BRIEFING PAPER FOR THE HEALTH DEVOLUTION COMMISSION
INTEGRATED CARE SYSTEMS BEST PRACTICE ROUNDTABLE III

ICS Progress towards Integration; and
What should ICSs do to ensure better housing for better health?

On-line 15:00 to 17:00, Thursday 14th September

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INTRODUCTION

I. Background

Following the launch of its end of 2022 year report ***"ICSs: a Great Deal Done – a Great Deal More to Do"*** the Commission agreed a programme of meetings for 2023 which will look at a range of key issues facing ICSs and help develop, as well as highlight, emerging, best practice:

- March – the Hewitt Review; and ICSs and the health and the cost-of-living crisis. See here
- June - Social Care; and ICSs and social and economic development. See report here
- September – ICS development; and better housing for better health

Each meeting includes expert analysis and examples of best practice with reference to the crosscutting themes of health inequalities, workforce development, people with learning disabilities/ autism, children and young people, and mental health. There will also be a part of each meeting that focuses on a key topical issue and has a political speaker.

The Commission regards 2023 as the year when ICS should "bed down" and mature. However, given the considerable pressures on the NHS and social care, exacerbated by the cost-of-living crisis, there is a risk of a return - both locally and nationally - to silo thinking and behaviour rather than putting into practice the principles of integration and partnership, prevention and early intervention.

See the Health Devolution Commission's website for more information.

II. The September 2023 Commission Meeting

Imelda Redmond, former National Director of HealthWatch, Non Executive Director of the North East London ICS and Co-chair of the Health Devolution Commission will chair this meeting. Following the discussion in June regarding the Fabian Society's proposal to the Labour Party of a National Care Service, the aim of part 1 of the meeting is to put a spotlight on the Government's approach to, and progress ICSs are making towards NHS and social care integration. The following speakers will address the Commission:

- Jason Yiannikkou, Director, Systems, Integration and Reform Team, DHSC
- Sarah Walter, Director, ICS Network, NHS Confederation

The Commission has always advocated that policies are joined up at the devolved level in order to improve outcomes across a whole range of issues that inter-related with health including housing. We have therefore welcomed the advent of Integrated Care Systems and the re-emergence of discussion regarding how ill health and poor housing are inextricably linked. The purpose of part 2 is therefore to highlight, and where necessary develop, best practice within ICSs regarding the health and housing agenda. The following speakers will address the Commission:

- Lord Richard Best, Co-chair, Housing and Care for Older People APPG; Vice-chair, Homelessness APPG; and Vice Chair Healthy Homes and Buildings APPG
- Dave Buck, Senior Fellow, Public Health and Inequalities, the King's Fund
- Noel Sharpe, Chief Executive, Bolton at Home; and Health and Housing lead for Greater Manchester Housing Providers

III. Recap of key questions to be asked after parts one and two

PART ONE : ICS PROGRESS TOWARDS INTEGRATION

1. How do ICSs reconcile public and political pressure to focus on NHS issues with their four core objectives?

2. What is the biggest *national* barrier to integration and what could and should be done about this by the Government?

3. What is the biggest *local* barrier to integration and what could and should be done about this by the ICSs?

PART TWO: BETTER HOUSING FOR BETTER HEALTH

1. Given that poor housing leads directly to ill-health, to what extent should ICSs seek to have an impact upon housing policy and providers in their area?

2. In practice, what can ICSs do themselves to improve poor housing in their area? Possible actions include:

- Developing a local evidence base on how poor housing is causing poor health
- Identifying the health and financial benefits to local people and the health system of improving poor housing in the ICS area
- Developing local **'better housing for better health'** improvement plans
- Reducing overcrowding of homes in low-income areas
- Supporting local implementation of the social housing act, 2023 (Awab's Law)
- Supporting fairer private renting measures locally
- Supporting more inspections and action to improve hazardous homes
- Adopting the Housing High Impact Change Model as policy
- Implementing the NHSE guidance on housing and health

3. Should ICSs collectively seek to influence national housing policy on existing homes and future housing development, including regulation of the private rented sector, to improve population health?

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, British Association for Counselling and Psychotherapy, Greater Manchester Health & Social Care Partnership, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.

PART ONE: ICS PROGRESS TOWARDS INTEGRATION

I. Commentary on Government policy

The NHS Confederation's State of Integrated Care Systems 2022/23 "Riding the Storm" published on August 17th concludes that:

