Managing Health Inequalities

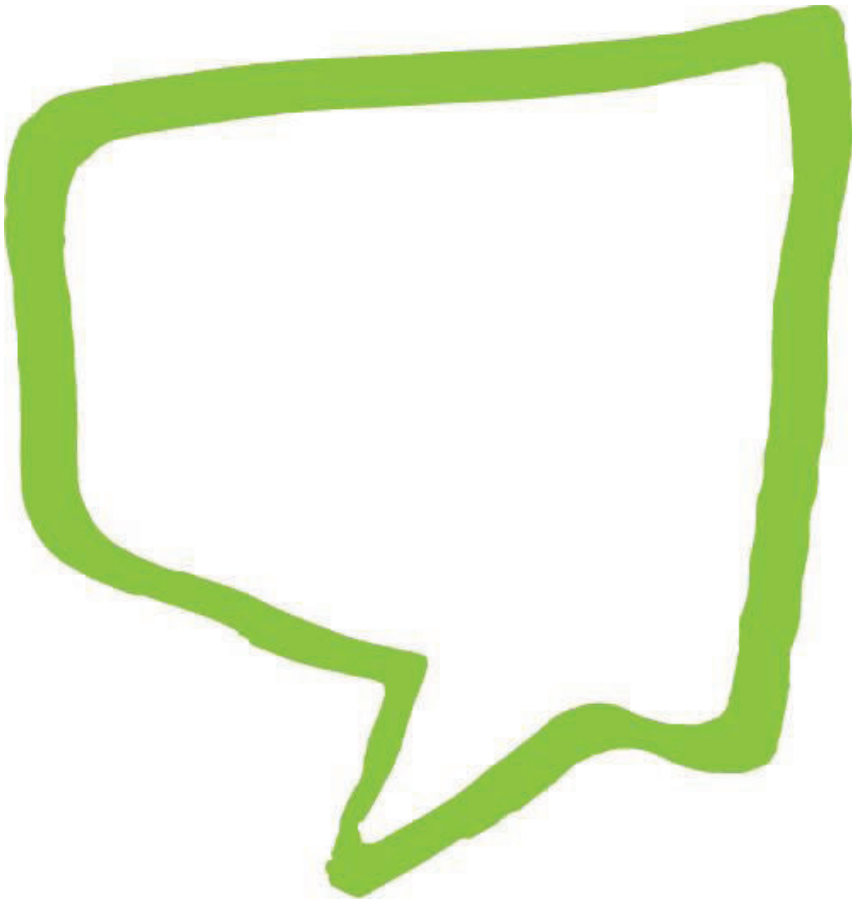
Phase 2

Brighton and Hove City Primary Care Trust

Brighton and Hove City Council

Audit 2008/09

September 2009



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Status of our reports

The Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission explains the respective responsibilities of auditors and of the audited body. Reports prepared by appointed auditors are addressed to non-executive directors/members or officers. They are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any director/member or officer in their individual capacity; or
- any third party.

Introduction

1 Health inequalities exist when some groups of the population suffer from significantly greater ill-health (morbidity) and earlier death (mortality) than the average and other groups of the population. There are significant levels of inequality globally, in some parts of the UK, and varying levels in all areas of the UK.

2 There is national and international recognition for the need to tackle health inequalities collaboratively. The 'Health is Global' (2008) five year national strategy demonstrates the links between economy, prosperity and health. It sets out actions to:

- 'improve the health of the UK and the world's population'; by
- 'combating global poverty and health inequalities'.

3 Tackling health inequalities is a formal requirement both of local authorities and Primary Care Trusts (PCTs). The reform agenda, as set out in the 'Commissioning framework for health and well being', emphasises the need for:

- 'joint strategic needs assessment by councils, PCTs and other relevant partners'; and
- 'sharing and using information more effectively'.

4 Tackling health inequalities absorbs huge amounts of public money in both local government and health sectors. Securing optimum value for money from these combined resources requires effective joint working among the public sector bodies in order to achieve public service agreement (PSA) targets.

5 Comprehensive Area Assessment (CAA) is a new assessment framework for councils and their partners to be implemented in 2009. Proposals describe an area-wide assessment by the inspectorates considering outcomes for people in an area and a forward look at prospects for sustainable improvement. This assessment will look at how well local public services are delivering better outcomes for local people in local priorities such as health. In managing partnership relationships, public bodies need to have regard to the risks to delivery. This includes identifying local needs and addressing them. The way in which health inequalities may be experienced by vulnerable groups will be a key part of this assessment in 2009.

Background

6 South East England is one of the healthiest regions in England with a comparatively well qualified workforce, low levels of unemployment and higher incomes. However, Brighton and Hove (B&H) presents a mixed picture when compared to England and the South East. For example:

- full-time workers in B&H gross weekly pay at £524.30 is greater than that of Great Britain (GB) at £479.20;
- more people are receiving job seekers allowance in B&H at 4.3 per cent compared to 3 per cent in the SE and 4.1 per cent in GB;[1]
- life expectancy in the SE was the second highest in England in 2007 at 77.7 years for men and 81.8 years for women;[2] and life expectancy in B&H is only slightly lower with only 17.5 per cent of local people reporting limiting long term illness.[3] However, this masks comparative inequalities in health outcomes between social groups and geographic areas.

