

## **Foundations for wellbeing:**

Building connections between public health and housing

### **Event report**

14<sup>th</sup> March 2018, The Lighthouse, Glasgow

#### **1. Introduction**

Colleagues from Housing and Public Health were invited to attend a workshop event at The Lighthouse, Glasgow, to explore and discuss opportunities for health and housing policy-makers and practitioners to work together more effectively. A range of stakeholders attended from Health Boards, Health Improvement, Health and Social Care Partnerships, academic and research organisations, Housing Associations and Local Authority housing departments. The event was hosted by Jackie Erdman, Head of Equality and Human Rights at NHS Greater Glasgow and Clyde.

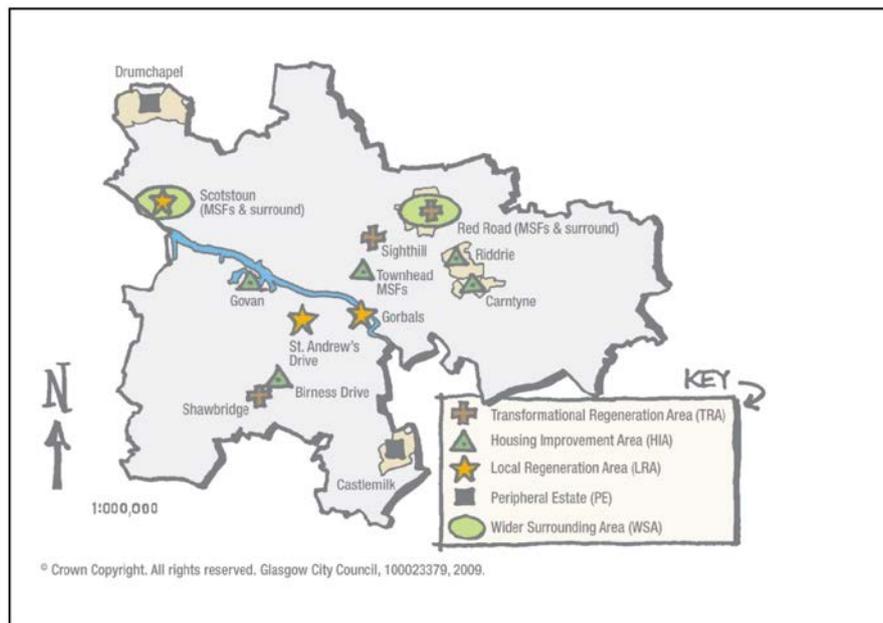
#### **2. Presentations**

The event began with presentations from Prof Carol Tannahill, Director of the Glasgow Centre for Population Health and Dr Emily Tweed, Speciality Registrar in Public Health, NHS Greater Glasgow and Clyde.

#### **Building connections between public health and housing: Key findings from GoWell**

Prof Carol Tannahill presented key findings from GoWell; a research and learning programme investigating the impact of investment in housing, regeneration and neighbourhood renewal on health and social outcomes across several study areas in the city. Physical and social environments were described as important determinants of health that could be shaped by regeneration, while financial stability was highlighted as an important factor in enabling people to benefit from regeneration. Important contextual changes were said to have occurred over the course of the programme, including shifts to an older and more ethnically diverse population, changes to the nature of employment and housing tenure differences. A range of improvements to the quality of housing stock were described in the study areas, with satisfaction levels reported to be high for many physical improvements and some local amenities. Health and wellbeing showed the least

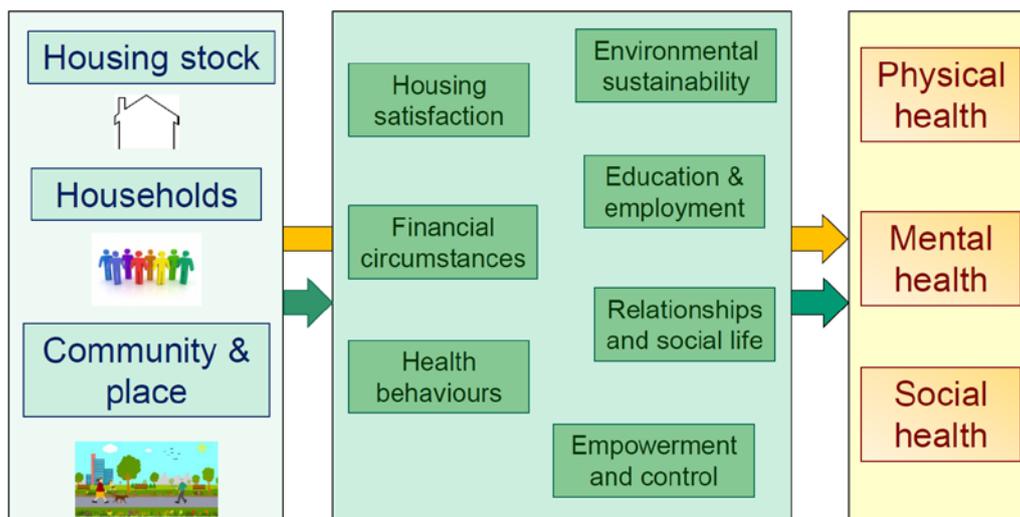
improvement over time, however positive impacts were reported in terms of walking levels and mental wellbeing in some areas. Less positively, however, stigma was found to be an important factor in shaping external neighbourhood perceptions, while some negative outcomes were reported in areas adjacent to those undergoing regeneration. Carol finished by reflecting on the likely benefits of aligning health, housing and regeneration in practical ways to support health.



