HOUSE OF COMMONS LIBRARY

The Cost of Unhealthy Housing to the National Health Service

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Contents

Summary

There will be a general debate on the cost of unhealthy housing to the NHS on 26 February 2019. The debate will take place in Westminster Hall at 9:30 and will be led by Jim Shannon. When making a case for the debate to the Backbench Business Committee, Mr Shannon said:

I am the chair of the APPG for healthy homes and buildings. We have just done a full inquiry and delivered a white paper. There are many recommendations in that white paper. You have it in front of you. Healthy homes contribute to better educational attainment, higher workplace productivity, reduced emissions, lower energy bills and a lower carbon footprint.

The cost of unhealthy housing to the NHS also came up in the inquiry, and that is also very important. The title of the APPG contains the word "healthy", so that is the reason we are asking for this debate. Poor housing in the United Kingdom has contributed greatly to health issues. We have tried to raise awareness of that with the Minister, Kit Malthouse, and with the Government directly.

The APPG's White Paper is called Building our Future: Laying the Foundations for Healthy Homes and Buildings.

Relevant Library papers include:

The Housing Health and Safety Rating System (HHSRS)

Homes (Fitness for Human Habitation) Bill 2017-19

1. Background

The causal link between poor housing conditions and poor health outcomes is long established. The early *Nuisances Removal and Disease Prevention Act 1846* is said to have started the process of defining unfit living accommodation by setting out procedures for the removal of 'nuisances' to curb the spread of cholera. This was followed by the *Public Health Act 1848*. Further Public Health Acts in 1872 and 1875 led to the appointment of sanitary authorities and a requirement that new residential accommodation should have running water and proper drainage.

There is no shortage of research into links between housing conditions and various health outcomes:

> Housing conditions can affect residents' health and wellbeing. The independent Marmot Review commissioned by the Government concluded that housing is a 'social determinant of health', meaning that it can affect physical and mental health inequalities throughout life. Physical housing conditions (e.g. cold and damp) can affect health, as can factors such as the accessibility of the home. [POSTNOTE 573, Health in Private-Rented Housing, April 2018]

The lack of affordable housing in areas of high demand has led to an increased focus on the psychological impact of living in insecure private rented housing. Shelter's 2017 report, The impact of housing problems on mental health, found:

- 1 in 5 English adults (21%) said a housing issue had negatively impacted upon their mental health in the last 5 years.

- Housing affordability was the most frequently referenced issue by those who saw housing pressures having had a negative impact upon their mental health.

- 3 in 10 of those who have had a housing problem or worry in the last five years, not only said that it had had a negative mental impact, but that they had no issue with their mental health previously.

Homelessness, particularly rough sleeping, is the most extreme manifestation of housing need. The Local Government Association (LGA) report, The impact of homelessness on health (September 2017) states:

> Evidence tells us that the health of people experiencing homelessness is significantly worse than that of the general population, and the cost of homelessness experienced by single people to the NHS and social care is considerable. A recent audit found that 41 per cent of homeless people reported a long term physical health problem and 45 per cent had a diagnosed mental health problem, compared with 28 per cent and 25 per cent,

respectively, in the general population. The last conservative estimate (2010) of the healthcare cost associated with this population was £86 million per year.[1]

A recently completed review of the Disabled Facilities Grants system (which operates in England and Wales) notes the particular reliance on decent housing of older and disabled people:

> Home is central to everyone's lives, but is particularly important for disabled and older people, as it is where they spend most of their time. Increasing numbers are living alone, especially in later life. Ability to get in and out of the home, move around inside, access the bathroom, receive friends, cook and go to bed has a significant effect on people's dignity, autonomy and wellbeing.[2]

The review found that most disabled people live in ordinary housing and that only 7% of homes in England have basic accessibility features:

> Three quarters of deaths relating to falls happen in the home, and falls represent 10-25% of ambulance call-outs to older adults. Once admitted in an emergency, older people use more bed days than other people (65%) and falls often precipitate a move into residential care.[3]

1.1 Prevalence of health risks in housing

England

The English Housing Survey (EHS), published by the Ministry of Housing, Communities and Local Government (MHCLG), provides statistics on a range of measures of housing quality. The EHS 2017-18 headline report discusses some key trends and the more detailed 2016 stock condition report looks at the data in more detail.

