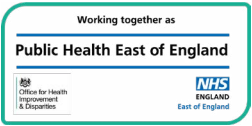


Healthy Homes in the East of England



East of England
All Party Parliamentary Group
Co-Chairs: Jess Asato MP and Andrew Pakes MP
Vice-Chairs: Blake Stephenson MP & Marie Goldman MP



IMPOWER

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Foreword

The importance of a safe, good quality, secure, and affordable home is fundamental to living a healthy and fulfilled life. As place and system leaders across the East of England, it is incumbent on us to join up the dots between different organisations and services working to support communities’ intrinsically linked housing and health needs.

This joint report from the East of England LGA and IMPOWER consultancy, developed in partnership with Public Health East of England and the East of England All Party Parliamentary Group, helpfully sets out Guiding Principles and a Call to Action to help our Integrated Care Systems (ICSs) achieve a system wide approach to health and housing. This collaboration reflects a collective commitment to drive forward this agenda.

Inspired by the opportunities that ICSs bring for greater integration, just over two years after becoming statutory bodes, this report draws on the strength of existing partnerships already joining up efforts on housing and health at a local and regional level to reduce health inequalities particularly in areas of deprivation across the East of England.

Local councils play a key role in building healthy inclusive communities. As partners in Integrated Care Systems, there has been huge appetite from councils to engage in this report and share learning across different organisations and with Government.

At the heart of this report, building on the Hewitt Review of ICSs, is a shared focus on local councils and the wider housing, health and voluntary sectors working together to consider how housing contributes to improved health outcomes.

Our report is published following the Government’s consultation on its 10-year plan for the NHS in light of the Darzi report which suggested not enough money

has been invested in preventative health services. Housing is a key enabler to help shift the focus of the NHS from “sickness to prevention” and “hospital to community”.

The report is timely and recognises health as a driver for economic growth. As set out in our previous Opportunity East report, improving the housing and health of communities in our region will help us to unlock our full economic potential which will in turn reap benefits for the UK.

What this report does, is provide a vital tool and impetus for Integrated Care Systems, as self-improving systems, to embed housing throughout their strategies and plans in a way that is long-term and sustainable. There is much to learn from the good work going on across the region. **Now is the time to build on this momentum.**

We would like to extend our thanks to IMPOWER consultancy for supporting us with this report, local councils who have helped shape this report during our roundtables and with a special thanks to the Task and Finish Group, the EELGA People and Communities Panel, and our partners Public Health East of England and the East of England All Party Parliamentary Group. We look forward to collaborating with these partners and Government to improve the living conditions and life chances for communities right across the East of England.



Cllr Jacqui Taylor
East of England LGA Lead member for housing and homelessness and Housing Portfolio Holder St Albans District Council

About us



The East of England LGA (EELGA) is a cross-party politically led membership body of all the fifty local councils in the East of England along with associate members such as the Cambridgeshire and Peterborough Combined Authority.

IMPOWER

Founded in 2000 by a local authority Chief Executive, IMPOWER is an award-winning consultancy that brings together public and private sector experts to address complex challenges. To date, we have partnered with over 150 UK councils, improving performance, enriching lives, and strengthening public services. IMPOWER works with partners across health and housing to create inclusive, sustainable places supported by excellent public services. Through the Good Growth Framework, we empower our clients to design and deliver a local growth programme that delivers high-quality homes and infrastructure.



Public Health East of England was formed in April 2024. It brings together the regional public health teams in NHS England (NHSE) and Office for Health Improvement and Disparities (OHID).



The East of England APPG brings together East of England's MPs and Peers with elected local council leaders, directly elected mayors and police, crime and fire commissioners – as well as senior representatives from the private and third sectors – to give a strong political voice for policies which support the East of England's economy and environment and promote its potential as a place to work, study, live, visit and invest.

"I welcome this report which sets a collective call to action for all our organisations - ICBs, housing organisations, local authorities - and wider stakeholders to prioritise strategic partnerships that can actively prevent poor health outcomes by enhancing living conditions.

Good quality housing and living conditions are important determinants of our health and remains at the heart of our regional health strategies and ambitions.

As such, I encourage all health partners including ICBs to consider these actions to enable local and place-based conversations to reduce inequalities and improve the health of our population."

Aliko Ahmed

Regional Director of Public Health, Public Health East of England, NHS England (NHSE) and Office for Health Improvement and Disparities (OHID) Co-Chair of Regional Population Health Equity Board

"It has been recognised for decades that safe, warm, secure housing is a fundamental contributor to public health and wellbeing, yet it is one which many people in the East of England still do not have.

It is clear that meaningful, lasting reductions in health inequalities must involve improvements in the overall quality of the housing stock particularly for people with chronic health conditions, living at risk of fuel poverty. I know that many other health and care economies will be keen to develop programmes to improve health through housing, frequently working with their partners in local government, as well as the wider housing, energy and utility sectors.

I look forward to seeing the spirit of innovation make an enduring contribution to the health of our region."

Felicity Cox

Chief Executive Officer Bedfordshire, Luton and Milton Keynes Integrated Care Board, and Co-Chair of Regional Population Health Equity Board

Also in support of this report are the parliamentary officers of the East of England All Party Parliamentary Group (APPG)

Jess Asato MP

Co-chair, East of England APPG and Labour MP for Lowestoft

Andrew Pakes MP

Co-chair, East of England APPG and Labour MP for Peterborough

Blake Stephenson MP

Vice-chair, East of England APPG and Conservative MP for Mid Bedfordshire

Marie Goldman MP

Vice-chair, East of England APPG and Liberal Democrat MP for Chelmsford

Executive Summary

This report sets out the findings and recommendations from a focused piece of research into how Integrated Care Systems (ICS) can support collaboration to deliver better housing and health outcomes in the East of England.

The research was commissioned by the East of England Local Government Association (EELGA) and delivered by IMPOWER Consulting. The report has been produced in partnership with Public Health East of England.

The report aims to be a key resource to help place and system leaders across health, care, and housing in the East of England to drive effective health and housing strategies and actions that will make a significant difference for communities across the region in the long-term.

The guiding principles set out what is needed to support ICSs, as collaborative strategic vehicles, to better plan to deliver improved health and housing outcomes for their communities at scale.

The opportunities that ICSs bring

Two years since their creation, the report shines a light on the opportunities that ICSs bring and the crucial role of local government, housing associations, and health and housing partners in making change happen.

The report makes the case for a greater collective focus on housing within ICSs through the lenses of the wider determinants

of health, healthy equity and prevention. Central to this report is the ambition of ICSs across the region to achieve a system-wide approach that: delivers sustainable action at a local level; addresses those underlying determinants of health; and, in line with the fourth objective of ICSs, helps the NHS to support the broader social and economic development of places.

The complexity of the task

Despite the inherent complexity of the task, ICS partners across the East of England are already developing innovative and collaborative ways to achieve a more joined up approach to health and housing outcomes for people in the region.

However, much of this good work is localised, small-scale, and occurring through short-term project work. It is also being achieved despite, rather than because of, the way that some national programmes and funding streams across health and housing systems work in practice. We are not, yet, seeing collaboration across systems that is at scale and long term, although the appetite and enthusiasm to do so exists.

To support this need for longer term thinking, this report provides a set of **guiding principles for ICS leaders** for strategic collaboration on health and housing and a **call to action** aimed at ICS leaders in the region. Now is the time to build on joint working at the local level by scaling up and embedding collaboration strategically to achieve a system-wide approach.

