INSTITUTE of HEALTH EQUITY

EVIDENCE REVIEW: HOUSING AND HEALTH INEQUALITIES IN LONDON

“I’ve taken care to see that housing is part of the Health Minister’s job, because without housing, ladies and gentlemen, no-one can have decent health.”

Christopher Addison
Soon to be government health minister, 1919

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SUMMARY AND RECOMMENDATIONS FOR ACTION

Housing is a major factor shaping health and a significant contributor to health inequalities in London. A good quality, secure and affordable home is the foundation that everybody needs to lead a healthy life.

This rapid evidence review considers the evidence for housing interventions that support health and that can contribute to reducing health inequalities. The review has been produced for the Greater London Authority (GLA) as part of a series of evidence reviews to support delivery of the GLA's strategic priorities. It includes case studies and evidence for housing interventions that support health. London faces some fundamental housing challenges related to a dependence of many people on housing as a financial asset, and steep reductions in the supply of social housing since the 1980s. These issues underpin the challenges spanning three pathways by which housing influences health: quality, security and affordability.

As London enters a period of the highest inflation seen in a generation there is a real risk that housing-related health inequalities will widen: this includes a particular risk of growing rates of fuel poverty, higher costs of maintenance and repairs, and greater insecurity of tenure leading to rising homelessness, especially for people living in the private rented sector.

The evidence presented in the review is tailored to the London context due to the number of characteristics that distinguish the relationship between health and housing in London from elsewhere in England, namely:

QUALITY

- Many more households are likely to be living in cold homes, with increased damp and mould, as household energy bills continue to rise into 2023. Although London had lower rates of fuel poverty than the average for England in 2020, it has much higher rates of poverty calculated after taking account of housing costs, which leaves people with less disposable income to afford the rising cost of living.
- London has the highest rates of household overcrowding in England.
- London typically experiences the highest temperatures in England during summer, including during heatwaves. Many homes are not adapted to extreme heat and this will become an increasingly significant determinant of health inequalities as summers become hotter over the course of this century.

SECURITY

- London has higher rents and house prices than the average for England, and more than half of homes in London are rented, either socially or privately, rather than owner-occupied.
- The majority of children who are homeless and living in temporary accommodation in England are located in London.

AFFORDABILITY

- London has the highest rates of poverty, after housing costs are taken into account, in England, and children in the capital are significantly more likely to grow up in after-housing-cost poverty than the average for England.
- London has the greatest shortage of health and social care workers in England, and this is in part driven by the shortage of affordable housing for key workers.

In addition to the housing-specific pathways described above, neighbourhoods and the surrounding environment play a critical role in people's experiences of home and in how they interact with their local area. If safe and appealing outside spaces or local destinations do not exist, this can affect how much time people spend in their homes and how they use their homes. For example, children may spend more time indoors rather than playing outside, with implications for physical activity, social development and mental health. A separate, forthcoming evidence review by IHE will examine the impact of neighbourhoods on health and for that reason this factor is not covered in this review, but the authors acknowledge it is a fourth factor through which housing impacts on health.

RECOMMENDATIONS

An overarching recommendation of this review is that the GLA and local authorities in London must continue to use their expertise and experience to advocate for national government action to provide secure, good quality homes for all.

The Government should adopt a medium- to long-term aim to rapidly accelerate an increase in the supply of social housing, available at an affordable rent, that is good quality, suitable for a range of needs, and offers long-term security of tenure.

1 HOUSING QUALITY

Local authorities in London, supported by the GLA, should:

1.1. Deliver a range of interventions to address fuel poverty, including financial, advisory and practical – to support households facing difficulties with energy and repair bills. They should prioritise the targeting, subsidising and tailoring of housing retrofit interventions to different groups to ensure that adequate consideration is taken of the unequal access to interventions between tenures and levels of income.

1.2. When designing and delivering housing quality interventions and new build housing in London, consider the need for ventilation and the risk of overheating.

1.3. Support people who require home adaptations for mobility needs to access available grants. Where they face barriers, households should be provided with advice and advocacy to support them to access adaptations needed.

1.4. Implement and evaluate interventions to address overcrowding in the social and private rented sectors that include both facilitating moves and supporting people to live in their existing homes through modifications and psychosocial support.

1.5. The GLA should work closely with the NHS and housing associations across London to develop and evaluate standard offers of housing for people with conditions that require supported housing, with pathways tailored to the needs of specific groups.

1.6. Use any income generated through licensing of private rented sector properties to fund enforcement across the private rented sector. This should include enforcing the Decent Homes Standard if and when it applies to privately rented housing.

1.7. Utilise available powers to raise standards of new homes that are created from converted offices using permitted development rights, as these more commonly result in sub-standard housing.

2 HOUSING SECURITY

Local authorities in London, supported by the GLA, should:

2.1. Seek to raise standards of temporary accommodation to ensure that no child is raised in single-room or bed and breakfast accommodation, with a goal that no children be placed in temporary accommodation for more than a specific and limited time period.

2.2. Continue to work closely to reduce competition and increase collaboration in the commissioning of temporary accommodation.

2.3. Apply the core principles of Housing First while offering person-centred, flexible and holistic support to individuals with complex needs who are, or are threatened with being made, homeless.

2.4. Maintain and increase provision of services to prevent evictions, and offer debt and financial advice to tenants, taking into account cultural and language barriers to access.

2.5. Make privately renting tenants aware of their housing rights and offer free advice, support and, where necessary, advocacy services that are tailored to different language and communication needs.

3 AFFORDABLE HOMES

3.1. Towards the above, the GLA and local authorities should engage with proposals outlined in the Levelling Up and Regeneration Bill to strengthen compulsory purchase powers and, separately, advocate for retention of Right to Buy sales revenue by local authorities for reinvestment in building more homes for social rent.

3.2. The Government should increase local housing allowance in line with local rents and inflation, at a minimum returning it to pre-April 2011 levels, when housing allowance was set at 50% of average rents.

3.3. The definition of 'affordable housing' used to determine prices for sale and rent should be universally agreed to become a function of local incomes rather than of average local house values and rents.

1 INTRODUCTION

The past decade has seen major events affect Londoners' experiences of their homes: the COVID-19 pandemic brought about significant changes in lifestyles and housing requirements and highlighted overcrowding issues in the private rented sector; the Grenfell Tower tragedy exposed a previously hidden phenomenon of unsafe cladding and building materials; and now the war in Ukraine and cost of living crisis risk driving many more households into after-housing-cost and fuel poverty. To an extent there is also revived awareness of the importance of homes to health. For example, the recent Health and Care Act (2022) includes requirements for the integration of housing with health and care services across Integrated Care System areas.

This rapid evidence review produced for the Greater London Authority (GLA) by the UCL Institute of Health Equity outlines some of the best evidenced mechanisms by which housing impacts health over the life-course and provides evidence for successful interventions to reduce the negative health impacts of housing.

Housing impacts health via three established pathways: (1) quality, (2) security and (3) affordability of housing, and these three areas provide the main structure for this report. Underlying all three, however, there are fundamental challenges related to reliance on housing as a financial asset, and steep reductions in the provision of social housing in London. Until there is a major step-change in levels of investment in social housing, many people will remain at risk from living in sub-standard and insecure accommodation in London. This issue is addressed first, in Section 2.

There is also strong evidence of the relationship between neighbourhoods and health, but this topic will be covered by a separate briefing to be published by IHE in 2023. This review is the first in a series that have been produced for London to provide evidence of the impact of interventions on several key social determinants of health.

Housing interventions that impact on health are diverse, covering the fabric and structure of the building, the internal layout and fittings, housing costs, tenure, heating costs and the additional services and support that can be connected to the home. These are different types of interventions with different impacts on health outcomes. In addition, evaluation studies of housing interventions often study different population groups, which makes direct comparisons difficult. Evidence from the UK is also characterised by an absence of control groups and long-term follow-up about health impacts. There is also a lack of data with which to assess current housing issues, including a lack of good quality data about the state of housing in the private rented sector and gaps in data that capture the relationship between ethnicity and housing. This review therefore comments on the strength of evidence throughout and proposes priority evidence gaps for further research.

Where the strength of evidence is noted, 'weak' evidence refers to evidence that is at high risk of bias, for example from reports published by a service provider, or with limited data or information on methodology. 'Medium-strength' evidence includes studies or published evaluations that include clear descriptions of the methodology and outcome measures, which may include qualitative and before and after studies. 'Good-quality' evidence refers to natural experiments or to controlled studies, although the latter are unlikely to be double-blind studies in the context of housing interventions and are at greater risk of bias than clinical trials.

People from minority ethnic backgrounds on average experience worse housing conditions, and greater housing insecurity and need, than White Londoners (1). Where possible this briefing considers intersectional dimensions of inequality, in particular between socioeconomic position and ethnicity, but a more focused review is required to explore this and other protected characteristics in depth. IHE will be publishing separate reviews of structural racism and health inequalities in London in 2023.

INSIGHTS FROM COVID-19

During the COVID-19 pandemic, overcrowded and poorly ventilated homes were a risk factor in transmission, and lockdowns exposed many of the inequalities in housing quality in London.

The pandemic shone a spotlight on the role of homes as both a risk factor in transmission and as the setting in which most people experienced the lockdowns. While there was a perception of *'we're all in it together'*, the security, quality and outside space people's homes provided had a major impact on their experience of the pandemic, and those in the poorest housing were disproportionately impacted (7). The extent to which lessons are learnt from the pandemic will also influence London's resilience to future systemic shocks, including climate change and other emergent infectious diseases.

The following are some of the pathways by which housing mediated the health impacts of the pandemic:

- **Ventilation and transmission:**
  - In a cohort study looking at viral transmission, people living in overcrowded households (defined as households with more people than rooms) had increased odds of having COVID-19[1] compared with people living in underoccupied houses with one or more spare bedrooms (8).
  - The use of shelters and shared accommodation became a public health issue during the pandemic, and the widespread delivery of the 'everyone in' policy to accommodate people in self-contained accommodation in the first wave is estimated to have avoided 21,092 infections, 266 deaths and 1,164 hospital admissions among the homeless population (9).
- **Mental health:** According to the National Housing Federation, 31% of adults in Britain (15.9 million people) reported mental or physical health problems linked to the condition of their home during one of the lockdowns, with 30,000 people spending the first lockdown in a home constituting just one room. This issue is likely to be more common in London due to rates of overcrowding and the amount of concealed homelessness that predated the pandemic. In 2018–19 over 100,000, or 3.2% of households in London, contained people who were 'sofa surfing' – and who would otherwise be homeless (10).
- **Ability to work and study:** Space was a particular issue for many: in a national survey in the first lockdown 11% of British adults said they felt depressed due to a lack of space in their homes, while 5% said a lack of space had led them to seek medical help or take medication for their mental health (11).
- **Poor quality housing and fuel poverty:** Many residents were more exposed to poor quality housing, such as dampness and disrepair, during lockdowns, as well as the psychosocial stress associated with loss of income, leading to difficulty paying housing costs. Fuel poverty was exacerbated as people needed to heat and power their homes for more hours of the day as schools and many places of work closed.