Deprivation

7 To address inequalities the government has established a number of national regeneration programmes (NRP) that prioritise action in the most deprived areas where health inequalities are greatest. One of these is based in Brighton. B&H has some of the most deprived areas in England as measured by super output areas (SOAs) using the Index of Multiple Deprivation (IMD) and these are mostly in the East of Brighton.

Population

8 National Census information shows the people of B&H describe themselves as mostly white British (91.5 per cent), Christian (72.9 per cent) and with some of the lowest level of gypsy/travellers in England. Although we know there is a significant gay, lesbian and transgender (GLTG) population, there are no local statistics available for sexual orientation.

9 There are clear differences in the make up of the population of B&H that impact on health compared to other areas in the South East of England. For example B&H has:[4]

- the lowest proportion of 0 to 14 year olds (15.3 per cent); and
- the highest proportion of 15 to 49 year olds (54.9 per cent) who represent the bulk of the economically active population (workforce) and the large student population associated with local universities.

[1] Source: the Office of National Statistics (ONS) 2008 estimates
[2] Source: *South East Coast SHA Health Inequalities Strategy, 2007*
[3] Source: *Department of Health SHA Health Inequalities Baseline Audit, 2007*
[4] Source: the Office of National Statistics (ONS) most recent population data - 2004 mid year.

Key issues

10 Key issues currently affecting health outcomes in B&H include:

- high levels of non-decent housing in some parts of the city; as housing is the primary determinant impacting on health outcomes, we would expect housing to be the key focus of planning across B&H organisations;
- some of the highest suicide rates in England, which are persistently high despite intervention and linked to substance misuse; a cross-organisational planning initiative during 2008/09 worked to establish a Suicide Prevention Strategy;
- comparatively high levels of substance abuse – injectors; the Drug and Alcohol Action Team (DAAT) reported in 2005 that there were approximately 2,300 injecting users in the city, a higher rate than parts of inner London and the incidence of drug related deaths is amongst the highest in the country;[1]
- the high level of injecting drug users also means HIV infection is a key health issue in B&H;
- persistently higher rates of teenage pregnancy than the national average; and
- an increase in sexually transmitted disease.

11 Brighton and Hove's Director of Public Health who is appointed jointly by Brighton and Hove City Council ('the Council'), Brighton and Hove City Teaching PCT ('the PCT'), provides strong leadership on the public health agenda.

12 In 2004, Brighton and Hove was designated a 'Healthy City' by the World Health Organisation acknowledging strong commitment by the Council, PCT and partners to reduce health inequalities (HI). The Healthy City phase four programme currently focuses on urban planning and Health Impact Assessment (HIA).

13 The Local Strategic Partnership (LSP) has identified 'improving health and well-being' as one of its strategic priorities in its Sustainable Community Strategy 'Creating the City of Opportunities'. It has adopted a Health Inequalities Strategy and City Health Development and Action Plans to target cross sector action on the wider determinants of health.

14 Consultants commissioned by the Council and its partners to assist the Public Services Board (PSB) and LSP have reported on policy options for the future to reduce inequality and undertaken a detailed analysis mapping where inequality is most acute.

15 The Local Area Agreement 2008 to 2011 (LAA) for Brighton and Hove includes a number of relevant national and local indicators. Lead partners include the Council, the PCT, the Children and Young People's Trust, the Sussex Partnership Trust, Police and Fire authorities. These reflect the recognition that partnership working across the sectors is essential in tackling the wider determinants of health and inequality.

[1] Source: *Brighton and Hove City Council Corporate Assessment*, October 2006

16 The first phase of our review of Health Inequalities (HI) in Brighton and Hove was completed in May 2008. It found that the Council and the PCT have made good progress in establishing joint strategic arrangements to reduce HI. However, there is a high level of poor housing in Brighton and Hove and some health outcomes are persistently not improving and amongst the highest in England ie teenage pregnancy, drug and alcohol misuse, including smoking and suicide rates. People suffering poorer health outcomes are often also in housing need.

Audit approach

17 We agreed with the Council and the PCT that Phase 2 of our health inequalities work would evaluate the effectiveness of cross-organisational working on health inequalities. In order to probe this effectively, we focused on housing, the primary determinant of health.

18 The local Strategic Housing Partnership, led by the Council, is in the process of drafting and agreeing a new housing strategy for 2009 to 2013. Subsidiary strategies, including those for homelessness and Supporting People, are already in place. Further partnership working takes place at a sub-regional level in the Brighton and Hove East Sussex Together Partnership (BEST), set up to tackle housing conditions particularly for vulnerable people.

