

### Case-study 8.5.3

## A partnership approach to health

*Peter Molyneux*

*"We can't put rats in a laboratory and force them to over-consume large amounts of poor condition housing - they might thrive on it."* Housing academic

### Description

The Government has accepted the need to take a wider look at the impact of wider social, economic and environmental determinants of health within its policies. The increasing concentration of low-income households in local authority and housing association homes has meant that housing, health and social care services are increasingly delivered to the same people. Those who experience the worst health inequalities are also likely to be in the worst housing.

The Independent Inquiry into Health Inequalities, chaired by Sir Donald Acheson called for all policies likely to have an effect on health to be evaluated in terms of their impact on health inequalities. The Inquiry also called for the development of policies that focus on 'downstream' issues, those interventions that are explicitly health related, and 'upstream' interventions which, though not specifically health related, may have a health benefit.

'Downstream' relationships are well developed. Care and Repair agencies, hospital discharge schemes, floating support projects, and supported housing schemes are appropriate to the case-load systems of different sectors and, with some areas of difficulty, the financial frameworks. Arguably, housing organisations have had much greater difficulty addressing 'upstream' issues and identifying the contribution that housing and the built environment have to play in the promotion of health and well-being as well as the prevention of ill-health.

### Evidence

The interaction between housing and health is complex. The harmful effects of draughty, damp, cold, mouldy, and overcrowded homes are well documented and generally accepted. However, there is a very large step to be taken from accepting the link and this leading to any measurable shift in investment. Any shift in investment, it is argued, must be based upon rigorous methodologically robust research. Whilst it is true that the health gain claims of made by many housing and regeneration companies have been based upon subjective criteria the rejection of these claims on the basis of methodology would seem at best to be based on conservatism and caution rather than science.

One has to question how far demonstrations of causal links are necessary or even possible. Certainly in the nineteenth century, pioneers of effective action on housing and health such as Edwin Chadwick, did not base their work on a correct understanding of causal mechanisms. The trouble is that if we proceed merely on the basis that the link is a 'given' we do not empower those faced with the sceptical, nor do we help people to prioritise their investment. In these circumstances, and on the evidence of what actually happens, we end up focusing the debate around a very narrow consensus.

### Project

Health & Housing was commissioned by the Housing Corporation to develop the work of housing associations in relation to the new structures emerging within health. The objectives of the project are:

- to establish the evidence base for direct and indirect linkages;
- to broker linkages and encourage investment by RSLs in health improving activity;
- to establish three pilot projects within Health Action Zones.

The project has been undertaken in partnership with:

- London Regional Office of the Housing Corporation;

- South London Family Housing Association;
- Presentation Housing Association;
- St Pancras Housing Association;
- North British Housing Association;
- Focus Housing Group;
- Habinteg Housing Association;
- Portsmouth Housing Association,;
- Lambeth, Southwark and Lewisham HAZ;
- Camden and Islington HAZ.

Health & Housing has published five briefing papers taking different themes within the field of health and housing, to examine the evidence base and to assist front-line professionals wishing to make the case for the link at a local level. The five themes are:

1. health inequalities;
2. homelessness;
3. design;
4. internal environment;
5. renovation and refurbishment.

We are working with housing association managers and with tenants to develop: a good practice guide that guides them through the new frameworks and a toolkit that enables them to make linkages at a local and regional level; a guide to building partnerships that gives people the tools to identify the health needs of their communities, to assess the impact of their current housing and housing services, and to influence the development of new initiatives and services.

These are to be published in April 2000, and they will be piloted throughout 2000/2001 in Portsmouth, Birmingham and London.

### **Learning points**

- Each sector has a low opinion of the other and this can lead to simplistic output-driven targets.
- It is difficult to manage the tension between traditional treatment and care agendas and health improvement.
- Although there is a need to encourage leadership outside formal health settings, this is undermined by the difficulty in moving away from disease-based indicators and determinants.
- Piecemeal or project-based initiatives cannot deliver sustained regeneration; it suggests new ways of gluing a multiplicity of different initiatives together.
- "All too often we see the same services presented, but with a more local 'badge'", said one voluntary sector manager. "The trouble is that real change will only come if people are willing to focus on outcome and are prepared to see some real change in the way their organisations operate."

### **Contact:**

Peter Molyneux, Director, Health & Housing,  
65 London Fruit Exchange, Brushfield Street, London E1 6EP.  
Tel: 020 7375 3553; e-mail: [info@healthhousing.org.uk](mailto:info@healthhousing.org.uk)

© Peter Molyneux, Health & Housing

*Copyright* for each Case-study belongs to the author(s) or, where appropriate, the health authority or local authority concerned. Permission to quote from this work must be obtained from the authors. Moreover, each author or, where appropriate, the health authority or local authority retains the intellectual property rights (IPR) to the work.