Hertfordshire Public Sector Chief Executives Meeting

Housing and Health: Final report 24th January 2018

Joint Report of

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1. Purpose of report

1.1 This is the final report back to the Public Sector Chief Execs group on housing and health in Hertfordshire. It aims to set out the work that has been undertaken over the last 18 months, where there has been success and where there are opportunities to do more subject to the desire of the group to do so. 1.2 It sets out a number of well-recognised and growing housing challenges which have a significant impact on health and, accordingly Hertfordshire's Public Sector which remain to be quantified.

1.3 The report highlights a number of key conclusions, supported by recommendations outlining where the PSCEO group could take this agenda. There is some good work going on, but there are significant benefits to be obtained by further co-ordination at strategic level.

1.4 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with by a report by Iain MacBeath which focuses on supported housing.

2. Summary headlines

- Housing can be intricately linked to an individual's wellbeing. Poor health can impact on a person's ability to remain in a safe and stable home; an unsafe and unstable home can impact on someone's physical and mental wellbeing.
- What we're doing well – housing quality, working collaboratively across organisations; broader health related provision through supported housing – this is being addressed within a separate paper
- There are a number of growing areas of challenge that need to be dealt with collaboratively at the strategic level and across public sector organisations.
- Housing teams around the county report growing pressures to deal with individuals who are vulnerable and have specific physical and mental health needs.
- There is no local evidence base that can demonstrate the quantitative or financial impact of the housing and health relationship (but there is a wealth of national evidence). Further work would be needed to understand what the specific housing-health problems are, where they are most acute and on what scale.
- There are many individuals and groups involved in numerous different aspects of the housing and health agenda, but there is no sole forum that offers strategic oversight, leadership or governance for all housing matters in Hertfordshire.

3. Recommendations

1. Given the growing number of high level and cross boundary housing and health challenges across Hertfordshire it is recommended that the PSCEO group assumes strategic responsibility for housing related matters. Subject to the views of the PSCEO group this could be led by a nominated CEO.

2. That a formal governance framework is established by the PSCEO group which (subject to the decision taken re recommendation one above) is led by the nominated lead and sets out shared goals against which various groups may be held accountable.

3. That the Hertfordshire Heads of Housing Group should report directly into the PSCEO group and be tasked with developing a programme of work for formal consideration and agreement.

4. Background

4.1 A paper to the June 2016 PSCEO meeting agreed that housing is a crucial element of health and wellbeing, and has an impact on the provision of health and social care services.

4.2 Two reports in the months preceding that meeting had been delivered, considering housing issues for Hertfordshire, one linking to social care need issues and the other linking to housing quality and public health aspects.

4.3 Both reports engaged District and County partners and NHS partners, and were considered by the Health and Wellbeing Board, which identified Housing as a priority in its 2016 Strategy refresh (https://beta.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx).

4.4 The PSCEO group previously agreed that affordable housing is a strategic priority because of issues such as rising homelessness and the lack of affordability within both the private rented and homeownership sectors.

4.5 In the last year a range of joint projects have also been progressed, from the Warmer, Healthier Homes programme jointly led and funded by all eleven authorities and programme managed by Public Health to projects led through the Herts Heads of Housing Group including Domestic Abuse, the Mental Health Concordat, Funding bids to Central Government and Single Homeless Funding from DCLG.

4.6 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with through a report by Iain MacBeath on supported housing need. Having said that, the Herts Heads of Housing point out that this will require an appropriate governance structure and with a two tier system, we need to ensure that it appropriately captures the needs of the districts on supported housing

4.7 There remain, however, other strategic issues and opportunities to further join up work across the County for the benefit of its residents. Following a progress update on the housing and health workstream in March 2017, the PSCEO group asked for consideration to be given to how we could collectively navigate the complex housing landscape and work more effectively together to improve the housing and health agenda in Hertfordshire.