The EHS assesses trends in hazards evaluated using the Housing Health and Safety Rating System (HHSRS). The HHSRS is a framework for evaluating hazards in the home and their potential effects on the health and safety of occupants and visitors. If a hazard poses a serious risk to residents' health and safety it is called a 'Category 1 hazard'. Examples include broken stairs posing a substantial fall risk, or extreme cold. If a home has a Category 1 Hazard then it fails to meet the statutory minimum standard of housing in England.

According to the EHS headline report:

> In 2017, 11% of the housing stock had a HHSRS Category 1 hazard, down from 23% in 2008. Such hazards are more prevalent in the private rented sector (14%) than the social rented sector (6%).[4]

The headline report also discusses the energy-efficiency of the housing stock. Energy efficiency is measured using the government's Standard Assessment Procedure (SAP), which gives homes a score and puts them

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[1]   LGA, The impact of homelessness on health: a guide for local authorities, September 2017, p3

[2]   Mackintosh S; Smith P; Garrett H; Davidson M; Morgan G; Russell R: Disabled Facilities Grant (DFG) and Other Adaptations: External Review, December 2018

[3]   Ibid., p1

[4]   MHCLG, English Housing Survey 2017-18 headline report

in energy efficiency rating (EER) bands ranging from A (best) to G (worst). The report summarises the trend:

> The proportion of dwellings in the highest SAP energy efficiency rating (EER) bands A to C increased considerably between 2007 and 2017, from 7% to 30%. Over the same period, the proportion of dwellings in the lowest F and G bands fell from 16% to 5%. In 2017, the majority of dwellings (79%) were in EER bands C or D, up from 47% in 2007. [5]

Around 1% of homes were in the highest bands (A and B) combined.

The EHS also provides data on the number of homes assessed as having problems with damp:

> In 2017, 897,000 homes (4%) had problems with damp, down from 2.6 million (13%) homes in 1996. There has been little change in the incidence of damp since 2011. [6]

The report also includes an assessment of the number of households in England that are overcrowded. Overcrowding is measured by looking at the number of bedrooms a household needs (based on the ages, genders and relationships of household members) compared with the number it actually has. The report found that around 746,000 households in England were overcrowded in 2017-18 (around 3% of all households). While the rate of overcrowding has been relatively stable amongst owner-occupiers, it has risen amongst private renters and social renters.

Further statistics information on overcrowding is available in the Library briefing Overcrowded housing (England).

The table overleaf summarises the latest EHS data for the above measures broken down by tenure group. All of these issues are more common in the private rented sector, with the exception of overcrowding which is most common in the social rented sector.

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[5]   MHCLG, English Housing Survey 2017-18 headline report
[6]   MHCLG, English Housing Survey 2017-18 headline report

PREVALENCE OF HEALTH RISKS IN HOUSING, ENGLAND

Problems assessed in dwellings, 2017

Issue / tenure group	Number of dwellings (millions)	Proportion of tenure group	
Any Category 1 Hazard	**2.63**	**11%**	
Owner-occupied	1.71	11%	
Private rented	0.69	14%	
Social rented	0.23	6%	
EPC band F-G	**1.19**	**5%**	
Owner-occupied	0.84	6%	
Private rented	0.30	6%	
Social rented	0.05	1%	
Any damp	**0.90**	**4%**	
Owner-occupied	0.33	2%	
Private rented	0.34	7%	
Social rented	0.23	6%	

Problems recorded in households, 2017-18

Issue / tenure group	Number of households (millions)	Proportion of tenure group	
Overcrowding	**0.75**	**3%**	
Owner-occupied	0.18	1%	
Private rented	0.26	6%	
Social rented	0.31	8%	

Notes: A household is a person or group of people sharing cooking and living facilities.

