

# NIHR

Health Determinants  
Research Collaboration  
Cumberland

## Improving the Determinants of Health: Cumberland Council's Research Plan

Phase 1 Scoping Review:

### Access to Housing

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[cumberland.gov.uk](https://cumberland.gov.uk)

# Context

- The Health Determinants Research Collaboration is a five-year research project, funded by the National Institute for Health Research from January 2024 to December 2028. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.
- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners in order to establish seven priority areas in need of firmer evidence.
- The seven areas are: poverty, pathways to employment, access to housing, mental health and neurodiversity, substance use, obesity-and children cared for.
- In each of the seven themes the HDRC aims to uncover how serious the issues are and who experiences them, how they vary across our rural, coastal and urban areas, what barriers there are to improvements, and what might work to improve them.
- Each of the seven themes will have a scoping review to understand recent interventions, secondary data analysis to understand what is already known, new data collection across the health and social care system, and deep dives into particular issues by community co-researchers.
- This scoping review is one of seven, in the first phase of research set out above.

# Data Context – The Picture In Cumberland

**Key:** - [Cumberland](#) - [England](#)

## **Affordability: Average Pricing**

Price For First Time Buyers - [£164,000](#) ([£255,000](#))

Price of Housing - [£167,000](#) ([£271,000](#))

Monthly Rent - [£606](#) ([£1,332](#))

## **Ownership: Proportion %**

Owns Property Outright – [40.8%](#) ([32.5%](#))

Owns Property with Mortgage – [27.7%](#) ([28.8%](#))

Combined Rate of Ownership – [68.5%](#) ([61.3%](#))

## **Tenancy: Proportion %**

Private Renting - Landlord or letting agency – [11.7%](#) ([18.2%](#))

Private Renting – Other – [2.4%](#) ([2.2%](#))

Social Renting - Council or Local Authority – [3.3%](#) ([8.3%](#))

Social Renting – Other social renting – [13.5%](#) ([8.8%](#))

## **Accommodation Type: Proportion %**

1 Bedroom Properties – [5.4%](#) ([11.6%](#))

2 Bedroom Properties – [28.1%](#) ([27.3%](#))

3 Bedroom Properties – [46.8%](#) ([40%](#))

4 Bedroom Properties - [19.7%](#) ([21.1%](#))

## **Repossession: Per 100,000 dwellings**

Landlord home repossessions – [561](#) ([1,036](#))

Mortgage home repossessions - [207.2](#) ([231.7](#))

## **Homelessness: Crude Rate Per 1,000**

Households in Temporary Accommodation – [0.3](#) ([4.2](#))

Households owed a duty under the Homelessness Reduction Act – [9.9](#) ([12.4](#))

## **What Does The Data Tell Us?**

Housing across Cumberland is generally more affordable, and therefore more accessible, than the national average. This trend is seen across general housing prices and both buying and renting prices. Cumberland also has a higher proportion of property ownership than England which helps to demonstrate the affordability of housing within the region. There also appears to be more housing security within Cumberland as shown through lower rates of homelessness and property repossessions, when compared to national figures.

Source: Office For National Statistics, 2021

# Statutory Duties of the Council

- Strategic Housing Function (Housing Act 1996) to provide; Housing Allocations Policy, Homelessness and Rough Sleeper Policy and Action Plans, Housing Needs Assessment, Supply and Development functions, Maintain affordable housing register including low-cost housing sales and resales.
- Housing Options, Homeless Prevention & Homeless Relief Duties( Homelessness Code of Guidance for local authorities 1996, Homelessness Act 2002 and 2017). Duties include: preventing homelessness and take action to assist those threatened with homelessness within 56 days or to relieve actual homelessness. Duty to provide interim temporary accommodation for all eligible applicants including homeless families where children are present, duty to carry out annual rough sleeper counts/estimates. Duty to undertake strategic review of current and future homelessness and rough sleeping; and use this to inform and publish a strategy every 5 years (reviewed annually); to undertake an annual review and publish annual ending rough sleeping plans.
- Housing Standards Inspections and Enforcement (Housing Act 2004 ). To license houses in multiple occupation (HMOs), to enforce of Housing Standards, and to issue Empty Dwelling Orders.
- Domestic Abuse Safe Accommodation related Specialist Support Services (Domestic Abuse Act, 2021). Duties to provide accommodation and support to victims of domestic abuse and their children, to provide domestic abuse specialist support to all victims (including children) and those at risk of domestic abuse linked to safe accommodation, to undertake a strategic review of needs to inform and publish a DA strategy overseen by a governance board.

