CIH response to 10-Year Health Plan for England call for evidence

Chartered Institute of Housing (CIH) is the professional body for people who work or have an interest in housing. CIH is a registered charity and not-for-profit organisation so the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in the public and private sectors, in 20 countries on five continents across the world.

We welcome the opportunity to submit evidence to the NHS 10 Year Health Plan call for input, and have provided responses to all five questions.

Contact: policyandpractice@cih.org

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

We would like to see the 10-Year Health Plan include a specific focus on housing, and the role that housing plays in providing a foundation for good health and wellbeing. Homes that are damp, cold or in poor repair impact our health and wellbeing, causing or exacerbating respiratory and cardiovascular diseases, dementia, hypothermia, increased risk of falls, and mental health problems. Poor quality housing costs the NHS £1.4 billion each year[1] and contributes to the UK's high number of excess winter deaths (through excess cold hazards) and excess summer deaths (through excess heat hazards). It also affects childhood development, with impacts that last into adulthood[2].

This was reinforced during the pandemic, where poor quality or overcrowded housing was associated with higher risks of mortality from COVID-19. Disabled people in inaccessible, non-adapted homes also reported greater negative impacts on their wellbeing, being 17 times more likely to require help with essential tasks of daily living than non-disabled people during lockdown. Whilst all types of households experienced decline in wellbeing during lockdown, it was also largest amongst private renters.

Statistics published from the government's latest English Housing Survey demonstrates the scale of some of these challenges[3]. In 2022/23:

- 3.5 million households (14 per cent) in England lived in a home that failed to meet the Decent Homes Standard, 2.1 million households (nine per cent) lived in a home with at least one Category 1 hazard, and one million households (four per cent) lived in a home with damp.
- More than one in 10 dependent children in England live in non-decent housing.

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[1] https://bregroup.com/documents/d/bre-group/bre_cost-of-poor-housing-tenure-analysis-2023-pdf

[2] https://www.instituteofhealthequity.org/resources-reports/children-and-young-people-health-equity-collaborative

[3] https://www.gov.uk/government/collections/english-housing-survey-2023-to-2024-headline-findings-on-demographics-and-household-resilience

- Private rented households with members with a long-term illness or disability, or those who receive housing support, were more likely to live in poor quality homes.

Notably, the English Housing Survey also found that better wellbeing and good health were more frequently reported by households living in good quality housing. Ensuring that everyone has a warm, safe, affordable home to live in is therefore essential for helping people attain and maintain good health and wellbeing.

We have included in the rest of our response some specific enablers, challenges, and policies that we would like to see considered as part of the plan. These policies are drawn primarily from our housing strategy[4], which we published in 2023.

We would emphasise that much of what we recommend cannot be achieved without joined up working across different parts of government. Many of the specific policy levers we have identified exist within different departments, especially the Ministry for Housing, Communities and Local Government (MHCLG), but also the Department for Energy Security and Net Zero (DESNZ) and the Department for Work and Pensions (DWP). At minimum, the 10-year plan should consider how it can align with and contribute to other strategies and work in development across government, including the Housing Strategy, Fuel Poverty Strategy and Child Poverty Taskforce.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

We would like to highlight four challenges and enablers in response to this question.

Sustainable and affordable housing, including supported housing

Timely discharge from hospital to communities depends fundamentally on safe and appropriate housing that can support people to recover health and independence[5]. We are currently facing a housing shortage, particularly of the most affordable housing (for social rent) but also critically of supported housing, which is a significant solution for people leaving hospital including those who have experienced homelessness, or who have mental health problems (see for example the partnership[6] across Sussex Partnership NHS Foundation Trust, social care, housing and community groups to help people with mental health needs leave hospital into supported housing). Access to the right supported housing provides savings to other public services[7]. However, supported housing is facing huge viability challenges and many providers are closing schemes, reducing the opportunity in many areas[8]. We urgently need more investment and revenue

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[4] https://www.cih.org/publications/homes-at-the-heart-a-strategy-for-housing

[5] https://www.gov.uk/government/publications/supported-housing-review-2023/supported-housing-review-2023-executive-summary

[6] https://www.sussexpartnership.nhs.uk/about-us/news-events/latest-news/improving-access-housing-people-mental-health-needs

[7] https://www.housing.org.uk/resources/research-into-the-supported-housing-sectors-impact-on-homelessness-prevention-health-and-wellbeing/

[8] https://www.housing.org.uk/resources/supported-and-older-persons-housing-development-survey-our-key-findings

funding to ensure this valuable sub sector can grow and play its part in supporting people's wellbeing.

At CIH we have consistently campaigned that ring-fenced funding totalling £1.6 billion per annum is necessary for critical support services within specialist homes and registered providers' homes to safeguard the sector's future. This funding has been bereft and inconsistent since reforms to Supporting People and represents an existential threat to providers.

