Tackling health inequality through housing

Introduction

Joint working between housing and health can reduce pressures on the NHS and improve an individual's overall wellbeing. Housing associations are keen to explore ways of working effectively with the NHS and public health to address unmet health needs among tenants and the communities in which they operate. Some housing associations are also starting to recognise new business opportunities in working with health commissioners and providers in developing integrated models of health, care and support, positioning themselves as healthcare providers or entering into joint ventures with NHS Trusts.

This briefing is one of four documents entitled **Connecting Housing and Health**. These aim to support housing associations in shaping a health offer and providing learning on health commissioning and NHS providers. They sit alongside the **Routes into Health** briefings, which explain the new NHS structures and ways to engage with health.

This briefing provides:

- An overview of the links between housing and health, and the challenge in improving persistent health inequality
- Insight into the priorities for Directors of Public Health in tackling health inequality and commissioning preventatively
- Examples of the different ways that housing associations can tackle health inequalities and promote resilience and wellbeing at local level.

Context

It is widely recognised that the quality of housing and the surrounding neighbourhood are influential in shaping health and wellbeing at different points in the life course. For example, children who are brought up in disadvantaged neighbourhoods, in poor quality housing or insecure accommodation are more likely to be exposed to avoidable health risks such as damp, cold, accidents, community safety concerns, inadequate pre-school and early-years provision, poor schools, and a lack of safe play areas[1]. Similarly, growing older in poor quality, unaffordable or inappropriate housing has a negative impact on quality of life the maintenance of independence in retirement[2]. The Marmot report showed an average life expectancy gap of seven years between the richest and poorest areas of England. People living in poorer areas and households with the lowest incomes spend a greater proportion of their lives (an additional 17 years on average) coping with the impact of long-term illness and associated disability[3].

The differences in health status and life expectancy between different geographical areas and population groups are referred to as the 'social gradient' in health. Understanding the impact of the wider determinants of health is fundamental to Government efforts to reduce health inequalities.

[1] Shelter (2006), Chance of a lifetime: the impact of bad housing on children's lives

[2] The Housing and Ageing Alliance, Health, housing and ageing, policy paper http://www.housinglin.org.uk/AboutHousingLIN/HAA/ (accessed 24/2/14)

[3] Marmot (2010), Fair society, healthy lives, http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

In essence, this is not a new policy direction and the current administration is essentially building on the last two decades of health policy. The emphasis is on shifting the direction of healthcare policy towards preventative interventions or 'social medicine' rather than focusing the majority of healthcare resources on treating the consequences of illness and poor health.

It is clear that housing associations have much to offer public health in their efforts to tackle health inequalities. Indeed, many housing associations are at the forefront of local efforts to tackle poverty and social inequality with the aim of improving health, wellbeing and social participation. However, in presenting an offer to health, housing associations need to be clear what they are trying to achieve. For example, is the overall aim to secure funding for a commissioned service (such as specialist housing support or drug and alcohol services) via a competitive tendering route, or to play a greater role in a local health partnership tackling the wider causes of poor health and inequality, or both? They require different approaches and sets of relationships, and the resources invested in these should reflect the broader organisational strategy and business plan for the housing association.

Before making these decisions, it is worth reflecting on the new structures and frameworks for public health work on health inequalities, and how this fits within local authority decision-making frameworks. The Government has radically restructured the organisational framework for public health policy delivery to support the strategic shift towards preventative commissioning and early intervention. Tackling gaps in health and wellbeing is a core element of this agenda. The latest NHS Mandate refers to an 'urgent need' for NHS England to address inequalities in life expectancy and healthy life expectancy[4] and progress towards this will be carefully monitored against national performance indicators[5].

The objective is to deliver a new system of health care that is community rather than hospital-based, with physical and mental health given equal status[6]. However, researchers and policy commentators argue that insufficient attention has been paid to the potential for investment in housing and housing related support to address growing and complex health inequalities[7].

"It is clear that housing associations have much to offer public health in their efforts to tackle health inequalities."

