



## Addressing the Crises in Housing and Health

### A Manifesto to Make Existing Homes and Communities the Priority

The new government elected in the general election in 2024 will be confronted by a broken housing market in which there is continuing reliance on inadequate, inappropriate and insecure homes. This legacy damages the life chances of millions and adds to the burdens faced by health, social care and other services. And the crisis of unhealthy housing will not be solved, simply by building more. New building adds small annual increments to housing supply (perhaps 1% each year) and does little to improve the living conditions of the poorest households and those in the worst housing. It is the existing housing stock that provides homes for most people and the first homes for most households and it is essential that the next government gives priority to a new pro-active policy to improve existing housing. According to the DHLG in 2023 there were more than a quarter million long-term empty homes. As part of local housing authorities' housing strategies, there should be a vigorous policy of returning empty homes to use.

*This brief prepared by the Healthier Housing Partnership sets out the reasons for giving priority to improving existing homes and communities and the policy actions that are urgently needed.*

### Bad Housing Kills – and Undermines the Health of Millions

Gross failures in recent years have highlighted that bad housing kills. They have drawn attention to the consequences arising from continuing use of unsafe and unhealthy housing and particularly dwellings presenting a fire risk or with damp and mould. But the wider crisis of unhealthy housing across the UK undermines attempts to improve health and reduce health inequalities, adds to the costs of health and social care and disadvantages households in education and employment. This crisis demands priority and action.

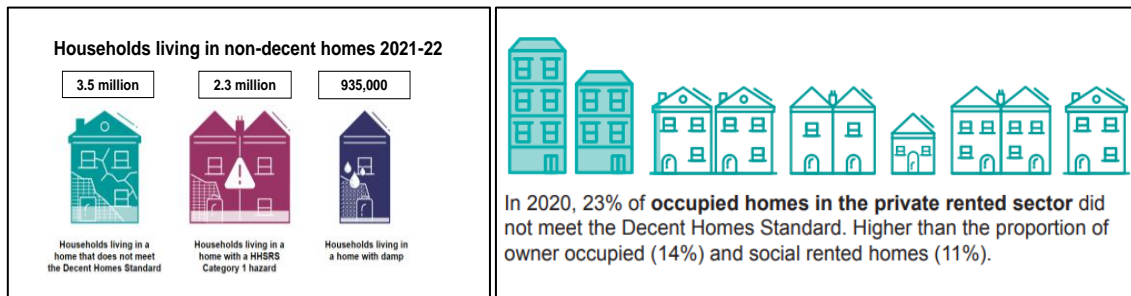
Large numbers of people live in substandard, crowded or insecure housing for extended periods and government must plan to correct this. These are our priorities:

**Substandard Accommodation:** Too many homes are in poor condition, associated with age and inadequate renewal and replacement. Almost one quarter of dwellings in England are over 100 years old and a quarter of these exhibit Hazards that present serious, imminent threats to health. Older properties are most likely to have older drains and sewers, poor insulation and high heating costs - all increasing risks to health and affordability problems

The two main indicators of poor housing conditions are the Housing, Health and Safety Rating System (HHSRS) and the Decent Homes Standard and it is essential that these standards, and those related to multi-occupied properties, are maintained and actively enforced especially as policies that encouraged improvement of substandard housing have largely been dismantled. In England in 2021 there remained 2.3 million households living in homes with Category 1 HHSRS hazards, 3.6 million in Non-Decent Homes and almost 1 million in

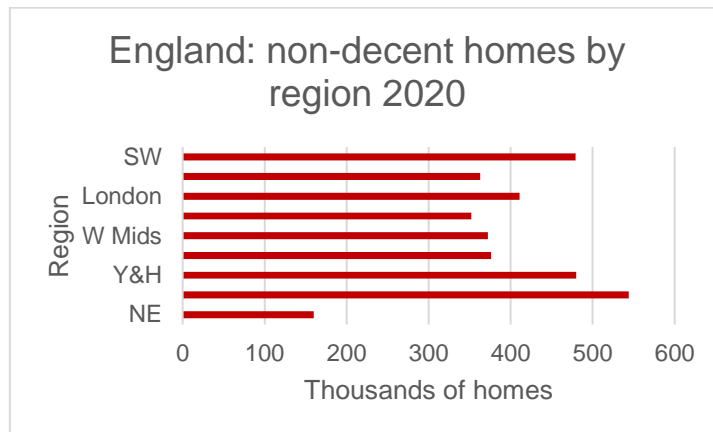
homes with damp; and in Scotland, in 2017, 40% of all occupied dwellings failed to meet the Housing Quality Standard.

