

1 October 2013

Briefing:

Routes into Health

Housing and public health

Summary of key points:

Public health policy is concerned with the overall health and wellbeing of the population across three broad domains: health improvement, health protection, and health service delivery. This briefing provides:

- a summary of public health priorities and a guide to new roles and responsibilities at a national, regional and local level
- an understanding of new opportunities for housing associations to work with directors of public health
- an overview of key linkages between public health priorities and housing.

1. Introduction

Since April 2013 there have been major changes to the public health system in England. The Health and Social Care Act 2012 placed a new statutory duty on local authorities to improve the health of their local population, marking the transition of public health from the former primary care trusts. Public health policy is concerned with the overall health and wellbeing of the population and covers three broad areas: health improvement, health protection, and health services. The renewed emphasis on community planning and the social determinants of health provides housing associations with opportunities to work in local partnerships to improve health, promote wellbeing, and tackle health inequalities most effectively.

This briefing is one of four documents entitled *Routes into Health*, which aim to explain health commissioning structures and NHS providers to housing associations. This work is part of the National Housing Federation's [Health Partnership project](#).

2. Context

The Government's strategy for improving public health shifts attention and resources away from a medical health system that deals mainly with the consequences of illness. It reflects the recommendations of the Marmot report 2010¹. The Marmot report highlighted the geographical variations in living conditions, the life expectancy gap between rich and poor areas and households, and the uneven distribution of health inequalities. The spatial and population differences in health status and life-expectancy are referred to as the 'social gradient' in health. The Marmot report shifts the health debate from a preoccupation with disease processes, and discusses the social determinants of health in detail. The report highlights the importance of carefully targeted interventions to address health inequalities and promote public health and wellbeing across the life-course.

The Government's approach to public health is based on four key principles: strengthening local action; supporting self-esteem and behavioural change; promoting healthy lifestyle choices; and changing the environment to support healthier lives². Public health is effectively everybody's business' and individuals are expected to take an increased role in protecting their own health and wellbeing and that of their families.

¹ Fair society, healthy people. Marmot review 2010.

² Healthy lives, healthy people. Department of Health 2010.

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3. How housing improves public health

From a housing perspective, the link between the quality of 'place' and health is well established. The importance of good housing, and safe, accessible living and working environments for promoting individual health and wellbeing is extensively documented³. Housing associations have been major contributors to public health improvements for many decades. For example, by providing warm, affordable and energy efficient homes, promoting financial inclusion, training and employment opportunities, providing care and support services and investing in homes, local neighbourhoods and wider community services.

The Marmot report recognised that housing and housing support services have an important role in promoting public health at local level. Within the new public health system, housing must be considered alongside other policy programmes. These include programmes to improve education, promote economic prosperity and job creation, and efforts to help people to feel socially connected to other people and their local communities⁴.

The renewed focus on the social determinants of health provides an ideal opportunity for housing associations to demonstrate their impact on health and wellbeing and their ability to reduce health inequalities. This might include highlighting work to improve the physical environment and interventions to promote healthy lifestyles. Housing associations are also experienced in delivering services and support to people experiencing social exclusion and health inequalities, and in working in partnership to deliver health improvement interventions.

4. Changing roles and responsibilities

From April 2013 local authorities have a statutory duty to improve the health of their local population, promote wellbeing and reduce health inequalities as part of their place shaping duties. This duty applies to all London boroughs, upper tier and unitary authorities and they are provided with a ring-fenced grant from central Government to implement this work. Progress is monitored by Public Health England (PHE) and central Government and incentivised through financial payments if local authorities meet agreed priority outcomes (the so-called 'Health Premium')⁵.

³ For example see:

http://www.dhcarenetworks.org.uk/library/Resources/Housing/Housing_advice/Good_housing_and_good_health.pdf

⁴ Healthy Lives, Healthy People, Department of Health 2010.

⁵ For more information about the grant allocation arrangements go to:

to: <https://www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15>.

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To assist them in this work, each local authority in England has a director of public health (DPH), who is jointly appointed with PHE. The DPH has strategic responsibility for the public health programme in their local authority area (see below). Directors of public health (DsPH) have a prominent role within local authorities as a result of the policy changes although they face considerable challenges in the face of major resource constraints. The DsPH sit on the local health and wellbeing boards and provide information and advice to inform the joint strategic needs assessment (JSNA) and local commissioning plans.

