

# Health and Housing

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## Working in partnership

Liz Parsons

16.01.24



# Why health and housing?

- Many of the important building blocks of health are outside of the control of public health, so working in partnership is an important enabler
- Housing is one of these building blocks and by working with housing providers, we can make better progress to reduce health inequalities
- Where we live and how we live, has a significant impact on our health and wellbeing

**Housing Associations and Local Authority Landlords can play a key role in health when aligned with strong partnership working to help tackle health inequalities**

**Building Blocks of Health**

**Reduce Stigma**

**Tackle Inequalities**

**Healthy Neighbourhoods**

**Strong Partnerships**

# Public Health and Areas of Practice

“the science and art of preventing disease, prolonging life and promoting health through organised efforts of society”





# 8.5m

people live in social housing in England



**Over 80,000+ people live in social housing in our area**



**Almost half live in the most deprived 20% of neighbourhoods**



**People live on average seven years less than those in richest neighbourhoods**

Partnership working can enable engagement with those facing the most acute health inequalities.

It can improve the reach of Public Health services, making them more accessible.

Housing associations are long term organisations rooted in their communities and partnerships support Healthy places.

# SHARED GOALS AND A COMMON LANGUAGE



ISSUE	WHY HOUSING	WHY HEALTH
Smoking	Arrears reduction Managed Fire Safety Risk Asset Management Costs	Smoking is the main cause of preventable disease and premature death Reduced hospital admissions
Mental Health & Wellbeing	Tenancy Sustainment Hoarding Sustainable employment	Severe Mental illness cause reduced life expectancy Negative Impacts on physical health
Weight Management and Physical Activity	Resident feedback that weight impacts on daily life Reduced confidence to apply for jobs	Excess weight increases risk of chronic diseases It is associated with anxiety and depression
Drug and Alcohol	Cuckooing & County Lines Violence & Anti-Social Behaviour Neighbourhood Satisfaction	Reduced life expectancy Increased risk of liver disease and cancer Depression and mental health issues

# The Health and Housing Partnership



The new and innovative partnership was launched in April 2022

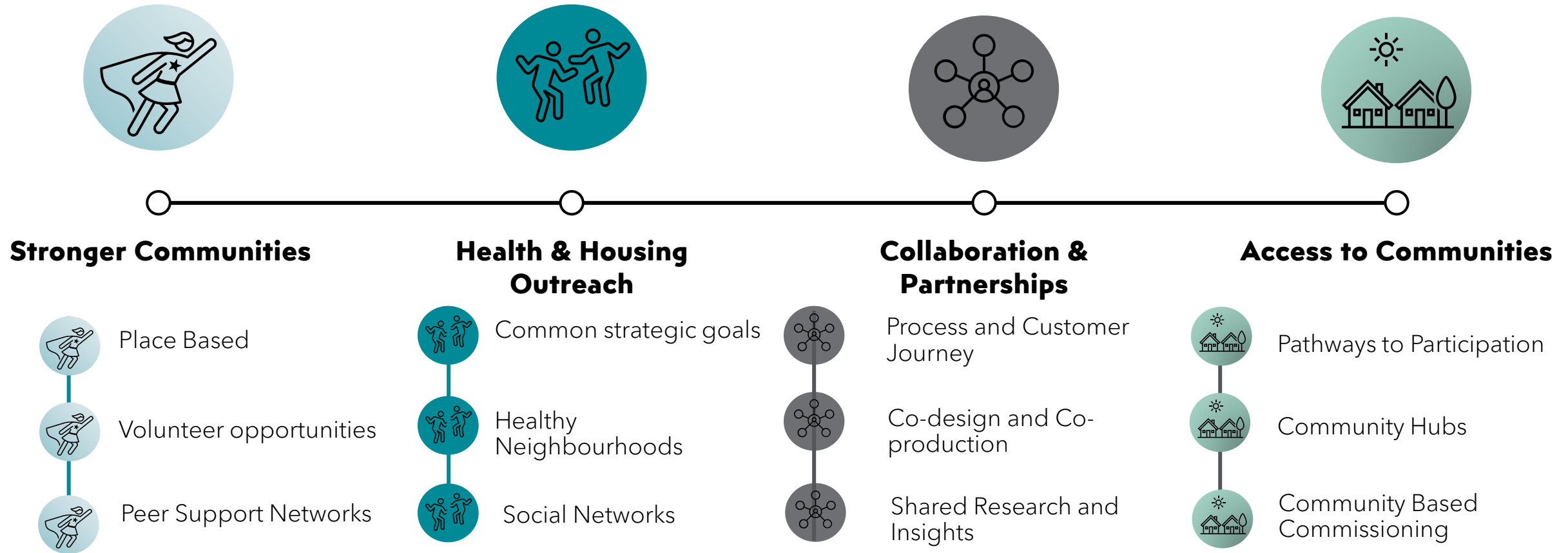


The partnership is a jointly funded programme between Public Health and **Grand Union Housing Group and Peabody**