### Non-Decent homes: the scale of the problem in England

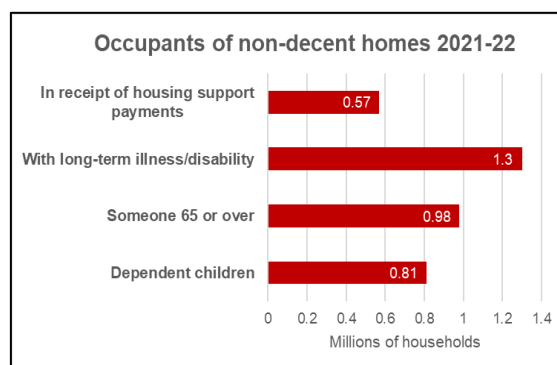


Source: <https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-housing-quality-and-condition/english-housing-survey-2021-to-2022-housing-quality-and-condition>. Note: data for 2022-23 not yet available.

### Non-Decent homes: the scale of the problem by English region



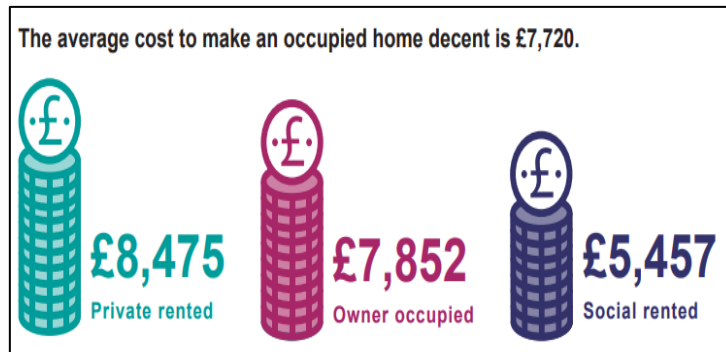
### Significant numbers of older, vulnerable people and children live in non-decent homes



Source: <https://www.gov.uk/government/statistics/english-housing-survey-2021-to-2022-housing-quality-and-condition/english-housing-survey-2021-to-2022-housing-quality-and-condition>.

The authoritative evidence available indicates that the costs incurred through investment to prevent demands falling on health services because of unhealthy housing (improving homes to a healthy standard) would be exceeded by the savings in NHS treatment costs within 10 years in the private and within 13 years in social renting.

## The cost of making homes decent by tenure



Source:

[https://assets.publishing.service.gov.uk/media/62c55823d3bf7f3007abeb23/EHS\\_Housing\\_quality\\_and\\_condition\\_report\\_2020.pdf](https://assets.publishing.service.gov.uk/media/62c55823d3bf7f3007abeb23/EHS_Housing_quality_and_condition_report_2020.pdf)

## The cost of removing Category 1 Hazards from homes and the costs to the NHS

The need for investment in England (2019 prices)					
Tenure	No of homes with HHSRS Cat 1 hazard	Percentage of homes in each tenure with Cat 1 hazard	Average (mean) cost to mitigate Cat 1 hazards	Annual cost to NHS if all hazards not mitigated	Investment payback period
Owner occupied	1.6 m	10%	£3,434	£783 m	7 years
Private rented	619,000	13%	£4,039	£290 m	8-9 years
Social housing	217,000	5%	£3,784	£65 m	12-13 years

Source: BRE (2023) The cost of poor housing in England by tenure, 2023 Briefing paper: Tenure-based analysis:

[https://files.bregroup.com/corporate/BRE\\_cost%20of%20poor%20housing%20tenure%20analysis%202023.pdf](https://files.bregroup.com/corporate/BRE_cost%20of%20poor%20housing%20tenure%20analysis%202023.pdf).

**Note:** The HHSRS, used in environmental health assessments, and enforcement under Part 1 of the Housing Act, 2004, identifies 29 housing hazards which may pose a risk to the health and safety of occupants. If a hazard is a serious and immediate risk to a person's health and safety, this is known as a Category 1 hazard. The English Housing Survey, used for this research, assesses 26 of the 29 hazards. Older people, disabled people and young children are the households most vulnerable to Cat 1 hazards.

## Category 1 Hazards, scale & costs for England, Wales & Northern Ireland

Table 3.4: Comparison between the housing conditions of England, Wales and Northern Ireland

	England	Wales	Northern Ireland	England, Wales and Northern Ireland
% poor condition (HHSRS Category1)	11%	18%	9%	11%
Total cost of mitigation works per annum	£10,072m	£584m	£305m	£10,961m
Annual treatment cost to NHS per annum	£1,413m	£95m	£40m	£1,548m
Full annual health cost of poor housing per annum	£18,667m	£1,031m	£401m	£20,099m

**Note:** Reference dates are England 2015, Wales 2017-18, Northern Ireland 2016.

Source:

[https://files.bregroup.com/bretrust/The-Housing-Stock-of-the-United-Kingdom\\_Report\\_BRE-Trust.pdf](https://files.bregroup.com/bretrust/The-Housing-Stock-of-the-United-Kingdom_Report_BRE-Trust.pdf)

**Crowding:** Statutory overcrowding has increased and current levels should not be tolerated. In England and Wales 1.1 million households were overcrowded in 2021 (4.3%). Overcrowding and lack of space is more common amongst households with people from certain minority ethnic backgrounds and religious groups and households with dependent children and multiple disabled people. It has detrimental effects on physical and mental health,

with children sharing beds with other family members and family members sleeping in rooms other than bedrooms. Overcrowding is more common in the social and private rented sectors and has risen in both whilst capacity to respond through allocations and transfers of social housing has declined.

