

# Housing top tips

## A route map to who does what in housing

For **NHS Commissioners** who are developing new housing services and strategic planning



# Introduction

Housing is one of the major determinants of health. Poor housing will impact a person's health to a greater or lesser degree. There is evidence that poor housing costs the NHS around £1.4bn per year.<sup>1</sup>

Housing is a complex landscape, and we hope this guide will help NHS Commissioners navigate the numerous building blocks, systems, and professionals involved in delivering new housing.

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<sup>1</sup> [BRE report finds poor housing is costing NHS £1.4bn a year – BRE Group](#)

Top Tip

1

## Identify who has statutory responsibility for responding to Planning applications in your Integrated Care Board or Integrated Care system

All Integrated Care Boards (ICB) or Integrated Care Systems (ICS) will have a named person who holds the statutory responsibility for responding to Planning applications on behalf of the NHS. They are usually based in the Estates Team, so try to speak to them before moving on to Tips 2 and 3.

Their role includes liaison with Local Plan Development and Strategic Housing Teams within local authorities and they may already have knowledge of land opportunities that could meet specialist housing demand.

Any long term demand for specialist accommodation should be included in a local Infrastructure Delivery Plan (IDP) and this officer can usually help with advice on taking plans forward.

## Identify the right local authority to contact and develop links with them

Find out how the local authorities in your local area are structured and who to contact so effective understanding and professional links can be developed.

You may be in a 2-Tier area. In these areas Adult Social Care and Public Health generally fall within the county council (the Tier 1 authority). Housing, Housing & Council Tax Benefits, Private Sector Housing and Environmental Health sits with the district, borough, or city council (the Tier 2 authority). Some areas have a 1-Tier structure with one unitary authority where all services sit together in one combined council.

Adult Social Care has responsibility for assessing a person's care and support needs, they work closely with housing, and commission care and support services. Public Health will usually also have a housing lead officer.

Be aware that the local housing or social care authority area is unlikely to cover the same geography as the Integrated Care Board/Integrated Care System area so explore which local authorities your area covers so you can go straight to the right one.

Many councils have developed local multi-agency housing protocols around particular issues like hospital discharge, prison release, mental health resettlement, domestic abuse, etc. The main contact is likely to be in the housing advice, homelessness, solutions, or options team and will be able to help explain the procedure.

If you don't know which council to contact but you have a postcode:  
Government - [Find your local council](#)

## Get to know the relevant strategic housing and social care lead

Every local housing authority has a housing strategy lead officer who develops their housing strategy<sup>2</sup> and their priorities to deliver new homes based on identified needs. Housing Strategies will include plans for supported and specialist housing across a range of client groups. The recent Supported Housing (Regulatory Oversight) Act 2023 also places an obligation on local authorities to develop strategic supported housing plans quantifying existing supply and local need.

The strategic housing lead will have strong links with both Adult Social Care, Older Peoples and Mental Health commissioners who are responsible for planning and commissioning care and support, and local Planning Policy Managers who will be developing the area's Local Plan, which includes provision for new housing development. Make sure they have your contact details for when they go out to consultation on any new strategies.

Housing strategies are usually reviewed and refreshed every five years. Homelessness and Rough Sleeping Strategies are often developed concurrently. To influence these strategies, it is helpful to understand what period the most recent strategy covers, what the key priorities are and when new strategy development is likely to begin.

To develop links with the right person in the strategic housing team use internet search engines to look for 'housing, strategy, officer' plus the relevant council's name. This should take you to the right pages and relevant contact details or try calling the general phone number. The strategic housing lead is usually based within a wider housing team, but increasingly they can be found within Planning or Communities departments.

For Adult Social Care, each authority is set up differently so locate the Adult Social Care team and they will be able to signpost you to the ASC Commissioning Manager or Supported Housing Commissioner.

At a strategic level, using a national template, some councils have also developed a local Health and Housing Memorandum of Understanding.