Guiding Principles

The report sets out the following five guiding principles for ICS leaders in the region, based on our analysis of what works now and what will be needed to overcome the barriers to strategic collaboration at scale.

1. **Establish a shared story**
2. **Align your strategies**
3. **Engage and understand your partners**
4. **Agree on roles and accountabilities**
5. **Focus on the front line**

The report also illustrates what these principles mean in practice.



A Call to Action

To realise the potential of collaboration between health and housing, and shift to preventative programmes that improve the living conditions and health of our communities, **we invite Integrated Care System (ICS) leaders to:**

1. Use this report as a self-improvement tool to ensure they have put the guiding principles in place to enable collaboration across housing and health.
2. Support delivery of the NHS Core20plus¹ programme objectives at the ICS level by ensuring that local public health and housing strategies are aligned in addressing population inequalities, drawing on the contributions of the wider housing sector.
3. Identify and bring forward housing development sites within their boundaries that offer an opportunity to demonstrate collaborative place-making in line with those principles.
4. Work with EELGA to sustain a regional conversation involving central government and Homes England, to enable greater join-up on health and housing so that collaboration is embedded, sustainable, and strategic.

There is scope for the government to further support partners' local and regional efforts to shift their focus onto prevention and unlock the full value of investment in health and housing.

¹ Core20PLUS5 (adults) – an approach to reducing healthcare inequalities (Accessed: 6 November 2024).

Introduction

The East of England Local Government Association (EELGA) commissioned IMPOWER Consulting to conduct research and make recommendations for how ICSs can support the delivery of improved health and housing outcomes.

This report sets out the findings from that research and provides some guiding principles for how ICS partners work together strategically to support the delivery of better homes and healthier communities.

Purpose

Building on the concept of ICSs as self-improving systems as advocated by Patricia Hewitt in her Review of ICSs², the report is intended to be a self-improvement tool for ICS leaders to:

- Aid greater understanding of housing problems impacting health.
- Drive the adoption of effective health and housing interventions across the region.

The principles and calls to action are designed to enable ICSs to embed and scale up collaboration. Collaboration at the strategic level across ICSs should facilitate the delivery of better outcomes for everyone and reduce health inequalities in the region.

Background

This report was inspired by both a roundtable discussion that EELGA held to explore the linkages between housing and health inequalities and a discussion at the NHS Regional Population Health Equity Board which shares best practice amongst ICSs on approaches to health equity.

Through collaboration with local councils and Public Health East of England, EELGA led on the concept of a report to bring together

data, strategies and practical examples of collaboration from the region to support ICSs in the region on the negative health outcomes resulting from poor housing.

The report sets out:

- A summary of the connection between health and housing.
- The policy context in recent years as governments have sought to encourage further collaboration relevant to health and housing.
- Practical illustrations of the collaboration that is happening on the ground.
- Guiding principles to embed and enable strategic collaboration across health and housing.
- A call to action aimed at ICS leaders.

Definitions of terms

References to health in this report should be taken to mean physical and mental health and wellbeing in its broad sense. Similarly, housing refers not simply to the number of houses in a place, but to broader issues around housing quality, affordability, security, and access.

‘ICS leaders’ should be taken, in general, to refer to ICB and ICP Chairs, Vice Chairs, Chief Executives, and Directors.

References to ‘ICS partners’ should be taken to include the wide range of stakeholders, including local authorities, providers, Trusts, hospitals, and Voluntary, Community, and Social Enterprise (VCSE) bodies.

‘The policy context’ section below provides some more information about the roles of different partners with links to further detail.

² <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems> (Accessed: 6 November 2024).

Method

The research team followed a three-step process to develop this report. The team started with a desk-based review of: relevant evidence and data on the overall connection between health and housing; and coverage in ICP Strategies, ICB Forward Plans, and related documents, on what partners were doing in relation to health and housing.

This was followed by a series of semi-structured interviews with leaders and practitioners across the region to explore the findings from the desk review and to identify barriers and enablers.

In parallel, the team presented emerging findings and facilitated discussion at workshops hosted by EELGA that involved a mixture of health and housing practitioners and elected members.

Throughout, EELGA convened a Task and Finish Group that met monthly to review progress and feed into the emerging findings and recommendations.

We are grateful to all those who generously shared their time and insights with the research team.



The Challenges in the East of England

There are health and housing challenges in the East of England that are reflected in significant disparities across ICSs in the region. There are particular challenges in parts of the region in relation to housing affordability and the need to meet the health and care requirements of an ageing population.

Housing is a key determinant of health

Only 20% of our health is determined by the healthcare we receive. The wider determinants of health are far more significant and account for the remaining 80%³.













As set out below, people living in poverty are more likely to live in poorer quality housing and experience worse health outcomes. The ‘significant links between housing quality and health outcomes’ and available data evidences the positive correlation between housing quality and stability and health and wellbeing⁴. Secure, good quality and affordable homes contribute to positive outcomes.

By contrast, poor quality homes contribute to lower levels of physical and mental health. For example:

- Cold and damp.** There is ‘unequivocal evidence’ that living in cold and damp homes causes people to suffer from ‘a multitude’ of health conditions. In particular, older and younger people, and or people with existing vulnerabilities are even more likely to experience negative outcomes as a result of cold and damp.⁵
- Mental ill-health.** Housing instability worsens mental illness due to the inherent stresses involved in struggling to ‘pay bills, afford food or find suitable housing’, while living in unstable housing lessens people’s ability to access healthcare.⁶



The table below, taken from the Norfolk Joint Strategic Needs Assessment (JSNA), highlights the connections between housing issues and health problems.

 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 

Source: Public Health Intelligence, Norfolk County Council [JSNA Housing Briefing Paper March 2024.pdf](#)

³Naylor, C. and Tiratelli, L. (2023) ‘Driving better health outcomes through integrated care systems: The role of district councils, The King’s Fund.

⁴Centre for Ageing Better (2021) Good homes for all: A proposal to fix England’s housing. Available at: <https://ageing-better.org.uk/sites/default/files/2021-09/good-homes-for-all-a-proposal.pdf>. Accessed: 25 July 2024.

⁵Centre for Ageing Better (2023a) Building effective local home improvement services.

⁶Mallorie, S. (2024) ‘Illustrating the relationship between poverty and NHS services’, The King’s Fund, 18 March. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/relationship-poverty-nhs-services>. (Accessed: 24 July 2024).

Poverty

People living in poverty are more likely to live in lower-quality housing and experience worse health outcomes.

According to the 2010 Marmot Review, people living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods.⁷

Poorer households in England are more likely to live in rented accommodation, and rented accommodation is more likely to be of non-decent standard.⁹ This can be socially rented accommodation typically owned by councils and housing associations, or privately rented from landlords on the open market.

Inequality

There are “significant inequalities” across England in the quality and affordability of the available housing stock¹⁰ with some groups experiencing greater difficulty accessing safe, secure, and affordable housing.

For example, social-renting households are more than seven times more likely to be overcrowded than owner-occupied households and 87% of overcrowded families have had their health negatively affected by the overcrowding.¹¹

Health outcomes impact society as a whole. For example, people living with long-term conditions are less likely to be in employment or, if they do work, are more likely to need time off due to ill health. Each day of work lost due to illness has a negative effect on national economic productivity.¹² As of August 2024, the East of England has the second highest proportion of any region in the country of days lost due to sickness absence.¹³

Rates of fuel poverty, homelessness, and loneliness are overall lower in the region compared to other parts of England. There are significant health and housing challenges in the East of England that are reflected in disparities across ICSs in the region.