4.8 Following an initial discussion between Hertfordshire Public Health and Stevenage Borough Council (as the District Lead on the Herts Property Partnership), the following tasks were agreed:

- Update the Housing and Health governance network map, asses gaps/duplication and look for opportunities for strategic alignment

- Explore further national and local developments in the housing landscape that may influence the Hertfordshire housing and health agenda
- Seek to engage stakeholders and formulate proposals back to the PSCEO group

5. Housing and Health: A Framework for Understanding

National picture – scale and challenges

Unhealthy homes	*Unsuitable homes*	*Precarious housing & homelessness (DCLG official statistics)*
One in five homes is 'non-decent' – most private sector 3.6m children, 9.2m working age adults, 2m older people 15% homes in poor condition (has a category 1 hazard) Society cost of £18.6bn including costs to education & employment (BRE 2015)	Only between 4-7% of homes in England fully accessible (English Housing Survey, 2015) 1.1m homes overcrowded (Census 2011) 16.1m 'under-occupied' (1 or more spare bedrooms. Census 2011)	28.7% increase in households for whom the local authority has prevented or relieved homelessness (212,600 households in 2015/16); 16.2% increase in households who had made a homelessness application to the local authority but the decision had been taken that there was no statutory duty to accommodate (57,040 households in 2015/16); 44.3% increase in households to whom local authorities have owed a statutory duty to accommodate (57,750 households in 2015/16); 102% increase in rough sleepers (3,569 people in 2015).

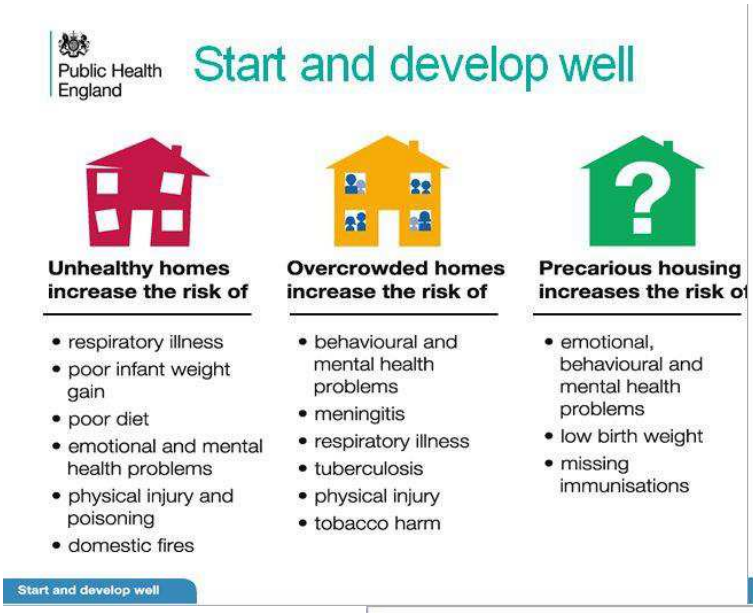
5.1 Improving health through the home can be achieved in a number of ways, working to the fundamental objective that *everyone has a home in which to start, live and age well*. Individual health will benefit from:

- **A healthy home:** warm, safe, free from hazards
- **A suitable home:** suitable to household size, specific needs of household members e.g., disabled people, and to changing needs e.g., as they grow up, or age
- **A stable, secure, home** to call your own: without risk of, or actual, homelessness or other threat e.g., domestic abuse
- **Healthy communities & neighbourhoods**

5.2 The impact of housing on an individual's health cannot be underestimated, as indicated in the figures below, but the impacts reach beyond the individual:

- Relationship between health and work - ill-health costs businesses and the economy
    - Working age population is most affected by poor housing
    - Ill-health costs the national economy £100bn pa.
- The cost to society of leaving England's poor housing unimproved is £18.6bn – which includes lost education and employment

The impact of housing on health, Public Health England 2017.



5.3 There is a clear and very necessary remit for the public sector to take action to improve health through the home. The public sector is in the unique position to be able to influence the housing and health relationship, but it is of such a scale and complexity that efforts need to be targeted.

