



Health & housing

Creating a blueprint for a new way of working

In collaboration with:





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Health & housing: Creating a blueprint for a new way of working

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1. Introduction

1.1 The Marmot Review into health inequalities in England was published on 11 February 2010. It proposes an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age - conditions which can lead to health inequalities.

Fair Society, Health Lives draws further attention to the evidence that most people in England aren't living as long as the best-off in society and spend longer in ill-health. Premature illness and early mortality affects people disproportionately according to income. Proposing a new way to reduce health inequalities in England post-2010, Marmot argued that traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action was needed across the entire social gradient.

The Marmot Review was and is a timely reminder of the continuing social and economic cost of health inequalities. It presents a robust and well-evidenced business case for national and local action to address health inequalities through concerted action. The substantive report identified local government as a pivotal partner in addressing the social determinants of health inequalities.

Local councils have a vital role in building the wider determinants of good health and working to support individuals, families and communities. The report relates strongly to the core business of local councils as local leaders for health improvement and the reduction of health inequalities, proposing transfer of responsibility for public health from the NHS to local government.

The evolving Integrated Care Systems (ICSs) aim to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. It is a major reform in the way the health and care system in England is organised. There are many opportunities to improve the health outcomes for local communities through more integrated care, however, this in itself brings many challenges and highlights the need to establish new and better ways of working across the health and housing interface.

1.2 This paper provides an insight into the opportunity for closer partnership working between health bodies and the housing sector not only nationally but most importantly, at a place-based level. In understanding the historic and current environment across these two sectors, HACT aims to describe how the public health team serving Bedford Borough, Central Bedfordshire and Milton Keynes are working with local housing associations and other agencies to deliver public health objectives in partnership, ultimately producing sustainable change by positively influencing the health and quality of life outcomes within its communities. This is a model that can be transferred to other localities, with the potential to build a nationwide network of place-based partnerships between housing and health.

1.3 Housing associations and local authority landlords undoubtedly have far greater access to their residents than local public health teams. Many residents are from groups most likely to be associated with negative health outcomes, including chronic disease and poor mental health¹, and who experience greater health inequalities. Local public health teams are able to gain greater access to local residents by working more intentionally with the housing and service providers currently meeting an individual's housing needs.

1.4 In order to establish the evidence to support this approach, HACT reviewed Bedford, Central Bedfordshire and Milton Keynes public health reports, the current health and wellbeing strategy, information on ongoing projects across the area as well as information relating to local housing provision and the wider health and housing environment. This included seeking:

- Evidence of current cross-sector partnership working;
- Common goals between local health and housing providers;
- Any observed or perceived gaps in provision;
- Evidenced and planned development of shared systems;
- Existing resources/funding opportunities; and
- External reports from health bodies and case studies from other locations that have previously looked at addressing the health inequalities seen in social housing.

¹The Mental Health Foundation: www.mentalhealth.org.uk/a-to-z/h/housing-and-mental-health

2. Context

2.1 A healthy home is a place that provides our needs where we feel safe and secure and where we can feel connected to our community. In contrast to this is poor housing; cold, damp homes, often overcrowded, with a lack of affordability that contributes to insecure tenancies. All of these features can have a detrimental effect both on people's mental and physical health. We know that certain social groups and communities, such as low-income households, are more likely to be affected by housing problems which can harm their health.

The continuing challenge across both health and housing is to provide improved services and outcomes at a time of financial constraints and pressures; now more so than ever, in the wake of a global pandemic. That said, it is the impact of COVID-19 and the revised ways of working adopted as a result, that have instilled a renewed vision, optimism and commitment to making these changes happen. Previous silos have by necessity been broken down and replaced by a need for collaboration. All of this at a time when the Health and Care Bill (2021)² is progressing through the statutory parliamentary stages before gaining Royal Assent. The British Medical Association, in their recent review of the evolving ICS landscape³, see it as essential that ICSs effectively engage and involve local authorities in their work, particularly in respect of efforts to improve public health and social care. This, they say, "has been a considerable challenge in several of the existing ICSs to date".

