

Item No.	Classification: Open	Date: 9 November 2023	Decision Taker: Cabinet Member for Health and Wellbeing
Report title:		Southwark Tenants Support: Improving Health and Wellbeing	
Ward(s) or groups affected:		All	
From:		Strategic Director of Children and Adult Services	

RECOMMENDATIONS

1. That the Cabinet Member for Health and Wellbeing approve the establishment of a programme to understand the health and wellbeing needs in a number of social housing settings and co-producing interventions to meet identified needs.
2. That the Cabinet Member for Health and Wellbeing notes that the programme will include a focus on potential health and wellbeing implications arising from the physical home environment as well as from pressures on residents in a challenging post-pandemic context with a Cost of Living Crisis.
3. That the Cabinet Member for Health and Wellbeing notes that three quotes will be sought for programme management, which will include the co-ordination of engagement, co-design, implementation, monitoring and evaluation over 12 months.
4. That the Cabinet Member for Health and Wellbeing delegates to the Director of Public Health, in consultation with the Cabinet Member for Health and Wellbeing, the approval of funds to delivery partners administering the intervention of up to a total of £150,000.

BACKGROUND INFORMATION

5. The COVID-19 pandemic exacerbated pre-existing mental and physical health and wellbeing issues. Levels of anxiety and depression have remained highest among specific groups (young people, those with lower household income, people with a mental illness, people living with children, people in urban areas), leading to a widening of pre-existing inequalities in mental health and wellbeing. Key drivers of poor health and wellbeing that have endured since the pandemic include social isolation, and loss of jobs and incomes. At the same time, health and wellbeing are impacted by

interrelated stressors in the home environment (e.g. housing conditions that fall short of expected standards, such as damp and mould), and by a challenging contemporary environment with a Cost of Living Crisis (e.g. residents might experience fuel poverty and struggle to adequately heat their homes). These influences on health are priority areas for investment by the borough's social landlords, including the Council.

6. Led by an experienced provider (Programme Co-ordinator; see 10.), and together with colleagues in Housing and partner housing associations, place-based health and wellbeing interventions will be developed through a co-production approach with residents to support residents in selected social housing settings (e.g. an estate or a block of flats). The aim will be to bring about measurable improvements to health and wellbeing and inequalities affecting residents and communities as a result of the interventions, as well as of involvement in the co-production process, and to use the learning from the programme to inform other relevant programmes (e.g. Southwark 2030/Great Estates) and to offer insight into any service or asset improvements needed. The evaluation will utilise established measures such as the Warwick Edinburgh scale or the ONS4 wellbeing measure as well as other self-reported health measures. For residents, some potential outcomes include:
 - a. understanding environmental and personal stressors
 - b. identifying potential solutions – either within the existing system / or exploring new ideas
 - c. activating an enhanced offer through the grant funding
 - d. improving personal and community wellbeing
 - e. improving community connectedness and creating stronger and more trusted relationships with housing providers
 - f. improving awareness of, and access to services and support e.g employment support offers
7. The programme will focus on three social housing settings that will be selected collaboratively by (as appropriate) the intervention provider, the social landlord, residents, TRAs/TMOs, and Public Health. They will be settings where rapid scoping confirms that a) residents are experiencing identifiable health and wellbeing needs, and b) there is clear interest and capacity for involvement in a co-producing exercise. Priority will be given to settings directly managed by the Council.
8. This project will support the Council's ongoing engagement with residents in the post-pandemic environment and its emphasis on tackling health inequalities and their wider determinants. It will contribute to a better understanding of the health and wellbeing needs in the selected areas, and lead to transferable insights on intervention co-production and effectiveness. The focus will be on health and wellbeing, as well as healthy lifestyle support, which may be raised in the co-production process. The project will allow us to make links to other Southwark Public Health programmes, including (but not limited to) the health promotion activities being jointly delivered with NHS partners, Stop Smoking services, and NHS health checks. The intelligence gathered from this programme of work will

also contribute to the ongoing work involved in developing the Council's Neighbourhoods approach and the Southwark 2030 Programme.