[1]As measured by a positive PCR SARS-CoV-2 antigen result

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WHY MORE SOCIAL HOUSING IS NEEDED TO ADDRESS HEALTH INEQUALITIES IN LONDON

KEY POINTS

- Homes in the social rented sector in london are more likely to meet the Decent Homes Standard, be more affordable and offer greater security of tenure than in the private rental sector.
- Historically, social housing was a public spending priority, but there are far fewer homes for social rent being built now than in the post-war period.
- It is very difficult for local authorities to replace all of the homes that are lost through Right to Buy and build on the scale required the meet the need for affordable housing in London due to a combination of financial, policy and land ownership barriers.
- The government should adopt an aim to rapidly accelerate increase in the supply of social housing for affordable rent that is good quality, suitable for a range of needs, and which offers long-term security of tenure.

Social housing is vital infrastructure for public health: historically this was a recognised priority that was delivered on in London.

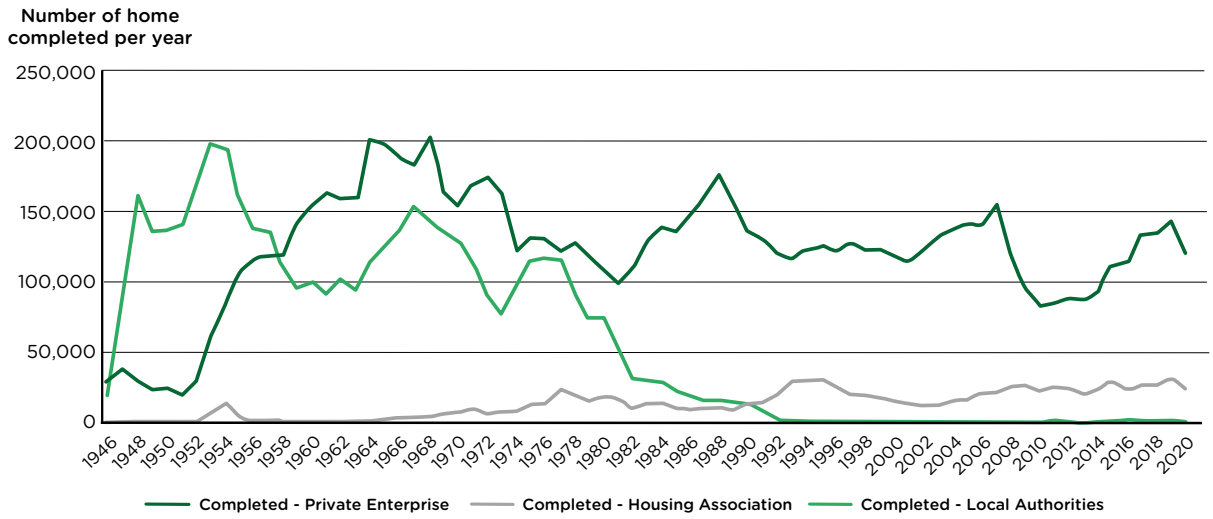
While this review looks at the evidence for interventions that are specific to the quality, security and affordability of housing in London, many of these issues can only be addressed at scale if there is a move away from homes being valued as a financial asset by land and property investors and landlords, and towards valuing them as vital infrastructure for public health and wellbeing. Expanding social housing is a key part of this.

In the post-war years good quality homes were understood to be essential for the health and wellbeing of the population, and public investment was prioritised despite high national debt. In 1954, over 200,000 homes for social rent were built in England; in contrast, fewer than 27,000 were built in 2021. In the 1970s, local authorities in London alone were building over 20,000 new homes per year, but since the 1980s they have replaced only one in five council homes that have been purchased by council tenants through the Right to Buy scheme (2).

Far fewer homes for social rent are being built in London in the 2020s than in the 1970s.

Figure 2.1 displays trends in new home completions by sector in England as a whole and shows the dramatic decline in completions of housing for social rent since the early 1980s. There are profound structural drivers that have inhibited the building of new housing for social rent in London since then, leading to a recent low of only 42 new homes in 2019. In the year to April 2022 this rose to 915 new homes for social rent[2] in London, but this remains well below historic rates, amounting to roughly one new home for social rent for every 10,000 Londoners (3). Housing associations are now the primary owners of housing for social rent in London and therefore build significantly more of it than councils do, but they are not close to matching historic building rates.

Figure 2.1. House building in the UK: number of permanent dwellings started and completed annually from 1946 to 2020



Source: ONS

[2]Homes for social rent here includes homes for the London 'living rent', which is benchmarked to social rent. Homes for living rent are available to people who are not social housing tenants.

There are significant policy barriers for local authorities seeking to increase supply of social housing.

Low rates of supply of new social housing has significant implications for housing affordability in London as, without social housing being available, most households on low incomes are pushed into the private rented sector where rents are entirely unregulated and security of tenure is very poor. The barriers to councils increasing supply of new council housing include barriers to accessing and using available finance, limited subsidies, and under-staffed housing and planning departments. The Mayor of London has sought to address these problems through a range of measures, to reach a target of building having begun building of 20,000 new council homes by 2024(4). This is a worthwhile ambition, but some of the underlying drivers of the shortage of affordable housing can only be addressed via national policy levers.

Systems of land ownership and rights are among the wider structural barriers to building new homes for social rent.

Wide inequalities in land ownership are among the structural issues that impact the supply of land for housing, including a system of inheritance tax exemptions, inheritance laws and fiscal subsidies that support these structures (5). The 'hope value' of land is its market value based on the expectation of being granted planning permission to develop it, which then rises even higher if permission is granted. This means it is a financial asset independent of its current use, and as such the same areas of land can be bought and sold multiple times before being developed. The effect is to incrementally inflate the value of a piece of land so that it often becomes too expensive for a council to purchase or for a private housing developer to build affordable homes on it at scale.

Land could be made more affordable.

Current proposals in the Levelling Up and Regeneration Bill to strengthen compulsory purchase powers and to enable the capping of 'hope value' present an opportunity. If delivered, the powers would mean land could be compulsorily purchased at closer to its current use value, with the potential to change the viability of council housing schemes in London. Justifications include that public investment increases the value of privately owned land, and this benefit should be shared with local communities. For example, it is estimated that eight prospective transport projects in London will raise the value of surrounding land (including much that is already occupied by housing) by £87 billion, making new and existing housing more expensive (6).

Notably, these powers existed in the late 1940s and 1950s, when Nye Bevan created the conditions to enable the rapid expansion of council house building.

Large-scale public investment is then required to meet the need for secure, affordable housing in London. Changes will be required to current limitations on how much of the proceeds of Right to Buy sales local authorities can retain and reinvest in social housing.

Without a rapid and sustained increase in the provision of social housing it is likely that Londoners' opportunities to live in a good quality, secure and affordable home will remain highly contingent on their income and wealth.

Housing associations and local authority landlords should identify and advocate for the health needs of social housing tenants.

While not related to supply issues, registered social landlords can play a role in meeting the healthcare needs of tenants. One study of an intervention to promote access to healthcare for social 'general needs' tenants aged over 50 in London found that at the start of the study almost one in 20 of 547 participants had serious untreated health conditions (59). These were previously diagnosed conditions, but for which they were not receiving healthcare; in one case a person had sickle cell anaemia but had no GP and would present to A&E each time they had a crisis. These baseline findings of the scale of untreated health problems among social housing tenants suggest that there is an important role for social landlords in identifying tenants with underlying conditions and facilitating access to healthcare.

3
HOUSING QUALITY

KEY POINTS

- Adequate housing quality can be measured by the four components of the Decent Homes Standard: be free of hazards, in good repair, with modern facilities and energy-efficient. This review also looks at evidence for homes that are suitably adapted and offer support for occupants with additional needs.
- Increasingly, homes in London do meet the Decent Homes Standard, but the rate of improvement in the quality of homes for rent has been much faster in the social than private rented sector. Landlords need to be identified and incentivised to upgrade their properties.
- Improving the quality of homes across all tenures could significantly reduce demands on healthcare from falls, accidents, respiratory, cardiovascular and mental health causes.
- More people in London will face fuel poverty in 2022/23 in the face of rising home energy costs, and there is therefore likely to be a higher incidence of health conditions associated with cold homes.
- Beyond meeting the Decent Homes Standard, authorities designing and delivering housing quality interventions in London need to consider ventilation and overheating risk.
- Overcrowding is a hazard that affects households in the social and private rented sectors more than owner-occupiers. Interventions must involve finding larger homes for households, but in the short term can involve supporting people to manage in their current living conditions.
- As the population of London ages, more people will need home adaptations. These should be tailored to people's needs and adjusted over time as needs change. Landlords need to be incentivised to accept home adaptations for tenants with mobility needs.
- In supported housing for individuals with complex needs, the training and skills of the workforce, and their ability to deliver holistic, person-centred care, are important for determining health and wellbeing outcomes.

MEETING THE DECENT HOMES STANDARD

The proportion of homes that meet the Decent Homes Standard is increasing but rates of improvement are slower in the private rented sector.

To meet the Decent Homes Standard homes are required to meet four key standards: (1) Be free of Category 1 Housing Health and Safety Rating System hazards. (2) Be in a reasonable state of repair. (3) Have reasonably modern facilities and services. (4) Have efficient heating and effective insulation. The first of these, health hazards in homes, include exposure to cold, damp, trip/fall hazards, poor ventilation, overcrowding and fire, among others. Improving housing quality is an important health equity measure. The proportion of homes that meet the Standard has increased across all tenures, but rates of improvement are much slower in the private rented sector (12). Increasing the number of homes that achieve the Decent Homes Standard, particularly in the private rented sector, is vital to improving health and reducing health inequalities.