Source: English Housing Survey headline report 2017 to 2018 (tables for download)

An earlier report, English housing survey 2016: stock condition, looks at the groups who are most likely to live in 'poor housing'. The EHS definition of 'poor housing' is broader than the categories used above: it refers to homes that have serious damp or mould, substantial disrepair, or fails to meet the Decent Homes Standard. [7]

The report found that:

- Poor housing was more common in the private rented sector (38% of private-rented homes were poor housing)

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[7] The Decent Homes Standard statutorily applies to the social rented sector but is sometimes used to describe conditions in other tenure groups. It requires homes to be free from Category 1 hazards, provide a reasonable degree of thermal comfort, and have reasonably modern facilities and services.

- Households led by a Black, Asian or minority ethnic person were more likely to live in poor housing (32%, compared with 26% of households led by a white person).
- Households with relative low income were more likely to live in poor housing (34% compared with 25% of households not on low income) – although this was not true in the social rented sector. [8]

Northern Ireland

Data is available from the Northern Ireland House Condition Survey 2016.

The survey reports that 9% of homes in Northern Ireland (69,900) had a Category 1 hazard under the HHSRS (the HHSRS in Northern Ireland is the same as in England). 9% of owner-occupied and 8% of private-rented homes had a Category 1 Hazard, compared with 4% in the social rented sector.

The report also covers energy efficiency ratings:

> Approximately half (49%) of all dwellings were in EER bands A-C. It should be noted that there were no dwellings found in Band A and only 4% in Band B. More than one-third (36%) of dwellings were found in Band D and 11% in Band E. A small proportion, 3% were in EER bands F-G.

4% of households (26,000) were living in overcrowded accommodation – 9% of social-renting households, 4% of private-renting households and 2% of owner-occupying households. [9]

Scotland

The most recent available data on housing conditions in Scotland is from the Scottish House Condition Survey 2017.

In Scotland, all homes are required to meet a minimum standard of habitability, the 'Tolerable Standard'. An estimated 1% of all homes fell below this standard in 2017 (24,000 homes), down from 4% in 2012.

The survey also uses the Scottish Housing Quality Standard (SHQS), which is a requirement for the social rented sector only, as a common measure of housing quality. It applies a range of criteria including lack of disrepair, energy efficiency, and modern facilities and services. 40% of dwellings failed to meet the SHQS in 2017, with the highest rate of failure in the private rented sector (48%). [10]

The survey also reports on EPC ratings:

> Over two-fifths (46%) of the housing stock in 2017 had an EPC rating of C or better, up 22 points since 2010. Over the period 2010-2017, the proportion of properties in the lowest EPC bands, E, F and G, has dropped 14 percentage points: 27% of properties were rated E, F or G in 2010 compared with 13% in 2017.

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[8]   MHCLG, English Housing Survey 2016: stock condition
[9]   Northern Ireland Housing Executive, House condition survey main report 2016
[10] Scottish Government, Scottish House Condition Survey 2017

Around 5% of homes were in band F or G in 2017 – 5% of owner-occupied homes, 9% of private-rented homes, and 1% of social-rented homes. [11]

Around 9% of homes in 2017 had some form of condensation or damp. Around 3% of households (66,000) lived in overcrowded accommodation.

Wales

The latest available data is from the Welsh Housing Conditions Survey 2017/18.

The survey used the HHSRS to assess the extent of Category 1 hazards. 18% of homes in Wales had a Category 1 hazard – higher than in England or Northern Ireland. Private-rented housing had the highest rate of Category 1 hazards (24%) and social-rented housing the lowest (7%).

An estimated 6% of homes were in EPC bands F-G, with 27% in band C and a negligible number in higher bands.

7% of homes had some form of condensation, mould or damp. The highest rate was in the private rented sector, at 13%. [12]

1.2 The cost of poor housing to the NHS

In 2015 the Building Research Establishment (BRE) carried out research to estimate the cost of poor housing in England to the NHS.

The research used data from the 2011 English Housing Survey to estimate the number of Category 1 Hazards (see section 1.1) in the English housing stock. These figures are combined with estimates of the likely impact of these hazards on health, and estimates of first-year NHS treatment costs for the health conditions that could be caused by these hazards.