The pandemic has already been seen to have unequal consequences for people's health based on their housing. The National Housing Federation carried out research in June 2020, indicating that 31% of adults in the UK had experienced mental or physical health problems linked to the lack of space in their home or its condition during lockdown. Over this period an estimated 3.7 million people were living in overcrowded homes, including 1.6 million children; these are record levels. People who reported a lack of space at home during lockdown were more likely to report experiencing depression and lack of sleep.

Yet every individual has a right to live as healthily and independently as possible.

2.2 Independence can be achieved, in part, with the valuable assistance of both housing and the related support services. Lives can also be enhanced by accessing community-based support and networks that improve

wellbeing and a sense of belonging. At personal times of difficulty, formal and informal support often prevents the escalation to crisis point. Indeed, wider public services such as health and social care, have also been seen to benefit significantly from the input of housing and support services. Nationally, the Building Research Establishment (BRE) estimated that the cost of poor housing to the NHS in 2014/15 was between £1.4bn and £2.5bn (Nicol et al. 2015).

2.3 The responsibility of providing opportunities for people to live independently, as well as encouraging them to take greater control of the way they live and the services that they engage with, has been a government focus for many years. Social landlords have been at the forefront of creating and delivering supported housing models, as well as investing in community-based support and social infrastructure through their broader community investment roles. Similarly, there is an ongoing focus on the impact of an ever-ageing population, particularly in relation to the increased demand on health services and social care. Housing and related support solutions are clearly part of the answer, where earlier interventions can prevent increasing problems. A national evaluation of Supporting People services⁴ demonstrated significant savings for other public services, particularly health.

2.4 The public health team in Bedford Borough, Central Bedfordshire and Milton Keynes covers some 579 square miles, and serves a population of around 783,000 residents. The overarching ambition of the local health and wellbeing boards is to reduce health inequalities by targeting residents at critical points throughout life. This starts with giving children and young people the best start in life, through to enabling adults and older people to live well and remain independent.

2.5 In August 2021, with funding from Grand Union Housing Group, Public Health England asked HACT to support them in reviewing the pilots and projects carried out locally to date that have enabled them to collaborate more strategically with the social housing sector. New collaboration has enabled public health colleagues to engage with those residents having the greatest need for health education and interventions who are not currently engaging with healthcare, yet are experiencing a good relationship with their social housing provider. This is an important and key focus of HACT's work; building and brokering collaborations between housing and health that delivers direct impact for people and communities.

²The Health and Care Bill 2021-22 [Bill 140 of 2021-22] ³Member briefing: Government health White Paper' (bma.org.uk/media/3814/bma-member-briefing-gov-nhs-reform-feb-2021.pdf)
⁴Department for Communities & Local Government: 'An evaluation of the supporting people's health pilots' (2006)

3. Housing and public health: partnership in practice

3.1 The financial evidence for tackling the impact of housing on health is indisputable. *Making a Difference Housing and Health: A case for investment* (PH Wales 2019) reports:



Upgrading houses can give us 39% fewer hospital admissions for cardiorespiratory conditions.



£1 spent on improving warmth in vulnerable households can result in £4 of health benefits



Home adaptations can generate £7.50 of health and social care cost savings for every £1 spent

The financial evidence for tackling the impact of housing on health is indisputable. Greater integration of health and housing is widely seen as one way of meeting the challenges faced in the health sector, yet progress has been painfully slow and often unnecessarily bureaucratic. Although in theory there is everything to be gained from the health and housing worlds working closer together, all too often they operate in silos and are disconnected and detached from each other⁵.

3.2 Review of the strategies for both Grand Union Housing and Central Bedfordshire Health & Wellbeing Board shows an alignment that not only offers greater synergy in their respective drive to build stronger, healthier and more accessible communities, but also an improved likelihood of success in achieving overarching outcomes whilst creating a sustainable partnership.

