Building blocks for life

How to develop effective health and housing partnerships

Chartered Institute of Housing

Grand Union Housing Group

Peabody

Bedford Borough Council

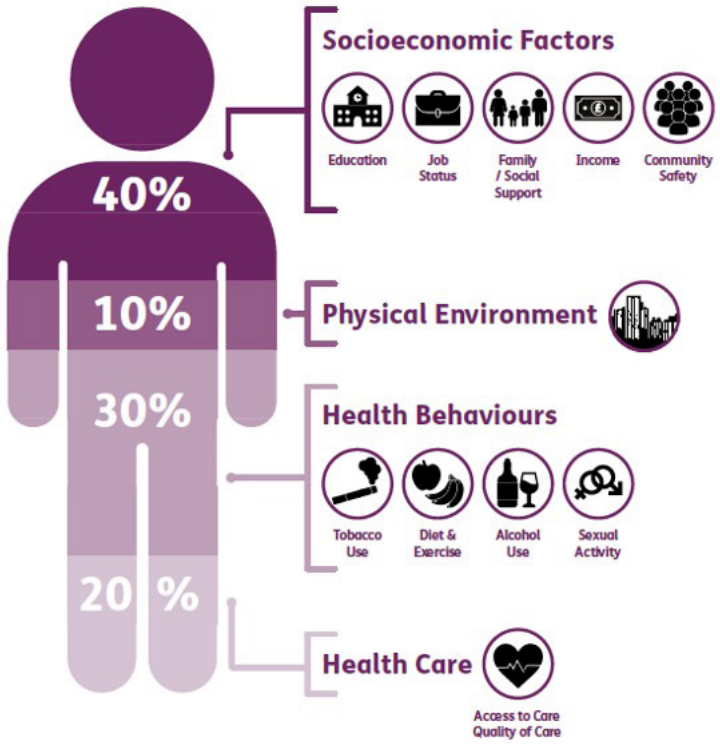
Central Bedfordshire Council

Milton Keynes Council

Introduction

Our homes provide a foundation for our health and wellbeing. Having a decent, accessible and affordable home in a neighbourhood with close access to facilities and amenities, underpins our ability to live well, make connections and contribute to our community and wider society.

A series of investigations into the building blocks that underpin health outcomes has underlined this; one of the most significant being Fair Society, Healthy Lives (2010) by Professor Sir Michael Marmot, which included the objective to create and develop healthy and sustainable places and communities. His review of health inequalities ten years later unfortunately painted a picture of reversal rather than advances in better outcomes.



The building blocks of health are responsible for approximately 50 per cent of our health.

They have such a big impact because they have a cumulative effect over our lifetime. They are also significant because they influence our individual health behaviours like smoking, diet and alcohol.

People are more likely to live happy, healthy lives if they:

- Have the best start in life
- Can use their skills and have control over their lives
- Can get good, fair employment
- Have a decent standard of living
- Have help to stop them getting ill
- Can get access to sustainable places and communities.

Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships between Determinant Factors and Health Outcomes. American Journal of Preventative Medicine. 2016;50(2): 129 -35

Social housing: a renewed health focus

Housing came under the spotlight through the experience of the COVID-19 pandemic and associated lockdowns. People in poor quality housing and overcrowded conditions had increased risks of infection and experienced worse effects from the lockdowns than those in decent housing and access to green spaces (see the 2020 report for the Health Foundation, Build Back Fairer: The COVID-19 Marmot Review). The tragic death of two year old Awaab Ishak due to damp and mould in his social rented home has reinforced how severe the effect of poor conditions in housing can be and resulted in a renewed drive to raise understanding of this across the sector. New provisions have been set out in legislation for the social housing, alongside government guidance for all rented housing providers (Understanding and addressing the health risks of damp and mould in the home).

There are also many occasions where good housing has contributed significantly to better health, wellbeing and independent living. CIH has produced several papers demonstrating the benefits from joint working across housing, health and/or social care partners, where housing and related services have helped to tackle key challenges for health and social care partners (Sector showcase: housing and independent living and The role of housing in effective hospital discharge).