- ICSs have got off to a strong start in a difficult operating environment – one that has been marked by one of the most challenging winters on record, rising demand for care, a cost-of-living crisis, ongoing industrial action, and reductions in the running costs of ICBs that materialised just seven months into their existence as statutory bodies.
- Nine in ten ICS leaders say that partners within their local systems are working collaboratively to set and deliver on their key priorities. ICS leaders do, however, highlight some of the challenges of partnership working and will look to build on this progress by strengthening collaboration and building capacity across all system partners.
- ICS leaders and their partner organisations are positive about the progress that local systems have made. These include coordinating the operational response to winter pressures, encompassing urgent and emergency care, discharge and elective recovery; developing and strengthening place-based arrangements and cross-system collaboratives; supporting and commissioning primary care; improving financial sustainability and productivity; enhancing engagement and co-production capabilities; and developing long-term, joint strategic plans.
- At the same time, ICBs have taken on greater responsibilities than when they went 'live', including the commissioning of primary pharmacy, optometry and dentistry services, and they have now been charged with implementing large elements of the NHS Long Term Workforce Plan. There is a clear danger that they are being asked to take on too much while their running costs are reduced by 30 per cent. In particular, the further delegation of functions requires specialist capability which will now be in shorter supply.
- These barriers are compounded by a short-termist approach within Government that is dragging ICSs into more immediate operational priorities over the long-term shift towards integration, equity and prevention that they have been tasked with delivering.
- While ICS leaders identify a number of areas where progress has been made, they also pinpoint areas where progress has been slower than hoped. These include their plans and commitment to supporting greater devolution. There are positive examples of devolved decision-making and provider collaboratives that ICSs will want to build on, but as place-based partnerships and provider collaboratives mature, ICS leaders recognise the need to devolve more decisions and functions to a more local level. That is their intention in the next period of their development.
- ICS leaders also report a number of barriers that are impeding their progress and which require action from government and national bodies. The top three are: staff shortages and the lack of an equivalent long-term workforce plan for social care; a lack of funding for social care; and NHS finances, including unexpected cuts to ICB running costs and an ineffective capital regime.

The report goes on to make five recommendations to policy makers in Government and national bodies regarding these issues. For more detail see their full report here.

Meanwhile, headline stories about health care services continue to be dominated by what might be best described as "NHS issues". For example taking the seven days to August 15th 2023:

- New money for NHS beds this winter – see here
- Targets for waiting times for cancer treatment – see here
- Junior doctors strike – see here
- Hospital waiting lists top 7.5 million in England – see here
- Health secretary visits new hospital building – see here

To be clear, these are not the only news stories that the media have covered. Some do focus on social care issues – mostly about care homes standards of service – and others on public health issues including initiatives on smoking and obesity. But those highlighted are the ones that received most attention and make clear the media and, to some extent, the political context in which ICS's operate.

More recently the news cycle has been preoccupied by the shocking events at the Countess of Chester NHS Foundation Trust brought to light in the trial of Lucy Letby. The Parliamentary and Health Ombudsman has, for example, called for a statutory inquiry with the power to compel witnesses to give evidence and for any review to "explore how leadership is accountable, can be regulated and held to the highest standards in the same way as clinicians." It is inevitable that the ramifications and repercussions of Lucy Letby's actions will have a major impact on ICSs over the coming months.

Meanwhile, as can be seen from the summaries of a range of significant reports below the DHSC has made a number of key announcements that are relevant to the integration agenda:

- The Market Sustainability and Improvement Fund (Social Care Workforce Fund)
- Major Conditions Strategy: Case for Change our Strategic Framework

The Government also announced its

- Response to the Lords' Adult Social Care Committee Report

It is clear from the above that there remains a commitment within Government to Integrated Care Systems and to integration. This part of the meeting will focus in on the national support they require if they are to provide the leadership at a devolved level to drive towards integration. Please see suggested questions in III below.

II. Significant relevant policy developments since last meeting

NHS Long Term Workforce Plan (DHSC)

The Government announced the NHS Long Term Workforce Plan on 30th June 2023. The DHSC factsheet for media states "Backed by more than £2.4 billion in government investment ahead of the health service's 75th anniversary, it sets out how the NHS will address existing vacancies and meet the challenges of a growing and aging population by recruiting and retaining hundreds of thousands more staff over the next 15 years and reforming the way we work."

The report also states "Taken with retention measures, the NHS Plan could mean the health service has at least an extra 60,000 doctors, 170,000 more nurses and 71,000 more allied health professionals in place by 2036/37."

The King's Fund produced a helpful explainer of the proposals. Broadly welcomed, commentary such as this focussed on the fact that the plan did not address the related issue of pay or provide a sufficiently rapid remedy for issues created by the current high level of vacancies (110,000 - almost I in 10 of the NHS workforce). The King's Fund - and others - called for a sister workforce plan for the social care sector without which "there is a real risk that the ambitions set out in the Long Term Workforce Plan will not be achievable" The King's Fund also said "ICBs should be supported to develop their [workforce] roles and make workforce planning less centralised."

How the public views the NHS at 75 (Health Foundation)

The Health Foundation published latest polling on 2 July 2023, immediately before the NHS marked its 75th anniversary. It pointed out that "the founding principles of the health service – that care would be free at point of delivery, available to all and funded from tax – are largely the same. But how care is delivered and how the system is organised have changed significantly since 1948." It went on to present six findings about how the public views the NHS at 75 and perceptions of what the future may bring.

