A Strong Start Towards Integration & Better Housing for Better Health

Report of the Health Devolution Commission's third Best Practice Roundtable

Held 14th September 2023, Online

INTRODUCTION

This is a summary of the key points raised in discussion of the two topics considered at the September 2023 meeting of the Health Devolution Commission:

Part 1: ICS progress towards integration
Part 2: The role of ICSs in promoting better housing for better health

The roundtable was chaired by the Imelda Redmond, Co-chair of the Commission, and attended by 50 Commissioners and guests including speakers – see at end. A briefing paper - here - for both themes of the roundtable was prepared and circulated in advance. A recording of the event is here.

RECOMMENDATIONS

Following the contributions and discussion the Commission recommends that:

Strengthening Integration:

1. Accountability within the Integrated Care Systems

The Commission continues to support the approach in which the Integrated Care Board is accountable to the Integrated Care Partnership for its role in delivering the joint integrated care strategy created by the ICP. This shift in accountability is key if there is to be a shift from a narrow NHS focus of clinical care and treatment to a wider joint ambition between the NHS, local government and the VCFSE sector to improve the public's health and the health of places in which they live and work.

The new structures must not be seen or become another re-organisation of the NHS but, as the Commission proposed in its 2020 report, be a platform for a whole new system-wide approach (a new operational paradigm) to improving the health and wellbeing of individuals, families and communities that embraces health, social care, public health and the wider public realm.

The Commission would like to see every ICS make visible - and, if necessary, make tangible changes - in the relationship and accountability between their IC Board and their IC Partnership to reflect this approach.

2. Achieving the 4th aim of an ICS NHS support for local social and economic development

The Commission is concerned that there is insufficient value or attention being placed upon the role and work of ICSs to achieve better NHS support for local social and economic development.

As well as identifying and sharing best practice in a peer-learning approach the Commission would like to see an acceleration in the pace, prioritisation and performance in the 4th aim in every ICS.

3. The Government's Major Conditions Strategy

The Commission supports making a shift in the Government's Major Conditions Strategy to reflect a life-course approach that is person-centred and place-based. Becoming more person-centred will be of most benefit to particular groups of people such those with learning disabilities whose holistic needs are often ignored or overlooked. Clearly identifying and including the holistic health and wellbeing needs of children in the strategy will have wider impacts of supporting prevention of poor health in adulthood.

The Commission would like the Government and NHSE to reflect a person-centred approach in the future development and funding of the Major Conditions Strategy.

Ensuring better housing for better health:

1. The Commission believes that better housing must be higher on the agenda of ICSs as the direct causal link between poor housing and poor health is now clearly established.

2. The Commission is greatly encouraged by the Greater Manchester approach showing what can be done to develop a joint health and housing strategy. It recommends that every ICS develops a 'Better Housing for Better Health' strategy for their area with clear joint goals to be achieved.

3. The Commission would like to see every ICS develop its own combined health and housing data set of quantitative and qualitative information about the causal links and priorities for action in their area.

4. The Commission believes there are immediate areas for action that ICSs could be taking now to improve housing for better health in their area whilst a comprehensive joint strategy is being developed. These include:
    a) Working with housing providers and Housing Improvement Agencies to focus action on the houses and homes already known to be at highest risk of causing ill-health.
    b) Working with local councils to support their work in enforcing housing quality regulations by the local authority.
    c) Using population health data to identify rented homes that have hazards that might be affecting the health of the tenants

5. The Commission calls upon the Government to create an internal cross-departmental working group from DHSC and DHLUC to put into practice measures that will support 'better housing for better health' at every level within Government.

PART 1: PROGRESS TOWARDS INTEGRATION

1.1 A strong start

Sarah Walters, Director, ICS Network, NHS Confederation presented some of the key findings from their research report 'Riding the Storm' which described the state of integrated care systems in 2022/23 – slides here. The key findings include that:

- The great majority of ICSs (88%) say that the partners within ICSs are working collaboratively to set and deliver on priorities
- The great majority of ICSs are confident that their system is currently able to fulfil the first three purposes of an ICS (improving population health and healthcare outcomes; tackling inequalities in outcomes, experience and access; and enhancing productivity and value for money) but only two-thirds were confident they were helping to support broader social and economic development.
- 44% agreed that their ICS devolves decisions to the most local level as close to our local communities as possible but 24% disagreed. This is clearly a theme for more work in the future.
- Over 80% of ICSs said that VCSE partners, primary care partners, NHS trusts, and local councillors/officers were supportive and actively contributing to the delivery of their ICS ambitions. 76% said this was true of public/patient representatives, and only 30% said this was the case for independent providers.
- 77% of ICSs viewed NHS Trusts as having the requisite level of resourcing and maturity to deliver their ICS's ambitions. Only half of ICSs (58%) viewed the Integrated Care Partnerships as having this, and less than half viewed other partners (place-based partnerships, provider collaboratives and primary care networks) as having this.