Clinical commissioning groups have a legal duty to reduce health inequalities through their new commissioning role, the first time that this legal duty has been placed on a statutory health body. The DPH provides public health advice to the CCGs and ensures that CCG commissioning plans reflect the priorities outlined in the local JSNA and joint health and wellbeing (JHWS) strategy.

5. Public Health England, the regional teams and local centres

Public Health England (PHE) is the expert executive agency on public health matters in England, providing advice to central and local government, the NHS, politicians, industry, public health professionals, the third sector and the general public. PHE provides public health advice and information to local authorities and clinical commissioning groups to shape their local commissioning plans. PHE also provides specialist health protection, epidemiology and microbiology services across England.

The DsPH have a small team of information analysts and health improvement specialists within each local authority. They receive additional guidance and access expertise from a team of specialist staff from Public Health England who are located within a network of four regional teams and 15 public health centres across England. The four regional PHE teams will support the development of the new public health workforce and maintain an overview of progress against a national outcomes framework (see section 6). The public health centres have their own centre directors and must ensure that services are tailored to local needs. The PHE centre directors are expected to work collaboratively with local authorities, health agencies and the voluntary and community sector to provide leadership and support on health protection and public health service development.

For most housing associations it is the local authority DsPH who are likely to shape public health plans and priorities at local level. Getting to know the DPH and their team and playing an active role in public health programmes at a local level is therefore very important. Housing associations need to pay close attention to local plans and strategies and attend engagement events to find out about commissioning plans and timescales. These local engagement events

provide opportunities to influence commissioning intentions and may be organised through voluntary sector networks.

6. What services do they commission?

Public health in England is funded through three main sources⁶: ring fenced grants to local authorities, grants from the Department of Health to NHS England, and PHE commissioning or direct service provision.⁷ The total ring fenced grants for 2013-14 and 2014-15 amount to £2.66bn and £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. When they commission services local authorities should adopt a diverse provider model, based on their knowledge and experience of the local provider market. This is seen as a less bureaucratic model of commissioning than traditional competitive tendering⁸.

The Public Health Outcomes Framework sets out two high level outcomes for public health: to increase healthy life expectancy and to reduce differences in life expectancy, with specific objectives to improve the wider determinants of health, support people to make healthy choices, protect people from health threats and avoid preventable ill-health. DsPH will continue to roll out national programmes such as the child measurement programme and NHS health checks, as well as immunisation programmes. However, they will also have responsibility for commissioning services that tackle social exclusion, promote community safety and workplace health, prevent and help to manage long-term conditions, and promote healthy lifestyle interventions.

Housing associations wanting to tender for public health services will need to ensure that their contribution to improving health and tackling inequality is recognised by local health and wellbeing boards. When designing service development proposals, outcome and impact measures should reflect the Public Health Outcomes Framework and local priorities. However, housing associations should think beyond things that can be counted, and find out about local work to include measures of 'social value' in commissioning frameworks⁹. Housing

⁶ Department of Health, Healthy Lives, Healthy People: Update on Public Health Funding, 2012. Go to: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-on-public-health-funding>.

⁷ The Department of Health may carry out some public health commissioning or procurement as well.

⁸ Regional Voices, Public Health-Policy Briefing for the Voluntary Sector, 2013

⁹ There is currently no consensus on what constitutes 'social value' and how it should be measured. You need to have this conversation at local level. For more information relevant to the third sector go to: http://www.ncvo-vol.org.uk/psd/commissioning/social_value2.

associations should find out about local needs and commissioning priorities, for example by accessing the JSNA, JHWS and CCG commissioning plans for your area. Review these commissioning priorities against your business development plan, look for areas of strategic 'fit' and target your offer and approach accordingly.

The reorganisation of public health and the focus on social determinants of health is an opportunity for housing associations to think beyond tendering and service specifications and to consider their wider organisational impact on health and wellbeing. For example, it may be time to review existing ways of working to maximise community health and wellbeing and to look for new partnership opportunities to achieve this.