3.3 Many housing associations have always provided care and support and are looking to work closely with health commissioners and providers in developing integrated models of health, care and support⁶. They also invest in community health and wellbeing services, and work in partnership with local VCSE organisations, driving impact for people of all ages.

3.4 Data from the Office for National Statistics tells us that people in England living in the poorest neighbourhoods, live on average seven years less than those in the richest neighbourhoods. In Bedford, over 2,500 housing association homes are in the three most deprived wards, whilst in Central Bedfordshire, affluent areas are masking pockets of deprivation⁶. These are statistics that clearly need to be addressed as a priority, in order to overcome the overall stigma and the increasing rate of health inequality, within the social housing sector.

3.5 Local projects are already addressing these issues; a regeneration programme in Milton Keynes is seeking to address the physical conditions of housing and health inequalities facing their residents and communities. This programme will undoubtedly benefit those residents whose mental health and wellbeing is being impacted by living conditions and circumstances, as well as those with long-term physical conditions.

3.6 With demand for mental health services nationally on the rise, Mind BLMK has seen work increase by 20% in recent months. There has been an increase in the numbers of victims of domestic abuse seen nationally during the COVID-19 pandemic,⁶ highlighting yet another reason for health bodies to have improved access for those residents most at risk of physical and mental harm. To ensure that survivors of domestic abuse are well supported, Grand Union Housing launched a domestic abuse and safeguarding team in 2020, with a local refuge soon due to open in Bedfordshire.

3.7 Life experiences that lead to priority for social housing – such as homelessness, mental ill health and poverty – can often take a toll in terms of wellbeing and contribute to times of crisis. Grand Union Housing has a wealth of experience around mental health, for both its residents and its employees. In partnership with the Chartered Institute of Housing and the charity MIND, the CEO of Grand Union as part of her year as President of the CIH, launched *Shine a light on mental health* a guide to help housing organisations whose customers may have mental health problems. The guide looks at approaches to better equip organisations to tackle and prevent mental ill health; an issue that affects both people who live and work in affordable housing. Having a mental health problem can make it more challenging to maintain a tenancy. The reasons for these difficulties are complex, and problems with money, mental health and housing can sometimes overlap.

⁵Housing associations and the NHS: new thinking, new partnerships; Denise Chevin, The Smith Institute; 2014

⁶Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020; ons.gov.uk

3. Housing and public health: partnership in practice continued



3.8 Through Bedford Borough's local Healthwatch hub⁷, residents have stated their most important needs are to:

- Build on/acknowledge role of volunteers & community groups;
- Ensure mental health support is accessible to seldom-heard communities;
- Address health inequalities experienced by minority ethnic groups, including healthy living and access to health and care services;
- Receive clear & regular communication about services providing care and treatment; and
- Ensure that people without access to digital technology are not excluded from communications.

The overall priority areas identified were:

- Supporting the recovery of emotional and mental wellbeing of residents;
- Delivering a whole system approach enabling people to optimise health and wellbeing, including tackling issues such as obesity and encouraging physical activity;
- Taking a partnership approach to mitigate impacts of COVID-19 and as anchor institutions offering employment opportunities, ensuring growth delivers equal opportunity, joining up the health & housing agenda;
- Understanding & addressing digital exclusion to local services & support; and
- Being explicit in future strategies & plans on how to reduce health inequalities.

3.9 The Local Plans for Bedford, Central Bedfordshire and Milton Keynes aim to deliver 84,050 new homes between 2015 & 2035, to ensure sufficient housing to meet population's needs & promote economic development. There are a number of major housing associations operating in these 3 local authority areas and PH are initially working with Grand Union, Catalyst, Bedford Citizens Housing and bpha.