Six groups of people have been identified as typically at greater risk of harm from their housing conditions: those with dependent children; those registered disabled; those in receipt of means-tested benefits; those aged over 65; recent migrants; and those on a low income and not receiving benefits (13).

The impacts of poor housing standards are not felt equally between different ethnic groups: Londoners of Asian ethnicity are more likely to live in homes that fail to meet the Standard, and Black Londoners are more likely than people of other ethnicities to have damp problems in their homes (1).

The number of non-decent homes in the social rented sector has declined significantly, but these homes remain a problem for those still living in them.

Non-decent homes in the social rented sector have declined significantly in number in London over recent decades, from 260,290 in 2005 to 44,570 in 2020, largely owing to high public investment in raising standards in the first five years of this period (12). Concerningly, however, rates of overcrowding remain high in the social rented sector (see section on overcrowding below).

Interventions to make more homes 'decent'

Large-scale interventions aimed at addressing housing quality issues have shown potential to reduce demand on healthcare.

There are few studies of large-scale housing quality interventions that capture population level impacts, but where they do exist findings suggest they can bring measurable savings to the NHS and society. For example, the Safe at Home scheme, which ran from 2009–2011, specifically targeted the 140 local authorities with the highest rates of childhood injury admissions, and more deprived households within those. Over 65,000 families received home safety equipment, almost all (99%) of which were in receipt of social benefits. Although not followed up long-term, the study authors concluded that the programme showed the potential to reduce injuries significantly at a population-wide level via effective safety equipment, free installation and targeted education (15).

Investing in achieving the Decent Homes Standard in all homes could pay for itself in savings to healthcare and society in less than a decade.

The Building Research Establishment (BRE) has developed a methodology for modelling the cost of poor housing to the NHS and society. This has been applied to the English Housing Survey count of health hazards in London homes for the 2016 and 2018 survey waves (14). The findings from the analysis include an estimate that a one-time payment of £1.1 billion would be enough to mitigate the hazards currently present in London's housing. As the per annum cost to the NHS of poor housing in London is £114 million, the savings made by the NHS would pay back the cost of mitigation within 9.6 years. The full cost to society (including treatment, ongoing medical costs, human impact and indirect economic impact) is estimated to be £1.4 billion, meaning that the full societal savings could pay back the cost of mitigation within one year (14).

It is difficult to achieve high uptake of housing quality interventions in the private rented sector.

The nature of private ownership, whether private rented or owner-occupied, poses a challenge regarding providing the right incentives to improve housing. Many of the financial savings captured in cost-effectiveness analyses accrue to people or institutions, including the NHS, tenants in poor-quality privately rented homes, and adult social care services, that would not typically pay the costs. This misalignment of incentives creates particular challenges for incentivising home improvements in private tenure, in particular landlords and tenants are often reluctant to interrupt a tenancy for maintenance works (16). Legislation and enforcement of the Decent Homes Standard is a vital route for improving standards in this sector, but there is currently no way for local authorities to map the private rented sector and capacity for inspection and enforcement have been significantly weakened due to financial cuts.

For owner-occupied homes there are fewer levers for national or local government to enforce a standard, although more incentives for the property owner, who can benefit directly from lower running costs and increased comfort in their own home. Further current challenges relate to the shortage of skills and materials required to upgrade properties.

Licensing properties is one lever for raising standards in the private rented sector and may bring benefits to health, though must be combined with complementary measures.

Licensing schemes present one important lever through which local authorities can enforce standards in privately rented homes. There are three different schemes for licensing properties in the private rented sector that councils may operate: a national 'mandatory' scheme that applies to certain Houses in Multiple Occupation (HMOs), and two discretionary schemes – additional and selective licensing. Private landlords in areas in which the local authority has been granted selective licensing (SL) powers must obtain a licence, allow inspection, and maintain minimum housing standards. Councils must seek permission from the Secretary of State to undertake any selective licensing schemes that would cover more than 20% of their geographical area or would affect more than 20% of privately rented homes in the local authority area. Selective licensing has been found to be an effective tool for enforcement of standards when used in combination with other measures, including landlord engagement and adequate resourcing of enforcement (17).

In the first ever study (currently undergoing peer review) of effects of selective licensing on tenants' anxiety and neighbourhood mental health, and secondary impacts on antisocial behaviour, population turnover, and self-reported wellbeing in Greater London, it was found that areas with SL had significantly better indicators of mental health than control areas. These included lower mental health index scores, fewer antidepressant treatment days, lower rates of people in receipt of mental health benefits, less antisocial behaviour and a smaller proportion of the population with recorded depression (18). These findings coincided with higher population turnover and Olympic area regeneration affecting some of the licensed areas, and therefore it is not possible to conclusively attribute the findings to SL, but they indicate a direction of benefit that warrants further research.

CASE STUDY: SELECTIVE LICENSING IN WALTHAM FOREST

In Waltham Forest, East London, 39% of all households with children live in privately rented accommodation according to ONS data, and the borough ranks second nationally in barriers to accessing housing and services, due to a combination of high demand and poor affordability. The average house price is 14.2 times the average earnings and roughly one in six privately rented homes in the borough is overcrowded, rising to almost one in three of homes housing children.

In April 2015 the borough introduced a selective licensing scheme, which by November 2018 had received over 26,000 applications from landlords. Although originally introduced to tackle antisocial behaviour, it has addressed a much broader range of environmental and social issues. Licensing has enabled the council to take a more robust approach to irresponsible landlords, and Waltham Forest successfully prosecuted over 100 housing offences over the period of the scheme. Tenants are also better informed about their rights and can seek support, thanks to a partnership with Cambridge House Safer Renting. More importantly, it has been a mechanism to raise standards, and while a minority of landlords were prosecuted, over 3,000 enforcement cases have been closed because the landlord brought the property up to a decent standard.

There is currently very poor enforcement of standards in the private rented sector.

The UK Collaborative Centre for Housing Evidence gathered qualitative data on the current state of enforcement of the private rented sector, which indicated there is currently poor enforcement of standards and very little data held by local authorities on the sector in their area (19). The Centre recommends that the Government create a national landlord and letting agent registration system that would facilitate the creation of licensing schemes, and share data it captures with local authorities to enable enforcement. This recommendation is currently reflected in the White Paper: *A Fairer Private Rented Sector.* Due to the limited current evidence for the impact of either landlord registration or selective licensing on health, there is a need for local authorities to evaluate the impacts of the White Paper over time as standards are raised.

Assisting tenants and landlords to resolve disputes would reduce barriers to the enforcement of housing standards faced by tenants.

People with poor security of tenure are more likely to have to tolerate poor housing. Given the relative disempowerment of tenants in relation to landlords, supporting tenants and landlords to resolve disputes without the use of expensive and time-consuming courts or tribunals may help address some of the private rented sector's housing quality issues identified above. Multi-tiered dispute resolution systems, which have been developed in British Columbia, Ireland and New Zealand, involve tenants and landlords being offered initial advice and then supported with mediation to resolve disputes as required, to prevent situations escalating to legal proceedings (65). A similar model is proposed in the *A Fairer Private Rented Sector* White Paper in the form of a Property Ombudsman.

COLD HOMES

The fuel poverty rate in London is lower than in most areas of England, but was expected to increase steeply in winter 2022/23.

Under the current definition of fuel poverty a household is considered fuel-poor if living in a property with an energy performance certificate (EPC) rating of band D or below and if after spending the required amount to heat their home they are left with a residual income below the official poverty line. The three elements that contribute to being fuel-poor are therefore income, home energy prices, and household energy requirements to heat the home to an adequate temperature.[3]

Energy prices have risen and were set to continue to rise steeply in 2023 at the time of writing. Gas and electricity are currently contributing about half of the latest consumer price inflation rate of 10.1%, and the contribution of energy prices alone was expected to peak at 6.5 percentage points in January to March 2023 prior to government announcements made in September 2022 that energy bills will be capped. In its favour, at this time, London has much more energy-efficient homes than average for England, with eight of England's 10 local authorities with the highest proportion of efficient homes being located in the capital (20). This is owing to the large proportion of maisonettes and flats and higher density of new builds in those local authority areas. This figure masks wide variation however – both Newham and the London Borough of Barking and Dagenham are in the top 20 areas across England in terms of highest proportions of households living in fuel poverty. The most recent data indicate that rates of fuel poverty in London declined relative to elsewhere the rest of the UK in 2021.

The people at most risk are those in homes with poor energy efficiency ratings, and they are more likely to live in the private rented sector.

Roughly half of homes in London have an energy performance certificate rating below C, which make them very expensive to heat during winters when energy prices are high, like the winter of 2022/23 (20). This particularly affects tenants in the private rented sector: the proportion of private rented homes with an EPC rating below C varies from less than 10% in some London neighbourhoods to around 85% in others (20). Fuel poverty is expected to increase steeply as a result of home energy cost inflation, which will disproportionately affect people in low-income households (27).

Cold homes have serious health consequences, with children, older adults and people with some long-term conditions and disabilities more vulnerable than others.

People who are most vulnerable to the health effects of cold housing include: people with cardiovascular, respiratory or mental health conditions, people with disabilities, people aged over 65, households with young children, households on low incomes, and pregnant women (21). It is estimated that about one in five excess winter deaths occurs due to living in a cold home (22). Cold homes have direct and indirect health impacts and are associated with respiratory and cardiovascular conditions, such as heart attack and hypertension, asthma and wheeze in children, avoidable hospital admissions, and depression and poor mental health in adults (23). Cold homes have also been associated with social isolation among older adults (24). Impacts that are specific to children and young people include higher rates of respiratory illness (25), damaged educational outcomes, and four-times-greater impacts on mental health among teenagers than adults (22). The impacts are likely to be worse when combined with other hazards such as condensation, damp and mould, noise, pests and draughts.

Making the coldest homes warmer could pay for itself in less than seven years in savings to the health service alone.

According to a 2022 analysis, there are almost 60,000 homes in London that are extremely energy-inefficient – with an EPC rating of F or below.[4] On average, it costs £7,119[5] to increase the energy inefficiency of the coldest homes, which it is estimated would generate a return on investment to the NHS in 6.9 years, or as little as 0.4 years if returns are measured in total cost to society (14).

[3] 'Adequate temperature' is defined by the Dept for Business, Energy and Industrial Strategy fuel poverty statistics as a minimum of 21°C in the main living room and 18°C in other occupied rooms during daytime hours, with lower temperatures applying at night.