# Method

- Core search terms developed by reviewer team; topic search terms decided by reviewer
- Several search strategies tested: >90% of potentially relevant articles captured in core search
- Results exported to RefWorks folders and Excel spreadsheets
- Titles and abstracts reviewed for relevance against inclusion criteria (categories: H/M/N = high/medium/not)
- Articles in 'H' category included in final scoping review: read in detail, common themes identified
- Subset of most informative articles designed 'HH' : these make up the Examples in this presentation
- Articles designated M as supplementary knowledge resource, searchable within Excel spreadsheets.

# Search Terms

Searches completed February 2025

- Databases: UoC OneSearch database collection, advanced search
  - searches also run in “Academic Search Complete” database collection; results broadly similar but requiring extra processing
- Limiters: published 2015-2025; English language; “Articles+” option
- Optimised core search:
  - IN TITLE - (house OR houses OR housing) AND (inequalit\* OR determinant\* OR equity OR inequit\* OR disadvantage\* OR interven\*)
  - IN DESCRIPTION - health\* OR wellbeing
- Extra search to capture key review:
  - IN TITLE - housing AND inequalit\* AND review
- “access to housing” as a search term did not identify additional useful references.

# PRISMA for search results

(Adapted from: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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## Identification

Records identified from:

Databases (n = 377, 280 after duplicates removed)

Other sources (**cited material; see below**)

## Screening & eligibility

Title/abstract – rapid screen (n = 280)

Title/abstract/some full text – deeper screen (n = 132)

Records imported into Excel spreadsheet, assessed for eligibility, ranked by relevance (HMN)

## Included

Articles included in scoping review (n = 37, relevance H)

of which n = 18 designated as “HH”/Key Paper

**cited material also reviewed:**  
Local Government Association report on improving the Private Rental Sector  
Grey literature on Housing First homelessness intervention

Records excluded (n = 148)

Records excluded (tagged as N) = 70  
**because**  
Different topic focus (n = 24)  
Not intervention focus (n = 10)  
Not UK focus = (n = 29)  
Not health related (n = 3)  
Poor quality (n = 2)  
Research protocol only (n = 1)  
Duplicate (n = 1)

