



# REDUCING INEQUALITIES BY IMPROVING HOUSING IN NORTHUMBERLAND

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# ACKNOWLEDGEMENTS

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## AUTHORS' ACKNOWLEDGEMENTS

Thanks go to Owen Callaghan from the Institute of Health Equity for his contribution during the process, to Alex Jones for help with modelling, and to Jessica Allen and Michael Marmot.

Thanks also to the members of the Housing Steering Group, the housing sub-groups, to the Northumberland County Partnership and all those who participated in the consultation events held. Members of these groups are acknowledged in Annex 1.

# EXECUTIVE SUMMARY



**In response to recognition of widening inequalities in health in Northumberland, the University College London (UCL) Institute of Health Equity (IHE) were commissioned by Northumberland County Council to contribute to the development of ambitions and action to tackle these inequalities in Northumberland.**

As a result of data analyses and discussions with partners across Northumberland, three priority areas were agreed, covering housing, the early years, and employment and good quality work.

This first report developed in collaboration with the Northumberland County Partnership, sets out recommendations for reducing inequalities in healthy life expectancy through improvements in housing.

The report and recommendations within it are the product of extensive consultation with stakeholders across the system, who identified four key priority areas to address health inequalities through housing: the affordability of housing, decent, safe, and sustainable housing, rural and coastal housing and the need for adaptable homes. Rural and coastal issues were cross-cutting and so these recommendations are integrated into the other themes.

## AFFORDABLE HOMES

- Since 2021, there has been a steep increase in the cost of private rents across the country, and in Northumberland. These increases, together with steep reductions in the generosity of the Local Housing Allowance have led to an affordability crisis and an increase in demand for social housing.
- Unaffordable housing damages health by pushing people into poverty, creating overcrowding and homelessness, all of which damage health and widen health inequalities.
- In rural and coastal tourist hotspots, a lack of housing supply and high prices have been exacerbated by an increase in the number of short lets available, with reports from employers of staff shortages.
- Targets and suggested indicators are included in the final section of the report. At present to reduce inequalities in health in the next five years the partnership needs to clear the backlog of households not having access to an affordable adequate home as soon as it can, focusing first on households in temporary accommodation, at risk of homelessness and overcrowded households. An increased focus is needed on building new social rent housing and reducing vacant properties. The partnership needs to get ahead of projected need to 2031 and build 3001 new homes of the size, tenure, and adaptability standard needed by housing area as set out in the SHMA.
- The Northumberland County Partnership were made aware of current and planned actions in Northumberland to increase the number of affordable homes. The recommendations build on the good work already ongoing.

## RECOMMENDATIONS TO INCREASE THE SUPPLY OF AFFORDABLE HOUSING

1

### BETTER UNDERSTAND AND RESPOND TO FUTURE AFFORDABLE HOUSING NEED

- Future Strategic Housing Market Assessments (SHMAs) and Housing Needs Assessments should advise on the number and location of social houses and affordable rent/buy homes needed in the short, medium, and long term up to 2044.
- Stronger collaboration across the system on housing data and needs assessment work is needed to co-produce a joint understanding between local communities, the ICB, housing team and Adult Social Care on where more affordable homes are needed.
- Revisit planning guidelines and land restrictions to enable the allocation of more land for affordable housing where it is needed.

2

### INCREASE THE SUPPLY OF AFFORDABLE HOMES

- Prioritise building new social and affordable housing, informed by new coproduced needs assessments.
- Working with the community, build more homes to move into in later life to free up larger properties and consider the cost effectiveness of an incentive scheme to downsize.
- Build on work already underway with old schools, developers/community partnerships/development trusts, continuing to use under-utilised council assets to find solutions for affordable homes in rural and coastal areas.

- Increasing the supply of affordable homes to be prioritised further in the list for the Strategic Property Asset Management (SPAM) meetings especially in rural and/or coastal areas, including strategic priority within 'best value'.
- The Council to work with NECA to investigate sources of additional funding for building social and affordable housing in rural/coastal areas to supplement national funding where the scale of schemes presents viability issues.
- Increase the focus and resources to identify empty properties and bring them back into use as housing units for the local housing market as affordable homes.

**3**

### **MANAGE THE EXISTING HOUSING STOCK TO PROTECT THOSE ON LOW INCOMES**

- Develop a key worker scheme so that homes are affordable to essential staff who need to live within a manageable distance from workplaces. Key workers should include those on low pay in local businesses such as hospitality, retail, and rural trades.
- Develop an accreditation scheme for short term lets in rural and coastal areas that will pay for itself in terms of administration and enforcement costs.
- Develop policy approaches to limit the proliferation of short term lets where they are problematic and negatively impacting the supply of affordable homes.
- If proposals to introduce a new use class for short lets and associated permitted development rights are introduced, to actively pursue issuing Article 4 directions in some areas to remove the permitted development rights, requiring short term lets to be determined through the planning system.

**4**

### **INCREASE ACCESSIBILITY AND AFFORDABILITY OF EXISTING HOUSING STOCK**

- The "Reducing Inequalities through Work" strand should support the availability of good work, including fair wages, to improve affordability.
- There is a need to work with local businesses, services, and communities to ensure that affordable and reliable public/on demand transport is available for those who cannot afford a car/drive so that they can participate in the labour market, access health services and socialise.

## **DECENT, SAFE, AND SUSTAINABLE HOMES**

- The negative impacts of living in poor housing impact on both adults and on children, and lead to increased mortality rates and ill health. There is an established evidence base linking living in a cold home to increased incidence of respiratory illnesses, higher blood pressure and risk of heart attack, the onset and worsening of poor mental health, and increased risk of falls. New evidence is emerging all the time and recent papers identify epigenetic impacts that might lead to obesity and diabetes for instance. In addition, there are negative impacts through social isolation, and poorer educational outcomes for children.
- With national ambitions to reach Net Zero, and a need to reduce inequalities in health outcomes, this is an opportune time to improve the quality of existing housing in Northumberland across all tenures. However, particular consideration needs to be given to improving the EPC ratings of privately rented homes.
- There is much work underway, for example by the Warmer Homes Team, registered housing providers, and Community Action Northumberland, and this work is likely to lift half of those who are officially in fuel poverty out of it, by insulating their homes to at least EPC C by 2044. In addition, there is an ongoing selective licensing trial which aims to improve the quality of private rented accommodation, the findings from which should be used to determine whether to expand the scheme.
- IHE have modelled the impact of retrofitting housing. We estimate a 4.5% reduction in the slope index of inequality in healthy life expectancy if we insulate/ventilate to at least EPC C the homes of those earning less than the Joseph Rowntree Minimum Income Standard and not insulated to EPC C. This roughly aligns with new Government criteria which is providing grant funds to households with incomes below £36K. Our model is based on improving 40,000 homes.

- The Northumberland County Partnership have agreed to prioritise insulating the homes of this group as part of their drive to net zero, which is a significant increase on current planned activity. Stretch targets will be set in consultation with the Housing Strategy Group.
- Targeting by area was discussed, however because not all low income households live in the poorest areas, targeting by income will improve more lives. Measuring health outcomes by income level would better reflect the success of the programme, and this should be explored further.

## RECOMMENDATIONS FOR DECENT, SAFE, AND SUSTAINABLE HOMES

1

### EXPAND THE WORKFORCE

- Expand the skilled trades workforce to deal with current shortages and a pending step change in the demand to build / retrofit / improve the energy efficiency of homes.
- Building on a successful volunteer handyperson service in Wooler, develop a County wide handyperson service to improve quality, reduce housing hazards and supply 'deep cleans' in low-income households regardless of tenure.
- The Voluntary and community services (VCS) to work together to expand the availability of trusted advice, such as through the CAN service, potentially by training up more community advice champions and by providing additional help to fill in forms for retrofitting grants.

2

### HARNESS NET ZERO INVESTMENTS TO RETROFIT HOMES

- Develop a strategic approach to retrofit, including exploring regional opportunities with The Northeast Combined Authority (NECA) and The Northeast Housing Partnership to apply and use government grants (where criteria enables) to ensure the homes of those on below average incomes are warm and well ventilated regardless of tenure<sup>1</sup>. This should ensure that there is tenure blind prioritisation of areas, where government funds allow.
- The aim should be to insulate homes to at least EPC C level and to ensure that they are ventilated to the PAS2035:2023 standard which ensures the ventilation is up to building regulation standards.
- Explore opportunities, with the help of NECA, to pass on the efficiency savings resulting from large scale retrofit programmes to private landlords and owner occupiers.
- Advice services continue to proactively target low-income households to ensure that they have the most efficient boilers and are on the cheapest energy tariff for their circumstances.
- Offer alternative suitable accommodation during the retrofit process to those unable to stay elsewhere (because of isolation/income) if moving out of the property is indicated for mental or physical health reasons.
- Northumberland County Council (NCC) to work with housing providers and local analysts to identify households living in rural areas for whom retrofitting at scale will not be possible and to ensure that there is an aligned retrofitting scheme that prioritises low-income households living in rural properties.
- Support the development of community led local heating networks where appropriate and viable.
- Develop a communications campaign led by trusted community leaders to encourage people to take up the grants that are available to them and build awareness about the importance of insulation with ventilation in improving health and reducing risks from cold, damp and mould.

<sup>1</sup>To note that achieving EPC C may not equate to warm and well insulated, because it could be achieved by installing solar panels for instance without insulation which could still leave households cold. Targets entirely based on EPC will therefore be insufficient.