Housing LIN – [Improving Health and Care through the home: A National Memorandum of Understanding](#)

National Housing Federation – [What does the Supported Housing \(Regulatory Oversight\) Act mean for supported and older person's housing?](#)

<sup>2</sup> It is no longer a legal requirement for local authorities to have a Housing Strategy. However, all local authorities must have a plan to meet housing need in their area and most still have a housing strategy.

## Be clear of your future specialist housing demand

Local authorities will be seeking evidence of housing needs across all client groups and types of housing including specialist supported housing for certain groups of people e.g. older people, people with a learning disability. They will already have a wealth of information, so find out what they know already.

This evidence will inform the authority's strategic housing plans for the coming years. Housing authorities have a responsibility to identify housing needs and will consult with partners to capture demand. Health is always consulted on Local Plans and housing strategies as well as major new developments, so there may be opportunities for specialist housing to be included if they know early enough. Make sure you respond and engage if a request comes through. They won't want details of individual clients at this stage just broad numbers, location, and type of need.

It is crucial that any housing need identified by NHS Commissioners is included in the relevant health or social care document. This might be a Joint Strategic Needs Assessment, Specialist Housing Statement, Market Position Statement, Mental Health Strategy, Older Peoples Strategy, etc. If you are involved with developing these documents, be mindful of any emerging housing needs that might need to be clearly stated.

If NHS providers are working with Social Care to rehouse groups of people from a care setting into the community, it is worth taking the time to understand, analyse and order existing data into a useful overview of need with costs and timescales. Try to predict with some certainty how many people with varying levels of support will be requiring accommodation over a 3-10-year period. It is also helpful to group needs into categories e.g. full wheelchair accessible facilities, adapted but not to wheelchair standard, minor adaptations, etc.

Evidence needs to be robust to be included in local plans and housing strategies. An example is given below in the Norfolk Specialist Housing Position Statement 23-24.

Norfolk County Council – [Specialist Housing Position Statement 2023-24](#)

Local Government Association – [Housing and Care Good Practice Guide](#)

NHS England – [Brick by brick: Resources to support hospital-to-home discharge planning](#)

Housing LIN – [Strategic Housing for Older People Analysis Tool \(SHOP\)](#)

## Plan well in advance, new housing takes time to deliver

The reason housing and social care need the information well in advance is that new developments can take 5-10 years to build. Local housing authorities can push forward new developments if they have solid evidence of need, however there are challenges and barriers that are often faced when looking to develop new housing schemes. It is worth having a basic understanding of what these include.

There needs to be:

- **Land available** – and land takes time to find, negotiate, purchase.
- **Planning consent** – which can take many months to obtain.
- **Funding** – both capital, to build the property and revenue for support costs.
- **A Housing Provider** to own, manage and maintain the accommodation.
- **A Support and care provider** if it is specialist accommodation such as supported housing or extra care housing. (who may also own and manage the scheme).

Local authorities may ask whether the NHS has any land available in public ownership that could be used? Is there an opportunity to provide on a major new development site as part of the affordable housing element? Does an existing local provider have a scheme that needs redevelopment or regeneration? Your strategic housing lead may already be aware of land opportunities.

Identify, and link with local strategic partnerships, e.g. Health & Wellbeing Boards, Strategic Housing Partnerships, ICB/ICSs. Engaging and networking will help you develop an understanding of the terminology used, shared priorities and will support productive working relationships.

Timescales as an example can be:

- Open market purchase – 6-12months
- Adaptations to an existing building with Capital Grant – 6 months
- New build single – 6 units – 18-24 months (minimum!)

## Funding issues – identify capital and/or revenue budgets

Any proposed supported housing scheme will need capital funding to cover the build costs. This could come from Homes England, local authorities (housing or social care), developers as part of Section 106 contributions, the NHS, housing associations, charities, private investment, borrowing or a combination of these.

Consider whether your evidence of need, and investing to meet that need, will save money in the longer term. You may be able to develop a business case to release existing NHS land and/or funding to support new accommodation, delivering better value for money as well as independence and a better quality of life for residents. People living in accommodation that meets their support needs are more likely to stabilise and need fewer costly NHS interventions (e.g. A&E admissions from falls) in future.