6. Hertfordshire picture – scale and challenges

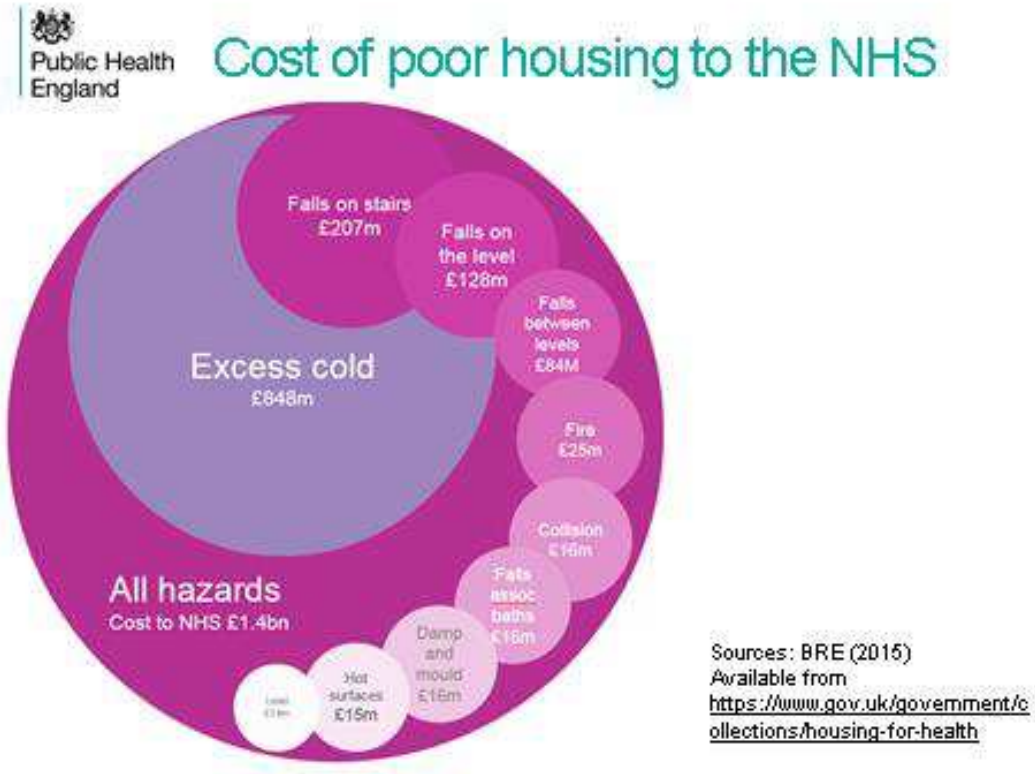
6.1 Understanding the housing and health agenda at the local level is difficult given the lack of readily available data. A lot of what we know about the challenges is based on anecdotal evidence from professionals and service providers, but this is naturally difficult to quantify.

- Local data across Hertfordshire is patchy and (for housing quality at least) inconsistent across the county (how, when it is collected).
- Data on levels of homelessness are based on a nationally-specified reporting formula and will more than likely miss the growing levels of 'hidden' homelessness.
- There is little, if any, quantifiable local evidence to demonstrate the links between housing and health.
- It is currently difficult to quantify the impact of housing on NHS services, in part due to how data is recorded.

6.2 There is potential to start to gather evidence and build a picture of the housing-health relationship in Hertfordshire if there was resource to do so and collaboration between various agencies

7. Housing Quality and Health in Hertfordshire

7.1 The last 18 months has seen a specific focus on the relationship between poor



Sources: BRE (2015)
Available from
https://www.gov.uk/government/collections/housing-for-health

housing quality and health in Hertfordshire, arising from the identification of shared priorities across the 11 local authorities. Poor housing has a direct impact on physical health and mental wellbeing. It financially burdens the public sector but is entirely preventable.

7.2 The Public Health Board set up a Housing Quality Working group *to develop in partnership actions tackling housing quality to result in positive* ***health outcomes*** *for Hertfordshire residents*.

7.3 This group has been running for around a year and has seen collaborative working between Public Health, Adult Care Services, all Districts – both Environmental Health and Housing – and the Fire Service. The group has identified a series of projects that could be undertaken to tackle a range of shared priorities, including excess cold, fuel poverty, homes in multiple occupation, housing quality training for health professionals and cross-organisation referral pathways.

7.4 A recent review of the first years activities has shown that the group is considered valuable, enabling action to be taken that is more viable and effective through a collective approach. The key to its success is the Public Health funded post that was established to drive its work programme forward.

8. Quantifying the problem: Housing Quality Joint Strategic Needs Assessment

8.1 The Housing Quality Working Group commissioned a Joint Strategic Needs Assessment (available at https://www.hertfordshire.gov.uk/media-library/documents/public-health/jsna-documents/housing-quality-health.pdf) in order to quantify the scale of the problem locally.