1. The health service makes more people proud to be British than our history, our culture, our system of democracy or the royal family
2. Pride in the NHS is largely related to the NHS model – it being free at the point of use, affordable and paid for through taxation – but only 1 in 4 expect this to survive the next 10 years
3. The public is not confident the health service is prepared to meet key future challenges
4. Concern about the current state of the NHS crosses political divides, but people are split on what is causing pressures
5. Almost three-quarters of the public still think the NHS is crucial to British society and we must try to maintain it
6. There is strong support for increasing NHS funding, with an additional tax the preferred option for raising it

The Health Foundation concluded: "The public clearly wants a better health service not a different health system, and recognition of the impact of staff shortages is one of few issues that cuts across political divides. The workforce strategy, recently published by government, represents a down payment towards addressing these. But protecting what people value most about the health service, and building public confidence in its ability to meet future challenges, needs a sustained process of investment and improvement – not just a long overdue anniversary present".

The Healthy Homes Manifesto (Healthy Homes and Buildings APPG)

The Healthy Homes and Buildings APPG believes it is time for Government to adopt a holistic and innovative approach to tackle the serious problem of unhealthy homes and buildings. It launched its Healthy Homes Manifesto on 4th July which built on its White Paper, Building Our Future: Laying the Foundations for Healthy Homes and Buildings (2018).

The report highlighted a number of key facts:

- The English House Condition Survey (2022) stated that 14% (3.4m) occupied dwellings failed to meet the Decent Homes Standard and 4% of occupied dwellings had problems with damp, most prevalent in the private rented sector.
- More than 1.3m people in UK have Chronic Obstructive Pulmonary Disease (COPD), 13% could be due to poor housing with impacts of damp and mould due to poor thermal comfort and lack of adequate ventilation.
- Poor housing costs the NHS in England up to £1.4bn per year. Nearly £1bn of that related to indoor comfort aspects.
- Improving indoor environments in schools and homes in the UK indicates a total economic benefit of over £55bn up to 2060 in terms of health costs and productivity.

It concluded that everyone deserves to live in a home which is healthy and made 8 clear recommendations to Government on what needs to change and set out how to deliver healthy homes and buildings in the UK:

1. Long lasting positive change which embeds health and wellbeing principles in future policy for future generations.
2. Health and wellbeing principles put first - and adhered to by landlords, housing providers, builders, planners and local authorities – when retrofitting existing housing and in future house building, design and planning.
3. A reduction of health inequalities caused or exacerbated by the homes we live in and ensure our homes are accessible, inclusive and positively create health.
4. The quality, sustainability and standard of Britain's homes improved to ensure the occupants physical and mental health and wellbeing is maximised and not diminished and the principle that everyone has the right to live in a healthy home adhered to.
5. Healthy Homes legislation to provide for greater accountability and responsibility for Health and Wellbeing in all homes and buildings.
6. A Healthy Homes and Buildings Government department and a Minister wholly responsible for taking forward the Healthy Homes manifesto; increasing future health and wellbeing and reducing health inequalities.
7. The appointment of an independent Commissioner for Healthy Homes and Buildings to define and embed healthy homes principles, reduce health inequalities and hold Government and those responsible for housing provision to account.
8. England's devolved nations and regions with the powers they need to make positive change to deliver healthy housing in their areas for future generations.

Adult social care workforce growing again, but challenges remain (Skills for Care)

Skills for Care published new data on 12 July showing that the adult social care workforce in England has started growing again. The number of filled posts increased by around 1% (20,000) between April 2022 and March 2023. The previous year, the number of filled posts fell for the first time on record, by around 4% (60,000).

The vacancy rate decreased to 9.9%, or around 152,000 on any given day, compared with 10.6% (around 164,000) the previous year. The turnover rate in the independent sector also decreased from 32% to 30%.

It concludes by saying "The total number of posts in adult social care in England, including filled posts and staff vacancies, was 1.79 million. If [the sector] grows proportionally to the projected number of people aged 65 and over in the population, the number of posts will need to increase by around 445,000 posts to around 2.23 million by 2035.

CQC announces two pilots for new assessments of ICS

CQC announced on 18th July that Birmingham and Solihull ICS and Dorset Integrated Care System will pilot new assessments of ICSs which will use CQC's single assessment framework. The pilot assessments follow on from last year's 'test and learn' activities across 2 integrated care systems – North East London and South Yorkshire. This enabled it to test key elements of its assessment approach. These new assessments will be based on evidence gathered under 6 categories:

- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- Outcomes

The statement continues: "For each integrated care system in the pilot, we will provide a report of the findings from the assessment. We are currently awaiting confirmation from the Secretary of State for Health and Social Care about including ratings for the pilot assessments. We will incorporate any learning into our formal assessments, which will start in 2024. As well as the pilot assessments, we are carrying out a separate review of data and published documentary evidence across all 42 integrated care systems in England. This will focus on the 'equity in access' quality statement."