ICSs identified the biggest barriers to integrated working in their system over the next two years as (in order):

1. Pressure on, and morale of, the workforce
2. Lack of funding for social care
3. Current financial position of the NHS
4. National politics
5. Operational demand

A word cloud of ICS responses revealed health inequalities, prevention, population engagement, workforce, life expectancy and place as the top areas for better outcomes that ICSs would like to have achieved in five years.

Sarah concluded by saying that:

- ICSs have got off to a strong start in a difficult external environment;
- Their focus now is to harness the skills of different parts of the system and to develop the infrastructure and capacity to devolve decision making.
- The national levers for their success as being fewer national priorities with scope for local priorities, social care, and long-term commitment from the government

1.2 Creating joint plans and building strong relationships

Jason Yiannikkou, Director, Systems, Integration and Reform Team, DHSC then spoke about some of the key developments of the ICS network and the issues and opportunities for the future.

- The last two years has focused on the foundational work of building relationships and the development of local joint plans. There is now much greater recognition of the connections between different parts of the system and the need to strengthen them to achieve the desired outcomes. Hewitt report emphasised the importance of systems and among other things provides a valuable template for change.
- The local integrated care forward plans being created by ICS are a key part of this and will both reflect and inform the national major conditions strategy in a two-way process.
- Current challenges now include patient access to care and patient flows through the health care system. The tension between urgent issues of this kind and other important areas for action will always exist, but managing 'the urgent' through better connectedness and peer learning within the system will help towards achieving 'the important'.
- Consensus is growing that integration, devolution and collaboration are the best ways to address the challenges of demographic pressures and multi-morbidities.
- Looking ahead as systems mature, the emphasis on systems learning from each other has great potential including learning from provider collaboratives and place-based partnerships. Achieving the 4th aim of ICS through connecting out to other parts of the public realm (such as housing) also has huge potential for the future.

1.3 Discussion

The discussion and contributions during the meeting included a number of key points:

a) **Need to share best practice:** The need to share best practice between ICSs as they develop and mature was stressed. The Commission has as its aim for 2023 to do just that through roundtables such as these. Others too have created forums and processes for this, particularly the LGA and the NHS Confederation with details provided on their respective websites. Their joint research on the future role and contribution of ICPs will be published in November.

b) **The ICB has all the power in the system**: Formal decision-making power lies with the Integrated Care **Board** and not elsewhere in the system and there is concern that attention has not been paid to the role of the Integrated Care **Partnership.** Power – resources, people and accountability - has not been devolved sufficiently either. The Commission raised concerns about the relationship/accountability between the Partnership and the Board during the passage of the Bill through Parliament and took the view that the IC Partnership should determine the strategy of the ICS and the IC Board charged with delivering it in a mutually accountable way.

c) **Little attention is being paid to the 4th aim of an ICS - NHS support for local social and economic development:** This aim gets little if any attention by ICBs because there is no call for evidence of ICS performance in delivering this aim. There is a lot happening on the ground but senior health managers respond most to the performance questions they get asked, and as there are no questions from NHSE/DHSC on aim 4 the Board does not discuss it.

This should be addressed by NHSE and DCHC but **not in a way that creates more top-down direction** (the Hewitt Review). The approach should be to set expectations that ICS performance on this should be measured and reported – not that ICSs should be subject to top-down targets. It is an area of work that lends itself to being more outward-facing and entrepreneurial that requires local freedoms and flexibilities not national directives and targets to be effective.

d) Lack of focus on prevention: Concern that ICSs do not give sufficient priority to prevention, partly because power lies with the ICB and not the ICP, partly because there has been insufficient devolution of power and resources to place-based partnerships, and partly because the nature, role and relationships of primary care networks within ICSs is insufficiently developed. There was a question raised regarding whether primary care would be more actively involved in ICS work if Local Medical Committees – rather than PCNs - were the focal point of engagement, particularly given their role as the 'voice' of GPs?

e) Children and prevention in the Major Conditions Strategy: The Major Conditions Strategy should include children not least because this is part of what is needed to prevent poor health in adults. The MC strategy should include a life-course approach to reflect this and go beyond individual conditions.

f) Care providers not at the ICS table: Concern that social care providers are not being included in system meetings or decisions yet they are keen to solve system problems and offer services and solutions to the challenges we all know are there. Commissioner Nadra Ahmed shared via the chat a letter to all ICBs following the Hewitt Review on better working with care providers.

g) Accountability to the public: Concern that this is not happening. Attention was drawn to the role of councils (who are joint leaders in the ICS) as they are accountable through local elections to the public. But this is a complex area of multiple accountabilities and requires a culture of transparency, engagement and collaboration with local communities. The Chief Executive of the Health Creation Alliance shared a blog on this subject via the chat.