## HOUSING NEEDS AND ADAPTABILITY

- The population of Northumberland is ageing at a faster rate than other areas in England and there is a consensus that there are insufficient affordable, adapted homes to meet the need for them.
- The scale of the challenge is large. There is a backlog of people waiting for adapted homes and so this should be cleared as soon as possible and there is a need for an additional 13896 adapted homes by 2031. This can be met by a mix of adaptations to existing homes, and new build homes.
- To reduce inequalities in healthy life expectancy the focus of the partnership should be on building affordable adapted homes and modifying the homes of those who are on incomes below the JRF minimum income standard and of working age first. This will prevent health deterioration and may help people engage with employment.
- Further work to build and adapt homes for the elderly population will not reduce inequalities in healthy life expectancy, but will improve quality of life and can help people remain in their homes for longer.
- There is work underway to develop more adapted homes, and so the recommendations that follow, take that work into consideration.

### RECOMMENDATIONS FOR HOUSING NEEDS AND ADAPTABILITY

1

#### PRIORITISE AT RISK GROUPS

- Use future strategic housing market assessments (SHMA) and needs assessments to model the need for adapted and adaptable homes across Northumberland, at a place-based level, to 2044.
- Stronger collaboration across the system on housing data and needs assessment work is needed to co-produce a joint understanding of what is needed where, involving the community, ICB, housing team and Adult Social Care.
- To reduce inequalities in healthy life expectancy, priority groups for adaptable housing should include:
  - > Households with adults of working age with existing limiting conditions, or with children with limiting conditions below median income level, not just the poorest 10 percent
  - > Care leavers
  - > Those at risk of experiencing homelessness.
- Ensure that adaptable / suitable homes are available to low-income households of retirement age to improve their well-being and life satisfaction.
- Ensure partners, including police, fire, health, Council, voluntary and community sector (VCS), develop a Make Every Contact Count model (MECC) approach and work with Northumberland Frontline to identify vulnerable households and provide timely and agreed pathways of housing support to them.

2

#### INCREASE THE SUPPLY OF ADAPTABLE HOUSING

- Engage with developers, builders and housing associations to explore ways to commission more adaptable homes that can be adjusted in a cost-effective manner as circumstances change
- Utilise language that is about enabling and empowering people to lead full happy, productive, better lives in appropriate housing.
- Consider adopting a design challenge approach, with companies / universities, considering peer review, competing to create affordable and innovative adapted housing options that will encourage people to move into age /situation appropriate homes.





# INTRODUCTION AND BACKGROUND



## Inequalities in life expectancy widened in Northumberland between 2010-2012 and 2018-2020 and life expectancy of those living in the most affluent areas increased between these times while life expectancy fell among those living in the most deprived areas.[1]

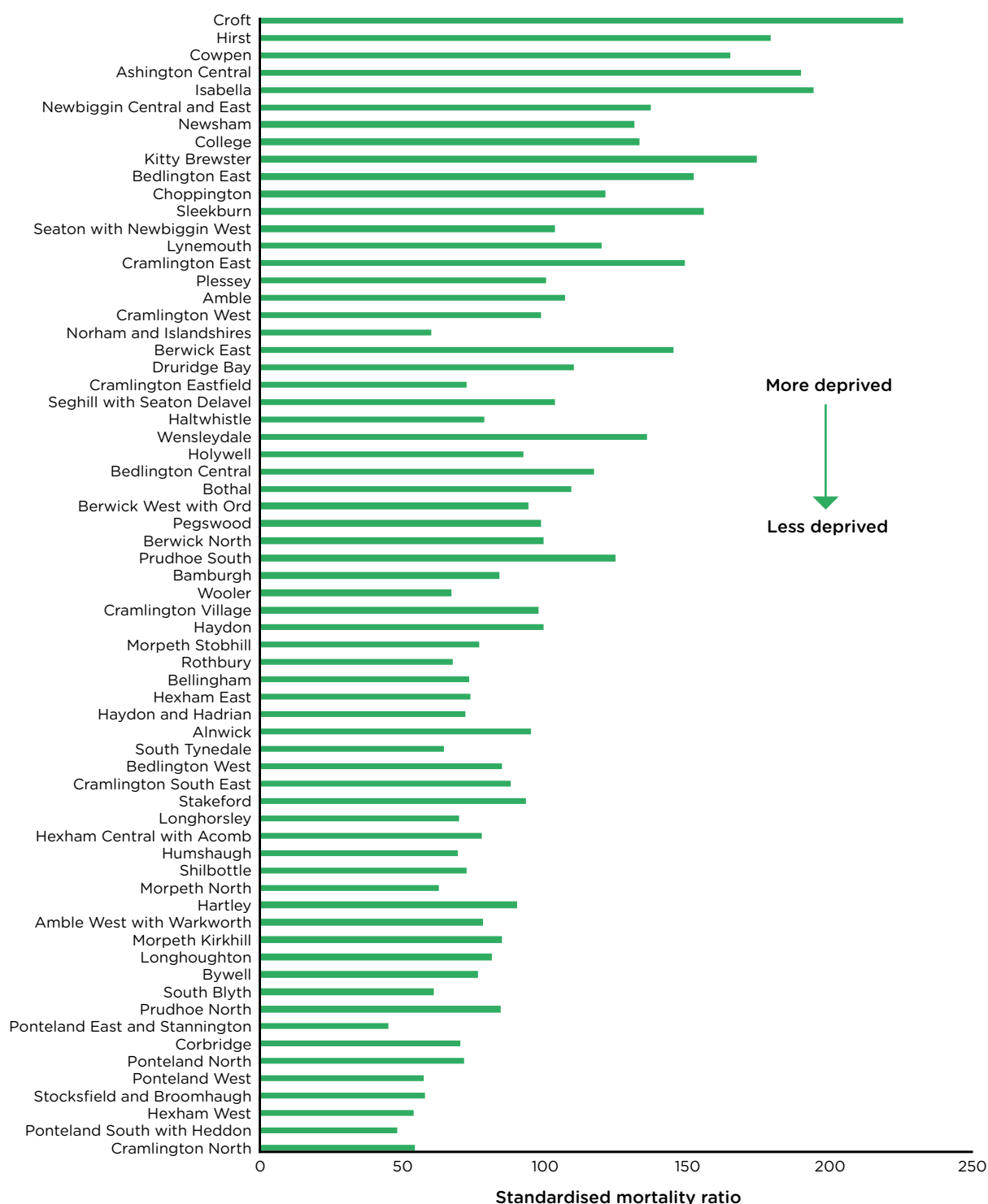
Given this increase in inequalities in life expectancy in Northumberland, The Institute of Health Equity (IHE) were commissioned in April 2024 to work with a newly formed Northumberland County Partnership to help to reduce socio-economic inequalities in healthy life expectancy. The aim is to increase the age at which people can expect to live in good health through improvements in the social determinants of health (e.g., experiences in the early years, housing, transport, education, work)<sup>2</sup>.



<sup>2</sup>To note. We cannot provide updated figures on inequalities in healthy life expectancy by ward because the data is only available at ward level every ten years and will not be released until this year at the earliest given the need for five years of data after the census, however we would expect this to have widened.

Improving healthy life expectancy requires systemwide focus on prevention and the social determinants of health. Improving and reducing inequalities in healthy life expectancy helps people to remain healthier for longer, reduces premature mortality, and reduces expenditure on preventable diseases by the NHS. Figure 1 illustrates the standardized mortality rate for preventable deaths for 2010-2016 by ward in Northumberland, the wards have been ranked by their index of deprivation in 2019. While not a perfect correlation, the graph clearly illustrates a strong relationship between deprivation and deaths before age 75.

**Figure 1. Deaths from all causes under 75 years old, ranked by deprivation (IMD score 2019), Northumberland wards, 2016-20**



Source: ONS (2022) [2]

IHE were asked to specifically concentrate on three important social determinant of health areas: housing, employment and starting and growing up well. Evidence suggests that housing deprivation, fuel poverty, material deprivation and education explain over 70 percent of the socio-economic variation in self-rated health, as illustrated in Table 1. [3]

Therefore action in the focus areas chosen by Northumberland has the potential to significantly reduce inequalities in healthy life expectancy.

**Table 1. Top 10 contributors to inequalities in self rated health**

	Percentage relative contribution
Material deprivation – not being able to make ends meet	35
Housing deprivation	15.7
Poor educational outcomes	13.3
Poor quality health services	7.9
Fuel poverty	5.5
Lack of trust	5.3
Unemployment	5.0
No green space	2.6
Unsafe neighbourhood	2.3
Working excessive hours	2.0

**Source:** WHO Europe (2019) (3)

This report sets out recommendations that relate to housing. Housing deprivation and fuel poverty contribute more than 20 percent to inequalities in self-rated health in Europe, with similar impacts on mental health and life satisfaction. [3] Ensuring that everyone is in an affordable, safe, and warm home is therefore critical for reducing inequalities in health.

The recommendations are grounded in evidence and draw on contributions from a wide range of collaborators across Northumberland who are listed in Annex 1. A newly formed Health and Housing Steering Group was set up to advise on priorities, and separate subject working groups then informed the details of the recommendations by providing information regarding issues, on-going work, and opportunities for improvement. The recommendations that follow in this document emerged from discussion and analyses of data from the following four areas, which were identified collaboratively as priority issues to address.

- **Affordable Housing**
- **Rural and coastal areas**
- **Decent Safe and Sustainable Housing**
- **Housing needs and adaptability – ageing and vulnerable residents**

However, because rural and coastal issues cut across the other three areas, specific recommendations that relate to rural and coastal issues have been integrated into those three sections.