2.5 million more people in England projected to be living with major illness by 2040

The Health Foundation published a new report on 25 July, 2023 that shows that 9.1 million people will be living with major illness by 2040, 2.5 million more than in 2019. 19 of the 20 health conditions studied are projected to increase in prevalence, including a rise of more than 30% in the number of people living with conditions such as cancer, diabetes and kidney disease. Overall, the number of people living with major disease is set to increase from almost 1 in 6 of the adult population in 2019, to nearly 1 in 5 by 2040, with significant implications for the NHS, other public services and the public finances.

Much of the projected growth in illness relates to conditions such as anxiety and depression, chronic pain and diabetes, which are predominantly managed outside hospitals in primary care and the community. This reinforces the need for investment in general practice and community-based services, focusing on prevention and early intervention to reduce the impact of illness and improve the quality of people's lives.

Market Sustainability and Improvement Fund (Social Care Workforce Fund) DHSC

The Government announced on 28th July, 2023 a £600m workforce fund "to enable local authorities to make tangible improvements to adult social care, in particular to increase social care capacity through increasing social care workforce capacity and retention, reducing social care waiting times and increasing fee rates paid to social care providers." As the DHSC factsheet for the media makes clear "The funding includes £570 million to be allocated as flexible funding over two years for local authorities to invest in the social care workforce, including on pay." The aim is to "support the social care workforce and boost capacity in social care, in turn supporting the NHS ahead of winter and through into next year."

Care England which claims it is the largest representative body for independent providers of adult social care, welcomed the Market Sustainability and Improvement Fund but said "it will not fix social care". Chief Executive, Professor Martin Green said "Once again, the government require a great deal from a relatively small pot of funding. This fund cannot be relied upon to remedy social care pressures alone. The £570m promised over two years equates to a mere 10p per hour pay rise for the social care workforce…. This is a far cry from the additional £4 per hour needed and will not tackle the sustained shortage of funding from central government to local authorities. …This fund should serve as a watershed moment to be ambitious and move towards an integrated system that serves to benefit us all."

Launch of NHS Confederation research project investigating how ICS have made use of health inequalities funding

The NHS Confederation announced on the 2nd of August that it is working with Leeds Beckett University, Clarity and the CQC to understand how ICSs are working to reduce health inequalities.

The announcements states: "Tackling health inequalities is one of four statutory purposes of an ICS. Facilitating a learning system will enable action on health inequalities to be sustained and have a significant impact. The NHS Confederation will support ICSs to understand how to scale innovative approaches, work collaboratively, and model leadership behaviours, so that this funding can be used most effectively."

Matthew Taylor Chief Executive of the NHS Confederation said: "Integrated Care Systems will play a key role in tackling health inequalities and supporting communities to live long, healthy lives. I encourage system leaders and health inequalities leads to seize the opportunity to participate in this project, which will support healthcare leaders to adopt best practice and turn the tide on health inequalities."

To get involved or learn more about this project, please contact Ruth Lowe, Policy Associate at the NHS Confederation ruth.lowe@nhsconfed.org

Major Conditions Strategy: Case for Change our Strategic Framework

This was published by the Government on the 14th of August. It states "Together, 6 groups of major health conditions drive over 60% of mortality and morbidity in England, and it is increasingly common for patients to experience 2 or more of these conditions at the same time."

The 6 groups are:

- cancer
- chronic respiratory disease
- dementia
- cardiovascular disease (including stroke) and diabetes
- musculoskeletal disorders
- mental ill health

The strategic framework focuses on:

- primary prevention - acting across the population to reduce risk of disease
- secondary prevention - halting progression of conditions or risk factors for an individual
- early diagnosis - so we can identify health conditions early, to make treatment quicker and easier
- prompt and urgent care - treating conditions before they become crises
- long-term care and treatment - in both NHS and social care settings

To have the greatest impact, Government will prioritise change in 5 areas:

- rebalancing the health and care system towards proactive prevention by managing personalised risk factors
- embedding early diagnosis and treatment in the community
- managing multiple conditions effectively - including through aligning generalism and specialism
- better connection and integration between physical and mental health services
- shaping services and support around people, giving them more choice and control over their care

Creating Better Health Value (NHS Confederation)

The NHS Confederation published on 23rd August 'Creating Better Health Value' which examines local variations in NHS spend and identifies which of a range of care settings can deliver the most economic output when their funding is increased. The analysis found a statistically significant association between NHS spending increases and GVA growth. In particular, it found:

- changes in primary, community and acute spend in England were associated with significant growth in economic GVA between 2015 and 2019. Those areas that increased NHS spend by the most experienced far higher GVA growth than those that increased spend by the least.

- if funding patterns among areas that increased spending the least had matched those that increased spending the most, every additional £1 spent on primary or community care could have increased economic output by £14, were a direct relationship assumed. Higher increases in acute care had lower but still significant impact, with every additional £1 spent potentially increasing GVA by an extra £11.