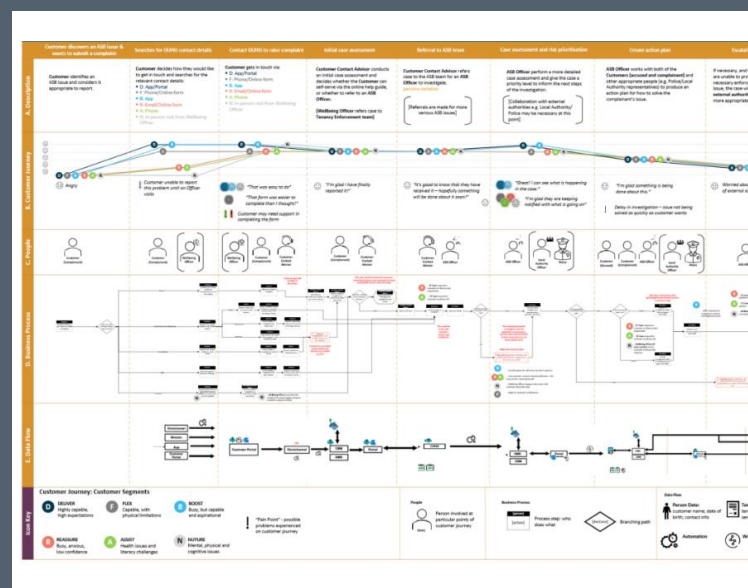
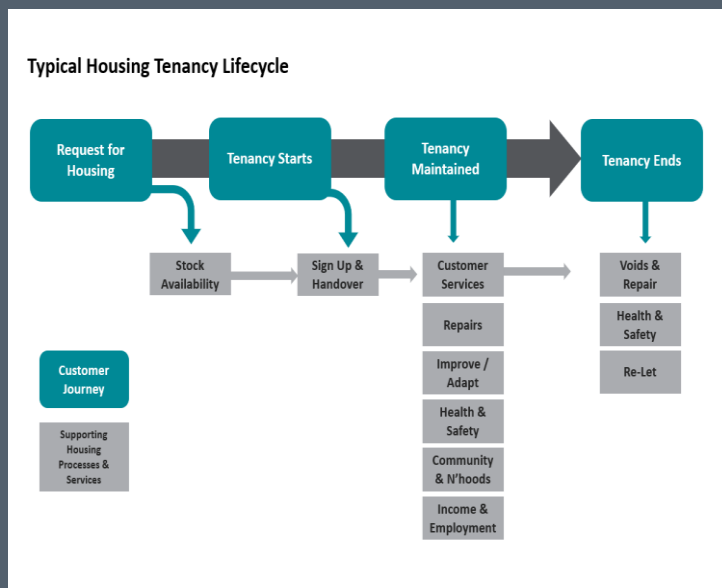
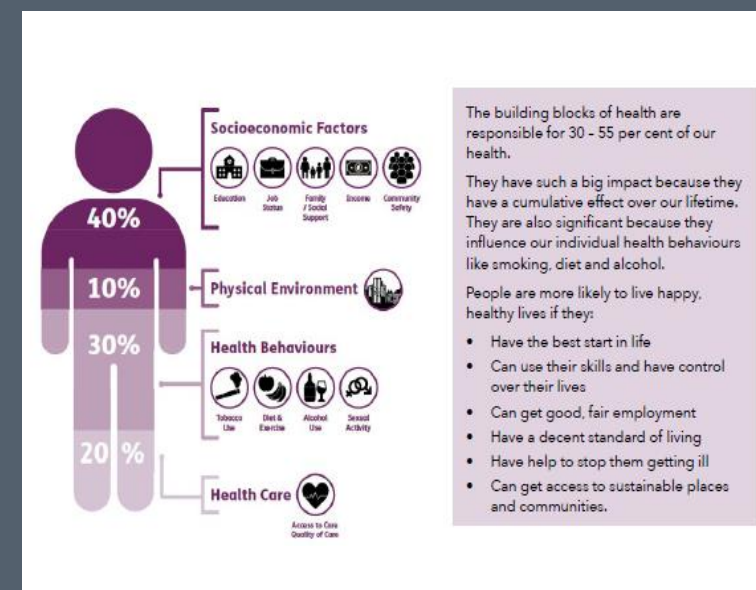
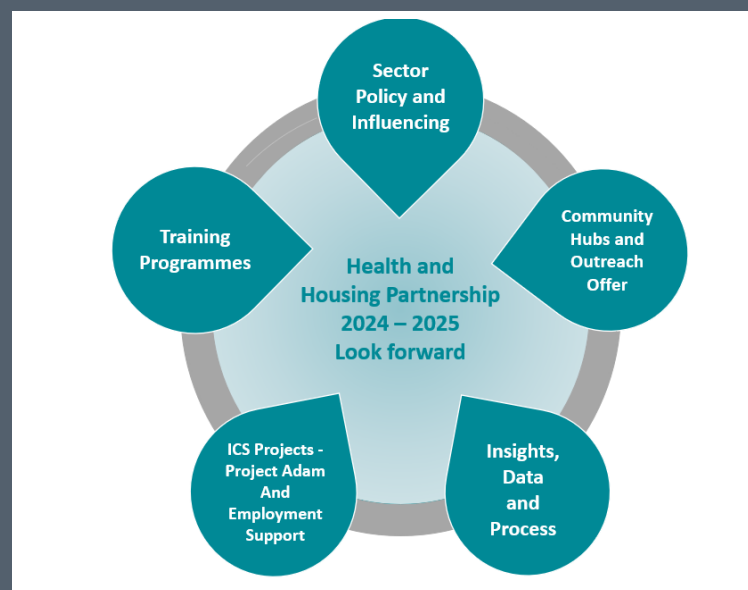
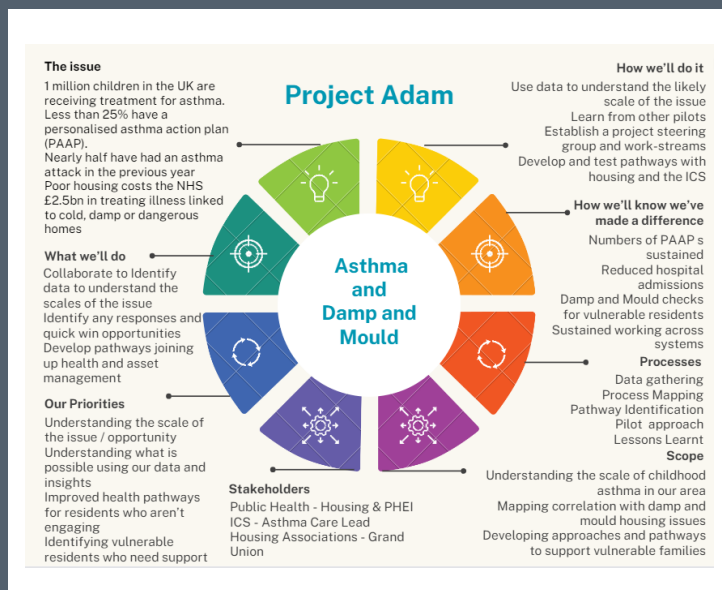
It seeks to create a blueprint for a new way of working in order to tackle health inequalities in our communities

