CIH Response to:
DCLG Select Committee Inquiry:
The future role of local authorities in health issues

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This submission is one of a series published by CIH. Further consultation responses to key housing developments can be downloaded from our website

‘Shaping Housing and Community Agendas’
1. Introduction
The Chartered Institute of Housing (CIH) is the professional body for everyone involved in housing and communities. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant. Our work is driven by a passionate belief that our contribution as housing professionals is vital to making communities great places to live and work – and that everyone is entitled to a decent, affordable home in a thriving, safe community.

CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We are a membership organisation with a diverse and growing membership of over 22,000 people who work in both the public and private sectors, in 20 countries on five continents across the world.

CIH works to raise awareness of the important contribution that housing and related support services have for the health and wellbeing of individuals and communities. Many of our members are involved in the delivery of these services, which include those that have been developed in partnership with/ supported by health authorities. Our submission to the Select Committee’s inquiry comes from the conviction of CIH and its members (and evidence from ongoing work) that housing has this significant role to play and that it needs to be considered as part of the solution for developing long term healthy and sustainable communities.

Our work in this area is led by Domini Gunn, previously the lead inspector for the Supporting People programme in the Audit Commission, and now CIH’s Director of health and wellbeing, who is involved in many national partnership bodies looking at housing within the context of delivery of better health outcomes, including the Home from Hospital group – the outcomes of which will provide valuable resources for the range of professionals involved in the discharge/ re-ablement process (due to be published on 26th October). Lorraine Regan, previously leading in DCLG on Supporting People, is Assistant Director of health and wellbeing and is currently working with local authorities to support effective commissioning of support services, as well as developing a tool to measure quality across support that will enable a better ‘read across’ to social care and health outcomes. Sarah Davis, Senior Policy and Practice Officer, has authored a number of publications to support housing professionals to engage and develop services with health professionals. (For more detail on CIH’s work see our website.)
2. General comments
CIH has developed a programme of work over many years to promote the importance of housing and support to achieving better health and wellbeing for individuals and communities. This work has aimed to equip housing professionals to demonstrate their contribution and to understand and better engage with health and social care partners locally. We have also recently developed a new award, the Housing for health and wellbeing award, that identifies and acknowledges where housing providers are making a significant difference for health locally through their housing and support initiatives (Helena Partnerships, the first to gain the award, has been involved in improving the housing stock, developing food cooperatives – the Shoots Food Club – supporting children and young people and identifying how to support good health across the whole lifecycle).

Given this commitment by CIH, we have been pleased to note that the Department of Health, in its recent white paper, Caring for our future and the draft care and support bill, understands the importance of housing and is looking to increase the involvement of housing in developing preventative services and support the effective and speedy re-ablement of people discharged from hospital. We are keen that, through the DCLG’s select committee, we can support further understanding of and connection to housing locally and nationally, to deliver better public health outcomes. Good housing and decent neighbourhoods are critical factors for public health and therefore we welcome the role for local authorities in public health and the development of health and wellbeing strategies, and believe that it is a natural and appropriate measure for local authorities to be a leading agency in this.

3. Specific themes
3.1 The introduction of a public health role for councils
CIH welcomes the setting of the public health function within local authorities, which restores the important link that has existed in the past between public health and decent housing and environments. We recognise that the Directors of Public Health will sit at the unitary/upper tier level of local government, and believe that it is important that there are clear mechanisms to link the public health function closely to the local housing authority, particularly where that function sits at the district council level in two tier areas. This will enable public health directors and staff to build upon the knowledge and expertise of strategic housing and environmental health officers and increase their understanding of the impacts of social and private sector housing on local health outcomes.
Such connections can usefully be achieved through a clear link between local housing experts (strategic housing authority, environmental health, officers developing local spatial plans, and housing provider partners) and the Health and Wellbeing Boards – either by a housing representative on the board or through a sub group. As Health and Wellbeing Boards will be instrumental in developing the Joint Strategic Needs Assessments (JSNAs) and the joint Health and Wellbeing Strategies that should inform health commissioning decisions, this will enable preventative services to be embedded in the local approach.

Making this clear and formal link with the housing sector will both inform public health’s awareness of local health issues and their role in developing effective local solutions. The local strategic housing role and links with environmental health will mean that the public health function will reach across and into the whole housing sector (all tenures) in localities, as well as identifying those neighbourhoods and communities where poor housing and other aspects of deprivation are most likely to have negative impacts on health. Including the housing sector in some formal arrangement with the Boards will also enable a greater influence on strategic housing plans for localities, and encourage providers to recognise and further develop the contribution of their services to achieving the health and wellbeing of communities.

3.2 Objectives of the new arrangements and how impact can be measured

The public health outcomes framework for 2013-16 sets out the domains for improvement of public health. There are clearly areas where improvements in housing and neighbourhoods (making them more accessible, increasing energy efficiency etc.) will help to deliver the outcomes required. We would argue that in order to identify what progress has been made in these areas, Directors of Public Health and/ or the Health and Wellbeing Boards would also benefit from tracking what activities housing and support providers are undertaking that contribute, for example; numbers of adaptations installed that help people remain independent and reduce risks of falls; numbers of people supported to make healthy life choices through food cooperatives etc.)

The Directors/ Boards, through the partnerships forged by their strategic housing leads with housing providers/ landlords (social and private) could encourage a more comprehensive picture of local factors that can help achieve public health outcomes, as well as links with services that can provide solutions.
The **Service Quality Tool** that CIH is currently piloting, supported by DCLG, will help to identify the quality and outcomes achieved through housing and support services, including feedback from the users of those services; the tool will also help to demonstrate the contribution to wider outcomes, such as for social care. This will provide a further mechanism to support/ evaluate housing based solutions in their wider contribution to health and wellbeing.