- increasing spending in line with those high increase areas could have delivered average benefits of a higher GVA for a typical sized integrated care system of £1.7 billion from the primary care spend, £1.2 billion from the community care spend and £1.1 billion from the acute care spend. This is a significant economic impact, which some places in England have missed out on.

- on the assumption that the tax burden and distribution of public spending remain similar to today, it estimates that if those areas that increased spending the least had invested an additional £1 billion in community, primary or acute care, the additional economic growth created would have returnedmore than this amount back into the national NHS budget, thus paying for itself.

The report sets out several recommendations for government, for NHS England and for ICSs. Of particular importance, the findings show that **additional investment should primarily be focused on non-acute care** to have the greatest impact on GVA. Collectively these recommendations can help equip leaders with the necessary focus, information and evidence base to make challenging decisions about how to allocate their resources, making significant strides in evolving to a more preventative system.

III. Key questions to be asked after part one

1.How do ICSs reconcile public and political pressure to focus on NHS issues with their four core objectives?

2. What is the biggest *national* barrier to integration and what could and should be done about this by the Government?

3. What is the biggest *local* barrier to integration and what could and should be done about this by the ICSs?

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, British Association for Counselling and Psychotherapy, Greater Manchester Health & Social Care Partnership, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.

PART TWO: Better Housing for Better Health - the top 5 actions by ICSs to develop best practice

I. Introduction

The House of Commons Library Report 'Housing and Health: A Reading List' (October 2022)[1] provides an excellent framework for examining the relationship between housing and health. We outline below its key observations that confirm strongly the many causal links between poor housing and ill-health.

We conclude that ICSs will not be able to achieve their four primary aims[2] without having a direct impact on improving poor housing in their area. This will require ICSs to develop:

- **A strong local evidence-base**: Collecting, analysing and applying public and population health improvement data relating to poor housing causing ill health to inform policies and priorities of ICSs and their component organisations in delivering health and social care services, and influencing housing policymakers and providers
- **Clear benefits to local people**: Identifying and articulating the health benefits to their communities of improving the existing housing stock and future housing developments in their area.
- **Clear cost benefits to the local system**: Identifying and articulating financial benefits to their service providers of improving the existing housing stock and future housing developments in their area.
- **'Better housing for better health' action plans:** Informing, influencing, partnering, and impacting upon local and national housing policy makers and providers in private rented, social housing owner-occupied tenures to improve housing quality to improve the health and wellbeing of local residents.

We finish by describing a wide range of actions that ICSs could take with partners in a joint health and housing improvement action plan called 'better housing for better health'.

II. The causal links between poor housing and ill health

'Housing and health' by the House of Commons Library summarises recent research and action on:

- The general relationship between housing and health
- Housing and the NHS, and NHS partnerships
- Housing and specific conditions including Covid, Dementia, and mental health
- Health in different housing tenures
- Housing and health inequalities

[1] See https://researchbriefings.files.parliament.uk/documents/CBP-9414/CBP-9414.pdf

[2] to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and help the NHS support broader social and economic development.

This analysis and other evidence cited shows that:

Poor housing causes ill health

- The causal link between poor housing conditions and poor health outcomes is long established. Housing conditions can impact physical and mental health in various ways and is a 'social determinant of health', meaning that housing can affect physical and mental health inequalities throughout life.
- Poor-quality housing harms health, and evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental. The longer the exposure to poor conditions, including cold, the greater the impact on mental and physical health. Specific physical effects are morbidity including respiratory conditions, cardiovascular disease and communicable disease transmission, and increased mortality.
- General housing improvements may result in improvements in physical health and general well-being. Reducing exposure to specific hazards in housing may lead to health improvements for residents and prevent harmful exposure by future generations.
- Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes.
- Tenants' experience of property quality and aspects of neighbourhoods are demonstrated to have significant correlation with measures of health and wellbeing.