# Healthy Neighbourhoods, Healthy Residents



**A community centred whole systems approach**





**BLMK**  
Integrated Care System

## Supporting Social Housing Residents to obtain good Employment in Healthcare

BLMK ICS Housing Anchor workstream



# DATA AND INSIGHTS

SOA 11 Code	MSOA 11 Code	Ward Name (2023)	IMD 2019 National Decile	Number of Properties	year 6 NCMF - Year 6 Children overweight or very overweight	Percentage Done of Offered	Stop Smoking Service - Quit Rate	Deaths from all cancer, under 75 years, standardised mortality ratio (SMR)	Deaths from causes considered preventable, under 75 years, standardised mortality ratio	Deaths from circulatory disease, under 75 years, standardised mortality ratio	Emergency hospital admissions for all causes, all ages, standardised admission ratio	Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	Emergency hospital admissions for alcohol self harm, standardised admission ratio	Hospital admissions for alcohol attributable conditions, (Broad definition) (female)	Life expectancy at birth, (upper age band 90 and over) (Male)	Life expectancy at birth, (upper age band 90 and over) (female)
301017371	E02009610	Amphill	10	29	25%	77%	50%	83.6	61.6	42.4	84.8	64.9	59.1	66.9	81.6	85.7
301017372	E02009610	Amphill	9	151	25%	77%	50%	83.6	61.6	42.4	84.8	64.9	59.1	66.9	81.6	85.7
301017373	E02009610	Amphill	10	81	25%	77%	50%	83.6	61.6	42.4	84.8	64.9	59.1	66.9	81.6	85.7
301017374	E02009610	Amphill	9	0	25%	77%	50%	83.6	61.6	42.4	84.8	64.9	59.1	66.9	81.6	85.7
301017375	E02009610	Amphill	9	64	25%	77%	50%	83.6	61.6	42.4	84.8	64.9	59.1	66.9	81.6	85.7
301017376	E02009608	Arlesey & Fairfield	7	20	32%	39%	53%	102.3	90.3	87.4	87.3	73.8	64.0	81.4	79.1	84.4
301017377	E02009608	Arlesey & Fairfield	9	54	32%	39%	53%	102.3	90.3	87.4	87.3	73.8	64.0	81.4	79.1	84.4
301017378	E02009608	Arlesey & Fairfield	6	309	32%	39%	53%	102.3	90.3	87.4	87.3	73.8	64.0	81.4	79.1	84.4
301017379	E02009605	Aspley & Woburn	7	110	35%	58%	31%	81.0	58.3	35.7	76.8	59.6	58.7	70.1	83.9	85.8
301017380	E02009605	Aspley & Woburn	10	14	35%	58%	31%	81.0	58.3	35.7	76.8	59.6	58.7	70.1	83.9	85.8
301017381	E02009604	Biggleswade West	9	9	32%	46%	62%	109.6	91.3	91.3	102.9	121.1	65.7	86.1	79.0	83.5
301017382	E02009604	Biggleswade West	7	143	32%	46%	62%	109.6	91.3	91.3	102.9	121.1	65.7	86.1	79.0	83.5
301017383	E02009603	Biggleswade West	8	31	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017384	E02009603	Biggleswade West	5	175	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017385	E02009603	Biggleswade West	6	70	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017386	E02009603	Biggleswade West	6	84	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017387	E02009603	Biggleswade West	8	55	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017388	E02009603	Biggleswade West	5	198	35%	39%	56%	110.0	100.4	119.9	114.9	141.9	120.8	105.0	80.2	83.4
301017389	E02009604	Biggleswade East	9	50	32%	46%	62%	109.6	91.3	91.3	102.9	121.1	65.7	86.1	79.0	83.5
301017390	E02009604	Biggleswade East	6	362	32%	46%	62%	109.6	91.3	91.3	102.9	121.1	65.7	86.1	79.0	83.5
301017391	E02009611	Clifton, Henlow & Langford	6	176	26%	24%	14%	89.8	55.1	67.0	75.1	48.1	50.6	63.8	81.8	86.3
301017392	E02009611	Clifton, Henlow & Langford	10	13	26%	24%	14%	89.8	55.1	67.0	75.1	48.1	50.6	63.8	81.8	86.3
301017393	E02009611	Meppershall & Shillington	10	45	26%	24%	14%	89.8	55.1	67.0	75.1	48.1	50.6	63.8	81.8	86.3
301017394	E02009605	Cranfield & Marston Moretaine	9	72	35%	58%	31%	81.0	58.3	35.7	76.8	59.6	58.7	70.1	83.9	85.8
301017397	E02009605	Cranfield & Marston Moretaine	10	37	35%	58%	31%	81.0	58.3	35.7	76.8	59.6	58.7	70.1	83.9	85.8
301017398	E02009615	Westoning, Flitton & Greenfield	9	74	31%	67%	75%	88.6	65.8	72.0	83.7	46.9	47.0	78.5	82.5	84.7
301017399	E02009613	Flitwick	10	14	28%	64%	17%	119.1	94.2	49.5	103.6	113.4	81.8	86.6	86.2	83.0
301017400	E02009613	Flitwick	2	421	28%	64%	17%	119.1	94.2	49.5	103.6	113.4	81.8	86.6	86.2	83.0
301017401	E02009613	Flitwick	10	44	28%	64%	17%	119.1	94.2	49.5	103.6	113.4	81.8	86.6	86.2	83.0
301017402	E02009613	Flitwick	10	5	28%	64%	17%	119.1	94.2	49.5	103.6	113.4	81.8	86.6	86.2	83.0

## Milton Keynes City > Joint Strategic Needs Assessment



## JSNA background

Health and well-being is a complex and multifaceted concept that is defined by many inter-relating factors. The development of strategies and services to improve the health and well-being of populations is similarly complicated and therefore robust, reliable and impartial evidence and intelligence is necessary to inform policy and strategic planning.

## Health Inequalities Central Bedfordshire



### Hospital Activity

In 2020/21, the number of unplanned admissions per 1,000 patients was **1.5 x** higher in the most deprived areas than the least deprived.



A&E attendances were **1.5 x** higher in the most deprived areas, compared with the least deprived areas.

### Diet

In 2021/22, just over **41 in 100** year 6 children were overweight or very overweight in the 20% most deprived areas, compared to just over **28 in 100** in the 20% least deprived areas.

In 2020/21, 66 in 100 adults across all of Central Bedfordshire were overweight or obese

### Smoking and Alcohol

In 2021/22, just over **63 in 100** people successfully quit smoking after 4 weeks in the 20% least deprived areas, compared with just under **54 in 100** people in the 20% most deprived areas.



In 2016/17 – 20/21, the hospital admissions rate for alcohol attributable conditions in the most deprived area was **1.4 x** higher than that in the least deprived.

### Mental Health & Wellbeing

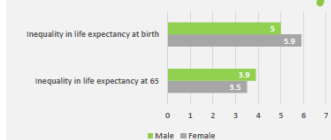


In 2016/17-20/21, rates of self-harm admissions in the most deprived area were **1.3 x** higher than the least deprived.

### Life Expectancies & General Health

The life expectancy at birth inequality gap in 2018-20 was **5.0** years for males and **5.9** years for females.

The life expectancy at 65 years inequality gap in 2018-20 was **3.9** years for males and **3.5** years for females.



## Health Inequalities Bedford Borough



### Hospital Activity

In 2020/21, the number of unplanned admissions per 1,000 patients was **1.3 x** higher in the most deprived areas than the least deprived.



A&E attendances were **1.4 x** higher in the most deprived areas, compared with the least deprived areas.

### Diet

In 2021/22, just under **45 in 100** year 6 children were overweight or very overweight in the 20% most deprived areas, compared to just under **30 in 100** in the 20% least deprived areas.

In 2020/21, 63 in 100 adults across all of Bedford Borough were overweight or obese.

### Smoking and Alcohol

In 2021/22, just under **53 in 100** people successfully quit smoking after 4 weeks in the 20% most deprived areas, compared with just under **49 in 100** people in the 20% least deprived areas.



In 2016/17 – 20/21, the hospital admissions rate for alcohol attributable conditions in the most deprived area was **2.6 x** higher than that in the least deprived.



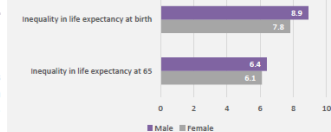
### Mental Health & Wellbeing

In 2016/17 - 20/20/21, rates of self-harm admissions in the most deprived area were **3.6 x** higher than in the least deprived.

### Life Expectancies & General Health

The life expectancy at birth inequality gap in 2018-20 was **8.9** years for males and **7.8** years for females.

The life expectancy at 65 years inequality gap in 2018-20 was **6.4** years for males and **6.1** years for females.



## Health Inequalities Milton Keynes



### Hospital Activity

In 2020/21, the number of unplanned admissions per 1,000 patients was **1.4 x** higher in the most deprived areas than the least deprived.



A&E attendances were **1.6 x** higher in the most deprived areas, compared with the least deprived areas.

### Diet

In 2021/22, 40 in 100 year 6 children across all of Milton Keynes were overweight or obese.

In 2020/21, 69 in 100 adults across all of Milton Keynes were overweight or obese.

### Smoking and Alcohol

In 2021/22, just under **56 in 100** people successfully quit smoking after 4 weeks in the 20% least deprived areas, compared with just over **46 in 100** people in the 20% most deprived areas.



In 2016/17 – 20/21, the hospital admissions rate for alcohol attributable conditions in the most deprived area was **1.3 x** higher than that in the least deprived.



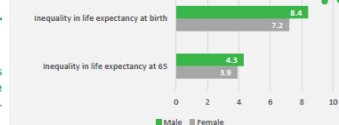
### Mental Health & Wellbeing

In 2016/17 - 20/20/21, rates of self-harm admissions in the most deprived area were **more than double** that of the least deprived.

### Life Expectancies & General Health

The life expectancy at birth inequality gap in 2018-20 was **8.4** years for males and **7.2** years for females.

The life expectancy at 65 years inequality gap in 2018-20 was **4.3** years for males and **3.9** years for females.



### Premature Mortality

In 2016-20, preventable mortality in the most deprived area was more than **triple** that in the least deprived.

