

# Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Home and housing**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

## Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

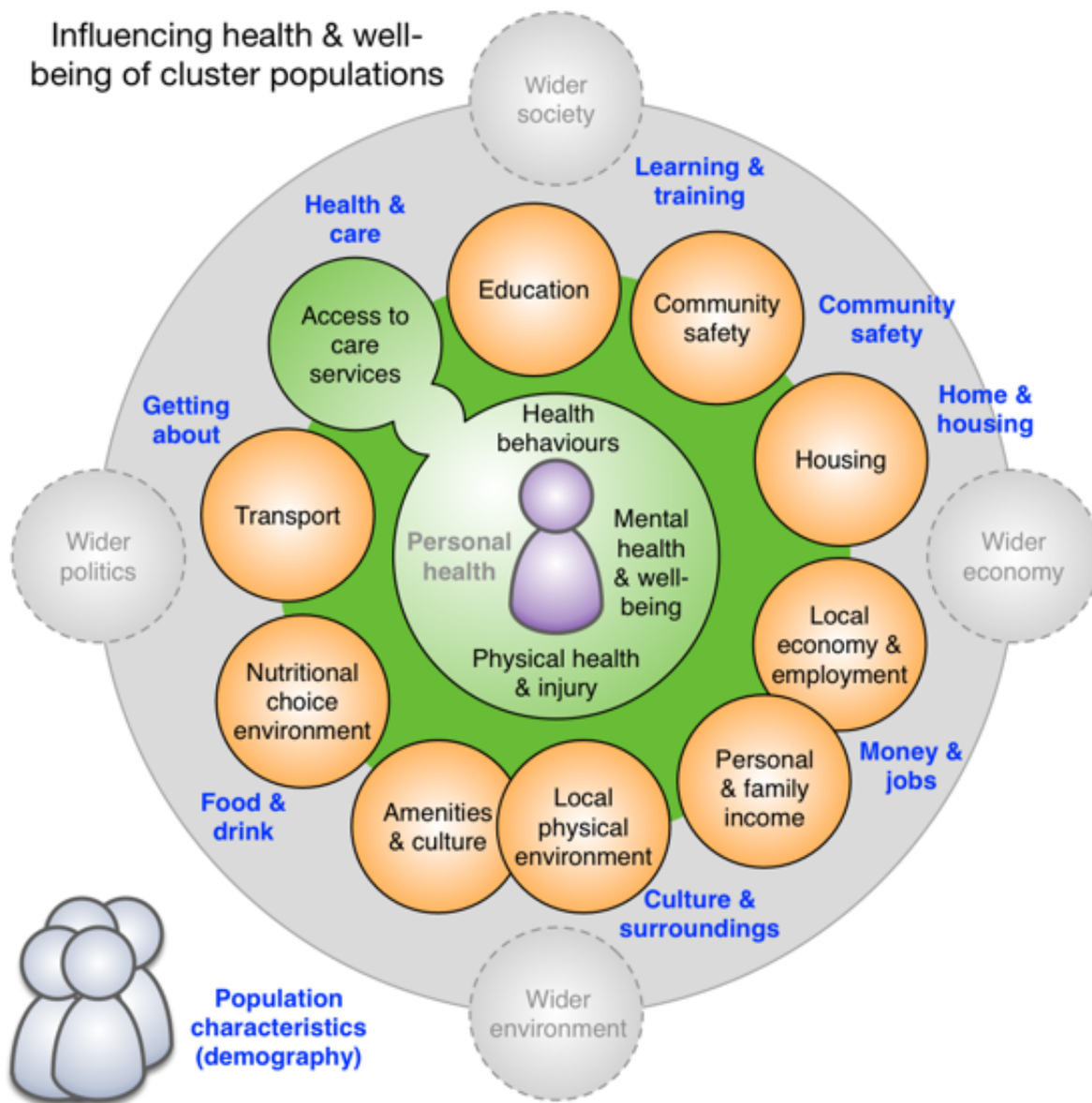
- *Building a healthier Wales* (Feb 2019) proposes a priority of tackling the wider determinants with a multi-agency focus on health and housing [and employability].
- Good quality, secure homes reduce the risk of poor physical and mental health and premature mortality, reduce lost school days and improve educational attainment, reduce the number of trips and falls and reduce visits to the GP and other health and social care services (*Building a healthier Wales*, Feb 2019).
- Poor housing and insecure homes/ homelessness pose significant risks to an individual's health, including poor mental health, respiratory disease and the delayed physical and cognitive development of children. Cold housing is particularly damaging for health and causes a significant proportion of demand for care and excess winter deaths (*Building a healthier Wales*, Feb 2019).
- The Housing (Wales) Act 2014 ([link](#)) will ensure more is done by local authorities and their partners to help people who are homeless or at risk of homelessness.
- *Taking Wales Forward* ([link](#)) includes a commitment to develop a nationwide and cross-government strategy to address issues of loneliness and social isolation.