3.10 There are other housing associations and charities specialising in vulnerable groups such as older-age residents and those in need of bespoke housing and support services. Grand Union Housing Group are kindly supporting the local public health team in the funding of this project, as they continue to recognise the importance of taking a sector-wide approach to ensure equity and parity across all housing types and service users.

3.11 Public Health England's health across the three local authorities has initiated a number of early pilot programmes and initiatives to tackle trigger areas for health inequality within social housing communities. The trigger areas identified are in keeping with priorities identified in public health's health inequalities dashboard, which presents data on health inequalities for England, English regions, clinical commissioning groups and local authorities.



<https://fingertips.phe.org.uk/profile/inequality-tools>

Through these pilots the processes, measures and outcomes of tackling inequalities will be established once lessons learnt have been identified and reviewed. The approach is currently being delivered within existing resources. If the pilots are successful, specific funding could be identified and made available to mainstream the approach.

3. Housing and public health: partnership in practice continued

Pilots

3.12 Drug and alcohol programmes, supporting projects such as Grand Union's work with Bilberry Road in Clifton to tackle anti-social behaviour in the community. This has included producing a workbook for housing association staff, providing to support and help tackle the issues faced when trying to engage with the minority of residents whose behaviour is impacting the majority.

3.13 Resident's roadshows are currently in the planning stage with Grand Union but will be building on the involvement with existing community hubs, where there will be a public health presence to maximise the opportunity of accessing residents to raise awareness of how to live a healthier life and advising on local support resources available.

3.14 Social prescribing: Bedford Borough has an established community referral (social prescribing) which relies on strong partnership engagement. This has played a key role in the response to the pandemic, with the flexibility of the service being instrumental. Early 2021 saw a significant increase in referrals and to deal with this, a hybrid model of face-to-face contact, walk and coach sessions, virtual meetings, telephone and other media platforms are being used. With health coaching proving to be as effective via the telephone as in person, alternative models of delivery have made the service more accessible by removing the barriers commonly caused by childcare, work and transport. Whilst their primary role is as providers of social housing, larger housing associations tend to have a remit that extends beyond simply being a landlord. Most housing associations are committed to improving the communities in which they work, and the lives of their residents. Accordingly, the sector invests around £750 million per year in its communities, of which just over £500 million is generated from their own surpluses. In London the G15 members cumulatively invest £40 million a year in community and economic development programmes. Generally known within the sector as community investment, this work is central to what housing associations do on a daily basis.

3.15 Mental health has become a significant area of concern not only for residents but also for front-line workers. The public health team, along with Grand Union, is in the process of producing resources to support housing association staff and residents that are experiencing a deterioration in their mental health and wellbeing. This includes a virtual course delivered by the local mental health service provider Recovery College that will draw from an individual's experience and lead them towards support mechanisms for improving their current level of wellbeing and helping to reduce the risk of future episodes.

The work that Grand Union is doing to reduce the stigma around mental health, both with its residents and work colleagues alike, very much supports the current application for the gold standard exemplar employer workplace standard.

3.16 Immunisation & vaccination programmes: Bedford Borough has been working with housing providers to share campaign resources around vaccinations and immunisations. In addition to this during the emergence of the Delta variant the team worked with Catalyst and bpha to increase access to surge testing targeting communities in the three worst affected wards, with bpha staff knocking doors to encourage residents to access the surge testing resources that were being made available and signposting them as appropriate.

3.17 Smoking cessation: Public Health England is working with Grand Union to deliver a range of smoking cessation training to front line staff, which will not only deliver health benefits to residents but also contribute to financial inclusion, whilst aligning with fire safety protocols. Residents and staff are also being offered tier two weight management as part of these initiatives to tackle local and national health priorities and encourage healthier lifestyles.

3.18 Residents peer support network: whilst very much in the development stage, Grand Union is looking at ways to develop a network of residents who, after receiving appropriate training, could support fellow residents through a variety of health matters, using their lived experience. This could include problems with alcohol, drugs, smoking, weight etcetera and would assist in helping residents to access the appropriate services.