Using this methodology, BRE estimate that Category 1 hazards cost the NHS £1.4bn per year in first-year treatment costs. The hazards with the highest costs were excess cold (£848m per year), fall risks (£435m per year, when all categories of fall were combined) and fire risks (£25m). Costs for all Category 1 hazards are listed in Table 2 of the BRE report. [13]

It should be noted that these figures are broad estimates based on assessments of likely risk. They do not incorporate any data on the actual costs of treating health conditions caused by the home environment, and as such should be treated as indicative only.

1.3 APPG's White Paper

The All-Party Parliamentary Group for healthy homes and buildings published Building our Future: Laying the Foundations for Healthy

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[11]   Scottish Government, Scottish House Condition Survey 2017, Data Download Table 19
[12]   Welsh Government, Welsh Housing Conditions Survey 2017-18
[13]   BRE (2015). The cost of poor housing to the NHS

Homes and Buildings in October 2018. The paper sets out three overarching recommendations under which sit a number of more detailed recommendations.

A cross-departmental committee for health and buildings to champion change

This recommendation focuses on the need for leadership on the issue. The APPG argues that responsibility cuts across different departments including the Ministry of Housing, Communities and Local Government (Building Regulations) and the Department for Business, Energy and Industrial Strategy (energy efficiency). Bringing the various responsibilities together in one department would, the APPG suggests, result in a more coordinated response to:

- Ensure our homes and buildings maintain the highest standard of health and wellbeing.

- Identify where homes and buildings are causing health issues.

- Measure the economic and social impact of healthier homes and buildings.

- Reduce health inequalities.

- Oversee implementation via local authorities and communities.

- Provide common definitions and approaches to policy, regulation and standards

Grow the research and evidence base to develop a case for standards for new build

Under this recommendation the APPG focuses on giving priority to the development of quality new homes. There is a call for a 'healthy homes policy' to take account of vulnerable people and the ageing population.

The APPG wants housing and building standards to be "consistent across the UK" with maximising occupants' health and welllbeing at the core of housing and building design. A national housing and buildings health database would "strengthen the evidence for improved standards of health and wellbeing in housing and buildings."

Make renovation of current stock an infrastructure priority

The APPG is calling for a 'national renovation strategy' and would like to see a national league table of housing standards by local authority area. Some specific measures for the private rented sector are suggested, such as an inspection of all newly let properties within a specific time period, and a national registration system for the private rented sector in England. Also recommended are incentives for occupiers to improve the existing stock through taxes.

1.4 Some relevant Government policies

When asked to respond to the APPG's recommendations the Government has pointed to **existing cross-departmental working and to Public Health England's Memorandum of Understanding**:

The Department works across Government, including with the Ministry of Housing, Communities and Local Government, on many of the issues highlighted in the report.

Both Departments are signatories to the 'Health through the Home' Memorandum of Understanding with Public Health England (PHE). A refreshed version, which emphasises the importance of housing in supporting people's health, was published by PHE in March 2018. It can be found at the following link:

www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou[14]

The Government has launched a **review of the Housing, Health and Safety Rating system**:

Under current rules, councils are required to ensure rental properties in their area meet important safety standards using the Housing Health and Safety Rating System and are able to force criminal landlords to take action where tenants are languishing in unsafe accommodation.

Yet the system hasn't been updated in over 12 years, and a new review of the system will consider whether it should be updated and if so, to what extent. The review will also look at whether to introduce minimum standards for common health and safety problems in rental accommodation in order to keep renters safe.[15]

Karen Buck's Private Member's Bill gained cross-Party support - the *Homes (Fitness for Human Habitation) Act 2018* will come into force on 20 March 2019 (England only). The Welsh Government is bringing forward similar legislation.

The 2018 Act will place a duty on landlords/agents to ensure homes are fit for human habitation at the beginning and throughout the tenancy. Where a landlord fails to let/maintain a property that is fit for human habitation, the tenant will have the right to take legal action for breach of contract (covenant) on grounds that the property is unfit. There are some limited exceptions to these responsibilities.

NHS England is taking forward the **Healthy New Towns** initiative:

NHS England has launched the Healthy New Towns guidance leaflet titled Putting Health into Place, which introduces the 10 Healthy New Town Principles. These principles lie at the heart of creating healthy new places and showcase the learning and innovation from the Healthy New Towns Programme.