# AFFORDABLE HOUSING

# UNAFFORDABLE HOUSING AND HOMELESSNESS, OVERCROWDING AND POVERTY

Experiencing homelessness is a stark outcome of unaffordable housing. For those experiencing homelessness their life expectancy is, on average only 47 years old. [4] The numbers who are experiencing homelessness in Northumberland are relatively low, however, increases in the social housing waiting list does indicate that more people will be at risk of homelessness in Northumberland.

To reduce the cost of housing and prevent homelessness people live in overcrowded homes. Overcrowding increases the risk of injury, respiratory disease and spread of infections and has a negative effect on mental health and interpersonal relationships. [5] Overcrowding also makes it much more difficult for children to do homework, negatively impacting attainment. [6]

High housing costs lead to less income available for other essential goods and contribute to higher levels of material deprivation, which is a risk factor for poor health. In 2023, the Joseph Rowntree Foundation calculated that 84% of those on universal credit were struggling to make ends meet and therefore sacrificing heating and food. They reported that Increasing numbers of people were resorting to extreme measures such as turning off fridges, despite medical advice to the contrary. [7]

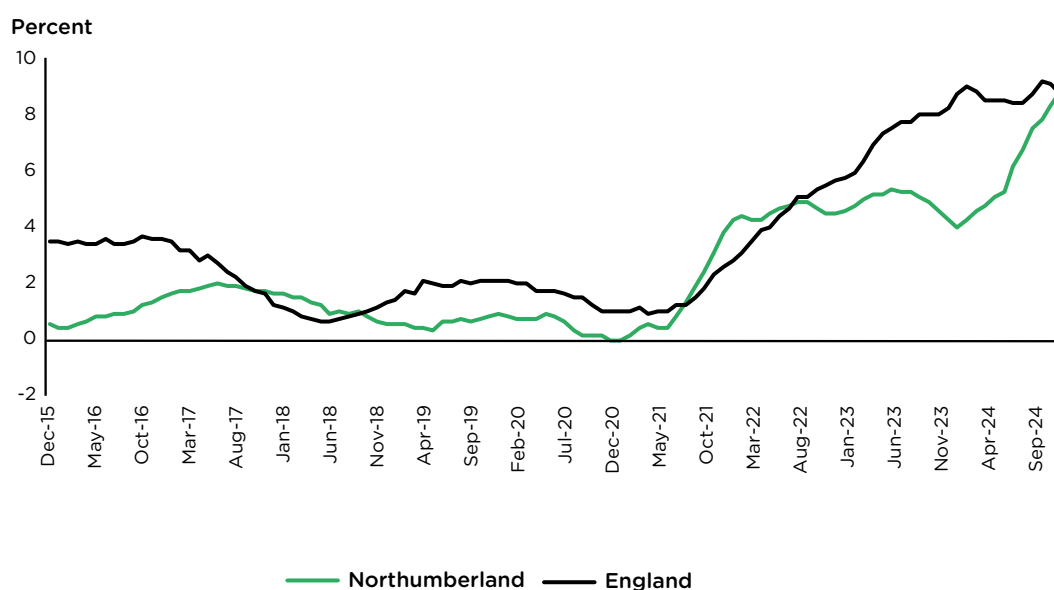
## HOUSING AFFORDABILITY IN NORTHUMBERLAND

In recent years private rental costs have been increasing at a fast rate and have outstripped inflation. Figure 2 illustrates the increasing cost of private rental prices in Northumberland and across England between 2016 and 2025, with particularly steep increases from 2021. In 2011, the cap on Local Housing Allowances (LHA) was reduced from the median level of rent for an area to the 30<sup>th</sup> percentile of rent for an area and then was frozen in 2020 for four years. This, together with increases in food and heating costs, and a reduction in the availability of rental properties, has resulted in a reduction in the availability and affordability of options, particularly in the private rental sector.

Stakeholders noted that increasingly private rental properties in coastal and tourist hot spots have been swapped to short-let holiday rentals. This has led to a further deterioration in the supply of affordable housing and a perceived negative impact on community cohesion.

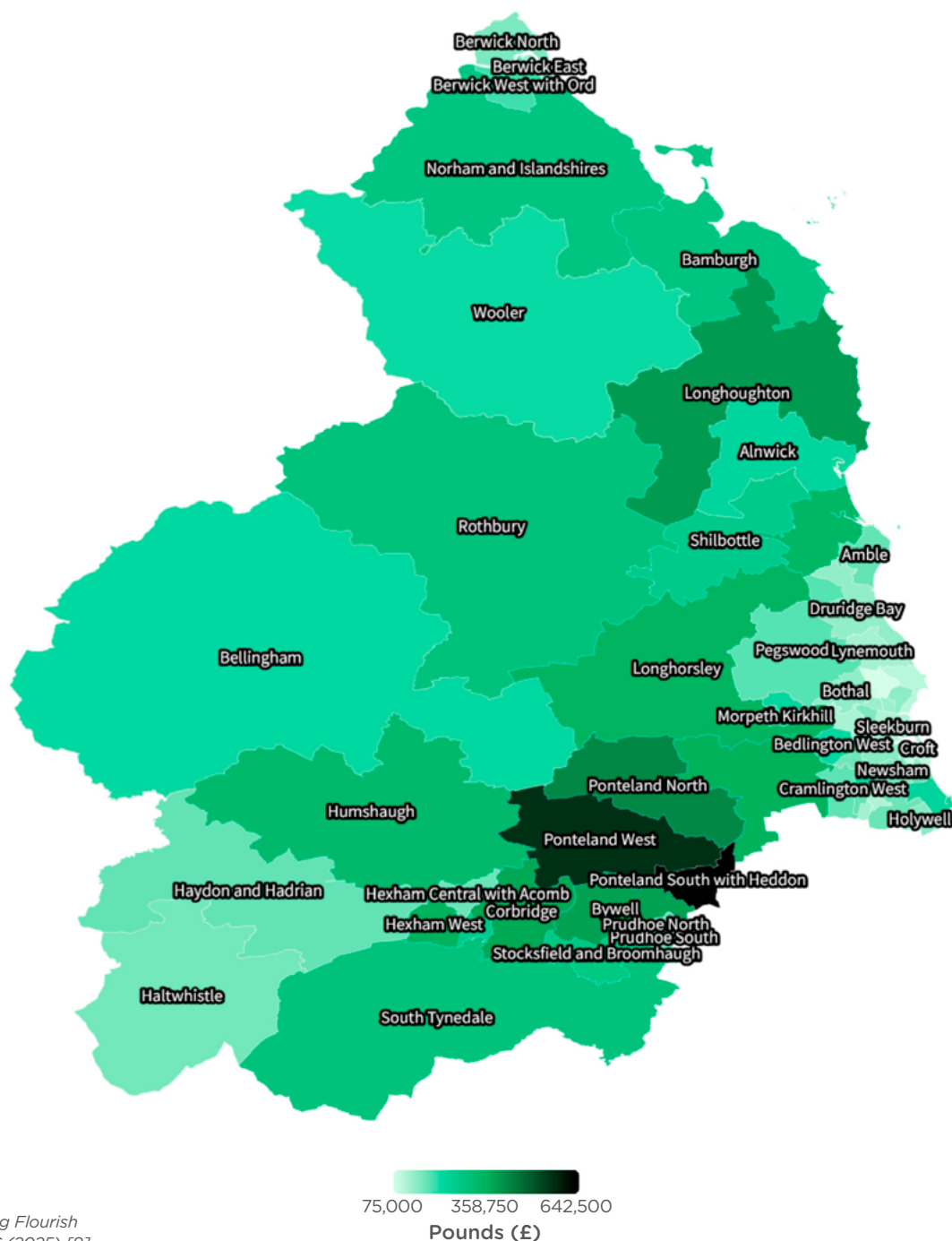
Figure 3 illustrates variation in housing costs. This snapshot of the data illustrates those areas with the most expensive average cost of a home and illustrates that affordability is more of an issue in certain areas, and particularly in the south of the county. As a result of rising rents and the cost of property the numbers on the social housing list in Northumberland have increased.

**Figure 2. Private rental price annual inflation, Northumberland and England, January 2016 to January 2025**



Source: ONS (2025) [8]

Figure 3. Median house price, Pounds (£), Northumberland wards, year ending March 2023



## ONGOING WORK ON AFFORDABLE HOUSING IN NORTHUMBERLAND

It should be recognised that there is work already underway to increase affordable housing supply in Northumberland. For example, Bernicia are increasing the number of homes available for social rent in Stakeford, Choppington and Berwick East, and have a range of other developments across the county which will increase the number of affordable rental and purchase options. In addition, Community Action Northumberland (CAN) is providing community-led housing support to meet a desire from local people to be more involved in the development of affordable homes and related development schemes. CAN is also providing a Rural Housing Enabling programme which supports work between communities, registered housing providers, the local authority, and developers to tackle the difficulties in advancing small affordable schemes in rural communities. The recommendations set out below build on what is already happening.

## DEVELOPMENT OF ACCURATE HOUSING NEED INDICATORS

The social housing list includes those who may want to move and is not always an accurate indicator of housing need. In conversation with stakeholders it was agreed that for Northumberland **improved data and modelling is needed** to accurately estimate how many new homes need to be available at social rent, and affordable rent/buy options and the size, adaptability, and location of such properties. The improved modelling must account for changing demographic and socio-economic pressures and currently available stock. It is recognised that additional analytical resource may be needed by the housing team to help produce/commission a more detailed needs assessment.