[4] Homes in the Housing Health and Safety Rating System Category 1 Excess cold hazard are assessed by a different process to EPC certification but are broadly equivalent to homes with an EPC rating of F or below.

[5] This figure does not account for recent inflation in the cost of labour and materials.

Interventions to combat cold homes

A range of home energy efficiency interventions exist that can reduce both fuel poverty and carbon emissions

Commonly used measures to retrofit and improve the energy efficiency of homes include adding thermal insulation (loft, cavity wall or internal wall), replacing windows, upgrading heating systems, installing more energy-efficient boilers, and sealing up air leakage pathways. As well as creating warmer homes, these measures remain the most effective interventions to address both fuel poverty and the need to reduce carbon emissions from homes (28) (29).

There are many examples of local authorities and the NHS already working together to deliver these measures to the most vulnerable households, some of which have been found to reduce demands on healthcare.

There are numerous examples of interventions implemented by local authorities across the UK that have sought to target retrofit interventions at those with underlying health conditions, many of them financed by the Better Care Fund.[6] A separate analysis by the Institute of Health Equity provides many examples of how local areas are tackling fuel poverty and reducing health inequalities, such as: targeting advice services and housing improvements, including improvements in the private rented sector; using urban regeneration to reduce fuel poverty; and creating partnerships between the NHS, local authorities and housing services to support local populations (25).

While few interventions have been rigorously evaluated, many have outcome metrics and an estimated return on investment. An example is a before and after study of Gentoo's 'boiler on prescription' service in the North of England and Scotland, which found that residents' use of NHS services reduced after installation of housing improvements: across the cohort of 228 households the number of GP visits in six months reduced by 10%; hospital visits reduced by 67%; accident and emergency department attendance reduced by 45%; and inpatient stays reduced by 4% (30). However, it should be noted that this study did not have a control group.

There are barriers to improving energy efficiency in the private rented sector, and local authorities need to consider options to reach the many low-income households who live in that sector.

As with other interventions to improve housing quality, incentives to improve energy efficiency are often not aligned between who pays and who benefits. People living in privately rented homes and older adults are among those whose homes and health would benefit most from retrofit interventions, but both often experience more barriers to accessing retrofit support than other people (28). Meanwhile, many of the cost savings accrue to other parts of the system, such as the NHS and adult social care (31). A separate rapid scoping review of the impacts of retrofitting on health inequalities for the GLA has recommended that to avoid exacerbating the impacts of unequal access to retrofitting on health inequity, energy efficiency policies should pay careful attention to issues of affordability, lack of incentives and residents' needs and preferences (32). Approaches could include making interventions completely free to users, targeting the most affected groups and tailoring interventions to individual needs.[7]

VENTILATION PROBLEMS CAUSED BY ENERGY EFFICIENCY INTERVENTIONS

A further consideration for housing quality is the increasing evidence of the importance of good ventilation to protect respiratory health as part of retrofitting standards.

- In one study of adult occupants of social housing who had received energy efficiency interventions, a complex interaction was found between household energy efficiency, indoor dampness, mould contamination and risk of asthma: although the interventions were found to reduce mould contamination in homes, asthma was significantly more prevalent among tenants with the most energy-efficient homes. Potential explanations included that reduced ventilation may have increased the exposure of occupants to other physical, chemical and biological agents. Alternatively, the occupants may have changed their behaviours post-intervention, although in what way was not explored.

[6] The Better Care Fund (BCF) programme aims to support local health and social care systems to integrate in a way that supports person-centred care, sustainability and better outcomes. Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. For more information see: www.england.nhs.uk/ourwork/part-rel/transformation-fund/better-care-fund/about-the-better-care-fund/

[7] The Government has proposed that Minimum Energy Efficiency Standards in the private rented sector be increased to require all properties be EPC grade C or above by 2025 under the forthcoming Minimum Energy Performance of Buildings (No. 2) Bill.

- Similarly, an uncontrolled longitudinal study of recipients of a social housing-managed upgrade programme in Wales from 2009–2016 found that people who received cavity wall insulation had poorer mental and general health at follow up, and an increase in reported respiratory symptoms (33). The recipients nevertheless experienced multiple other benefits, including being more satisfied with their property's state of repair, greater thermal comfort, and improved household finances. Meanwhile, people who received loft insulation and external wall insulation experienced better mental and respiratory health over the seven years of the study. These ambiguous findings suggest more research is needed to identify the mechanisms of effect of different home energy efficiency interventions on mental and physical health.

- An ecological study of the association between the energy efficiency of homes and hospital admissions in England found that people living in areas with higher energy efficiency levels had an increased risk of hospital admission for asthma, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD). Admission rates were also associated with location/climate, the type of dwelling, and tenure status suggesting that the relationship with health outcomes cannot be directly attributed to homes being more energy efficient. (34).

Ventilation is more important in London than some other areas of the UK and needs to be integrated with retrofit measures.

Ensuring good ventilation is even more important in London than other UK cities because London homes are typically warmer to start with, therefore the health gains from insulation are smaller relative to the negative effects of poorer indoor air quality, more mould, and, among households with smokers, higher exposure to secondhand smoke. In one modelling study of the impact of interventions to reduce ventilation heat loss, the health gains from retrofits only accrued when insulation was combined with purpose-provided ventilation (PPV) (35). The study modelled a decrease in life expectancy of five months in London if retrofits are installed without PPV, while with PPV installation and large-scale retrofitting, average life expectancy at birth in London would be expected to increase by four months.

Local authorities and the NHS cannot reduce fuel poverty on their own. Reducing fuel poverty needs to be a priority at all levels of government.

The evidence to support reducing fuel poverty in London on the basis of cost, benefits and social justice remains strong. It is of growing significance given current inflation in energy costs alongside national and local climate change commitments. It should therefore be a high priority for the GLA and partners in Integrated Care Systems. Local authorities and public health are well placed to address issues relating to fuel poverty, but reducing fuel poverty over winters like that of 2022/23 also requires national action and resources, which will be critical in preventing a steep increase in excess winter mortality when energy prices are high (25).

Addressing fuel poverty can involve making homes energy-efficient, advising on energy usage and fuel deals, and providing financial advice and assistance.

NICE guidelines on excess winter deaths and illness recommend identifying people most at risk from cold homes and training health and social care practitioners to identify and support them to receive suitable retrofit interventions and support for fuel costs. While local authorities already do this to varying degrees, the Institute of Health Equity recommends a proportionate universal approach to people experiencing fuel poverty, based on partnerships between health and care, local authorities, energy providers, and the voluntary, community, faith and social enterprise (VCFSE) sector, including that all households living in fuel poverty are supported to ensure they receive all due benefits and that their incomes are maximised overall; that efforts are taken to ensure that all households have the best fuel deals available, reducing ongoing costs; and that homes of people in fuel poverty are made as energy-efficient as possible without compromising ventilation.

Higher energy efficiency standards need to be planned for future homes.

The Government is developing the 'Future Homes Standard', which will raise standards of energy efficiency and ventilation in new build homes from 2025. This Standard should be the focus of GLA policy engagement efforts to ensure it reflects the health evidence as robustly as possible, particularly the emerging evidence about the need for adequate ventilation. Separately, the Town and Country Planning Association (TCPA) has claimed that planning legislation has no legal obligations that relate to the health and wellbeing of people. The GLA could further endorse draft legislation – the Healthy Homes Bill – that is recommending that legally binding 'healthy homes principles', which include energy efficiency, are applied to new developments.

OVERHEATING IN HOMES

Many more people will become at risk from overheating in their homes over the course of this century.

Climate change is widely accepted to be one of the greatest threats to human health, and unlike many health issues, it will not be addressed in short timescales. Despite countries, including the UK, signing up the Paris Agreement goal to reduce carbon emissions in line with capping temperature rise at 1.5°C above pre-industrial levels, the Met Office projects that London is likely to experience mean maximum summer temperatures that are between 2 and 3°C warmer in the period 2040–2059 than in the period 1981–2000. This will mean hot summers like the one seen in 2022 happening every other year by the 2070s (36). Between 2000 and 2019 Londoners were almost twice as likely to die from heat-related causes than average for England, with 170 excess deaths attributable to heat in London each year (37). This is likely due to a combination of the local climate, the housing stock and socioeconomic factors.

Overheating can have serious health consequences, to which some people are more vulnerable than others.

The health effects of overheating include increased strain on the cardiovascular and respiratory systems, which are the main causes of illness and death during a heatwave, and hyperthermia, heat exhaustion and heat stroke (38). People who are less able to regulate their body temperature are the most vulnerable. This function can be impaired in the elderly, people with underlying conditions or taking certain medications, and young children (38).

Interventions to combat overheating

There are many structural interventions for cooling homes, but currently no standard for reducing overheating risk in existing homes.

While there is some consideration of overheating risk in new-build standards, overheating risk is not currently covered by the Decent Homes Standard and there are few levers for local authorities to address the risk to existing homes. Interventions to adapt existing homes to increasingly high peak summer temperatures are complex and site-specific. They range from minimising heat gains using passive cooling measures, such as shading, reflective surfaces and green cover, through to installing active cooling measures such as air conditioning and mechanical ventilation. The evidence base for individual housing adaptations is complex and depends on a number of factors, including construction materials, ventilation, location and aspect of the building, as well as behaviours of the occupants. Recommendations for cooling interventions are covered extensively by Zero Carbon Hub (39).

Interventions to cool existing homes need to reach people who are most at risk and have the least means to adapt their homes to hotter summers.

Given the known challenges in retrofitting privately rented homes to make them warmer it is likely that there will be similar challenges with cooling interventions that require changes to the fabric of a building. As summers get hotter, overheating risk may impact private and social rented sector tenants more than homeowners. As with energy efficiency and retrofit interventions, it is essential that adaptations reach households in the private and social rented sectors, as well as leaseholders in buildings in which the freeholder owns the roof and exterior walls. There are gaps in the evidence base regarding how overheating affects households in different tenures in London and how to incentivise landlords and freeholders to adapt existing buildings, both of which themes need to be priorities for future research.

OVERCROWDING

Overcrowding is a growing housing quality issue in London and is driven by a shortage of housing relative to population growth.