Re-connecting communities

3.19 Learnings from lockdown show that well connected, inclusive communities are more important than ever; both physically and technologically. This has become a key focus for public health teams. At a time when the rate at which the evolving ICS landscape needs to gather momentum, opportunities are arising to maximise engagement with new partners and technology in order to gain access to those vulnerable communities that services have struggled to reach. Adopting collaborative and integrated ways of working and utilising new and improved technologies alongside partners from other sectors provides opportunities to militate the health inequalities so frequently encountered by such communities.

3.20 Many services have been delivered virtually for the first time since early 2020. For some this has resulted in new engagement. The risk of social isolation at this time has been helped by the discovery of a whole new digital world. However, there are groups for whom connectivity is a struggle, because of skills, access to technology or the reliability and costs of data. They remain either at risk of, or indeed are already experiencing, feelings of isolation and exclusion and are particularly disadvantaged by the inability to connect with clinical services/health advice. This is clearly a time for health and housing to work proactively in partnership, sharing assets and resources at a place level. The general health and wellbeing of local communities must follow a swift yet safe path to recovery, whilst building resilience along the way, to equip both residents and workforces alike for whatever may lie ahead.

4. Case studies

The interface of health and housing is a UK-wide concern and has been improving over recent years. There are examples of successful partnership working that is leading to improving access for people experiencing the worst health inequalities.

4.1 Connecting housing and health in Southwark

In 2019 the London Borough of Southwark approached HACT to support and facilitate its engagement with housing associations, helping it to better understand the housing association sector and work around health and wellbeing in the borough. The objective was to build relationships and to inform the public health input into a refresh of the Borough's housing strategy. The public health team led on a section of the strategy which focussed on the connections with health and the outcomes that can be achieved through housing.

Southwark is London's largest local authority social landlord, owning about half of the social housing in the borough. There are many other social landlords operating locally, with about ten housing associations operating at any significant scale. All were delivering a range of support to their tenants and the wider community through their tenant support and community investment programmes. Many were part of the g15 group of London's largest landlords.

Conversations with these housing associations revealed that they have five principal areas of priority and delivery for health and wellbeing in Southwark:

- Support to access employment, including education, training and skills
- Financial inclusion
- Isolation and loneliness
- Engaging young people
- Tackling low-level mental health issues.

Through a programme of facilitated workshops led by HACT, key stakeholders from the London Borough of Southwark, the local CCG, tenants and residents' associations, and social housing partners, explored how they could work together to maximise the impact that they were all driving across the borough. Prior to

this, there had never been any significant attempt to co-ordinate the priorities of public health, housing, health and community investment in the borough. The public health team demonstrated their enabling role aligning local resources to improve public health impact. As a result, the collaboration:

- Created a new sub-group for the Southwark Housing Association Group; a communities and wellbeing sub-group open specifically to housing association staff from community investment. This created a regular forum specifically dedicated to health and wellbeing in the borough's communities, bringing the right people around the table.
- Mapped existing homes and activity against specific geographies, responding to the feedback that working together was prevented by simply not knowing what provision exists in the borough and who works in which neighbourhoods. This meant that the London Borough of Southwark could easily identify the major housing associations operating in areas where they were looking to run a project and what services were already in existence, thus preventing duplication of services and maximising available resources from all partners.
- Identified area of interest, now and in the future, to maximise potential for identifying possible partners for new projects and extending reach into all parts of the community. This also helped identify where housing associations were working in neighbouring boroughs that could be easily extended to Southwark. It would also help as a precursor to more system level working through the ICS.
- Engaging with social prescribing, to ensure that cross-sector services supported all communities and that their own residents benefited from all the support available to them. Some housing associations were already linking their support into social prescribing, but there was a general lack of awareness about how to integrate referrals at the local level, particularly for housing associations working across multiple boroughs.