We are working with ten housing developments across England to shape the health of communities, and to rethink how health and care services can be delivered. The programme offers an excellent opportunity to unite public health, NHS providers and commissioners, planning and housing development to plan and build healthier places.

In the NHS Five Year Forward View, a clear commitment was made to dramatically improve population health, and integrate health and care services, as new places are built and take shape.

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14   Housing: Health, PQ 185600, 06 Nov 2018
15   MHCLG Press Release, 26 October 2018

> This commitment recognised the need to build over 200,000 more homes in England every year, and invited Expressions of Interest from developments across the country.
>
> The Department of Health has set a target of [26,000 homes to be built on NHS land](#), the Healthy New Towns programme, as an additional aim, is showing how this land can be used, not just to build homes but also to return benefit to local communities and the wider system.
>
> Our demonstrator sites represent a cross-section of new housing developments in England. Over the last year, sites have finalised their delivery plans and have been setting up partnerships, involving planning and wider local authorities, housing developers, CCGs and health and care providers.
>
> Their objectives are to develop best practice, case studies and guidance to help ensure all new housing developments embed certain principles, promoting health and wellbeing and securing high quality health and care services.
>
> Nationally, we have developed strong links across government, planning and housing and will collate learning from the demonstrator sites to show how new housing developments can implement these principles.

Housing developers are being asked to embed smart technology throughout new homes in 10 new "healthy towns" to allow remote monitoring of those with health conditions, with results sent straight to GPs and hospitals. Residents are being given a range of health trackers so their lifestyle choices can be monitored and gauged against their health needs, potentially pointing the NHS toward which treatments or services are required. [A study by the Institution of Mechanical Engineers](#) **estimated that ensuring homes were built or adapted with elderly residents in mind could save £2.5bn a year for the NHS and local authorities.**

Chapter 8 of the revised [National Planning Policy Framework](#) (2018) sets out how **planning policies and decisions should aim to achieve healthy, inclusive and safe places** which:

> a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;
>
> b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and
>
> c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.

Public Health England's webpage: [Homelessness: applying All Our Health](#) (updated November 2018) sets out the links between health and homelessness and lists expected interventions by health professionals.

The Homelessness Reduction Act (2017) marks a significant change in homelessness legislation in England. It places statutory duties on local authorities to intervene earlier to prevent homelessness, and to provide help to all eligible homeless applicants irrespective of 'priority need' or 'intentional homelessness'.

Under the new duties in the Act, local housing authorities (LHAs) will now offer individuals who are homeless or threatened with homelessness a greater package of advice and support. This includes a needs-lead personalised housing plan which should contain the steps to be taken to prevent or relieve the applicant's homelessness.

The Act moves away from the previous statutory homelessness system that excluded many single homeless people from support on the basis that they were not defined as being in priority need.

The Act has introduced a new 'duty to refer', from October 2018, requiring specified public authorities in England to notify LHAs of individuals they think may be homeless or threatened with becoming homeless in 56 days, with the person's consent.

The health services that the new duty applies to are:

- accident and emergency services provided in a hospital

- urgent treatment centres

- hospital-based in-patient treatment services

Other public authorities to whom the duty to refer applies includes prisons, probation and Jobcentre Plus. The aim of the new duty is to help people who come into contact with a range of public services get access to homelessness services as soon as possible so their homelessness can be prevented from reaching crisis.

Although other health professionals, such as those based in local authority commissioned public health services (such as drug and alcohol treatment services) are out of scope of the duty, it is expected that referral pathways to LHAs should already be in place from these services.

Alongside the Homelessness Reduction Act, there has been an overhaul of the official homelessness statistics. Because the 2017 Act has introduced new statutory duties for local authorities, the previous P1E collection is no longer be fit for purpose and has been replaced by Homelessness Case Level Information Classification (H-CLIC).

H-CLIC collects case-level data, which provides more detailed information on the causes and effects of homelessness, long-term outcomes and what works to prevent it. It is hoped that this new data will provide a better picture of how local authorities are responding to single homelessness in England.

The government has also published a new Rough Sleeping Strategy, which is underpinned by the targets of halving rough sleeping by 2022 and ending it altogether by 2027.