There are ‘pockets’ of severe deprivation in the region with specific geographies facing particular demographic and economic challenges that tend to be overlooked when considered nationally.

Health

Healthy life expectancy is ‘strongly linked to socioeconomic deprivation’.¹⁴ On average, indicators of healthy life expectancy at birth are higher in the East of England than in England overall.

Men in the East of England live on average for 64.6 years in good health and women for 65.0 years, which is higher than the England average of 63.5 years.

However, there is significant range within the region, from Luton at 5.2 years below the East of England average for life expectancy, to Central Bedfordshire which is 2.3 years above the East of England average.¹⁵

In the East of England, those living in Cambridgeshire experience 8.2 years more of healthy life expectancy than those living in Luton (67.8 years compared to 59.6 years).⁸

The East of England also has a higher-than-average dependency ratio (the ratio of those aged 0-14 and over 65, compared with the total population aged 15-64) than elsewhere in the country. As the general population grows older and, in many cases, lives longer with complex health and wellbeing needs, that drives demand for supported housing and related care services.

An ageing population presents significant housing challenges, which is particularly pertinent for the region.

Housing

Rates of fuel poverty indicate that ‘households cannot meet their energy efficiency needs at a reasonable cost’ which therefore ‘has an impact on health’.¹⁷

The proportion of households experiencing fuel poverty is lower in the East of England, at 10.0%, than in the whole of England, at 13.1%. However, more affluent areas of the region, such as in Hertfordshire, experience lower rates of fuel poverty, at 8.2%, whereas less affluent areas like Luton (13.0%) are more in line with the national average.¹⁸

⁷ Marmot, M. (2010) Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010, p.16.

⁸ Department of Health and Social Care (2024) ‘Public Health Outcomes Framework’. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>. (Accessed: 16 October 2024).

⁹ Finch, D. (2023) ‘Moving to healthy homes’, The Health Foundation, 20 December. Available at: <https://www.health.org.uk/publications/long-reads/moving-to-healthy-homes>. (Accessed: 30 October 2024).

¹⁰ Ucci, M., Ortegon-Sanchez, A., Mead, N. E., Godward, C., Rahman, A., Islam, S., Pleace, N., Albert, A., and Christie, N. (2022) ‘Exploring the Interactions between Housing and Neighbourhood Environments for Enhanced Child Wellbeing: The Lived Experience of Parents Living in Areas of High Child Poverty in England, UK’, International journal of environmental research and public health, 19(19), 12563. DOI: doi.org/10.3390/ijerph191912563, p.2.

¹¹ Barton, C. and Wilson, W. (2022) ‘The role of homes and buildings in levelling up health and wellbeing’, House of Commons Library, 17 October [Research Briefing]. Available at: <https://commonslibrary.parliament.uk/research-briefings/cdp-2022-0170/> (Accessed: 24 July 2024), p.16.

¹² Garrett, H., Mackay, M., Margoles, S. and Nicol, S. (2023) ‘The Cost of Ignoring Poor Housing’, BRE, p.2.

¹³ Office for National Statistics (2024) ‘Sickness absence: the percentage of working days lost due to sickness absence’, Fingertips | Public health profiles. Available at: <https://fingertips.phe.org.uk/>. (Accessed: 30 October 2024).

¹⁴ East of England Local Government Association (2022) Levelling Up the East of England: 2023-2030. Available at: <https://www.eelga.gov.uk/app/uploads/2022/12/Levelling-up-the-East-of-England-FULL-1.pdf>. (Accessed: 30 October 2024).

¹⁵ Department of Health and Social Care (2024) ‘Public Health Outcomes Framework’. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>. (Accessed: 16 October 2024).

¹⁶ East of England Local Government Association (2022) Levelling Up the East of England: 2023-2030. Available at: <https://www.eelga.gov.uk/app/uploads/2022/12/Levelling-up-the-East-of-England-FULL-1.pdf>. (Accessed: 30 October 2024).

¹⁷ Office for National Statistics (2023) ‘How fuel poverty is measured in the UK’. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/howfuelpovertyismeasuredintheuk/march2023>. (Accessed: 16 October 2024).

¹⁸ Outcomes Framework’. Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>. (Accessed: 16 October 2024).

Affordability

House prices in the East of England are high and continue to increase. According to Opportunity East: “House prices have risen further and faster than the rest of the country, meaning that average house prices are ten times average annual earnings, and as high as 14 times in some parts of the region, compared to eight times as high nationally.”¹⁹

Since 2011, the amount spent on temporary accommodation in the East of England has risen from £15.4m to £64.4m in 2023, a fourfold increase.²⁰

Growth and related housing pressures

Demand for housing is also affected by pressures from outside the East of England. The housing crisis in London increases demand in the region due to households choosing to move out of the capital to the East of England. In addition, some homeless households in London may be offered accommodation placements in the East of England on a temporary basis.

In addition, there are currently about 2,000 asylum seekers housed by the Home Office across the East of England in dispersed accommodation and further asylum seekers in contingency sites on a temporary basis.²¹

For more information, the [EELGA reports Opening the Door: Good Quality, Available and Affordable Housing in the East of England](#) and [Act now before it gets worse: A plea for housing](#) summarises the housing challenges and opportunities in the region



¹⁹ East of England Local Government Association (2024) Opportunity East: How the East of England will drive national productivity through innovation. Available at: <https://www.eelga.gov.uk/app/uploads/2024/07/Opportunity-East-Report-1.pdf>. (Accessed: 16 October 2024).

²⁰ East of England Local Government Association (2024) ‘Act now before it gets worse: A plea for housing – short term’. Available at: <https://www.eelga.gov.uk/app/uploads/2024/03/new-Amended-EELGA-Housing-Leaflet-2.pdf>. (Accessed: 30 October 2024).

²¹ East of England LGA (n.d.) ‘Asylum data’. Available at: <https://smp.eelga.gov.uk/asylum-seekers/asylum-data/>. (Accessed: 1 November 2024).

The Policy Context

In recent years, national and local government have sought to tackle the underlying drivers of health inequality. Building on the previous administration’s focus on collaboration, the current government’s policy priorities create opportunities for ICSs to set the agenda.

New missions

The government has established five national missions that guide everything it does. They are:

- Get the UK’s economic growth to the highest sustained level in the G7 by the end of the government’s first term.
- Make Britain a “clean energy superpower” with zero-carbon electricity by 2030.
- Improve the NHS by reforming health and care services and reducing health inequality.
- Create safer streets with 13,000 more neighbourhood police and police community support officers.
- Improve opportunity for all citizens through improvements in childcare, schools, further education and lifelong learning.

ICSs have an opportunity to contribute, in different ways, to the delivery of these objectives. For example, tackling problems that cause long-term ill health and prevent people from working can boost the productivity of the economy. Supporting the delivery of high-quality homes in sustainable neighbourhoods, built to the highest environmental standards, will facilitate the transition to net zero.

²² Institute for Government (2024) ‘Mission-driven government: What has Labour committed to?’, 5 March. Available at: <https://www.instituteforgovernment.org.uk/explainer/mission-driven-government-labour>. (Accessed: 17 October 2024).

The health mission

As set out above, one of the five missions is a commitment to improve the NHS, reform health services, and reducing health inequality.