Prior to the Autumn Budget, a National Housing Federation survey reported that 60 per cent of supported housing providers had to close services in 2024[9]. Following no announcement regarding supported housing and the projected further blow to services due to the increase to National Insurance employer contributions it's likely that more quality provision will be lost. For the NHS this represents a core component of community care, including long-term homes and transitional support. A 10-year action plan for the NHS that prioritises moving care into communities from hospital cannot do so without the supported housing providers.

Housing for older people

Older people account for about 40 per cent of hospital admissions[10]. They are also the fastest growing age group, and many will live alone and without close family. This will mean continued and increased impact for care and health services. Specialist housing for older people has been demonstrated[11] to provide benefits for individuals and for public services, but the opportunities in some areas and for some low to middle incomes is lacking. We recommend that government considers the recommendations of the Older Persons Housing Taskforce[12] to establish a national strategic framework that incentivises local systems to identify and develop more of this housing (and our policy recommendations below). However, most older people will continue to live in existing, mainstream housing. Access to services that help people to make repairs and necessary adaptations to their homes is equally important to ensure safe and decent housing across all tenures. Local areas should look at developing local hubs of support (such as the Good Homes Hubs[13]) supported by a national strategy for healthy ageing and investment in local frameworks.

Connected local frameworks across housing, health and social care

Where appropriate housing exists, it can be difficult for health professionals to understand and navigate housing systems and identify to correct people for help, and similarly housing professionals report problems being able to connect with clinicians to support residents. CIH explored the value that can happen around hospital discharge

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[9] https://www.bbc.co.uk/news/articles/ce99616dq4no

[10] https://www.bgs.org.uk/policy-and-media/protecting-the-rights-of-older-people-to-health-and-social-care

[11] https://www.extracare.org.uk/our-charity/our-research/

[12] https://www.gov.uk/government/publications/the-older-peoples-housing-taskforce-report

[13] https://ageing-better.org.uk/resources/building-effective-local-home-improvement-services-good-home-hubs

when these connections are made, and how these can be made[14]. However, this needs to be part of a wider local framework that supports planning for and developing appropriate housing and support[15].

CIH is the home of professional housing standards. As such, we advocate for the proliferation of training, skills and support to improve outcomes across public services and people's lives. NHS Sussex Partnership have found significant success in reducing delayed bed days by embedding housing teams within the mental health services. Over the first two years of implementing the housing team the total of monthly delayed bed days due to housing reasons reduced from a high of 1,000, accounting for 40 per cent of all delays down to a consistent stretch of less than 10 per cent of the days per month. The cost benefit analysis of this team was estimated to be £5 for every £1 and with 93 per cent of patient's housing situations improved.

Addressing homelessness and the temporary accommodation crisis

Currently, nine per cent of the units in supported housing sector offer varying types support to those experiencing homelessness. Often long-term and cyclical and presenting with complex needs such as substance abuse, neurodivergence, or poor mental health. This specialised support can drastically reduce service user interactions with more costly public services such as health services and the alternative for people is too often worsening health, social alienation and trauma, and for some death.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

CIH does not have recent information or evidence of the challenges from the housing sector perspective; however, a survey conducted amongst members working in housing for older people in 2019 revealed that lack of awareness of digital technology, concerns over costs and changes, and lack of regulatory or drive for innovation from commissioners, all played a role in reluctance/slowness across the sector to make better use of digital technology[16].

There has been some progress across the sector led by the TAPPI project which provides principles, a framework and case studies, including the impact for tenants, to support greater sector action[17].

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Decent housing is fundamental to supporting wellbeing and tackling ill health. CIH and partners have explored the importance of housing as a partner for public health in addressing the causes of ill health[18]. There are also numerous health and housing partnerships that look at how to educate and equip housing professionals to support

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[14] https://www.housinglin.org.uk/Topics/type/The-role-of-housing-in-effective-hospital-discharge/

[15] https://www.housinglin.org.uk/Topics/type/The-role-of-housing-in-effective-hospital-discharge/

[16] https://appello.co.uk/95-of-new-supported-housing-is-completed-with-outdated-tech/

[17] https://www.housinglin.org.uk/Topics/browse/Design-building/tappi/

[18] https://www.cih.org/publications/building-blocks-for-life-housing-and-healthy-neighbourhoods

residents to identify and address factors that contribute to ill health or to manage long term health conditions, with housing providing local community hubs to help health access target audiences with health messages and support services[19].

Building these partnerships takes time and resources to develop trust, understand each other's language, targets, constraints etc and to find ways to overcome these. A national policy framework that incentivises joint work across local systems should look to help with alignment of planning timeframes, funding and flexibility to develop local shared targets.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example: quick to do, that is in the next year or so, in the middle, that is in the next two to five years or long term change, that will take more than five years.

We would like to share the following specific policy areas. We would emphasise that while many of these initiatives are focused on housing, they are all important for improving health and wellbeing, and eliminating the negative impact that poor quality housing has on people's lives.

