

13 January 2017



Housing and health: report on collaborative working

Report of Jane Robinson, Corporate Director of Adult and Health Services

Purpose of the Report

- 1 This report is to update the Economy and Enterprise Overview and Scrutiny Committee of the collaborative work that has occurred between DCC (Adult and Health Services and Regeneration and Local Services) and the Registered Providers (RPs') together with the NHS (Durham Dales, Easington and Sedgfield Clinical Commissioning Group and County Durham & Darlington NHS Foundation Trust lead partner in the Wellbeing for Life consortia)

Background

- 2 Links between housing and health are well established with the former playing a substantial role in providing one of the basic building blocks for human health¹. Local authorities' functions include land use allocation for housing through the planning process, strategic housing needs assessment, oversight and delivery of homelessness services, environmental health and consumer protection functions in relation to housing standards, fuel poverty and warmer homes work and private landlord liaison. RPs' are in a good position to work with commissioners on managing long-term conditions and the social determinants of health. They have a track record of providing support to vulnerable clients and know how to manage services for vulnerable people ensuring admissions to acute services are minimised and enabling people to recover or maintain their independence in the community.
- 3 The County Durham Health and Well Being Board (HWB) extended an invitation to the Local Government Association to undertake a health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme.
- 4 This was conducted in February 2015 with a report in March. Four areas of best practice were identified, community engagement, Area Action Partnerships, 'Voice of the child' and relationship with Scrutiny, and these the LGA would like to follow up with DCC and share with the sector.
- 5 Two potential areas for development included, building stronger links to housing to ensure its contribution to health inequality and the social determinants of health is maximised and reviewing the membership of the Health and Wellbeing Board e.g. the voluntary and community sector, housing.

¹ https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs

- 6 A HWB development session in July 2015 considered a report giving an overview of housing and health issues and suggestions for how closer working could be taken forward in County Durham. As part of this it was recommended and agreed by the Board that a multi-agency Housing and Health Task Group (HHTG) be established as a sub-group of the Community Wellbeing Partnership (CWP). The role of the group is to explore opportunities for joint working and integrating a number of strategic agendas, e.g. prevention, long term conditions, health and wellbeing, social care.
- 7 The Health and Housing group is jointly chaired by the ISOS Housing Group CEO and a Senior Public Health Specialist, DCC. Its membership consists of RPs', Strategic Housing, Public Health, Children's and Young Peoples' Services, Adult and Health Services, Voluntary and Community sector and the NHS (commissioning and provider). Terms of reference have been devised and agreed (see appendix 2).
- 8 Following an initial workshop, a further five meetings have been held. A couple of these have been themed, for example, Macmillan/DCC Joint the Dots project and the County Durham Plan and Older Peoples Housing allocation. The remainder have focused on potential collaborative projects.
- 9 The group agreed to focus on two areas of work. The first was the development of a survey to determine what community based health projects RPs' were engaged in. The second has been the piloting of a brief intervention training package, Making Every Contact Count (MECC).
- 10 To promote better coordination and integration of services between health and housing organisations it was agreed there was a need to understand what is already being provided, the type of community activities and where these are being provided.
- 11 A survey was devised by Spatial Planning with input from Public Health and the RPs. It was completed by housing providers engaged in the Health and Housing Task Group. Results will assist identification of further opportunities for better coordination and future joint working between RPs' and, in particular, the services being provided through the Wellbeing for Life service by Durham County Council.
- 12 The main points arising from the survey analysis are included in appendix 3. Two thirds of those RPs' engaged with the Housing and Health group responded. Their core community activities remain focused on the key social determinants of health, training/skills, employability, income maximisation, literacy and poverty amelioration. Lifestyle interventions did not feature. Monitoring and evaluation of interventions occurs but different tools are used by organisations. Most activities continue to be developed and supported by RPs' core budgets. There is some cross over between where services are delivered and those provided by Wellbeing for Life. Thus there is an opportunity to utilise the latter by identifying tenants and referring them to the service.
- 13 The second area of work is a brief intervention training package offered to the RPs' as an initial pilot. The idea recognises that staff in any public facing organisation will have multiple contacts with the public. Having or building into that contact a 'healthy

conversation' can provide a trigger for that resident to consider making changes to their lifestyle or other aspects of their lives.