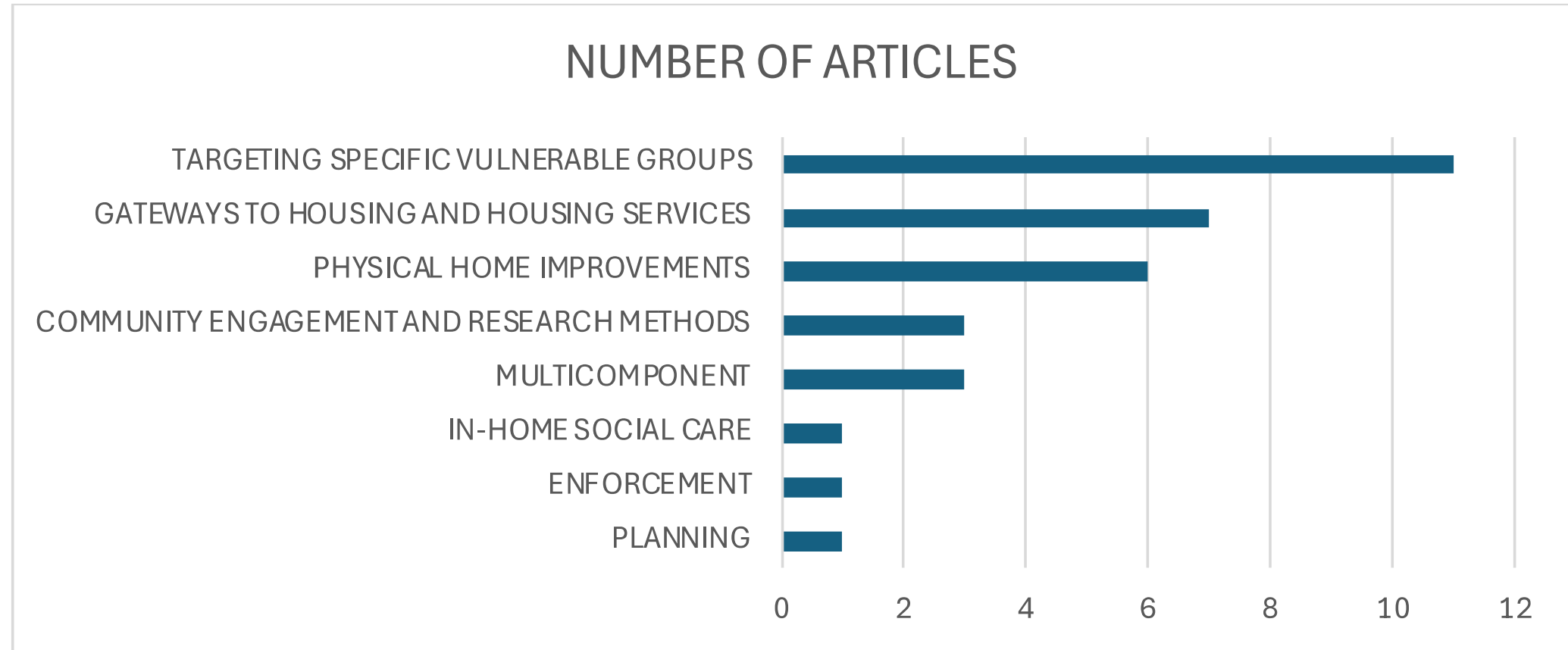
Records excluded (tagged as M) = 25  
**because**  
Different topic focus (n = 6)  
Not intervention focus (n = 10)  
Not UK focus = (n = 8)  
No actionable findings (n = 1)

# Findings

- Research literature on housing inequality in relation to health is fragmented and difficult to categorise – the topic has been described as “conceptually blunt”
- From the literature reviewed three main themes identified: (1) interventions targeting specific vulnerable groups; (2) gateways to housing and housing services; (3) physical home improvements
- Evidence in the form of health outcomes for interventions practiced in the UK is patchy, although there is some good positive evidence for physical improvement of public housing stock
- The private rental sector in the UK has grown significantly since 2000 and has received a lot of attention – LGA report illustrates a wide range of interventions designed to tackle local conditions
- Several interventions practised outside the UK and supported by evidence that may be meaningful in a local context and are presented as examples
- Numerous vulnerable groups are impacted by poor housing situations and each has distinct needs – for people experiencing long-term homelessness, the review examines Housing First as an intervention.



# Types of interventions in the papers reviewed



# Examples

- The following slides include examples of practices, projects and interventions that have some evidence of being effective.

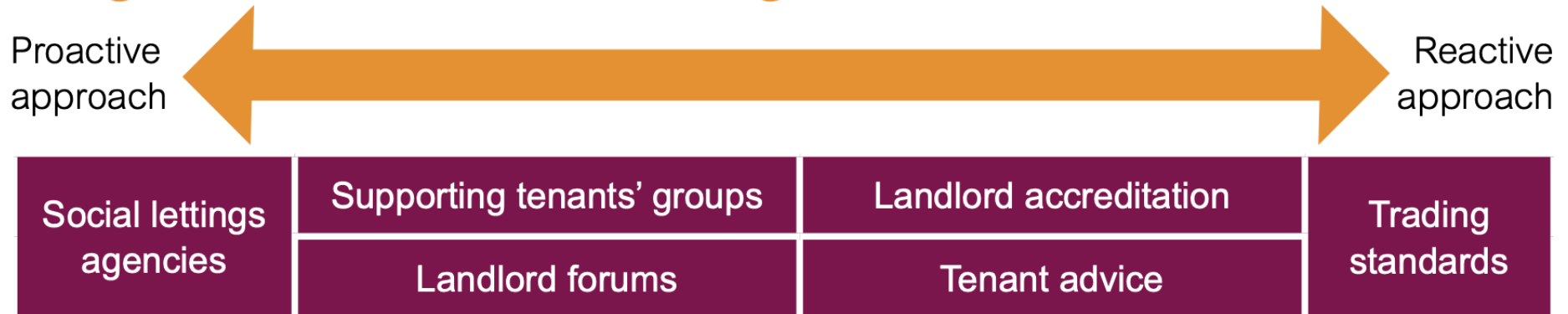
# Example: LGA report on improving the private rental sector (McClatchey, F.M. et al., 2024)