8.2 Poor housing conditions often coexist with other forms of deprivation, for example, unemployment, poor education, ill health, and social isolation, making it difficult generally to separate, modify and assess the overall health impact of housing conditions.

8.3 Perhaps unsurprisingly, the JSNA articulates the current limitations in assessing housing quality and health needs locally include a lack of county wide data and trend analysis. This is due to the limited and inconsistent collection of relevant data at district level. A consistent approach to robust data collection across the county would enable investigation of housing quality and health needs over time and allow statistical associations between different housing hazards and health indicators to be explored. Current barriers to standardised data collection across the county include

lack of staff capacity at district level and the absence of a single centralised data recording tool.

8.4 Previous work for the Hertfordshire Health and Wellbeing Board has also identified the difficulties in quantifying the service and financial impact of housing and homelessness on the NHS due to limitations in data collection. Both are areas for further work, requiring improved dialogue and collaborative working across a range of public organisations.

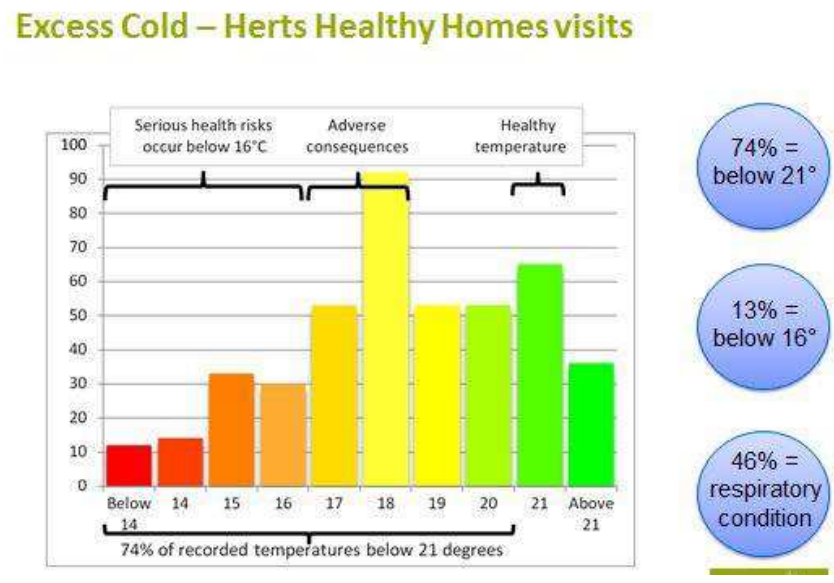
9. Hertfordshire Warmer Homes Project

9.1 Excess cold was identified by the Working Group as a priority for action, supported by a national evidence base that places it as the biggest cost to our health and our health services.

9.2 Excess cold in homes is:

- Linked to respiratory and cardiovascular conditions, falls, strokes, flu, depression
- Linked to a higher likelihood of developing a **mental health** problem
- A Greater cause of **premature death** than lack of exercise & alcohol abuse
- A **30%** higher risk for **small infants** of hospital or primary care admission

9.3 An earlier piece of work undertaken by Broxbourne, Hertsmere and Watford Borough Councils (2015) identified that early winter deaths and cold related illnesses could be triggered by housing as well as age, with 50% of participants relying on winter fuel and cold weather payments. From Herts Healthy Homes visits, we also know that there are clear links between cold homes and respiratory conditions.



9.4 The Herts Warmer Homes project was developed in response to the priority to tackle excess winter deaths and poor health outcomes from cold homes. The project aims to use Energy Company Obligation money to fund energy efficiency measures in some of the most vulnerable Hertfordshire households. With additional funding from all partners of £160k for top-up funding and an Assessor to coordinate the pathway and reach a larger number of people, the project is looking to install up to 700 energy efficient measures to a value of £525k from energy supplier(s). This could lead to a countywide saving of £193k to the NHS and £484k to the wider society (using BRE methodology).

9.5 All ten Districts have contributed funding, as has Public Health and Adult Care Services (Community Wellbeing). The project uses the long-established HertsHelp as its referral pathway, whilst also linking into other county projects, including the Fire Service Safe and Well visits scheme. The project has been live since December 2017 – further information can be found at www.hertfordshire.gov.uk/hertswarmerhomes.