Overcrowding is a serious and rising housing quality issue in London that relates to the high and increasing cost of housing relative to housing benefit rates and incomes, and the lack of supply of affordable housing. A contributing factor is population growth outstripping housing supply growth (see also the housing affordability section below). The population of London increased by an estimated 12% between 2011 and 2021 and, due to the slow supply of new homes, rising house prices and a smaller social rented sector, many of the additional residents are concentrated in the private rented sector.

Measures of overcrowding

In estimates of overcrowding the 'Bedroom Standard' is based on the difference between the number of bedrooms needed to avoid undesirable sharing given the number, ages and relationships in the household, and the number of bedrooms actually available (40).

The Bedroom Standard is widely used in statistical reports on overcrowding and reflects modern social expectations around room sharing. However, the legally enforceable definition under the Housing Act 1985 is narrower and so applies to fewer households. A household is only statutorily overcrowded if either of these standards are met:

1. **Room standard:** This defines overcrowding as when two or more people share a bedroom who are aged over 10, are of opposite sexes and not living together as a couple.
2. **Space standard:** This dictates a minimum floor area per occupant for a bedroom or living room. A child is considered half a person under this definition.

Overcrowding affects low-income households the most, in both the social and private rented sectors.

It is not known exactly how many households in London are overcrowded as data are not routinely collected in any housing tenure. The rate, based on the bedroom standard was estimated to be 8.3% in 2018/19, up from 5.5% in 2000 (12). Overcrowding in social housing accounts for the majority of this increase. A smaller (and less reliably estimated) increase in overcrowding in the private rented sector is explained by a rise in overcrowding among households in receipt of local housing allowance (41).

Overcrowding has serious health consequences for some people, and often co-exists with other housing quality issues.

Overcrowding is linked to poor physical and mental health outcomes (42). There is high-quality evidence from case-control and cohort studies conducted outside the UK that overcrowding is associated with higher rates of TB transmission, with non-TB infectious disease, and with stress and depression (43). Children are more likely than adults to live in overcrowded homes in London, and this has been associated with lower educational attainment (44). During the COVID-19 pandemic overcrowding made self-isolation more difficult and in the early months the highest mortality rates were seen in local authorities with the highest rates of household overcrowding in England (45).

The mechanisms by which overcrowding affects mental health were examined in a survey and panel study of families in Tower Hamlets in 2021. Respondents described the impacts of not enough living space on their families, with 82.6% reporting it meant a lack of privacy for adults, 80.5% said there was no space for children to play, 64.1% that there was no space for children to do homework and 65.4% that this caused arguments in the family (46). However, there was a clustering of housing quality issues that make it difficult to isolate the impact of overcrowding alone, with people in overcrowded homes also more likely to face problems such as damp, vermin and lack of outdoor space.

Overcrowding affects people from some Black and minority ethnic groups much more than White British people.

National data indicates that the increase in overcrowding seen in 2020 was concentrated mainly among private renters and minority ethnic households (12). People in some ethnic groups were already more likely to live in overcrowded homes. In a 2016 analysis, people of Black African, Bangladeshi and Pakistani origin experienced

the highest levels of overcrowding in London, where around two in five people of Black African (40%) and Bangladeshi (36%) origin living in overcrowded housing (47). This compared with 14% of White British people. However, between 2001 and 2011 the largest increase in overcrowding was in the White Other group (6.6%), which potentially represents more recently arrived migrants who are more vulnerable to exploitation by landlords (1).

The inequalities in access to affordable and suitable homes faced by minority ethnic communities have been attributed to wider structural barriers that cannot be addressed via housing interventions alone. For example, 40% of households affected by the benefit cap in England are from minority ethnic backgrounds, even though they only represent 15% of the population, and immigration policy, rental legislation and social welfare policy all contribute to unequal housing outcomes for these communities (48).

Interventions to combat overcrowding

Many households that claim local housing allowance will only be able to consider moving if rates of benefit are returned to historical levels.

In the private rented sector, there is good quality evidence that the increase in overcrowding is largely attributable to housing benefit cuts. An analysis of the impact of housing benefit cuts using national survey data found a 5% increase in overcrowding among local housing allowance (LHA) recipients in the private rented sector within just two years of the cuts starting in 2011, and this trend is likely to have continued since (41). LHA was cut to 30% of median rents for the local area in 2011 and then downgraded further by an annual uprating system that does not take account of rental costs. The addition of the household benefit cap instituted in 2018 further eroded the contribution that LHA makes to housing costs. To illustrate the lack of affordability, in 2019/20, only 2% of two bedroom properties to rent in outer North East London could be covered by the LHA rate of £887.95 per month (51).

Historically, LHA rates were set at the 50th percentile of median rents; returning it to this standard and uprating in line with real increases in rents is therefore likely to be an effective intervention in the private rented sector. It would also benefit the groups who are most affected by overcrowding, as well as other housing quality issues and multiple disadvantage, including female-headed lone parent families, other households with dependent children, people living with disabilities and minority ethnic households. Recommendations to increase LHA rates to at least the 30th percentile have been made by the All-Party Parliamentary Group on Universal Credit, the Local Government Association, and the National Residential Landlord Association (51).

Where moving to a larger home is not possible, homes can be adapted and changes made to how and when people use the space.

In the social rented sector, five Pathfinder pilot schemes to reduce overcrowding across all 33 London boroughs (divided into five sub-regions) in 2007–2008 remain the strongest examples of a large-scale intervention to address overcrowding in this sector, although they did not collect data on health outcomes. The pilots sought to reduce the number of overcrowded households in their local authority areas via a range of means, some involving house moves, which largely relied on facilitating under-occupied properties to be vacated, and others involving physical or behavioural interventions with the household in situ. Physical improvements were found to make it easier for multiple occupants to use the available space without moving out: for example, installing foldaway study desks, retractable partition walls, or a washbasin in a bedroom. Other adaptations included timetabling different activities or people's use of living rooms to reduce tensions and pressure points. Family support and employment support were sometimes used and non-dependent children were in some cases supported to move out with the provision of casework support and prioritisation for alternative accommodation.

No substantive evaluation or long-term follow-up was conducted of the Pathfinders. Lessons from the initiatives nevertheless provide medium-strength evidence that facilitating moves and providing modifications and casework support to enable people to stay in the same property can together provide short- to medium-term relief of some of the impacts of overcrowding (49).

There are currently no national schemes to address overcrowding, but at the local level some boroughs are taking action.

A recent project carried out in the London Boroughs of Barking and Islington found housing teams are considering how to make use of community space and deliver small-scale modifications to relieve overcrowding pressures in social housing (50). Where housing teams are developing their own initiatives, these should be evaluated to examine impacts on health and wellbeing and to support the sharing of good practice.

HOMES FOR AN AGEING POPULATION AND PEOPLE LIVING WITH DISABILITIES

Adaptations to aid mobility in homes can make it easier for people to continue to live in their homes and reduce demand on health and social care services.

London has an ageing population, and the pandemic has accelerated rising demands on health and social care, while also increasing waiting lists for treatment and delaying discharges from hospitals. Trips and falls in the home are one of the most common causes of death and serious injury, with many of these caused or exacerbated by poorly adapted housing (52). Homes and housing can play a critical role in reducing demand for health and social care services, both by providing a healthy environment, and by providing a suitably adapted place to live for older adults and people with underlying health conditions or disabilities.

Many homes in London contain barriers to access and there is a perception that adaptations to improve access are too expensive.

The four features that make a home 'universally accessible' to people with different access requirements, and which reduce the risk of trips and falls, are: having a toilet at entrance level, having sufficiently wide doors and space, a main entrance that is free of obstruction and level access between the gate/pavement and entrance. In London, the vast majority of homes built before 1980 lack all of these features (12). For people aged over 50 who would like to make adaptations to their existing home, cost is often seen as the main barrier to doing so (53).

Home adaptations to aid mobility have a high return on investment and would provide savings to the NHS on the cost of falls in only 3.4 years.

The Housing Health and Safety Rating System (HHSRS) is the regulatory tool for assessing the health and safety effects of deficiencies in homes. The BRE Housing Health Cost Calculator is based on the HHSRS and provides a tool for estimating savings to the NHS and society from housing repairs and adaptations. It has been applied to London and provides good evidence of the cost-effectiveness of targeted health and safety interventions. For example, it finds that repairs to prevent falls on level surfaces in homes in London would cost £22 million in total, and this would only take 3.4 years to be paid back to the NHS in savings on admissions related to falls (14).

Interventions to adapt homes for older and disabled people

Local authorities, the NHS and GLA should continue to use existing sources of funds to support people with home adaptations.

Local authorities and the NHS have a significant interest in enabling people to stay healthy in their homes for longer and they play a central role in facilitating the pathways needed to ensure that people have access to accommodation that is appropriate for their needs.

The London Plan 2021 contains policies that require new homes to meet high accessibility standards, and to develop housing suitable for older adults in accessible locations.[8] This will help raise standards for future homes, but for existing homes there is good evidence of the cost-effectiveness of targeted housing, health and safety interventions (54). The two largest grants available to support home adaptations for age and disability are the Disability Facilities Grant (DFG) to adapt older and disabled people's homes to help them to live independently and safely; and the Improved Better Care Fund (iBCF), which is passed to local authorities with social care duties to meet adult social care needs, reduce pressures on the NHS, including winter pressures, and support more people to be discharged from hospital when ready. Together these provided an income of slightly over £400 million to the London region in 2020– 21 (55).

The DFG specifically funds home adaptations in a way that the iBCF does not, but both grant funds support delivery of 'Care and Repair' services, which deliver interventions to help people remain mobile and safe in their homes. These services are typically publicly available, and services include home visits to assess and advise on adaptation needs, provision and installation of equipment, and training in how to use it.

Some simple adaptations to improve access have a high return on investment.

There are few applied economic or other evaluations of Care and Repair services or home improvement agencies. However, there is good quality evidence that interventions as simple as grabrails and stairlifts, which are relatively cheap, can make homes more comfortable and suited to people's needs, and they can sometimes reverse a deterioration in condition or avert a serious accident, as well as contributing to feelings of safety, independence, normality and wellbeing (27). They also relieve the burden on carers and have wider social benefit.

The recipient needs to be offered tailored advice and support as their needs change over time.

From one study exploring providers' views on home adaptation services in London, there is good quality evidence that services to repair or adapt homes need to be tailored to individual needs, sometimes involving bespoke products, and to be offered in stages as individuals' needs change over time (54). They may have more impact if combined with holistic support to address other needs alongside the fabric of the home. Some authorities also employ Service Navigators as part of Care and Repair services, to assist people to access other support, such as interventions to reduce social isolation.