A housing provider (housing association or private developer) will need to take ownership of the scheme and take on project management and if rented become the landlord. This may or may not be the same provider as the care and support provider.

If there is a need for ongoing support for residents, revenue budgets need to be identified. Several factors will be considered. Will funding be available from Social Care? Will savings be made to NHS/Social Care budgets by providing specialist accommodation? Will people be able to use personal budgets to pay for their care needs with the chosen provider? The tendering of care and support contracts should be started early as this can take many months, which should be factored into the overall timescales.

Consider whether your client is entitled to ongoing NHS support through Continuing Health Care. If so, then they will not be eligible for support from social care. Cases where a housing need is identified are relatively rare but are likely to need innovative solutions.

Local Government Association – [Specialised supported housing guidance for local government and NHS commissioners](#)

Government – [NHS Continuing healthcare and NHS funded nursing care](#)



## Coproduce with people with lived experience, especially in terms of design

Make sure you check back with people with lived experience to make sure what you think is needed is what future occupants want and need. There are many groups of people with lived experience across the East of England keen to engage in service planning, bringing first-hand expertise to the table. Use your local engagement forums to check back on the type of homes you will be asking the local authority to develop.

Design homes to look like homes, not to appear institutionalised. Future proof them, make sure walls are strong enough to attach equipment like hoists in future or that doorways are wide enough for wheelchairs. Consider how assistive technology can be used to promote independence and ensure the accommodation is 'tech enabled'.

ADASS has a collaboration with Curators of Change who work with people with lived experience of social care services, and they have had input into this guide.

Refer to the numerous design guides for people with a disability, some of which are provided below.

Habinteg Housing Association – [Housing and Disabled People: Toolkit](#)

Housing LIN – [Design hub: Building homes and communities](#)

Housing LIN – [Technology Enabled Care and Housing](#)

NDTi – [Supporting autistic people flourishing and home and beyond](#)

LB Hammersmith and Fulham – [Disabled People's Housing Strategy 2021](#)

Housing LIN – [ADASS Best Practice guide: Putting people at the heart of new development](#)

## Engage with the Scheme development Project Group

There is nothing more frustrating than new housing being developed that doesn't ultimately meet the needs of future residents. However well meaning, don't assume that the housing officer, the planners, the developer, and the housing provider really understand the individual accommodation, physical, care and support needs of the future occupants.

To make sure that schemes will meet the long-term needs of residents, ensure health is represented in scheme project groups. There will be lots of discussion about various elements of the scheme that will benefit from input from health. This could be an Occupational Therapist or other health professional who is familiar with the client group and their needs.

An Occupational Therapist in the design team will be able to incorporate design features and to ensure that assistive technology that may be used in future will actually work.

One voice speaking on behalf of clients is most helpful, try to avoid handovers to different professionals during the project who may want additional features late in the process.

Housing LIN - [Occupational Therapists: Helping to get the housing design right](#)

## Consider affordability and rent levels

When considering supported accommodation for your clients do bear in mind that ultimately there will be a rent or support charge to pay. Many supported housing projects have high rent levels as they include significant management and maintenance charges and service charges for communal spaces and services.

If your clients have earned income and/or savings or own their own home this may impact on their ability to access benefits to pay towards the rent costs. Savings may be used to part purchase a home under a shared ownership scheme and they may also be entitled to some housing payments via housing benefit or universal credit.

Housing benefit (HB) regulations are complex, and it is essential that during the planning of any new development the end costs to the resident are considered. It would be impossible to explain the complexities of benefit entitlement here, but it is something to be mindful of.

A benefit check to ensure clients are receiving all the benefits they are entitled to can be carried out online using the Benefits Calculator link below.

Government - [Housing Benefit: Eligibility](#)

UK Benefits Guide - [Housing Benefit](#)

Government - [Benefits Calculator](#)



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