



Homes, Health and Wealth in the West Midlands:

Local Leaders Working Together Event

Wednesday 15 February 2017, Birmingham

I. Background

A 2016/17 objective of the PHE 'Healthy Places' team was to deliver at least one 'improving health through the home' workshop across the country, as a means to increase capability in enabling everyone to have the right home for health, across the life course. This is part of PHE's commitment to the vision described in the [national memorandum of understanding](#). The workshops were also an opportunity to raise awareness of [PHE's and other national guidance, evidence and resources](#), available to support localities in improving health and wellbeing outcomes, and reducing health inequalities.

Our home is our 'health setting' for most of our lives, and it also provides the springboard for our success in education, at work, in relationships and in our communities. Our homes, health and 'wealth' are inextricably linked. Devolution in the West Midlands seeks to realise our economic potential, and aims to tackle social challenges, including poor mental health. Alongside this, the six Sustainability and Transformation Plans aim to address significant financial pressures and increasing demand for health care and social care through enabling care closer to home, integrated services, and empowering the public, patients and communities to make more informed choices about their health and wellbeing.

Yet are we agreed on what 'home', 'integration' and 'empowerment' mean and how we can best enable these? Beyond new housing, do our plans for economic growth make the most of the 'home, health and wealth' connection? Are we making best use of our collective but limited capacity to shift to a more population-based and preventative approach? This event aims to make the best use of local leaders' time, knowledge and expertise to explore the answers to these questions, building on the existing strengths of innovative approaches to improving the population's health, wellbeing and wealth through the home. The success of this event depends on participation from leaders operating at all levels in the region, across sectors and professions, and representing interests in the population's health and wellbeing from birth to end of life.



II. Objectives

The stated objectives were to increase local understanding of:

- Why a healthy home is important to local and national ambitions for improved health and wellbeing; reducing health inequalities and achieving wider outcomes e.g. economic; employment and education.
- The relationship between the home, health, wellbeing and health inequalities and what this looks like locally.
- The 'levers' in place nationally and locally that can be used to improve health through the home.
- The range of housing interventions that exist that can improve health and wellbeing.
- The challenges associated with evidencing the effectiveness of housing interventions, and how these might be overcome locally.
- Who to work with locally to improve health through the home.

The event was supported by West Midlands Association of Directors of Public Health, West Midlands Housing Officer's Group and the West Midlands Best Use of Stock Network (private rented sector) to allow local stakeholders to explore opportunities to achieve local ambitions for health, wellbeing and the economy through the lens of 'home'. The West Midlands retains a number of housing-related networks that have continued to pursue and share positive practice. PHE's Centre lead is well-established in these networks and carried out consultation to inform the focus. It was considered important to build on existing work and allow participants space to develop their thinking for the future.

The Programme is at:

https://www.phe-events.org.uk/hpa/frontend/reg/thome.csp?pageID=264223&ef_sel_menu=2583&eventID=668&eventID=668

The presentations from the event are at:

https://www.phe-events.org.uk/HPA/media/uploaded/EVHPA/event_668/TO_SEND_OUT_Home_Presentation-standard.pdf



III. Discussion

1. Key Challenges Identified

1.1 Supply

- Affordability
- Suitability
- Quality
- Location
- Accessibility
- Shrinking supply of supported housing and housing related support
- Have homes but are 'homeless within a home' – i.e. no money for utilities/furniture etc. (But have four walls/not statutory homeless).
- Just in time preventions of homelessness – as people are given notice to vacate; need support to find a secure home
- How to create private rented sector that offers good quality long term, secure and stable housing options.

1.2 Poverty

- Insecure employment
- Low waged employment, particularly for younger people
- Fluctuating hours
- Welfare benefits: Caps; Cuts; Complexity; Sanctions; Lower levels for under 25s and SAR for under 35s; Impact of 18-21 HB cuts; 1% rent cuts in social housing and application of SAR to social housing for under 35s; Being connected to technology; Increase in destitution – see JRF report on Destitution in the UK; Instability of work/employment: zero hour contracts; people cannot manage unpredictable income/budget.