Shortly after taking up his new role, Wes Streeting, the Secretary of State for Health, commissioned Lord Darzi, a surgeon, academic, and crossbench peer, to “undertake a rapid investigation of the state of the NHS”.

While the assessment was focused on the functioning of the NHS and its performance against clinical outcomes, Lord Darzi did highlight the positive role of the ICSs. He described them as bringing a “sensible management structure” to the wider public health agenda and highlighted their involvement of local government and the VCSE.

Lord Darzi’s report also references the importance of wider determinants and observes that many of those “have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare from a society in distress.”²³

²³ Darzi, A. (2024) Summary letter from Lord Darzi to the Secretary of State for Health and Social Care. Available at: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care> (Accessed 17 October 2024).

²⁴ <https://change.nhs.uk/en-GB/> (Accessed 5 November 2024)

Three shifts and the importance of prevention

The Secretary of State for Health has identified three shifts that are crucial for delivering better outcomes and securing the long-term sustainability of the NHS.²⁴

These are:

- **Shift 1:** moving more care from hospitals to communities
- **Shift 2:** making better use of technology in health and care
- **Shift 3:** focussing on preventing sickness, not just treating it

Shifting the focus to prevention has been a long-standing public policy objective. It has the potential to fundamentally alter the role of the NHS, from a service that treats illness to one that promotes wellness. Investment in prevention also has the potential to generate a very large return on investment.²⁵

New NHS Long-Term Plan

The NHS Long-Term Plan, also known as the 10-year plan, was published in 2019 and sets out a series of strategic objectives for the future funding, organisation, and effectiveness of the service.²⁶ It provides the over-arching strategic framework for health policy in the UK.

The government started an open public consultation on the next iteration of the Long-Term Plan in summer 2024. The focus of the exercise is on how to deliver the three shifts described above. Through the consultation portal, the government has invited ICSs to respond and to gather and share the views of the “the public, staff, under-represented groups, and stakeholders.”

Addressing inequality

As set out above, addressing inequality is a recurrent theme in the NHS Long-Term Plan. To further drive this agenda, the previous government created the Office for Health Improvement and Disparities (OHID) as part of the Department of Health and Social Care (DHSC), which brought together staff from DHSC and Public Health England (PHE) to drive the government’s health improvement and disparities agenda. Its primary aim is to “identify and address health disparities, focusing on those groups and areas where health inequalities have greatest effect”.²⁷

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies five clinical areas requiring accelerated improvement.

Public Health East of England

Public Health East of England was formed in April 2024. It brings together the regional public health teams in NHSE and OHID under the Regional Director of Public Health at the regional level to:

- Provide a credible source of public health support, advice and guidance
- Advocate and champion matters of public health importance
- Be a catalyst for improving population health outcomes
- Provide a supportive assurance function across public health systems

Public Health East of England also works with other regions and partners on common challenges and priorities.

²⁶ NHS (2019) The NHS Long Term Plan, 21 August. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan>. (Accessed: 17 October 2024).

²⁷ Office for Health Improvement and Disparities (n.d.) ‘About us’. Available at: <https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities/about>. (Accessed: 17 October 2024).

ICSs

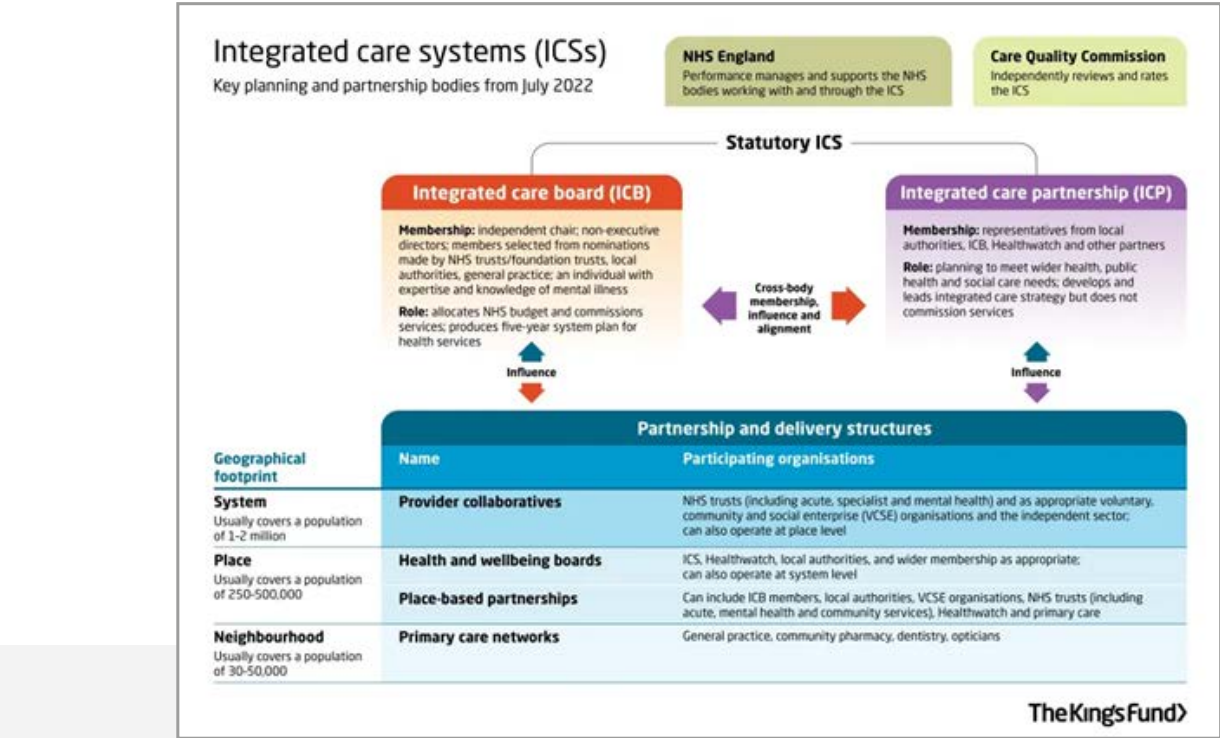
ICSs exist to “improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities”.²⁸

They bring health and care organisations together to develop shared plans and joined-up services through partnerships that include local councils, housing associations, the VCSE, service providers, and other partners. ICSs have four high-level objectives.

These are:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

The exact structure and roles of each ICS varies across each of the 42 geographies in England.



²⁸ NHS England (n.d.) ‘What are integrated care systems?’. Available at: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>. (Accessed: 17 October 2024).