- “A Guide for Councils” published in July 2020, as one part of a three-part toolkit.
- Proportion of PRS housing in LA areas ranges from 15 to >40%, national average 19% (approx. doubling over 20 years)
- Interventions are grouped under three headings, with numerous case studies of where these have been implemented; consumer regulation, enforcement and emerging issues (see following slides).
- Report also sets out a Policy Making Process starting with an understanding of overarching issues in LA areas and includes three case studies; Warwick (students ) Hartlepool (>50% PRS, ASB) and Blackpool (former guest houses).
- Scant information is included on the specific needs of rural areas.
- The report has been the subject of a research study by the Department for Health and Social Care and Universities of Bristol/West of England which proposes eight Initial Programme Theories (IPTs) on “what works, for whom, under what circumstances” and calls for better outcome measures to guide local government planning, in relation to health and use of health services.

# LGA interventions for Public Rental Sector #1 - CONSUMER REGULATIONS

- Aimed at addressing imbalance of power favouring landlords and letting agencies
- Softer than ENFORCEMENT, schemes implemented marry up the interests of landlords and tenants and are often collaborative.
- Case studies show a continuum between proactive and reactive approaches, including: Hartlepool (social letting agency) Tower Hamlets (rent guarantee scheme) Oxford (“home choice” for vulnerable families).