Under 75 circulatory disease mortality was more than **triple** in the most deprived area than the least deprived 2016-20.



Under 75 cancer mortality in the most deprived area was **1.6 x** higher than the least deprived in 2016-20.



### Major Diseases & Health Checks

The rate of COPD admissions in the most deprived area was **3.8 x** higher than that of the least deprived.

In 2021/22, just over **43 in 100** health checks were completed of those offered in the 20% least deprived areas, compared with just under **28 in 100** in the 20% most deprived areas.



# LEARNING

**Shared Priorities  
and Common  
Language**



**Place Based  
Partnerships**



**Build  
Engagement and  
Trust**



**Embedding in  
Processes to  
Sustain Change**



**ANY  
QUESTIONS?**



# Health & Housing

## Partnership approach to developing a healthy places strategy

January 2024

“Beneath every behaviour there is a feeling.

And beneath each feeling is a need.

And when we meet that need, rather than focus on the behaviour, we begin to deal with the cause, not the symptom.”

Ashleigh Warner



Understanding our  
customers



## Difficulties affecting the daily lives of our customers

More than two thirds of our customers have at least one condition that affects their day to day life, and 34% of customers have three or more conditions. This information highlights some of their main difficulties.



### Physical conditions

Conditions affecting physical health including illness and diseases such as: Arthritis, Fibromyalgia, Diabetes, Asthma, COPD, Heart disease



### Mental health conditions

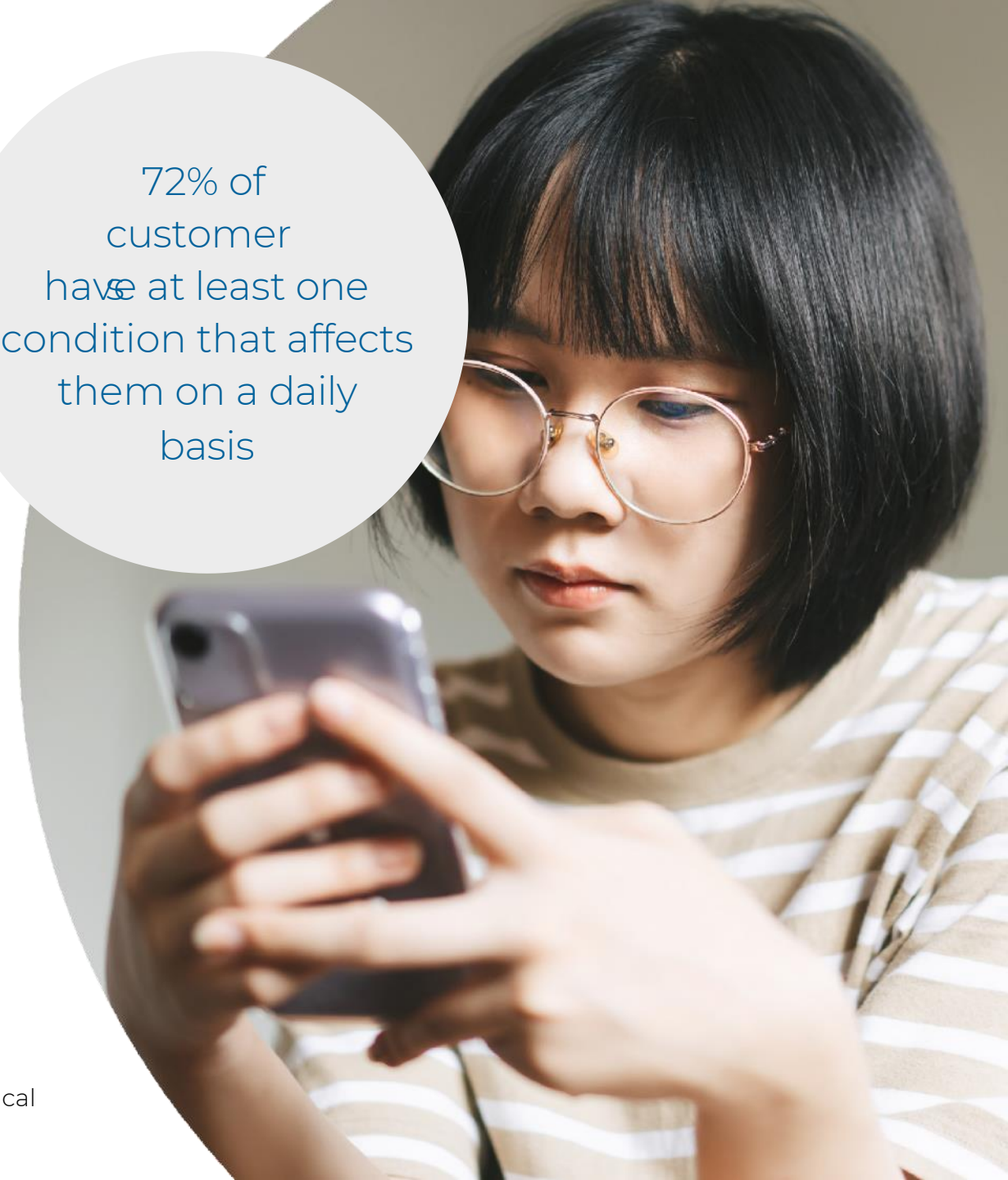
Conditions affecting mental health and specific disorders such as: Depression, Anxiety, OCD, PTSD, Eating disorders, Bipolar, Schizophrenia



### Cognitive conditions

Conditions affecting capability (can have mental and physical components) such as: Learning Disabilities, Dyslexia; Developmental disorders, Autism, Asperger's, ADHD; Neurodegenerative diseases, Alzheimer's, Dementia; Neurological disability, brain injury, Aphasia

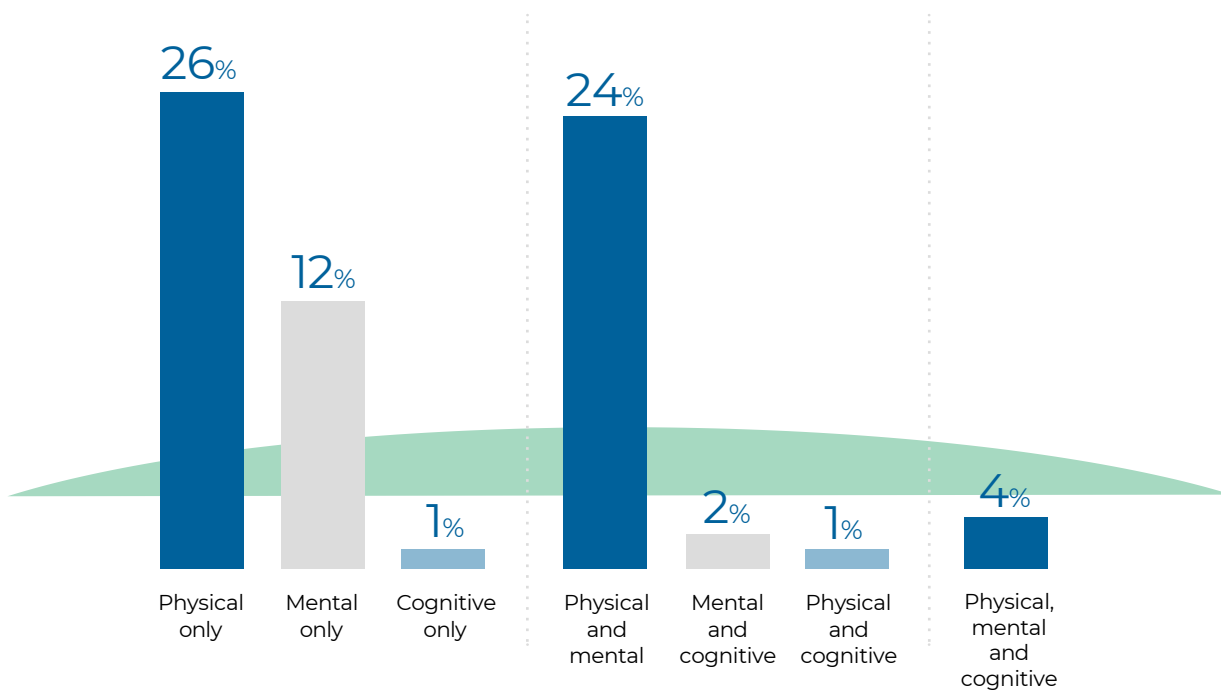
72% of customer have at least one condition that affects them on a daily basis