- Continuing the commitment to funding specialist housing via the Care and Support Specialist Housing Fund (CASSH), and to set targets within its overall housing targets, to increase the development of more specialist housing. The government should also consider how its reform of the NPPF might incorporate more incentives and focus on the needs for supported housing within local plans, to meet local community needs. This action is quick to do.
- As an outcome from the Supported Housing (Regulatory Oversight) Act local authorities are required to develop supported housing strategies. We would recommend that relevant NHS trusts in each area are actively engaging with the development of these strategies. This action is quick to do and would require ongoing engagement over the next few years.
- Providing a national, ringfenced funding stream for housing-related support to boost the sustainability of existing and new supported housing schemes. Alongside increased capital funding for development, the 10-year plan needs to acknowledge the challenge that exists for a stable and consistent investment nationally and locally in the critical support services within specialist housing that provide invaluable help and support to maintain independent living. We welcomed previous commitments of £30 million for innovative new models of care which could help to develop new ways to deliver such support, but ongoing, long-term investment is still needed. The lack of funding for a core element of supported housing causes real difficulties for landlords and service providers and does not create a conducive environment in which to invest in new supported housing. A ringfenced funding stream is needed which should be at least equivalent to the last such investment programme of £1.6 billion for England (the figures of £1.58 billion for England and £2.05 billion for Great Britain were

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[19] https://www.cih.org/publications/building-blocks-for-life-how-to-develop-effective-health-and-housing-partnerships

estimated in the last evidence review for government in 2016 (which would benefit from being updated)). This is a long-term action that nonetheless requires urgent and priority action from government, if the supported housing sector is not to be irreparably damaged.

- Extending all funding to support effective and speedier transfer of care from hospital to housing-based solutions, where providers and partners identify opportunities. These settings can help people recover to move back home or provide alternative housing and support solutions that would reduce the ongoing and increasing need for hospital and social care services. Greater investment in good quality housing and support to increase options for people in places where they want to live can play a significant role in supporting people's health and wellbeing more broadly, and help to avoid emergency, short term responses being needed.

- Addressing the use of temporary accommodation when extra support is required. The Lord's library definition of supported housing includes 'housing individuals and families at risk of or who have experienced homelessness'. In latest statutory homelessness figures for April-June 2024, over half (55.5 per cent) of households owed a prevention or relief duty were known to have one or more support needs. Of those, almost 36.8 per cent were recorded as having physical ill-health and/or a disability and almost half (47.9 per cent) had a history of mental health problems. Additionally, 10.8 per cent were recorded as having a learning disability. This worsening homelessness crisis will invariably increase the need for health provision for those experiencing homelessness of all kinds. These support needs maybe co-current, but do infer that at least half of the households owed a homelessness duty in April to June require health related support.

- Updating the Decent Homes Standard and extending it to cover both rental sectors, with appropriate funding. The original Decent Homes Standard is now outdated, and we support the government's intention to update the standard and apply it to the private rented sector for the first time. We also support the incorporation of minimum energy efficiency standards into the Decent Homes Standard, which will help to ensure that homes are warmer and less costly to heat. The creation of the original Decent Homes Standard was accompanied by the Decent Homes Programme, which at an eventual government cost of £22 billion, reduced the proportion of non-decent homes in social housing from 21 per cent to 8 per cent and delivered wider benefits of better housing management, tenant involvement, and employment opportunities[20]. A new programme of this kind, which would complement DESNZ funding for tackling fuel poverty through the Warm Homes Plan, could enable significant improvements to housing quality and therefore health this decade. Consulting on a new Decent Homes Standard could be undertaken immediately, and could be implemented in two to five years.

- Implement the government commitment to increasing the accessibility and adaptability standard for new homes, and require local planning authorities to make provision for full wheelchair accessible homes in local housing assessments and plans. Nine in 10 homes have only the most basic elements which make them

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[20] https://www.nao.org.uk/wp-content/uploads/2010/01/0910212.pdf

'visitable' for disabled people. Government in July 2022 made a commitment to increasing the required standards for accessible and adaptable housing (Building Regulations Part M 4 (2)). This will reduce the costs of adaptations when necessary and enable local planning authorities for focus on assessing and making provision for fully wheelchair accessible housing (Part M 4 (3)) in local plans. Research by LSE for Habinteg has demonstrated the long-term financial benefits of wheelchair accessible housing - £67,000 over a 10-year period for a household with a disabled child and £94,000 over the same period for a working aged disabled adult[21]. This is due both to savings for public services, including health and care and to revenue generation through people active in the workplace. This could be implemented immediately with a transition period.

- Invest in funding for local authorities, health and housing partners to work across systems to develop joint housing, health and care strategies, to inform and shape local plans and service development. There are significant pockets of shared working between health, housing and care partners at scheme and service levels to address key local targets such as delayed hospital discharge but there is limited support to move beyond this to more systemic approaches at the local level (examples[22]). Initial plans for a £300 million housing transformation fund were raised previously; this would provide support and incentives for partners across all local areas to develop more joint strategic planning.

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[21] https://www.habinteg.org.uk/living-not-existing-the-economic-social-value-of-wheelchair-user-homes

[22] https://www.cih.org/publications/building-blocks-for-life-how-to-develop-effective-health-and-housing-partnerships