New opportunities with health

Further changes in the policy and legislative framework over the last few years provide new opportunities to go further, to shift from stand-alone schemes and pilot projects to a more strategic and systematic way of working based around local places and communities.

Following the publication of the health and social care white paper - Integration and innovation - the Health and Care Act 2022 placed integrated care systems (ICSs) on a statutory footing with the remit to coordinate and convene local partners and resources to improve population health at the local level.

All ICSs have four key priorities, to:

- Improve healthcare and population health outcomes
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

To achieve this, there clearly needs to be a different approach, working with and across local authorities, including public health, and other partners that have significant presence in local areas, and with communities to understand and address local priorities. It will also need to be a flexible and sustainable approach to connect with communities, improve access to services and achieve different and better outcomes for health and wellbeing.

The white paper for social care, People at the heart of care, also highlighted the importance of housing based solutions to support people to live as independently as possible within local communities, with the goal of 'making every decision about care a decision about housing'. Developing integrated strategies was one of the key tools, with the opportunity to develop new models of care and services.

So, where to begin?

This paper draws on the emerging picture of health and housing partnerships and on such work being developed. It outlines the key steps and considerations for building and maintaining successful partnerships across the sectors to benefit local communities and tackle health inequalities.

Understanding each other's roles

Social landlords are often present in areas with higher levels of deprivation. The communities found there tend to experience significant difficulties in accessing health and care services, and they tend to have the poorest health outcomes. These are the communities that both public health teams and partners within ICSs are aiming to engage, to provide information and connect to support in order to prevent increasing ill health.

Landlords are in communication and have connection with residents regularly, often able to access homes and identify additional needs. Because of this, they are a valuable partner for public health teams and others within ICSs, enabling them to connect with communities, to increase awareness of and access to services, and to enable better outcomes for them in the long term.

Connecting residents into such support services is beneficial for landlords too. Many are aware of residents with additional needs that require help to sustain their tenancies. Whilst landlords frequently provide a significant amount of support directly, for example around debt advice, there are often health and/or social issues that require help that landlords are not equipped to provide. Being able to refer their residents and local communities into this support where it exists provides benefits for both residents and landlords.

By working in partnership, both health agencies and housing providers can start to move towards a preventative rather than corrective approach that not only benefits residents and communities but can help deliver better value and efficiencies.

Issue	Why housing	Why health
Smoking	Arrears reduction Managed fire safety risk Asset management costs	Smoking is the main cause of preventable disease and premature death Reduced hospital admissions
Mental Health and Wellbeing	Tenancy sustainment Hoarding Sustainable employment	Severe mental illness causes reduced life expectancy Negative impacts on physical health
Weight management and physical activity	Resident feedback that weight impacts on daily life Reduced confidence to apply for jobs	Excess weight increases risk of chronic diseases It is associated with anxiety and depression
Drug and alcohol	Cuckooing and county lines Violence and anti-social behaviour Neighbourhood satisfaction	Reduced life expectancy Increased risk of liver disease and cancer Depression and mental health issues

Clearly the aims of these partners overlap, with the overall goal of providing more help to shared local communities and to improve wellbeing. Each should aim to understand the other's strategic and operational goals and identify where coordinated activities would maximise the impact and benefit for these communities.

Integrated care partnerships, health and wellbeing boards or other health and housing fora can all provide opportunities for health and housing professionals to meet and build up this understanding of roles and relationships, and to identify shared priorities, communities/localities. From this, strategic/corporate strategies and specific operational projects can be planned, and resources and actions aligned.

This might include:

- Addressing housing and neighbourhood conditions that contribute to respiratory problems
- Tackling anti-social behaviour and underlying factors/triggers (e.g. drug/ alcohol misuse), providing routes into or developing support services
- Improving physical and mental wellbeing and confidence/ opportunities to access education/ employment etc.

