Building foundations for health and housing – events report

1. Introduction

This report captures key messages from the event series 'Building foundations for health and housing'. It highlights key themes for proposed future activity, along with important learning from examples of current practice.

2. Background

In autumn 2018 NHS Health Scotland hosted events in Aberdeen, Edinburgh and Kilmarnock, bringing together colleagues from local authorities, public health, health and social care, and other related disciplines. Over 150 delegates participated in this series of events. Building on the recommendations published in the 2017 Scottish Public Health Network (ScotPHN) report Foundations for wellbeing: Reconnecting public health and housing (www.scotphn.net/wp-content/uploads/2017/03/2017_03_08-HH-Main-Report-Final-1.pdf), each event aimed to:

- increase awareness of the strategic context for health and housing at a local level and opportunities to influence the strategic direction and leadership
- increase awareness of the role of local health/housing colleagues and knowledge of how to engage with colleagues
- identify local needs for data sharing, analysis and interpretation
- share examples of good practice
- identify opportunities for future collaboration to maximise the contribution of housing to improving health and tackling health inequalities.

The events began with input from stakeholders representing the strategic context for health and housing at a local level. This was followed by local examples of good practice and collaboration to achieve outcomes of good health and wellbeing. In addition, NHS Health Scotland provided input on the value of sharing data across health and housing and opportunities for public health and housing practitioners to collaborate when producing housing policies and strategies. Throughout the day, there were a number of facilitated discussion sessions which were informed by the recommendations published in the Foundations for wellbeing report.

3. Key findings

Feedback captured from the group discussions at all three events was analysed to produce some key messages. Within this report, these findings are interspersed with quotes from stakeholders and summaries of good practice presented at the events. These summaries have been developed into fuller case studies, which are available, along with the presentations delivered at the events at: http://www.healthscotland.scot/events/2018/september/building-foundations-for-health-and-housing-regional-events

3.1 Underpinning principles for housing's contribution to good health

- Access to an adequate standard of housing is a human right for everyone in our society.
- Housing is a driver of wider social determinants of health such as education, employment and access to health services. Embedding good quality, secure housing within the integration agenda is essential to achieve our national health and wellbeing outcomes.
- The impact of housing and inequalities in health are significant across all tenures.
- Housing can ensure an upstream contribution to preventing homelessness, particularly for those most vulnerable in our society.
- Housing options should enable individuals and families to have choice and control over their unique housing requirements.

> 'Housing is central to our wellbeing. To prevent homelessness and improve Scotland's health, more of the homes we have already, along with the ones we're building, need to be good quality, warm and affordable.'
> Tony Cain, Policy Manager, ALACHO

3.2 Stakeholder engagement across 'health' and 'housing'

- Colleagues saw benefits in pursuing opportunities to strengthen connections at early stages of developing services/policies/plans.
- Having a lead for housing in health, and vice versa, may ensure clear links and pursuit of timely opportunities for cross-sector working.
- 'Housing' can be defined or recognised but 'health' is very broad and wide ranging, making it a complex sector to engage with.
- Engagement at a strategic level is valuable but needs to be translated into practice to inform service design and delivery.
- A directory describing different roles/remits across health and social care, primary care and public health could be beneficial. Some delegates described engagement across organisations being dependent on personal relationships, and levels of contact varied between different local authorities.
- Language was recognised as a barrier and it was suggested that health outcomes and priorities could be translated into the housing context, for example, ensuring clear articulation of housing's contribution to health and wellbeing outcomes.

Case study 1: South Lanarkshire's integrated approach to health and housing

Engagement between South Lanarkshire Council's housing department and South Lanarkshire Health and Social Care Partnership (HSCP) has led to:
- partnership working to complete a Health and Homelessness Needs Assessment
- developing the multi-agency Hospital Discharge Hub
increasing the supply of affordable housing suitable for older people and people with particular needs (new build and amenity programme).

3.3 Collaboration across service design and delivery

- Link workers/occupational therapists (OTs) can effectively facilitate connections between health and housing. For example, OTs are embedded in the Care and Repair service in the Scottish Borders.
- Good partnership working was reported for sheltered and very sheltered housing but not for all housing types.
- GP champions for people experiencing homelessness and improved engagement with primary care were recommended by delegates attending the Edinburgh event.
- A national framework for adaptations/accessible housing design/ inter-generational housing is needed, especially as adaptations were highlighted as early interventions and an area where engagement could work better due to difficulty identifying resources.
- Allocations practice/policy should prioritise vulnerable people being allocated accessible housing. Allocation policies vary and sharing learning could help to establish good practice.
- The use of a checklist in hospital settings could help in understanding and recording an older person's needs and, in turn, inform their housing needs.

> 'Everyone has the right to adequate housing. Ensuring that tenants, landlords and the wider public sector understand what this means in practice is critical to realising this right for everyone.'
> Chloë Trew, Scottish Human Rights Commission

Case study 2: Housing Options for Older People (HOOP) – collaboration across service design and delivery

HOOP works with partners to provide innovative pathways and options for older people to live independently in the community with appropriate support for as long as possible. HOOP:
- supports older people whose discharge is affected by housing issues
- prevents older people's admission to hospital where there are housing issues
- enables older people to make informed housing choices along with their families.