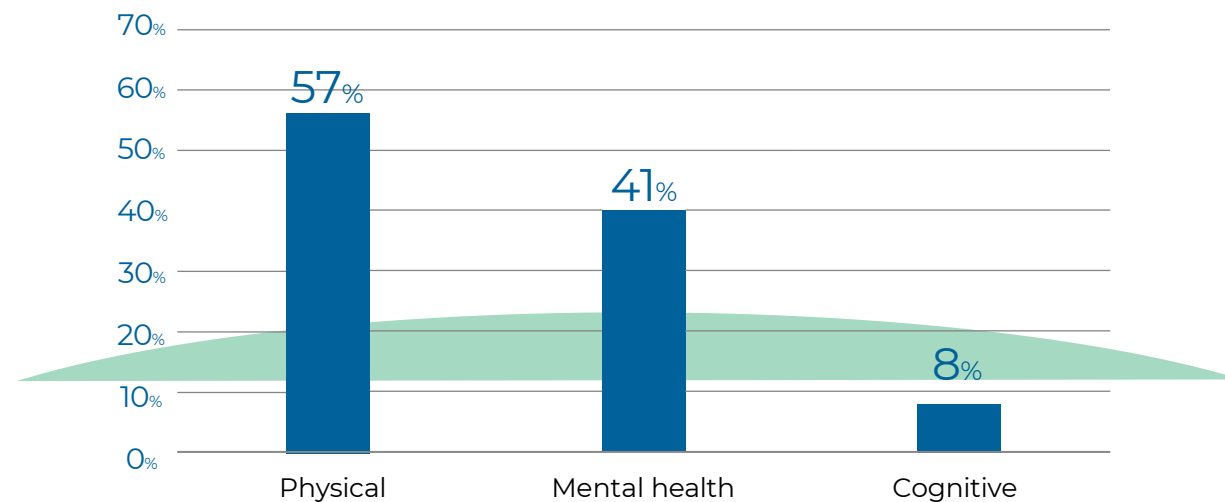
72% experience physical, mental or cognitive conditions



19% use some kind of mobility aid



Percentage of customers





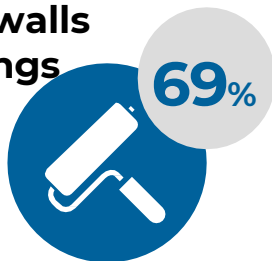
## Impact on daily life

Our customers and home maintenance (% able to do)

**General cleaning**



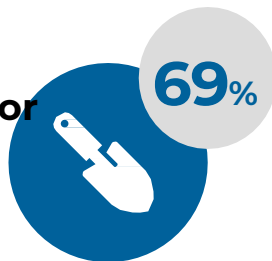
**Paint internal walls and ceilings**



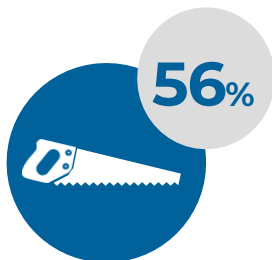
**Make basic internal repairs**



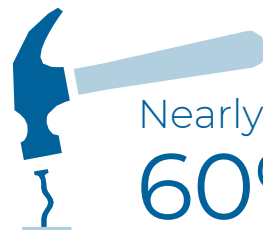
**Maintain outdoor space or garden**



**Make more difficult internal repairs**



Around **a third** of customers don't feel able to maintain outdoor space or decorate



Nearly **60%** struggle with DIY

**27%** have an issue with damp and mould



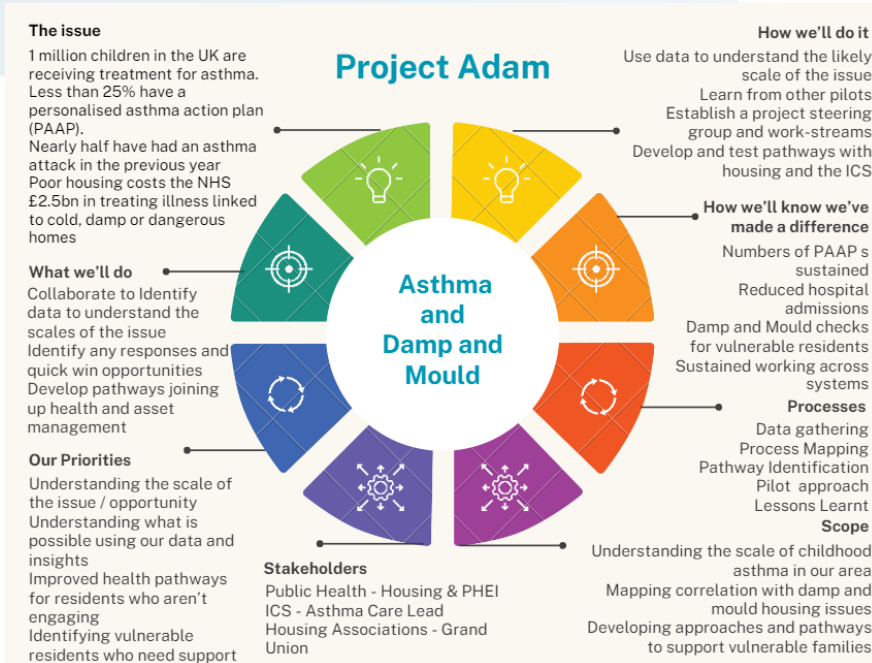


# Strategic importance





# Embedding the partnership



- ICS employment support programme
- NHS and ambulance service



- Single pathway between health and housing interventions
- Priority services register
- Data collection and sharing
- Person centred