Diagram Two: Consumer regulation and councils

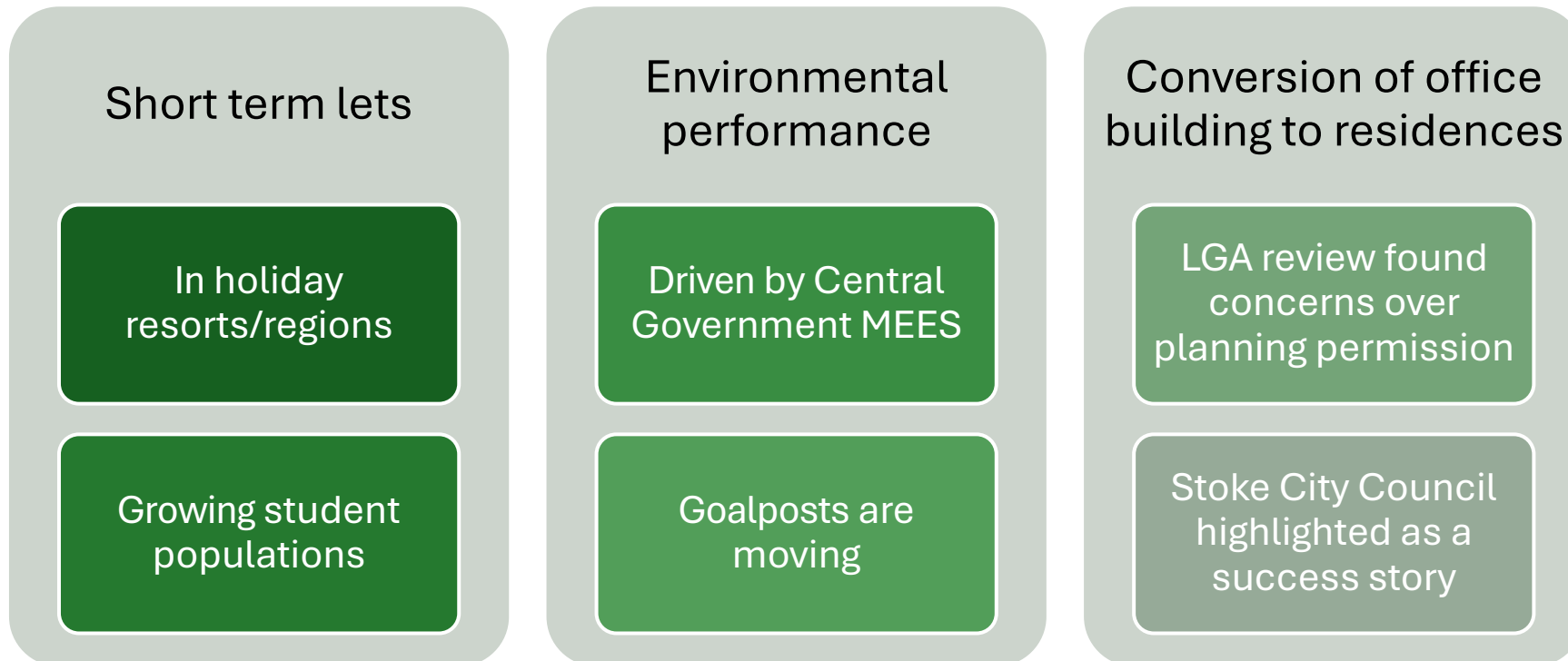


# LGA interventions for PRS #2 - ENFORCEMENT

- A staged enforcement approach was recommended; identifying where intervention is required, taking informal action and finally formal enforcement.
- A council housing officer: *“about 10% of landlords create 90% of our work, while 90% of landlords cause us few if any problems”*.
- Characterising landlords as “rogue” can be misleading; also need to consider “accidental landlords” lacking knowledge of legal obligations.
- Approaches in case studies blend proactive vs reactive, informal vs. formal.
- Formal approaches can create risks for local authorities – resource hungry, and deterrent effect may be limited.

# LGA interventions for PRS #3 – FOR EMERGING ISSUES

- A range of approaches are advocated for in order to prevent emergent issues from escalating.



## **Example – Evidence for physical home improvements in public housing reducing hospital admissions** (Rodgers, S.E. et al., 2018)

- ❑ This is a large-scale longitudinal evaluation in Wales with 32,000 council house tenants as participants of all ages, in all deprivation quintiles (~60% in lowest two) 10% with comorbidities and including urban, town, and village/hamlet populations.
- ❑ The intervention was multipart upgrading of 8858 council houses to the national standard.
- ❑ Health impact was measured by change in number of emergency hospital admissions over a 10-year period.
- ❑ Outcomes - compared with tenants without upgrades (exposure group) included up to 39% fewer admissions for tenants aged 60+ and up to 34% fewer admissions for tenants of all ages indicating its efficacy in health prevention.
- ❑ The most impactful upgrades included: electrical systems, windows and doors, wall insulation, garden paths
- ❑ The less impactful upgrades included: heating, loft insulation, new kitchens and new bathrooms.

## **Example – a simple, low-cost physical home improvement to improve wellbeing of social housing tenants** (Rangiwhetu ,L. et al., 2017)

- ❑ This project was a local authority response to half of New Zealand's renters reporting damp or mould problems with their homes
- ❑ The research project was run within Wellington City Council (the second largest social housing landlord in NZ, engaged at the time in upgrading its social housing stock).
- ❑ The intervention included putting sealing strips around doors and baffles to block drafts in a range of five social housing units mainly tenanted by vulnerable groups.
- ❑ The results over a winter period showed properties were on average 1.36°C warmer post-intervention after adjusting for outdoor temperature and the “tenants' daily diary entries also claimed units were warmer post-intervention.



