Healthy Communities – the housing sector's offer

Conference report

NORTHERN Housing Consortium
THE VOICE OF HOUSING IN THE NORTH

Quality of Life

Conference Report

Key points

Three points coming out of this *conference* stood out above all others for the housing sector. The first was that **the health world is changing fast**, and the new challenging focus on health outcomes and health inequalities across all health services will mean that **attention will also focus on the effect that housing has on health and vice-versa**. As the Marmot Review puts it, it is the *intersection* between different domains that is critical – health and work, health and housing and planning, health and education – and success in tackling health inequalities is more likely to come about through the cumulative effect of these programmes, focusing on wider determinants of health. In other words, as several speakers told us, tackling health inequalities and aiming for better health outcomes is no longer to be seen as the province of those with the word "health" in their job or organisation title.

Secondly, shifting public health teams into local authorities provides many **opportunities for better collaboration between health and housing professionals**. Public health leads have continued to work closely with local authorities since they left to go to the health sector in 1974, but this has always been in the context of working alongside strategic health authorities. As these are now to go, public health leads will need friends to support their work within local government; housing organisations, both council-based and others, will be able to use their experience to help them to make the new links needed to implement the new statutory duty of tackling health inequalities. **Our new friends** will then be able to help us to understand the language and the culture of the health sector, which will be crucial if we are to play a full part.

The third key message for the housing sector is that the **Joint Strategic Needs Assessment (JSNA) will in future be the main driver for commissioning**, and, as some commentators put it, pretty much all decision-making within the local authority. What is learnt through the JSNA will set the agenda for commissioning services for health and social care, for housing, and for decisions on issues such as planning. Whereas in the past, JSNA has been very much the province of an inner circle of health and social care experts, it will in future need to have much wider involvement, both in learning about needs, and in shaping and acting on the priorities. National research[1] on the progress made in JSNA shows low levels of engagement of local partners and limited influence into joint or aligned investment decisions on the wider determinants. Research by the Northern Housing Consortium[2] highlighted that awareness of, and involvement in JSNA was patchy but where progress had been the success factors were linked to strong leadership, shared intelligence networks and opportunities for shared debate. Housing agencies – strategic teams and providers, in social and supported housing, and those who work with the privately owned and rented sectors – have a key role to play in the health agenda, but this will require **much greater involvement of housing people in Health and Wellbeing Boards and their sub-groups** than has been the case in many Local Strategic Partnerships and in JSNA. The Northern Housing Consortium and CIH submitted a joint response to the Health and Social Care Bill Commons Committee calling for the Bill to be strengthened in relation to the involvement of housing organisations[3].

[1] http://www.idea.gov.uk/idk/aio/9616139
[2] http://www.northern-consortium.org.uk/assets/policy/09%2009%20jsna%20and%20housing%20-%20a%20review%20of%20northern%20approaches.pdf
[3] http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/memo/m118.htm

Two other strong messages went home with delegates: the health inequalities agenda means investing upsteam and putting resources into prevention rather than treatment. The analogy is that we need to understand why people are falling into the river upsteam and preventing it from happening instead of pulling them out further downsteam. Another message which struck home for many delegates was that there are at least 108 reasons for people eating the wrong things or not being physically active!

The detail: main speakers

The conference chair, **Nick Atkin**, from Halton Housing Trust, set a marker for the day, telling us that as a Housing Association chief executive, he also sits on a Primary Care Trust Board, and advises one of the new GP consortia in his area.

Martin Gibbs, Health Inequalities Unit, Department of Health: Martin ran through the main health reforms currently on the agenda, and set out the key points of the Marmot Review, *Fair Society, Healthy Lives*. At present, taking life expectancy as a measure of health, England is 6th in the global league table for men and 20th for women - surprisingly below countries such as Slovenia and Greece. People in poorer health may also spend a longer time in poor health, and this is a huge cost for our economy. Martin set out the main features of the ambitious programme of changes that is set to address this cost, at Government level, and at local levels. Health White Papers and Bills have been amongst the first to come out from the new government but there is a great deal of detail still to come, and acknowledged pressure, at a time of big re-organisations and public spending cuts.