▼ ① Tell me about: Determinants of health

- The **determinants** of health are broader, population-level influences on health and well-being (as opposed to the **causes** of ill health, which tend to be visible on an individual basis).
- The **wider** determinants of health are often described as the 'causes of the causes'—they generally reflect national conditions (grey in the diagram below) and include the broad economic, social, environmental and political factors that ultimately determine the health of whole populations.

- It can be helpful to describe **intermediate** determinants of health—these are the things that can be more readily influenced or modified through partnership action at local authority or health board level (orange in the diagram).
- Personal health status (influenced by health behaviours, mental health and well-being, physical health and injury) is closely linked to access to health and care services—a relationship shown in green in the diagram—but also to other intermediate determinants.
- Clusters should appreciate how other influences shape health and care on their patch, because the **unjust distribution** of determinants of health (e.g. by deprivation; see [POP-003](#)) is manifest as inequality in outcomes (e.g. gap in life/ healthy life expectancy; see [POP-002](#)).

Influencing health & well-being of cluster populations



STEP **B**

## Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

### ▼ Recognise and signpost to advice on redressing unhealthy homes

- Unhealthy homes include those that are cold, damp or growing mould. From the Welsh Housing Conditions Survey, almost one in five (18%) of homes pose an unacceptable risk to health. Health is at risk at indoor temperatures below 18 degrees Celsius and about 10% of excess winter deaths in Wales are directly attributed to fuel poverty.
- In the presence of concern, signpost directly to advice services or via local social prescribing mechanisms. These may include national fuel poverty and energy efficiency programmes e.g. [Nest](#) or [Arbed](#); local warm home schemes e.g. [Healthy Homes Healthy People](#) in North Wales; your local authority housing department or [registered social landlords](#) (depending whether the person lives in private or social housing).
- Seek advice from your local authority Environmental Health department if in a privately rented or owner occupied home.

### ▼ Recognise and signpost to advice on adaptations for unsuitable homes

- Unsuitable homes include those that would benefit from adaptations, such as for falls prevention. Removal of hazards in the home pays back in six years for health savings and in about six months for societal savings. Adaptations that reduce falls pay back in five to six years (NHS costs); home modifications reduce injuries requiring medical treatment caused by falls at home by 26% per year.
- In the presence of concern, signpost/ refer directly to advice services or via local social prescribing mechanisms. These may include local multi-agency falls prevention programmes (run by your health board, local authority and third sector); falls prevention co-ordinators; falls prevention classes; Care and Repair falls prevention pathway schemes run by your health board and local authority occupational therapists or falls co-ordinators; and single point of access (SPoA) schemes.

### ▼ Recognise and signpost to advice on reducing homelessness

- Homelessness in Wales is increasing; every £1 invested in solutions to move people out of homelessness generates £2.80 in benefits.
- In the presence of concern, signpost/ refer directly to advice services or via local social prescribing mechanisms. These may include [Shelter Cymru](#); [The Wallich](#); [Cymorth Cymru](#); [Llamau](#); local authority homelessness teams and (where present) holistic community homelessness hubs.

### ▼ Recognise and signpost to advice on reducing social isolation and loneliness

- There is evidence to suggest that loneliness and isolation can have a significant impact on physical and mental health; reducing the number of people who experience these issues should therefore help to reduce demand for health and social services (*Inquiry into loneliness and isolation*; Health, Social Care and Sport Committee, Dec 2017) ([link](#)).
- In the presence of concern, signpost/ refer directly to advice services or via local social prescribing mechanisms. These may include the Wales Council for Voluntary Action ([WCVA](#)) and local voluntary and third sector organisations.

#### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Excess winter deaths and illness and the health risks associated with cold homes*: NICE guideline [[NG6](#)] (Published date: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers reducing the health risks (including preventable deaths) associated with living in a cold home. It aims to improve the health and wellbeing of people vulnerable to the cold. Improving the temperature in homes, by improving energy efficiency, may also help reduce unnecessary fuel consumption.
- *Preventing excess winter deaths and illness associated with cold homes*: Quality standard [[QS117](#)] (Published date: March 2016) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers reducing the health risks (including preventable deaths) associated with cold homes. It includes identifying people at risk who are particularly vulnerable to the cold, such as young children, older people, and people with cardiovascular disease or mental health problems. It describes high-quality care in priority areas for improvement.
- *Falls in older people: assessing risk and prevention*: Clinical guideline [[CG161](#)] (Published date: June 2013) includes recommendations suitable for adoption by healthcare professionals. This guideline covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.
- *Falls in older people*: Quality standard [[QS86](#)] (Published date: March 2015; Last updated: January 2017) sets out nine quality statements, any of which could form a focus for collective local improvement action. This quality standard covers prevention of falls and assessment after a fall in older people (aged 65 and over) who are living in the community or staying in hospital. It describes high-quality care in priority areas for improvement.