Although each organisation had been operating in the borough for many years, and many people knew each other and had worked together on specific initiatives, it was evident that a placed-based approach could add more impact. It also proved to be an essential way to co-ordinate the response of landlords locally to the pandemic, linking in to the wider resilience and community response forums.

4. Case studies continued



4.2 Technology in housing and health

Over the last six years there have been numerous articles, conference presentations and proposal for the use of Internet of Things (IoT) technology in social housing. Yet, despite pilots demonstrating the value of technology, the social smart home remains mainly on the drawing board.

Renfrewshire Council, Renfrewshire

In July 2016, Renfrewshire Council began working with iOpt Assets, installing sensors to monitor temperature, humidity and CO2 levels in 50 homes. The scheme enabled councils to identify issues relating to damp and heating, as well as the number of residents dealing with fuel poverty. The council's head of policy and commissioning also noted the value of using this technology in improving health and wellbeing of residents.

An example of this can be found in *Do the smart thing: The future of the social smart home* (May 2020). This is a white paper produced by HACT which examines some of the pilots in the area of IoT, looking at levels of engagement, barriers to implementation and potential benefits for residents and communities, including those related to health.

Previous work by HACT with health and housing services has highlighted the difficulties in the sharing of information and data across the sectors. There is generally a huge wealth of knowledge and data about residents and communities, however both acknowledge that currently they do not necessarily share that information. Moreover, much of the issue with sharing information is cultural.

Better information sharing is a prerequisite for any future collaborative working. There are some practical barriers to information and data sharing, such as GDPR and privacy concerns. However, these are not impossible to overcome and comprehensive approaches to information governance can be developed across organisations that can protect individuals and delivers comprehensive support in the home. Without changing this, successful collaboration is going to be challenging.

5. Conclusions and next steps

5.1 This process began with a review of both qualitative and quantitative data from within public health services in Bedford, Central Bedfordshire and Milton Keynes, local providers from other sectors and national health and housing bodies. We have explored how a range of pilots have been established, each taking forward joint working across housing and health. This, together with other work done by HACT, highlights the important principles that need to be applied to enhance collaboration and deliver successful outcomes by public health:

- Partnering with organisations whose strategies are aligned, offers greater synergy in their drive to build stronger, healthier and more accessible communities and an improved likelihood of success in achieving overarching outcomes whilst creating a sustainable partnership.
- In response to the COVID-19 pandemic, the Director of public health through her annual reports for Bedford Borough, Central Bedfordshire and Milton Keynes has recommended the following actions:
 - ◆ Supporting emotional and mental wellbeing of residents
 - ◆ Delivering whole system approach that enables people to optimise health and wellbeing
 - ◆ Taking a partnership approach to mitigate impacts of COVID-19 and as anchor institutions, joining up the health & housing agenda
 - ◆ Understanding & addressing digital exclusion to local services & support
 - ◆ Being explicit in future strategies & plans on how to reduce health inequalities.

5.2 A more collaborative and strategic approach to its relationship with housing associations across Bedford, Central Bedfordshire and Milton Keynes has identified a way to reach those residents with the greatest need for health education and interventions, that are not currently engage with healthcare, yet may have a trusted relationship with their social housing provider.

The way forward

5.3 One of the over-arching ambitions of a collaboration between health and housing is undoubtedly for local people to feel well, happy, included and proud of their community. This is best achieved through local people and agencies working together to develop those services essential to creating thriving, successful local communities which are sustainable. Tackling health inequalities and improving health and wellbeing can be achieved through a focus on good housing, addressing poverty and financial inclusion, improving access to employment, education, skills and training, and enhancing community projects that create long-term sustainable change. Working with local residents and organisations using a grass roots community-led approach to deliver local solutions is most effective.