One of the big challenges being faced at the moment is to identify how much is currently spent on public health; in order to decide how much will be transferred into ring-fenced budgets in local authorities. The current estimate is at least £4bn, some of which is already spent on addressing health issues for groups who also have both health and housing needs, e.g. older people (many of those with housing needs are private owners or renters rather than social tenants, homeless and rough sleepers, and substance misusers. There is a strong argument for continuing this trend, given the pressure resulting from the Equalities Act 2010 to ensure that there is equal access to health services for all groups, and the intended shift in power from health authorities to local authorities and local people ("*no decision without me*"). Martin challenged the housing sector to make sure it plays its part in this, getting involved in Health and Wellbeing Boards and Strategies, working with the GP consortia, and working alongside the public health professionals to help to fill the gaps in expertise and capacity that will emerge once the PCTs and Strategic Health Authorities disappear.

Jane Riley, Deputy Regional Director of Public Health, Yorkshire and Humber: Jane explained that the role of Public Health is to pull together all our efforts to improve Health and Wellbeing, with key aims to achieve measurable improvements in public health outcomes, by helping people to take action themselves to improve their life expectancy, and "inspiring, challenging and commissioning" partners to work them on this agenda. The new aims will be focused far more on prevention – preventing people starting to have health problems, and not curing ill health or dealing with crises (the river analogy) – and on enabling people to take action themselves. She pointed out that the default position we choose is often the unhealthiest one for example buying high fat fast foods rather than healthy options – but that campaigns to "nudge" people to change lifestyles have been effective. Separating public health work from that of the health sector has the potential to make even more impact, and Jane reminded us that the strengths of bringing the housing field into this work more firmly include our expertise and

evidence base as well as the reach that we have for making contact with people with the lowest incomes, and

Martin Seymour, Healthy Communities Programme, Local Government Improvement and Development: Martin expanded on the idea of wider determinants of health, and showed how housing fits in to this picture. He cited examples of the impact that the housing field can have on health e.g. street layouts which provide more "walkability" (being walk-friendly) have been found to encourage health and increase life expectancy. Looking at the local government response to the Public Health White Paper, Martin noted that there remains opposition to the idea of a ring fenced budget for public health, and concern that there is still a great deal of central control of the key decisions. Evidence from the LSPs and LSP health theme groups shows that housing was not heavily engaged in all areas, and that our experience in working in partnerships may be needed in order to help the Health and Wellbeing Boards to become "maturing partnerships" at an earlier stage.

Jeremy Porteus, Housing Learning and Improvement Network (LIN), DoH: Jeremy spoke eloquently about the links between health and housing. He reminded us that the cost of preventing falls by installing grabrails can save more than 100 times their cost by avoiding the need for a new hip, and that good housing interventions can delay someone going into care, saving around £28,000 a year. Jeremy highlighted some of the policy dilemmas facing us, including the challenge of maintaining current housing stock and developing specialist housing at a time of great pressure on investment, helping people to make more use of personal budgets, and planning healthy neighbourhoods. He showed that some of the interventions needed are not the most expensive – the capital costs of specialist housing such as extra care has been costed out at as little as £2-3000 a year per person – and can reduce demand for both health and social care. Despite the obvious cost benefits, it is evident that social care professionals will need our support in pushing forward these agendas with health colleagues within Health and Wellbeing Boards.

Two other speakers – **David Kidney Chartered Institute of Environmental Health**, and **Tim Chapman, Sustainable Communities Specialist, HCA,** gave further insights into the benefits to come from collaboration on health issues. Environmental health officers, like public health teams, have experience of working more closely with health agencies than many in the housing sector, and are going to be important allies in working out how to make the most impact on health inequalities as well as preventing ill health. CIEH has recently developed a tool for calculating the cost of removing health hazards, including poor housing, and has also done a considerable amount of work on the Public Health Outcomes Framework for 2011-12. David highlighted that a number of the indicators relate to housing. We heard during the day that the framework, which is one of three overlapping frameworks for the NHS, public health and adult social care services, is not a fixed document; it will be updated regularly, with input from all experts welcomed. The NHC[4] response to recent public health consultations stressed the importance of including housing related indicators in the outcomes framework and incentivising progress by linking these indicators to the new public health premium. We believe this approach would maximise the opportunity that members have to influence health inequalities at a local level and ensure that the gap in inequalities in the most deprived areas does not widen further. Tim identified further health benefits to come from good spatial planning, including planning for

[4] \\nhcnas\Insight\Policy and Strategy\Housing, Health and Social Care\NHC Briefing Note Public Health Consultations.pdf

active travel, and making sure there are green spaces and play and other facilities near to housing areas. He provided the conference's favourite acronym, the QALY: quality-adjusted life year. This allows health economists to measure and compare the clinical effectiveness of different interventions, including social interventions, looking at how much longer the person might live as a result of each one.