**Slide 3:** GoWell Study Areas and Intervention Area Types (IATs)

**Foundations for Wellbeing: reconnecting public health and housing**

Dr Emily Tweed provided an overview of recent work to integrate housing and public health, drawing specific reference to a practical guide developed and published in 2017. Emily described the remit of this project as ‘to develop a best practice resource to guide the public health and housing sectors in Scotland in their role in improving health and reducing inequalities through the provision of housing’. A conceptual overview of the pathways between housing and different dimensions of health was provided, as well as a summary of housing issues across the life-course. This covered childhood and family experiences of housing and the role of housing as a setting for care. Practical opportunities to build relationships between housing and health staff were then outlined based on learning from the project. Several recommendations included in the report then formed the basis for a facilitated discussion to take place.



**Slide 8:** *Conceptual overview of the pathways between housing and health*

A full report on the work described in Emily's presentation can be accessed [here](#).

### 3. Table discussions

Delegates were asked to reflect on what they had heard before discussing a range of questions on how to support collaboration between housing and public health. Following this, members at each table were asked to prioritise one action to collectively take forward. Table facilitators fed back the main discussion points before Jackie drew the event to a close. Key points are summarised under thematic headings<sup>1</sup>.

#### Key points

##### **Collaboration**

- Examples of where housing and health staff are working well together at an operational/community level were given, but further work is needed for it to become an issue of strategic focus.
- Health features much more prominently in housing strategy than housing does in health strategy.
- Local health and housing forums do exist and meet regularly to discuss ongoing challenges.
- Housing professionals see their role as being more than just the provision of better housing: 'it's about all the things that encompass housing'.

<sup>1</sup> This is a summary of the key points made across each table. There may be some contradictory statements.

- Having a named lead in public health and housing could help with relationship building and understanding across disciplines.
- Housing and HSCPs need to be working together more closely to improve conditions for tenants.
- It would be useful to showcase practical and positive examples of where people in health and housing have worked together to address a particular issue.
- Several plans and future developments were described where public health and housing could work together, including locality plans, Health Impact Assessments, Housing Strategies, Housing contribution Statements, Primary Care Development Plans, City Deal projects and through new regeneration projects.
- On a topic basis, opportunities for collaboration exist through financial inclusion work, the impact of Universal Credit, homelessness, housing adaptation for elderly people, young people's experience of housing, fuel poverty and the private rented sector.

### ***Tools and resources***

- HIAS/HIIAs can be useful tools to incorporate health considerations into housing strategies.
- Demographic data on populations is important for housing staff to better understand tenant needs.
- Sharing information and resources around a particular issue (e.g. homelessness) could identify gaps and be a good starting point for establishing future collaborations in terms of research and practice.

### ***Private-rented sector housing***

- The impact of growth in the private rented sector (PRS) on health is a major public health challenge. Overcrowding is known to be a problem in many parts of the city, particularly for migrants who can't access social housing or afford private rents without support from other occupiers. For many migrants, Scottish housing standards may be considerably better than the standards in their own country.
- Within Glasgow, a high proportion of private rented housing is tenemental. This can be problematic due a lack of maintenance of common areas, internal disrepair and overcrowding. Tensions were also described where there was a mix of private and owner occupied properties.
- More work is needed to educate landlords on their responsibilities.
- Mapping PRS could help to identify hotspots.

### ***Employment***

- Insecure employment and poverty were described as important factors in shaping people's health and their experience of housing.
- Housing improvements can only be realised if people can afford to heat and furnish their homes.

### **Neighbourhoods**

- Small-scale neighbourhood interventions provide an opportunity for housing providers and public health staff to work together to create valuable community resources (e.g. growing spaces, community cafes).
- Stigmatised areas can be supported by situating really good public services within them.

### ***Housing through the life-course***

- An ongoing challenge is to move asset-rich but cash-poor older people into more appropriate housing.
- Young people are struggling to access the housing market. Expensive rents and insecure employment prevents young people from being able to save for a deposit.
- More research into life-course issues could highlight the importance of strategic housing decisions to population health.

### **Priority actions**

- There is a strong need to go beyond ensuring input in each other's strategies (although this can provide a hook) to actually working together in daily practice.
- Housing officers can develop strong relationships with tenants over a period of time. This provides an opportunity to signpost them to staff working in Health Improvement or other health-related services, but they need to know where the entry points are.
- Community is the link between public health and housing. Both disciplines work with communities to achieve better outcomes and there are many opportunities for joint working that need to be realised.
- Prioritising the shift of people from acute services into the home setting is an obvious intersection between housing and health. New primary care development plans provide an opportunity to think differently about where care is delivered and by whom.

- New regeneration areas provide a chance to convene housing and health staff to support processes of change in designated areas.
- Continuous Professional Development and shadowing offer learning opportunities for staff to improve their understanding of housing/health and their links.
- Further work is needed to assess housing needs and the health-related challenges presented by an ageing population.
- Health staff should be involved in plans for major housing developments by 'designing in health' – this requires a shift away from maximising profit for developers and ensuring revenue for local authorities towards meeting the housing needs of the population.
- An [HIA Report](#) has been published on the 50,000 new affordable homes in June 2017. This report makes valuable recommendations for Community Planning partners where new homes are being built.
- Housing could be an explicit theme in the Director of Public Health's report.

#### **4. Next steps**

Participants were asked to consider how the momentum generated through the event could be maintained. There was a willingness to build on the priority actions identified in the table discussions workshops. Health Scotland are also developing work to take forward actions from the report at national level. Participants will be informed of any follow up events or opportunities for collaboration.

Please contact Jackie Erdman if you have further questions about this event:  
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