

The evidence for integration

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National lead: homes and health



An adventure in health

- A foot in the door...
- What are you trying to do...and how can I help?
 - What is 'good enough' evidence?
 - What presentation do you respond to best?
- Connect 'the' system
 - What does this look like now?
 - Where will we be in 2020?
- Evidence opportunities
- DevoManc as a pioneer?



What do you want to do?

Homes'

unsuitable tà

household

needs

Health protection

Cold & heat, flooding Radiation & chemical exposure Indoor hazards

Children & Fam lies

Improving homes

Fuel poverty

Diet & obesity
Alcohol & tobacco
Health education
Wider workforce

Repeat falls prevention

Unhealthy homes

Homeless with multiple & complex needs

Alcohol, drug & TB treatment & justice health

Mental health & wellbeing

Domestic abuse

Vulnerable adults

Precarious housing and homelessness

Homeless prevention

Reducing health inequalities

Planning new homes & neighbourhoods for health

Home adaptations

Dementia & older people

Key

Health equity

Other team lead



What's 'good enough' evidence?

Action Research			Risk asses		Panel survey Onlin		nline experimen	ne experimental research		
Instrumental variables Analysis		s of secondary		Theory of change methods		Case study				
	Systematic		ative data	Focus	Neuroscience studies		Analysis of existing survey data			
Survey Research Archival research			Qualitativ Comparati Analysis	ve Regu	Regulatory impact		Discourse analysis			
Analysis of Convers			nt designs		Hypothesis testing research		Difference-in-differences			
Analysis of Converge administrative data			it designs — Hypothesis tes		isis testii	ng research	Embedded designs			
Randomised Controlle					data lytics	Policy evaluation	Theory-based evaluation			
Simulation modelling Deliberative evaluation processes				ss-Sectional Research			cipatory Action Research Case- control			
Twin studie	Time trend		Analysis of official statistics		Multiple regression			Emancipatory studie research		
Operational research			Pilot Stu	Compara Nation	tive and			Collaborative Action Research		
Paired comparison	Child-le	Child-led research		nort study	Online dy Rapid Ev		aphy	Documentary research cess		
			Case crossover		Assessment		evaluation			
			ıdies	Secondary analysis		Contrib	ution analysis	on analysis Delphi sur		
Nested case-control study Online				ine qualitative	Multipha	lultiphase designs Consumer satisfact		faction		
Cost-Benefit	Analysis			fieldwork		Descriptiv	e Research			
Qualitative Iongitudinal researchBehavioural				l Reg	ression o	Example 2	•	lanatory Research and Causal analysis		
Alliance for Usefu	l	Realist				rallel designs	Narrative s	Narrative syntheses Meta-analysis		
Evidence	e Social I	Network Ar	etwork Analysis Adapted from: Luff e				Me			



Public health system & our place

National government

Responsible for national strategy, legislation and policy on the public's health and other decisions that influence the wider determinants of health

Local government

Responsible for improving the health of people in their area, addressing the full range of factors determining good health and developing healthy and sustainable communities

The NHS

Responsible for supporting patients to live more healthily as well as delivering health improvement interventions such as NHS Health Checks and support to stop smoking. The NHS also delivers specific public health services such as vaccinations and screening. A radical upgrade in prevention is to be reflected in the new place-based plans

Public Health England

- protects the country from threats to health, including outbreaks of infectious diseases and environmental hazards, in the UK and abroad
- · improves the public's health and wellbeing
- improves population health through sustainable health and care services
- builds capacity and capability of the public health system

Through:

- application of evidence into practice, and influencing public health policy
- a place-based approach that engages local communities, building on their assets and addressing the wider determinants of health, including the built and natural environment
- a life course approach, promoting a holistic view of an individual's total health and wellbeing needs at every stage of life, seeing public health as one system for improving health and wellbeing

THE PUBLIC

Make choices around their lives and health, and are affected, informed and influenced by their physical and social environment. Supported by local and national government, the NHS, businesses, the voluntary and community sector and directly by PHE through its behaviour change and social marketing campaigns

Voluntary and community sector

Influences the public's health by providing people with volunteering opportunities, employment, goods, services and information. Provides advocacy for specific public health concerns

Industry

Influences the public's health by providing people with employment, goods, services and information

Global public health

Collaborating internationally to identify and address threats to health

Scientific and academic community

Apply scientific knowledge, methods and advanced technology to the prevention of disease and protection of the population against threats to health



Local challenge in commissioning

Commissioners

Single, upper tier, met boroughs:

- Adult social care
- Children and families
- Public health, incl. DAAT

Review

Housing essential but not primary purpose - other public body:

- Health organisations eg, CSU, CCGs, GPs, hospitals/Trusts
- Criminal justice bodies eg, NOMS, NPS, CRCs, PCCs, YOT
- Immigration ie, NASS

Service delivery

- 'In house' LA
- External organisations
 - Procured by public body
 - Funded by charitable source
 - Funded by customers

Local housing authority:

- Housing strategy
- Landlord services (not all)
- Spatial planning
- Regeneration

Analyse Economic growth

- Environmental health
- Homelessness
- Revenue collection
- Welfare

Plan • Community safety

- Corporate planning
- Finance/asset management

Housing as primary purpose:

- Social landlords
- Private landlords/lettings agents
- Developers & builders
- Housing support & improvement
- Information, advice & guidance



Clarity about what this looks like?

Health, care & other institutional settings

People

People leaving a health, care or other institutional setting move on to a healthy home environment

People who become ill, face crisis or other life change manage their health & wellbeing at home

People with long term conditions are able to manage their health at home

Everyone's home promotes good health & prevents ill-health

neighbourhoods and Healthy homes

and wealth' ntegrated 'health

experience **Support in PIE** with lived advice, people Information, Support from

Interventions

End of life support at home

Hospital discharge, prison resettlement etc.

Step down, specialist & supported housing

Crisis response: homeless

Housing support/tenancy sustainment

Homeless prevention

Making every contact count

Healthy communities and health equity



The role of evidence in policy

Policy Skills & Knowledge Framework



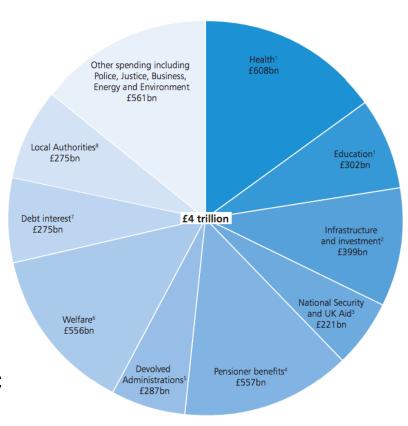
Source: Civil Service (2013)



What does the future hold?

By 2020 economic & national security

- Returned to surplus
- Higher wages, lower welfare
- More people able to pay to meet their own needs
- Devolution to rebalance the economy
- Integrated health and social care
- Self sufficient local government
- Reformed and modernised public services





DevoManc as a pioneer?

- Vision to greatest & fastest possible improvement to health & wellbeing of 2.8m people in GM
- £6bn health & social care agreement
 - Public health memorandum includes housing
- History of collaboration
 - Existing forums an opportunity to share
 - 'Home' in locality plans and strategic plan
- GM Health and Social Care Partnership
 - Many organisations integrated leadership
 - 'More people to stay well & live at home'
 - Principle to be innovative, use international evidence and proven best practice to shape services





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