**Report of: Director Housing & Adult Social Services**

| Meeting of | Date | Agenda Item | Ward(s) |
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| Health and Wellbeing Board | 10 October 2013 | Item | All |

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# SUBJECT: FEEDBACK FROM SEPTEMBER SUMMIT

## 1. Synopsis

A summit organised by the Health &Well-being board on Housing and Health took place at The Andover Estate, N7, to shape housing services in Islington and explore how Islington Council, the NHS and social housing providers can work together to improve health and tackle health inequality.

The event is believed to be the first of its kind to be held on an Islington housing estate, and brought together key local stakeholders across housing, health, social care, community safety and resident representatives to explore the impact and potential of good public housing on health and wellbeing.

This paper sets out the purpose and background to the summit and reports the findings from the discussions and next steps to take this work forward.

The key themes to emerge included that there is currently a great deal of work going on Islington but that many people do not know about it and that greater collaboration and integration is needed. Greater communication and information sharing between agencies and with communities would facilitate closer working and better health and wellbeing outcomes. Several examples of good practice or opportunities were raised. These included ensuring there are housing links with the new locality-based Multi-Disciplinary Team meetings which are designed to coordinate and improve the care of people with complex physical or mental health needs; linking housing into the new role of Health Navigators; promoting awareness that the council can carry out adaptations etc, in private sector housing; engaging more with residents and communities to develop peer-supporters/ community champions; training and skills development for front line staff in signposting, brief (motivational) conversations and acting as champions. Similarly community health practitioners, such as

Health Visitors and District Nurses have an important role in identifying poor housing conditions and vulnerable individuals and referring onto appropriate support.

Wider approaches to community design using Section 106 monies attached to rigorous health and environmental health impact assessments to promote better design and maintenance of housing developments are also important. For example dementia-friendly communities are being developed in some parts of the country, including 'next door' in Camden. Shared spaces, such as areas of greenery, parks, local facilities, can be very important in providing more space for people (especially where there is overcrowding) and for a range of community activities that bring people together or to socialise. Good design and creating a sense of community ownership help local communities to value and 'police' their own areas. There are of course many additional benefits of safe green spaces on physical health and mental health.

The issues, concerns and ideas raised at the summit will feed into the consultation of the Islington Council's Housing Strategy, which is currently being refreshed and the Officer Group of the Health and Wellbeing Board will discuss the findings at their next meeting and develop an action plan for taking this work forward.

## 2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE the feedback and next steps of the summit

- CONSIDER how, as a Board, it can support and promote further action in this area

## 3. Background

- This summit, focusing on Housing and Health was part of a series of summits of Islington's Health and Wellbeing Board. The others have included the First 21 months, Alcohol, and Long Term Conditions.

- The link between health and housing is well documented. Housing can affect health directly via the condition of the house, via the characteristics of the local area, and via psychosocial effects from tenure or lack of housing security.

- Decent affordable housing is a cornerstone of good physical and mental health and a major determinant of health inequalities. Badly designed and poorly-built houses with inadequate heating, damp, lack of space, poor lighting and shared amenities are a major contributor to poor health. Poor housing and homelessness are not just a housing problem. They have profound implications for the health and social and economic wellbeing of the people affected, and for society as a whole.

- In 2012, the Public Health team, working closely with the Council's Housing team, carried out an in-depth piece of analysis using GP data at to look at population demographics, behavioural risk factors, diagnoses of health conditions and interventions, for people living in social housing in Islington. It found that rates of asthma, mental health problems, chronic liver disease, stroke and heart disease were much higher among residents in areas with high levels of social housing (22%) than those living in areas with no social housing (9%). For example chronic liver disease prevalence is 57% higher than expected, depression and dementia prevalence are both 42% higher than expected, and Chronic Obstructive Pulmonary Disease (COPD) prevalence is 24% higher than expected. There is also a

greater than expected prevalence of stroke (14%) and coronary heart disease (10%). They also had higher rates of obesity and smoking prevalence.

- Social housing providers are in a good position to influence and promote lifestyle change and therefore improve health outcomes. And the design and build of housing can positively or negatively influence behaviour. (E.g. Unsafe environment prevents people from participating in physical activity.)