1.3 Relationships

- Impacts of relationship breakdown on housing, access/costs/quality etc.
- Impacts on children and education
- Domestic violence and abuse
- Adverse childhood experiences
- Complex trauma
- Homelessness and lack of choice in location/disruption to relationships/education/stress etc. – 77% of young people who are homeless are NEET
- Perverse pressures to have more children to avoid under-occupation and benefit loss



- Private rented sector: quality standards are very varied; very important to get private landlords on board

1.4 Policy Issues

- Behavioural economics have perverse consequences for those with complex problems
- Lack of national housing strategy for all groups
- Big impact on social care due to uncomfortable homes and need to move to residents.
- Housing benefit changes – Bedroom Tax etc.
- Focus on owner/occupation and PRS where there are higher health concerns
- Ending of ASTs main reason for homelessness in many parts of the country followed by DV and then parental eviction.
- Increase in homelessness across all groups – housing increasingly short term and insecure
- Social housing seen as welfare benefit rather than home to build family and community
- Data collection, analysis and sharing inconsistent and bureaucratic
- Government outcomes need to change to encourage more integrated funding and commissioning
- Health and Wellbeing Boards are overwhelmed with priorities
- Section 21 is biggest cause of instability in private rented sector.
- Links between public health and social care in LAs.
- Need to understand different agendas; how do different areas work together and understanding different policies and priorities.
- Focus on customer journey rather than organisation/priorities/language.

2. What Works?

2.1 Supporting People Services

- Evidence based, outcome focussed, value for money, equalities, prevention and health creation programmes. Shrinking before our eyes – need to protect and retain
- Early Help – using all specialist services: use referral pathways; Making every contact count; Partnerships which act; Social prescribing; Use trusted services for access; Non-stigmatised access to support when needed and not only in crisis; Engage with education sector; Broader housing, life skills and social education in schools e.g. Homes for Cathy; Protect good quality advice to assist informed choices and self help
- Supply - use international evidence to help regulate and improve private rented sector; Provide incentives to landlords to rent to people in receipt of welfare and low wages; Review LHA levels to better reflect housing costs; Remove SAR for under 35s
- Partnerships - develop more Psychologically informed services – common understanding and approaches across organisations; Develop a WMCA Housing and Support strategy; Live and Work models for young workers which are affordable; Build local partnerships



whether or not they are scalable; refer to Positive Pathway framework for young people to model and fill gaps at WMCA level

3. What More is Needed?

- General conversations around prevention in PH, social care; LAs to continue to involve housing providers
- Training for front-line workers across agencies to recognise and advise on health behaviour issues – make every contact count
- Develop schools education programmes on housing and life skills
- Invest further in tackling fuel poverty
- Protect and develop supported housing models: PIEs; Mst4Life; Live and Work; Flexible intensive support for those with complex needs; Housing First models for some
- Community Investment: Employment and skills support: Digital inclusion: Housing wellbeing: Financial inclusion: Regeneration Projects- learning lessons from past
- Develop new affordable housing models for young people
- Provide training and job opportunities for service users
- System change will require us to work very differently- s/he who feels it knows it
- Influence WMCA priorities
- Link with STPs and Better Care Fund
- Human centred approach to commissioning, outcome focussed
- Bring decisions and funding closer to those affected.
- Take asset based approach rather than deficit or rescuer approaches
- Be realistic and honest about funding and priorities
- Pilot on reasonable scale – shared funding co-design model similar to regeneration programmes but without the new money- Only then will we move away from dependency big system culture of doing to or for in a very expensive way
- Provide support for long enough to have impact
- Pool funding and make outcomes shared
- Develop social pedagogy model in schools and follow through into services – PIE
- Opportunity for WMCA to pilot new ways of doing things using mechanism of mental health commission/economic strategy/housing strategy and need education on board
- Social prescribing: opportunity for GP's to 'prescribe' non clinical solutions e.g. welfare, debt advice etc.
- Digital inclusion
- Work with the commercial sector – un-tap market.
- Co-location of staff. Collaborative working at grass roots level.
- Work around themes not professional groups. Don't have to know everything but know somebody who does. Structures for people to share information/ talk across boundaries.
- Look at best practice – nationally/internationally.
- Build on strengths of social landlords
- Focus on quality of housing not just numbers