As with other interventions, it is more difficult to make adaptations in the private rented sector.

Many Care and Repair (or equivalent) services face challenges when trying to support older adults in the private rented sector owing to a poor understanding of the processes among private landlords, and this may be an increasing challenge as more older adults come to live in the private rented sector over time (54). Almost half of landlords in England are reluctant to permit adaptations to tenanted properties (16). Services therefore need to work with landlords to improve their understanding of the process for application of the grant and associated works.

[8] The London Plan was published in March 2021 and sets out a plan for London's development over 20–25 years. It includes a target for 50% of all new homes to be genuinely affordable and requires larger developers to apply circular economy principles and build to 'zero-carbon' standards with higher standards of non-mechanical ventilation. In terms of neighbourhoods, the Plan promotes urban greening and the adoption of a Healthy Streets approach to place making. Areas of London with good public transport links will only be allowed to build car-free developments, and cycle storage will be a requirement

HOMES FOR PEOPLE WITH COMPLEX NEEDS

Supported living services can play an important role in managing the health needs of some people with disabilities and long-term conditions.

As well as being important for the mental health of all people, suitable and stable housing is a foundation for engaging with health services and, for people with mental health conditions, physical or learning disabilities, housing can determine their ability to cope and to access and engage with care.

The Royal College of Psychiatrists commissioned the Centre for Mental Health to review provision of supported housing for people with mental health conditions and found medium-strength qualitative evidence that it reduces: admissions; the risks associated with tenancy breakdown; the costs related to out-of-area placement; and delayed transfers of care (46).

There is medium-strength evidence of there being benefits from recovery housing for the rates of substance misuse or co-occurring mental disorders (57), and that providing secure and affordable housing for people living with conditions such as HIV/AIDS can increase engagement with healthcare services and contribute to improved health-related outcomes (58).

Interventions for supported living

Supported living encompasses a range of services, but throughout the training and skills of staff are likely to be important factors in determining the benefit to residents.

There are few professional, training or service standards for 'supported living',[9] which makes it difficult to generalise conclusions from individual service evaluations to other services (56).

The Centre for Mental Health found that interventions differed considerably between providers of supported accommodation; a frequent finding was the importance of appropriately trained and skilled staff who are available as needed to offer a range of forms of support (46).

[9] The *Supported Housing: National Statement of Expectations* was published by the Government in 2020 and sets out minimum standards for housing quality, affordability and safety in supported living settings, but this does not include standards for the services delivered through them.

4
HOUSING SECURITY

KEY POINTS

- Being either threatened with or experiencing homelessness has significant health impacts. This particularly affects households living in the private rented sector, owing to weak tenant rights.
- Poor tenant rights also mean many people tolerate poor housing quality if they do not feel able to ask their landlord for improvements. This disproportionately affects low-income and marginalised groups.
- The *A Fairer Private Rented Sector* White Paper includes many of the measures needed to strengthen tenants' housing security in the private rented sector, although some are missing.
- The support of housing services to prevent evictions is important, but a more sustainable model would see people able to afford their homes or to live in homes that offer greater security of tenure. Increasing the local housing allowance rate is a necessary short-term measure towards this.
- In the absence of significant improvements in housing security the rising cost of living is likely to lead to an increase in the already high number of children in London who are homeless and living in temporary accommodation. This accommodation is often poor quality, overcrowded, unregulated and very expensive for local authorities.
- People who end up sleeping rough on the streets have some of the worst health outcomes. This group often have complex needs, and support offered needs to be holistic and flexible, with housing offered alongside treatment for substance misuse or other health issues as needed.

HOUSING INSECURITY IS ASSOCIATED WITH WORSE HEALTH OUTCOMES

Insecure housing and the threat of eviction have significant negative health effects, including heightened anxiety and depression, loss of routine, negative impacts on people's sense of home and community, social isolation, and educational attainment for children, recurrence of mental health conditions and disruption in access to health services (12).

HOUSING SECURITY IN THE PRIVATE RENTED SECTOR IN LONDON

The private rented sector is home to a higher share of the population in London than in most areas of England, meaning more people are affected by the accompanying issues of poor quality and insecurity of tenure in London.

The private rented sector in London is a diverse sector, with highly variable rents and standards of accommodation, especially in inner London boroughs. More Londoners now live in this sector than at any point in post-war history, and increasingly they include households of families with children (12). While the overall picture of landlord repossessions has fluctuated since March 2022, 26% of all landlord repossessions in England were in London in Q1 2022 and nine of the 10 local authorities with the highest rates of landlord repossessions are in London (60).

Housing insecurity interacts with issues of affordability and standards in London's private rented sector. There have been steep increases in rents for new lets across London in 2022, meaning that without added protections, some tenants face eviction or non-renewal of contracts if the landlord demands a rent increase that they cannot afford (see also Section 5 on affordable housing). Meanwhile, the threat of eviction means that private tenants are more likely than social tenants to feel they have to tolerate poor quality homes (61).

In the 'shadow' private rented sector landlords evade enforcement action and provide poor quality accommodation to some of the most marginalised people in London.

The 'shadow' private rented sector is where criminal landlords and/or agents breach tenancy and housing law to maximise their profits. Here it is harder to enforce standards due to landlord efforts to evade detection. This problem disproportionately affects some groups who are already the most vulnerable, including recently arrived migrants, owing to the Right to Rent policy. This requires landlords to check potential renters' immigration status and that they are entitled to rent and is a barrier to being offered a tenancy for many people who lack evidence of UK residency. Although it is difficult to collect data on the scale of the issue, there is a wealth of anecdotal evidence that people who fear deportation are less likely to report a rogue landlord to their local authority. These tenants are therefore significantly more likely to experience overcrowding, non-decent homes, illegal eviction, harassment and threatening behaviour from landlords (62).

Interventions to make private renting more secure

This review has identified no studies that measure the direct impact on health and health inequality of interventions to increase security of tenure. This suggests a lack of evidence rather than there being evidence of little impact. Given the evidence that housing insecurity causes harm to health, it is plausible that interventions that increase security will benefit health.

The *A Fairer Private Rented Sector* White Paper represents a significant shift in the balance of rights and responsibilities between landlords and tenants.

If delivered, the White Paper on the private rented sector, with its greater emphasis on the responsibilities of landlords, will go some way to addressing the health impacts of non-decent and insecure homes in the private rented sector.

The White Paper includes:

- Section 21 'no fault' evictions will be abolished and landlords will only be able to serve notice on tenants for a limited range of reasons.
- All privately rented homes will need to meet the Decent Homes Standard [see section 3 on housing quality above]
- All tenants will be given a 'strong right to redress' and will be able to escalate disputes to the first-tier tribunal. It will be mandatory for all private landlords to sign up to a private rented sector Ombudsman, which will have powers to compel landlords to adhere to the new standards.
- Periodic tenancies will replace assured shorthold tenancies, meaning tenants can give two months' notice to leave for any reason.
- Restrictions on renting to families with children or those on benefits will be outlawed.
- A 'property portal' for the private rented sector will require landlords to register their property and will facilitate raising standards over time, for example requiring a minimum standard before a property can be let.

The new powers set out in the White Paper will only be as effective as the resources to enforce them, and there remains a risk that the people already most at risk from the 'shadow' rented sector will remain so unless enforcement is adequately funded. In recent years it has not been. Any new regulation of the private rented sector should target low-income tenancies, and this is particularly in view of the inequalities faced by people of minority ethnic origin (62).

The White Paper will not on its own address all the drivers of insecurity of tenure in the private rented sector.

While terminating Section 21 evictions will bring an end to 'no fault' evictions, it will remain permissible to evict for non-payment of rent. There will be limited additional security for people living in the private rented sector who are struggling with costs. Areas of greatest concern that have been identified are older, inner urban neighbourhoods where tenants tend to be low-income families, older adults and people living with disabilities.

Action is needed from national government to address the drivers of housing insecurity, but there are some measures that local authorities can and do undertake to deliver on their homelessness prevention duties.

At a national level, the local housing allowance needs to be increased, combined with an increase in the supply of housing for social rents. In the absence of those it is challenging for housing teams to meet their homelessness prevention duties. The best available evidence indicates eviction prevention services and legal assistance are the most effective secondary prevention measures to reduce housing insecurity. Direct support to tenants can also involve increasing their understanding of their rights as tenants, as well as how to maintain a tenancy. Two main forms include training courses for people new to private renting such as 'Ready to Rent' courses delivered by housing agencies, and advice services that tenants can turn to when facing difficulties (64).

HOMELESSNESS

Homelessness has serious health consequences, both physical and mental. Homelessness in London disproportionately affects families with children and people from Black and minority ethnic groups.

People in insecure homes are much more likely to experience homelessness and rough sleeping. Around two-thirds (63%) of the total number of homeless families in England are based in the capital (4). Rates vary by ethnicity, with the highest rates of households threatened with homelessness being those that are Black and mixed ethnicity, with 4 and 5 percent of such households threatened respectively in 2019–20 (1).

Homelessness is often a consequence of mental and physical health problems as well as a cause, with almost three in five women experiencing homelessness in London identified in one study saying ill health had contributed to their situation (74). People who are homeless are also at an increased risk of unemployment, social exclusion, susceptibility to crime and substance misuse (75). Age and gender also affect people's risk of homelessness, and female-headed lone parent households account for the largest proportion of homeless households in London, though not among people who are sleeping rough (76). Measures to prevent homelessness are therefore critical to improving health and reducing health inequalities.

TEMPORARY ACCOMMODATION

The majority of children who are homeless in England are located in London, and people from Black and minority ethnic groups are overrepresented among families in temporary accommodation.

Temporary accommodation, which is provided to homeless households in priority need groups,[10] is often poor quality and overcrowded, and is increasingly subject to the same speculative investment as the private rented sector. London is home to almost 60% of households in temporary accommodation in England, two out of three of which are households with children (66). The number of households who are homeless living in temporary accommodation arranged by local authorities in London has increased sharply over the last decade, from around 37,000 in mid-2012 to 56,460 by March 2022, including 75,840 children living in those households (66). Almost two-thirds (63%) of the total number of homeless families in England are based in the capital (4). This is not equally distributed across ethnic groups, and in 2017/18 more than two in three (68%) of statutory homeless households in London were from Black, Asian, mixed or 'other' ethnic groups (67).