9. Links will also be made with the Great Estates programme to develop co-located outputs.
10. The first stage of the programme will involve the procurement of a Programme Co-ordinator, whose role will include:
 - Identifying potentially suitable social housing settings through rapid scoping of health and wellbeing needs and mapping assets to tackle these needs.
 - Bringing together residents, TRAs/TMOs, and the social landlord to establish which settings are interested and committed to undertaking this work.
 - Supporting the process of co-production of interventions with residents in the selected settings.
 - Overseeing the implementation of the co-produced interventions.
 - Facilitating a collaborative approach to monitoring and evaluation of the interventions, and to producing a final report on impact and outcomes.
11. Interventions will be designed through co-production with stakeholders, including residents. They might include different kinds of interventions, such as improvements to the living environment (e.g. improving lighting in common areas), training/education around health and wellbeing, befriending or therapeutic activities, community social events, advice and support on money saving. Interventions may well build on projects that are already ongoing. Links will be established (or strengthened) between the selected interventions and the relevant teams and priority areas of work at the Council and the wider Southwark landscape (e.g. a damp and mould intervention would be involve collaboration with the Council's Damp and Mould Team).
12. The following allocation of funds and timescales is approximate, based on three target projects (this could be different depending on the ask):
 - a) £50k for programme management through a Programme Co-ordinator. This will include co-ordination of initial scoping of health and wellbeing needs and potential for participation, engagement, co-design, implementation, monitoring and evaluation over 12 months.
 - b) £150k for interventions split between three social housing settings (staggered delivery over 9 months, with interventions commencing at 3-month intervals, to enable ongoing learning and implementation).

KEY ISSUES FOR CONSIDERATION

13. Procurement strategy: To commission the co-ordination of the co-production process (a), for which three quotes will be sought.
14. Three sites will be chosen based on need, resident interest, and capacity to engage with the programme. In addition to Council Housing and Resident Services, potential delivery partners will include social housing entities including Tenants and Residents Associations (TRAs), and Tenant Management Organisations (TMOs).

Policy framework implications

15. This project takes an open co-production approach. As such, the actions that may be suggested by residents are not known at the outset. However, the project has the potential to contribute to a number of Council priorities and Council Plan commitments, including:
 - **Deliver and embed the Great Estates Guarantee:** environmental improvements will improve community and individual health and wellbeing.
 - **Keeping you safe,** as recommendations from residents to improve health and wellbeing may focus on reducing anti-social behavior or other actions, which mean that people feel safer in their neighbourhoods.
 - **Investing in communities,** as the project takes a place-based, neighbourhood focused approach.
 - **Supporting families,** as residents in the areas of focus may make suggestions to improve the environment for children and young people.
16. The project also contributes to key elements of the Council's Corporate Transformation Plan, as detailed below:
 - **People Power:** Putting residents at the heart of everything we do and empowering communities to shape the places they live in and make decisions about issues which affect their lives is critical to the aims and objectives this work.
 - **Reducing inequalities/Closing the gap:** We know that the Covid-19 pandemic affected all residents, but not everyone was affected equally. Inequalities in health and its determinants persist in the borough. By working with residents and communities, we aim to address areas of inequality, both in relation to the impact of the pandemic and beyond, most notably in respect of health and wellbeing, as well as facilitating healthy behaviours.

- **Neighbourhoods:** The project takes a place-based, neighbourhood focused approach and focuses on working with TRAs, TMOs and communities in local estates

Community, equalities (including socio-economic) and health impacts

Community impact statement

17. The proposed programme is expected to impact positively on communities through i) the envisaged health and wellbeing outcomes, and ii) the opportunity for co-production in designing interventions and the interlinked benefits to individuals and communities of this (health and wellbeing benefits, confidence building, team working skills, co-operation leading to greater cohesion and trust).

Equalities (including socio-economic) impact statement

18. As outlined in 5. above, following the COVID-19 pandemic, levels of anxiety and depression have remained highest among specific groups (young people, those with lower household income, people with a mental illness, people living with children, people in urban areas), leading to a widening of pre-existing inequalities in mental health and wellbeing. Key drivers of poor health and wellbeing that have endured since the pandemic include social isolation, and loss of jobs and incomes. Specific communities are more likely to be impacted by these factors, including residents from Black, Asian and minority ethnic communities, and those living with disabilities. Similarly, residents from these communities are disproportionately affected by housing that fails to meet minimum expectations and the stressors arising from this, and pressures of the contemporary environment including the Cost of Living Crisis. Therefore, it is expected that the interventions will benefit groups that have been disproportionately affected by the impact of the pandemic as well as contemporary stressors in the home environment and beyond, and by a widening of pre-existing inequalities in health.

