

Health and Wellbeing Board

25 May 2018



Health and Housing Work 2016-18

Report of: Amanda Healy, Director of Public Health, Durham County Council

Purpose of the Report

- 1 The report provides an update on Public Health links to housing and examples of developments that have been implemented 2016-2018.

Background

- 2 As part of the Local Government Association's (LGA) health and wellbeing system improvement programme, a peer review of the County Durham Health and Wellbeing Board took place in February 2015. One of the areas for consideration was the role of housing services specifically an 'opportunity to make closer links with housing and maximise their contribution to health inequality and wider determinants' and an opportunity to make links with the emerging Housing Strategy.
- 3 Following the adoption of the recommendations, a Health and Housing Group was established. Reporting to what was the Community Wellbeing Partnership of the Health and Wellbeing Board, this had representation from Durham County Council (DCC) Adult and Health Services, Regeneration and Local Services, a number of the Registered Social Landlords (RSLs), the Wellbeing for Life service delivered by a consortia of the following organisations (Pioneering Care Partnership, Durham Community Action, County Durham and Darlington NHS Foundation Trust, Derwentside Leisure Trust and Durham County (Culture and Sport).
- 4 The group agreed to focus on the well-being of older people, specifically self-management/care, reducing social isolation and improving mental health as key related themes. Making Every Contact Count (MECC) was suggested as an approach both to support workforce development and to enable connectivity with the health and wellbeing agenda and specifically the Wellbeing for Life service. Part of the rationale was to test an approach and ascertain the viability of extending it, specifically targeted and to scale if required.
- 5 In a drive to make the work more strategic and create more synergy through shared reporting mechanisms, Gill O'Neill, Public Health, presented shared priorities to the Housing Forum in June 2017. An agreed set of five priorities were agreed based on the King's Fund publication.¹ These are:

¹ Kings Fund (2016) The Economics of Housing and Health: The role of Housing Associations, https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Economics_housing_and_health_Kings_Fund_Sep_2016.pdf accessed 31/1/18, 10.10

- (a) Addressing poverty including welfare reform and fuel poverty
 - (b) Early years including identification of neglect and injury prevention
 - (c) Older people with issues such as dementia and age friendly community initiatives, reducing social isolation and falls reduction
 - (d) Vulnerable groups such as those with learning disabilities, a mental illness, and those exposed to domestic abuse
 - (e) Workforce development such as Making Every Contact Count.
- 6 The Housing and Health group was subsequently stood down in summer 2017. The agreed strategic priorities are now overseen via the Housing Support Group reporting to the Housing Forum. A reporting mechanism into the Health and Wellbeing Board is being explored.
- 7 The five key areas are now part of a plan on a page with the detail underpinning each currently being developed.

Policy context

- 8 Three key strategic issues have influenced the national and local policy context on the housing and health agenda.²
- (a) There is a strong drive for integrated approaches to preventing admission to hospital and expediting hospital discharge
 - (b) Delayed transfers of care and system wide pressures, including the funding of adult social care, are affecting the ability of the NHS to cope
 - (c) The role of housing in helping to relieve these pressures and enable older people to live in their own homes is increasingly recognised both in policy and funding provision.
- 9 The role of housing as a determinant of health has been embedded in recent policy. The statutory guidance around the implementation of the Care Act 2014³ states that:

“Housing is therefore a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered.” (Section 15.50, Care and support statutory guidance)

Under the Care Act, 2014, there is a requirement for closer cooperation between services that support the health and wellbeing of those who may be in need of care and support, in order to deliver more person-centred outcomes.

² Housing Lin (2017) Health and housing: building the evidence base
A Paper for Kent Surrey Sussex Academic Health Science Network by the Housing Learning and Improvement Network, <https://www.housinglin.org.uk/Topics/type/Health-and-housing-building-the-evidence-base/> (accessed 31/1/18, 11.40)

³ HM Government (2014) Care Act Part 1 <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets> accessed 31/1/18, 12.05

- 10 In October 2016, a national Clinical Commissioning Group (CCG) engagement programme ⁴was launched which focuses on three elements related to housing:
- (a) How housing can help prevent people from being admitted to hospital
 - (b) How housing can help people be discharged from hospital
 - (c) How housing can support people to remain independent in the community.
- 11 In 2014 a Health and Housing Memorandum of Understanding (MoU)⁵ to support joint action on improving health through the home was agreed between government departments, agencies such as Association of Directors of Adult Social Services (ADASS), NHS England, Public Health England, the Homes and Communities Agency, and other housing and health sector organisations. The Memorandum of Understanding (MoU) details areas of improvement, and the action plan aims to ensure that organisations work together to:
- (a) Establish and support national and local dialogue, information exchange and decision-making across government, health, social care and housing sectors
 - (b) Coordinate health, social care, and housing policy
 - (c) Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
 - (d) Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improvements to patient experience
 - (e) 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, and are able to identify suitable solutions to improve outcomes.
- 12 The NHS Five Year Forward View (FYFV)⁶ and Next Steps on the NHS Five Year Forward View⁷ both emphasize that new models are needed to support and

