

# Sharing the art of the possible: developing stronger health and housing partnerships

Housing is a significant determinant of health: the physical condition of homes; the security of tenure; the costs to run homes all have an impact on physical and mental wellbeing. The positive and negative impacts of housing on health and wellbeing have been exacerbated by the pandemic when everyone had to spend more time than before at home. Several reports highlight the difficulties that has raised, including:

- **No Place Left Behind:** the commission into prosperity and placemaking explores how investment in the improvement and retrofitting of homes, led by not-for-profit social housing providers, delivered through proposed neighbourhood improvement districts and with dedicated funding could support places and communities, tackle climate challenge, and meet the government's levelling up agenda.
- **Build back fairer:** the COVID-19 Marmot review, commissioned by the Health Foundation identified health inequalities exacerbated by continuing high costs of housing pushing more people into poverty; rough sleeping rising after the end of the successful Everyone In programme during the height of the pandemic, and more families in temporary accommodation; and many private and social renters living in unhealthier conditions, including overcrowding, struggling more with lock down.

The experience of the pandemic provides the opportunity and impetus for a renewed focus on housing and its contribution to tackling health inequalities and preventing ill health, which are key priorities for local government and the NHS.

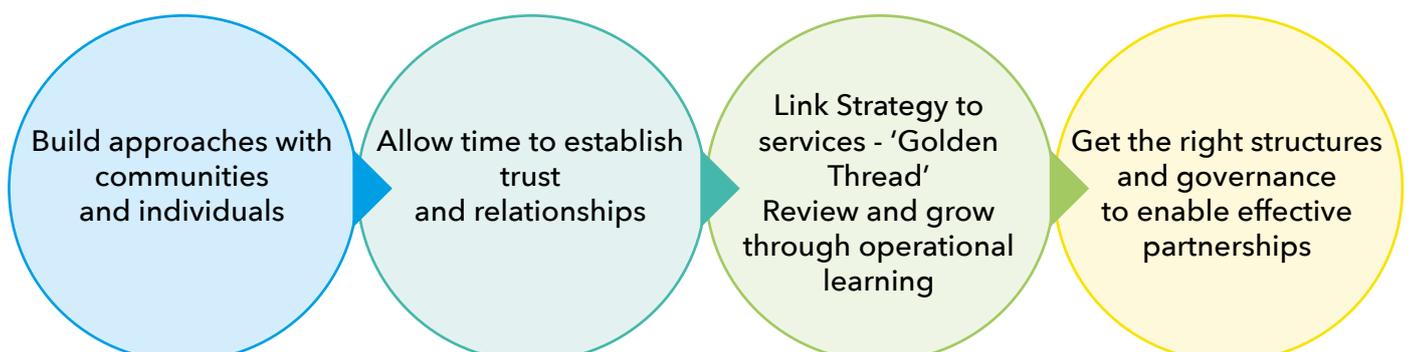
Efforts to bring housing and health partners together existed before the pandemic and examples of successful partnerships shared, but there is new impetus for this joined-up approach to improve health and wellbeing for local communities to be further developed. A roundtable hosted by Grand Union Housing Group and Chartered Institute of Housing (CIH), brought together leaders across housing and public health to discuss what was already happening and how to build on this to ensure more positive outcomes for the communities they both serve.

## What is possible today?

Grand Union Housing group and CIH worked with public health across three councils to bring together health and housing sector leaders to:

- Explore what was working already across the three localities in terms of schemes and services that brought public health and housing professionals together
- How this work could be embedded in the strategic and operational approaches of the partners to sustain it and maximise the benefits for individuals and communities
- How this could be used as a blueprint to help other areas and partners to develop similar approaches.

### The art of the possible - Creating a blueprint for a new way of working



# The view from a local authority public health team

To achieve the aims for the shared public health service across three councils – Bedford Borough, Central Bedfordshire and Milton Keynes – the importance of working with the social housing sector has been recognised, as social housing and council residents often experience health inequalities and social exclusion, and may be less likely to engage with health services.

In terms of scale and impact across the area:

- housing associations have about 28,000 homes and 60,000 residents
- council housing included approximately another 20,000 homes
- social landlords invest in wider community facilities and services and have a track record of involvement.

Frontline housing staff are seen as valuable allies and the ‘foot in the door’ – a phrase repeated often throughout the discussion.

The importance of connecting with the housing sector has led to the shared public health service taking on a housing expert to help to broker and build the positive relationships to facilitate joined up delivery across this area.