Translating these ambitious policy goals into tangible changes in health service commissioning and practice is extremely challenging. At the same time, success is also dependent on radical changes in public attitudes and behaviour that can be difficult to achieve. Coordinated programmes of interventions are required that carefully balance sanctions and incentives. This is sometimes described as a 'carrot and stick' approach - for example, combining legal interventions to outlaw smoking in public places with funding for 'cash-for-ash' or incentive-based programmes of support to help people give up. However, despite significant investment in public health programmes over the years and the generation of numerous research studies and reports, the gap in life expectancy and health inequality between rich and poor households is widening. The requirement for major efficiency savings is putting public health budgets under severe strain[8]. Added to this, there is growing concern that the Government's welfare reform agenda will have a negative impact on the health and wellbeing of some of the poorest families and communities[9].

[4] The Mandate from Government to NHS England: April 2014 to March 2015, https://www.gov.uk/government/publications/the-nhs-mandate

[5] Public Health Outcomes Framework 2013-2016, https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

[6] The Mandate from Government to NHS England: April 2014 to March 2015

[7] Hacker et.al (2011), 'Social determinants of health – housing a UK perspective' (p115), Wood,C. (2013), 'Health in austerity', http://www.demos.co.uk/projects/healthinanageofausterity, Gibson et.al (2011), 'Housing and health inequalities: A synthesis of systematic reviews of interventions aimed at different pathways linking housing and health', Health & Place (17) pp.175–184

[8] Wood,C. (2013), 'Health in austerity', http://www.demos.co.uk/projects/healthinanageofausterity

[9] INVOLVE (2014), Holes in the safety net, Action Trackers Research Summary, http://www.involveyorkshirehumber.org.uk/our-work/research-and-information/action-trackers/.

The public health perspective

The Health and Social Care Act (2012) gave local authorities and health agencies a shared responsibility for tackling health inequalities. Public Health functions relocated to local authorities from April 2013 and each local authority has a Director of Public Health (DPH) to oversee this work. The new Clinical Commissioning Groups (CCGs) must also pay due regard to health inequalities in their new commissioning role. The DPH provides public health advice to the CCGs and ensures that CCG Commissioning Plans reflect the priorities outlined in the local Joint Strategic Needs Assessment and Health and Wellbeing Strategy. These local plans must clearly state what is being done to tackle the major sources of health inequality in the local area.

Public Health England (PHE) has been established as a single executive agency to protect public health and provide specialist expertise and resources to other agencies working at national, regional and local levels. PHE operates through a network of regional teams and local centres and oversees national and local efforts to improve population health and reduce health inequalities[10]. A more detailed guide to the new public health structures can be found in our **Routes into Health** briefing on working with public health.

The Department of Health may directly commission some public health services; however, the majority of funding for public health work in England is distributed through three main sources[11]:

- ring-fenced grants to local authorities
- grants from the Department of Health to NHS England
- PHE commissioning or direct service provision

The total ring-fenced grants for public health in 2014-15 amount to £2.79bn. Local authorities must spend this grant on public health services for their local populations. However, they are allowed to pool their public health grant with other sources of funding to achieve maximum health impact and better value for money. Public health budgets have been set for two years to aid forward planning.

[10] National Housing Federation (2013), *Routes into Health: Public Health*
[11] Department of Health (2012), Healthy Lives, Healthy People: Update on Public Health Funding

The national public health priorities for 2013/14 are to promote targeted and 'place-based' work to:

- reduce the burden of chronic disease and preventable, premature deaths
- give children and young people the best start in life
- improve workplace health
- strengthen environmental and public health protection.

The strategic priorities for 2014/15 had not been published at the time of writing (March 2014).

In practice, local authorities and CCGs have different programmes to tackle health inequalities and their approaches to joint work on the social determinants of health vary widely. Some have established holistic multi-agency and cross-sector partnerships that include local community representation. Housing associations are often included in these types of initiative that may have a specific neighbourhood focus and deal with a broad range of issues linked to the social determinants of health (such as unemployment, childcare, green space, housing renewal, community safety and financial inclusion). In contrast, other strands of public health work have a more bio-medical focus and operate across the whole population. This might include coordinated campaigns and interventions to tackle one particular type of health behaviour or problem, for example, smoking, alcohol consumption or obesity. There tends to be a difference in timescale for measuring the impact of these different types of public health intervention. The broader work on the social determinants of health may require decades of long-term investment and evaluation. In contrast, progress in implementing the targeted campaign work is usually monitored annually against specific quantifiable targets, e.g. childhood obesity rates, the number of people attending smoking cessation sessions, the reduction in avoidable hospital admissions or deaths from excessive alcohol consumption. Housing associations need to be aware of the outcomes frameworks that are used to measure progress in tackling health inequalities at national and local level. Local outcome targets should be described in the Joint Health and Wellbeing Strategy and commissioning plans for each local area. Details of the national outcomes framework can be found in our **Routes into Health** briefing.