10. Areas of challenge

10.1 The housing related challenges that the county is facing are much broader and far reaching than those related to quality and health. Across Herts and indeed across the country there are a number of issues that will present further challenges, the impacts of which cannot be fully quantified at this time including:

- Homelessness prevention, tenancy sustainment
- Housing and mental health issues
- Homelessness Reduction Act
- Universal credit
- The growth agenda and planned 90,000 new homes across Hertfordshire over the next decade.
- Affordability and supply of the right housing solutions
- The need for improved collaboration across key housing organisations in Herts

10.2 These challenges will all have implications for physical health and mental wellbeing, as well as shaping the broader picture of health inequality across Hertfordshire. However, there are specific themes where housing/health relationship for individuals is clearly evidenced, offering a strong case for agencies to tackle them.

A) *Homelessness*

10.3 People who are homeless are much more likely to have health problems, particularly around mental health and substance abuse, and place greater demands

on acute health services. At the same time, they are less likely to access community based health services.

10.4 Hertfordshire's rate of statutory homeless acceptances is slightly higher than the England average, and there are districts/boroughs where the level is much higher. The figures for statutory acceptances only provide a partial picture of homelessness. This is because they capture only those individuals who both present themselves to local authorities, and are in a group of priority need. This usually excludes single people (without vulnerability) or those who are intentionally homeless. In addition there are concerns that the expected growth in homelessness is coinciding with increased financial pressure on providers of homeless prevention and support services. There are also gaps in the provision of shelter for rough sleepers in certain Districts. The relationship between homelessness and poor health makes this a health as well as housing concern.

10.5 National policy changes are also likely to influence the housing and health relationship, both for individuals and housing services.

- **Homelessness Reduction Act:** Coming into force in April 2018, the Homelessness Reduction Act sets out a framework for the biggest changes to homelessness legislation since the first act was introduced in 1977. It places new duties on local authorities, many of which require significant change in working practices and the provision of additional resources. All local authorities across Hertfordshire are currently assessing the potential local impacts of the Act and are preparing for its implementation accordingly.
- **Universal Credit:** The introduction of Universal Credit – in addition to other far reaching welfare reforms which have impacted on the ability for many households to find affordable housing (e.g. bedroom tax, benefit cap, LHA freeze) - has raised numerous concerns in terms of how this may impact individuals and families with housing needs and, in turn, the implications of this for ongoing health and mental wellbeing. Whilst Universal Credit is still being rolled out across the county, there are concerns around rent arrears, the ability for vulnerable individuals with complex needs to budget over a longer period, with significant concerns around potential debt. Other concerns include the risk that private landlords becoming less likely to let their properties to those receiving Universal Credit.

10.6 The continued rise in homelessness, combined with policy changes and sustained financial pressures on local authority services, may well increase the risk of poor health outcomes for people across Hertfordshire.

10.7 Capturing the scale and impact of homelessness across Hertfordshire on individual health and, in turn, on health and housing service provision, is in itself a challenge. Nevertheless, developing an understanding of the local picture, supported by District-level data, is a crucial starting point.

B) Housing and Complex Needs

10.8 Anecdotal evidence suggests a growing, persistent pressure on public services to support vulnerable individuals with multiple and complex needs. Set against a complex public service landscape to navigate and changing housing legislation, there are many difficult issues that public services across Hertfordshire are responding to.

- Challenges exist in supporting adults with complex needs to access appropriate accommodation. There needs to be more done to ensure that adults with housing, substance abuse and/or mental health needs receive sustained multi-agency support. For adults who have a combination of acute substance abuse, mental health and housing problems there is no single service that is able to provide them with the support they need to access appropriate accommodation or prevent recurring homelessness. This has an inevitable health impact as well as causing the repeated use of health or housing services.
- The co-ordination of hospital discharge for patients who require housing support is difficult, creating the risk that people with housing needs may be discharged from hospital and become homeless, or be placed in inappropriate temporary accommodation. This may have health consequences, particularly with patients with mental health needs.
- Increasing housing need through the criminal justice system that has been noted elsewhere. Homeless offenders entering prison have a much higher reconviction rate in a year; reoffenders have a much higher accommodation need
- There may be overlap between those receiving services from different parts of the system (housing, substance misuse, social care, mental health, offender management). This may not be coordinated across the system.