Three examples of current joint working illustrate what is being done and emerging benefits

- Bilberry Road – a social housing scheme in a predominantly affluent rural village was experiencing a lot of crime and anti-social behaviour (ASB) leading to numerous evictions and rough sleeping, often related to drug and alcohol abuse. Public health developed a toolkit with frontline housing staff that drew together the online training available from health bodies nationally and locally, on substance abuse and mental health – all of which can help staff to understand issues lying behind presenting behaviours such as ASB. Staff were also supported to identify and use appropriate local help and referral routes to services such as the mental health Recovery College, Path to Recovery (adult drug & alcohol treatment services) and Young People’s services. The strengthening of support went alongside other multi agency partnerships and the regeneration work by Grand Union housing to improve the physical fabric of the estate. Outcomes so far include no further evictions, greatly reduced incidents of crime and ASB, and residents that are now starting to feel safe and well (including access to other health support). Work is now progressing to support a ‘healthier lifestyles’ approach for residents through joined up service delivery approaches to the Bilberry Road Community Hub that launched in October 2021.
- Healthy weight management programme – obesity is a major concern and target for public health interventions, with clear links to place-based factors including access to green spaces, active travel and healthy affordable food. Grand Union and public health are piloting a project to support people to manage this, with the learning to help to tailor interventions in other areas and with other housing providers. The approach aligns with other ‘healthy lifestyle’ offers including smoking cessation and encouraging people to take part in physical activity, as well as mental health support services.
- COVID-19 surge testing – in May 2021 the delta variant of the coronavirus hit parts of Bedford very hard and in some communities, there is greater reluctance and uncertainty to take up vaccinations. Messaging through Catalyst and BPHA in those areas had a significant impact; follow up contact by public health staff revealed awareness of the problem and opportunities for vaccination had already got through to communities via these landlords – “it was striking, the impact that the housing associations had”. (Vicky Head, Director of Public Health)

## The view from housing providers

Achieving sustainable communities and tackling inequality and stigma are central to most social housing providers' values and goals. The pandemic has shone a light on the importance of having somewhere to call home, where people can feel safe and secure; it has brought into sharper focus the disproportionate impact of health inequalities and some of the challenges faced by people living in social housing.

Many housing associations play a role that is more than that of a landlord and invest in communities to improve quality of life and have a positive impact on the lives of residents. A joined-up approach with public health builds on strong foundations of community engagement and partnership working by social housing providers.

A common experience across housing is the increasing complexity of the issues that more residents are facing, but housing professionals often struggled to connect with health and other services to provide support for their residents. However, these issues were often found to overlap with the health inequalities that public health professionals were aiming to tackle as well. Working together, rather than in silos, provides a vital opportunity to develop pathways to services that can improve outcomes for tenants and communities.

## Why might the time be right? Future scanning/ new opportunities

The pre-Covid partnership work has developed locally and contributes to the Joint Health and Wellbeing Strategy in each local authority. The wider changes that are coming to the health landscape may offer new opportunities for stronger strategic alignment between health and housing.

Under the health and social care bill, the integrated care systems now in operation across England will become statutory bodies in 2022. Crucially, there will be a duty to cooperate, shifting from competition to collaboration to achieve the purposes of improving health, with the requirement to:

- Improve health and wellbeing
- Improve people's experience of health care
- Make best use of resources in local areas.

Changes being introduced through the bill will establish integrated care boards (ICBs) and integrated care partnerships (ICPs) as statutory bodies.

ICBs will take on the commissioning role of clinical commissioning groups and some commissioning from NHS England, and although sited at a larger spatial level, ICBs will be expected to serve the needs of their constituent 'places' (i.e. local authorities) and will have the ability to delegate some resources and commissioning functions to each 'place', depending on local priorities.

ICPs will be established by ICBs and partner local authorities with the flexibility also to bring in community and third sector representatives, to establish plans to meet the public health, health and care needs of the local populations. ICBs and local authorities will have to have regard to these plans.

Enabling housing representation across these new structures would be a valuable way to develop and sustain shared work to support the wellbeing of residents and communities; it would require housing providers in local places to collaborate and organise into networks to ensure appropriate management and governance. This was being taken forward in Worcestershire, where a group of housing CEOs came together and agreed who should take the lead on developing the partnerships and established a senior level role to lead on a joint working approach. Not everyone can be round the table; housing must become easy to navigate with clear connections for health partners.

## What makes it work?

- Building understanding of the partner organisations, their priorities, culture and structures, and learning each other's languages.
- Flexible place-based approaches that are based on co-designed inputs and build stronger pathways to engagement and participation.

An emerging development to support better outcomes in wellbeing for communities is the engagement of professionals with cross-sector expertise, which helped to understand their potential partners, their priorities and aims, and the language they use, to equip them to identify and make more effective connections.

- The public health service had employed a housing expert to broker and develop partnership with housing providers.
- Grand Union created a role with a public health focus to support the emerging work and to equip staff in other areas of business e.g. in domestic abuse refuges, retirement living and areas facing deprivation and inequality.
- Home Group employed clinical experts to help to develop new models of care and this, together with people experienced in sales within the health sector, has helped them to shape services that support the aims of health partners. Home group is also exploring the opportunity to apply for social prescribing contracts, seeking to connect more effectively with health in their general needs/ more dispersed communities.