**Insecure Housing:** Lack of security inhibits private tenants from taking action to address health and safety issues in their homes. It is essential that legislation to abolish no fault evictions is passed and implemented and that there are not loopholes that undermine its effectiveness and enforcement.

**Failing Neighbourhoods:** Many households that live in crowded, insecure and substandard housing, in multi-occupied dwellings, temporary accommodation and that face homelessness and eviction are concentrated in neighbourhoods that have high population turnover, associated with insecure and substandard housing and often also with fragmented ownership and landlords that neglect or directly contribute to neighbourhood concerns. Many people in these neighbourhoods are exposed to high levels of anti-social and criminal activity that further exacerbate social churn and undermine social cohesion and resilience.

**Wasted Homes:** There is a massive and growing problem of long-term empty homes, representing a huge loss of housing resources<sup>1</sup>. At the end of 2023, there were more than 260,000 long term empties with the number rising year by year. Even during the pandemic between 2022 and 2023, there was a 5.2% rise in the total number of long-term empty homes. For decades, many local housing authorities (LHAs) had 'empty homes' officers usually situated in environmental health services. For more than 20 years the national organisation the 'Empty Homes Agency' promoted the restoration of empty properties to the housing stock. Cities such as Bristol had a 'wasted homes team' which was responsible for identifying empty homes; gave the owner a fixed period to return the property to occupation and, failing that, the property would be included in a Housing Act Compulsory Purchase Order (CPO). Most homes are returned to use on a voluntary basis and CPO action is the exception, but to date, Bristol has never lost such a CPO. It is usual to pass the acquired home to a housing association or sell it to an individual for improvement and reoccupation within a set time period. Alternatively, the LHA may choose to make an 'interim empty dwelling management order'<sup>ii</sup> (EDMO) and where necessary, proceed to making a final EDMO.

**Housing resilience and climate change:** We need to prepare the existing housing stock for more extremes of heat, cold and wet, while at the same time reducing carbon emissions. Investment in areas with the worst housing and lowest incomes would quickly generate savings for the NHS and have positive impacts on the health and wellbeing of people currently living in cold and damp homes or those that overheat in summer.

### **Investing In Health through Housing will:**

- Reduce avoidable illness and pressure on the NHS
- Increase life expectancy and reduce the health inequality gap.
- Create jobs, support a healthy workforce and enable people to return to work
- Improve educational attainment
- Improve energy efficiency and prepare homes for climate change
- Improve the most disadvantaged neighbourhoods
- Give people a better quality of life.

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<sup>1</sup> 'Long-term empty homes' – properties left empty for more than 6 months – DHCLG 2024

<sup>1</sup> Empty dwelling management order – EDMO – Section 132 Housing Act 2004

Unhealthy housing and neighbourhoods 'export' costs to health, social care, social security and other services and impact on children's educational progress and on employment. The increase in unhealthy housing and the costs it generates has been tolerated in recent years with reluctance to resource local government sufficiently to use their powers to address problems. This must change. Rather than just returning housing renewal activity to pre-2011 levels, there is a need for a substantial increase in activity to prevent the growth of unhealthy housing and clear the backlog. Investment to reduce unhealthy housing improves living conditions and life chances but also reduces demand on health and other services.

**Better use of Public Expenditure:** A new government must consider whether current funding arrangements encourage substandard housing and unacceptable outcomes for households and neighbourhoods. There has been too little strategic consideration of the impacts of housing benefit on the growth of unhealthy housing and neighbourhoods, or of consequent demands on other services. This is exemplified where payments for 'Exempt' and multi-occupied accommodation have fuelled their expansion and enabled landlords to increase returns by acquiring and subdividing property, knowing that local authorities will not enforce health and safety standards.

A more intelligent use of resources would only support households in homes that had been inspected and met health and safety standards and would form part of a strategy to encourage housing associations and others to meet demand from vulnerable groups for supported housing, limiting scope to exploit gaps in provision at high cost to the public purse.