**Thanks for listening**

# Health and Housing Partnership

Enriching residents' lives through  
community hubs and local  
engagement

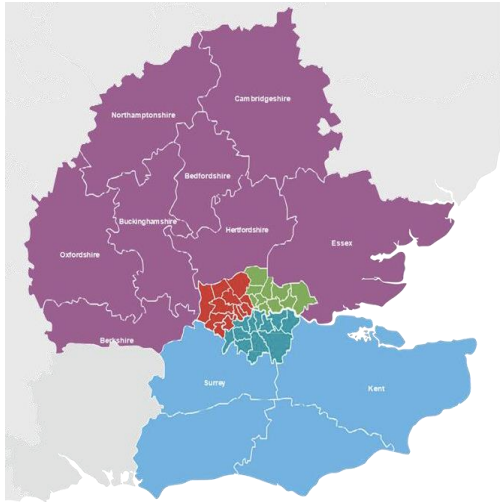
Kirsty Pepper

January 2024



# Local Peabody

## Colleagues in Neighbourhoods



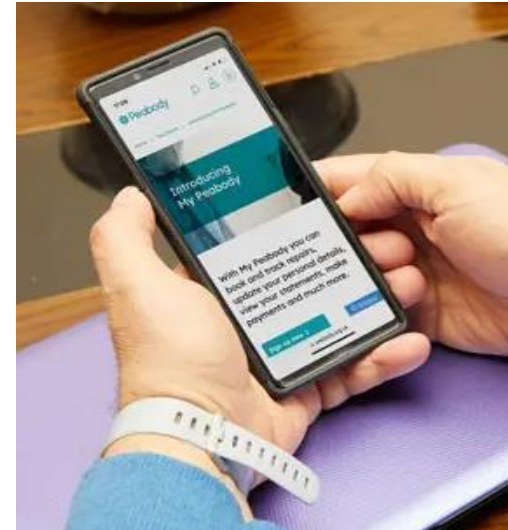
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## Contact Centre & Complaints



+

## My Peabody



Neighbourhood  
Local Peabody



## Wellbeing Wednesday's

Offering free advice & support on topics such as:

Stop Smoking



Mental Health



Feeling Isolated



Blood Pressure checks



Weight



Addiction



10am - 1pm at the Sandringham Community Hub  
48 Sandringham Drive, Houghton Regis,  
Dunstable LU5 5UP



# Community hubs

The aim is to bring Public Health Services to communities in areas of deprivation to improve access to and uptake of Public Health Services.

We are working together to improve personal and family health outcomes and help to achieve sustainable communities and tenancies.

With proactive and early intervention, we can also work to prevent future costs for services like the NHS.

At our Sandringham Hub in the last 6 months we have:

- Held 18 Sessions
- 193 attendees
- 51 direct referrals into a range of Public Health services
- 119 Food Pantry & Food Parcels issued
- 19 service providers have attended



# Referral Types

**Stop Smoking**

**Weight  
Management**

**Further  
education**

**Housing  
Services**

**Drug &  
Alcohol**

**Mental  
Health**

**GP**

**Older Persons  
Health**

**Health Watch**

**Physical  
Activity**

**CAB**



We have introduced 19 organisations to our Sandringham Hub.



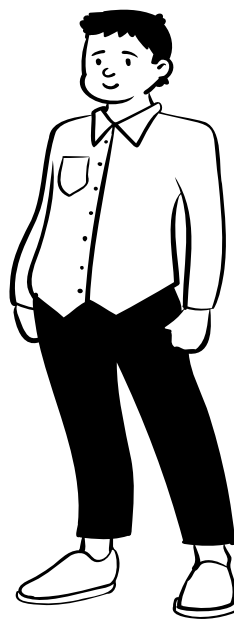
# Case Studies

"After multiple conversation with your smoking cessation service, I was finally ready to quit"



Referred into  
Stop Smoking

"You will never understand how much this session has meant to me"



Referred into  
Mental Health

"Thank you so much I had no food for me and my children tonight I didn't know what I was going to do"



Needed a food  
parcel

"Before coming to the hub I would feel so lonely and isolated, It's great to talk to people"



Feeling Lonely  
& Isolated



# Next Steps - Hubs

**We are looking at ways to grow our Health & Housing Hubs by:**

- Working in partnership with local community groups to increase resources and sustainability
- Developing the Food Pantry offer to support residents with cost-of-living crisis
- Mapping Public Health data and Peabody Housing data to provide more targeted support

# Training

**We surveyed Peabody colleagues and asked what they knew about Public Health & Public Health services.**



**40 responses from Peabody Colleagues**



**38% didn't understand what public health was all about**



**42% reported they had never referred a Peabody resident to a Public Health service before.**

" I Would really like to understand the different signs of mental health and how I can better support my residents"

"I would like to know how to support my customers with weight management and how best to have those conversations"

" I am interested in learning more about Drugs, Alcohol, Mental Health & Weight Management"

# Training delivered to Peabody colleagues



## Mental Health

Personality Disorder training 37 attendee's  
Health Impacts of Hoarding



## Sexual Health

Initial Discussions and support issued for Sheltered Housing providers  
Bespoke training to be offered to all Sheltered Housing Colleagues in January 2024



## Introduction to Public Health

Lunch and learn session for 50 Peabody colleagues  
Presented an introduction into Public health & the services that Public Health provides



## Stop Smoking

Very Basic Advice Training delivered to housing teams. Looking at how stop smoking advice can be incorporated into financial wellbeing support  
Links between smoking, rent arrears, fire safety



## Gambling Training

Bespoke Gambling awareness training offered by the East Of England Gambling Services  
34 Peabody Colleagues attended  
Awaiting survey feedback



## Drug & Alcohol

Drug & Alcohol training provided by P2R  
Rolled out to 5 sheltered scheme managers, smaller numbers allowed for more in-depth conversations and problem solving for residents with Drug & Alcohol difficulties.



Chartered  
Institute of  
Housing

# Building blocks for life: developing health and housing partnerships

Sarah Davis, senior policy and practice officer, CIH

January 2024



# Building around people and place

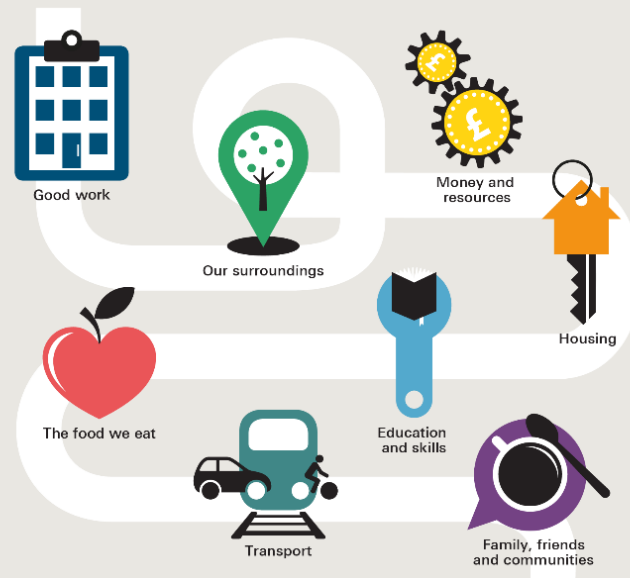


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Housing

## What makes us healthy?

Good health matters, to individuals and to society. But we don't all have the same opportunities to live healthy lives.