These conversations have informed the recently available Strategic Housing Market Assessment (SHMA) which goes a long way to addressing the need for improved data and informs on the needs for different types of affordable housing in different areas up to 2031. [9] Adding to this, with an area based assessment of the need for affordable adaptable housing would be a useful addition. The information from the SHMA is utilised in the final section of this report to inform targets.

## BARRIERS TO NEW DEVELOPMENT AND CONSTRUCTION

IHE also heard concern from developers regarding a **lack of availability of suitable land** for building social homes where people want them. In advance of an increase in the building of social rent and affordable rent/buy homes, there is a need to revisit planning guidelines and land restrictions to enable the allocation of more land for affordable housing where it is needed. This is in line with the direction of the current government as set out in the new National Planning Policy Framework. [10] The needs of residents and businesses need to be at the heart of decisions, so that communities can be kept together. Land was not the only barrier, housing providers also noted that there were a lack of skilled trades people in certain geographical areas. Specifically, **difficulties finding electricians, or staff willing to travel and build in the north of the County were mentioned**. A recommendation is made regarding the workforce in the next section because workforce issues are also related to improving the quality of homes.

Some stakeholders shared stories regarding a **lack of accessibility to services in certain neighbourhoods**. GPs and local charity leaders were concerned that vulnerable people were being placed on estates with low access to work and services. This impacted on their ability to access employment, exercise, access health care services and other services because in more remote or low-income areas that provision no longer existed. This was compounded by **poor levels of public / community transport in some areas**. Some residents were living in park homes and had no permanent address. Others noted the lack of infrastructure and concerns regarding new build estates and the availability of school places and doctors' surgeries. Stakeholders reported that hospitality businesses were having **difficulty recruiting staff**. Research shows that cuts to bus services have impacted rural communities more, and that those who are unemployed do turn down jobs for reasons of inaccessibility. [11] Lessons should be learned from the Northumberland Transport Health Needs assessment and responded to through the North East Combined Authority opportunity to increase control over bus provision in the forthcoming 'Better Buses Bill.' [12]



# RECOMMENDATIONS TO INCREASE AFFORDABLE HOUSING IN NORTHUMBERLAND

1

## BETTER UNDERSTAND AND RESPOND TO FUTURE AFFORDABLE HOUSING NEED

- Future Strategic Housing Market Assessments (SHMAs) and Housing Needs Assessments should advise on the number and location of social houses and affordable rent/buy homes needed in the short, medium, and long term up to 2044.
- Stronger collaboration across the system on housing data and needs assessment work is needed to co-produce a joint understanding between local communities, the ICB, housing team and Adult Social Care on where more affordable homes are needed.
- Revisit planning guidelines and land restrictions to enable the allocation of more land for affordable housing where it is needed.

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## INCREASE THE SUPPLY OF AFFORDABLE HOMES

- Prioritise building new social and affordable housing, informed by new coproduced needs assessments.
- Working with the community, build more homes to move into in later life to free up larger properties and consider the cost effectiveness of an incentive scheme to downsize.
- Build on work already underway with old schools, developers/community partnerships/development trusts, continuing to use under-utilised council assets to find solutions for affordable homes in rural and coastal areas.
- Increasing the supply of affordable homes to be prioritised further in the list for the Strategic Property Asset Management (SPAM) meetings especially in rural and/or coastal areas, including strategic priority within 'best value'.
- The Council to work with NECA to investigate sources of additional funding for building social and affordable housing in rural/coastal areas to supplement national funding where the scale of schemes presents viability issues.
- Increase the focus and resources to identify empty properties and bring them back into use as housing units for the local housing market as affordable homes.

3

## MANAGE THE EXISTING HOUSING STOCK TO PROTECT THOSE ON LOW INCOMES

- Develop a key worker scheme so that homes are affordable to essential staff who need to live within a manageable distance from workplaces. Key workers should include those on low pay in local businesses such as hospitality, retail, and rural trades.
- Develop an accreditation scheme for short term lets in rural and coastal areas that will pay for itself in terms of administration and enforcement costs.
- Develop policy approaches to limit the proliferation of short term lets where they are problematic and negatively impacting the supply of affordable homes.
- If proposals to introduce a new use class for short lets and associated permitted development rights are introduced, to actively pursue issuing Article 4 directions in some areas to remove the permitted development rights, requiring short term lets to be determined through the planning system.

4

## INCREASE ACCESSIBILITY AND AFFORDABILITY OF EXISTING HOUSING STOCK

- The "Reducing Inequalities through Work" strand should support the availability of good work, including fair wages, to improve affordability.
- There is a need to work with local businesses, services, and communities to ensure that affordable and reliable public/on demand transport is available for those who cannot afford a car/drive so that they can participate in the labour market, access health services and socialise.



# DECENT, SAFE, AND SUSTAINABLE HOMES

## THE NEED FOR DECENT, SAFE, AND SUSTAINABLE HOMES

Decent and safe housing is a fundamental human need. However sustainable housing is now required not just for the health of household members but also because a failure to reduce carbon emissions poses an existential threat to humanity. The Climate Change Committee has recommended that homes are insulated to EPC Band C to reduce carbon emissions to meet legally binding domestic carbon reduction targets and the UK's international commitments. [13] This is therefore an opportune time to ensure that homes are insulated and ventilated to a high standard not just for health, but because funding is being made available to help areas reach their Net Zero commitments.

## COLD HOMES AND HEALTH

There is a 28 percent increased risk of dying from cold in the most deprived areas of the UK and mortality rates from dying from the cold are significantly higher in the North, Wales, and the Southwest regions of the UK. [14] Living in cold homes is associated with a range of significant negative impacts including increased blood pressure, which can increase the risk of a heart attack; restriction to the airways; and suppressed immune responses. Cold housing also leads to damp and mould which in turn increases the risk of developing winter infections and respiratory problems. Arthritis, grip strength and sickle cell anaemia can all be made worse by living in cold conditions and a reduction in dexterity leads to an increased risk of falls in the home. Becoming unable to heat a home doubles the risk of adults developing new mental health conditions and triples the risk of these getting more severe if people already had mild mental health conditions, even after controlling for other socio-economic variables. [15] Some of this may be linked to social isolation, in response to survey questions, 17 per cent of those living in a cold home would not invite friends over to visit. [16]

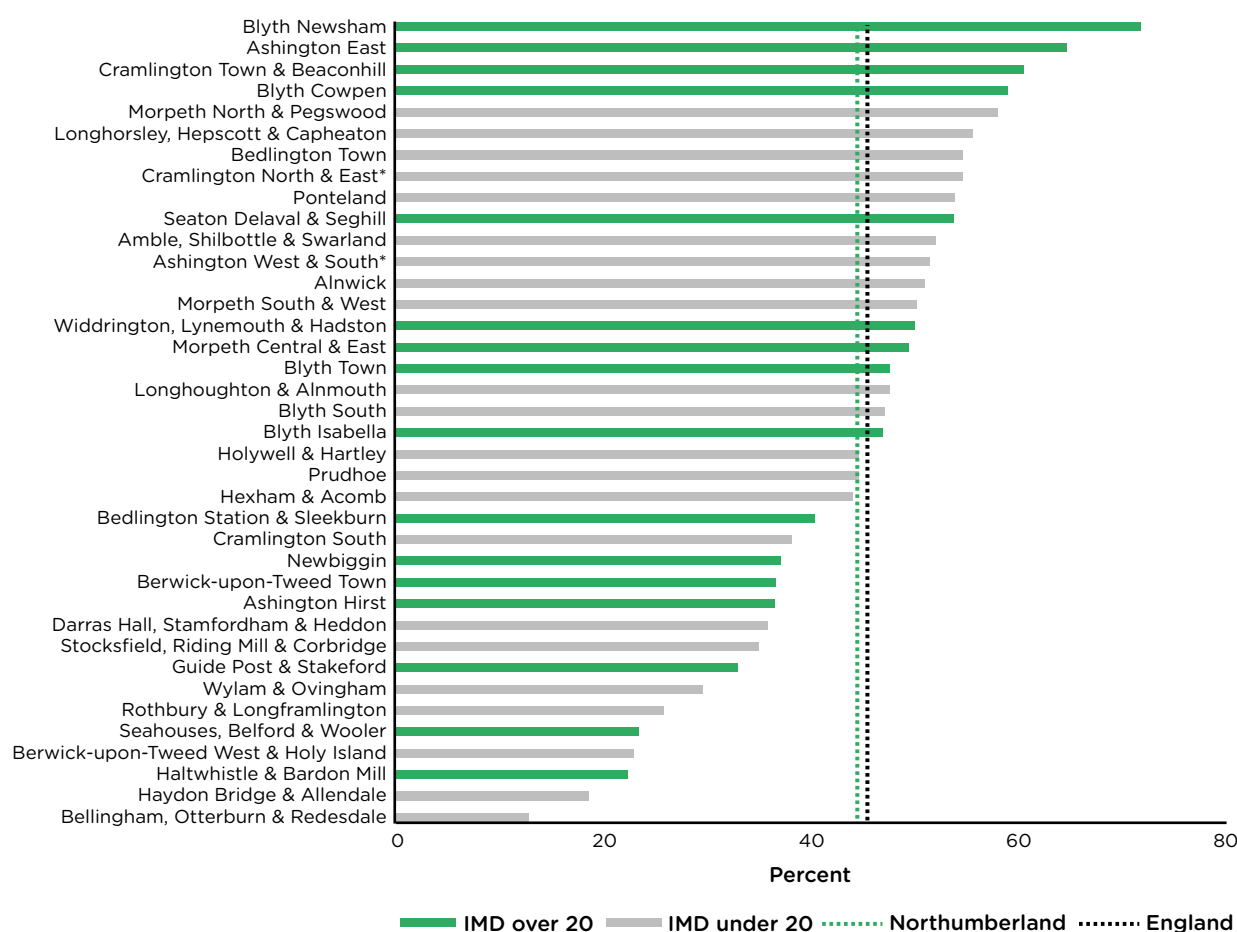
Children's health and outcomes can also suffer from living in a cold home. Children's lung function and brain development can be negatively affected by living in a cold home, resulting in impaired cognitive development.[17] There are also negative associations with mental health and rates of asthma and other respiratory conditions. UK children miss more school days due to disease burden from damp than any EU member state, with rates over 80 per cent higher than the EU average. A fuller report of the negative impacts of cold and damp homes on health can be found in our recent report, *Left Out in the Cold - the hidden health costs of cold homes*. [18]