## Building with and around communities and individuals

Central Bedfordshire Council, in response to the complexity of customers' needs within independent living schemes, worked with customers around the 'I and me' statements (developed by TLAP - [Think Local Act Personal](#)) to identify positive actions they could take to support residents, to build in a prevention focus now rooted in all the work in the schemes; it also demonstrated the benefits and strengthened links with adult social care.

This reflected the example of the [2025 movement](#), personalising approaches to the communities and individuals they worked with, but also enabling them to address concerns for other partners (public health, health, social care). "It's a win/win when focused around the individual and community." (Carole Commosioug, Independent Living Manager)

## Don't underestimate the time required to build trust and relationships

Effective partnership working requires resources and time to be invested to understand each other and build trust. The early work across housing providers and the three councils has been developed more widely since the pandemic; in Worcestershire, Rooftop Housing Group had been talking to and building relationships with health partners over four years, and was finally experiencing significant progress.

This was also reflected in the work of the 2025 movement in North Wales:

The 2025 movement began in 2015 with a coalition of practitioners working across health and housing with people with learning difficulties and mental health problems, concerned at the level of avoidable health problems they experienced. They made a lot of investment in relationship building, with the aim to get the right people in the room, get prevention on health agendas, thinking beyond clinical interventions - to be system disrupters.

The group made the decision not to do more research, but to learn how to apply the lessons in real life situations and to work with people with lived experience about the impacts. They also looked to work 'in the gaps', not where others were already operating, which could have led to concerns over encroachment, and this gained them credibility. They applied the social model to the issues they tackled (tackling food and fuel poverty for example).

Their work is about real shifts in power – working with not for or to people, which is what too many communities have experienced.

## Growing from scheme and service to strategy – embedding the approach

Through the work in the three council areas, strategy alignment between joint health and wellbeing strategies and housing corporate strategies was mapped. Pilot delivery approaches then started with interventions for specific communities/ localities, where health issues overlapped with other difficulties experienced by the communities, and housing management concerns for the organisations, such as the drug and alcohol problems connected with crime and ASB on Bilberry Road.

These areas were providing a replicable blueprint for a new shared way of working: co-designing, co-ordinating and aligning interventions to deliver community-focused outcomes. The resources developed for Bilberry Road for example, has been adapted for other areas and housing associations.

The challenge to scale up the approach and to make it flexible to different areas and needs, requires ways to share data and information safely, to broaden the understanding of places and communities, and build collective understanding what different groups and households needed to support better outcomes at local and household levels.

At the same time, the ambition is to make the work sustainable, to embed it in the strategic plans of all the partners, for it to become the normal way of working. Work had begun to develop a suite of measures to show value, gain ongoing commitment and attract funding.

Potentially public health and housing organisations are well placed to develop a proportionate universal approach as recommended by Marmot – with support and services at the local level that can be further enhanced and personalised for households and individuals that may require more help. And exploring bundles of social interventions that collectively can lead to more effective outcomes for people (adapting the clinical approach to bundles of medical interventions) – for example decent and secure homes, safe neighbourhoods, income maximisation, help to access training and employment opportunities.

## Getting the right structures

The experience of the 2025 movement included the need for a level of governance for the coalition of practitioners, which helped to win credibility and trust. The work already taking place in the three councils feeds into the health and wellbeing board, but in relation to emerging health structures (ICBs and ICPs) what governance structure would be needed? What would be the minimum or most flexible arrangement that provides legitimacy and clarity on representation of and work across housing partners for example, enabling its work to be flexible and adaptable to the range of issues emerging across different communities? Thinking about this across the three councils and their housing partners is so far in the early stages.

There is also a challenge to ensure that political understanding and support is backing the work, both at the local level but also through national structures, incorporated in relevant guidance etc. The work of CIH could also usefully support this engagement, as well as looking at how to promote the good examples and blueprints of how to deliver this work nationally, and equipping housing professionals to talk to health.

## Annex: Roundtable participants:

- **Aileen Evans**, CEO Grand Union Housing Group
- **James Prestwich**, Director of Policy and External Affairs, CIH
- **Cllr Louise Jackson**, Portfolio Holder for Public Health and chair of the Bedford Borough Health and Wellbeing Board
- **Liz Parsons**, Public Health Lead for Housing, Bedford Borough, Central Bedfordshire and Milton Keynes Councils
- **Vicky Head**, Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils
- **Ian Brown**, Chief Officer for Public Health - Bedford Borough Council
- **Celia Shohet**, Assistant Director Public Health - Central Bedfordshire Council
- **Carole Comsiong**, Independent living manager, Central Bedfordshire Council
- **Boris Worrall**, CEO Rooftop Housing Group
- **Marie Taylor**, CEO Bedford Citizens Housing association
- **Margaret Hanson**, CEO Imagine Independence
- **Pete Gladwell**, Director of Social Investment L&G
- **Phil Hardy**, Executive Director of Operations, Grand Union Housing Group
- **Rachael Byrne**, Executive Director New Models of Care, Home Group
- **Kirsty Pepper**, Regional Managing Director Catalyst Housing Group



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