## Purpose and structure of summit

- The summit provided an opportunity to look at how we develop integrated working across housing, health and care and to deliver better outcomes for our shared service users.
- There is considerable work underway already in Islington and the purpose of the summit was to explore how all stakeholders can further enhance or strengthen the work underway. The aims of the summit were to;
  - Raise the profile of housing and its role in meeting health and wellbeing needs, preventing poor health and tackling health inequalities
  - Explore what's working well in Islington and what lessons can be learnt
  - Explore how to influence providers, strategies and commissioners
  - Identify the barriers and actions required to develop greater integrated working
  - To put forward ideas that could make a real difference within the next 6 months and beyond

- The event was held in the Finsbury Park Community Hub on the Andover Estate and brought together council housing chiefs, Registered Social Landlords, Housing Associations & Supported Housing Providers, Public Health, Islington CCG, GPs, Mental Health specialists and other health professionals, Councillors, Community Safety, Fire Brigade, local Police and residents.

- Three short presentations set out the context, challenge and opportunities for delivering better health and wellbeing outcomes, across health, care and housing for our residents. The first focussed on housing as a social determinant of health inequalities and set out the case for partnership, with a specific emphasis on why it needs to happen and tools for making it happen. This was followed by two presentations exploring local work to highlight good practice. One was a presentation from Family Mosaic on their joint pilot with London School of Economics looking at what interventions around health and wellbeing a landlord could offer that would make a positive difference to social housing tenants. The second detailed Islington Councils asset management strategy in relation to the 3 priorities of the health and wellbeing board and the impact it has on health and wellbeing.
- The key element of the summit was small group work/ table discussions exploring participants' views on;
  - priorities/ possibilities that now come to mind for improving health and wellbeing outcomes for Islington residents?
  - Who needs to take action? What can specific stakeholder groups do?
  - How do we make it happen?

## Feedback and next steps

<u>Key challenges/barriers</u>

- Action going forward needs to be rooted in reality with a clear understanding of where we are and strategy needs to reflect that. All services are currently overstretched and there is a high turnover of people with lots of organisational change. "That doesn't mean we can't make improvements but need to be realistic about what is achievable"

- We're still coming at things from our silos – how do we make the silos join or make them speak to each other? Organisations need to try to understand each other, even if it is difficult, and communicate more effectively and frequently with each other. "This is the first time I have sat and discussed housing with a GP, and it's so useful".  This needs to happen at all levels – frontline staff and at strategic levels. We also need to get our agenda items high enough on the agendas of others – communicating how we can work together.

- Solutions need to be grassroots upwards, not the other way around, e.g. [residents'] panels can convey issues that arise to the Council and engage communities.

- There is already lots of great work going on, "I have heard about some fantastic work going on today but no one knows about it. There is a lack of information sharing, sharing of good practice and data sharing". There is a need for coordinating current activities and avoid duplication.

- Information sharing was a prominent theme at the summit. Participants had concerns about the transfer of the Independent Living Fund to local authorities – "will this funding still be available/ring fenced for people accessing the ILF?" and about how Personal Health Budgets work. One table discussion also commented that Social Services need a clearly defined role setting out what they do and what they do not do – a customer charter.

- One of the difficulties is that agencies make contact with other agencies at point of crisis, and then it is difficult  to think outside the immediate need at the point of crisis

- The biggest point raised was understanding each other's business and therefore it would be good if health could say how they are contributing to the objectives of other sectors

- "We need to stop funding pilots and then not doing it". There is a need for a more strategic approach to testing new and innovative ideas and ensuring that resources are available to continue with successful interventions, post pilot.

- We need to visits more people in their homes and engage more with communities and find out what they want. "What does health mean for them?" We need to work with residents to make them champions for change in their own areas.

- All the changes in welfare are creating an enormous amount of anxiety. GPs are also feeling the pressure of welfare reforms on their patients, e.g. patients required medical letters to support claims and appeals.

- Islington has high levels of complexity and high levels of deprivation. It is important to recognise that complex needs with high vulnerabilities in long term conditions or health problems are not necessarily in older patients but may also be in much younger adults (eg in 30s or 40s) with histories of long term problem alcohol or drug use, long term serious mental illness, etc.  Commissioners and services need to be aware of, and responsive to, this diversity of needs.

Opportunities

- As a general approach, we all need to think around the person's health and their housing as they are often not a set of single, unrelated issues, but several inter-linked issues. This would facilitate a workforce that supports more holistic and person-centred services.