## COLD HOMES IN NORTHUMBERLAND

Energy efficiency levels in Northumberland are slightly below the England and Northeast averages. Figure 4 illustrates this by MSOA, with the bars in green showing greater deprivation. There is a large variation in the degree to which MSOAs have houses that have reached Energy Performance Certificate (EPC) Rating C. While many of the most deprived MSOAs have relatively high levels of homes insulated to the EPC C standard, some areas such as: Seahouses, Belford and Wooler; and Haltwhistle and Bardon Mill, have very low levels of homes insulated to that standard. This understanding of where the need is related to deprivation could be used to facilitate prioritisation of retrofitting work by area.

EPC ratings have been based on how much it costs to heat a home. Therefore, there are different ways to reach EPC C which do not improve insulation but rely on alternative energy sources such as solar panels. This is because solar panel heating will reduce energy bills, but can still leave a home cold if there is a lack of insulation. Therefore, when setting targets for retrofitting it would be useful to use complimentary measures alongside EPC C.

**Figure 4. EPC rating A to C, and deprivation (IMD 2019 score over 20), Northumberland MSOAs, Northumberland, and England, Q2 2013 to Q1 2023.**



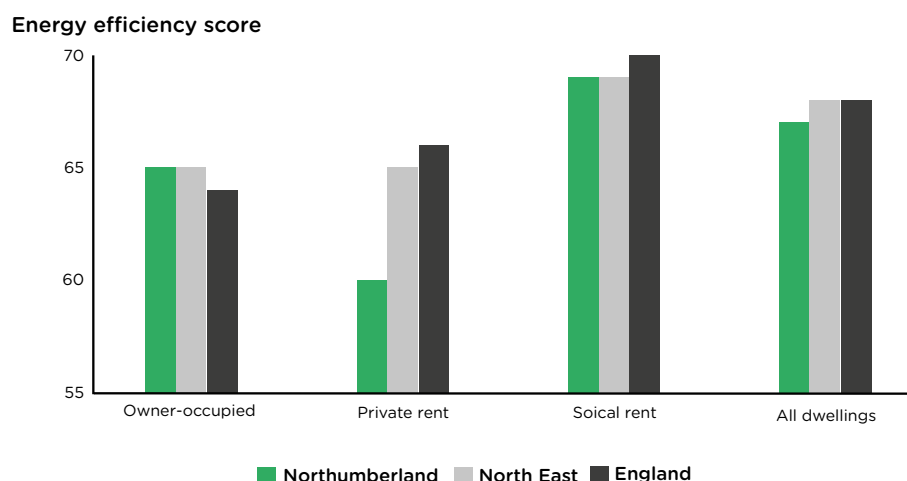
**Note:** An IMD score over 20 corresponds to the 45 percent most deprived wards.

\*Due to MSOA boundary changes since the publishing of IMD 2019 Cramlington North & East, and Ashington West & South do not have IMD scores. They have both been left as grey to reflect the IMD scores of the MSOAs which were merged to form them.

**Source:** ONS and MHCLG [19] [20]

In addition, as illustrated in Figure 5, while action is needed across all tenures, insulation and ventilation measures in the private rented sector are below the Northeast and England averages, and more needs to be done to insulate these homes.

**Figure 5. Median energy efficiency score, Northumberland, North-East, and England, 2022/23**



**Source:** ONS (2024) [21]



Many living in the private rental sector are struggling with high housing costs and alongside the health benefits of living in warmer homes, the savings made from lower heating bills could have a significant impact on their ability to afford healthier food and other health supporting essentials.

Those living in the private rental sector could benefit from better insulation. In addition, more efficient boilers can also produce the same heat at lower cost and have a positive impact on health inequalities.[22]

There is a current selective licensing trial that is ongoing which is aiming to improve the quality of homes in the rental sector, but this is covering a small area of around 450 private rental properties. The results of that trial should inform future work in this area.

Developers and the VCS again noted a **lack of skilled trades people** to upgrade and insulate homes and highlighted that addressing this lack of skills should be a priority. Developers also noted a need for **workers able to deliver newer green technologies**, such as the installation of air source heat pumps, while charity leads noted a lack of trusted skilled handypeople in certain areas. As a part of the retrofit programme it is important to ensure that residents understand how to use retrofitted technologies to get the best health outcomes in the most affordable way.

In addition, despite a number of grants being made available to households, take up can be low, related to a **distrust of retrofitting schemes**, in some cases the result of businesses who promote such schemes trying to up-sell additional services which households were not sure they needed. While there are some good examples of independent advice available in Northumberland, there is a need to provide a more permanent funding source to enable an expansion of not-for-profit trusted advice about upgrading housing. Some of this advice could come from an expansion of community champions who may be more trusted in local areas.

Discussions with Northumberland colleagues involved in trying to increase the uptake of energy efficiency grants indicated that there is household inertia regarding retrofitting. Many have been living in their homes for years without issues. The upheaval associated with building work may not be considered worthwhile given the costs, and incentives need to recognize this. The increase in the cost of heating will lead some to act, but additional support will be needed for those people with health conditions who may not be able to live elsewhere and cannot stay in the home while work is undertaken.

The use of communications campaigns and behavioral change experts could help to increase uptake of grants if the importance of insulating homes for their, or their wider family's health, resonates appropriately. In addition, it is possible that families and communities could do more to enable those with health conditions to have their houses improved by offering support and alternative accommodation for instance.

## ONGOING WORK ON HOUSING ENERGY EFFICIENCY IN NORTHUMBERLAND

There is work underway in Northumberland to improve homes and up to 2044 there are plans to improve the energy efficiency of over 9,000 homes. Much of the work is led by Northumberland County Council's Warmer Homes Team that is working with the Council to ensure that social rented homes are insulated to achieve at least EPC C by 2030. Registered housing providers are also working to improve the insulation of social rented homes by 2030. Much of the additional work to improve insulation will therefore need to be focused on owner-occupied and privately rented homes post 2030. The Warmer Homes team is already targeting private rented and owner-occupied households that they think could benefit from government grants that are available, including targeting those who are off grid and eligible for the Home Upgrade Grant. Advice on retrofitting is available from CAN and the warmer homes team. These recommendations build on ongoing work. In addition, there is a trial of selective licensing ongoing and we would expect that the results from this should inform whether additional schemes like this, to prompt private landlords to improve their homes, are warranted.

## SAFE HOMES

Poorly maintained homes are also harmful to health and can increase the risk of falls, injury, and fire. In addition, some behaviours or mental health conditions, such as hoarding can increase the risk of accidents. Representatives from the VCS noted that more vulnerable residents complained about a lack of trusted handypeople to help with basic jobs. Many stakeholders suggested a 'Make every contact count' approach to ensure that any professional entering a house with safety concerns knows how to ensure the household is referred to the help and support they need.

## RECOMMENDATIONS FOR DECENT, SAFE, AND SUSTAINABLE HOMES

1

### EXPAND THE WORKFORCE

- Expand the skilled trades workforce to deal with current shortages and a pending step change in the demand to build/retrofit/improve the energy efficiency of homes.
- Building on a successful volunteer handyperson service in Wooler, develop a County wide handyperson service to improve quality, reduce housing hazards and supply 'deep cleans' in low-income households regardless of tenure.
- The Voluntary and community services (VCS) to work together to expand the availability of trusted advice, such as through the CAN service, potentially by training up more community advice champions and by providing additional help to fill in forms for retrofitting grants.

2

### HARNESS NET ZERO INVESTMENTS TO RETROFIT HOMES

- Develop a strategic approach to retrofit, including exploring regional opportunities with The Northeast Combined Authority (NECA) and The Northeast Housing Partnership to apply and use government grants (where criteria enables) to ensure the homes of those on below average incomes are warm and well ventilated regardless of tenure<sup>3</sup>. This should ensure that there is tenure blind prioritisation of areas, where government funds allow.
- The aim should be to insulate homes to at least EPC C level and to ensure that they are ventilated to the PAS2035:2023 standard which ensures the ventilation is up to building regulation standards.
- Explore opportunities, with the help of NECA, to pass on the efficiency savings resulting from large scale retrofit programmes to private landlords and owner occupiers.
- Advice services continue to proactively target low-income households to ensure that they have the most efficient boilers and are on the cheapest energy tariff for their circumstances.
- Offer alternative suitable accommodation during the retrofit process to those unable to stay elsewhere (because of isolation/income) if moving out of the property is indicated for mental or physical health reasons.
- Northumberland County Council (NCC) to work with housing providers and local analysts to identify households living in rural areas for whom retrofitting at scale will not be possible and to ensure that there is an aligned retrofitting scheme that prioritises low-income households living in rural properties.
- Support the development of community led local heating networks where appropriate and viable.
- Develop a communications campaign led by trusted community leaders to encourage people to take up the grants that are available to them and build awareness about the importance of insulation with ventilation in improving health and reducing risks from cold, damp and mould.