Many people are placed in temporary accommodation that is neither short-term nor local to where they live.

In London this accommodation is often far from temporary. In 2014, 23% of households in 'temporary' accommodation had been there for four years or longer (68). Over one-third of homeless households in England, and a higher proportion in London, are placed out of area, which has implications for the continuity of relationships and support networks, education, healthcare and other factors essential to wellbeing (69).

Temporary accommodation is increasingly expensive and unregulated.

Sources of temporary accommodation have changed over time, with the fastest rising type of accommodation in London being rooms and homes that are paid for nightly; the share of homeless people placed in accommodation leased directly by councils is falling (70). Since 2010, central government funding for temporary accommodation has been tightly capped at 90% of the LHA rate, plus a management fee. The cap was introduced to reduce costs, but in reality costs have risen, amounting to over £1 billion a year in England in 2018/19 (70).

The temporary accommodation market has since become an investment asset. Many of the providers of nightly accommodation do not actually own the accommodation, but instead are brokers between councils and private investors. An investigation by Shelter in 2020 identified 25 temporary accommodation providers. Most received over £1million per year, with the largest of these providers receiving £31.9 million a year in income from councils in England on nightly accommodation (70). The temporary accommodation they provide

[10] The Government's definition of priority need groups includes households with children under 16 (or 19 if still dependant), pregnant women, and people at risk of domestic violence, among others.

is sometimes accommodation that was previously leased by councils directly, but where a broker has taken over the lease by offering additional incentives to a landlord. In other cases, investors convert offices under permitted development rights (see Section 5 on affordable homes), bypassing regular planning standards. Investing in temporary accommodation creates competition between councils and other statutory buyers to pay increasingly expensive nightly rates.

Temporary accommodation is affected by the same issues of quality as the lower end of the private rented sector, with issues of damp, mould and overcrowding that contribute to negative health impacts.

Most temporary accommodation is now in the private sector, with one consequence being that households are faced with the same issues of poor quality housing that affect the lower ends of the private rented sector generally. Pushing up the nightly rates charged to councils has also meant a return of homeless households being accommodated in bed and breakfasts as a cheaper alternative (73). These cumulative changes mean many housing officers feel that they have little control over the temporary accommodation market (73).

Temporary accommodation is often overcrowded, with some families living in a single bedroom with shared kitchen and toilet facilities. Children under five years old living in temporary accommodation are less likely to receive statutory checks from health visitors in their home, missing opportunities to assess needs and risks and to receive developmental checks and health promotion advice and support; they are therefore also more likely to miss routine screening and immunisations (71). A survey and engagement study in Bromley found medium-strength evidence that families living in temporary accommodation have poorer mental health than the general population, and higher risk of physical ill health associated with lifestyle behaviours, such as smoking and poor diet, though this involved a small sample size (72).

Interventions to reduce the need for temporary accommodation

There is a close relationship between the number of households in temporary accommodation and the context of a massively reduced social housing sector and the decreased value of state benefits relative to private rents. It is difficult to address any one of these issues in isolation. These issues are in turn linked to the limited amounts of new housing supply of any type, and the demand for housing and land as an asset class for both small-scale private landlords and major investors in land and property.

It is difficult to address the health issues associated with temporary accommodation without resolving some of the market fundamentals, including substantial investment in building new social housing. Local authorities in London should continue existing joint working to reduce competition and increase collaboration in the commissioning of

temporary accommodation, while the Government needs to work with housing associations to address the barriers to providing sufficient temporary accommodation, while increasing the local housing allowance rate and giving councils freedom to explore alternative solutions to the provision of temporary accommodation. The Government should also consider requiring temporary accommodation providers to become Registered Providers of Social Housing and be held to the same standards as existing providers (69, 70, 73).

ROUGH SLEEPING

Rough sleeping in London is increasing, and newly arrived migrants from some regions are at the highest risk.

A minority of homeless people end up sleeping rough in London, but the number is increasing and almost four times as many people (11,000) were seen sleeping rough in London in 2020/21 as in 2005/06, the majority of whom were doing so for the first time. The ONS estimates that rough sleeping is associated with an average age of death of 45 for men and 43 for women in England. The number of UK nationals seen sleeping rough increased by 10% in 2020/21 compared with 2019/20, while the number of those from African countries rose by 72% (12). London also has the highest rates in England of both 'sofa surfers' and concealed homeless households, who are not sleeping rough or known to housing services - two largely 'invisible' categories of housing need that may also contribute to overcrowding in affected households (12).

Interventions to reduce rough sleeping

The response to the COVID-19 pandemic showed that rough sleeping is not an inevitable consequence of homelessness.

The response of homelessness services to the pandemic demonstrated how quickly rough sleeping can be addressed in London, at least temporarily. Between March 2020 and July 2021 around 2,560 people who had been sleeping rough or in night shelters were accommodated in hotels for some of the period, and most did not return to rough sleeping when restrictions ended. Onward destinations included the private rented sector, temporary self-contained accommodation and supported housing.

The 'Housing First' approach is based on a core principle that housing for people who are sleeping rough should not be dependent on their engagement with substance misuse or other health services. In other high-income countries there is evidence of improved health outcomes from this approach.

Housing First is an approach to ending long-term and recurrent homelessness that has been extensively trialled in the UK. Its core philosophy can be summarised as:

- Offer permanent housing with security of tenure.
- Enable choice for service users over all aspects of their lives.
- Focus on long-term and recurrently homeless people with high support needs.
- Offer open-ended, not time-restricted, access to intensive support with no expectation that support needs will necessarily reduce.
- Do not make housing conditional on treatment compliance. (77)

Housing First has been intensively evaluated outside the UK as a broad approach to addressing rough sleeping, which includes a spectrum of interventions. Few high-quality studies of Housing First in England exist to estimate the benefit to health. However, a meta-analysis of four controlled US studies of Housing First found that intervention groups experienced fewer emergency department visits and hospitalisations and spent less time hospitalised than control groups (78). A systematic review of Housing First found medium-quality evidence that providing security of tenure not contingent on engagement with treatment services (the only inclusion criteria for the analysis) can lead to an increase in life satisfaction and that intervention groups in four controlled studies were more likely to be housed 18–24 months on than people receiving the standard homelessness service (79). The included studies were, however, at risk of bias, with particular difficulties following up participants.

CASE STUDY: SOCIAL IMPACT BOND IN LONDON

From 2017–2021 the GLA commissioned St Mungo's and Thames Reach homelessness service providers to provide a pan-London service for 350 people who had been sleeping rough long-term. The model involved payment by results, allowing the providers greater flexibility in how they delivered support. Outcome measures included entering and sustaining accommodation, entering and sustaining drug, alcohol and mental health services and entering education, training, volunteering and employment.

The programme was deemed successful on its own measures, with most targets being met or exceeded. The only exceptions were targets for training and employment, which proved difficult to meet within the timescale of the project. Two out of five people that St Mungo's worked with had found long-term accommodation, such as their own tenancy, by the end of the programme; this has wider societal benefits, with the cohort being less likely to use emergency services or enter the criminal justice system.

This was part of a national pilot and has fed into a national review of the approach by the Department for Levelling Up, Housing and Communities. Key points of learning were that the pilots demonstrated the value of working flexibly in terms of time and space with service users, offering on-site support, outreach, applying an open door policy, and fewer sanctions for non-engagement, with greater use of care-based approaches such as Housing First (see above).

Homelessness services should be one part of a multi-agency response to rough sleeping, involving health and social care among other agencies.

There is good evidence that health gains from homelessness services are likely to be greater when a multi-agency approach is taken to commissioning and delivery, involving health and social care, rather than being housing-led (80).

A multi-agency approach may also make it more likely that service users access healthcare. One example of such an initiative is Groundswell – a homeless health peer advocacy scheme that seeks to address barriers to accessing healthcare, including perceived stigma. Peer navigators are trained to provide practical and emotional support in a relational intervention. A before and after evaluation of the scheme found low-quality evidence that it helped people access care at an earlier stage than they would otherwise and changed their attitudes to healthcare; participants were 68% less likely not to attend an outpatient appointment and were 42% less likely to rely on unplanned or secondary care in the 30 days after the intervention (81).

The NHS has a role in supporting homeless people with housing needs. Several medical Royal Colleges responded to the Homelessness Reduction Act with a request for mandatory training resources for emergency department staff on their duty to refer homeless patients to housing authorities, covering how to identify homeless patients and those at risk of homelessness, how to approach the issue with patients and gain consent for referral to housing organisations, and what information to include to provide a useful referral (82).

5 AFFORDABLE HOMES

KEY POINTS

- Many of the quality and security issues already described are connected to the high cost of renting or buying a home in London.
- Increases in house prices have contributed to widening wealth inequality between those who own their homes and those who do not. These inequalities exist between generations and ethnic groups as well as high- and low-income groups.
- High housing costs affect people's standard of living, and mean many low-income households, including many key workers, are living in poverty when measured after accounting for housing costs.
- Poverty caused by high housing costs has serious consequences for people's health, and the ability of the health service to retain staff in London.
- To significantly increase the supply of housing for social rent requires a combination of government policy interventions to make building homes for social rent financially viable for local authorities.

The high cost of renting or buying a home in London is a major contributor to London having the widest inequality in after-housing-cost income and wealth in the UK, and to why more people rent rather than own than in other parts of the country.

The cost of housing is driven by market forces and an imbalance between supply and demand. Although it is estimated that the net number of new homes completed in London in 2019/20 was the highest for some decades, growth in London's housing stock has not kept pace with population or job growth over the last 25 years. Since 1997 the number of people in London has grown by 28% and the number of jobs in London by 45%, but the number of homes has grown by only 19% (12). Since 2015, new supply has been very unevenly distributed across London, with a small number of London neighbourhoods accounting for half of the total. This is in part due to housing targets that concentrate new build developments in certain boroughs. For example, Greenwich has been tasked with building 26,850 new homes between 2015 and 2025, compared with 3,150 in Richmond upon Thames.

Due to the high cost of renting or buying, incomes after-housing-costs for people in the lowest income decile in London are 30% lower than in the rest of the UK, whereas incomes in the highest decile are 30% higher than in the rest of the UK.

House price increases in London have contributed to widening wealth inequality between generations and high- and low-income groups, and between ethnic groups.