1.4 For the Commission's three overarching recommendations that emerged from the discussion above please see pages 1 and 2 above.

PART 2: THE ROLE OF ICSS IN PROMOTING BETTER HOUSING FOR BETTER HEALTH

The roundtable heard three contributions on the role of ICSs in promoting better housing for better health:

- **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; and her colleague, **Helen Simpson**.

2.1 Better housing is a central pillar for achieving better health

Lord Best welcomed strongly the Commission's focus on housing and health describing housing as the '3rd leg of the stool' for improving people's health – health services, social care and housing. He drew attention to the key facts about the direct impact of poor housing on the ill-health of children and adults, greater health inequalities, and increased demand for and costs of housing and social care services described in the Commission's briefing paper.

He reminded us of the policy spelled out in the Government's 2021 White Paper 'People at the Heart of Care' to make every decision about care a decision about housing, and that very basic causes of ill-health and injury to older people such as damp rooms, high-sided baths and icy steps could all be easily dealt with.

He identified five actions that ICSs could take now to help improve people's housing to improve people's health. ICS leaders should:

1. **Local health and housing data**: Ask officers to bring forward local population health data on ill-health linked to location and tenure of housing in their area as the basis for planning 'better housing for better health' interventions.
2. **Engagement and partnership with housing providers**: Take the lead on actively engaging with local housing commissioners and providers (all sectors) at every level in the work of the ICB including the IC Board and the IC Partnership, the place-based partnerships within the ICS footprint, and the local primary care networks with particular emphasis on front-line housing, health and care workers connecting and working together on shared projects.
3. **Support for council regulatory activity**: Support local councils with housing responsibilities (including district councils in two-tier areas) to enforce the regulations on housing quality – particularly the private rented sector; and drew attention to the opportunity to act in the proposals for a Renters Reform Bill with higher decent homes standards, and the role that GPs could play in pressing councils to do more.
4. **Partnerships with housing associations**: Develop close working links with housing associations whose role with their tenants could be enhanced to include a greater focus on health and wellbeing.
5. **Partnerships with Home Improvement Agencies**: Develop close working links with Home Improvement Agencies who are key players in the housing landscape for improving homes in ways that lead to better health.

2.2 Poor housing must be at the top of the ICS agenda

David Buck from the King's Fund emphasised that the evidence that poor housing causes poor health is clear and well researched and documented in a number of research reports – see slides here.

He drew attention to the King's Fund Report that he co-authored in 2018 describing what STPs (the forerunners of ICSs) could do to improve housing and health, the contents of which – including proposals and recommendations - are still directly relevant for action today.

He stressed the importance of the NHS working with district councils in two-tier areas as well unitary authorities and metropolitan boroughs that all have responsibility for housing provision and services in their areas. To that end, he gave examples of different housing and health forums and collaborations being developed within different ICSs; and the need to develop a common understanding of the complexities of both the health and housing landscapes and a shared approach/language for the case for joint action.

Dave called on all ICSs to place poor housing at the top of their list of priorities for preventing ill-health particularly in regard to improving children's health and reducing health inequalities. Good housing is key to preventing or reducing the impact of multiple co-morbidities among vulnerable, older and frail people.

2.3 A comprehensive local joint strategy for housing and health

Noel Sharpe and her colleague **Helen Simpson** at Greater Manchester Housing Providers described the tripartite strategy on housing and health that was developed by partners in Greater Manchester in 2021 called **'Better Homes, Better Neighbourhoods, Better Health'.**

This was the first of its kind with housing providers, health, social care and local government agreeing to joint priorities for action in a formal partnership that builds on successful existing joint housing and health projects including:

- **A Bed Every Night** - the scheme to provide accommodation for people who sleep rough, which has received significant NHS funding in order to improve physical and mental health
- **Housing First** – which is providing hundreds of new homes and support for people who had been sleeping rough, or have complex needs, helping them by providing the stability of their own home
- **Social Impact Bond** – which has helped hundreds of people who had been sleeping rough into safe and supported accommodation
- **Let Us – the Greater Manchester ethical lettings agency** that provides management services to private landlords through the services of housing association partners
- **Work to support mental health patients** out of hospital to move into their own home, where they have been supported with their health needs, as well as being provided with help to sustain their tenancies and develop independence
- **Training of health and housing front line workers** to identify and plan for people's health needs alongside their housing needs – particularly with vulnerable groups such as people who sleep rough, migrants or sex workers.