10.9 Identifying these issues offers an important opportunity to improve outcomes for vulnerable individuals. Again, understanding the local picture with clear data and evidence is crucial.

10.10 Housing and health work has broadly engaged with District housing and Environmental Health services, County Adult Social Care. There is a clear need to start a coordinated and effective dialogue with the CCGs, Hospital Trusts, healthcare providers as well as other parts of the system such as the PCC.

11. Governance landscape

11.1 The map attached in Appendix A illustrates the number of meetings and networks that function across Hertfordshire and which of these discuss housing and health issues. This map was originally produced last year and has previously been

circulated. It has now been updated, with more detailed information in a supporting table detailing the remit of each group.

11.2 The original purpose of the map was to demonstrate the complexity of the housing landscape in the two-tier local authority system in Hertfordshire, and to make some sense of who does what. However, the map may also prove useful in understanding:

- Gaps
- Duplication
- Roles/responsibilities
- Effectiveness of existing structures
- Opportunities for future strategic alignment

11.3 It is already clear, for example, that key worker housing and the emerging property company agenda do not yet feature as part of the formal remit of any forum at present. Equally, the map also demonstrates some overlap of remit, as well as duplicate attendance at various groups by a number of organisations.

11.4 There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people. At the same time, it is likely that co-ordinated dialogue on a broad range of housing and health issues is absent.

11.5 Discussion with stakeholders suggests there is no appetite for attempting to streamline these networks, or to create new groups. However we do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication. The remit and interrelationships between these groups should be explored further to ensure they're effective and to avoid duplication.

11.6 There are a number of opportunities to strengthen the strategic leadership and governance however:

- Given the number and scale of the housing related challenges it is felt that there is an absence of strategic oversight across all housing and health issues within the county. The Herts Strategic Supported Housing Board and a Childrens' Board are in place. These two strategic fora specifically look at housing, homelessness, support needs for adults/children and are multi agency. But there is no single group which has strategic oversight over all of the issues related to housing and health.
- Creating a clear governance pathway for these and the other housing related groups with an agreed programme of work to achieve accountability and common goals would be beneficial.

- Rather than 'streamlining' current groups, the experience gained within some other local authority areas suggests that developing a shared vision and collaborative goals could help to set the tone.

12. Local developments

NHS Sustainable Transformation Plan STP

12.1 The five-year Sustainability and Transformation Plan (STP) for Hertfordshire and West Essex, called *A Healthier Future*, sets out the challenges and opportunities facing NHS and care services across the area.

12.2 About £3.1 billion a year is spent on health and social care in Hertfordshire and West Essex. Rising demand is leading to an increasing gap between funding and the amount needed to pay for services. NHS and care organisations are taking collective action to address this gap. If no action is taken, the funding gap could increase to £550 million a year by 2021.

12.3 Challenges facing Hertfordshire and West Essex that have a strong link to housing include:

- A 37% predicted increase in the population of over-75s in the next 10 yrs
- More older people and people living with long-term conditions (meaning higher care costs)
- Too many patients are admitted to hospital, or stay in hospital for longer than necessary

12.4 A Healthier Future sets out the four main ways in which NHS health and care organisations plan to improve health and care in the area, within the funds available:

1. helping people to live healthier lives, avoiding preventable illnesses
2. improving the health and care services offered at home or in local communities
3. using hospital care for specialist and emergency treatments only
4. improving the efficiency of health and care services

12.5 The STP will include an estates workstream, which should link into and work in parallel to broader property interests including the Herts Property Partnership. How this workstream may pick up on housing-health related issues remains to be determined.

Prevention

12.6 Through the STP, the health and social care challenges facing Herts and West Essex have recently been articulated:

- a 37% increase in population of over 75's over the next 10 years (this has housing implications)
- more older people and people living with long-term conditions leading to higher care costs (and more complex housing needs)
- the burden of preventable ill-health (housing quality, homelessness will have a role to play in this)
- too many patients in hospital longer than necessary (housing will also feature here)

12.7 About £1.3 billion is spent on health and social care across Hertfordshire and West Essex. Demand is outpacing resource; too many people have complex and preventable problems which cost us money. There are too many variations in service outcomes with not enough focus on preventing demand in the first place.