Case study: **Bilberry Road**

A social housing scheme in a predominantly affluent rural village was experiencing a lot of crime and anti-social behaviour (ASB) leading to numerous evictions and rough sleeping, often related to drug and alcohol abuse. Public health developed a toolkit with frontline housing staff that drew together the online training available from health bodies nationally and locally, on substance abuse and mental health – all of which can help housing staff to understand issues lying behind presenting behaviours such as ASB. Staff were also supported to identify and use appropriate local help and referral routes to services such as the mental health Recovery College, Path to Recovery (adult drug & alcohol treatment services) and Young People's services.

The strengthening of support went alongside other multi agency partnerships and the regeneration work by Grand Union housing to improve the physical fabric of the estate. Outcomes include no further evictions, greatly reduced incidents of crime and ASB, and residents that are starting to feel safe and well (including access to other health support).

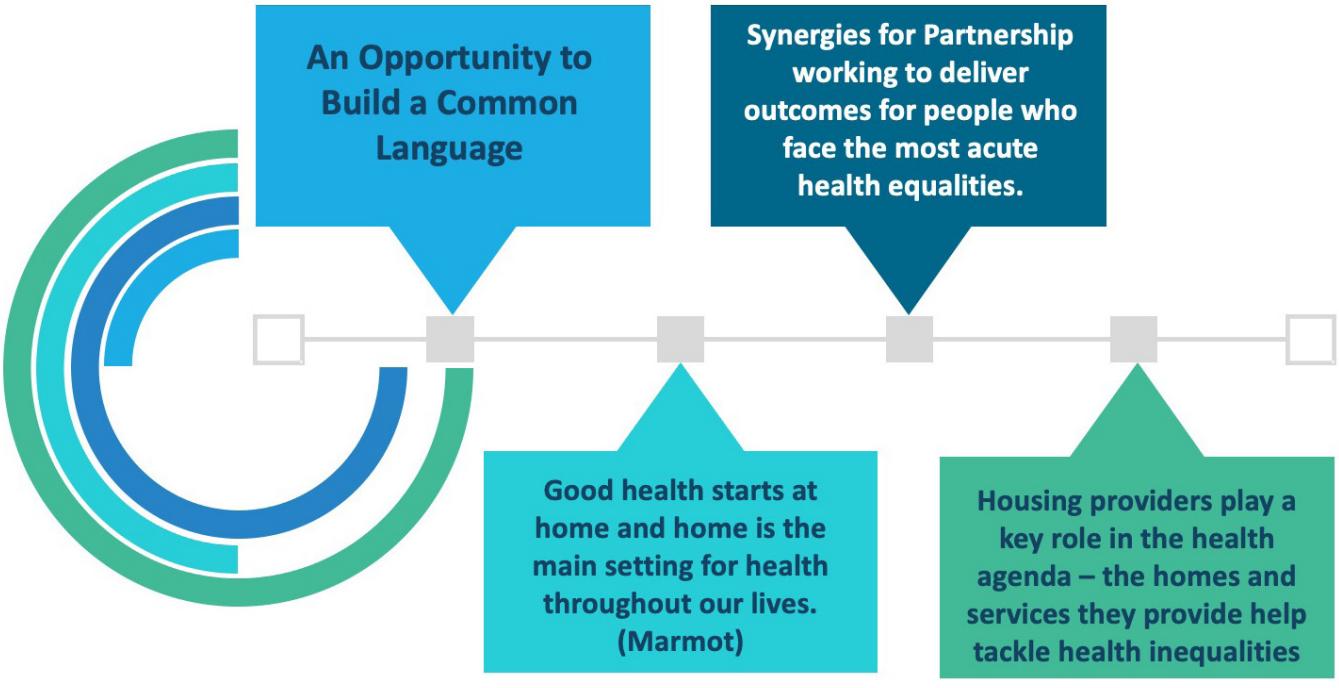
A community hub has been established, providing a space and opportunity for residents to connect with other support, including 'healthier lifestyle' schemes tackling obesity and encouraging healthy activities.

Building trust and communication

Effective partnerships are built on trust and open communication, which requires the investment of staff time at operational and strategic levels. Partners should seek to use all available local fora to build relationships across executive and operational staff.