⁴ NHS England (2016) Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England, NHS England/Public Health England/Department of Health <https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-health-and-housing.pdf> (accessed 31/1/18, 12.45)

⁵ HM Government (2014) Joint action on improving health through the home: memorandum of understanding, DH, NHSE, PHE, DCLG https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf (accessed 31/1/18, 1320)

⁶ NHSE (2014) Five Year Forward View, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (accessed 31/1/18 13.55)

⁷ NHSE (2017) Next Steps on the Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> accessed 31/1/18, 14.20

care for people. Key themes from both documents include: more attention to prevention and public health; greater control for patients of their own care; and greater integration. The FYFV noted that a key condition for transformation across local health economies is a strong primary and out-of-hospital care system, with well-developed planning about how to provide care in people's own homes, with a focus on prevention, promoting independence and support to stay well.

- 13 A vanguard programme was established to test out different care models. Three (of the seven) suggested models that are being prototyped have a potential link to housing, Multi-Speciality Community Providers, Integrated Primary and Acute Care Systems and Enhanced Health in Care Homes. All are expected to offer care in different ways.
- 14 The Better Care Fund (BCF) also provides further support for integration with a pooled budget for Health and Wellbeing Boards, including funding for the Disabled Facilities Grant.
- 15 The Public Health Outcomes Framework⁸ includes indicators about older people, which can be influenced by housing-related initiatives: health related quality of life in older people; excess winter deaths; injuries due to falls in people aged 65 and over; and hip fractures in people aged 65 and over. Linked to this, NICE guidance⁹ includes recommendations for a health and housing referral service to identify people at risk of ill health from living in a cold home, and to provide tailored solutions accessed through a single point of contact. It places a requirement for the NHS to work with other bodies to address the problem of deaths caused by cold homes, and recommends integrated teams. It also contains provisions on discharging vulnerable people from health or social care settings to a warm home.
- 16 In March 2016, NHS England announced plans for ten new housing developments as part of the Healthy New Towns¹⁰ programme to shape the health of communities, and to rethink how health and care services can be delivered. The programme offers an opportunity to rethink how to improve health through the built environment.
- 17 The Local Government Association¹¹ argues that housing should be central to emerging models of integrated health and social care services, activities, and facilities.

Update on housing and health projects

- 18 Activity has focused on a number of projects, some historic, others new and others where there have been new developments within the project.

⁸ DH (2018) Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> (accessed 31/1/18, 14.45)

⁹ NICE (2015) Excess winter deaths and illness and the health risks associated with cold homes <https://www.nice.org.uk/guidance/ng6> (accessed 31/1/18, 14.50)

¹⁰ NHSE (2016) Healthy New Towns <https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/> (accessed 31/1/18, 15.05)

¹¹ LGA (2016) LGA (2016) Building our homes, communities and future: Preliminary findings from the LGA Housing Commission, <https://local.gov.uk/topics/housing-and-planning/housing-commission> (accessed 31/1/18, 15.25)

- 19 **Cold related ill health.** The Warm and Healthy Homes programme was a Public Health commissioned service until the end of March 2017. It was delivered by Housing Solutions, part of Regeneration and Local Services, DCC. From April the focus has changed to a jointly funded arrangement based on a loan based product.
- 20 The third year of the programme has delivered lower outputs across the majority of performance indicators. This was due to the uncertainty of future funding. The interventions delivered as part of the programme have been appropriately targeted in line with NICE guidance.

Health condition	Number
Mental Health/Learning Disability	11
CVD including diabetes	18
Respiratory	15
Rheumatoid/osteoarthritis	19
Cancer	2
Other disability e.g. restricted mobility	7
Unknown	13
Total	85

- 21 The programme has worked with the CCGs' via their Patient Reference Groups to identify patients who would promote the scheme to their peers. This work was recognised by National Energy Action (NEA) who awarded one of DDES CCG volunteers an award.
- 22 The cold related ill health work in County Durham was again recognised in the Get Well Soon report produced by the NEA. This followed a survey of Health and Wellbeing Boards in England to determine if they had recognised the NICE guidance on excess winter deaths and cold related morbidity and started to address the 12 recommendations. County Durham received six out of six for its work. It also resulted in the Chair of the Health and Wellbeing Board being invited to address an Inside Government conference on fuel poverty in December 2017. The audience was particularly interested in the combined housing and health datasets and how they had been used to rank practices.
- 23 Working with FUSE, the Warm and Healthy Homes work was showcased as part of a regional conference in March 2017. Attended by over 50 delegates the programme was a combination of academic research presentations with workshops, one of which was facilitated by Sarah Burns, Director of Commissioning, and Dr Jonathan Smith, Chair, DDES CCG.