- 14 Building on work livin' are already engaged in, RPs' were invited to participate by nominating staff groupings to attend a training session delivered by the Wellbeing for Life service. The MECC training session lasts for 90 minutes and consists of:
 - a) Background to MECC (what it is, evidence base)
 - b) County Durham Health profiles
 - c) Stages of Change model
 - d) Overview of 3 A model of brief advice
 - e) Referral pathways.
- 15 Between September and December 2016, ten training sessions were organised attended by 126 participants from four organisations (see appendix 4 for a breakdown of those engaged). Feedback was positive although some staff responded saying it was unclear why they were there.
- 16 Subsequent to the training there have been few referrals into the Wellbeing for Life service. The service has modified its data collection reporting system to capture any specific referrals from RPs'. Further work will take place in the New Year with Wellbeing for Life following up course participants to determine any blocks on making referrals and how these can be alleviated.
- 17 There has also been discussion within the Housing and Health group about evaluating the impact of this work. RPs' are keen to know, if by committing to engage, there would be evidence the intervention correlates to more sustained tenancies. A rapid literature review was unable to identify any specific links primarily because MECC has been focused on the lifestyle agenda.
- 18 A proposed evaluation framework has been devised. Wellbeing for Life has agreed to use two measures to assess those individuals when they are first referred and then at two, six and 12 months. The first, EQ-5D², EuroQol five dimension questionnaire, a standardised tool for measuring general health status. This measures how mobile people are and how well they carry out day to day tasks. The Self Efficacy tool ³ measures self-belief and confidence which together give an indication of how capable and confident an individual is in relation to self-care. Thus at the end of the pilot phase there will be data to show:
 - a) Number of tenants by RP referred to the Wellbeing for Life service.
 - b) Average EQ5D5L and Self Efficacy scores at baseline.
 - c) Average EQ5D5L and Self Efficacy scores after eight weeks,
 - d) Average EQ5D5L and Self Efficacy scores at six months
 - e) Average EQ5D5L and Self Efficacy scores at 12 months
- 19 Future areas of development for the group include, monitoring the impact of the training on practice and reviewing individual tenant engagement with the Wellbeing for Life service to determine change to their lifestyle or any of the social

² <https://en.wikipedia.org/wiki/EQ-5D#EQ-5D-5L> (Accessed 21/12/16, 13.10)

³ G. Chen, S.M. Gully, and D. Eden, "Validation of a New General Self-Efficacy Scale," *Organizational Research Methods*, 4 (January 2001), pp. 62-83 (Accessed 21/12/16, 13.15)

determinants of health. There is potential to explore a collaborate venture via FUSE, the Centre for Translational Research in Public Health, which brings together the five North East Universities, seeking to determine whether investment in MECC does enable RPs to maintain its ratio of secure tenancies. County Durham Housing Group (former Durham City Homes part) has agreed to track the tenancies of any tenant referred to Wellbeing for Life.

20 Other Housing and Health projects have included:

- a) A workshop jointly facilitated by Public Health England and ISOS on the 'impact of housing on health' at the Health and Well Being Board's Big Tent Engagement Event in November 2016.
- b) Routes out of poverty – a series of training events for NHS, C&YPS, AHS and Housing where services outline their role and function and jointly work on solutions to case studies.
- c) Home Environment Assessment Tool (HEAT) – HEAT is completed by Housing Solutions staff when a home visit is required with households where there is a family with children under 18 years (or up to 24 years if child has disability). Prior to the visit Housing Solutions can check the family/child/ren are currently an open case to C&YPS and ascertain if the tool needs to be completed.
- d) A primary care project to utilise DCC's fuel poverty programmes to target those patients with asthma and chronic obstructive pulmonary disease to see if uptake of the interventions impact on individual health and wellbeing and healthcare costs eg admission to hospital, primary care consultations, drug costs.

Recommendations

21 Members of Economy and Enterprise OSC are requested to:

- a) note and comment on the content of the report.

Background Papers:

Registered Housing Providers Survey
Terms of Reference for the Housing and Health Group
Detail of MECC training participants

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Appendix 1: Implications

Finance: Not applicable, projects covered within revenue budgets

Staffing: Commitment from RPs' involved in the pilot to release cohorts of staff for training and follow up work.

Risk: Inability to demonstrate any link between training and sustainable tenancies may result in RPs' disengaging from this and future work.