To understand why, we need to look at the bigger picture:



The healthy life expectancy gap between the most and least deprived areas in England is over **18** YEARS

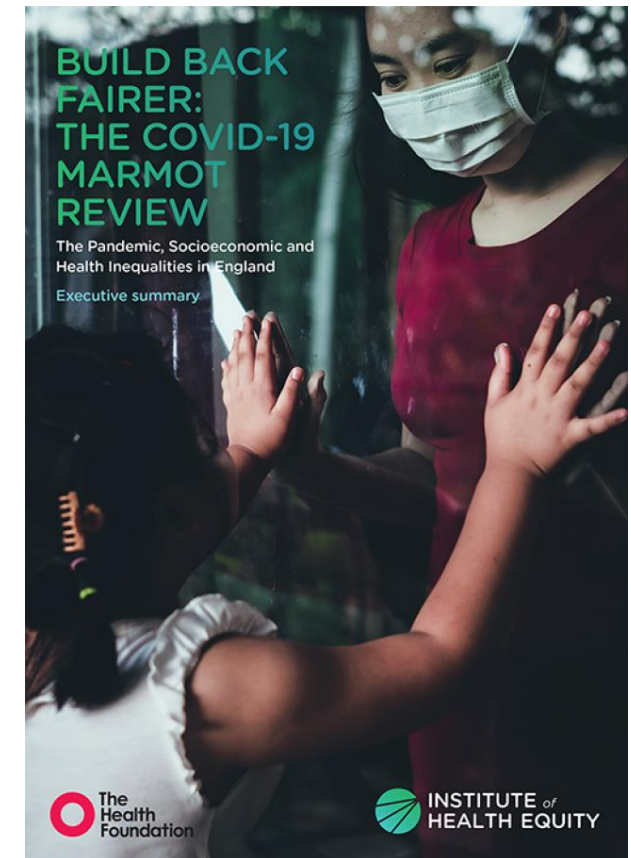
Find out more: [health.org.uk/what-makes-us-healthy](https://health.org.uk/what-makes-us-healthy)



© 2019 The Health Foundation.

*Good health starts at home  
and our home is the main  
setting for health throughout  
our lives*

Marmot



# Driving greater integration



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Housing

- [Integration and innovation](#): working together to improve health and social care for all
- Health and Care Act
- Population health and 'using the collective resources of the local system, NHS, local authorities and others to improve the health of local areas.'
- Integrated Care Bodies/ Partnerships
- Improving Health and Care through the Home - MOU
- [People at the heart of care](#): Adult social care white paper
- 'making every decision about care a decision about housing'
- Supported housing



# Policy drivers for housing



## Charter for social housing

- To be **safe** in your home
- To have your **voice heard** by your landlord
- To have a **good quality** home and neighbourhood to live in

## Social Housing (Regulation) Act

- Accountability, transparency, safety and decency
- Awaab's Law
- Professionalism
- Consumer standards and tenant satisfaction measures

## Plus

- Climate change/ net zero
- Building and fire safety
- Building new homes: higher accessible and adaptable standard (commitment July 2020)
- Housing condition, housing management, services and community



# Awaab's Law



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Housing

- Impact of housing conditions
  - Particular risks for individuals
  - Regulation – knowing our homes and who is behind the front door
  - Expanding the hazards
  - Setting timeframes and driving action
- 
- Social housing – built environment and community reach/ investment

GOV.UK

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Open consultation

**Awaab's Law: Consultation on timescales for repairs in the social rented sector**

- Members' comments to [policyandpractice@cih.org](mailto:policyandpractice@cih.org)



# From schemes to systems



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Housing Group

## Sharing the art of the possible: developing stronger health and housing partnerships

Housing is a significant determinant of health: the physical condition of homes; the security of tenure; the costs to run homes all have an impact on physical and mental wellbeing. The positive and negative impacts of housing on health and wellbeing have been exacerbated by the pandemic when everyone had to spend more time than before at home. Several reports highlight the difficulties that have arisen, including:

- No Place Left Behind:** the commission into prosperity and place-making explores how investment in the improvement and retrofitting of homes, led by not-for-profit social housing providers, delivered through proposed neighbourhood improvement districts and with dedicated funding could support places and communities tackle climate change, and meet the government's levelling-up agenda.
- Build back better:** the COVID-19 Marmot review, commissioned by the Health Foundation identified health inequalities exacerbated by continuing high costs of housing pushing more people into poverty, rising sleeping rough after the end of the successful Everyone In programme during the height of the pandemic, and more families in temporary accommodation; and many private and social renters living in unhealthier conditions, including overcrowding, struggling more with lockdown.

The experience of the pandemic provides the opportunity and impetus for a renewed focus on housing and its contribution to tackling health inequalities and preventing ill health, which are key priorities for local government and the NHS.

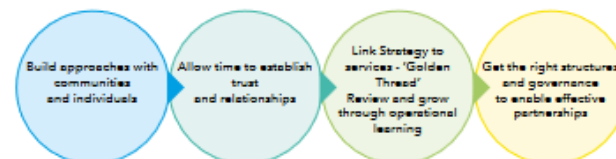
Efforts to bring housing and health partners together existed before the pandemic and examples of successful partnerships shared, but there is now impetus for this joined-up approach to improve health and wellbeing for local communities to be further developed. A roundtable hosted by Grand Union Housing Group and Chartered Institute of Housing (CIH), brought together leaders across housing and public health to discuss what was already happening and how to build on this to ensure more positive outcomes for the communities they both serve.

## What is possible today?

Grand Union Housing group and CIH worked with public health across three councils to bring together health and housing sector leaders to:

- Explore what was working already across the three localities in terms of schemes and services that brought public health and housing professionals together
- How this work could be embedded in the strategic and operational approaches of the partners to sustain it and maximise the benefits for individuals and communities
- How this could be used as a blueprint to help other areas and partners to develop similar approaches.

The art of the possible - Creating a blueprint for a new way of working



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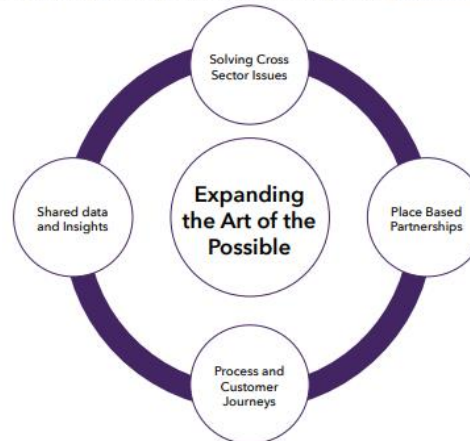
## Expanding the art of the possible: the role for health, care and housing partnerships in the developing local framework

Welcome to the second paper tracking the development of successful health, housing, and care partnerships from the Chartered Institute of Housing (CIH) and Grand Union Housing Group.

This edition builds on the first paper, [Sharing the art of the possible: developing health and housing partnerships](#), expanding the discussion and lessons. Both papers explore how housing, health and care partnerships are tackling barriers to develop and expand services that provide positive impacts for individuals and local communities. Whilst creating positive change, the partnerships also help to achieve key targets and ambitions for the partners involved.

Here we capture the discussion of a second roundtable held in October 2022, with housing, public health, and care leaders, looking at how to sustain and grow the scope of the partnerships, and how these will fit within a wider local and subregional framework with the establishment of Integrated Care Boards (ICBs) and Partnerships (ICPs). These statutory bodies have a remit to drive greater integration and joint working between health structures and local authorities to tackle health inequalities, improve population health, support people with long term conditions, and help people live well into older age, including those with multiple health conditions.

Discussions also explored the opportunities arising from the drive to integrate housing with social care and health strategies, identifying and including opportunities for more tailored housing options for older and disabled people - a central plank of the government's vision for social care reform ([People at the heart of care](#)).



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## Building blocks for life: Housing and Healthy Neighbourhoods

The importance of where we live - our homes and neighbourhoods - for our wellbeing has been starkly underlined through the experience of the pandemic. It is now in the spotlight again with the cost-of-living crisis, for example, in relation to the condition of housing, how much energy is needed to provide adequate heating, and how households will afford it after high and increasing housing costs. (More about the cost-of-living crisis and work of the social housing sector to support residents can be found [here](#)).

Our homes are critical building blocks for our health, and are foundational for our involvement in education, employment, making social connections, and all the other social and economic factors that shape the different health outcomes, or inequalities, that people experience.