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

#### ▼ Develop local health and housing partnerships

- Create or strengthen local links between housing, health and the third sector to establish or develop health and housing referral pathways.
- Ensure that housing and health referral pathways are included in cluster and area plans.
- Promote awareness of national and local warm homes, energy efficiency and fuel poverty schemes.

#### ▼ **Keep people well through investment in better housing**

- From the 2018 Welsh Housing Conditions Survey, Building Research Establishment (BRE) estimate poor quality housing in Wales costs the NHS more than £95m per year in first year treatment costs relating to illness and accidents caused by issues such as poor heating and dangerous stairs. The cost to Welsh society is over £1bn taking into account impacts such as distress, reduced economic potential, life-long care and increased burden on welfare finances. With an estimated cost of £584m to mitigate poor housing, funding the removal of hazards in the home therefore offers a payback period of six years where immediate health savings are considered, or just over six months where societal savings are included.
- The Welsh Government's Warm Homes Nest scheme targeting vulnerable households provided a health protective effect, decreasing the number of GP visits for respiratory conditions in the group of beneficiaries by 3.9%, compared to 9.8% increase for the control group.
- Welsh residents aged 60+ benefiting from upgraded council houses were found to have 39% fewer hospital admissions for cardiorespiratory conditions and injuries compared to those living in homes that were not upgraded.
- Public Health Wales are currently working with partners to review data from the latest Welsh Housing Conditions Survey, looking at the cost of poor housing in Wales and also completing a new *Making a difference* chapter on evidence-based interventions that maximise the impact of housing on health and well-being; these will be available later during 2019.

#### ▼ **Ensure awareness and implementation of NICE guidance/ quality standards**

- *Excess winter deaths and illness and the health risks associated with cold homes*: NICE guideline [[NG6](#)] (Published date: March 2015) includes recommendations suitable for adoption by health, social care and voluntary sector practitioners. This guideline covers reducing the health risks (including preventable deaths) associated with living in a cold home. It aims to improve the health and wellbeing of people vulnerable to the cold. Improving the temperature in homes, by improving energy efficiency, may also help reduce unnecessary fuel consumption.
- *Preventing excess winter deaths and illness associated with cold homes*: Quality standard [[QS117](#)] (Published date: March 2016) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers reducing the health risks (including preventable deaths) associated with cold homes. It includes identifying people at risk who are particularly vulnerable to the cold, such as young children, older people, and people with cardiovascular disease or mental health problems. It describes high-quality care in priority areas for improvement.
- *Falls in older people: assessing risk and prevention*: Clinical guideline [[CG161](#)] (Published date:

June 2013) includes recommendations suitable for adoption by those who care for older people who are at risk of falling. This guideline covers assessment of fall risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

- *Falls in older people*: Quality standard [[QS86](#)] (Published date: March 2015; Last updated: January 2017) sets out nine quality statements, any of which could form a focus for collective local improvement action. This quality standard covers prevention of falls and assessment after a fall in older people (aged 65 and over) who are living in the community or staying in hospital. It describes high-quality care in priority areas for improvement.
- *Older people: independence and mental wellbeing*: NICE guideline [[NG32](#)] (Published date: December 2015) includes recommendations suitable for adoption by local authorities and other partners. This guideline covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline.
- *Mental wellbeing and independence for older people*: Quality standard [[QS137](#)] (Published date: December 2016) sets out three quality statements, any of which could form a focus for collective local improvement action. This quality standard covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older, and how to identify those at risk of a decline. It describes high-quality care in priority areas for improvement. It does not cover the mental wellbeing and independence of people who live in a care home or attend one on a day-only basis.

STEP

D

## What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

### ▼ Homeless events

- *What problem was being addressed?* Need to meet the needs of homeless people.
- *What was done to address it?* The Cluster has supported two events in a bid to reach out to those that are homeless in the area. The aim to provide a 'one stop shop' in a Pontypridd town centre community church and access to agencies such as Citizens Advice Bureau, Safe, Barod, the Job Centre, Mind, and Hapi Project plus food, clean clothing and toiletries etc. during winter months. The local police community officers also supported to engage those who had slept in the area to go along to the event.
- *Who did it or who can be contacted in the event of queries?* Taff Ely cluster (Dr Oliver Williams; Dr Stephanie Foulkes-Moran; Rachael Baker; Ian Dodd; Janet Kelland).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

### ▼ Staying Healthy At Home



- *What problem was being addressed?* Need to meet the needs of socially isolated people while facilitating independence.
- *What was done to address it?* Provides a casework service that links with GP surgeries to reach people who are socially inactive/ isolated and to assist with sustainable independent living. Links are made to appropriate services including the Rapid Response Adaptation Programme who provide clients with income maximisation, grants, referrals to other local organisations and groups and a Healthy Home Check for additional works/ services to sustain independent living.
- *Who did it or who can be contacted in the event of queries?* Caerphilly South cluster (Dr Alun Edwards).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.



## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

## What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now  this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.