19 Our review focus has assessed the effectiveness of partnership working in:

- identifying and addressing need;
- consulting and engaging with local people;
- working together to allocate resources and secure good outcomes;
- sharing data for planning and monitoring;
- establishing means to measure outcomes and impact; and
- delivering on ambition.

20 We have carried out this work by:

- reviewing key strategies and supporting documents;
- interviewing officers from the Council and the PCT; and
- using a workshop at the Healthy Urban Planning Group (HUPG) to discuss our early findings with partner officers.

21 The presentation of findings and challenge questions which we used at HUPG in March 2009 is attached at Appendix 1.

Main conclusions

22 The partners in Brighton and Hove are working well together, demonstrating a strong commitment to tackling inequalities. However, against a backdrop of a multitude of different needs and a diverse range of targets, some of which have poorly defined success criteria, there is considerable work still to be done. For example, the partners led by the Council and the PCT need to prioritise objectives, agree areas of joint action and the use of health and housing resources so as to have the maximum impact in reducing health inequalities in the City.

Identifying and addressing need

23 The local strategic partnership has effectively gathered a good analysis of local needs to inform planning. The Local Area Agreement (LAA) for 2009 to 2011 effectively identifies local need. It makes clear links to other key documents that show inequalities between the most and least deprived people living in Brighton and Hove. In particular, it draws on the Reducing Inequalities Review, a thorough analysis of local issues which gives local partners a clear understanding of priority needs for disadvantaged people and places.

24 The draft housing strategy is clearly driven by the needs analysis. It is based on needs identified through the reducing inequalities review. Data was drawn together and presented on each of the themes in the strategy to identify local issues and to consult with stakeholders on headline goals and objectives. This means that the strategy aims to tackle important local issues.

25 Supporting strategies effectively identify needs and propose ways in which they should be addressed. They focus positively on local health inequalities. The homelessness strategy refers to the Reducing Inequalities Review and highlights key target groups. The first objective is to 'provide housing and support solutions that tackle homelessness and promote health and wellbeing of vulnerable adults'. This references other work driven by the single homeless strategy and the supporting people strategy. The priority actions in support of this objective identify actions which are clearly focused on the housing and support needs of vulnerable groups. For instance, they include actions to support people with mental health needs, to tackle delayed transfers of care and for people with learning disabilities.

26 However, some weaknesses were identified. Housing strategies do not define clear success criteria. The homelessness strategy, for instance, does not give a clear indication of the likely impact for vulnerable groups. The success of action for people with mental health needs is a reduction in homelessness due to mental ill health, without being specific and without linking to related impacts, such as reducing risk of suicide. It is therefore not clear how health inequalities will be reduced as a consequence.

Recommendation	
R1	Define success criteria in housing strategies more clearly and with a sharper focus on outcomes for vulnerable people. This is a high priority that should be completed in six months. This is a high priority that should be completed within six months.

Consultation and engagement

27 The housing strategy has been informed by consultation with local people. Each planning group had representatives from stakeholders and the local community champions. In addition, there was some action to reach target groups. Service users in hostels were trained to carry out consultation sessions with other users. This enables real life issues to be brought into the setting of strategy.

Working together

28 The awareness of the health inequalities agenda is well established in the City's partnerships. The LSP has emphasised the importance of Healthy City and this means a good impact in discussions at many levels. For instance, planning policy in the local development framework supports the way housing provision will address health inequalities, such as in setting minimum standards for development. All new homes in the City are required to be built to lifetime home standards so that they are adaptable to lifestyle changes such as the need for wheelchair access. This broad agenda creates the potential for impact across many services.

29 There is a range of fora which offer good opportunities for discussion of housing issues and health inequalities. At a high level, the Strategic Housing Partnership oversees this work and is chaired by the Leader of the Council. The partnership has not yet reviewed its objectives in light of the Health Impact Assessment findings and aims of the new Housing Strategy. The Healthy Urban Planning Group provides a good forum for discussion of detailed health issues that may emerge from proposed significant planning developments and a useful vehicle for highlighting the beneficial impacts that developments may have on reducing health inequalities. This has also been used to discuss housing strategy in its broader context. These fora are building awareness and understanding between partners of inequalities agenda.

30 Partnership working in developing housing strategy is good. For each element of the housing strategy, partnership development groups have been established with good representation from the PCT and the voluntary and community sectors. The Council is taking steps to maintain its involvement in implementation, for instance by allocating a monitoring and scrutiny role into the future. The involvement of many partners in its development offers the prospect of a good level of ownership in implementation.

31 However, the extent of the impact of this awareness and discussion on policy and practice is not yet fully developed. From our review, it is not clear how specific needs will be addressed in a shared way by partner organisations, nor how resources of separate organisations will be prioritised to address shared outcomes. Where we can judge some strengths in the housing strategy and its supporting plans, separation of function continues to drive action. For instance, there is little reference in the PCT's Strategic Commissioning Plan to the way in which action on housing needs can achieve health priorities. Although needs data has created an understanding that inequalities need to be addressed through a focus on people and place, there is no explicit response to this in the strategies we have reviewed. These indicators suggest that there is more to do to transfer a broad commitment into a robust method of sharing and prioritising resources and actions between partner organisations.