## Example – From the same local authority in NZ, Healthy Homes Initiative implemented through Well Homes (Pierse, N. et al., 2020)

- In the "Well Homes" programme, housing assessments are carried out by trained community workers followed by a range physical home improvements, using philanthropic funding received through a local charitable trust.
- The second study included 895 homes in the Private Rental System which is “very lightly regulated in NZ”. The interventions targeted cold and mould. The participants were families on low incomes with children, who had previously been hospitalized with specified housing-related indicator conditions or were otherwise identified as at risk of rheumatic fever.
- The homes were provided with the following equipment and then called 'Healthy Homes'; mould kit, bedding, drought stoppers, beds, heating sources, venitaltion.
- Despite good evidence of the percentage of interventions delivered, there were scant details of health impact of interventions, but some significant claims: “Over its first year of operation there were more than 1,500 prevented hospitalizations estimated to be directly attributable to the program as well as fewer GP visits and pharmaceutical dispensing, resulting in cost savings to the health system.”

# Example – North Tyneside’s Safe and Healthy Homes (SHH) service

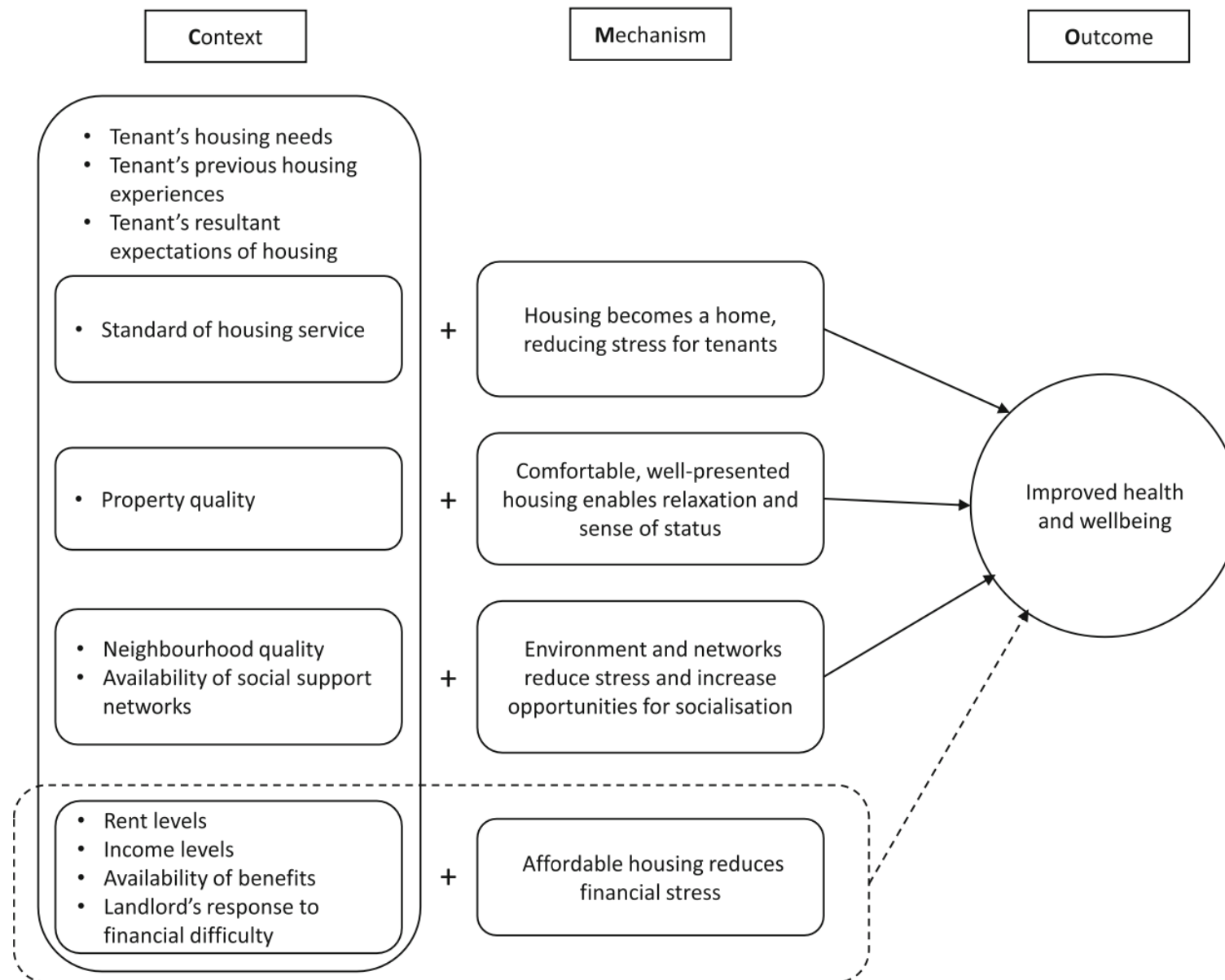
(Aitken, D. et al., 2017)