These could include health and wellbeing boards and associated subgroups or working groups, good practice forums, and cross sector steering groups for things like social prescribing.

Ongoing communication and discussion will enable professionals to have a common understanding, not only of priorities and shared communities of interest, but also of language and the expertise that each provides, to provide a more rounded, holistic support system to communities, and to develop solutions with the people within those communities.



Social landlords can provide insights into housing policies and solutions, while public health teams offer knowledge on the building blocks of health and public health programs designed to tackle inequality. ICS partners bring additional information to target action, such as the level of emergency service use by social housing residents, or recurring conditions within local communities.

Given the number of social housing providers across local areas, leaders may need to arrange their own network to ensure that health professionals are not trying to have the same or similar strategic discussions multiple times, particularly where there are limited places available within formal structures such as the integrated care partnership. whg has organised a health and housing forum, and in Worcestershire, a group of housing chief executives came together and agreed who should take the lead on developing the partnerships and established a senior level role to lead on a joint working approach.

Shared data and insights

Each partner will have information and evidence on both homes and households that will be helpful to the other. This will be both at local authority and smaller areas, or even (with consent) at an individual level.

Health information - benefits for housing

Joining up health and housing data and information can enable deeper and more actionable insights. Health data can provide valuable population health insights which, when working in partnership, will mean better use of resources and targeted interventions. We know that people living in more deprived areas are dying years earlier than they should because they don't have all the things needed to live a healthy life. Health data can provide local information about specific groups and communities experiencing health inequalities which in turn can inform how health and housing can work together to reduce these inequalities.

Joining up health data with housing data for issues such as arrears and anti-social behaviour and overlaying this with housing stock densities can help identify shared priority areas and actions.

The health and housing insights bank being developed across Bedford, Central Bedfordshire and Milton Keynes with housing partners will provide a resource to help develop data and understanding of how residents feel about health. This in turn can be useful when thinking about customer segmentation and service design work.

Health information - benefits for housing

The new regulatory framework for social housing and the Better Social Housing Review is driving work across the social housing sector to understand the condition of their homes and the needs of residents, in order to take appropriate and early action to ensure residents' wellbeing. Increasingly landlords are using sensors to monitor housing conditions in order to identify problems and intervene at an earlier stage, and to tailor interventions and priorities for people with additional health and / or support needs.

This information should be collated and analysed collaboratively to support the development of a joint, well -aligned strategic approach to improving health and wellbeing:

- That ensures better access to existing services for all groups
- That enables the development of new services, in partnership with local people, where gaps are identified.

At the individual home and household level, this would enable a coordinated approach to tackle housing problems contributing to health issues such as asthma or respiratory problems, whilst targeting appropriate help to manage the health condition. It would also enable partners to align investment around specific areas/ communities – in widescale housing improvement programmes, in referrals to health programmes, in support to manage long term conditions, etc.

Useful resources - Joint Strategic Needs Assessments (JSNA)

JSNAs contain insight and intelligence on the current picture of the needs and use of services by the local population; they also highlight where there might be unmet need.

This enables interventions and use of resources aimed at improving health, care and wellbeing and reducing inequalities. The purpose of the JSNA is to provide a shared, trusted, and impartial evidence base and to ensure a co-ordinated approach to service design and provision, with the aim of improving outcomes for residents. It presents a comprehensive picture of the region through a range of data and intelligence on demographics, behaviours and the many other factors that influence health.

The JSNA for the shared Beford Milton Keynes (BMK) Public Health Service is not a static document, it is a library where "books" or blocks of information are added as they are developed. The JSNA takes a life course approach, recognising that mental and physical health are influenced in different ways throughout our life cycle by personal factors, wider social, economic and environmental determinants and behaviour risk factors.