32 The sub-regional partnership, Brighton and East Sussex Together (BEST), is developing a broader focus to include health inequalities issues. The group has developed an approach to bidding for and sharing housing renewal resources. It is a positive example of partnership working in allocating the funding jointly. In addition, the partnership intends to use its new understanding around health inequalities to refocus its years 2 and 3 programme to achieve better health outcomes.

Recommendations	
R2	Ensure that the roles and responsibilities of key partnership groups with input to housing strategy are clearly set out and understood; in particular, review and revise the objectives of the Strategic Housing Partnership and BEST to reflect the broader focus on health inequalities issues. This is a high priority that should be completed within six months.
R3	Use partnership fora as a means to challenge further the way in which resources are allocated to address need, and challenge particularly how resources in health and local government can be focused to tackle needs. This is a high priority that should be completed within six months.

Sharing data

33 The LSP has high quality shared data. The reducing inequalities review, in two phases, established a clear analysis of deprivation and inequalities experienced in the City. It has been used since to inform planning. The public health annual report also presents strong analysis of data. The LSP has a partnership data group which agrees approaches to the use of data by partners. And the LSP has created a local intelligence service called Brighton and Hove Local Information Service (BHLIS) which presents a range of data in one place, accessible to partners and available for analysis. Data is therefore a key shared resource for partners locally.

34 Data is not yet being used well to focus on outcomes. It is not clear from our review how strategies respond directly to specific data analysis, for instance by commissioning services to address specific needs identified and targeting services on deprived wards. Nor is it clear how well the shared data enables partners to agree targets and focus the use of separate resources. This might lead to the type of challenge where the partnership focuses extra investment in reducing teenage conceptions because of its potential to reduce demand for housing or other services. It is notable that BHLIS does not contain any of the LAA or other partnership targets. Therefore, though it offers a rich data source, it does not enable a focus on the desired or expected outcomes. Data is therefore confirming the current position rather than challenging future impact.

Recommendation

R4 Make shared data work harder by:

- making clear links to LAA targets and LSP planned outcomes; and
- using it to analyse the way in which resources are allocated for maximum impact.

This is a high priority that should be completed within six months.

Measuring outcomes

35 The proposed measures of success in housing strategies are inadequate. The proposed success measures tend to be:

- general rather than specific, eg reduction in homelessness;
- not clear about the health benefits of actions; and
- not clear about the impact on people.

The supporting people strategy, for instance, does not set specific and measurable indicators of success. The success criteria tend to focus on general reductions in homelessness, street drinking, delayed discharge, and many more - without being specific about what will be achieved. The integrated pathways of care are referenced - but the involvement of health services is not clear and beneficial health outcomes are not identified. For instance, in providing a range of actions to promote independent living for people with mental health needs and physical disabilities, the measures focus on reductions in homelessness and delayed discharge, without being clear of the health benefits to individual service users. In this respect, it is difficult to have a sense of priority and an understanding of impact on health inequalities.

36 The health impact assessment (HIA) of the housing strategy is a strong demonstration of the commitment to reducing health inequalities in addressing housing need. The HIA is an impressive attempt to cover all the factors that interact between housing and health and relates these to the various component parts of the draft housing strategy. The HIA contains many recommendations but these have not yet been developed as a prioritised SMART Action Plan whose implementation can be monitored by the partners.

37 Partners are innovative in the use of HIAs for proposed major local developments. The Council and its partners have commissioned health impact assessments of significant developments. The HIA for Brighton Marina is a very good example of a socio-environmental model of HIA and demonstrates that the PCT and the Council are offering a best practice initiative to developers in Brighton. However, the HIA does not contain an economic impact assessment of the development proposed, for instance in calculating the consequential financial impact of health changes resulting from development.

38 The extent of future use of HIAs by the partners is unclear. There is some doubt about the capacity and the capability of the PCT to continue to offer this service in the long term. The use of consultancy is costly without demonstrating specific benefits.

Recommendations	
R5	Review the success measures in the draft housing strategy and supporting strategies to ensure that they: • are SMART and clearly prioritised; • offer assessment of health impacts; and • show outcomes for people and how needs are addressed/reduced. This is a high priority that should be completed in six months.
R6	Use the HIA of the housing strategy to develop an action plan. This is a high priority that should be completed within six months.
R7	Have a clear policy on future use of HIAs, including the assessment of economic impact. This is a medium priority that should be completed within six months.

Delivering on ambition

39 Strategies are now in place, though it is too early to establish whether they are effective. Some actions are being delivered by partners, for instance in the GP practice provision for homeless people. However, more work is required to define the expected impact of key strategies and to establish methods of measurement. In our presentation to HUPG, we emphasised that to ensure delivery of ambitions, the challenge for partners may be encapsulated in the following questions.