**Re-energising Local Health and Housing Action:** It is essential that local authorities' housing role is re-energised and that their focus on health and housing is renewed. This is a prerequisite for effective action to alleviate crowding, to repair and improve existing dwellings, create healthier homes and neighbourhoods, improve energy efficiency and prepare homes for climate change. Local authorities must make full and effective use of the powers they already have, and collect better data to improve enforcement, enable the improvement and acquisition of unhealthy private rented homes, bring empty properties back into use and tackle exempt and multi-occupied accommodation.

The private rented sector has the most insecure and unhealthy housing but problems that impose additional costs on public services exist in all tenures. Local authorities are best placed to develop health and housing strategies that take full account of local differences in housing markets and housing tenures and population characteristics. In England the concentrations of older and dilapidated properties are greater in the North West, South West and Yorkshire and the Humber regions whilst crowding is highest in London. People experiencing multiple risk factors throughout their lives spend more years in poor health and are more likely to be in poor housing; and people in coastal and rural areas face problems exacerbated by poor energy efficiency and fewer working age people to provide care.

Enhanced local action to invest in healthy housing and reduce the need for medical treatment will only be achieved if councils are adequately resourced and if they are able to achieve better integration between different agencies. When resources for public services are likely to remain severely constrained, a new government should pilot proactive local initiatives that make better use of existing expenditures to improve housing health and safety. Healthier, secure and appropriate housing must be seen as essential to reduce avoidable illness and pressure on the NHS, improve educational attainment, support a healthy workforce, increase life expectancy and reduce the health inequality gap

## Action to Improve Health and Housing

**A Minister of Housing** - sitting in cabinet should identify, with Ministers for Health and for Social Security (and might best be a joint appointment between DHLUC and DHSS) and operate with a budget and strategy to achieve better use of existing combined expenditures and invest to reduce risks to health and safety arising from unhealthy housing.

**A Minister for Disabled and Older People** - there is no Minister for Older People and the post of Minister for Disabled People has effectively been removed. This position, would play an essential role working alongside other ministers concerned with health and housing.

**Local authority and housing association leadership** - to promote neighbourhood renewal initiatives for Healthier Homes and Communities. Initiatives would involve working with communities, education, health and social care providers and the police; would reflect local circumstances, build coherent integrated approaches to housing health and safety; and focus on achieving measurable improved outcomes from the use of resources locally. The purpose would be to reduce unhealthy housing and improve neighbourhoods by:

- **Extending licensing powers** enabling all localities to regulate the private rental market and generate fee income that is ring fenced to finance enforcement.
  - **Enabling local authority and housing associations to acquire and improve unhealthy PRS homes** and bring empty homes into use through compulsory acquisition.
  - **Rigorously inspecting supported accommodation** (including for children), refusing exemption of properties from housing benefit rules unless standards are exemplary.
  - **Providing sufficient supported accommodation** to enable moving away from the use of exempt accommodation and hostels and reducing the use and creation of HMOs
  - **Targeting enforcement of health and safety standards** and energy efficiency, especially where there are payments or applications for housing benefit.
  - **Radically rethinking Housing Benefit** to prevent its misdirection to poor quality, badly managed and unhealthy homes and to shift resources to improving housing.
  - **Introducing new repair grants** for repair and improvement of properties that are unfit.
  - **Renewing Disabled Facilities Grants** and revising upper limits to improve their contribution to healthy housing.
  - **Extending and enforcing standards** to apply Decent Homes, HHSRS, multi-occupancy and damp and mould provisions equally to all rented homes and developing a private rental 'Warrant of Fitness' as in New Zealand and Manchester's 'Good Landlord Charter'<sup>2</sup>
  - **Taking effective action to prevent no fault evictions** and provide legal aid to tenants living in unhealthy housing.
  - **Providing Good Home Hubs** with home improvement agency services for owners and tenants, plus advice for landlords wanting to adapt, repair or climate-proof their homes.
  - **Investing in the workforce to address** shortages of qualified Building Surveyors, Housing Inspectors, Environmental Health Officers, and Occupational Therapists needed to deliver new health and housing policies; and to improve the rapidly ageing construction and associated trades workforce.
  - **Requiring the Regulator to take action** where registered Providers are non-compliant and working with HMRC investigators following the HB trail for tax fraud and money laundering offences over the next 24 months and return 200,000 long term empty homes to safe use.
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Measurable successes from new approaches should emerge relatively quickly in targeted neighbourhoods and be followed by replication and consolidation over a ten year period to:

- **Reduce the numbers of unhealthy dwellings** (defined by reference to the HHSRS)
- **Improve energy efficiency** in older properties occupied by low income families and vulnerable households.
- **Moderate factors** damaging health, educational performance and employability.
- **Change patterns of demand** for health and social care.
- **Shift patterns** of expenditure and treatment by NHS.
- **Reduce expenditure** on exempt accommodation and housing benefit funding of unhealthy housing.

*For more information concerning the Healthier Housing Partnership and this manifesto:*

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