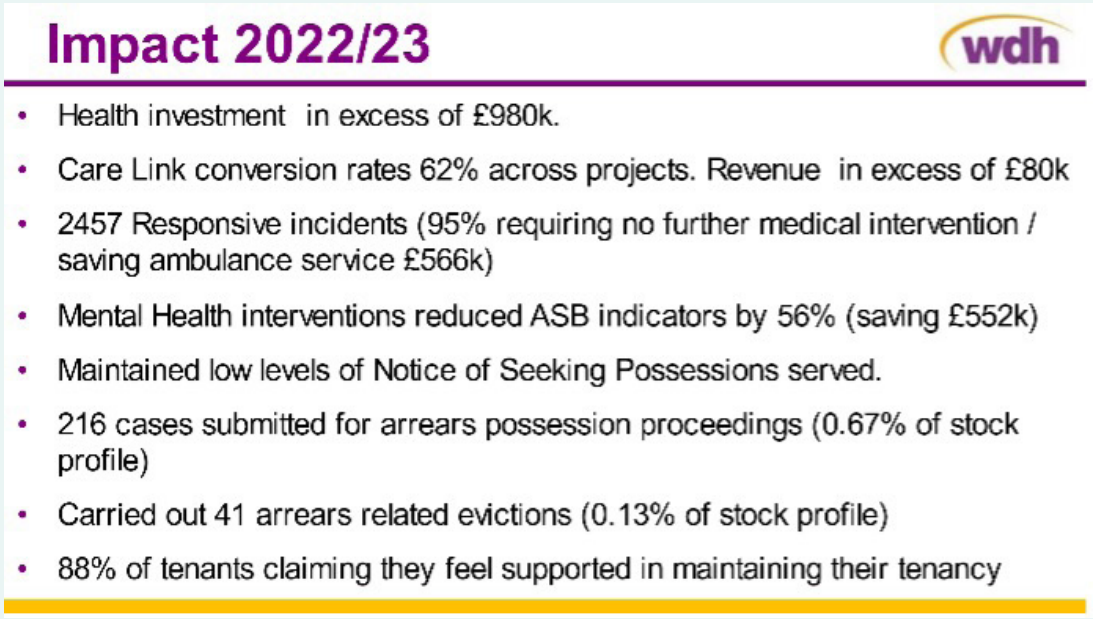
You can access the BMK JSNA using the link below: https://bmkjsna.org/milton-keynes/jsna/

Case study: **Wakefield District Housing (WDH)**

WDH has developed and embedded a suite of housing, health and wellbeing services that supports tenants to live independently. WDH offer wraparound tenancy and wellbeing support services to tenants, demonstrating the positive actions they can take and enabling them to self-manage their health conditions more effectively and maintain positive changes to their lifestyle.

The focus of the team is providing early intervention and timely support to help with coping mechanisms and strategies so customers can develop their own skills. The team comprises housing practitioners as well as occupational health and mental health professionals, NHS employees that are seconded to the team to offer support with adaptations, low to moderate mental health conditions and lifestyle choices (changing behaviours such as smoking and alcohol use). The team also assists with addressing health inequalities and managing and maintaining tenancies by addressing fuel poverty, maximising income and dealing with anti-social behaviour. Where issues can't be addressed internally the team can, with permission, refer tenants on to other agencies to support them.

WDH has an excellent relationship with the ICS and is an exemplar of how housing and health integration and initiatives can really address the wider determinants of health whilst helping to sustain tenancies.



Place based approaches and community engagement

Sharing and analysing data from all partners will enable a fuller picture of the challenges communities face. This will enable partners to look at how they might align or share resources and time interventions to maximise the beneficial impacts for local communities.

Mobilising the networks of landlords (such as residents associations, community groups etc) will help partners to work with those local communities on identifying priorities and shaping solutions. Many landlords also have community spaces and assets that can provide places for public health and other partners to use and make connections with local communities.

The shared data and insight will help to inform a robust understanding of needs for ongoing joint needs assessments and strategies and inform partners' individual corporate plans, in turn embedding the partnership approach in the long term.

Case study: **Community hubs**

Landlords across Bedford, Central Bedfordshire and Milton Keynes have worked with the Public Health team to set up community hubs at which residents can meet, have refreshments and talk to professionals across a range of public health services.

