



Housing and health inequalities East of England LGA

16th 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



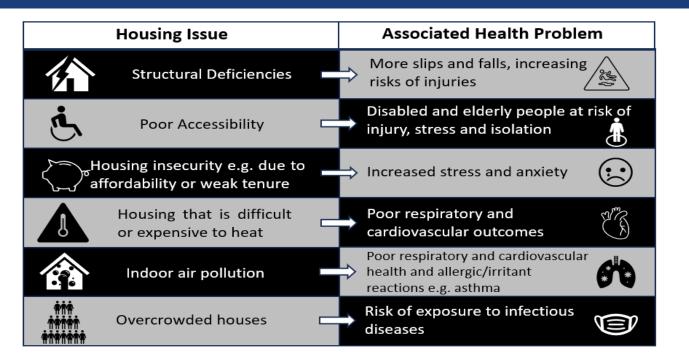
Workstreams	July	August	September	October	November	December
Governance (EE LGA)			Weekly working groups			
Desktop research (IMPOWER)	Review of national and regional documents					
Stakeholder engagement (jointly owned)	16 th July EELGA People & Communities Panel	15 th Aug Health Inequalities Panel	16 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	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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