- Commission services on outcomes rather than functions, common measures across agencies (fuel poverty/loneliness/isolation).
- Embed health outcomes into all agencies; consistent measures
- Collaborative working: shared understanding of problems and solutions/outcome measures, one public purse
- Supporting people funding, more funding needed/floating support
- Produce a West Midlands version of the BRE cost analysis (costs to the NHS of poor housing)
- Review West Midlands wide networks around housing and health to identify how efforts could be better co ordinated

IV. Local Solutions/Good Practice

- Telford and Wrekin: housing support; new contract with housing providers includes PH outcomes. Could be extended to other commissioned services, without any additional funding from PH.
- Shelter: provides housing support; legal advice; wider support including domestic abuse; priority homeless; access to welfare support and debt advice; hospital discharge; multiple complex needs
- SIFA Fireside holistic support
- Culture of innovation and prepared to take risks e.g. Bromford neighbourhood coaching
- PH Officer seconded to Walsall Housing Group; HWB programme continued (2 years)
- Black Country Garden City: designing for the future.
- Holiday Kitchen and wider work with housing associations around e.g. food poverty.
- WMs Best Use of Stock Network: working with private landlords
- Dudley Self-Management Programme: peer support and volunteers
- Making every contact count and how to have difficult conversations: Dudley
- Walsall Housing Group pre tenancy training: good neighbourhood/HWB.
- Coventry Building Society/Orbit E/C Scheme.
- Sandwell Hub: Healthy Homes Officer
- St Basils' Live and Work scheme in partnership with Sandwell and West Birmingham NHS Trust
- St Basils' Mental Skills Training Programme

V. Evaluation of the Event

The majority of participants reported that the workshop had achieved the stated objectives and increased their understanding. Free text responses suggest that participants found the combination of 'case study' presenters and PHE evidence, the national policy framework and systems leadership was the right balance. The majority of participants rated the workshop as 'very good' and 'good'. An objective of the workshops was to raise awareness of PHE's resources and other forms of support. At the start of each workshop a slide



provided access details and screenshots of [PHE's Homes for Health collection](#) and the [Healthy Places Knowledge Hub](#).

Participants were reminded of the resources throughout workshops, and at the end. Following the workshop, participants received an email with presentations and were reminded of the Hub and provided with a link to join. Participants were also sent invitations to join from within the Knowledge Hub. PHE's National Advisor provided a summary of the discussion from each workshop in the Knowledge Hub's 'improving health through the home' forum, and copies of presentations, as a means to encourage those who attended to contribute.

All participants were asked in their evaluation for suggestions for future events, or other means of support that would enable them to improve health through the home, for example training and development, further evidence and intelligence. Suggestions included:

- Wider adoption of the national MoU
- More engagement work with Councillors
- Further work to join up Networks
- More CPD knowledge sharing and interprofessional learning opportunities
- More on implementation, what works and models of delivery
- Input from residents on what they are doing and how we can engage and support
- Progressing health and social care integration
- Engaging with NHS and social care
- Help to access CCGs to get them to understand role of housing, from both a physical perspective (bricks and mortar, affordable warmth) but also from community/social isolation
- Role of social housing in leveraging people to change behaviour and support them to develop meaningful and economic activity within their lives
- Assistance with evaluation
- More qualitative research skills amongst evaluation staff
- Further workshops, with more opportunity to get into the detail of a topic; discuss the topic with a wider group of 'systems' leaders, and with reference to smaller localities
- Support for systems leadership and integration, particularly between health care, social care, housing
- Further opportunities to explore 'what works' and how to evidence this/use this to inform a business case
- Workshops/training on spatial planning and health



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A learning point for future events could be to ask participants to be more explicit in how they want to receive support, or this could be the topic of a specific Healthy Places survey. However, it will always be the case that a mixed-methods approach will be best; people learn in different ways; capacity to spend time learning can be constrained and the priority afforded to learning and development by employing organisations varies.

Karen Saunders

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