- Is there an agreed set of priorities which will test your achievement over time in reducing health inequalities?
- Do your people understand these priorities?
- How will you measure success in addressing needs?
- By what means will you measure impact in the short term?
- How challenging are your targets?
- How do you plan to deal with the economic downturn?

Recommendation
R8 Consider holding a workshop for key partners to address the challenge questions relating to delivery of ambitions ie: • is there an agreed set of priorities which will test your achievement over time in reducing health inequalities; • do your people understand these priorities; • how will you measure success in addressing needs; • by what means will you measure impact in the short term; • how challenging are your targets; and • how do you plan to deal with the economic downturn? This is a medium priority that should be completed within six months.

Follow up of phase 1 recommendations

40 In phase 1 of our health inequalities work we made two recommendations.

41 The first recommendation has been completed. We recommended:

> **Ensure the City Council scrutiny committee receive regular health inequality reports to improve understanding of local health inequality issues and thereby support appropriate challenge.**

The PCT presented a report on health inequalities to the Health Overview and Scrutiny Committee last autumn. This was timed to coincide with the requirement to produce a Joint Strategic Needs Assessment and in accordance with World Class Commissioning requirements.

42 The second recommendation has been partially achieved. We recommended:

> **Include health inequality outcomes in performance reports to demonstrate progress against investment and to indicate if plans have produced effective health outcomes and value for money.**

The PCT has increased its performance monitoring in general using its Programme Office approach and close monitoring by its Delivery Board. Inequality targets such as reducing teenage pregnancy and smoking in particular have been subject to regular scrutiny. More work is required for the PCT to be able to demonstrate value for money from its investments in reducing health inequalities.

Recommendation
R9 Consider the best way in which to report the achievement of value for money from investments in reducing health inequalities. This is a high priority that should be completed within six months.

Way forward

43 We have made nine recommendations for improvement in this report. They are included in an Action Plan at Appendix 2. The Council and the PCT have responded to the recommendations. This response is shown at Appendix 3.

44 We will follow up on the Action Plan in the course of our future audit and assessment work with the organisations, and as part of our Area Assessment work.

Appendix 1 – Feedback presentation

Health inequalities – phase 2

Brighton & Hove CC/PCT Healthy Urban Planning Group

23rd March 2009

Marius Kynaston, Stephen Dowsett, Norma Christison
Performance Team, South East

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Agenda

- In Phase 1 of our work on HI we found:
  - The PCT and City Council have a history of working in partnership and have made good progress in establishing joint strategic arrangements to manage HI.
  - However, not all targets were SMART, and although Performance reporting at both the PCT and Council is improving some areas of weakness remain.
  - We are currently following up the recommendations from Phase1
- In Phase 2 we have evaluated the effectiveness of cross-organisational arrangements to address HI and deliver the outcomes agreed by partners, in particular in relation to housing especially for vulnerable people
- .This is a presentation of initial findings

… and some challenge questions

2 B&H HI Phase 2

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Strategy: identifying need

- High quality analysis of "Reducing Inequalities" provides sound basis for planning
- Housing strategy based on good needs data

Challenge:

- **Is there direct response to the data provided? E.g. in commissioning services to address specific need identified; targeting services on deprived SOA**
- **Do partners have shared priorities of need?**
- **Are resources invested to best effect?**
  E.g. does extra investment in reducing teenage conceptions potentially reduce housing demand?

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Strategy: addressing need

- Draft Housing Strategy / Homelessness Strategy
  - Both tell the story really well of what is the need and how will we address it
  - But the expected outcomes and success criteria are not always clear

Challenge

- **Are partners confident that there is a golden thread within and between the organisations and their plans?**
- **Is there a shared understanding and prioritisation of outcomes?**
- **Is the intent to reduce health inequalities adequately reflected in the housing strategy?**
- **Does the PCT's Strategic Commissioning Plan have due regard to housing?**
- **Will the strategy drive actions by the partners?**

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Strategy: consultation

Consultation on housing strategy

- Processes are good
- Good stakeholder involvement

Challenge

- **What examples are there of impact of consultation on policy and strategy?**

5 B&H HI Phase 2

Partnership working

- Developing shared agenda on housing role in addressing health inequalities
- Recognition that partners are on a journey: getting better at identifying shared issues

Challenge

- **HI agenda is known but not always clearly understood – could it be used more to challenge custom and practice?**

6 B&H HI Phase 2

Partnership working

- Good range of partnership forums
  - Healthy City Group and LSP at high level
  - Strategic housing partnership
  - Healthy urban planning group
  - Partnership groups on the housing strategy themes

Challenge:

- **Strategic Housing Partnership – responsibilities and objectives not clear**
- **BEST targeting of resources – too much emphasis on spending the money rather than targeting its impact?**
- **Are partners clear of their respective roles in delivery given that this is not always explicit in the plans?**