In the past year, at two of the hubs, this has resulted in:

- 65 community hub sessions
- Over 1200 attendees
- 200 health checks
- Around 120 direct referrals into a range of public health services.

Case study: **whg's community champions**

The Black Country ICS identified that 29 percent of its population with type 2 diabetes living in social housing were frequently admitted to accident and emergency, indicating that many experienced difficulties managing their condition. With investment of £100,000, whg took on and trained five community champions to help the ICS to connect with this group of people.

whg's approach with community champions is that they should be recruited from the area and local community and have experience of the issues they are seeking to help to tackle. These community champions between them speak 15 community languages and are helping people from the predominantly SE Asian community to access the support and expertise from health partners to manage their condition more effectively.

The champions recently supported a parent who not only has asthma herself but also has four children with an asthma diagnosis. The parent found managing the children's health needs alongside her own difficult. The social prescriber who is trained in Asthma Awareness supported her to create individual

asthma plans for each child, explored the difficulties which are currently stopping her from attending appointments, reviewed and refreshed her and the children's inhaler techniques, provided fuel vouchers as she was struggling to keep her home warm, and support to purchase warm children's coats and shoes, and booked appointments with the Community Asthma Nurse.

As a confidence builder, whg and health organised a stay and play, bringing parents, children, and health practitioners together at a community venue to restart the relationships.

Developing partnership programmes and initiatives

Effective joint working across local areas provides a strong basis from which to develop more widescale partnership programmes, across landlords' homes and wider local areas.

Building on the shared data and insight, partners should work together to design and implement programs and initiatives that address identified needs. By working in partnership and understanding the roles partners can play, we can better achieve shared ambitions and goals.

Some of the roles of health, housing and communities working in partnership:

Examples include coordinated housing improvements and health support, health education campaigns, and support services for vulnerable populations.

Case study: **Bedford**

COVID-19 surge testing – in May 2021 the delta variant of the coronavirus was affecting parts of Bedford and in some communities, there was greater reluctance to take up vaccinations because of uncertainty about its safety and benefits. Messaging through Peabody and Bedfordshire Pilgrims housing association (BPHA) in those areas had a significant impact; follow up contact by public health staff revealed awareness of the problem and opportunities for vaccination had already got through to communities via these landlords.

Following on from this, the public health team is working with housing associations across the three councils to target health messages according to the priorities identified by housing association partners and their residents, and providing training for housing staff on the issues, on what help is available, referral routes etc.

Case study: **whg asthma friendly homes**

A number of children in Walsall attending accident and emergency services were found to live in areas with a high proportion of social housing. whg, a major social housing landlord in the area, worked with ICS partners to establish an asthma working group to develop referral routes for action.

Where a child presenting with asthma lives in a whg property, a joint visit is undertaken with a social prescriber and a surveyor. Any structural issues that contribute to the problem identified by the surveyor are prioritised, whilst the social prescribe acts as a bridge to connect the child and family to health services that can support them.

Other support is also offered (such as financial and debt advice, help to access welfare benefits etc).

Over 100 children that had dropped out of asthma support services have been reconnected to this through whg's approach.

The Diabetes Champions programme has been cited as best practice in the Diabetes UK Call To Action national report, stating that recruiting people with lived experience to reach others is evidenced as so effective by whg's Community Champion programme.

More about whg's health partnership work was discussed in a webinar here.

Monitor and assess the outcomes from joint programs and initiatives

Partners should look at how they each monitor and assess the impact of joint schemes and consider how they might use and share this to demonstrate outcomes and impact. This can be used to refine existing projects, or shape new schemes. With the partnership examples here still in relatively early stages, work is still ongoing to develop an agreed evidence framework and outcomes that apply across the different partners, and different priorities, and that can be used to shape partners' corporate strategies and action plans.

However, many individual projects such as the social prescribing work by whg, have undergone independent evaluation to demonstrate the value for partners, service users, and places (see The 'H' Factor - Health, hope and happiness: an evaluation of the social prescribing at whg, May 2022).