The diagram below, developed by the King’s Fund, sets out the high-level shape of an ICS.²⁹

The two core elements of an ICS are:

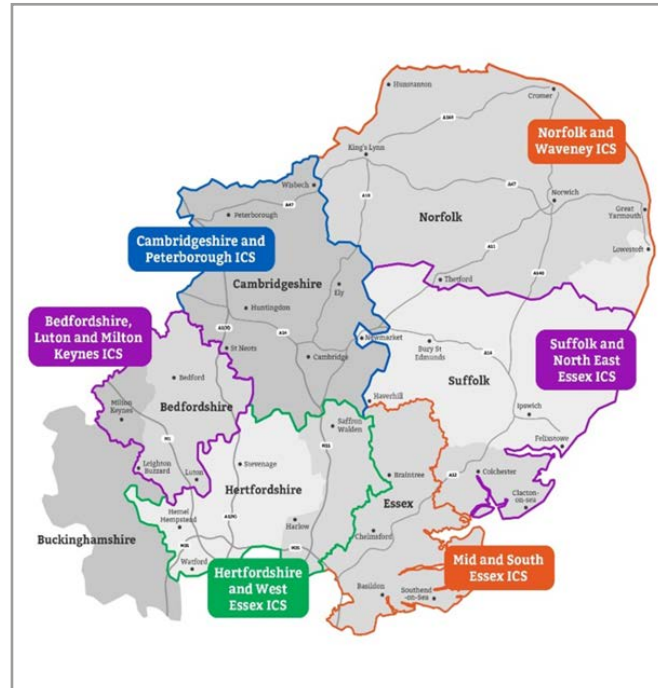
- The Integrated Care Board (ICB), which is a statutory body that plans and funds most health-related services. They are responsible for commissioning services, workforce planning, and NHS functions and budgets.
- Integrated Care Partnerships (ICPs), which is a statutory committee bringing together relevant partners to develop an ICS-wide health and care strategy for an area. It is the ICP that is responsible for strategic issues such as improving public health and addressing the wider determinants of health.

Many ICSs have also developed place-based partnerships that design and deliver services for specific geographies within the ICS. Councils with social care and public health functions are required by law to establish an ICP and to be partners on the ICB.

²⁹ Charles, A. (2022) ‘Integrated care systems explained’, The King’s Fund, 19 August. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/integrated-care-systems-explained>. (Accessed: 30 October 2024).

ICSs in the East of England

As reflected in the map below, there are six ICS in the East of England.³⁰ Reflecting the diversity of the region, each ICS covered and large geography that involves a mixture of rural and urban areas.



The role of partners in ICSs

As well as the statutory requirements described above, councils also fulfil many strategic and operational functions with regard to health and housing that are relevant to their role on the ICS. These include:

- Housing provision, management, and landlord services.
- As social landlords, the delivery of homes including through housing companies and engagement with registered providers.
- Homelessness prevention and temporary homeless accommodation.
- Housing quality and environmental health standards enforcement.

³⁰ Suffolk and North east Essex Integrated Care System, <https://www.sneeics.org.uk/working-together/working-together-across-counties/> (Accessed 5 November 2024)

- Commissioning services related to housing, healthcare, and social care for adults and children including specialist and supported housing.
- Local and strategic plan-making through the development of key strategic documents like the Local Plan.
- Partnership convening and facilitation through, for example, Local Strategic Partnerships and Place Boards.
- Grant-making and other forms of support for community development.
- In areas with two-tier local government, district councils and county councils also have shared responsibilities for services that relate to health, housing, and people's quality of life and environment more broadly.

The Association of Directors of Adult Social Services in the East of England (ADASS East) has produced a [practical guides for NHS front line staff and commissioners](#) who are navigating housing services.

Housing associations have a key role to play in the delivery of improved health and housing objectives. They provide security of tenure and affordable housing, which is an important building block of health. As well as delivering services, they are involved in other local partnerships and can connect strategic bodies to local communities. As set out below, housing associations can also be anchor institutions.

Health and care providers including GPs, NHS Trusts, and Foundation Trusts are important ICS partners. They play a key role in shaping the overall strategy and, in their delivery role, implementing it. Provider collaboratives bring together groups of providers to embed a shared purpose across their work.

ICSs are expected to work collaboratively with Health and Wellbeing Boards (HWBs). HWBs are statutory forums that are accountable for population health and wellbeing. They have few formal powers, but do have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

Useful resources

Annex 2 provides a list of useful resources on the role of ICSs.

Housing and planning

Housing is relevant to all five of the national missions, and the government is committed to **building 1.5 million homes in five years**.³²

To speed up housing delivery, the government has announced several changes to the planning system: the introduction of mandatory housing targets for local councils; developing a “new generation of new towns”; supporting urban extensions; and regenerating existing towns and cities.

The government is also committed to:

- Strengthening the legal rights of tenants.
- Using health policies and health investment to drive economic growth and productivity, including by reducing the number of people who are not working due to illness.
- Tackling homelessness and ‘ending rough sleeping for good’.

EELGA responded to the government consultation on the draft of the new National Planning Policy Framework and will continue to actively engage with government as policies are developed and rolled out.

Devolution and place-making

The government is committed to extending devolution deals where they already exist and striking new deals where they do not.³³ Devolution deals offer an opportunity for local partners to implement new ways of delivering public services.

Several thought leaders associated with the Government have called for the return of the previous Labour administration's Total Place programme. Total Place was a pilot initiative designed to transform public service delivery by enabling local partners to work across organisational boundaries and combine their budgets.

³¹ NHS Mid and South Essex NHS Foundation Trust (2024) Strengthening our Anchor: Our work in 2023/24. Available at: <https://www.mse.nhs.uk/download/docm93ijm4n9512.pdf?ver=37043>. (Accessed: 31 October 2024).

³² Rayner, A. (2024) ‘House targets increased to get Britain building again’, 31 July, gov.uk. Available at: <https://www.gov.uk/government/news/housing-targets-increased-to-get-britain-building-again>. (Accessed: 17 October 2024).

³³ Labour (2024) ‘Kickstart economic growth’. Available at: <https://labour.org.uk/change/kickstart-economic-growth>. (Accessed: 17 October 2024).

³⁴ Denham, J. and Studdert, J. (2024) ‘“It's time for Total Place 2.0”: John Denham in conversation with Jessica Studdert’, New Local, 31 January. Available at: <https://www.newlocal.org.uk/articles/total-place-2-0-video-john-denham/> (Accessed: 23 October 2024).

Tackling the Problem in Practice

ICSs in the region recognise the connection between poor health and housing and acknowledge the need for concerted action. However, practical collaboration to date has focused on localised, front-line and often short-term interventions. No ICS is driving collaboration on health and housing system-wide and at scale.

In this section we include brief examples of partnership collaboration from within the region. We also include illustrative quotes from interviews conducted by the research team. The conversations were conducted on a non-attributable basis, so the quotes are anonymised, but they all come from ICS leaders in the East of England.

Approaches in the East of England

In the research team's desktop review of ICS strategies, forward plans and related documents, a clear and consistent picture across the region emerged:

- All ICSs are committed to tackling the wider determinants of health. Their strategies and plans reference housing and the physical environment as an important determinant of physical and mental health and wellbeing. For example, the Bedfordshire, Luton and Milton Keynes Healthcare Strategy from January 2023 repeatedly mentions the importance of ensuring safe and suitable housing for all in tackling health inequalities.³⁵

- ICS strategies make explicit links between poor health outcomes, poor housing, and poverty and inequality. All ICSs are committed to improving outcomes for all and reducing inequalities between population groups. Cambridgeshire and Peterborough ICS commit to 'reduce poverty through better employment, skills and housing' within their stated priorities.³⁶
- ICS are supporting, funding, and looking to learn from examples of collaboration within their boundaries. For example, the Better Housing Better Health scheme run by Bedford Borough Council and jointly funded by the ICB provides home energy assessments and advice to low-income households to help them stay warm and well during the winter.³⁷
- Those examples of collaboration are usually localised, small-scale, and short-term. They are being developed and tested through local projects and pilot initiatives.
- We are not, yet, seeing collaboration happening at scale and across systems. This type of strategic collaboration, which would involve, for example, partners identifying and collaborating on interdependencies between local plans and JSNA's, will be needed to address the drivers of inequality in the region.

Through the regional workshops and interviews, this picture was tested with stakeholders. Those conversations validated the findings and underlined the importance of embedding and scaling up collaboration from the reactive to the proactive.