- Training
  - How do we train people to see the small things and change them - we often just worry about the big intractable things and nothing changes

- Important that approach to housing and health is responsiveness to the needs of people with mental health and learning disabilities, for instance, and to reflect changes in the approaches to improve outcomes, eg the move towards different types of recovery models for people with serious mental health conditions.
- The above point, also points to ensuring front line staff have the necessary knowledge and skills for signposting, brief (motivational) conversations, acting as champions (eg in mental health), through providing training and skills development. But the wider systems that people work within also need to be able to facilitate this. Similarly, interventions that help to promote a sense of neighbourliness or help to develop champions within local communities so they can also provide support, informed advice and signposting would beneficial.
- Young professionals in the borough could be encouraged into training in the community / volunteering as part of their training to share skills but to also gain important community level knowledge.

- There are models of multi-agency teams and we should build on these experiences. For example ensuring there are housing links with the new locality-based Multi-Disciplinary Team meetings which are designed to coordinate and improve the care of people with complex physical or mental health needs.

- The CCG has introduced the new role of Health Navigators (there are 2 currently, commissioned through Age UK) - these new posts help to signpost people to services but also provide practical support for access, making appointments, etc., where it is needed.  Again linking housing into the navigation role will assist with signposting and supporting health-related needs that also relate to housing.

- There is already good integrated work going on and Islington has now been shortlisted as a Pioneer project which provides further opportunities for greater collaborative working. There was discussion about opportunities for sharing data to identify and intervene at key trigger points, such as maternity and retirement.

- Promoting awareness that the council can carry out adaptations etc., in private sector housing - often the public and other services are unaware of this but these adaptations can help to keep people in their own homes and help prevent further problems.

- One of the themes emerging through the summit was the desire to increase contacts through housing to help identify people where there are vulnerabilities developing, or to help promote access to services, prevention/early intervention opportunities. For example, there are a number of different types of motivational programmes, e.g. Family Mosaic's programme, CCG patient activation, behaviour change programmes, etc., which in essence support greater self-efficacy, etc.  These could be brought together into a 'menu' so that people have choice and/or could be introduced to the programmes that might best support them to make changes, reduce isolation, etc. Similarly community health practitioners, such as Health Visitors and District Nurses have an important role in identifying poor housing conditions and vulnerable individuals and referring onto appropriate help.

- Wider approaches to community design using Section 106 monies attached to rigorous health and environmental health impact assessments to promote better design and maintenance of housing developments are also important. For example dementia-friendly communities are being developed in some parts of the country, including 'next door' in Camden.

- Availability / density of alcohol and fast food outlets around housing can contribute to levels of anti-social behaviour, noise and nuisance, and it is important to consider the location and density of such outlets.  There is 'informal' intelligence that some off licenses exploit vulnerable people with alcohol dependence by extending credit in return for giro cheques, etc. A community alcohol project in

Holloway helped to reduce ASB and community concerns about drunken young people hanging around in the area through a mix of youth opportunities, policing and enforcement activities with local off licences; it is being repeated in Bunhill currently.

- Shared spaces, such as areas of greenery, parks, local facilities, can be very important in providing more space for people (especially where there is overcrowding) and for a range of community activities that bring people together or to socialise. Good design and creating a sense of community ownership help local communities to value and 'police' their own areas. There are of course many additional benefits of safe green spaces on physical health and mental health.

Next steps

- The council is developing housing and housing asset management strategies. The findings from this summit will feed into these to help ensure health has a high priority.

- The findings will also feed into the joint programme on transforming social care and integrated care, in which we are explicitly looking at ways of improving the housing offer to older people so they have better health and social care outcomes.

- The Health and Wellbeing Board Officer Group will discuss the issues, concerns and ideas raised at the summit at their next meeting and develop an action plan for taking this work forward.

# 4. Implications

4.1. **Financial implications** - None identified.

This paper provides an update across a wide range of programmes and services across the Council.

4.2. **Legal Implications**
The Health and Wellbeing Board has a power to encourage close working between commissioners of health-related services (such as housing and other local government services) and commissioners of health and social care services (section 195(4) and (5) Health and Social Care Act 2012).

4.3. **Equalities Impact Assessment** .
This paper provides a report of the summit on Housing and Health. Reducing health inequalities is an underpinning principle across the Board's work and poor housing is a key determinant of health inequalities. The summit aimed to identify ways in which interventions, services and programmes related to health and housing can reduce health inequalities.

4.4. **Environmental Implications**
None identified

# 5. Conclusion and reasons for recommendations

The Health and Wellbeing Board is asked to:

- NOTE the feedback and next steps of the summit

- CONSIDER how, as a Board, it can support and promote further action in this area

**Background papers:**

**Attachments:**
**Final Report Clearance**


**Signed by**                                                    …………………..
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