By: Kent Joint Policy and Planning Board (Housing)

To: Kent County Health and Wellbeing Board 17<sup>th</sup> July 2013

Subject: HOUSING AND FALLS PREVENTION

Classification: Unrestricted

**Summary**: Briefing sets out the ways in which the Kent local housing authorities and housing associations can assist with falls prevention

**Recommendations**: Housing Services to be part of falls referral pathway

## 1. Introduction

- (1) Falls and fractures are a major cause of disability and the leading cause of mortality due to injury in older people aged over 65 in the UK. Hip fracture is the most serious injury related to falls in older people and can lead to loss of mobility and loss of independence, forcing many to move into residential care. —Mind The Gap Kent's Health Inequalities Action Plan 2012/2015
- One in 3 people over the age of 65 and one in 2 people over the age of 80 fall each year and hip fractures cost the NHS £2.3billion each year. —NHS Confederation
- (3) Kent has an older age profile than the national average with a greater proportion of people aged 40 plus than in England. —Office of National Statistics

  The Department of Health Guide on Falls<sup>i</sup> cites that 35% of over 65s experience one or more falls and approximately 45% of over 80s fall in their homes each year. —Kerry Petts, Shepway District council Department of Health (July 2009) Falls and Fractures Effective interventions in social care.
- (4) While there are services and pathways in place for falls prevention, these do not necessarily include the home environment, but rather the medical model. Many falls do occur in the home for a variety of reasons apart from medical reasons. For example: the KCHT prevention service in West Kent has had a restructured falls service but does not mention housing as part of the 'rapid response'.
- (5) Some of the housing conditions which contribute towards falls are: poor lighting, worn stairs either in or outside of the property, trip hazards, difficulty getting in

and out of baths and so on. Excessive cold can also contribute towards falls as well as general ill health. Falls are likely to recur once a person has already suffered a fall, whether inside or outside of the home, so any measures which can be taken to improve safety at home will improve outcomes for that client group.

- (6) Although private sector housing officers can assist with ensuring the hazard is reduced or completely removed by remedial works to the property, there has not always been a mechanism to offer other advice regarding the health of the persons occupying the premises, in relation to their risk of falling over.
- (7) Private Sector Housing teams inspect properties for a number of reasons e.g. in response to complaints about conditions in the private rented sector, for Disabled Facilities Grant purposes and in response to concerns about living conditions. When an Officer is considering the condition of a property they assess the properties under the Housing, Health and Safety Rating System (HHSRS).

## 2. Housing Interventions

- (1) Within the HHSRS there are four specific hazards identified that are related to falls and that an Officer must consider if present in a property. They are:
  - Falls associated with baths etc.
  - Falling on level surfaces etc. (change of level less than 300mm)
  - Falling on stairs etc.
  - Falling between levels

If a serious hazard is identified the local authority has a **duty** to take action. If a less serious hazard is identified the local authority **may** take action. The action may include informal liaison or more formal action such as service of notices under the Housing Act 2004 and possible carrying out of works in default. These identified hazards, when rectified, will help to prevent falls from happening or reoccurring in the home.

- (2) Housing Assistance Schemes Some local authorities offer discretionary grants/loans to cover falls prevention work. Normally these are limited in eligibility e.g. on means-tested benefits and a serious hazard must have been identified within the property. Typical works could include repair/replacement of dangerous paths and provision of handrails. These schemes are not available across all districts due to lack of funding.
- (3) Disabled Facilities Grants (DFGs) are a mandatory grant that the local housing authority administer. They are means tested (apart from children's cases) and can cover works such as provision of stair lifts, replacing baths with level access showers, provision of ramps or safer access; all of which can reduce the incidence of falls in and around the home. A DFG is only made available after a referral from KCC Occupational Therapy team who will have carried out a needs assessment. However, this is a finite pot of money and some districts and boroughs have long waiting lists.

- (4) Home Improvement Agencies (HIAs) are usually responsible for administering the DFGs in conjunction with KCC's Assessment and Enablement Team. They also run a Handy Person Scheme for elderly and vulnerable clients. HIAs can undertake safety and security measures with regard to falls prevention such as handrails, including galvanised exterior rails, moving furniture, bannister rails, repairs to steps, room clearing, changing doors round, ramps and also general handyman services.
- (5) Private sector housing teams and HIAs are able to do a health and safety risk assessment on properties and will advise clients on how to stay safe within their homes and signpost to other services if necessary.
- (6) The local housing authority, (lha) can on occasion, facilitate a move for a vulnerable person to a more suitable property within their stock if their existing property is dangerous or in serious disrepair. The lha can also give advice on housing options for older people when required.
- (7) Housing Associations who own most of the social sector sheltered schemes for older people also have initiatives within those schemes. Some examples are:
  - West Kent Housing association -Facilitating courses at sheltered schemes, for residents and other older people in the community on postural stability or yoga and armchair exercise that includes fall prevention exercises as part of their Healthy Lifestyles activities. Their own disability team works with residents when concerns are raised either directly by tenant, via staff or via GP to install grab/hand rails, remove raised thresholds etc. to assist in falls prevention. They also provide anti-slip flooring in bathrooms and kitchens when refurbishing.
  - Town and Country Housing Group will also provide grab rails, ramps, half steps etc. where recommended by a medical professional. They will not let properties with steep stairs to those over 60.

## 3. Housing and the Falls Referral Pathway

- (1) There is currently a lack of awareness of what Private Sector Housing teams can assist with, particularly as falls is one of the main hazards that is considered when assessing a property. There needs to be an awareness raising and an appropriate referral mechanism in place between health and social care professionals and Private Sector Housing teams. This would be a positive way forward in reducing falls and improving outcomes in the health of Kent's older population.
- (2) Not all of the district LAs have discretionary funding available to undertake targeted falls prevention work nor do some have enough staffing resources to cope with a large increase in referrals for falls prevention work, but there could be some scope for joint targeting of those most at risk within the KCC falls prevention work, specifically aimed at preventing people going into residential care, or be part of the re-ablement package for those leaving intermediate care.
- (3) There is also scope for undertaking lesser adaptations than a full DFG in order that the client can return home from hospital/intermediate care by creating a 'safe

space' within their home. This can include interventions such as room clearing, moving a bed downstairs and widening doors.

## 4. Recommendations

- That housing services are integrated into any falls strategy or falls referral pathway via Kent Joint Policy and Planning Board and Kent Housing Group.
- That Housing Associations' sheltered schemes are used for postural stability classes for both residents and the wider community – there is a real willingness to do this.
- That a resourced two way referral process be developed between health and housing, particularly with regard to those identified most at risk or needing to return home from an inpatient setting. This would enable a safer environment and better quality of life for the client and would also reduce the heavy costs involved in residential/inpatient and health care and reduce re-admissions.
- That health services via the CCGs and the Health and Wellbeing Board consider some additional funding for adaptations for the above where a rapid response is required. The private sector housing teams will also advise clients of other improvements which could be provided and also take enforcement action where necessary for private rented properties with category 1 hazards. This could be piloted in West Kent initially with the KCHT falls preventions service.

Report prepared for Kent Health and Wellbeing Board on behalf of Kent Joint Policy and Planning Board by

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