### 3.3. The intended role of Health and Wellbeing Boards in coordinating NHS, social care and public health at a local level

CIH has welcomed the role of the Health and Wellbeing Boards, but we have also called for there to be a clear mechanism for these Boards to connect to the provision of housing and other important universal services. As we have stated above in 3.1, CIH would urge local Health and Wellbeing Boards to look at how, through the Board or its sub groups, it makes strong, on-going and effective links with the local housing authority and with housing and support providers in a local area. The involvement of housing with these boards will also provide support to Directors of Public Health in embedding the importance of the wider social determinants of health in addressing local needs. Whilst we understand that the shadow health and wellbeing boards are in their infancy, housing has struggled to get its voice heard; we must therefore rectify this issue if we are to work collaboratively to achieve the necessary outcomes for public health.

Environmental health officers and home improvement agencies are key professionals to provide the Boards with understanding of the main challenges in housing condition in private sector housing in local areas. Ensuring an array of voices and practitioners with an understanding of housing are present within health and wellbeing boards or connected stakeholder groups will be vital in order to ensure housing and health outcomes are linked.

Although the majority of social housing is not itself a cause for concern for public health (with the achievement of the Decent Homes Standard), housing providers are long term and often trusted agencies working in areas where there are frequently significant issues of deprivation. Many work in neighbourhoods that experience the wider determinants of health problems and inequalities, and with communities who would be key target communities for public health interventions and messages, for example; addressing anti-social behaviour that can cause depression and stress; providing support/ venues for healthy living courses; improving neighbourhoods to encourage green spaces and exercise; supporting people into employment, training or volunteering opportunities.
The presence of housing and support providers as long term agencies committed to local areas makes them a valuable partner in connecting effectively with local communities, and assessing needs and aspirations to inform JSNAs and the health and wellbeing strategies. In many cases they may also be useful partners to deliver public health programmes, or provide useful community resources and assets to support the delivery of public health messages. In other contexts we have explored how housing and support providers also are often delivery partners of important health and support services that prevent more costly health and care interventions (for example through adaptations to housing preventing falls etc – link).

3.4 How all LAs can promote better public health and better health prevention with links to universal services

Developing partnerships with housing providers and landlords at work in local communities will increase the mechanisms/ networks through which public health messages can be disseminated; through tenants and residents’ networks, through the provision of community spaces in which to hold workshops, through help to identify key groups of residents with whom to work. Closer and more integrated working will enable better understanding of each others’ roles and agendas across different professionals, both of the factors that impact on health and the interventions that will most effectively target them. In some areas this closer working has led to inter-professional training (as in the example from Blackpool below). Closer working will enable better access for individuals, communities and the professionals working with them to services that can support healthy lifestyles.

Blackpool has developed joint working approaches across health, social care, housing and the police. This takes place not only through regular meetings of chief officers, but also regular meetings and shared training of frontline workers. This is done in-house and includes staff from the Home Improvement Agency (HIA), private sector housing and health. It has resulted in a breaking down of professional silos, greater and shared customer focus and a shared referral process for customers.

PCT investment was originally in the Home Improvement Agency for the delivery of affordable warmth, but it has resulted in a shared approach by public health and the HIA to GPs. The result is a pilot referral system through a GP practice’s IT system. Where patients present with cold related illness, the system triggers questions about their housing, and allows for a direct referral to the HIA which will coordinate appropriate interventions, and feed back to the GP.
3.5 The barriers to integration
Local authorities are facing considerable funding and resource challenges, at the same time that their health partners are undergoing major organisational changes and requirements to find efficiency savings. As such, it is a time when many might be inclined to retrench to systems and patterns of working that are familiar and ‘safe’. However, the challenges of the demographic changes that are occurring in many localities, and the increased numbers living with long term illness, mean that other solutions need to be found in the long term. The setting of Directors of Public Health into local authorities is therefore a welcome part of those changes, to create momentum to ensure that more cross service thinking occurs. We would like to see locally, a clear commitment by housing, public health, health and care partners on working together to develop local solutions with their local communities, and to develop and publish what the appropriate local mechanisms for such engagement will be (whether through the health and wellbeing boards or other local fora).

We have also responded to the Department of Health on the draft care and support bill with our concerns that some of the wording as it is currently framed, will prevent exactly the joint funding and integrated working that happens in some places and that we want to see expanded (notably clause 22). We believe it is important that all government policies and legislation, as well as any sector led or shared guidance should be clear in expecting and enabling the development of shared services across public health, housing, health and care.

3.7 Accountability of DPH's
We welcome the inclusion of Directors of Public Health in the local authority structure as this will enable a clear line of accountability to local communities about the actions being taken to identify and address local health priorities (in partnership with those local communities). However, it will enable other services, particularly those receiving funding and support from local public funds to be involved in and accountable for how their activities and services also contribute to public health and wellbeing. This will be particularly the case where local health and wellbeing boards are inclusive of partners and take a broad approach to the services and solutions they commission.

3.8 Financial arrangements and how to link with community budgets.
The inclusion of Directors of Public Health, representatives of CCGs and local authorities (Directors of Children's and Adult Services) in the Health and Wellbeing
Boards will enable a more integrated approach to assessing needs, and to identifying and aligning funds available, and the timing in use of funds, to maximise the benefits for local areas and communities. This is a further reason why we believe that local strategic housing leads and officers developing local plans need to be connected as well to the Boards, to enable a comprehensive approach to how all funding, services and assets locally are used to deliver local priorities. Whilst it might not lead to fully integrated funding locally, it will enable a better approach to the use and timing of different funding streams to improve localities and services.

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