12.8 This is unsustainable, unaffordable and undeliverable – rising demand is leading to an increasing gap between funding and the amount needed to pay for services. *If no action is taken, the funding gap could increase to £550 million per year by 2021*.

12.9 Prevention is therefore the concept of preventing demand for public services from arising, or seeking to reverse it. This, in turn, should aim to reduce the financial burden on public services.

12.10 The STP Prevention workstream is currently focussing on rolling out Social Prescribing across the Herts and West Essex footprint. It is also further developing an approach to Self-Management and Cardiovascular disease prevention. This involves working providers, CCGs and local authority services. Housing is currently not an identified as an explicit part of this workstream, but further work with local authority partners on the wider determinants of health (such as housing) is being planned.

12.11 Simply put, prevention can be delivered through better quality, more affordable, appropriate and accessible housing that meets the needs of individuals and their families. In practice this is far from simple but service providers can consider:

- Developing an evidence base for services, programmes and projects
- Doing things differently, or not at all
- Service redesign
- Targeted investment to do more of the right things
- Evaluation of what's working

12.12 By way of example, a research project at Stevenage Haven Hostel (funded by North Herts District Council) aimed to investigate the health benefits of the services

offered by the hostel, and the effectiveness of local health services in engaging with homeless people. The study indicated that:

- Although there remained significant contact with GP services, clients referred to and residing in the hostels had reduced contact with A&E and hospital attendance.
- There was a significant improvement in the key indicators of drug and alcohol misuse, physical health and mental health during the period clients were in the hostels.
- Health improvement corresponded with the services provided by the hostels, in particular, referral and access to specialist support agencies/organisations, ensuring clients accessed appropriate health services and encouragement of client involvement in constructive activities (particularly important for substance misuse)

Better Care Fund

12.13 The Better Care Fund Plan 2017-19, submitted in September this year, outlines health and social care integration plans for the next two years. It has the general ambition to facilitate closer joint working between health and care services which includes housing and housing support, particularly in relation to improvements such as reducing delayed transfers of care and supporting independence at home.

12.14 It also aims to bring about more place-based care, joining planning and priorities around local areas generally based on Clinical Commissioning Group health localities. Within the Plan is the recently launched Hertfordshire Home Improvement Agency. Currently comprising of four district authorities in the use of Disabled Facilities Grant monies, it is a good example of thinking more strategically as well as collaboratively about the role of housing adaptations in general.

13. National developments

A Memorandum of Understanding (MoU) to support joint action on improving health through the home

13.1 In 2015 a national health and housing MoU was signed by key organisations, decision makers and implementers across the public, voluntary and private sector such as NHS England, Public Health England and the Local Government Association. This was in response to Care Act requirements for closer cooperation of services and the recognition of the role of healthy homes and place against rising demand. It sought to reduce silos and maximise opportunities to embed housing in joined up health and social care services by:

- Establishing local dialogue, information exchange and decision-making between key partners
- Enabling improved collaboration and integration of healthcare and housing in the planning, commissioning and delivering of services and homes
- Promoting the housing sector contribution to addressing wider determinants of health, prevention and service user outcomes
- Developing the workforce so they can identify and enable care solutions that recognise the importance of the home

13.2 Local areas are now being encouraged to create their own MoU to include:

- A shared commitment across health, social care, housing and community organisations
- A set of principles for joint working that will deliver better health & wellbeing outcomes, reduce health inequalities, be place-based and person-centred, and increase prevention
- The context and framework for cross-sector partnership that will result in healthy homes and neighbourhoods as well as integrated and effective services
- A shared action plan

13.3 A 2-year review of the national MoU advised local areas to:

- Prior to creation, have a clear idea of outcomes and what value they intend the MoU to add
- Develop a compelling narrative able to show the importance of housing across stakeholders, particularly health – often gaining cross-organisation recognition around healthy homes is a key win in itself.
- Work with existing local plans such – in Hertfordshire, this would mean the Health & Wellbeing Board Strategy, the Better Care Fund and Sustainability & Transformation Plans or potentially HCC's 5 proposed housing 'strategic aims'.
- Start with where positive collaborations are happening already to gain purchase, and using existing structures – often it's about getting housing included in these rather than setting up something new
- Bring in local issues – for example, in Hertfordshire it could be tackling delayed transfers of care related to housing
- Keep content and signatories high-level as this is about strategy shaping and influence