Different types of collaboration

Through the stakeholder conversations and workshops, we identified three layers of collaboration at which effective joint work can occur.

- Level 1: Service-user-focused joint work. Collaboration at this level is focused on supporting individuals and households to deal with immediate issues, like getting help to warm a cold home, or deal with an existing problem, such as helping someone to help stop smoking. This kind of collaboration is the most visible and tangible but is usually ameliorative and reactive. It is usually delivered at the local level by frontline staff, such as GPs, social workers, and housing support workers.
- Level 2: Service-level collaboration. Collaboration at this level occurs bilaterally between different services and organisations within a system. It is usually focused on early intervention and / or the development of improved service pathways to prevent problems getting worse and alleviate pressures within the system. This type of collaboration involves, for example, focused work through Multi-Disciplinary Teams (MDTs) on vulnerable groups such as care leavers and refugees to ensure that multiple needs are met in a coordinated way. Preventing homelessness is another example of multi-service collaboration.
- Level 3: Strategic and proactive joint planning. Collaboration at this level involves multiple partners working proactively and across the entire system on preventative interventions. This type of collaboration occurs, for example, when health professionals are closely involved in the decisions about the design of new developments and the services that will be delivered in them.
- Currently ICS partners in the East of England are generally supporting collaboration at level 1. The challenge for the future is to embed and scale up collaboration to the strategic level.



³⁵ Bedfordshire, Luton and Milton Keynes Health and Care Partnership (2023) 'Bedfordshire, Luton and Milton Keynes Health and Care Strategy'. Available at: <https://blmkhealthandcarepartnership.org/~documents/route%3A/download/237/>. (Accessed: 16 October 2024)

³⁶ Cambridgeshire and Peterborough Integrated Care System (n.d.) 'Our Priorities'. Available at: <https://www.cpics.org.uk/our-priorities>.

³⁷ Bedford Borough Council (n.d.) 'Better Housing Better Health'. Available at: <https://www.bedford.gov.uk/benefits-and-support/grants-and-funding/better-housing-better-health>. (Accessed: 17/10/2024).

³⁸ Bedfordshire, Luton and Milton Keynes (n.d.) 'Warm Homes Bedford Borough Launched'. Available at: <https://blmkhealthandcarepartnership.org/warm-homes-bedford-borough-launched/>. (Accessed: 17 October 2024).

Examples of collaboration

The examples below illustrate how local partners are coming together to deliver service-user-focused joint work and lay the groundwork for service-level collaboration.

Warm Homes Bedford

Bedford Borough residents with long-term health conditions can access free support and home energy assessments through the Warm Homes Bedford initiative. This project, launched in partnership with the Borough Council, Bedfordshire, Luton and Milton Keynes ICB, and the Better Housing Better Health service, aims to assist those whose health is adversely affected by living in cold or damp homes. Over 1,600 residents have been identified through GP records as being at risk.

In addition to the Warm Homes Bedford project, they also offer home visit programmes in both Bedford Borough and Central Bedfordshire. In Bedford Borough, these visits focus on residents experiencing fuel poverty, health issues, or low income. Meanwhile, the Central Bedfordshire home visit initiative runs alongside the SuperHomes programme to provide retrofit plans for those in fuel poverty.

Anyone who is worried about energy bills, needs advice on keeping their home warmer, or would like help accessing financial support, can contact Better Housing Better Health on their free helpline at 0800 107 0044 or visit www.bhbm.org.uk for more information.³⁸

³⁸ Herts Home Improvement Agency (2024) 'About the HHIA'. Available at: <https://www.hertfordshire.gov.uk/microsites/herts-home-improvement-agency/menu/about-us.aspx>. (Accessed: 18 July 2024).

Herts Home Improvement Agency

The Herts Home Improvement Agency (HHIA) 6 District partnership is an innovative amalgamation of resources of six districts coming together to provide a service that supports the independence of local residents through home adaptations. The agency has been created as a one stop shared service for processing high quality adaptations by facilitating the Disabled Facilities Grants (DFG) on behalf of six local councils.³⁹

Safe Suffolk Renters

This programme is funded by the a Pathfinders Programme developed by the Ministry of Housing, Communities & Local Government, previously known as the Department for Levelling Up, Housing and Communities. It is designed and implemented by the five local councils in Suffolk to bridge the 'gap between tenants, landlords and property managers' and 'provide Suffolk with safe, happy and healthy private rented homes'. They aim to empower tenants and engage communities by educating them on housing standards, help landlords to improve housing conditions and raise awareness of the consequences of non-compliance.⁴⁰

Hertfordshire Growth Board

In Hertfordshire, where the population is growing faster than the national average, local partners have come together to 'deliver sustainable good growth for residents, communities and businesses'. The local councils are working together with the ICB, Homes England, Hertfordshire Futures, the University of Hertfordshire and the Police and Crime Commissioner, and are jointly addressing the ICB's aims, which include reducing the gap in health and life expectancy.⁴¹

⁴⁰ Safe Suffolk Renters (n.d.) 'About'. Available at: <https://safesuffolkrenters.org/about>. (Accessed: 17 October 2024).

Raising awareness of practical support

Partners across Hertfordshire and West Essex have developed short flyers to enhance awareness among frontline staff regarding the health risks associated with damp and mould in the home. The flyer provides insights into the potential health implications of damp and mould, and outlines the support available including practical guidance on how to access this.⁴²

Norfolk 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.⁴³

Suffolk Office of Data and Analytics

The Suffolk Office of Data & Analytics (SODA) is a collaboration between Suffolk's Local Authorities, Suffolk Constabulary and local NHS organisations. SODA brings together local data to optimise service design and delivery and improve the lives of people in Suffolk. For example, SODA brought together a range of publicly available and partner data to highlight the population profile and residents' needs in the Gunton area to provide insight on the housing mix needed for new development and support conversations with the NHS trusts in the area to establish whether or not the development could support the provision of health services.⁴⁴

⁴¹ Hertfordshire Growth Board (n.d.) 'Vision and missions'. Available at: <https://www.hertfordshiregrowthboard.com/documents/vision-and-missions/>. (Accessed: 17 October 2024).

⁴² Hertfordshire Care Providers Association (2024) 'Damp and Mould', 13 August. Available at: [Damp and Mould - HCPA](#). (Accessed: 25 September 2024).

Anchor institutions

Several ICS partners can also act as anchor institutions. The Health Foundation defines anchor institutions as large-scale organisations that are fundamentally connected to the wellbeing of the place and population that they serve.

They can help deliver improved outcomes and address inequalities by "strategically and intentionally managing their resources and operations". Examples of anchor institutions include NHS Trusts, local authorities, housing associations, and universities.

Mid and South Essex Anchor Programme

Mid and South Essex has developed an Anchor Programme, recognising the Foundation Trust's position as one of the largest employers in the region and its ability to contribute to 'improv(ing) the health, wealth and wellbeing of (its) local population and reduce inequalities.' In 2023/24, their focus on the wider determinants of health saw the Foundation Trust work with partners to provide supported internship opportunities to young people with autism and learning disabilities.⁴⁵

⁴³ Norfolk and Waveney Integrated Care System (2023) 'Norwich partners work together to help vulnerable residents', 4 August. Available at: <https://improvinglivesnw.org.uk/norwich-partners-work-together-to-help-vulnerable-residents/> (Accessed: 30 October 2024).