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Data quality and information

- High quality shared data
  - Reducing inequalities – phase 1 and 2
  - PH annual reports
- Positive action taken to share data through the SCS and BHLIS

Challenge

- **How effectively is the data used to drive outcomes?**
- **In terms of health inequalities and housing what gaps exist in the data and how do you plan to address?**
- **BHLIS data is not linked to targets – a weakness?**

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Health impact

- Health Impact Assessments
  - Positive about the commitment
  - HIA recommendations for Draft Housing Strategy need to be SMART if they are to have impact
  - HIAs lack health economics perspectives – absence of cost benefit analysis means its difficult to demonstrate VFM

Challenge

- **Why no health economics analysis – measuring impact and VFM of action for vulnerable groups and cost benefit analysis?**
  - **What Is the most valuable thing we are not doing?**
  - **What is the least valuable thing we are doing?**
- **Do you know what resources each partner is applying to specific health / housing initiatives in each locality aimed at reducing inequalities?**

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Measures of success

- Success measures in housing strategies are:
  - General and not specific, e.g. reduction in homelessness
  - Not clear about the health benefits of actions
  - Not clear about the impact on people

Challenge

- **How can you develop more SMART indicators?**
- **Mix of long and short term outputs and outcomes?**
- **Greater focus on health impacts for people?**
- **Do you know your priority outcomes?**
- **Given the quality of needs data, will you measure success in reducing need?**

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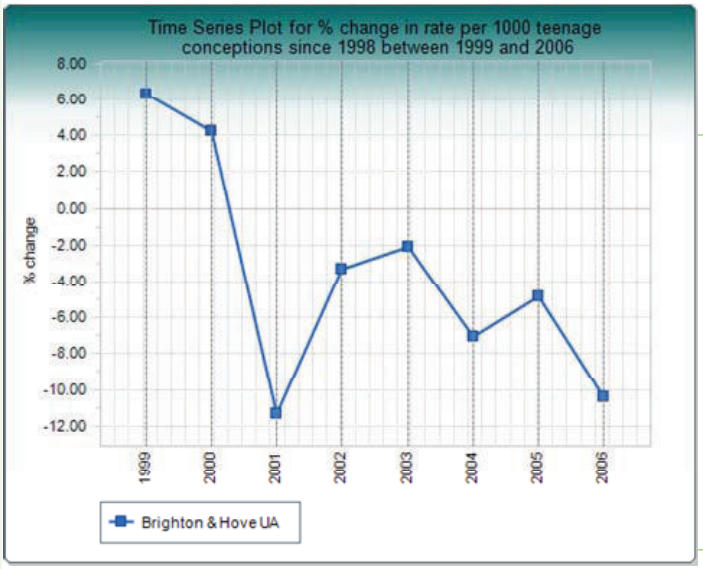
Achievement

Challenge

- Is there an agreed set of priorities which will test your achievement over time in reducing health inequalities?
- Do your people understand these priorities?
- How will you measure success in addressing needs?
- By what means will you measure impact in the short term?
- How challenging are your targets (some examples follow)?
- How do you plan to deal with the economic downturn?

11 B&H HI Phase 2

NI 112 – Teenage Conceptions



Target Reductions

- **2008 -28%**
- **2009 -36%**
- **2010 -45%**

12 B&H HI Phase 2

NI 141: Percentage of vulnerable people achieving independent living

- This indicator is being led by Brighton & Hove City Council & Strategic Housing Partnership.
- It measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way, as a percentage of total service users who have left the service
- This indicator has been selected in 70 LAAs
- The LAA Baseline is 65% Subsequent targets are:
  - 2008/9 – 66%
  - 2009/10 – 67%
  - 2010/11 – 68%

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Next steps

- NOW - opportunity to comment and respond on the challenge questions.
- We will take on your views in order to develop a draft report

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Appendix 2 – Action plan

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board/ Council	Officer responsible	Implement by when
R1 Define success criteria in housing strategies more clearly and with a sharper focus on outcomes for vulnerable people.	High	Housing strategies do not define clear success criteria. The homelessness strategy, for instance, does not give a clear indication of the likely impact for vulnerable groups.	UoR KLOE: 2.2	Better outcomes	Inability to monitor success	None	June 2009	Housing Strategy Manager	December 2009
R2 Ensure that the roles and responsibilities of key partnership groups with input to housing strategy are clearly set out and understood; in particular, review and revise the objectives of the Strategic Housing Partnership and BEST to reflect the broader focus on health inequalities issues. This is a high priority that should be completed within six months.	High	With respect to these bodies, there is little evidence of a partnership approach with health or of targeting resources on areas with the greatest health inequalities.	UoR KLOE: 2.3	Greater clarity of responsibilities in tackling joint goals.	Lost opportunity for partnership working	None	June 2009	Head of Strategy, Development and Private Sector Housing	December 2009