- This advisory and support service was launched in 2014 and is still operational.
- It targets people living in private rented or owner-occupied accommodation (considered under-supported by local authorities compared to those living in social housing).
- It provides information or refers clients to public, private and voluntary services which can help resolve their issues through housing interventions
- Access is provided through different referral routes including GPs, local charities and self-referral.
- Referral into the service triggers a home visit to the client to discuss needs and inspect the property.
- The effectiveness of the service was evaluated in qualitative study by researchers at the Universities of Newcastle & Northumbria:
- The study found positive evidence that “Facework” by SSH officers is valued by *“the most vulnerable people who may be unwilling to engage with a confusing network of services of which they either know little or have had negative prior experiences”*
- With SSH support, participating households could access practical interventions from reputable providers, some simple and low-cost (e.g. draft excluders), some more costly (e.g. new boilers).

# Example – Examining the roles of housing organisations in west central Scotland leading to positive health and wellbeing outcomes

(Rolfe, S. et al., 2020)

- This is a longitudinal study of new tenants in social and private rented sectors over 12 months, after accessing housing through three different gateway organisations: a community-based housing association (SRS), a social enterprise letting agency (PRS) and a voluntary sector organisation running rent deposit schemes (PRS).
- Data collected showed significant improvements over time in tenants' health and wellbeing, both self-rated and according to World Health Organization's 5-point wellbeing scale (WHO5)
- The researchers developed a framework to examine how four different aspects of the "housing experience" can be linked to positive health and wellbeing outcomes, framed as causal hypotheses called 'Context-Mechanism-Outcome Configurations' (CMOCs) (shown overleaf).
- A positive tenancy experience, the quality of the property and the neighbourhood quality and support all had an impact on health and wellbeing, whereas affordability of the property did not.
- Related work by the same researchers found that "Being able to establish a sense of home was key to tenants' wellbeing.....as a recuperative space in which to shelter from daily stressors and as a source of autonomy and social status" (Garnham, L. et al., 2022).



**Fig. 3** Summary of refined CMO-Cs. Note: Dotted line indicates that this CMOC is not evidenced here, but may be applicable in other housing markets

# Thought-provoking “gateway” examples from outside the UK, big and small

## **Vienna, Austria** (Premrov, T. et al., 2023)

- ❑ Under the longstanding "Vienna Housing Model", 40% of housing is social housing (municipal owned and housing association are present in both less- and more-well off areas of the city).
- ❑ The model is intended to provide "affordable dwellings for low- and medium-income households without causing ghettoisation in the past."
- ❑ The model results in a higher social mix in the neighbourhood - this paper describes how “investment in social, cultural and recreational infrastructure may enhance social cohesion.”

## **Boston, USA** (Hernández, D.)

- The Medical Legal Partnership (MLP) programme is an intervention to address housing problems and improve patient health through free legal assistance offered in clinical settings.
- Doctors and lawyers were cross trained to mobilise medical and legal resources for vulnerable patients.
- Interviews with 72 patients indicated that the MLP group were more likely to achieve adequate, affordable, and stable housing than those in the comparison group.

# Housing interventions targeting specific vulnerable groups

The review found research articles concerning numerous different groups, with different needs

- People experiencing homelessness, often with mental health or substance addiction problems\*\*
- Young people who are marginally housed or experiencing homelessness
- Older people with declining health and absence of family caregiver\*\*
- Medically complex families experiencing adverse housing circumstances and including a child with a chronic health condition\*\*
- Children with asthma in low-income households
- Families with child welfare involvement
- Women experiencing antisocial behaviour in social housing, as victims or perpetrators
- Social housing tenants with mental illness or other complex needs, at risk of not sustaining their tenancies

\*\*covered in the examples that follow.

