

Housing and health inequalities

East of England LGA

16th September 2024



Today

1. Overview of the research and report
2. The challenge and the role of ICSs
3. Emerging findings
4. Opportunities

Overview



Purpose: To support ICSs in the East of England to consider how best to mitigate the health risks associated with poor quality and precarious homes.



Process: Desk research and literature review, data analysis, interviews with ICS leaders, regional workshop discussions. Development of findings and recommendations.



Audience: Partners across ICSs including local authorities and the VCS. Report recommendations will be focused on local leaders and central government.



Output: A succinct and practical report to be launched in December.

Report structure

Executive Summary

Introduction – purpose, scope and definitions of terms, method

Section 1 – The problem

Section 2 – The policy response

Section 3 – Tackling the problem in practice

Section 4 – What works / Enablers and barriers

Section 5 – Recommendations for practitioners and policy-makers

Self-assessment and improvement tool

Timeline

Key

▲ Workshop/ focus group/ event













Activity

▲ Steering group

★ Milestone

Workstreams	July	August	September	October	November	December
Governance (EE LGA)	▲ ▲ ▲ ▲ ←	▲ ▲ ▲ ▲	▲ ▲ ▲ ▲ Weekly working groups	▲ ▲ ▲ ▲ →	▲ ▲ ▲ ▲	
Desktop research (IMPOWER)		Review of national and regional documents				
Stakeholder engagement (jointly owned)	▲ 16 th July EELGA People & Communities Panel	▲ 15 th Aug Health Inequalities Panel	▲ ▲ 16 th Sept EELGA Roundtable discussion 12 th Sept Regional Population Health Equity Board Interviews	▲ 10 th Oct EELGA People & Communities Panel		
Report writing (IMPOWER) and review (EE LGA)			Drafting findings and recommendations	★ First draft complete	Design ★ Reviews and amends ★ Final draft complete	★ 3 Dec Report Launch

Challenge

Housing Issue		Associated Health Problem
 Structural Deficiencies	→	More slips and falls, increasing risks of injuries 
 Poor Accessibility	→	Disabled and elderly people at risk of injury, stress and isolation 
 Housing insecurity e.g. due to affordability or weak tenure	→	Increased stress and anxiety 
 Housing that is difficult or expensive to heat	→	Poor respiratory and cardiovascular outcomes 
 Indoor air pollution	→	Poor respiratory and cardiovascular health and allergic/irritant reactions e.g. asthma 
 Overcrowded houses	→	Risk of exposure to infectious diseases 

Visual taken from the Norfolk Strategic Needs Assessment (JSNA)

Challenge in the East of England

There is an **under-supply of quality affordable homes** across the region. This drives up costs for households and public services and contributes to poor health.

More households live in **unsuitable / non-decent / overcrowded** accommodation without the support services they need.

These factor **intensify the pressure on health services**, which are already working to meet multiple and urgent demands with limited capacity.

“The East of England has a **huge non-decent homes challenge especially in the private rented sector** where one in four is non-decent.”

- East of England APPG (2022)

Role of ICSs

ICSs are designed to :

- Enable partners to focus on the drivers of problems.
- Engineer a fundamental shift toward prevention.
- Support and provide a strategic framework for the alignment of priorities and focus across partner bodies and agencies.
- Create the space for innovation and collaboration.

The fourth objective of ICSs is particularly relevant to this agenda:

- Help the NHS support broader social and economic development

What we've found so far

Our review of ICS strategies on closing the health inequality gap found that:



All ICSs commit to **addressing the wider determinants of health** and reference housing as one of those factors



Most make explicit the **link between poorer health outcomes, poverty and poor-quality housing**



Strategies refer to **pilots, case studies, and examples of innovative practice** that are localised and / or at an early stage.



Strategies do not – yet – set out **over-arching programmes of work** to improve housing conditions and health outcomes for people at scale and across the system.

Opportunities for further collaboration

Service-user-focused joint work

Tackling damp and mould; reducing smoking; reducing household bills; signposting.

Service-level collaboration often focused on prevention

Step-down from acute settings; hospital discharges; prevention of homelessness; housing services in health hubs; home adaptations for older, disabled and vulnerable people to live a good life for longer.

Strategic and proactive joint planning

Planning for housing growth; specialist housing provision; back to work agenda.

Case studies | Warm Homes Bedford Borough helps households to keep their housing warm



<https://www.bhbh.org.uk/>

Bedford Borough residents with long term health conditions can access free support to help keep their homes warm

Bedford Borough Council and NHS Bedfordshire worked with Luton and Milton Keynes ICB and the National Energy Foundation's 'Better Housing Better Health' service

Over 1,600 residents with health conditions that can be made worse by living in cold or damp home were identified from GP records

Case studies | A Herts project is improving independence through a Home Improvement Agency



www.hertfordshire.gov.uk/microsites/herts-home-improvement-agency/home.aspx

A coalition of the county council, six districts and boroughs and local housing associations

In 2022/23 they spent £6m on 645 households, installing 307 level access showers, 134 stairlifts, 29 ramps and 28 hoists

93% of clients said they were more independent after the intervention and 30% of interventions prevented a care package breakdown

Case studies | A Norfolk-wide partnership to help people find or adapt their home



Working together to keep you healthy, happy and at home

www.norwich.gov.uk/Interact

Launched in April 2022, INTERACT has a casework team across the NHS, VCS and local councils (including a social prescriber).

In just over 18 months, they had 587 referrals for people who needed help making sure their home was safe and effective for their care.

25% of people referred had a carer and 71% were social housing tenants

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