The increasing value of property also contributes to widening wealth inequality in London and nationally: median property wealth is estimated to have increased by almost 180% in London and almost 50% in the Southeast in the 10 years to 2016–18, but to have fallen in most of the Midlands and the North. This has implications for intergenerational inequality, as parental property wealth has increasingly influenced access to home ownership over time (83). It also has implications for ethnic wealth inequalities: while White households in London are wealthier than in other parts of the UK, households of other ethnicities are less wealthy in London than they are elsewhere, which is considered to be due largely to unequal access to home ownership (1).

Rent costs are rising faster than incomes and the supply of homes to let in the private rented sector is currently shrinking.

Private rents rose by 13.8% in the year to July 2022 to an average of £1,868 per month and have risen faster in London in 2022 than anywhere else in England (84). Small landlords, owning only one or two properties, own almost half the privately rented homes in London. For these landlords, their rental property is often their main investment asset, and as returns fall due to a combination of rising interest rates and costs, and reducing tax advantages, more buy-to-let homes are now being sold than bought, leading to shrinking supply and increasing competition for new lettings (85).

These factors contribute to more people struggling to afford rent, and this disproportionately affects people from Black and minority ethnic groups.

Housing Benefit and Universal Credit caseloads have risen considerably since 2020 among privately renting households; in a recent survey of private renters in London one-fifth said they were either behind with their rent payments or expected to fall behind soon. Black, Asian and mixed/other minority ethnic households in London's private rented sector spend a larger share of their income on rent than White households and are more likely to report difficulties paying their rent and to be in poverty after-housing-costs than White households (12).

These pressures have negative consequences for health and the capacity to deliver health and other public services in London.

There is good quality evidence that cuts to housing benefits in 2011 (averaging over £1,200 per year) increased symptoms of depression among people in the private rented sector who were affected (63).

When housing costs are taken into account, 38% of children in London were living in poverty in 2019/20, compared with 29% in the rest of the UK. This is largely explained by children living in the private and social rented sectors (12). After housing costs, around one-quarter of the children of key workers in London are living in poverty (1).

Likely related to these costs relative to modest incomes, London had a larger shortage of nurses than anywhere else in England and an estimated all-staff vacancy rate of 10.9% in the three months to the end of March 2022 (87).

Interventions to increase affordability

To address issues of affordability London needs more housing for social rent. However, there is no sign of London's affordable housing needs being met in the foreseeable future.

As outlined earlier, the most effective intervention to increase the supply of affordable homes is likely to be large-scale investment in increasing social housing supply. Towards this, the supply of council housing shows signs of increasing in London as more new homes are built (3,150 were started in 2020/21) and fewer are being sold through Right to Buy (1,130 in 2020/21). However, these positives are unlikely to result in demand being matched in the foreseeable future: few people move out from social housing once in, and the number of new tenancies in local authority or housing association-owned homes fell by more than half between 2009 and 2016 (88). The rate of new council housing supply will need to increase steeply to meet the needs of the 60,000 households in temporary accommodation.

CASE STUDY: THE MAYORAL AFFORDABLE HOMES PROGRAMME

The Mayoral Affordable Homes Programme is an £8.8 billion programme over 10 years from 2016 to deliver housing for social rent (53% of the total); intermediate housing (affordable housing which is targeted at people who are unlikely to access homes at social rent levels, but who cannot afford market rents); shared ownership and supported housing. 'Affordable' here means capping rent at 80% of market rates, though the Mayor encourages them to be lower with a target rent for each local area of one-third of estimated median income, varying by up to 20% in line with local house prices.

Converting offices to homes may be a source of some additional housing supply, but this needs to be accompanied by the application of standard planning processes to ensure homes meet modern building standards.

A further approach that has implications for healthy homes is to permit office-to-residential conversions, something that has been possible with the use of 'Permitted Development Rights' (PDR) since 2013. However, PDRs exempt office conversions from the application of standard planning controls, and since their introduction there is good evidence that many of the homes that have been created using PDRs have been of lower quality than if planning rules had applied. One survey of PDR conversions found that over three-quarters of flats are studios or one bedroom flats, and only 30% of studios created meet national space standards (89). Most of the flats have no outdoor space; some have little natural light (internal rooms may have skylights but no windows); energy efficiency standards for new builds do not apply; and many are located in areas with poor access to local amenities (90). Following a recent change in the law, minimum space standards do now apply to PDR conversions but local authorities are still limited in their powers to influence other features of office-to-flat conversions.

With more office conversions potentially being considered profitable following the increase in remote working, the GLA is in a position to share best practice between local authorities that are seeking to use what powers they have to raise standards, and to gather evidence of the health impacts of PDR conversions in London to inform amendments to national policy on PDRs.

Current efforts to bring over 30,000 empty homes in London back into use show little evidence of impact on the supply or affordability of housing.

Other approaches involve maximising the use of existing homes. There are over 30,000 empty homes in London but barriers to bringing these back into occupation are considerable (91). To incentivise owners of empty properties to bring homes back into use, most London boroughs use their fiscal powers to levy additional council tax on unoccupied homes: if a home has been unoccupied for over two years they can charge the owner a 100% premium on council tax, rising to a 200% premium after five years. This rate of premium has only been chargeable since 2019 and less than 20% of empty properties currently pay a premium, so the premium's impact on housing supply is at this point likely to be marginal in London and there is no evidence that this has impacted on the affordability of housing.

6
CONCLUSION AND RECOMMENDATIONS

This rapid evidence review brings together a range of evidence for interventions to address the effects that housing that is non-decent or poorly adapted, insecure and expensive can have on health. A recurring theme is how these issues often coincide and disproportionately affect households on low incomes and some minority ethnic groups.

These inequalities mean that people's chances of living in a healthy, secure and affordable home are heavily dependent on their wealth and income. There are positive trends, such as the rising proportion of homes that meet the Decent Homes Standard, however the cost-of-living crisis risks worsening inequalities in people's ability to afford housing and home energy costs.

The primary recommendation is to increase supply of housing for social rent, and the further recommendations below draw on the evidence gathered. These should be considered by London health and housing authorities and wider partners in the private and third sectors, based on a shared understanding that without good quality housing, no one can have good health.

1 HOUSING QUALITY

Local authorities in London, supported by the GLA, should:

1.1. Deliver a range of interventions to address fuel poverty, including financial, advisory and practical – to support households facing difficulties with energy and repair bills. They should prioritise the targeting, subsidising and tailoring of housing retrofitting interventions to different groups to ensure that adequate consideration is taken of the unequal access to interventions between tenures and levels of income.

1.2. When designing and delivering housing quality interventions and new build housing in London, consider the need for ventilation and the risk of overheating.

1.3. Support people who require home adaptations for mobility needs to access available grants. Where they face barriers, households should be provided with advice and advocacy to support them to access adaptations needed.

1.4. Implement and evaluate interventions to address overcrowding in the social and private rented sectors that include both facilitating moves and supporting people to live in their existing homes through modifications and psychosocial support.

1.5. The GLA should work closely with the NHS and housing associations across London to develop and evaluate standard offers of housing for people with conditions that require supported housing, with pathways tailored to the needs of specific groups.

1.6. Use any income generated through licensing of private rented sector properties to fund enforcement across the private rented sector. This should include enforcing the Decent Homes Standard if and when it applies to privately rented housing.

1.7. Utilise available powers to raise standards of new homes that are created from converted offices using permitted development rights, as these more commonly result in sub-standard housing.

2 HOUSING SECURITY

2.1. Local authorities in London should seek to raise standards of temporary accommodation to ensure that no child is raised in single-room or bed and breakfast accommodation, with a goal that no children be placed in temporary accommodation for more than a specific and limited time period.

2.2. Local authorities in London should continue to work closely to reduce competition and increase collaboration in the commissioning of temporary accommodation.

2.3. Local authorities and the GLA should apply the core principles of Housing First while offering person-centred, flexible and holistic support to individuals with complex needs who are, or are threatened with being made, homeless.

2.4. Local authorities supported by the GL in London should maintain and increase provision of services to prevent evictions, and offer debt and financial advice to tenants, taking into account cultural and language barriers to access.

2.5. Local authorities in London should make privately renting tenants aware of their housing rights and offer free advice, support and, where necessary, advocacy services that are tailored to different language and communication needs.

3 AFFORDABLE HOMES

3.1. Towards the above, the GLA and local authorities should engage with proposals outlined in the Levelling Up and Regeneration Bill to strengthen compulsory purchase powers and, separately, advocate for retention of Right to Buy sales revenue by local authorities for reinvestment in building more homes for social rent.

3.2. The Government should increase local housing allowance in line with local rents and inflation, at a minimum returning it to pre-April 2011 levels, when housing allowance was set at 50% of average rents.

3.3. The definition of 'affordable housing' used to determine prices for sale and rent should be universally agreed to become a function of local incomes rather than of average local house values and rents.

FUTURE RESEARCH

Evidence gaps identified in this evidence review suggest that the following should be prioritised for future research:

1. Longitudinal studies of the impacts of housing issues on children.

There is a major gap in the UK evidence base regarding short- and long-term health and wellbeing outcomes for children experiencing adverse housing conditions, whether related to quality, affordability or security. This needs to be a priority area for future research given the proportion of children who are growing up in after-housing-cost poverty, in homes that do not meet the Decent Homes Standard, and in temporary accommodation. There is a particular need for longitudinal studies (92). While the returns to the health service and society from investing in interventions to support households with children are clearly high, without this evidence it is impossible to make an accurate estimate.

2. Reaching the private rented sector.

Across all the housing issues covered here, and of particular relevance to London, is the challenge of any intervention to reach the private rented sector. Incentives need to reach immediate landlords and, where structural changes are required, they also need to reach owners of the freehold interest in privately rented homes. While the barriers to doing so are well understood, there is an urgent need for research to explore mechanisms and effective interventions in the private rented sector, including where those are leasehold flats, to ensure homes are upgraded to meet modern standards as needs change over time. An element of this will be to evaluate the impact of the A Fairer Private Rented Sector White Paper, if and when this is passed into law.

3. Studies of the relationship between home energy efficiency interventions and health.

More research is needed to understand how alterations to the fabric of different types of home can affect air quality, indoor temperatures and occupant behaviour, and in turn affect health outcomes associated with energy efficiency interventions. This is particularly urgent in the context of the Mayor's commitment to net zero by 2030 and the need to adapt to hotter summers.

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