Poor housing causes mental ill-health

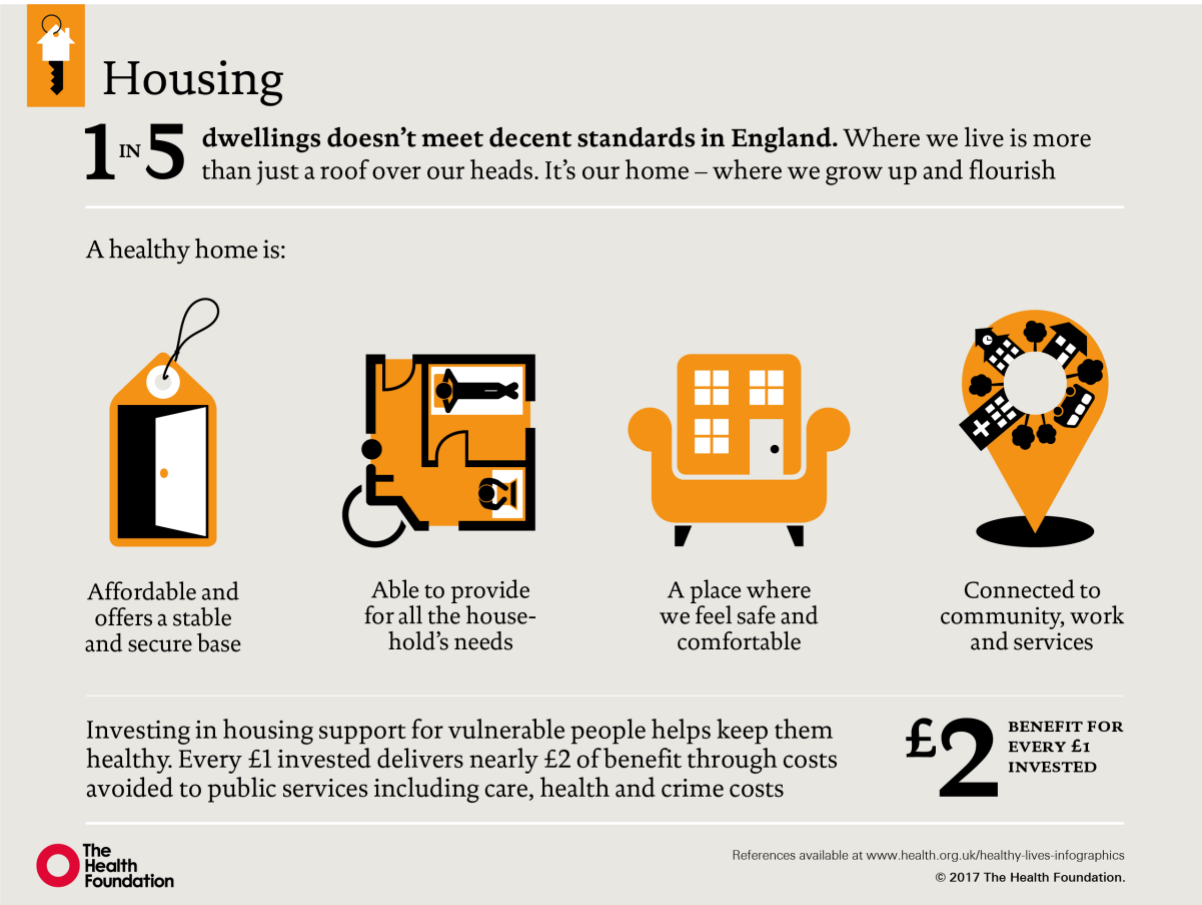
- Mental health impacts of living in non-decent, cold or overcrowded housing and in unaffordable housing have been associated with increased stress and a reduction in a sense of empowerment and control over one's life and with depression and anxiety. Improvements in mental health are reported consistently following housing improvements, and the degree of mental health improvement may be linked to the extent of the housing improvements.
- Some common mental health problems people may experience if they are struggling with your housing include[3]:
    - If people live somewhere insecure or overcrowded, they might experience stress or anxiety. You may also feel anxious about the cost of your housing, or because of the people you live with.
    - Some mental health problems can cause feelings of anxiety in situations where people don't feel safe or comfortable, including where they live. Or people might feel anxious being around unfamiliar people. This includes social phobia, also known as social anxiety, and agoraphobia.
    - If people live somewhere that is noisy, crowded or uncomfortable, they might experience sleep problems. Feeling stressed or anxious about housing could also affect sleep. Poor sleep can lead to mental health problems or make existing problems harder to cope with.

[3] https://www.mind.org.uk/information-support/types-of-mental-health-problems/recreational-drugs-alcohol-and-addiction/

- People might experience depression or low self-esteem because of housing problems. For example, this may happen if people need to move around a lot, making them feel less secure and affecting their relationships.
- Peoples' living situation might make them feel lonely. This might happen if people live alone. Or it may be that those people being lived with are not known that well or don't feel comfortable around.
- Problems with recreational drugs and alcohol are not mental health problems, but they are often connected. If people struggle with recreational drugs or alcohol, they may also find it difficult to find housing. This could make peoples' mental health problems even harder to cope with.

The health cost of poor housing

- The impact of poor housing goes wider than the actual inhabitants as conditions incubated in unhealthy housing may spread, with costs ultimately borne by health and social care services.
- The annual cost to the NHS attributed to low-quality housing is estimated at £1.4 billion for first-year treatment costs.
- Investing in housing support for vulnerable people helps keep them healthy:



This health cost has also been highlighted by the Healthy Homes and Buildings APPG most recently in its Healthy Homes Manifesto – for a summary of key points and recommendations please see Significant relevant policy developments since last meeting in part one above.

Poor housing and health inequalities

- Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia and problems with childhood development. In some circumstances, health problems may be exacerbated to a degree that they may cause death.
- Poor housing conditions such as overcrowding and high density were associated with greater spread of COVID-19, and people had to spend more time in homes that were overcrowded, damp or unsafe.

Health and ill health in different housing tenures

- 4.3 million homes in England do not meet the national standard to be considered in a decent condition.