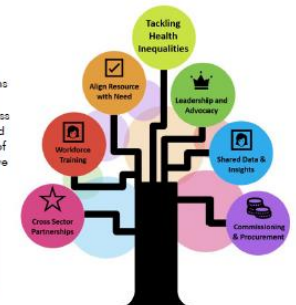
### Health and Housing – Healthy Neighbourhoods, Healthy Residents



## Working In Partnership and Tackling Inequality

Partnership working across public health and housing means that we can develop effective responses to problems, and more importantly, identify and address issues early on, across shared geographies and populations. By developing joined up and cross sector actions, we can work to address some of the causes of health inequalities and to mitigate the negative impacts of poor health on individuals and communities.

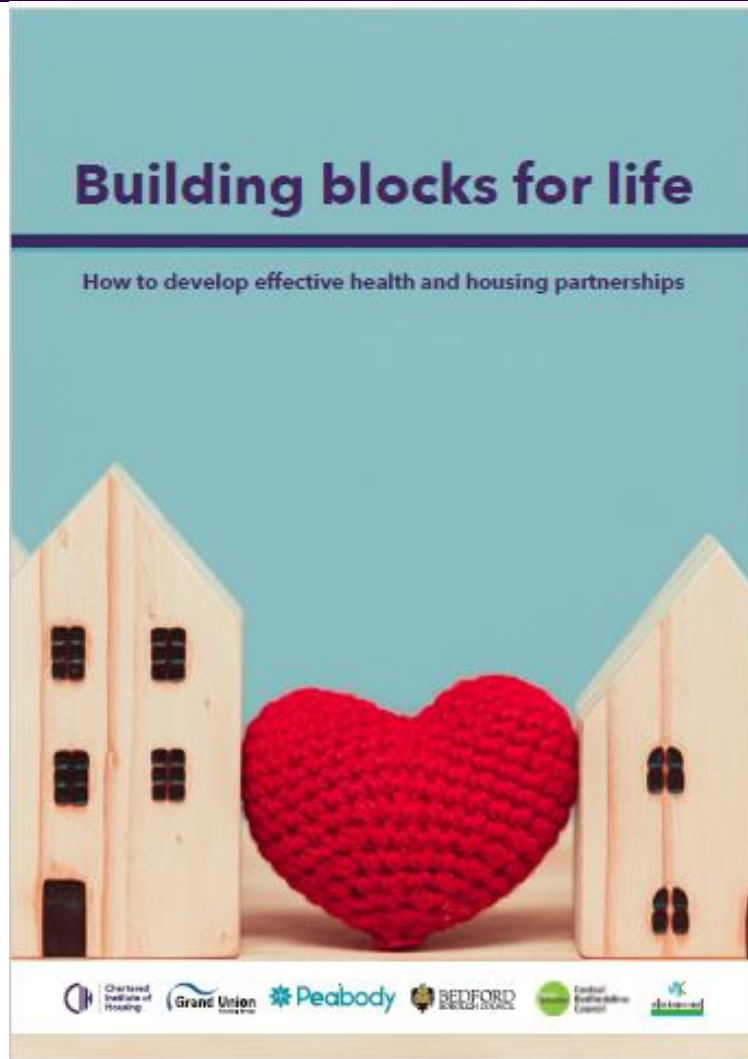
Many of the important building blocks of health are outside of the control of public health teams and working in partnership is an important enabler.



# So how to begin?



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- Following a sub-regional partnership
- What's happening elsewhere
- Common strands
- <https://www.cih.org/publications>

# How to



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Understand each partner's role	Build trust and communication	Shared data and insight	Build around people and places
<ul style="list-style-type: none"><li>• Language</li><li>• Benefits for each from partnership approach</li></ul>	<ul style="list-style-type: none"><li>• Investment of people and time</li><li>• Consistency/ ease of contact</li></ul>	<ul style="list-style-type: none"><li>• Different data</li><li>• Big picture</li></ul>	<ul style="list-style-type: none"><li>• Involving communities</li><li>• Use of community assets/ networks</li><li>• What's available/ what's missing</li></ul>



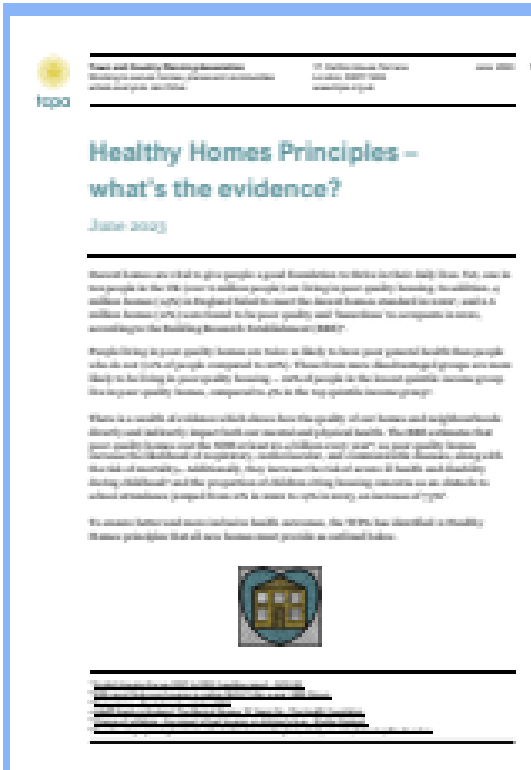
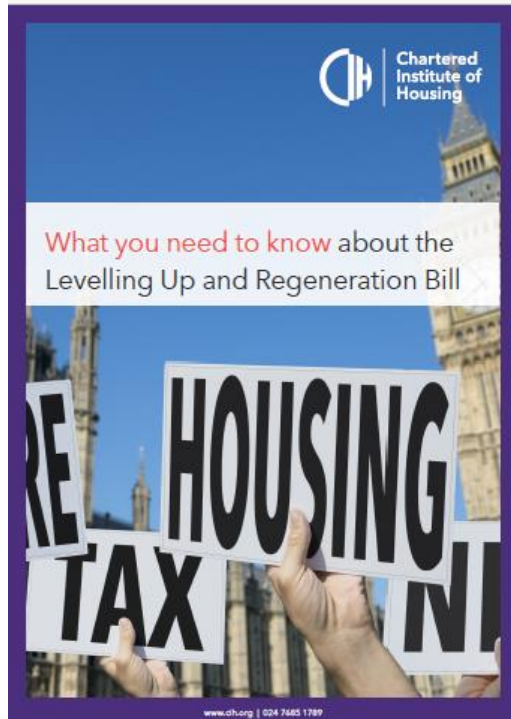
# How to



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Developing partnership initiatives and programmes	Resources	Evaluation, monitoring, learning	Sustain and mainstream
<ul style="list-style-type: none"><li>• Beginning small/expand out</li><li>• Embed and grow</li></ul>	<ul style="list-style-type: none"><li>• Shared / aligned resources</li><li>• Maximise impact/minimise disruption</li></ul>	<ul style="list-style-type: none"><li>• Evaluate and learn</li><li>• Develop shared insight, outcomes framework and metrics</li></ul>	<ul style="list-style-type: none"><li>• Shape corporate/strategic plans and action</li><li>• Accountability to communities</li></ul>

# Planning for health



- Getting the balance right between new and existing homes
- Housing made for everyone ([HoME](#))
- [Healthy Homes principles](#)
- Health and the built environment team BLMK

**HOME**  
Housing Made for Everyone



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