- 24 The opportunity to better engage primary care with the Warm and Healthy Homes programme has been raised with the CCGs. A combined housing and health dataset was used as a starting point to determine a ranking of practices by prevalence of Chronic Obstructive Pulmonary Disease (COPD) and asthma within a context of IMD particularly housing quality. This dialogue resulted in the Silverdale practice, South Hetton being approached to pilot personalised referrals for all those with COPD and asthma. As part of the co-production work with Teesside University, the impact on both health care costs and individual self-reported well-being will be measured.
- 25 A further opportunity has arisen through the Right Care –Respiratory work being led by DDES CCG and rolled out across the local healthcare economy of County Durham and Darlington. As part of the prevention work stream, a case was presented that failing to address the thermal comfort of a patient’s home could result in an exacerbation of their condition and the concomitant impact on use of NHS services. Inclusion of measures to identify patients living in cold damp homes and referral to the Warm and Healthy Homes programme. Further discussion is required to explore the feasibility of systematically flagging patients on the disease registers so clinicians are minded to raise the issue with patients.
- 26 **Health and Housing group** – Making Every Contact Count (MECC). The Health and Housing group was jointly chaired by the ISOS Housing Group CEO and a Senior Public Health Specialist, DCC. Its membership consisted of Registered Providers (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 were devised and agreed.
- 27 Following an initial workshop, a further five meetings were held. Some of these were themed, for example, Macmillan/DCC Joining the Dots project and the County Durham Plan and Older Peoples Housing allocation. The remainder have focused on potential collaborative projects.
- 28 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, MECC.
- 29 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.
- 30 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.
- 31 The main points arising from the survey analysis were:
- (a) 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.

- (b) Monitoring and evaluation of interventions occurs but different tools are used by organisations.
- (c) Most activities continue to be developed and supported by RPs' core budgets.
- (d) 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.

32 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.

33 The main points arising from this piece of work include:

- (a) A good uptake from the training with 126 staff from four organisations participating
- (b) Despite very positive participant feedback immediately after the training and at subsequent follow up, referrals into Wellbeing for Life service have been low
- (c) Those referrals where the client completed a six week intervention supported by a Health Trainer reported post intervention EQ-5D-5L and self-efficacy scores in line with findings from Durham University evaluation
- (d) A mitigating factor for the low uptake could be one RP undergoing a major reorganisation.

34 Other workforce developments - routes out of poverty – a series of training events delivered during spring 2017 targeting NHS, Children and Young People's Services, Adult and Health Services and Housing where services outline their role and function and jointly work on solutions to case studies.

Three more half day sessions have been scheduled for spring 2018.

35 Home Environment Assessment Tool (HEAT)¹² – The primary purpose of HEAT is the early identification of neglect. Extensive training with health, housing, Children and Young People's Services has been implemented. The tool has just been updated following feedback from Care Quality Commission (CQC) who advised there should be more focus on analysis. A prompt on a new Children and Young People's Services referral form asks staff to attach evidence of neglect to the referral so usage can be monitored. One Point Service's assessment has HEAT as a mandatory tool.

¹² <http://www.durham-lscb.org.uk/professionals/early-help-and-neglect/toolkits-and-guidance-for-practitioners-single-assessments-and-early-help/>

36 Public Health Intelligence have provided underpinning data to inform both the Joint Strategic needs assessment (JSNA) and Integrated Needs assessment (INA) on cold related ill health. In addition, they have been approached by Spatial Policy to provide health related intelligence to compliment area based housing profiles as part of the draft Housing Strategy's market position strand.

Conclusion

37 Presented above is an overview of the Public Health work in relation to housing and health. The focus has predominantly been on cold related ill health and workforce development.

38 The gaps have included:

- (a) A clear joint strategic focus. This is now emerging with the identification and agreement by the Housing Forum of five priorities and the embedding through the refreshed Joint Health and Wellbeing Strategy and draft Housing Strategy
- (b) Increasing our development work with private landlords
- (c) Stronger links with Adult and Health Services Commissioners to utilise knowledge and intelligence from commissioned services e.g. Handyperson's scheme to better effect
- (d) Influencing the Improved Better Care Fund to identify potential housing and health programmes that could influence health and social care outcomes.

Recommendations and reasons

39 The Health and Wellbeing Board is recommended to:

- (a) Note the report's content.
- (b) Endorse the five priority areas as outlined in paragraph 5 of the report.
- (c) Agree to receive a presentation at a future meeting outlining the work taking place between housing and health to address these priority areas
- (d) Acknowledge the strong links between housing and health.

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Appendix 1: Implications

Finance – Not applicable

Staffing – Not applicable

Risk – Not applicable

Equality and Diversity / Public Sector Equality Duty – Potential impact of integrated programmes could have greater impact on those with protected characteristics

Accommodation – Not applicable

Crime and Disorder – Not applicable

Human Rights – Not applicable

Consultation – Not applicable

Procurement – Not applicable

Disability Issues – A better integrated health and housing agenda could have potential to impact on a range of disability issues

Legal Implications – Not applicable