7. Engaging with public health and local authorities

The new public health system is at an early stage in its evolution. Anecdotal evidence from members suggests that those working in public health and health service commissioning may not fully understand housing associations' work 'beyond bricks and mortar'. To overcome this, housing associations need to:

Build on existing relationships

Housing associations should use existing contacts and networks to build positive working relationships with health. This means using local and regional partnership events, community forums and local housing and voluntary sector networks as opportunities to raise awareness of your work. Play a proactive role in health improvement by attending and hosting meetings and public engagement events, and send regular updates about your work to key stakeholders. Offer work-shadowing opportunities for public health staff to find out what you do and take part in public health information and intelligence seminars¹⁰. Housing association should also work with other associations to coordinate approaches to public health so that public health centres and local directors are not overwhelmed by multiple meeting requests.

Increasing awareness

Housing associations need to quantify and describe their work in relation to the social determinants of health as well as publicising the more high profile work on building new homes and providing home adaptations and physical maintenance services. For example, in demonstrating the breadth of your contribution to public health outcomes and strategic priorities, you may want to quantify and describe your work to support troubled families, demonstrate your investments in green space, health promotion and housing support and showcase your work in tackling loneliness, crime, domestic violence, homelessness, addiction,

¹⁰ Your local public health team will have details of these.

and financial exclusion. Housing associations need to demonstrate how collectively their homes and services make a difference to health and wellbeing in their area and how they can help commissioners meet their strategic priorities.

One way of doing this is to link their interventions to the life-course approach. For example, showing how housing associations have a positive impact on health and wellbeing for individuals and families at different life stages. Public Health England is committed to making every contact count by making public health 'everybody's business'¹¹. Some housing associations have been actively working with public health professionals to train their frontline staff to provide health information and advice and to promote positive health choices through every point of contact with the public.

Share your intelligence

Many health professionals are unaware of the data that housing associations collect and how it might be used to address public health issues. Contact your local authority information analysts and local PHE centres and work with other housing associations to share information and resources with other sectors. Understand where gaps in health intelligence exist in your area by looking at the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and offer to share information and resources to address these. Housing associations may also want to work with Healthwatch, voluntary sector health partnerships and residents to highlight areas for improvement for people accessing and using health services, and to encourage wider participation in public health planning and activities, going 'beyond the usual suspects'.

Tackling health inequality

Public health specialists are well aware of the impact of socio-economic disadvantage and marginalisation on the health of vulnerable groups. The PHE Priority Plan for 2013/14 (page 11) states that PHE is committed to 'making visible the health needs of those on the margins and otherwise overlooked'. Housing associations are well-placed to discuss the risks to wellbeing and to increase the visibility of those with poorest health who are at risk of marginalisation.

Health promotion and early intervention

Demonstrate your frontline knowledge and presence in local communities and how this can add to local health intelligence and public participation. Offer to share resources such as premises for health promotion activities. Use your communication networks and support staff to encourage the take up of flu vaccinations, and promote winter warmth and health screening

¹¹ <http://www.nhslocal.nhs.uk/story/every-contact-counts>.

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campaigns (such as the NHS Health Check Programme)¹². For example, there are opportunities for housing associations to work with GPs and public health teams to promote the take-up of health checks, especially among people who may be marginalised or reluctant to participate.

Develop healthy workplaces

Housing associations are often major local employers, providing training, employment, apprenticeships and internships. Improving health in the workplace is a key priority for Public Health England in 2013-14. This presents an opportunity to work with public health colleagues to demonstrate your commitment to health in the workplace and actively engage staff and residents in the roll out of healthy workplace programmes.

8. Useful Links and Resources

- *Fair Society: Healthy People*, Marmot Review, 2010
- *Healthy Lives, Healthy People*, Department of Health, 2010
- Public Health England Priorities for 2013-14:
www.gov.uk/government/publications/public-health-englands-priorities-for-2013-to-2014
- Public Health Outcomes Framework: www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
- For more information on the funding arrangements for public health go to:
www.gov.uk/government/publications/ring-fenced-public-health-grants-to-local-authorities-2013-14-and-2014-15.
- *Helping to build better health*, National Housing Federation, 2012
- *Dementia: finding housing solutions*, National Housing Federation, 2013
- *Invest in housing, invest in health*, National Housing Federation, 2011
- *Health and housing: worlds apart?* National Housing Federation, 2010
- Regional Voices has produced a number of useful resources for the voluntary and community sector on health commissioners and providers including a guide on clinical commissioning for the voluntary and community sector, and a guide to who's who in health and care. These are available on their website: www.regionalvoices.org.uk

¹² For more information go to: www.healthcheck.nhs.uk/.

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