A new rough sleeping team and Rough Sleeping Initiative (RSI) has been established at the Ministry of Housing, Communities and Local Government to drive this work forward, in partnership with

other government departments, PHE and NHS England. The work is overseen by a ministerial taskforce and steered by an expert advisory group.

2. News

NHS to recruit army of workers to help loneliness and mental illness, Telegraph, 28 January 2019

Why living in a detached house could be better for health, Telegraph, 14 January 2019

Tackling fuel poverty would cut winter deaths and costs to the NHS, Guardian, 09 December 2018

Excess winter deaths in England and Wales highest since 1976, Guardian, 30 November 2018

Poor housing stock in UK is creating a winter health crisis, Conversation, 12 November 2018

We should be building to heal, not to impress, Evening Standard, 09 October 2018

'It made me depressed': how poor housing costs the NHS £1.4bn a year, Guardian, 06 July 2018

Join up health and housing policy or risk return to 'pre-war slum housing', Labour warns, Independent, 02 July 2018

Yes, let's celebrate the NHS at 70. But it isn't the only service keeping us healthy, Guardian, 02 July 2018

More than one in 10 households living in fuel poverty, figures show, Independent, 26 June 2018

Investing in Warmer Housing Could Save the NHS Billions, Independent, 10 October 2017

Health Secretary suggests NHS could remove council house damp, Sky News, 19 July 2017

3. Parliamentary material

3.1 Written PQs

Social rented housing: Mental Illness PQ 213928, 6 February 2019

> **Asked by Steve McCabe**: To ask the Secretary of State for Housing, Communities and Local Government, what steps he is taking to ensure that people with mental health issues receive support to access social housing.
>
> **Answered by Kit Malthouse**:
>
> The Regulator of Social Housing's tenancy standard requires registered providers to develop and deliver allocations processes in a way which supports their effective use by the full range of actual and potential tenants, including those with support needs.
>
> In the Social Housing Green Paper we set out our intention to undertake an evidence collection exercise to help us understand how the allocations system is working and whether it is striking the right balance between fairness, support and aspiration. The Social Housing Green Paper also recognises that many landlords play a role that goes beyond their key responsibilities, which includes providing signposting to vital services such as mental health services. Through the Green Paper, we sought to gather evidence on the impact of the important role that many social landlords are playing. We are considering responses to the Green Paper and will respond in Spring 2019.
>
> Within social housing, and more widely, supported housing provides a vital service for vulnerable people, including people with mental health issues. Safeguarding provision and supply of appropriate supported accommodation is a priority for my Department and we will continue to provide capital grant funding to promote new supply of supported housing. Our August 2018 announcement confirming that funding for all supported housing is staying in Housing Benefit will have given increased confidence to the sector to continue to invest in new supply. We are also reviewing oversight arrangements for all supported housing. As a Government, we are investing record levels in mental health, spending £11.98 billion in 2017/18.

Health: Disadvantaged, PQ 213388, 05 Feb 2019

> **Asked by:** Hollern, Kate | **Party:** Labour Party
>
> To ask the Secretary of State for Health and Social Care, whether he plans to take steps with Cabinet colleagues to tackle health inequalities that stem from income inequality.
>
> **Answering member:** Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care
>
> People's lives and their health are shaped by issues such as poverty and income, education, employment, and housing and environment. This was recognised in 'Prevention is better than cure: our vision to help you live well for longer', published in November 2018. This vision illustrates how prevention can help us meet the Ageing Society Grand Challenge Mission, as set out by the Prime Minister last year as part of our Industrial Strategy. The Government's ambition is to ensure that people can enjoy five extra healthy, independent years of life by 2035, while narrowing

the gap between the experience of the richest and poorest areas. A Prevention Green Paper will set out our further plans.

Public Health England and NHS Rightcare have produced tools and evidence to help commissioners understand the health of their populations and the issues driving inequalities in local areas. The NHS Long Term Plan has also set out action with all major programmes and every local area being required to set out specific measurable goals and mechanisms to reduce inequalities over the next five and 10 years.

