked the light on I was, like, oh, my God - those lightbulbs, those lightbulbs.” (P7)

Theme four: Barriers and accessibility

- Information & awareness
- Older people & tenure

“Our generation don’t ask for a lot of things, unless we’ve got to. And we’re at the stage... Having to fill these forms in. It’s like begging for stuff. You worked all your life, you paid your taxes, you paid everything... And you feel as if you’re asking for something you’re not entitled to.” (P11)

Theme five: Future direction

- Ongoing support & awareness
 - Fairness

“He’s got hope [...] Hope. Yeah, he had no hope. Like, he was just suffering. And it’s very closed in - when you’re feeling claustrophobic and you’re closed in, it’s not good for him. It’s not nice to watch.” (partner of P17)

Recommendations



Ongoing support / awareness raising



Outcomes and downstream costs



Targeting key groups



Logic model / outcome measures



Face-to-face and accessible advice



Awareness of complexity of housing and health

What Next?

- Sufficient funding to expand postcodes and referral pathways until March 2025 in line with First Contact Clinical (FCC), existing Social Prescribing Contract.
- Presented to Healthy Homes Executive 28.02.24
- Acknowledges landscape is changing – regarding regulation and legislation
- Therefore, this evaluation is timely.
- Further research opportunities being worked up
- Asked to present at:
 - South Tyneside Alliance Committee (STAC) 14th March – good fit with BCF and Newton Europe
 - Strategic Housing Group 25th March – well received – SLMB
 - Senior Leaders Members Briefing (SLMB) 14th June
 - Housing, Health and Care Steering Group 25th April

Short Term

- FCC and key partners to take the learning from the evaluation
- FCC to utilise additional capacity continue to deliver the pilot in NE31, NE32, NE33 1/2/5/9 or NE34 8/9 postcodes
- FCC to continue to engage with key teams such as respiratory/A&E/tenancy sustainment to identify suitable households
- FCC to continue to raise awareness through the MECC training indifferent formats
- Northumbria University to develop and secure funding for further research

Short Term cont'd

- System wide discussions to embed this learning and approach – agreeing who delivers beyond 2025. Does this remain a social prescribing function or is it rolled out across other teams, with MECC training provided.
- Therefore, need to agree the potential to scale up this approach. An options paper to be developed.
- Consider a local community of practice approach to healthy homes
- To ensure a strong presence on the regional - Housing, Health, and Care Programme Community of Practice

Medium Term (Up to March 2027)



Embed this approach into regulation and legislation changes



Embed this approach as South Tyneside homes moves back into the council



Undertake a private stock survey



Understand how this leaning can be better adopted by other social housing providers, privately owned and privately rented properties



Monitor, evaluate and continue to scale up

Longer Term (Beyond 2027)



Aim for a scaled up,
sustainable model



That demonstrates
value for money against
agreed outcomes

Questions