Health impact statement

19. Interventions will have clearly defined and measurable health and wellbeing outcomes. While the outcomes will be finalised with the commissioned provider and stakeholders, they will include positive changes regarding anxiety, depression, social isolation and loneliness, sense of belonging, sense of control (including over the conditions in one's living environment, such as damp and mould), sense of purpose, resilience and self-reported health status.

Climate change implications

20. The interventions will be delivered locally, so will be easily accessible without the need for private transport.

Resource implications

21. Public Health Officer time will be required to oversee the commission, be involved in engagement events, and ensure links are made with the wider system. Housing Officer time will be required as part of the monthly Steering Group, and as required to support introductions and events held in the social housing settings.
22. It will be clear there is no commitment to continue funding any of the interventions set up. The aim is to sustain connections and pathways to opportunities within the existing offer from the wider system.

Legal implications

23. There are no legal implications for consideration in this report.

Financial implications

24. The costs of this procurement can be met from existing budgets. The estimated total value including VAT is £200k.

Consultation

25. The Public Sector Equality Duty has been considered and no additional consultation is required.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Assistant Chief Executive – Governance and Assurance

26. This report seeks the cabinet member's approval to the establishment of a programme scoping the mental health and wellbeing needs post Covid-19 in a number of social housing settings and co-producing interventions to meet identified needs. Whilst there is no specific statutory requirement to produce this the following provisions are relevant.
27. Section 2B of the National Health Service Act 2006 places a duty on the council to take such steps as it considers appropriate for improving the health of the people in its area. The steps that may be taken under subsection include—
- a) providing information and advice;
 - b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
 - c) providing services or facilities for the prevention, diagnosis or treatment of illness;
 - d) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;

- e) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- f) making available the services of any person or any facilities.

The proposals set out in the report assist the council in carrying out this duty. Specific proposals set out here can be made in accordance with this duty and arising from the powers of general competence in section 1 of the Localism Act 2011.

- 28. Under section 149 of the Equality Act 2010, in making this decision, the Cabinet must comply with its public equality duty which requires it to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 29. Details of the positive impact of these proposals on different people are set out in the community, equalities (including socio-economic) and health impacts section above. These are all relevant matters that the Cabinet should give due regard to, in considering this report.
- 30. It is noted that the proposals include the procurement of a contract for the co-ordination and delivery of the co-production process and that the value of this contract will be for £50,000. For all contracts where the Estimated Contract Value is from £25,000 or more to below £100,000, there is a requirement to take all reasonable steps to obtain at least three written quotes, including one from a local supplier where this is possible and in accordance with the contract standing orders.
- 31. The establishment of these proposals are an executive function which can be determined by the Cabinet member in accordance with the Local Government Act 2000 and Part 3 of the council's Constitution. Decisions relating to grants to voluntary bodies over £2500 are reserved to the Cabinet member and this paper delegates the final decisions on these to the Director of Public Health in consultation with the Cabinet Member for Health and Wellbeing [see 4.].

Strategic Director Finance REF: [02PHHZ2023-24]

- 32. The Strategic Director of Finance notes the estimated value of this programme as per the recommendations set out in this report, totaling £200,000 including VAT.
- 33. The programme will be funded from the remaining Covid Outbreak Management Fund (COMF).

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Quick evidence summary – Damp & Mould and Mental Health

AUDIT TRAIL

Lead Officer	David Quirke-Thornton Strategic Director of Children and Adult Services	
Report Author	Stefanie Buckner Public Health Policy Officer	
Version	Final	
Dated	3 November 2023	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Assistant Chief Executive (Governance and Assurance)	Yes	Yes
Strategic Director Finance	Yes	Yes
Cabinet Member	Yes	No
Date final report sent to Constitutional Team		9 November 2023