<sup>3</sup>To note that achieving EPC C may not equate to warm and well insulated, because it could be achieved by installing solar panels for instance without insulation which could still leave households cold. Targets entirely based on EPC will therefore be insufficient.



# HOUSING NEEDS AND ADAPTABILITY - AGEING AND VULNERABLE RESIDENTS

## HOUSING NEEDS AND ADAPTABILITY

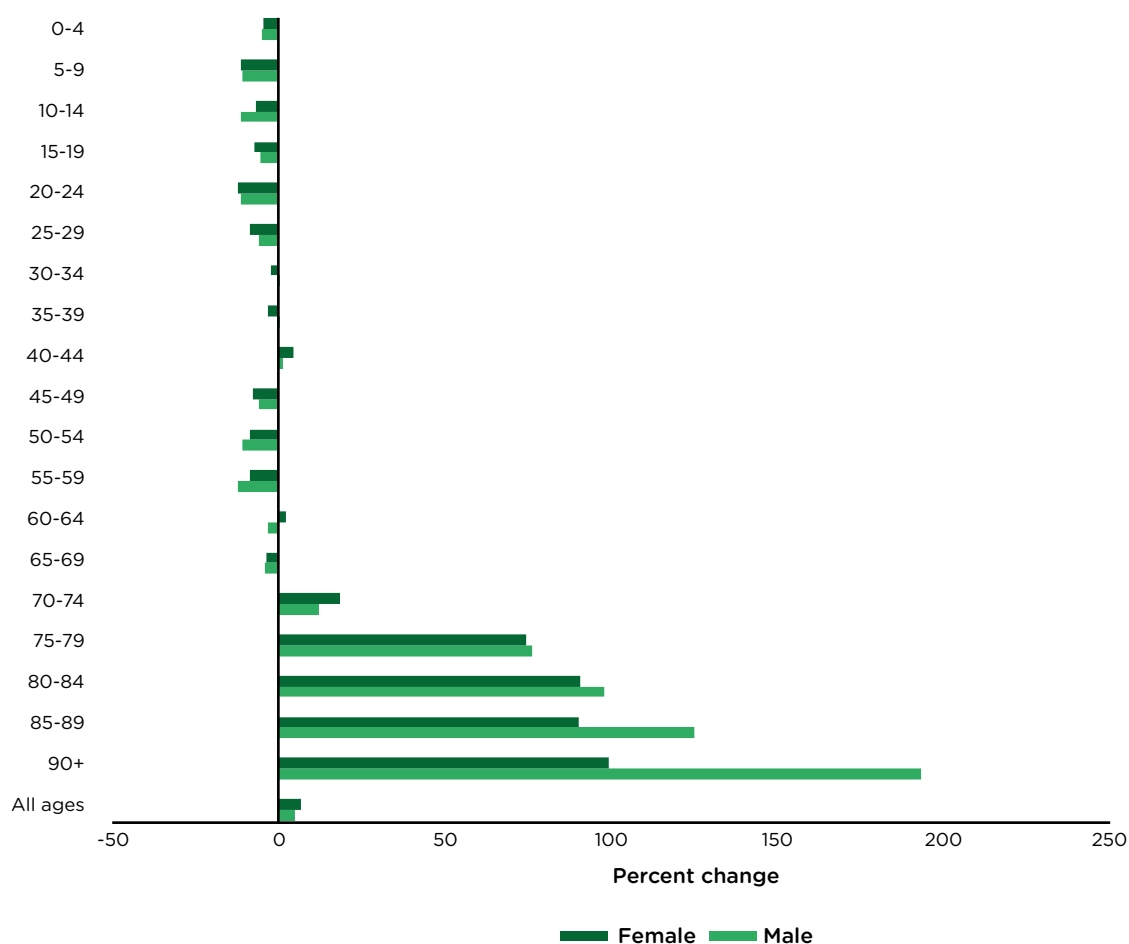
Some residents need adaptations to their homes to enable them to live safely and independently in their homes.

Not being able to lead an independent life can contribute to a loss of purpose and self-esteem and helping people to retain independence is important to protect mental health. Enabling people to engage in some physical activity is also important where they can do so, to maintain muscle strength for example.

A policy approach to reducing inequalities in healthy life expectancy through housing means that the housing needs of younger residents in need of adaptations to their homes should be prioritised. Evidence shows that intervening earlier in life has the potential to make the most difference to healthy life expectancy and reducing health inequalities. Given that reducing inequalities in healthy life expectancy is the major aim of this work, it is for this reason that we are suggesting that the needs of younger residents needing adaptations, for instance those with disabilities are prioritised where funding is limited.

However, the population in Northumberland is ageing, as demonstrated by Figure 6. Housing approaches need to respond rapidly to this demographic shift to ensure that sufficient, desirable, and adaptable homes are available to older residents in the communities in which people wish to live. Supporting people to stay in their homes, independently, will improve health and wellbeing and reduce demands on the NHS, social care, and other services. Retirement flats and supported living are associated with higher levels of wellbeing and happiness.[23]

**Figure 6. Projected change in population, 5 year age groups, Northumberland, 2018 to 2043**



Sources: ONS (2020) [24]

## AGEING AND VULNERABLE RESIDENTS IN NORTHUMBERLAND

As with affordability, at the beginning of this project there was a lack of data or modelling about the current and future need for adaptable homes and where they should be. Modelling work is needed to support planning and delivery of appropriate housing by area.

Regardless of a lack of detailed data there was a wide consensus among stakeholders that there is an insufficient supply of adapted homes, and that the funding available from Homes England was insufficient. In addition, there was a desire from the Council for builders to build homes that could be more cheaply adapted so that residents can stay in them. The lack of appropriate homes for people to move into/downsize as they get older was noted, and stakeholders felt that if there were appropriate homes within their communities then this would free up more family homes. There was some discussion around whether it would be cost effective to incentivise older residents to downsize, in terms of the house building budgets. Stakeholders also remarked on what appears to them as a lack of variety and innovation around housing models, with stakeholders interested in multi- generational housing and other forms of 'supportive' living.

This work has helped to inform the recently published SHMA which confirms the shortage of adaptable housing, however as yet, it is unclear where in the county these houses might be needed and an extension of this work to cover this would be useful. The information in the SHMA, which goes up to 2031, is used to inform targets which are described in the final section of this report. [25]

## ONGOING WORK IN NORTHUMBERLAND

We are aware that there is ongoing work in Northumberland to increase the number of adapted homes available to the population. For example, the Extra Care Development Programme for older people, part of the Adult Services Extra Care and Supported Living Strategy 2024 has plans to build an additional 775-875 homes across the County to enable residents to have greater choice of high-quality affordable housing that is designed to meet their needs. These recommendations build on the work already ongoing.

## RECOMMENDATIONS TO MEET NEEDS FOR ADAPTABLE HOUSING

1

### PRIORITISE AT RISK GROUPS

- Use future strategic housing market assessments (SHMA) and needs assessments to model the need for adapted and adaptable homes across Northumberland, at a place-based level, to 2044.
- Stronger collaboration across the system on housing data and needs assessment work is needed to co-produce a joint understanding of what is needed where, involving the community, ICB, housing team and Adult Social Care.
- To reduce inequalities in healthy life expectancy, priority groups for adaptable housing should include:
  - > Households with adults of working age with existing limiting conditions, or with children with limiting conditions below median income level, not just the poorest 10 percent
  - > Care leavers
  - > Those at risk of experiencing homelessness.
- Ensure that adaptable/suitable homes are available to low-income households of retirement age to improve their well-being and life satisfaction.
- Ensure partners, including police, fire, health, Council, voluntary and community sector (VCS), develop a Make Every Contact Count model (MECC) approach and work with Northumberland Frontline to identify vulnerable households and provide timely and agreed pathways of housing support to them.

2

### INCREASE THE SUPPLY OF ADAPTABLE HOUSING

- Engage with developers, builders and housing associations to explore ways to commission more adaptable homes that can be adjusted in a cost-effective manner as circumstances change
- Utilise language that is about enabling and empowering people to lead full happy, productive, better lives in appropriate housing.
- Consider adopting a design challenge approach, with companies/universities, considering peer review, competing to create affordable and innovative adapted housing options that will encourage people to move into age /situation appropriate homes.





# A 2044 VISION, TARGETS, AND MONITORING

## MONITORING PROGRESS AND SETTING TARGETS

By 2044, we want to ensure that housing is having a positive impact on health and that all residents can live in affordable, warm, and safe homes appropriate to their needs. However, to achieve this, some targets are needed and a way to measure progress.

### AFFORDABILITY

The SHMA sets out many of the numbers needed to inform targets. [26]

The SHMA estimates that currently 3893 households need affordable homes to meet their needs. Given the availability of existing housing stock, the net need is for 2840 new affordable homes. Of those 2267 (80%) are for people who need to move on medical or welfare including grounds relating to a disability (Figure 27, SHMA). 58.5% of the total need for affordable dwellings is for social rent homes and a third of the need is for affordable home ownership options.

The SHMA goes on to say that *'in most housing needs assessments, the backlog is typically spread over 15-20 years. Addressing the current backlog over 20 years would require 142 households per annum to have their housing need met and that is the approach which has been taken forward in this study. If addressing the current net backlog over 15 years it would require 189 per annum'*.