	Total number of households	Number of non-decent households*	Percentage of non-decent households
Owner occupied	15m	2.6m	17%
Private rented sector	4.5m	1.1m	25%
Social rented sector	4m	480k	12%

Table 1. Distribution of households in England by tenure and in non-decent condition (Source: Ministry of Housing, Communities and Local Government, 2020).

- The most immediate risk to health is through the presence of hazards that pose an for example, ineffective fire safety protections, carbon monoxide, or electrical safety. 14% of homes in the private rented sector in England have a category one hazard presenting a serious and imminent threat to health. This figure has remained stagnant for four years and in the social rented sector, this is at 4%. These combined figures equate to 749,000 homes.[4]
- Overcrowding is linked to poorer health outcomes and has increased in both the private and social rented sector over the last 20 years in England, with 8% of social renters now living in an overcrowded home, including 730,000 children.
- Poor property conditions, affordability and security of tenure are widely cited as substantial drivers of poor health and wellbeing.
- A third of support organisations feel tenants in the private rented sector 'never' have enough support.
- People with mental health problems sometimes face discrimination when trying to access private rented sector housing.
- Housing associations provide a wide range of services with health benefits which can both reduce demand on the NHS and create social value. Some housing associations provide a wide range of services that can alleviate the overall economic burden of ill health and some work with local NHS partners to provide services which help offset the costs of NHS care.

[4] https://www.peopleshealthtrust.org.uk/news/blogs/awaabs-law-recognises-the-essential-link-between-homes-and-health-but-it-must-not-stop-here

- Dementia design can follow simple principles, is cost effective and improves enjoyment and safety of built environments for those living with dementia, and can enable those living with dementia to live longer in their own homes and communities. improved housing can increase opportunities for individuals to live well with dementia

The journey towards person-centred and community-centred housing

The NHS is on a journey from its traditional approach of 'diagnose-and-treat' to being person-centred and place-based in its ways of working. This has required significant shifts among clinicians and others to consider a more holistic approach to understanding and addressing the wider causes of a person's physical and mental ill-health; to understanding and addressing the challenges to health and wellbeing that lie in the person's community; and to mobilising the assets in that community to support individuals and families to live healthier and connected lives.

Some housing associations have been on a similar journey. Moving from their traditional approach of providing decent and affordable houses for people to live in, towards a person-centred approach of identifying and acting to support the health and wellbeing of their tenants; and a place-based approach of understanding and connecting their organisations to local people and communitites to improve the locality.

The challenge is for this to be a journey that all housing providers, whatever their tenure, embark upon. It is a journey that will help tenants to feel valued by their landlords, and take a pride in their homes, their community and their personal health and wellbeing.

It is a way of working for housing providers that goes much further than a concern for the quality of their housing stock and their rating by the housing regulator. It involves finding out from tenants not just how satisified they are with the repairs service but what will help those tenants to have healthier and happier lives.

Brunelcare in the south west is a charity that provides homes and care services for older people, and they are seeking to develop this approach. In practice this includes:

- making explicit links with GPs in different sites and locations so that GPs have named people to tak to about hazards such as damp and mould;
- running a diabetes prevention project which goes out to extra care and sheltered housing;
- providing a 'Help When You Need It' scheme providing community support to residents including help with mental health and hospital discharge;
- working with social services and providing adaptations that help stay in their own homes for longer;
- engaging with local health and social partnerships to promote integrated housing, health and social care policies and programmes.

III. Implications for Integrated Care Systems

The analysis of the direct links between poor housing and ill-health means that ICSs will not be able to achieve their four primary aims[5] without having a direct impact on improving poor housing in their area. Some suggestions on how ICS might do so include:

- **Creating a strong local evidence-base**

Collecting, analysing and applying public and population health improvement data relating to poor housing causing ill health to inform policies and priorities of ICSs and their component organisations in delivering health and social care services, and influencing housing policymakers and providers

- **Identifying the health benefits to local people and communities**

Identifying and articulating the health benefits to their communities of improving the existing housing stock and future housing developments in their area.

- **Identifying the cost benefits (reductions) to the local system**

Identifying and articulating financial benefits to their service providers of improving the existing housing stock and future housing developments in their area.

- **Developing 'better housing for better health' improvement action plans**

Informing, influencing, partnering, and impacting upon local and national housing policy makers and providers in private rented, social housing owner-occupied tenures to improve housing quality to improve the health and wellbeing of local residents.