3.4 Sharing intelligence/data

- System and cultural barriers inhibit data sharing between housing and health. Computer systems differ and do not easily enable data sharing, with GDPR as a further barrier. Cultural barriers can also exist, with some professionals being service/process orientated and intelligence-led activity perceived as a threat.
- Clarity around what data exists could facilitate data sharing and the development of evidence informed plans/processes. Clarity is also needed about what data would be useful. For example, this may include service- or team-specific data.
- Housing waiting lists may provide additional data about unmet housing need. Housing applications are potentially useful for identifying vulnerability and may identify potential health outcomes from access to housing that is protective of health.
- Contributions from public health are welcome in providing health needs data to inform planning for housing.

- A national data resource for local areas would assist with strategic planning.
- It would be beneficial to explore data included in Annual Returns on the Charter for the Scottish Housing Regulator, to understand what information could be extracted and what opportunities there are to compare and contrast from a health perspective.

Case study 3: NHS Ayrshire and Arran and the Energy Agency – sharing intelligence/data

- NHS Ayrshire and Arran supported the Energy Agency to evaluate the impact of external wall insulation in East Ayrshire and South Ayrshire.
- A random controlled trial was undertaken to evaluate the impact of the intervention of installing external wall insulation.
- The intervention was evaluated and demonstrated improvements in health and wellbeing for the intervention group.

3.5 Identifying the needs of population groups

- Local Housing Strategies (LHS) cover from the cradle to the grave but the needs of different population groups are not covered consistently.
- Vulnerable groups include gypsy/travellers, refugee/migrants, people with substance misuse issues, and young people with mental health issues.
- People with substance misuse issues must have access to appropriate services to help them sustain tenancies.
- The housing needs of adults are often only recognised if they 'fit into categories' but their housing requirements should be recognised, rather than their condition.
- People with physical disabilities have limited options for accessing accessible housing.
- Owner-occupiers who are asset rich but income poor are often living in fuel poverty.
- Data on health and homelessness (www.gov.scot/publications/health-homelessness-scotland) published by Scottish Government in 2017 provides clear evidence for the need to recognise the impact of poor/unsustainable housing on health.

Case study 4: Aberdeen City Council and NHS Grampian – strategic collaboration across health and housing

- Aberdeen City Council housing staff worked in partnership with Aberdeen City HSCP to undertake a Health Inequalities Impact Assessment (HIIA) of Aberdeen Council's draft LHS.
- They worked through the HIIA checklist identifying the wider determinants of health and impacts for population groups, and drew conclusions about adaptations, fuel poverty and specialist housing providing facilities for meal preparation.
- This collaboration led to Aberdeen City Council's LHS and Joint Delivery Action Plan reflecting housing's contribution to health and tackling health inequalities.

3.6 Strategic collaboration across health and housing

- Housing stock itself has improved but there has been less improvement in the wider place; 'the little box we call a house has improved but the wider environment is also relevant'.
- There is a need for whole-system planning between councils and the NHS to maximise their contribution to healthy place making. Data needs to integrate with bus routes, housing data, affordable housing locations, primary schools and GP services.
- Leadership is needed in broadening the focus beyond homelessness to also encompass housing's contribution to health and wellbeing.
- Locality planning groups may enable collaboration between sectors; examples were given of them being chaired by public health staff and housing being represented.

> 'Access to good quality, affordable housing has a major impact on health in relation to the dwelling itself, security and cost and also the place and community in which the dwelling is situated. Housing, therefore, has a vital role in improving public health.'
> Dr Linda de Caestecker,
> Director of Public Health, NHS Greater Glasgow and Clyde

3.7 Workforce development

- There is a need for professionals to have joint training/information-sharing so they know how to identify the needs of different population groups.
- There needs to be an increased understanding of the roles played by counterparts in housing and health.

3.8 Private rented sector

The following points about the private rented sector arose from discussions at the Kilmarnock event:
- There is a need to include the private rented sector in the health agenda and to ensure enforcement of equitable standards of housing across all tenures.
- It would be beneficial to have data about the composition of the private rented sector stock including aspects such as energy efficiency.
- Private rented housing in rural locations may not represent good quality housing.
- The private landlords register could be a good vehicle for engagement with landlords.

4. Next steps

The key messages which have emerged from this series of engagement events are informing NHS Health Scotland's continuing work programme on health and housing into 2019/20. Examples of work currently being planned include:

- continuing to engage with colleagues working across health and housing to understand local opportunities and challenges for cross-sectoral working

- collaborating with local and national stakeholders to inform and influence the development of policy and practice to maximise housing's contribution to health and wellbeing
- mapping local and national housing and health data sources to further understand opportunities to influence strategic planning and service delivery
- holding a seminar identifying and sharing good practice examples of allocation policy
- identifying opportunities to enhance the knowledge and skills of colleagues working across health and housing
- holding a seminar sharing examples of practice which support people to realise their right to an adequate standard of living.

NHS Health Scotland will continue to engage with housing and public health stakeholders in the delivery of these outputs. NHS Health Scotland will also continue to seek opportunities to enhance collaborative working and facilitate delivery on shared priorities through the establishment of Public Health Scotland.

5. Conclusion

These events brought local housing and public health practitioners together to stimulate local collaboration and maximise the contribution both sectors can make to housing that improves health and reduces inequalities. Presentations highlighted good practice examples and group discussions gave delegates chances to reflect on enablers and barriers to collaborative working. These events represent the beginning of a dialogue between NHS Health Scotland and colleagues working in public health and housing. Over the coming months we will build on these connections with continued engagement and increased momentum for healthy housing in Scotland.

Contact Katrina Reid, health improvement manager, NHS Health Scotland, at katrina.reid1@nhs.net if you would like to discuss our work or share details about your own work.