From the perspective of reducing health inequalities addressing the current backlog over such a long time period is not something we would support, and instead we suggest that the backlog is addressed as soon as possible. We will work with the housing strategy team and the partnership to identify stretch targets that are achievable, but which address this issue with the urgency it needs.

There is an assessed need for 3001 affordable homes for those who are unable to buy to 2031. In addition there are assessed to be another 5040 who are forecast to be aspiring to buy 'affordable' homes (e.g. a discount is applied to the market price).

The SHMA figures do not match exactly with Homefinder figures, there are a greater number of households (11653) on the social housing list and activity on the list illustrates high demand for new properties. 1487 properties were advertised in the last year with an average of 88 households competing for each one. It is understood that the Homefinder list does not represent need in the same way as the SHMA, with people on the list sometimes wanting to move for reasons other than a lack of affordable housing. A better understanding of the reasons that people want to move would be useful.

**To reduce inequalities in health, the partnership needs to clear the backlog of households not having access to an affordable adequate home as soon as it can, focusing first on households in temporary accommodation, at risk of homelessness and overcrowded households. An increased focus is needed on building new social rent housing and reducing vacant properties. The partnership then needs to get ahead of projected need to 2031, and then project need to 2044 and build ahead of that.**

**The target for this work is to build 3001 affordable homes, and for the wider partnership to also build affordable to buy homes, as set out by the SHMA.**

To keep work on track the following suite of indicators should be monitored:

- Number of social housing properties being built per year according to size of bedroom, locality need, as a number and percentage of existing and projected need
- Number of affordable rent or buy properties by ward as a number and percentage of existing and projected need
- Percentage of social rent and affordable buy properties that are adapted/adaptable
- Number on social housing list
- Average number of applications per social housing listing
- Percentage of households overcrowded
- Proportion of households that can afford to rent/buy on open market
- Average rent as a percentage of disposable income by ward
- Average property price as a multiple of income by ward
- Numbers experiencing homelessness
- Proportion of properties that are holiday lets by ward
- Proportion of properties that are second homes by ward
- Number of empty properties by ward

- Length of time council properties have been empty
- Location of empty properties and whether they are in action areas i.e. Deep Dive funded Empty Homes work in Cowpen Quay, Blyth or Hirst Project area.

## DECENT, SAFE, AND SUSTAINABLE HOMES

### MODELLING IMPROVEMENTS IN WARM HOMES AND HEALTHY LIFE EXPECTANCY INEQUALITIES

We know that only 44.8 percent of properties in Northumberland are rated EPC C or above, leaving 80,537 properties requiring retrofit. Of those 19,905 are officially at risk of fuel poverty. However, given the high cost of fuel and inflation in other items, research by IHE estimated that those living below the JRF minimum income standard [27] were at risk of living in a cold home, on a low income and unable to pay anything to help insulate their home. [28] In the NE the percentage of households below the minimum income standard is 35%. [29]

We have also looked at a range of estimates on the effects of improving insulation on health. At the conservative end of the spectrum, we utilise a respected paper from 2017 that estimates the improvements that could be seen from a rise in temperature and air quality across the whole population. [30] We consider this to be underestimate because the health gain for those on low incomes will be considerably larger than for the general population because those on low incomes cannot afford to put on heating to maintain the temperature of a home. In addition, this paper, uses estimates from a time when heating was relatively affordable compared to current prices and therefore effects will have been moderated. The impacts of cold homes on mental health are also likely to be significantly larger than the authors allowed for, given more recent evidence which suggests that starting to live in a cold home is associated with a subsequent doubling of the risk of onset of poor mental health, and a tripling of the risk of developing worse mental health in those who already have a mental health condition. [31] It is worth noting that within this paper, the effect size for those with COPD, is larger and has formed the basis of NICE guidance to prioritise retrofitting the homes of these individuals. This may be of interest because Northumberland has higher than average levels of COPD. However, again because of the date of the research and the fact that it is not targeted to just those on low incomes we believe that this is also an underestimate.

We have added two hypothetical scenarios, one where we see an increase in the healthy life expectancy of low- income residents of 1 year, and one where we see an increase of five years. The latter scenarios consider larger effect sizes seen in the literature since the original work was published, and the fact that the existential threat of climate change has not been modelled. [32] [33] In addition, given the current cost of living crisis we would also expect to see a health improvement from the money saved from bills from energy efficiency measures as more funds are available for food. We would also expect to see an increase in healthy life expectancy from reduced epigenetic impacts, reduced falls, reduced prevalence of sickle cell attacks and reduced prevalence of social isolation. In truth, however 5 QALYS might be difficult to achieve, and the real effect is likely to be somewhere in this range and is also dependent on the quality of work done.

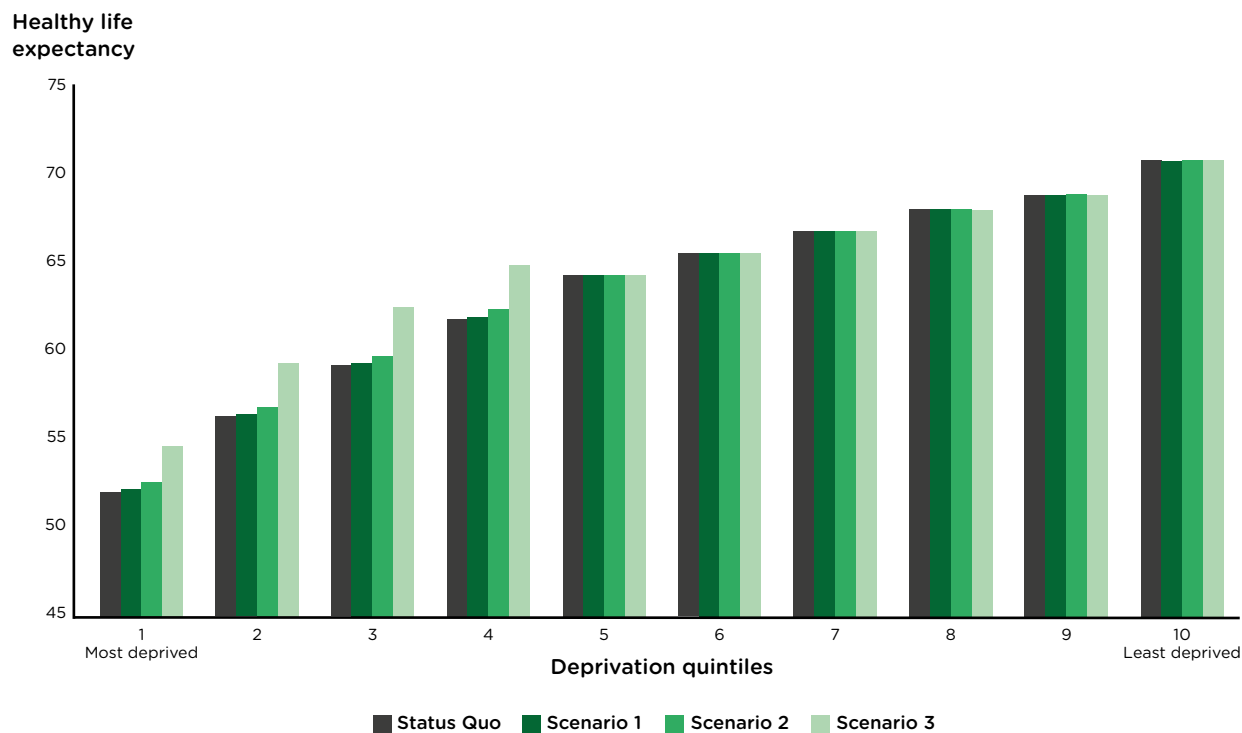
**Table 2. Modelled estimates of the impact on healthy life expectancy of improving the homes of the poorest 40% to EPC C, according to three scenarios reflecting a range of estimated effect sizes.**

IMD Decile	Status Quo	Scenario 1 - conservative	Scenario 2 - 1 QALY gained - realistic	Scenario 3 5 QALYs gained - upper bound
1	51.98	52.10	52.50	54.55
2	56.26	56.39	56.85	59.23
3	59.08	59.23	59.74	62.37
4	61.70	61.84	62.31	64.77
5	64.15	64.15	64.15	64.15
6	65.39	65.39	65.39	65.39
7	66.71	66.71	66.71	66.71
8	67.82	67.82	67.82	67.82
9	68.7	68.7	68.7	68.7
10	70.66	70.66	70.66	70.66
Intercept	52.75	52.9	53.45	56.26
SII	1.91	1.89	1.82	1.48
% change	NA	1.0%	4.5%	22.1%
RII	1.31	1.31	1.29	1.23
% change	NA	0.3%	1.3%	6.3%

As is evident from the table we predict that there will be a likely reduction in the Slope index of inequality of 4.5% with the central estimate.

Figure 7 demonstrates the results for 3 scenarios compared to the status quo. Scenario 1 uses the most conservative impact, scenario 2 looks at the impact if there is a one-year improvement in life expectancy and scenario 3 looks at the impact if there is a 5-year improvement in healthy life expectancy. With all scenarios there is an improvement in the healthy life expectancy of those in the lower income deciles which will reduce inequalities.

**Figure 7 Modelled estimates of healthy life expectancy changes given improvement to insulation and ventilation up to EPC C, three scenarios presented which represent different effect sizes, by Index of Multiple Deprivation Deciles**



Although the impact looks small on a graph, it is important to note that even with the most modest effect, the authors concluded that the strength of the evidence was sufficient to suggest that the NHS could contribute to the costs of retrofitting. [34]

Finally, we should caveat that we have demonstrated a hypothetical scenario where all those on low incomes live in the lowest income deciles. However, this is an oversimplification. For example, Bedlington West is home to 1300 people in the second most deprived decile, and 3,300 in the two most affluent deciles.