IV. Potential actions by ICS

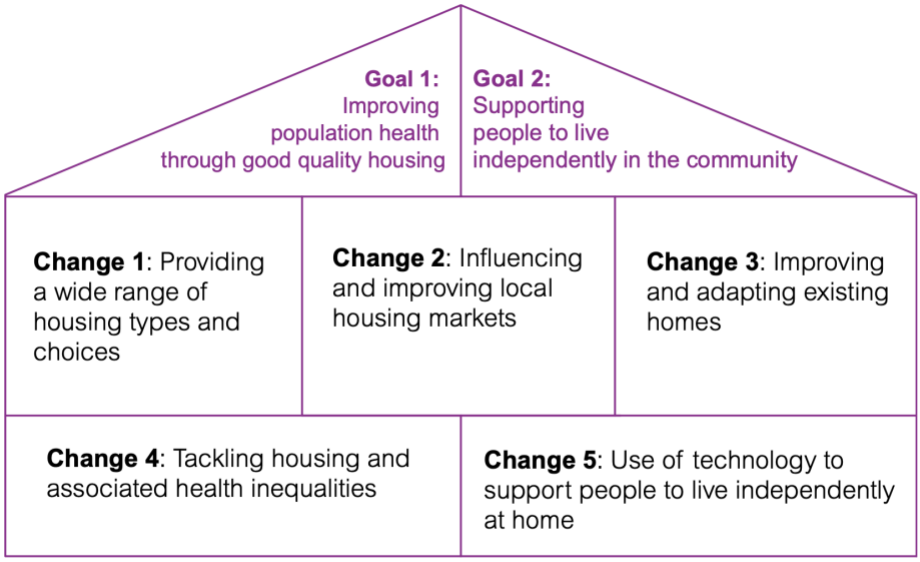
ICSs should use the national and local evidence-base of the direct link between poor housing and ill-health, and the better health and cost reduction benefits of tackling poor housing to inform, influence and work in partnership local housing policymakers and housing providers. Specific actions for consideration include to:

1. **Reduce overcrowding**: Working with local housing providers to use population and public health data to identify and reduce overcrowding in private rented homes
2. **Implement Awaab's law**: Supporting local social housing providers to implement Awaab's law[6] that places new requirements on social housing providers in England to tackle issues that pose a threat to health. Social housing landlords will, for example, have to investigate and fix damp and mould in their properties within strict new time limits

[5] to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and help the NHS support broader social and economic development.

[6] https://www.gov.uk/government/news/government-to-deliver-awaabs-law

3. **Implement fairer private renting**: Supporting local implementation of the measures in the Government White Paper 'A Fairer Private Rented Sector'[7] that includes greater security of tenure for private rented sector tenants
4. **Inspect hazardous homes**: Using population health data to identify rented homes that have hazards that might be affecting the health of the tenants for inspection and action by the local authority under the Housing Health and Safety Rating System (HHSRS)[8].
5. **Adopt the Housing HICM Model**: Adopt the Improving Health and Wellbeing through Housing High Impact Change Model[9] that aims to support local care, health, and housing partners to work together to deliver the range of housing that is most effective in enabling older people and other people with health and care needs to live independently and to shape local housing markets and services to achieve this. The model encourages local partners to integrate housing delivery with local health and care commissioning and service provision. It has two main goals to be achieved through five areas of change:



6. **Apply NHSE Guidance on Housing and Health**: Adopt best practice as identified by NHSE in their 'Quick Guide: Health and Housing'[10] that has a range of suggested actions on housing to:

a) **Help prevent people from being admitted to hospital by:**

I. Enabling access to home interventions (social prescribing)
II. Improving affordable warm homes (safe, warm housing)
III. Improving suitability and accessibility (regular repairs, adaptations and handyperson services)
IV. Housing support

[7] https://www.gov.uk/government/publications/a-fairer-private-rented-sector
[8] https://england.shelter.org.uk/housing_advice/repairs/health_and_safety_standards_for_rented_homes_hhsrs
[9] https://www.local.gov.uk/sites/default/files/documents/25.213%20HICM%20Housing_04_MJ_AA.pdf
[10] https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-health-and-housing.pdf

b) **Help people be discharged from hospital by:**

I. Coordination of services
II. Provision of step-down services
III. Accessible Housing Design

c) **Support people to remain independent in the community by:**

I. Enabling informed decisions about home and housing options
II. Assisted technology and community equipment
III. Social inclusion
IV. Supported housing
V. Promoting healthy lifestyles

V. <u>Three key questions</u>

1. Given that poor housing leads directly to ill-health, to what extent should ICSs seek to have an impact upon housing policy and providers in their area?

2. In practice, what can ICSs do themselves to improve poor housing in their area? Possible actions include:
    - Developing a local evidence base on how poor housing is causing poor health
    - Identifying the health and financial benefits to local people and the health system of improving poor housing in the ICS area
    - Developing local 'better housing for better health' improvement plans
    - Reducing overcrowding of homes in low-income areas
    - Supporting local implementation oif the social housing act, 2023 (Awab's Law)
    - Supporting fairer private renting measures locally
    - Supporting more inspections and action to improve hazardous homes
    - Adopting the Housing High Impact Change Model as policy
    - Implementing the NHSE guidance on housing and health

3. Should ICSs collectively seek to influence national housing policy on existing homes and future housing development to improve population health?

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, British Association for Counselling and Psychotherapy, Greater Manchester Health & Social Care Partnership, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.