Developing a housing offer

A growing number of housing associations have developed health and wellbeing strategies and invested their own resources in neighbourhood health and regeneration initiatives and wellbeing programmes. Some housing associations have been able to access funding for work to tackle health inequality through grants and contracts issued directly by public health. Examples include contracts for drug and alcohol support services, grants for health and wellbeing training, smoking cessation work, and other locally commissioned projects that include housing input to dementia-friendly communities projects, fuel poverty work and the provision of intermediate care for people who are homeless. However, members need to be aware that the majority of budgets for health service commissioning are held by the Clinical Commissioning Groups.

Nevertheless, although Directors of Public Health have a limited role and budget for direct service commissioning, they exert considerable influence on CCG commissioning priorities and spending plans through their input into local Joint Strategic Needs Assessments and Health and Wellbeing Strategies. They also influence wider local authority plans and functions such as the licensing of premises selling alcohol, community safety, transport, health education in schools and neighbourhood planning. They are likely to appreciate the impact of poor housing on health, but may be less familiar with work that housing associations contribute to the wider determinants of health. The first priority for housing associations is therefore to build local awareness of their actual and potential contribution to strategic plans to tackle health inequality at local level.

Housing associations wishing to expand their work on health inequalities need to develop good relationships with public health in order to understand the data that exists around health and inequality in the local area, the best available evidence to support effective interventions, and the role that housing might play in reducing health deficits and premature mortality. They will then be in a stronger position to bid for CCG contracts, public health grants and to secure external funding (for example the recent Lottery-funded Fulfilling Lives funding) to support their work in this area.

Another way of mapping existing services and demonstrating the housing offer to public health is to link this to the 'life-course' model of health. The life-course approach recognises that major changes and transitions in personal lives are relevant to health and wellbeing, such as: starting school, becoming a parent, entering the workforce, unemployment, retirement, relationship breakdown, bereavement and changes in health and mobility status. Efforts to promote health can be grouped into three key areas: living well; working well; and ageing well.

Housing interventions that have a major impact on health and wellbeing and work within a life-course framework include:

- Targeted work with homeless individuals with complex and multiple needs
- Providing refuge and support for victims of domestic violence and specialist work with troubled families
- Supporting people to access other public services, training or employment
- Encouraging healthy lifestyle choices in partnership with public health and the voluntary sector
- Providing advice and information, help with personal budgeting, financial capability and support to deal with personal debt
- Providing specialist accommodation and tailored support to help people with mental health needs make progress towards recovery and live more independently
- Providing specialist support and adapted accommodation for people with long-term conditions.

The renewed emphasis on community planning and the social determinants of health provides housing associations with numerous opportunities to expand their work in local partnerships to reduce health inequalities.

This briefing sets out the following approaches to health:

1. **Community development interventions**
2. **Targeted interventions**
3. **Improving data sharing and health intelligence.**

1. Community development interventions

These are likely to be part of local neighbourhood initiatives that seek to strengthen existing community assets, promote community resilience and support people to make healthy lifestyle choices, especially in areas facing socio-economic disadvantage. It may also include workplace training and development plans to ensure that front-line staff are trained in basic health promotion skills such as the 'making every contact count' programmes run by many local health partnerships. Some associations are very experienced in community development skills and techniques and are active agents for positive health, with their own wellbeing teams. Others have invested in training to enable residents to become local health champions and some associations have established grant programmes to support community-led health projects such as communal gardens, green gyms, safe play areas, exercise classes and healthy cookery programmes.