Appendix 2 – Action plan

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board/ Council	Officer responsible	Implement by when
R3 Use partnership fora as a means to challenge further the way in which resources are allocated to address need, and challenge particularly how resources in health and local government can be focused to tackle needs.	High	It is not clear how specific needs will be addressed in a shared way by partner organisations, nor how resources of separate organisations will be prioritised to address shared outcomes.	UoR KLOE: 2.1	Potential for generating better vfm by applying joint resources to joint goals.	Piecemeal approach may mean goals are not so easily achieved.	None	June 2009	Head of Strategy, Development and Private Sector Housing	December 2009
R4 Make shared data work harder by: • making clear links to LAA targets and LSP planned outcomes; and • using it to analyse the way in which resources are allocated for maximum impact.	High	It is not clear how well the shared data enables partners to agree targets and focus the use of separate resources.	UoR KLOE: 2.2	Better targeting of resources with the potential for better vfm.	Lost opportunity to secure best vfm.	None	June 2009	Housing Strategy Manager/ Public Health Development Manager	December 2009

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board/ Council	Officer responsible	Implement by when
R5 Review the success measures in the draft housing strategy and supporting strategies to ensure that they: • are SMART and clearly prioritised; • offer assessment of health impacts; and • show outcomes for people and how needs are addressed/reduced.	High	The proposed measures of success in housing strategies are inadequate being: general rather than specific, eg reduction in homelessness; not clear about the health benefits of actions; and, not clear about the impact on people.	UoR KLOE: 2.2	Better outcomes/vfm	Goals may not be met.	None	June 2009	Housing Strategy Manager	December 2009
R6 Use the HIA of the housing strategy to develop an action plan.	High	The HIA contains many recommendations but these have not yet been developed as a prioritised SMART Action Plan whose implementation can be monitored by the partners.	UoR KLOE: 2.2	Better outcomes/vfm	Goals may not be met	None	June 2009	Housing Strategy Manager/ Public Health Development Manager	December 2009

Appendix 2 – Action plan

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board/ Council	Officer responsible	Implement by when
R7 Have a clear policy on future use of HIAs, including the assessment of economic impact.	Medium	The extent of future use of HIAs by the partners is unclear. There is some doubt about the capacity and the capability of the PCT to continue to offer this service in the long term.	UoR KLOE: 2.2	HIAs have the potential to provide supporting information for strategic investment decisions.	Decisions may be taken with incomplete information.	Some depending on the number and depth of HIAs undertaken in future years.	June 2009	Public Health Development Manager	December 2009
R8 Consider holding a workshop for key partners to address the challenge questions relating to delivery of ambitions ie: • is there an agreed set of priorities which will test your achievement over time in reducing health inequalities? • do your people understand these priorities? • how will you measure success in addressing needs? • by what means will you measure impact in the short term?	Medium	The partners are faced with challenging questions if they are to deliver their ambitions.	UoR KLOE: 3.3	Partners will become more knowledgeable about the delivery of each others' ambitions.	Missed opportunity to teat the realism of ambitions.	May involve some costs if third party engaged to facilitate the workshop.	June 2009	Housing Strategy Manager/ Public Health Development Manager	December 2009

Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board/ Council	Officer responsible	Implement by when
• how challenging are your targets? • how do you plan to deal with the economic downturn?									
R9 Consider the best way in which to report the achievement of value for money from investments in reducing health inequalities.	High	The PCT has increased its performance monitoring in general but more work is required for it to be able to demonstrate value for money from its investments in reducing health inequalities.	UoR KLOE: 2.1	Demonstration of vfm (or otherwise) will help inform future strategic decision making.	The absence of sound vfm information makes for less robust strategic investment decision making.	None	June 2009	Housing Strategy Manager/ Public Health Development Manager	December 2009

Appendix 3 – Partners' response to draft report

1 The response to the report was received on 21 August 2009, and a summary is included here, not including drafting points or factual amendments.

> **Thank you for your draft report and the time taken by your colleagues and yourself in reviewing our work to develop and embed the health and housing agenda in Brighton and Hove.**
>
> **We very much welcome your report and feel that you have identified and highlighted a wide range of positive practice that encapsulates the change in working practices, culture and outcomes we are hoping to achieve.**
>
> **In working towards linking health and housing we have been very much ahead of national guidance and good practice and it is very pleasing to note that we have made some significant steps in this direction. The issues and recommendations you have identified will help structure and shape our ongoing work and ultimately result in more effective outcomes for local people.**

2 The comments made on individual recommendations are shown below where they indicate the progress since our fieldwork and the approach to implementation. We have also noted where amendments have subsequently been made to the report text in response to the comments received.

