



ISLINGTON

# **Evidence Based Enforcement Priorities**

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## The Islington Project

- A brief Health Impact Assessment of LBI's private sector housing strategy
- Looked at how HHSRS can be used as a tool for meeting various objectives within this strategy
- Local data was gathered and compared with the national and regional data
- Information sought on the target population
- Recommendations put forward
- Implemented and data periodically updated



## Stages in the Project

It was a 5 stage process:

1. Screening – identifying the policy etc. to be assessed
2. Scoping – looks at timescales, stakeholders, target population
3. Appraisal – the bulk of the project, is split into a further 4 steps
4. Decision making – by appropriate level officers in relevant organisations
5. Monitoring and evaluation – can either evaluate the process (i.e. how did the project run, did it meet timescales etc.?) or outcome (e.g. are recommendations being implemented?). This stage is ongoing.



## Appraisal Stage

- Step 1 is gathering health data
- Step 2 is population profiling
- Step 3 is identifying health impacts of the policy
- Step 4 is reporting on impacts, both positive and negative, which forms the basis of recommendations.



## Appraisal

9 of the 29 hazards within HHSRS were identified as being the most commonly encountered in Islington and potentially having the largest impact on the health of the target population.

These were grouped into 5 areas:

- excess cold and its effects (including the presence of damp and mould),
- overcrowding,
- security,
- accidents resulting from falls and
- fire.



## Step 1 - Gathering the evidence

Each of the 5 areas were researched as distinct subjects but tended to follow the same pattern:

- Use of data on Office of National Statistics website, broken down to ward level with specific parameters set for each area;
- Use of hazard specific websites e.g. Home Office for crime statistics relating to the security hazard, Hospital Episode Statistics for falls hazards etc.;
- Use of local data from the PCT and various Council Departments;
- Use of info from national charities/professional bodies/Government publications e.g. Home Accident Surveillance System reports.



## Step 2 - Population Profiling

Target population identified as the young and the elderly. These groups spend proportionally more time in the home than age groups in between; therefore being exposed to any hazard(s) for longer.

These groups can also be classified as 'vulnerable' due to their eligibility for certain benefits – the classification therefore dovetails into that of Decent Homes.

Islington population projections for each of the age groups, also broken down by ethnicity, were obtained up till the year 2026.

The Private Sector Stock Condition Survey identified which types of property these groups occupy and in what proportion.



## Step 3 – Identifying health impacts

Looked at the relevant strategy objectives.

- Identified a number of objectives with positive goals directly aimed at the target populations identified in this project.
- Used the most recent Private Sector Stock Condition Survey (2003) to see if the information from this fed into the strategy objectives and if it showed any further areas that have yet to be formally picked up.
- Also referred to various Council reports and their findings to feed into this step.
- Tried to identify if the reality on the ground was actually working towards these objectives.



## Step 4 - Recommendations

Three sets of recommendations were proposed:

1. The first recommendation related to the specific findings from each hazard area e.g. if local hotspots were found or if the local data suggested that a hazard was substantially worse than the regional or national data;
2. The second recommendation related to the need to update the data as some sources were getting old, as well as the need to use local information to provide more robust evidence e.g. by the use of GIS and data specific maps;
3. The final recommendation related to the need for the Council to more actively pursue the stated objectives as some concern was raised that this was not being carried out on a routine basis. This recommendation included more collaborative work with other relevant agencies.



## Decision making and evaluation

The report was passed to relevant managers to review recommendations. Various ideas were incorporated into the current year's work plan including:

- Joint working with other organisations, including Islington's Green Living Centre promoting energy efficiency and grant take up;
- Cross promotional talks for different groups such as Health Visitors, Children's Centres, GPs and charities such as Age Concern.

Evaluation of the project is an ongoing process but a referral poster and referral form for different organisations have already been developed. The referral form in particular may give an indication as to how successful the promotion has been.



## Lessons learned

- The initial effort to obtain the data is time consuming BUT
- Once the data has been obtained it is relatively quick to update;
- When broken down to ward level a decent local picture can be built up to identify where it would be best to target interventions;
- Different sources of data can be used together to further refine this process;
- Policies, which may often have positive goals, can get overlooked by more pressing needs or absorbed into other policies/tasks;
- These other more pressing needs, for example meeting other statutory obligations such as HMO Licensing or responding to ad hoc complaints, may not necessarily be the most effective way of targeting resources when trying to achieve those policy goals relating to health gains and protecting vulnerable households.