⁴⁴ Suffolk County Council (n.d.) SODA: The Suffolk Office of Data and Analytics. Available at: <https://www.suffolkobservatory.info/soda/> (Accessed: 17 October 2024).

⁴⁵ Mid and South Essex Anchor Programme add footnote and source NHS Mid and South Essex NHS Foundation Trust (2024) Strengthening our Anchor: Our work in 2023/24. Available at: <https://www.mse.nhs.uk/download/docm93jjm4n9512.pdf?ver=37043>. (Accessed: 31 October 2024).

Barriers to achieving a system-wide approach

Through the second phase of the research, we explored the barriers to partners taking system-wide action at scale to improve health and housing outcomes. We identified four high-level barriers.

Complexity

Housing and health are both complex areas of public policy. They have their own institutional architectures, legislative requirements, and budgets and financial regimes, some of which are ring-fenced to be spent on certain things and in certain ways. These can be difficult to understand, even for experienced professionals. Stakeholders often described the difficulty of understanding and 'getting a grip' on these complex agendas.

There is often ambiguity about the role of local councils and local councillors. This is especially true in areas where there are multiple layers of local governance (county, district, and parish) and where ICS and council boundaries are not coterminous. Local councils also have multiple roles and functions, as described above. The presence of multiple tiers of local government, in the form of district, County, and even sub-regional Combined Authorities, can make the picture appear even more complicated.

"I don't know where to start."

"This is unknown territory."

Capability

As well as operating in a complex environment, ICSs are still, in organisational terms, relatively new and still evolving. While formal structures are in place, partners are still learning about each other, establishing ways of working, and developing their collaborative skills and capabilities. Some ICSs have sought to speed up that process by, for example, appointing accredited planners to act as interlocutors between health and housing processes and raise the general level of housing and planning issues.

"We're all still finding our feet."

Capacity

While partners are committed to collaboration, every research participant identified the lack of strategic and operational capacity as a fundamental barrier. In the words of one ICS leader, every partner is already operating at '110%'. This means there is no 'thinking time' or 'development time' to take a step back and create the space to innovate and collaborate.

At the operational level, managers and frontline practitioners are focused on dealing with urgent pressures such as finding houses for homeless children and arranging care packages for highly vulnerable adults. Many housing associations are also under financial strain as a result of: pressures on investment budgets; new regulatory requirements; ongoing stock maintenance and investment needs; and spending demands driven by the health and care requirements of tenants.

Lack of coordination and competing priorities

The lack of coordination between national programmes, and related funding streams, makes collaboration much more complicated and time-consuming. We heard, for example, about how the lack of alignment between local council and NHS planning rounds made it difficult to work together on the delivery of shared services. The lack of alignment between revenue and capital budgets across the NHS, Homes England, and local councils' complicated collaboration on the construction of new community health facilities.

"The ways it works in practice is bonkers."

One research participant shared an example of local partners agreeing to work together on the construction of a new multi-purpose community health hub in which a range of statutory and voluntary services would be co-located.

Local agreement and broad heads of terms were agreed early on about who would be involved and what would be delivered. However, it took a further nine years before the centre opened its doors. Delays and extended negotiations were caused by the complexity of aligning different partners' planning and budget cycles. ICSs have the potential to be a vehicle through which these kinds of collaborations can be accelerated and expedited.

"It's very hard to collaborate when partners have to spend money on certain things to a certain timetable."

"Innovation happens at the sharp end."



Guiding Principles for ICS strategic collaboration on health and housing

We provide a set of five guiding principles to ICS leaders in the region, based on our analysis of what works now and what will be needed to overcome the barriers to strategic collaboration at scale for the future. The principles relate to effective ways of working together, rather than specific structures; there is no single model of collaboration that can be applied across the entire region as local circumstances, challenges, and opportunities vary.

Establish a shared story

The starting point for collaboration at scale is that partners have a 'shared story' in terms of their understanding of the health and housing challenge and opportunity. This common narrative is underpinned by a shared evidence base that all partners maintain and use as a common reference point.

Align your strategies

That shared story helps to ensure that all partners' relevant plans and strategies are aligned and are focused on agreed health and housing objectives. In ICSs where stakeholders could provide examples of partners working together at more strategic levels, all partners had a core set of shared goals as an overall guide for their work.

Engage and understand your partners

Improving health and housing outcomes requires the active engagement of a wide range of agencies, sectors, and partners, from large statutory bodies to small community groups. It is important that ICS partners identify the range of partners and find ways to support and enable their full contribution.

Agree roles and accountabilities

While each ICS has its own structure and associated ways of working, a common principle for enabling collaboration is to ensure that partners have agreed roles, responsibilities, and accountability arrangements.

Focus on the front line

It is essential that strategic alignment and shared high-level objectives are translated into practical action at individual, household, and neighbourhood levels.

The Guiding Principles in Practice

Establish a shared story

Consolidate your evidence base. Partners have a significant amount of data, evidence, and insight in relation to health and housing. That information should be consolidated in one place and made accessible to all partners.

Developed a shared narrative. The evidence base should underpin a shared understanding of the health and housing challenge and opportunity across the ICS. This can be framed as a 'common purpose' that is shared by all partners.

Practical tools exist to support local partners to develop their evidence base, such as CIH Health and Housing Insights Bank.

Align your strategies

Agree on your health and housing objectives. The shared narrative should include a small number of strategic health and housing objectives that partners will deliver through collaboration.

Ensure there is strategic alignment across plans and strategies. Those objectives should act as a 'golden thread' that runs through all partners' strategic documents, including Local Plans and Growth Strategies.

Agree and track progress against key equalities outcomes. Each ICS should agree to track progress against a basket of key health- and housing-related indicators.

Engage and understand your partners

Identify and engage the wide range of stakeholders. To deliver the shared objectives, the active contribution of all stakeholders, including the VCSE, will be required. ICSs should map the wide range of stakeholders, develop an engagement strategy, and broker engagement between different partners.

Map existing activity and stakeholders. ICS should undertake a practical exercise, with partners, to map out existing health and housing-related partners, activities, workstreams, and projects in their region. It is important that ICSs add value to what already exists.

Raise awareness and understanding. It is important to invest time in practical measures to strengthen ICS partners' mutual understanding of each other's roles, priorities, and pressure points. This could take the form of partnership events, briefing sessions, and 'Who does what' or 'How councils work' booklets.



Agree roles and accountability

Build capability and understanding to facilitate action. ICSs should support and facilitate organisations to deepen their understanding of the health and housing challenge and the role of different organisations and sectors in addressing it.

Agree roles and responsibilities for addressing health and housing. Within that broad coalition of active partners, there need to be clear and agreed roles for different partners, including a lead agency for championing housing issues.

It is important to identify: which organisation(s) will convene and facilitate efforts at collaboration; who will provide overall leadership; and who will hold partners accountable and monitor progress.

Focus on the front line

ICSs should ensure that these recommendations on strategic alignment are translated into tangible changes for people and places.

To facilitate that, ICSs should **identify and bring forward suitable sites for exemplar developments** in which the promotion of health, wellbeing, and active lifestyles is

fundamental to the design and delivery of new and regenerated neighbourhoods. Partners should explore how best to deliver the best outcomes for households including through planning gain mechanisms like the Infrastructure Levy / Section 106 agreements.

This could be achieved through a **coordinated review of land** owned by the NHS and other public sector partners, with the aim of identifying surplus land for development.