Table 1 Comments on recommendations

Received from Council and PCT August 2009

Recommendation	Comment
1	(para 26) We have taken this on board and improved the success criteria in the final drafts of the Housing Strategy, Older People's Housing Strategy and LGBT People's Housing Strategy which are being presented to Council and the Local Strategic Partnership for approval in the Autumn. Our previously published strategies relating to Supporting People and Homelessness etc are already accompanied by more detailed action plans that translate the success criteria into SMART actions that are subject to ongoing review. In respect of the lack of clear health outcomes - such as for example reducing suicide or mental illness this can only be stated as an aim as at a local level as it would be incredibly difficult to robustly measure reductions in suicide.

Recommendation	Comment
	We could look at mental health but that would involve surveys of residents before and after re-housing which would be tantamount to an experiment and not something that could be done routinely. Again the routine markers of mental health would not be able to be related to any housing intervention. One area we are exploring where we may be able to link housing interventions directly to health improvements is through our single homeless work, and in particular tackling alcohol and substance misuse. However, on the whole, our review of the evidence base highlighted the need for further research on the impact of housing interventions on health outcomes.
2	(para 29) The objectives of the Strategic Housing partnership are closely aligned to the Improving Housing and Affordability block of the Local Area Agreement and the citywide Housing Strategy. In addition the SHP has acted as the Project Board, overseeing the development of the strategy. (para 32) The BEST partnership recognises that good quality homes are important for the health and well-being of those living in them. The partnership is committed to improving the overall quality of the private sector housing stock in Brighton and Hove and East Sussex, to achieve our vision that every resident lives in a 'warm, safe and secure home'. To assist our private sector housing managers and partners in Health in achieving a better understanding of the links between health and housing, we are piloting the use of the Building Research Establishment toolkit which demonstrates the cost benefits of some specifically linked housing and health issues. The partnership in years 2 and 3 of the programme are targeting funding at improving health, by improving insulation and heating in homes to reduce excess winter deaths, removing hazards in the home which will reduce hospital admissions due to falls, allow people to stay in their own homes and facilitate hospital discharge by funding disabled adaptations. **We have amended recommendation 2 and paragraphs 29 and 32 in response to comments.**

Appendix 3 – Partners' response to draft report

Recommendation	Comment
3	(para 31) Across the Council and PCT it has been noted that there is now a need to develop a structure that will maximise the impact of JSNAs in driving improvements in local service and outcomes. As a result, a JSNA Steering Group is being set up that is being jointly chaired by senior officers of NHS Brighton and Hove and Brighton and Hove City Council. One of the key priorities of the group will be to produce a summary overview of the health and wellbeing needs of the city, including identified health inequalities and evidence of unmet need which will inform strategic commissioning and planning and particularly the PCT Strategic Commissioning Plan. Housing has been invited to become a founding member of the new JSNA Steering Group and the lack of comment on housing in the NHS Brighton and Hove Strategic Commissioning Plan has been noted and will be discussed within NHS Brighton and Hove. More effective partnerships are starting to be seen such as the JSNAs of Working Age Mental Health, Physical Disabilities and accompanying Commissioning Strategies. Additionally, joint work on the Local Area Agreement, 2020 Community Strategy Review and new Healthy City Strategy will help improve the joint and shared approach to tackling the city's issues. However, to be realistic, it will take more than six months to achieve this.
4	(para 34) The potential of BHLIS has been noted and the JSNA Steering Group is planning to explore the use of BHLIS to host and present health inequality data to complement the summary overview document of the health and wellbeing needs of the city. This work will in part be supported by a new Head of Public Health Research and Analysis has been appointed by NHS Brighton and Hove who will be working closely with their City Council counterpart. The need for common performance management software across the Local Strategic Partnership to manage the Local Area Agreement has been recognised and is in the process of implementation. BHLIS contains the background needs data for the partnership with the new Interplan carrying out the performance management function.
5	(para 35) As per our response to Recommendation 1.

Recommendation	Comment
6	(para 36) Two half-day workshops for Housing and Health staff were held at the end of July and beginning of August. These brought together Public Health and Housing staff to discuss and agree how the recommendations from the HIA of the new Housing Strategy will be taken forward. An Action Plan is being developed which will become part of the Housing Strategy which is currently going through its approval process. We have included a recommendation in the HIA around the possibility of commissioning a piece of work to conduct a health economics study.
7	(para 38) NHS Brighton and Hove and the Local Authority Planning Department are developing a strategy to take forward future HIA work. The strategy will outline a small set of options including integrating HIA into the scope of Environmental assessment where appropriate. NHS Brighton and Hove and the Local Authority Planning Department are drafting best practice guidance for developers and planners.
8	(para 40) As per our responses to Recommendation 1 and Recommendation 6. Across the Local Authority, Primary Care Trust and wider stakeholders the need to have an agreed set of priorities for the city aligned with clear targets for improving the health and wellbeing of local people has been already identified. To address this, the 2020 Community Strategy is being refreshed and work to develop a Health City Strategy has begun. The first draft of the refreshed Community Strategy has recently started its public consultation.
9	(para 43) As per our response to Recommendation 3.

Source: PCT/CC response to draft report

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