This has implications for how we monitor progress and target intervention. Targeting interventions at an area level risks missing those who are deprived but living in an affluent area. Similarly measuring changes in healthy life expectancy at an area level will mask some improvements. Ideally, we would measure healthy life expectancy by income band, but that is not available. One might be able to add flags to health data sets that set out improvements to housing that individuals have experienced to enable a more thorough evaluation.

**The target for improving housing is to ensure that all households below the JRF minimum income standard are living in homes that are insulated to at least EPC C level and well ventilated. Our estimates are based on improving 40000 homes. We will work with the housing strategy group to refine these numbers and develop stretch targets.**

We have advised that indicators, including those set out below, could be used to baseline activity and support the development of targets. Northumberland County Council is currently collating the data it can help inform future action.

- Numbers and percentages in official fuel poverty
- Numbers and percentage in the two lowest income quintiles (or deprivation deciles if not available) in homes insulated to less than EPC C
- Health measures for those in fuel poverty households and households below the JRF minimum income standard
- Percentage of properties insulated to EPC C and above by ward by tenure.
- Percentage of properties with efficient boilers by ward by tenure
- Percentage uptake of grants for insulation/ventilation of those properties not at EPC C by ward
- Overcrowding by ward
- Housing stock condition by ward

## ADAPTABLE HOMES

While 2267 of those needing affordable homes were for people who need to move on medical or welfare including grounds relating to a disability, the numbers needing new adapted homes or homes adapted for them are lower, indicating that 'welfare grounds' may account for a significant proportion of this group.

The SHMA sets out that there are 12,538 households needing adaptations to their existing homes or suitable new build homes, with a further unmet need for 1,358 households needing to move to a new more suitable adapted home. Thus the total need for adapted housing is 13,896 homes over the next 7 years.

Further modelling then sets out the need for a) housing that needs to be adapted to M4(2)<sup>4</sup>/M4(3)<sup>5</sup> standards and b) additional housing that is needed to 2031. In terms of affordable homes, an additional 2164 properties are needed. In addition, an additional 4071 homes are needed to be built by developers for the open market.

In terms of existing homes that can be adapted to the M4(2)/M4(3) standards, 2269 affordable homes need adapting and 5391 private rented or owner-occupied homes need adapting at market prices.

In terms of monitoring, it has been noted that the ICB Healthier Homes Healthier Lives Programme is looking at this issue, and so working together on indicators and monitoring seems appropriate.

The target is to clear the backlog of those waiting for adapted homes as soon as possible and to ensure the delivery of an additional 13,896 adapted homes by 2031. To reduce inequalities the focus of the partnership should be on building affordable adapted homes and modifying the homes of those who are on incomes below the JRF minimum income standard first.

To reduce inequalities in healthy life expectancy we recommend a focus on younger groups with disabilities/long term health conditions and a need for adaptable homes first to help prevent deterioration in health and to enable them to better engage with work and social opportunities. Significant resources will be needed to both adapt existing homes and build new ones as rapidly as possible to get rid of the backlog and then a more phased approach can be taken to meeting forthcoming needs.

Possible targets and indicators:

- Number of households waiting for adaptable homes by age of household member with long term health condition or disability, by ward
- Length of wait for adaptable homes by age of household member with long term health condition or disability, by ward
- Number of adaptable homes being built, by ward
- Number of existing homes being adapted by ward
- Length of wait for adaptations to existing homes by age of household member with long term health condition or disability, by ward

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<sup>4</sup>'Accessible and Adaptable' (nearest equivalent to Lifetime Homes Standards).

<sup>5</sup>Wheelchair User Dwellings





# ANNEX 1. CONSULTATION PARTNERS

# ANNEX 1. CONSULTATION PARTNERS

## IHE HOUSING THEME CONTRIBUTORS

### MAIN STEERING GROUP

Name	Organisation/Directorate	Job Title
Anne Lawson	NCC Public Health	Public Health Manager
Angela Donkin	Institute of Health Equity	Senior Consultant
Doug Dawson	NCC Adult Services	Service Development Manager, Integrated Commissioning
Alan Curry	NCC Adult Services	Head of Commissioning
Abi Conway	Thriving Together Northumberland	Chief Executive
Chloe Mann	CNTW	Acting Group Nurse Director – North Locality
Peter Standfield	Healthwatch	
Hilary Snowdon	Northumberland Local Medical Committee	
Susan Ogle	NCC Housing and Planning	Head of Housing Services
Phil Gallagher	NCC Housing and Planning	Housing Capital and Maintenance Manager
Andrea Malcolm	Bernicia	Executive director, People, Homes, and Communities
Steve Robson	NCC Housing and Planning	Policy Team Leader
Andrea King	NCC Housing and Planning	Principal Planner
Andy Dean	Community Action Northumberland (CAN)	Chief Executive
Vince Walsh	Community Action Northumberland (CAN)	Rural Housing Enabler
Rob Murfin	NCC Housing and Planning	Director of Housing and Planning
Emma Moraitis	NCC Environment and Transport	Warmer Homes Programme Manager
Rachael Jones	NCC Environment and Transport	Climate Change team Project Manager
Satty Rai	Northern Housing Consortium	Member Engagement Manager
Graeme Binning	Northumberland Fire and Rescue Service	Chief Fire Officer
Jill Harland	Northumbria Healthcare NHS Foundation Trust	Public Health Consultant
Rebecca Fenwick	NCC Housing and Planning	Strategic Housing Manager
Louise Landreth	NCC Housing and Planning	Estates Manager
Pam Forster	NCC Public Health	Senior Data Manager
Sarah Robson	Karbon Homes	Director of Development and Regeneration

### ALSO ATTENDED A MEETING

Deb Brown	Northumberland Fire and Rescue Service
Sandra Green	Citizens Advice Northumberland
Connor Backhouse	NCC Environment and Transport

## DECENT SAFE & SUSTAINABLE HOMES SUBGROUP

Name	Organisation/Directorate	Job Title
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John Moran	Advance Northumberland	Head of Homes
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Maria Mitchell	NCC Environment and Transport	Warmer Home Team Leader
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## HOUSING NEEDS AND ADAPTABILITY FOR AGEING AND VULNERABLE RESIDENTS

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Steve Robson	NCC Housing and Planning	Policy Team Leader
Alison Wilson	Age UK Northumberland	
Rachel Turnbull	Citizens Advice Northumberland	Operations Director
Rebecca Fenwick	NCC Housing and Planning	Strategic Housing Manager
Angela Donkin	Institute of Health Equity	Senior Consultant
Doug Dawson	NCC Adult Services	Service Development Manager, Integrated Commissioning
Alan Curry	NCC Adult Services	Head of Commissioning
Deborah Brown	Northumberland Fire and Rescue Service	

### ALSO ATTENDED A MEETING

Simon Daniell	NCC Fire and Rescue Service
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## HOUSING NEEDS FOR RURAL AND COASTAL COMMUNITIES SUBGROUP

Name	Organisation/Directorate	Job Title
Anne Lawson	NCC Public Health	Public Health Manager
Louise Landreth	NCC Housing and Planning	Estates Manager
Vince Walsh	Community Action Northumberland (CAN)	Rural Housing Enabler
Becci Murray	Berwick Community Trust	Operations Director
Julie Gibbon	Haltwhistle Partnership	Chair
Karen Froggatt	Glendale Gateway Trust	CEO
Thom Bradley	Blyth CVA	Chief Executive
Steve Robson	NCC Housing and Planning	Policy Team Leader
Rebecca Fenwick	NCC Housing and Planning	Strategic Housing Manager
Angela Donkin	Institute of Health Equity	Senior Consultant
Julia Aston	Amble Development Trust	
Guy Munden	Northumberland Estates	
Sarah Robson	Karbon Homes	Director of Development
Emma Moraitis	NCC	Warmer Homes
Marie Lodge	Karbon Homes	Development Manager

### ALSO ATTENDED A MEETING

Paul Moralee	Karbon Homes
Matthew Connelly	Amble Development Trust



## NORTHUMBERLAND HEALTH AND WELLBEING BOARD

Paul Ezhilchelvan (Chair)	Councillor
Veronica Jones	Councillor
Wendy Pattison	Councillor
Mark Purvis	Councillor
Guy Renner-Thompson	Councillor
Glen Sanderson	Councillor
Liz Simpson	Councillor
Jeff Watson	Councillor
Gill O'Neill,	Executive Director of Public Health
Vicky McLeod	Director of Children, Young People and Education
Peter Standfield	HealthWatch
Dr. Hillary Snowdon	LMC
Graham Syers	Chief Clinical Officer, Northumberland Commissioning Group (Vice-Chair)
Rachel Mitcheson	Director of Delivery Northumberland & North Tyneside
Chloe Mann	CNTW
Alistair Blair	NHS England
Christine Briggs	NHS England
Neil Bradley	Executive Director, Adults, Ageing and Wellbeing, NCC
Sharon Williams	LPC member and contractor at Wellway Pharmacy
Abi Conway	Citizens Advice Bureau and Voluntary Sector lead representative
Russell Nightingale	Harrogate & District NHS Foundation Trust
Victoria McFarlane-Reid	Director of Enterprise & Business Development, Newcastle Upon Tyne NHS Foundation Trust
Kevin Waring	Northumbria Police
Graeme Binning	Chief Fire Officer, Fire & Rescue Service
Rob Murfin	Director of Housing and Planning, NCC

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