2. Targeted interventions

Targeted interventions can provide support and promote health for individuals and households most at risk of experiencing health inequality. This may be through specialist housing support such as work with troubled families, homelessness and substance misuse services, and/or individually tailored support for people with complex needs. Proposals for work in these areas should reflect known commissioning priorities. Housing associations should demonstrate how they will support health to achieve specific outcomes such as a reduction in health service use and the need for crisis interventions through specialist intervention. The Federation will be publishing a guide to the local health economy for members on demonstrating health impact and making an economic case for health investment. This will be accessible via the **health partnership hub**.

3. Improving data sharing and health intelligence

There are recognised gaps in research knowledge about what works best in relation to addressing complex needs and the social determinants of health. At the same time, local authorities and health agencies need to use local data and intelligence to shape commissioning plans and evaluation frameworks. Housing associations have a potentially important role to play here by working with public health and local authority colleagues to review the data collected at local level to see how housing data might inform work to tackle health inequalities. This may involve working alongside public health teams, local Clinical Networks or Knowledge and Information Teams (KITs), Academic Health Science Networks and local universities to share data and intelligence and explore opportunities to jointly commission research to address knowledge gaps. Through these types of collaboration, housing associations will be better placed to influence commissioning plans and strategies and to monitor, evaluate and demonstrate the impact of their work.

From our learning to date from the health partnership project, there are three key stages that will support housing associations to develop an offer to health around tackling health inequalities:

Step one: Understand local health needs and public health priorities

Once a housing association has agreed its strategic direction for working on health inequalities, it can look at the local JSNA, Health and Wellbeing Strategy, and CCG commissioning plans to gain a better understanding of local needs and priorities. However, these documents are often very strategic in their focus and may not fully describe the practical opportunities for involvement in health inequality work at local authority or neighbourhood level. To gather this intelligence and build awareness of their potential contribution, members need to play a proactive role in local health and social care networks and explore partnership opportunities to work with statutory partners and the third sector. Experience has shown the value of developing a sound understanding of funding opportunities, existing partnership work and commissioning priorities and timescales before presenting a housing offer to public health.

Step two: Develop a good relationship with public health teams at local authority and regional level

Housing associations will find it useful to attend local meetings, contact local health intelligence networks and get involved in consultations about health and wellbeing strategies and commissioning priorities around health inequalities. They should also proactively support local public health programmes to promote healthy workplaces, as well as ensuring that front-line staff receive training and are active agents for health promotion. Looking for opportunities to contribute to local work on data-sharing and health intelligence may be one way to achieve this and there is merit in housing associations working together to develop common approaches.

Step three: Present the housing offer in ways that reflect local health priorities

To achieve credibility with statutory partners, housing associations should look to work in partnership rather than in competition with other housing organisations to present a collective offer, linking housing proposals to published commissioning priorities around health inequality and referencing the offer to published evidence of what works. Housing associations could use the life-course framework to articulate the impact of their offer, being clear and realistic about how they will measure outcomes and produce outputs that are relevant to local and national performance frameworks. An alternative approach is to offer housing investment as part of a wider programme of work to tackle health inequalities, and/or to take the lead in coordinating neighbourhood regeneration initiatives, as well as community development training and investment.

Useful resources

The **Public Health Information Portal** shows comparative population health profiles and patterns of health inequality across England.

The UK Health Forum has launched a new e-Library and associated briefing service called **http://www.ukhealthforum.org.uk/prevention/pie/** It contains over 3,000 records covering a wide range of issues including the latest evidence on topics such as nutrition and obesity, physical activity and green space, mental health and wellbeing, air pollution and fuel poverty.

The Institute of Health Equity has a wealth of resources and links to work on the social determinants of health, including the Marmot report. Go to: **http://www.instituteofhealthequity.org/**

Healthy Places brings together resources, briefings and updates on developments in relation to the built environment, health and wellbeing. This website is primarily aimed at local authorities, local planners, and local public health professionals.

The National End of Life Care Intelligence Network published a report, **Deprivation and Death**, which looks at patterns of death in England by socioeconomic deprivation. It examines the interaction between deprivation, sex and age group, and place and underlying cause of death.

Our Life has produced a range of resources on community engagement and wellbeing initiatives. Go to: **http://ourlife.org.uk/**

Examples of housing associations developing partnerships with public health can be found in the case study section of the National Housing Federation's **Health Partnership Hub**.