5.4 With so many shared partners and opportunities, there is a clear need to develop an interface strategy borne out of effective stakeholder mapping of networks, influencers and decision makers. The key to the success of this strategy will be ensuring alignment with partners who share the same organisational priorities and strategic goals; a synergy of like-minded sector specialists with differing and complimentary areas of expertise from within organisations of a complimentary culture. Resources and expertise exist within local communities that are often overlooked by health, and lack co-ordination and shared vision. This is something that public health team has highlighted as being pivotal to the progress that they have made through their partnership with Grand Union.

5.5 The work between Grand Union and Public Health England team is a good platform to build from. By extending this to other housing associations and partners locally, there is an opportunity to generate further impact. Building a place-based network that better integrates housing and health is an important goal. It would also have benefit to the emerging primary care networks and integrated care partnerships that will form part of the integrated care system. A simple way to achieve this would be to convene a series of workshops that bring together housing and health stakeholders, in order to gain a full understanding of each other's organisations – people, roles and responsibilities, priorities, access to data, systems and most importantly, residents. This could be the starting point of future extended collaboration.

5. Conclusions and next steps continued

5.6 The event could explore current and future public health evidence and priorities and highlight the impact that has already been made within the current collaboration. Other housing associations can also present their priorities and explore areas of mutual interest and co-investment. Together, stakeholders can begin to create a future vision which aims to reconnect communities, post-COVID-19, through strengthening health and housing partnerships.

5.7 Reciprocity is key to facilitating future collaboration and impact. Over time, a new expanded collaboration would deepen their understanding of each other's organisations, strengths, challenges and scope of information/data, both at an operational and strategic level; building a better understanding of what each are already doing on the ground, in terms of existing projects, programmes and areas of work. At a strategic level, a greater understanding of each other's main plans, ambitions and challenges would underpin any joint strategy evolving from this process.

5.8 There is, however, a word of caution. Often different sectors struggle to understand each other. This is usually experienced as a challenge around language, however it often goes much deeper than that as different organisations struggle to understand how different sectors and business operate. Work will be needed to build understanding from all sides about how each other work, and what drives strategies, plans and behaviours. Our experience is that there is often a huge amount of commonality but different key concepts that surround these.

5.9 A potential solution to this is the development of a place-based dictionary/glossary of terms, to be developed and shared, that begins to break down the perceived barriers of language. In addition, thought should be given to how different sectors introduce themselves, enabling their potential partners to truly understand what they do and how they work. HACT's Housing and Integrated Care Systems Development Programme is a good example of how learning has been applied to housing associations to help them better engage with health.

5.10 The aim of enhanced partnership working between health and housing, in the short term, is undoubtedly to improve reach to target populations and to re-connect communities. In the medium term, the collaboration will want to tackle health inequalities through place-based interventions, increased strategic partnership working and improved access to health services. Some may see the long-term goal of developing a new, sustainable, whole-systems approach to health and housing as being the most challenging of all. Whilst challenging, the evidence tells us that it is essential and impactful.

5.11 What does however appear to have changed, is a seemingly strong consensus that for this approach to finally work, for housing and health have to be fully and permanently embedded in each other's camps. Just as the need for housing will never go away, neither will the need for public health interventions. It is clear, consistent and continuous provision of health information and monitoring that directly impacts both acute and chronic illness. When partnered with improved housing conditions, services and engagement with residents, that sweet-spot of opportunity is found. Committing to the permanent embedding of health and housing within each other's organisations promises to deliver a seamless, unified, informed approach to tackling the health inequalities found within the social housing sector; to the overwhelming benefit of the most important element in this all-too-often complicated space – the resident.



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Supported by Grand Union Housing Group.

Grand Union has been in business for over 25 years and provides 12,000 homes for more than 27,000 people across Bedfordshire, Buckinghamshire, Northamptonshire and Hertfordshire. With a mission of “more homes, stronger communities, better lives”, Grand Union builds affordable homes, provides personal support, and helps people to learn, work and be healthy. As a financially stable and innovative not-for-profit organisation that believes in partnership and collaboration, Grand Union plans to build around 2,000 more new homes in the coming years to play their part in ending the housing crisis.