Examples

13.4 Health and housing MoUs have been established in some areas. This includes Nottingham who used their MoU to establish housing as the third vortex of local

health and social care integration and to get housing involved where previously it had been excluded. Key points were as follows:

- They secured a clear mandate from their Health & Wellbeing Board then formed a 'Health and housing Partnership Group' with representatives from all key groups.
- That established an overall aspiration to deliver healthier, happier and more independent citizens to get partners – including health - on board, and could clearly demonstrate the benefits of considering housing to front-line staff (e.g. earlier discharge)
- They had a clear idea of what needed to be in place before issuing the MoU (e.g roles and responsibilities), and then created short, medium and long-term goals – this enabled them to be ready whenever opportunities arose
- Housing acted as leads on the MoU

13.5 In Suffolk, the County Council arranged a housing symposium and series of consultation events asking how housing, health and care could be bought together. This resulted in 8 principles (e.g. lifespan approach, coproduction) and a number of focus areas (e.g. homelessness, reducing overcrowding) which has resulted in much closer dialogue with health colleagues.

13.6 Advice from the secretary of the National MOU stresses that the MOU is about setting the tone for positive working (indeed, the national MoU is referred to as 'mood music' – setting the tone, but not actions). Some areas have chosen explicitly to have an MoU with an action plan while others have just tried to be collaborative on housing in general or incorporate into STP and other existing plans.

14. Conclusions

14.1 The housing and health agenda is broad, complex and multi-faceted. There is a risk that these complexities alone are viewed as 'too difficult', thus hindering genuine efforts to improve the health outcomes of many people experiencing poor living conditions and homelessness.

Conclusions

1. Housing and health can only be tackled collaboratively, across organisations. No one authority or service area can effectively solve such a complex problem.
2. Whilst the agenda is hugely complicated, the housing quality work has demonstrated that it is entirely possible to undertake countywide activity that is supported by all agencies – where that work is targeted on a specific priority common to all partners and where it is recognised that more can be achieved collectively.
3. There is no reason why a similar approach cannot be taken to seek to address other housing and health challenges such as mental health and/or homelessness.
4. Our experience is that in order to secure traction and achieve desired outcomes, dedicated resource is needed to identify shared priorities and to drive actions which are supported by a strategic lead with the right/effective overarching governance in place.
5. There are clear priorities that are shared and common to all agencies across the county, including housing quality, growth, supply, availability and affordability
6. There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people.
7. We do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication.
8. Given the number and scale of the housing related challenges there is an absence of a strategic, senior level lead group on housing and health across the county.
9. Creating a clear governance pathway for these groups with an agreed programme of work to achieve accountability and common goals.
10. Rather than 'streamlining' current groups, examples from other local authority areas suggest that developing a shared vision and collaborative goals can set the tone.

15. Future Work

15.1 There are a number of initial actions that need to be considered / undertaken:

1. Agree that this is a shared priority across public services in Hertfordshire; set the mandate for moving matters forward.
2. Identify resources to drive forward the housing and health agenda. This could initially be addressed through the undertaking of a resource audit across key agencies to understand capacity levels; it may also identify potential funding routes and bidding opportunities.
3. Undertake a full and proper review of the various housing related groups to include
    a. Formal stakeholder analysis
    b. Gap analysis
    c. Identification of shared priorities and agendas
4. Consider how to align groups and resources with the big, shared, priorities and the option to create task and finish workstreams to deliver specific, collaborative projects.
5. Hold a session with the Secretary for the National MOU to consider how Hertfordshire could tackle housing and health issues collaboratively and how we can tap into regional network support. A key potential benefit to establishing a local MOU is that many national organisations have signed up to it (PHE, CCGs, LAs, etc) – Accordingly from a local perspective these organisations should be willing to work collaboratively around housing.
6. Continue to engage with the STP Prevention Workstream
7. Seek to develop an evidence base for the big housing and health challenges that Hertfordshire faces but cannot yet quantify.