# Example – Housing First in Finland...and the UK (The Lancet, 2024; Kirsi Juhila, K. et al., 2022)

Housing First is an internationally recognised model that provides unconditional permanent housing to homeless people as quickly as possible, and support services thereafter.

Globally, Finland is furthest advanced in implantation of Housing First as a comprehensive national strategy, from 2007 onwards:

- This represented substantial investment in new housing units and conversion of hostels into permanent housing, a broad support system to integrate formerly homeless people into the community and placement of lower risk individuals into regular apartments scattered throughout the community
- The outcomes include a 70% reduction in long-term homelessness in Helsinki after 15 years and many local success stories in other parts of the country although there have been some upward trends in homelessness especially outside Helsinki in 2025.
- *“Finland’s Housing First approach...reduced long-term homelessness by 71% between 2008 and 2020 and as a result saw fewer emergency visits, hospital admissions, and shorter hospital stays among recipients. Clearly, long-term investment in housing is an effective public health intervention.”*
- *“The greatest success of the Finnish HF model is that it put on the national agenda the most excluded and vulnerable citizens and called for respect for their rights and basic needs in housing.”*

UK Version

- A pilot programme started in 2017 with £28mn of central government funding.
- Initial evaluation report emerged in 2024 showing *“significantly better outcomes for HF clients across a range of measures”*.
- The Labour government are considering a manifesto pledge of a national expansion of Housing First; and a toolkit for England was rolled out in October 2024.



## **Example – Medically complex families given priority placement in affordable housing and personalised support services** (Bovellammon, A. et al., 2020)

- This study is a randomised control trial from USA, in the Boston Medical Center catchment area.
- The participants are families including a child with a chronic health condition and experiencing one or more adverse housing circumstances in the previous year: being homeless; having moved two or more times; having been behind on rent; paying more than 50% of the family income on rent.
- The families received personalised services as needed, including “housing search, eviction prevention, legal services, financial services, and a public housing unit if they were eligible.”
- A control group of families with the same profile received standard support including lists of housing services available in the community and hospital-based social work
- The outcomes were very positive with significant changes in child health status, and [for parents:] PHQ-2 score (depression) and GAD-2 score (anxiety) in the intervention group and not the control group.



## Example – The French Model of Senior Housing to Tackle Housing Inequalities (Boucaud-Maitre, D. et al., 2024)

- Since the 1960s France has been developing independent “residences for autonomous people” which today accommodate 120,000 older adults.
- Each unit typically houses 50 residents, with adapted building architecture, nursing and other support staff and a stimulating social environment.
- Intended for older adults with modest income with sufficient degree of autonomy to carry out most daily tasks, but struggle to stay at home because of health status degradation, the loss of a spouse, exhaustion or the absence of a family caregiver.
- Located in urban or rural areas, often close to older adults’ previous homes, enabling them to maintain links with their usual environment and social network.
- Long-term cohort studies over 14-27 years found that compared with older adults staying at home, people moving to these facilities had; a 36% lower risk of death, a 37% lower risk of falls and a 46% lower risk of hospitalization.

# Implications

- Many intervention pathways are practiced in the UK but published evidence for their effectiveness is limited – neither is any evidence found on ways to manage or reduce housing waiting lists.
- Interventions are mainly focused on cities where demographic groups are concentrated, less so on rural and coastal areas.
- Separate but complementary strategies are needed for public housing, the private rental sector and owner-occupied in the region.
- In the Private Rental Sector, the Council can have a role aligning interests of landlords and tenants to create goodwill.
- The review gives insight into factors most important to people needing stable/better housing, having knock-on benefits for health and wellbeing – affordability, stability, quality, connectedness.
- Services delivered in a personalised way (face-to-face where possible) are especially valued.
- Multiple vulnerabilities increase risk of housing issues/need; therefore this review intersects with many of the others, and specific groups need specific consideration .

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