Housing, HL12942, 31 Jan 2019

Asked by: Baroness Thomas of Winchester | **Party:** Liberal Democrats

To ask Her Majesty's Government, further to the answer by Lord Bourne of Aberystwyth on 4 December 2018 (HL Deb, cols 932–3), when they expect to publish new planning guidance for local authorities on housing for older and disabled people.

Answering member: Lord Bourne of Aberystwyth | **Party:** Conservative Party | **Department:** Ministry of Housing, Communities and Local Government

We have strengthened national planning policy so that local planning authorities are expected to have clear policies for addressing the housing needs of older and disabled people. We will publish further planning guidance that will assist councils to put these policies in place, in due course.

Energy: Housing, PQ 206217, 16 Jan 2019

Asked by: Drew, Dr David | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of home energy efficiency interventions on human health.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The Department for Business, Energy and Industrial Strategy (BEIS) is leading a project looking at the health impacts of living in cold homes.

BEIS is working in collaboration with the Department for Work and Pensions, Public Health England and NHS Digital to understand and quantify the cost to the health service arising from households that underheat their homes requiring more hospital care, compared to similar households who heat their homes adequately. The study will also consider the impact of households who subsequently make energy efficiency improvements and whether this leads to a reduction in hospital care required.

The study is set to conclude later in the year.

Housing: Health, PQ 185600, 06 Nov 2018

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, if he will (a) work with the Secretary of State for Housing, Communities

and Local Government and (b) establish a cross-departmental committee on health and buildings.

Answering member: Caroline Dinenage | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The Department welcomes the All Party Parliamentary Group's report, and we know that a high-quality, safe, and suitable home can help people stay independent and healthy for longer, and reduce health and social care costs. The Department works across Government, including with the Ministry of Housing, Communities and Local Government, on many of the issues highlighted in the report.

Both Departments are signatories to the 'Health through the Home' Memorandum of Understanding with Public Health England (PHE). A refreshed version, which emphasises the importance of housing in supporting people's health, was published by PHE in March 2018. It can be found at the following link:

www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou

PHE also recognises the importance of indoor environmental quality (indoor air quality, noise, overheating and ventilation) on human health and wellbeing, and the need for a holistic approach. Further information is available in PHE's resources on homes and health, available at the following link:

www.gov.uk/government/collections/housing-for-health

Supported Housing: Mental Illness, PQ 176245, 11 Oct 2018

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Housing, Communities and Local Government, what steps the Government is taking to ensure that the social housing system has adequate funding to support people with mental health problems.

Answering member: Mrs Heather Wheeler | **Party:** Conservative Party | **Department:** Ministry of Housing, Communities and Local Government

The Social Housing Green Paper recognises that many landlords play a role that goes beyond their key responsibilities, which includes providing signposting to vital services such as mental health services. Through the Green Paper, we are seeking to gather evidence on the impact of the important role that many social landlords are playing.

Social housing and more widely, supported housing provides a vital service for vulnerable people, including people with mental health issues. Safeguarding provision and supply of appropriate supported accommodation is a priority for my Department and we will continue to provide capital grant funding to promote new supply of supported housing. Our recent announcement confirming that funding for all supported housing will stay in Housing Benefit, will also give confidence to the sector to continue to invest in new supply. We are also reviewing oversight arrangements for all supported housing. As a Government, we are investing record levels in mental health, spending £11.98 billion in 2017/18.

3.2 Oral PQs

New Home Building Programme, HL, Vol 794, 10 January 2019

Asked by: Lord Jordan

To ask Her Majesty's Government what measures they are taking to ensure that new properties built as part of their new home building programme are designed to avoid the occurrence of accidents in the home.

Answered by: The Parliamentary Under-Secretary of State, Ministry of Housing, Communities and Local Government and Wales Office (Lord Bourne of Aberystwyth) (Con)

My Lords, we want to build homes that are safe and secure. The building regulations set requirements to ensure the safety of people using buildings. We are developing a programme to review the guidance that supports the building regulations as part of our response to Dame Judith Hackitt's recent review of building regulations and fire safety.

3.3 Debates

Housing and Homes, HC, Vol 641, 15 May 2018

cc 228-229

cc 238-239

4. Further reading

Public Health England Collection: Homes for health

Comprehensive collection of strategies, plans, advice, and guidance about the relationship between health and the home.

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