

As presented to the Health & Housing Impact Network by Paul Newman, Team Leader, Environmental Protection team, London Borough of Southwark and Dr Meredith Robertson, Consultant in Respiratory Medicine, Evelina London (Guy's and St Thomas' NHS Foundation Trust)

## Summary

Southwark's residents are more exposed to air pollution than the rest of London with an associated mortality rate of 6.6% compared with 6.1% and a national figure of 5.1%. The council's environmental protection team is actively addressing this via their Air Quality (AQ) Action Plan and projects funded locally by [Impact on Urban Health](#) and by Defra. The plan is largely focused on outdoor AQ but one strand does focus on indoor AQ as a result of which Paul now participates in the local Children and Young People Asthma Forum. This, in turn led to this collaboration with Meredith. Together they have developed an integrated approach to housing-related risk assessment and action for patients presenting with severe or persistent respiratory problems. This is a clear example of harnessing complementary expertise and reach to tackle a shared priority, in this case from a "bottom up" rather than strategic starting point.

At the heart of the project is a co-produced [template letter](#) which the medical team can use when they identify demonstrable housing-related factors contributing to children's asthma in more severe or persistent cases. The letter is sent on behalf of the Evelina to Southwark's Housing team or their private sector Housing Enforcement team. This triggers an inspection to understand and act on the environmental contributors to respiratory issues, whether structural or behavioural.

## Southwark Council tackling air pollution across the borough

Southwark residents are exposed to higher levels of air pollution than other Londoners, with a higher associated mortality rate (6.6% compared with 6.1%). Improving air quality (AQ) is a priority for the council's Environmental Protection team which sits within Regulatory Services and is empowered to act on issues associated with construction, noise, dust and other AQ related matters. Some of their work has been funded by grants from Impact on Urban Health, the GLA and Defra. It includes conducting schools AQ audits and providing starter grants to implement recommendations as well as energy efficiency and traffic emissions reduction initiatives.

Not untypically, Southwark's Air Quality Action Plan largely focuses on outdoor AQ. However, one strand is concerned with reducing the health impacts of indoor AQ, in line with the recommendations in the [Chief Medical Officer's Annual Report 2022](#). To

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support this, Paul Newman, Environmental Protection Team Leader, put himself forward to participate in the South East London Children and Young People's Asthma Forum alongside representatives from the NHS. His team has also been collaborating with Public Health and Housing colleagues to set up a task force to deal with damp and mould, although need outstrips the resource available. Via the Forum, an Air Quality Cluster Group is driving a number of other initiatives including an air quality alert system for the public and schools, an NHS Asthma-friendly Schools programme, and a potential NHS app for patients regarding AQ. The council is looking at what data and practical support they can offer to enhance these.

## **Evelina Children's Hospital taking the initiative**

The [Evelina](#) is London's second largest provider of children's services. Over a number of years, Paediatric Respiratory Consultant, Dr Meredith Robertson and colleagues had sought to address what they saw were housing-related effects on patients' health, drafting what were fairly general letters for families to take to Housing and other services - but to little or no effect. More recently, Meredith was so horrified by the conditions in which two patients were living that she was "terrified for their safety" describing as atrocious the housing itself, but also its temporary and over-crowded nature. She, therefore, wrote very detailed letters addressed to Housing and Social Services, including evidence of how these patients were at risk of hospital admission or even death as a result of where they were living. In these instances, the response was swift and she was successful in getting her patients rehoused, with a noticeable impact on their health. Nursing colleagues then adapted the letters to create a template for more widespread use and shared it with a local working group which is how it eventually came to the attention of Environmental Protection at the council.

## **Sharing insight and co-producing a template letter**

The [template letter](#) has now been refined as a collaboration between the hospital and council. It is more generic but also more practical, with less of a focus on rehousing which was an imperative for the two patients cited above but not always the appropriate or necessary solution. Rather, it points to how improvements can be made by any of the methods at the disposal of different teams involved. The letter is prepared on behalf of the family so that they can provide evidence to their landlord or Housing services, but is also copied to Environmental Protection so that the case is flagged.

Additionally, the letter seeks to empower families, wherever possible, by providing details of support they can access themselves.

Meredith is clear that this approach is not one to be overused and is intended for children who have repeat hospital visits and where their housing is demonstrably a factor. It is also not to be used inappropriately by or for families seeking to move for other reasons which may be legitimate but are not directly health related.

## Next steps

Families themselves are busy and may lack the resources or confidence to bring the letter to the attention of their landlord. The intention is to develop a system of direct referrals by the Evelina to housing providers so that timely action is more likely.

Currently, the letter is only being used in Southwark, but, once evidence has accrued of its effectiveness and appropriate use, the Evelina will be looking to establish contacts across South East London, Kent, Sussex and Surrey.

The letter template has been shared at pan-London meetings in previous forms, and other boroughs have made their own adaptations, such as including references to relevant legislation. Ideally, sharing of these different versions and experiences of using them will help further improvements over time.

## Successes, challenges and opportunities for integrated care

The content and language of the letter are both factors in its success. It explains the health implications of poor housing in ways that are understandable to non-health professionals, is risk-based and can be related to what can be practically done.

As yet, the project cannot point to population-level evidence of a positive impact on asthma outcomes. The team also reflect that one reason it may be working is simply that no-one else is doing it, and that the impact could be diluted if all paediatricians were sending letters like this.

Southwark's Private Sector Housing team succeeded in gaining Secretary of State sign-off for a selective licencing scheme which funds and empowers them to conduct inspections. However, at present, the council has no direct influence over housing associations and so remains reliant on tenants completing a web-based free text form for direct reporting and attention by these landlords.

As ever, success can also be attributed to relationships and trust-building. Local networks and fora have helped, but these change quite frequently and individual connections remain key. In Southwark, the Director of Public Health co-ordinates delivery of the AQ Plan and is responsible for facilitating the necessary connections within the council itself to ensure a holistic and integrated system is put in place. At the same time, it is as a result of personal collaboration that Meredith is assured that Paul knows the Evelina makes careful risk stratification and will only make referrals on the basis of direct housing-related risk. As yet, she doesn't have comparable relationships elsewhere and time will be needed to establish these if the project is to expand.

As these relationships strengthen and increase, and evidence of effectiveness grows, the ICS, which comprises the six South East London boroughs, should be helpful for providing further opportunities for local testing and evidence gathering with a view to wider rollout. Equally, different boroughs and their local partners can test different approaches and initiatives of their own which can then be presented to and relatively easily adopted by others. The ICS provides a structure which is well placed to facilitate this.