



## Housing and health inequalities East of England LGA

16<sup>th</sup> September 2024





- **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



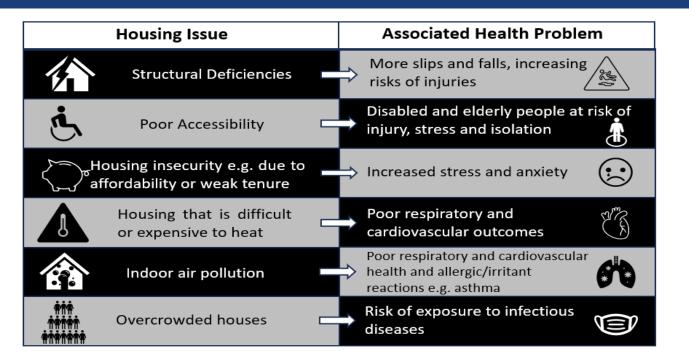
Workstreams	July	August	September	October	November	December
Governance (EE LGA)			Weekly working groups			
Desktop research (IMPOWER)	Review of national and regional documents					
Stakeholder engagement (jointly owned)	16 <sup>th</sup> July EELGA People & Communities Panel	15 <sup>th</sup> Aug Health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







# Challenge



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 nondecent 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 adaptions 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/micro sites/herts-home-improvementagency/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



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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