Gill Leng, Gill Leng Housing Solutions: Gill's final session of the day helped us to make sense of what we had heard, and showed how the housing sector could influence commissioning in the new framework. The "housing offer" for health and social care needs to be developed with our colleagues in environmental health, public health, and planning influencing the thinking in each of these four elements:

setting out the local vision;
gathering intelligence;
developing capacity; and
providing evidence of outcomes.

It is important to recognise that the housing sector is not always good at being preventative, but that there are strengths in a number of areas where a crisis is prevented from recurring. To make inroads into developing better health outcomes, we need to get better at preventing ill health from happening in the future – accidents, and mental health problems, for example. And we need to learn more about how to work with others to solve problems together – such as the housing needs of people in the criminal justice sector or those leaving institutions - before a crisis point is reached. A wide range of housing activity can be brought into play to address health and wellbeing, and reduce health inequalities. We need to make sure we are round the table with health and social care colleagues to be able to explain the housing offer, and to demonstrate the positive outcomes that can come from housing interventions.

The professional practice sessions

The four sessions covered the following topics:

- JSNA - in this session Ed Harding from the Department of Health gave more detail on how a new generation of JSNA's will be developed and the housing role within this. A key point was that a wide range of local partners should undertake 'big picture' intelligence and analysis e.g. 'what's working, what's not, what could work better?', and that a shared assessment of needs and assets should be used to drive *all* commissioning and investment and disinvestment decisions across local authority boundaries whether these are GP commissioning, council commissioning or joint commissioning. The design of the JSNA process is fundamental and housing organisations were again urged to have an input into JSNA locally and will need to consider,

- Closer to Home – in this session Robert Cornwall from Cumbria County Council discussed a project established in 2006 which aimed to treat people as close to home as possible for as long as possible, in an effort to tackle what was seen as an unsustainable burden of a rapidly ageing rural population. This highlighted the need to bring housing organisations together with health and social care agencies, to plan such initiatives which avoid undue pressure being placed on housing resources. Other developments - the

community right to challenge planning decisions, to take over local assets, and to bid for services, together with the individual's right to a personal budget – is new environment for such work, and will need the local community to be brought on board at an early stage.

- Healthy Homes Project: in this session Ian Watson from Liverpool City Council outlined an initiative which targeted inspection of private housing with the aim of reducing health hazards. Liverpool has the worst overall rate of fuel poverty in the country, high rates of housing in poor condition and high rates of deaths due to accidents. Through engagement with communities and referrals made to a wide range of partners (e.g. environmental health, energy advisers, Fire & Rescue, food and nutrition, employment and training, smoking cessation, and welfare benefits), savings to the NHS as a result of the project were estimated at around £440,000 in the first year, and overall savings were said to be as much as £55 million.

- Making the link – safer homes and communities: in this session Ian Evans from the Child Accident Prevention Trust focused on the cost of accidental injury. The Trust has developed guidance which is being used by NICE and disseminated to Children and Young People's Boards and used by front line practitioners such as Health Visitors, children's centres, and housing and environmental health officers to reduce accidental injuries in the home.

The conference presentations can be found on the NHC website. Click here.

Other useful resources from the Northern Housing Consortium

Public Health Consultations – Briefing Note

NHC/CIH Response to Health and Social Care Bill Commons Committee

No Health without Mental Health – Briefing Paper

Health and Social Care Bill – Briefing Paper

Equity and Excellence: Liberating the NHS - Implications of NHS White Paper for Members

Marmot Review – Impact on the Housing Sector

Inclusion Health: Improving the way we meet the primary health care needs of the socially excluded - Implications for the housing sector

Joint Strategic Needs Assessment: A Review of Northern Approaches

For further information about NHC events please see our website http://www.northern-consortium.org.uk/Page/Events/.
To discuss the NHC's work programme on housing, health and social care please contact:- Sarah Taylor Policy & Strategy Manager direct dial 0191 5661029.

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