For each site, **adopt a 'Total Place'-style approach** to identify how partners, working beyond their organisational boundaries, can work collaboratively by default on key outcomes for people and place.

Organisations working as **anchor institutions** for their localities should explore with their ICS partners how collaboration can help them support the delivery of high-quality, affordable housing and support the local economy and regeneration.



'Selling' collaboration

In addition to the five guiding principles, ICS leaders emphasised the importance of 'selling' the benefits of collaboration to partners in the ICS. Without positive messaging, the risk is that collaboration is seen negatively as 'more work for everyone'.

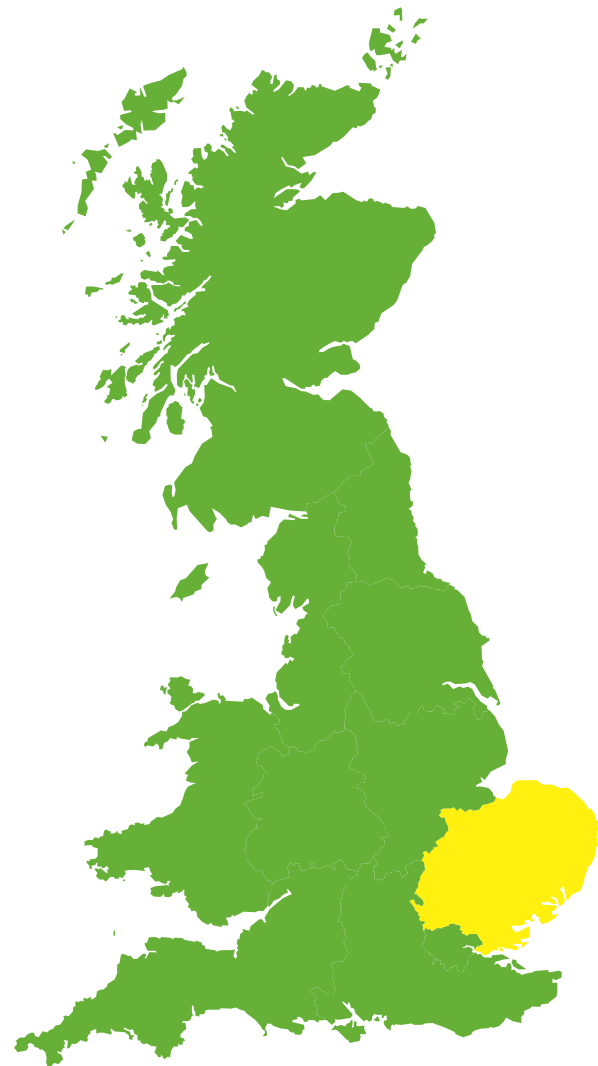
Leaders identified the following useful messages when 'selling' the benefits of collaboration:

- Partners benefit from working together. Explain and give practical examples of how improvements to housing delivers health benefits and vice versa. The important message is that engaging health professionals in housing work is not asking health colleagues to 'fix housing'; it is about finding ways to deliver better health and housing together.
- Collaboration reduces pressure on the frontline. While urgent and immediate pressures can work against the desire to collaborate, it is vital for leaders to explain how collaboration aimed at prevention and early intervention reduces the downstream demand for frontline services.

- Collaboration is good for the economy. Better health and housing outcomes are better for the regional and national economy. Healthier populations living in good quality homes are more productive, take fewer days off work or out of education, and reduce the pressure of acute services by making better long-term health decisions. Given the importance of the government's economic mission, the message that collaboration drives growth can be very powerful.

A Call to Action

To realise the potential of collaboration between health and housing, and shift to preventative programmes that improve the living conditions and health of our communities, we invite ICS leaders to:



1. Use this report as a self-improvement tool to ensure they have put the guiding principles in place to enable collaboration across housing and health.
2. Support delivery of the NHS Core20plus5 programme objectives at the ICS level by ensuring that local public health and housing strategies are aligned in addressing population inequalities, drawing on the contributions of the wider housing sector.
3. Identify and bring forward housing development sites within their boundaries that offer an opportunity to demonstrate collaborative place-making in line with those principles.
4. Work with EELGA to sustain a regional conversation involving central government and Homes England, to enable greater join-up on health and housing so that collaboration is embedded, sustainable, and strategic.

As set out below, EELGA will engage partners to facilitate a conversation on this call to action, beyond the publication of this report.⁴⁶

⁴⁶ Core20PLUS5 (adults) – an approach to reducing healthcare inequalities (Accessed: 6 November 2024).

Beyond the Report

The findings from this report will be shared with ICSs and interested parties across the region at a webinar in January 2025.

To sustain this important conversation and to facilitate future collaboration on health and housing, EELGA will work with partner organisations in the region to identify and share the learning from current practice in the region, including the examples mentioned in this report and relevant pilots such as Marmot Places.

EELGA and the Regional Population Health Equity Board will consider the key tangible actions identified where collaboration

would benefit from additional support. We will explore the appetite for the local role of the NHS as an anchor institution in relation to place making, housebuilding, and regeneration.

EELGA will work with the government on driving delivery of the five national missions by: encouraging a focus on prevention across health and housing through ICSs; and identifying and removing the barriers to collaboration through greater freedoms and flexibilities around the alignment of planning and funding cycles.



Annex 1: Task and Finish Group Members

East of England LGA (EELGA)

Kate O'Driscoll,
Policy and Programmes Manager,

Adam Thorp,
Interim Strategic Director

IMPOWER

Erin Walsh,
Director

James Swaffield,
Director

John P. Houghton,
Senior Manager

Public Health East of England

Katie Johnson
Consultant in Public Health
NHSE East of England Health Equity Team

Elozona Umeh
Health and Wellbeing Programme Lead
OHID East of England

Safe Suffolk Renters

Penny Flack,
Health Liaison Officer
East Suffolk Council

Bedford Borough Council

Vicky Head,
Director of Public Health

Ian Brown,
Chief Officer for Public Health

Liz Parsons,
Head of Public Health for Social Housing

Laura Church,
Chief Executive and Regional Chief Executive
for Strategic Health Partnerships

Brentwood Borough Council & Rochford District Council

Lauren Stretch,
Director of Housing

Luton Council

Claire Astbury, Head of Housing Strategy and
Chair of ADASS East Housing Group

Housing Associations Charitable Trust

Sarah Parsons,
Health and Research Lead

Annex 2: Useful Resources

The King's Fund have developed [Integrated Care Systems Explained](#).

The NHS Confederation published [‘The state of integrated care systems 2023/24: tackling today while building for tomorrow: Evidence-based report on the impact of ICSs and ICS leaders’ view on their progress so far’](#).

The King's Fund and District Council Network published [‘Driving better health outcomes through integrated care systems: The role of district councils’](#).

HACT provide [training for housing professionals looking to develop their understanding of ICSs and training for ICSs to better understand housing](#).

Foundations, the National Body for Disabled Facilities Grants and Home Improvement Agencies in England have developed [a library of resources including a ‘Guide to Health and Care’](#).

‘In partnership with PH and Housing Associations, the CIH have produced a [‘Health and Housing Insights Bank’ as a resource for social housing landlords build understanding of their residents’ health](#).

CIH also published [‘Building blocks for life: How to develop effective health and housing partnerships’](#).

NHS England have developed further detail on [‘Anchors and social value’](#).

The Association of Directors of Adult Social Services in the East of England (ADASS East) has produced a [practical guides for NHS front line staff and commissioners](#) who are navigating housing services.