The work across public health and housing associations across Bedford, Central Bedfordshire and Milton Keynes has been reviewed to capture early learning points to provide a template for further work, and for other areas to adapt: Health & Housing: Creating a blueprint for a new way of working, November 2021.

Developing a shared framework together will be a key element to sustain the joint working approach, maintain funding, be accountable to residents and communities, and encourage wider engagement and participation in schemes to support health and wellbeing.

Evidence from existing schemes, identifying factors for success or barriers to greater partnership working, are all vital to shape the national and regional framework and decision making, via national sector professional and trade bodies such as CIH, ADASS, ADPH, NHF etc.

Case study: **Worcestershire**

A housing professional has been employed as head of housing and health partnerships sitting in Herefordshire and Worcestershire Health and Care NHS Trust. This is a two year post funded by Worcestershire County Council and the NHS. The housing partners have invested funding into research of the outcomes from the partnership approaches through the Housing Association Charitable Trust which is evidencing the growing maturity in partnership working.

Across the systems in Worcestershire the focus has been on building effective and purposeful relationships at a strategic and operational level to enable housing partners to help the NHS and local authorities to tackle health inequalities and support individuals to remain independent at home for longer.

The focus so far has included enhancing knowledge around legislation and pathways specific to mental health, adult social care and homelessness. Developing a new Homelessness in Hospital Pathway, the partnership is expediting hospital discharge and establishing processes to use available data to enable housing partners to help the system prevent admissions to hospital related to falls and respiratory conditions.

Worcestershire are also part of the NHS England's Homelessness and Rough Sleeping Pilot Sites to identify hidden homelessness and improve health outcomes and experiences of healthcare for those experiencing homelessness and rough sleeping. This includes improving data collection and training for healthcare professionals around homelessness specifically the Duty to Refer.

Boris Worrall, group chief executive of Rooftop Housing Group, which has represented housing associations on the project steering group, said: "We have seen a step change in engagement which is starting to see stronger partnership working on the ground and a far better understanding at a strategic level between the different partners. It is still relatively early days, given the complexity of trying to bring different sectors into alignment but there's no doubt in my mind that Harriet (the head of housing and health partnerships) has been building momentum and we are starting to see the results come through. It's also encouraging to see that HACT's evaluation is showing evidence of a growing maturity in partnership working across the county."

Resource sharing

There are severe financial constraints and demands across health, public health, local authority and housing providers currently. Working together effectively is one way to ensure local communities benefit from maximising all investment available to support them to live well in their homes and communities.

Partners should look to explore all opportunities to share resources - including personnel, assets and funding - to maximise the impact in the context limited budgets and personnel.

They should also consider working together to identify and apply for grants and other funding opportunities, where appropriate.

Sustainability and mainstreaming

Health and Housing partnerships are an area of work that continues to develop and evolve. By sharing learning and progress across organisations and sectors we can work towards developing medium and long-term outcomes that support the goal of sustainable integrated partnerships.

In summary

Effective collaboration between housing providers, public health teams and partners in ICSs can lead to healthier and more resilient communities. By understanding each other's roles, setting common goals, and maintaining ongoing, open communication, these partnerships can create lasting positive impacts on housing and public health outcomes. It will also support residents to sustain their tenancies and be more active and connected within society.

Building and maintaining partnerships is an ongoing process that requires adaptability, and a shared commitment to improving the well-being of the communities' health and housing jointly serve.

Resources

Sharing the art of the possible: developing stronger health and housing partnerships

Expanding the art of the possible: the role of health, are and housing partnerships in the developing local framework.

Building blocks for life: housing and healthy neighbourhoods

CIH podcast #9: health and housing partnerships

The Social Housing Roundtable: Health and housing partnerships

CIH members can also access previous webinars on health and housing, damp and mould and other related subjects here.

Co-authored by Liz Parsons, head of public health - built environment and social housing, Public Health shared service for Milton Keynes, Central Bedfordshire and Bedford Borough, and Sarah Davis, senior policy and practice officer, Chartered Institute of Housing.

If you have any questions, please email **policyandpractice@cih.org**.

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