Equality and Diversity / Public Sector Equality Duty: Not applicable

Accommodation: Not applicable

Crime and Disorder: Not applicable

Human Rights: Not applicable

Consultation; Not applicable

Procurement: Not applicable

Disability Issues: Not applicable

Legal Implications: Not applicable

Appendix 2 – Housing and Health group terms of reference

Purpose

The purpose of the Health and Housing group is to develop strategic housing and health projects that contribute to the delivery of key objectives that improve the health and wellbeing of residents in County Durham and deliver objectives in the Health and Wellbeing Strategy and Housing Strategies.

The Health and Housing group will promote and develop partnership working between the county council, clinical commissioning groups, social housing providers and voluntary and community organisations to deliver evidence based strategic housing and wellbeing outcomes.

Partnership Principles

All partners will work towards a shared vision of housing and health

All partners will make a commitment sufficient time and resources to the health and housing group

All partners will work in the spirit of openness and trust

All partners' inputs need to be equally valued

All partners will work in the spirit of openness and trust

How we will work together to effect change

Objectives

1. Help to coordinate health, social care and housing policy through closer working between health, housing and care professionals to identify needs and develop new projects.
2. To identify commission and develop new projects in response to research that improves the understanding of housing and health issues within the County Durham.
3. To act as a consultee on new or revised strategies and policy relating to housing and health issues.
4. Support the implementation of the Care Act 2014
5. Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing.
6. Undertaking housing and health needs assessment in evidencing the impact of housing on health and wellbeing so that it is more widely understood and accepted by health partners
7. Ensuring access to good quality housing.
8. Supporting community health development and the five ways to wellbeing.

9. Improving the standards of evidence in housing to demonstrate how housing initiatives deliver health outcomes that contribute to general wellbeing
10. To identify commission and develop new projects in response to research that improves the understanding of housing and health issues within the County Durham.
11. To act as a consultee on new or revised strategies and policy relating to housing and health issues.

Membership

Membership is drawn from the housing forum and community well-being partnership.

DDES CCG

Durham City Homes

Cestria

Dale and Valley Homes

East Durham Homes

North Star Homes

Livin

Public Health

Four Housing

North Durham CCG

Economic Development & Housing

Wellbeing for Life Consortium

Groundwork

Fire & Rescue Service

Meeting/ Constitutional Arrangements

The group will meet once a bi-monthly.

Meetings will be coordinated by the chair.

The chair and vice-chair will be responsible for agreeing the agenda of the next meeting and any specific work programmes for the group.

The Health and Housing Group will provide a minute taker for each of the meetings.

The chair will seek consensus or majority agreement to actions where necessary. Individual members will not be constitutionally bound by agreed actions.

Task and finish groups

The Health and Housing group will develop multi-agency task and finish groups to progress the objectives described above. The task and finish will comprise a number of different individuals from different agencies who will come together to undertake specific and time limited pieces of work.

Accountability

Accountability will be through the Housing Forum and Health and Well Being Board.

Appendix 3 – RP survey headlines

- 22 respondents returned questionnaires and are members of the Health and Housing Task Group representing a response rate of 68%
- The most frequent activities recorded by respondents were:
 - Financial inclusion
 - Handyperson schemes
 - Enhancing employability
 - Fuel poverty
- Other activities such as family intervention; healthy living ; improving health literacy; lifelong learning and social prescribing are provided less frequently but are provided by some housing providers
- Most community activities are provided in the most deprived settlements (top 30%) according to IMD 2015
- Most respondents monitored the effectiveness of these activities but there was variation in frequency of monitoring and the type of performance monitoring. Some methods were more rigorous i.e. linked to outside bodies such as HACT or universities but all essentially about meeting the specific outcomes for the Value for Money (VFM) Standard as part of the HCA Social Landlords Regulatory Framework.
- This suggests strong correlation with what and where Wellbeing for Life services are being targeted
- 73% of activities are funded internally by housing providers which suggests that these activities are seen not as an optional addition to providing housing but a crucial part of their core business.
- 60% is externally funded from public sector agencies such as DCC, CCG and Police.
- Housing providers still provide supporting people services such as extra-care , community alarms and wardens
- The main areas for joint working were:
 - Older persons and independent living within the community
 - Mental health
 - Social isolation
 - Information sharing and intelligence

Appendix 4 – MECC training

RP.	Date	Attendees
livin	22/9/16	5
livin	22/9/16	20
livin	26/9/16	7
livin	26/9/16	28
Durham City Homes	10/10/16	17
Durham City Homes	12/10/16	14
North Star	17/10/16	7
Housing Solutions, DCC	1/11/16	15
livin	5/12/16	7
livin	5/12/16	6
Totals	10 sessions	126