The strategy includes joint commitments by all the partners to:

- Creating the right housing in quality neighbourhoods
- Supporting more vulnerable households
- Supporting people who are homeless or sleeping rough
- Improving access and choice
- Climate change
- Jobs, training and Covid-19 recovery

Examples of practical action now underway include:

- Training housing staff on mental health issues
- A rapid and co-ordinated approach to responding to concerns about damp or cold, and a single referral process
- A good landlord charter
- Using local health and housing data to identify children living in circumstances that put them at risk of conditions such as asthma and bronchitis

Priorities now include:

- The future supply of affordable homes
- Improving the quality of existing homes – particularly concerning damp and cold
- Homelessness and rough sleeping
- Home improvement agencies

2.4 Discussion

The discussion and contributions during the meeting included a number of key points:

a) **Data and action:** As well as creating local population housing and health data to inform decision making and resource allocation, people who visit people's homes as part of their role (nurses, doctors, care staff, housing workers etc) should ask themselves the basic question and then act accordingly: ***'Would I want me and my family to live in place like this?'*** Such a qualitative, bottom-up, front-line worker approach to identify poor housing that leads to poor health would help to kick-start immediate action for improvements that would complement the more strategic quantitative data-led approach to change.
b) **Partnership working and a joint strategy**: Greater Manchester is an example of best practice that every ICB could draw upon in developing their own 'better housing for better health' strategic action plan for their area.
c) **Immediate housing and health priorities**: Whilst every area is different it is probable that very area will have similar immediate priorities for action including homelessness and rough sleeping, damp and cold homes, overcrowding, and low-income housing estates.
d) **Enforcing decent homes regulations**: Local councils with housing responsibilities are often under-resourced to fully undertake their role in enforcing the regulations for ensuring people live decent homes so ICBs could play in role in supporting such action as it will have direct health benefits for the health of their occupants and for the demand they make on local health and care services.

e) **Integration is much wider than health and social care**. Housing must be a part of what is included within 'integrated care' but, crucially, action and outcomes should not be dictated from the top down but given national support to have high impact, be locally led, collaborative and innovative in approach.

f) **Shifting resources upstream**: Investment by ICSs needs to increasingly shift upstream into the causes of ill-health one of which is poor housing.

g) **Lack of affordable housing puts unaffordable pressure on the care system**: The lack of good quality affordable housing creates pressures and costs on the health and social care system as people cannot be kept well in their own home and this could be avoided. ICSs should look at the system impact of the housing shortage in their areas.

h) **Build on existing best practice**. The poor housing/poor health issue has been a debate for many years and lots has been done that should be identified, recognised and built upon in many areas rather than having to invent everything from scratch.

2.5 For the Commission's five overarching recommendations that emerged from the discussion above please see page 2 above.

APPENDIX - ATTENDEES (IN ADDITION TO SPEAKERS)

COMMISSIONERS	ORGANISATION
Imelda Redmond CBE	Former National Director, HealthWatch, and Co-chair, Health Devolution Commission
Phil Hope	Former Health Minister
Steve Mulligan	Four Nations Lead, BACP
Matthew Smith-Lilley	BACP
Cllr David Fothergill	LGA
Alyson Morley	LGA
Lisa Nicolson	London Councils
Ian Perrin	NHS Confederation
Rukshana Kapasi	Director of Health, Barnardo's
Ciara Lawrence	Mencap
Jackie O'Sullivan	Mencap
Jennifer Connolly	West Yorkshire Health and Care Partnership
Sarah Price	Greater Manchester ICS
Warren Heppolette	Greater Manchester ICS
Naomi Eisenstadt	Chair, Northamptonshire Integrated Care Board
Joe Kinsella	London Councils
Nadra Ahmed	Executive Chair, National Care Association
Victoria Buyer	National Care Association

STAKEHOLDERS	ORGANISATION
Tony Lloyd MP	MP for Rochdale
Nik Johnson	Mayor, Cambridgeshire and Peterborough Combined Authority
Kate O'Driscoll	East of England LGA
Merron Simpson	The Health Creation Alliance
Vicki Kennedy	DWP
Tom Bramwell	BMA
David Vernon-Edwards	South Yorkshire
Justin Durham	Newcastle University
Suzannah Young	NHF
Rachel Kitson	Macmillan Cancer Support
Rebecca Pritchard	West London Homelessness & Rough Sleeping Co-ordinator and Hestia
Nusieba Ahdash	Royal Borough of Kensington and Chelsea
Orina Hall	Riverside Housing Association
Sally Cartwright	Luton Council
Marie Phelps	Royal College of Psychiatrists
Andrew Catto	CEO of Integrated Care 24
Pavi Brar	National Voices
Steve Barwick	Secretariat, Health Devolution Commission

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.