**APPG on Rural Health and Social Care**

**23 June 2020**

**Parliamentary Inquiry Session 9a**

**Housing in the Context of Health and Care**

**Present:**

**Anne Marie Morris MP** - Chair

**Witnesses**

**Tarum Bahakta** – Assistant Policy Officer Shelter

**Ursula Benion** – Chief Executive of Trent and Dove Housing Association and Chair of the Rural Housing Alliance

**Tom Chance** – Joint Chief Executive National Community Land Trust Network

**Jo Lavis** – Rural Housing Solutions

**Peter Moore –** Chief ExecutiveCornwall Rural Housing Association

**Invited Observers**

**Graham Biggs –** Rural Services Network

**Paul Rhodes** – Centre for Ageing Better

**Kate Pym** – Pyms Consultancy

**Father Jonathan Sibley** – Social Issues in South Lincolnshire Group

**Martin Collett –** English Rural

**Andy Dean** – Community Action Northumberland/Rural Services Network

**Martin Cutbill** – Alertacall

**Angharrad Jones**

**Secretariat Team**

**Ivan Annibal -** Director of Operations, National Centre for Rural Health and Care **Dr Jessica Sellick –** Senior Research Fellow, National Centre for Rural Health and Care

**Jonny Haseldine –** Parliamentary Assistant, Office of Anne Marie Morris MP

**Apologies**

**The Right Reverend and Right Honourable Dame Sarah Mullally DBE –** Bishop of London  
**Professor Richard Parish CBE –** Chair National Centre for Rural Health and Care

**Anne Marie Morris MP -** Introduced the background to the Inquiry. She explained this was the 9th session of the Inquiry and would concentrate on the links between housing and health and care in rural settings. She began by thanking the witnesses for attending and invited Ursual Benion, who was attending in her role as Chair of the Rural Housing Alliance to present her evidence.

**Ursula Benion** – Chief Executive of Trent and Dove Housing Association and Chair of the Rural Housing Alliance began by offering some key facts about the distinctive nature of rural England. These are set out below:

Rural England has a population ageing faster than the national average, over half of the population will be over 65 by 2039

Rural England already has and will increasingly have a disproportionate number of people over 85

It is more expensive to provide homes in rural England

Rural homes are less likely to be updated

Rural areas suffer from poor broadband ,which affects the use of technology to make rural dwellings more “liveable” and the desirability of rural places as communities to live in.

Urusla went on to explain that there were five key themes in terms of her presentation:

* Funding – it costs more to develop in rural areas – grants are needed to make adapted properties viable
* Planning – rural exception site policy underpins the scope for development in many rural areas
* Community leadership and support – this requires a lot of significant work to enable people to get involved in the issues
* Perpetuity – ensuring affordable housing is available for ever on the basis on which it was developed if it is to be justified as an investment
* Partnerships – multi-agency approaches are crucial to the effective delivery of rural housing

Ursula indicated that poor housing contributes to health problems underpinning the driver for costs of £1.4bn per year in treatment to the public purse.

Currently there is not enough housing in rural areas and it doesn’t meet rural needs – there is a lack of bungalows and other suitable housing stock.

Improving supply involves more flexibility in terms of rural exception site rules, affordable levels of rent and the extension of social rent discretion for local authorities.

Flexibility on grant rates for larger housing types supporting more home working and schooling is desirable.

Halting the right to buy in all settlements below 10,000 population would make a major contribution to the challenges around the availability of affordable housing in rural areas.

In summary there are three barriers to a good supply of affordable rural housing 1) the higher cost of provision, 2) connectivity in terms of the relative remoteness of rural settings, 3) workforce in terms of the availability of local jobs which would make rural economies work better.

The impact of retirees into rural areas can be negative if it puts pressure on local resources, however incoming retirees can also add value to local communities. The impact of COVID-19 and the projected “flight to the countryside” might drive up the cost of housing in rural settings.

Supported housing and step up/step down accommodation can make a significant difference to the functioning of local housing markets. Urusla drew attention to a Swindon case study delivered on a rural exception site – providing a housing solution which changed a couple’s life and freed up their larger house for the housing market. She also drew attention to a Trent and Dove Housing Association development in Penkridge (Staffordshire) involving 82 appartments developed for those with a range of care needs in a rural setting – ongoing revenue funding for schemes like this is vital if rural housing is to meet the health and care needs of all members of the community.

Currently we don’t have the right mix of housing in rural areas with too few smaller homes and not enough supported housing, rural exception policy and Section 106 agreements (planning obligations) can address these challenges.

Ursula outlined 4 key asks of policy makers:

* Social rent options should be available to all
* Housing supply should be increased through extended affordable housing thresholds, maintaining perpetuity in terms of the status of affordable housing in rural areas and abandonment of the right to buy in settlements of under 10,000 population
* Greater encouragement should be given to more cohesive social care, housing and health working practices
* Grant funding to support house construction should be available at a level which works in rural settings

**Ann Marie Morris** – Thanked Ursula for her evidence. She reflected that making better use of the schemes available to bring forward rural housing was a key thread in Ursula’s evidence. She went on to ask if the rural population is likely to grow very fast how will this change be delivered? Much of this is about cultural change amongst those involved in managing and regulating housing supply in rural areas. What new policies are required to achieve positive change?

**Ursual Benion -** replied that this is a multi-faceted challenge– one important issue is about effective opportunities for people to downsize. Rural housing exception cross subsidy is a key theme in achieving this. Where downsizing opportunities can be provided there is strong evidence of demand for example around the Penkridge development referenced in Ursula’s case study. Another key issue involves getting health, social care and housing to work together. It is difficult for example to communicate effectively the benefits of extra-care accommodation to health providers.

**Anne Marie Morris** – asked how could we cut through this challenge?

**Ursula Benion** – replied that getting people into multi-agency discussions is key to navigating the blockages in the system. This agenda in essence is about culture and people.

**Anne Marie Morris** – Identified the value of imaginative approaches to step up and step down housing for those who with limited resources to move into different types of accommodation in later life.

**Ursula Benoin** – Identified that planning is a key aspect of this agenda.

**Anne Marie Morris** – Reflected on the meaning of the term “affordable” and asked what should we do to address this issue, as the reality is that affordable housing is often still beyond people’s needs.

**Ursula Benion** – moved on to reflect that more investment up front would make the rural schemes more affordable at lower rent. This would have wider positive knock on effects in rural areas including enabling people to spend more of their resources in the local economy.

**Anne Marie Morris** – concluded by asking Ursula if we can have the paper based on this investment analysis it would be extremely useful.

**Anne Marie Morris** – Move on to introduce the second speaker for the session Tarun Bhakta from Shelter.

**Tarun Bhakta** – introduced his evidence indicating he would be talking about research on the Right to Buy, the impacts of housing on health and sharing some views on how to deliver more social rent homes. Tarun gave an example of poor quality housing and its impact on health. Showing direct causal links between housing and health is tricky – the £1.4bn figure quoted by Ursula Benion only includes the physical impact of poor housing on health.

Tarun introduced some of the key issues driving a lack of affordable housing and their impact on health – inadequate welfare provision (inadequate rates of local housing allowance), limited tenant rights, no fault evictions, a shortage of social housing.

Tarun referenced the notion of affordability – home ownership is out of reach for a large proportion of the population - 63% of renters have no savings, the wider cost of home repair and up keep including the challenge of funding adaptations to enable people to live in housing which meets their needs should be recognised. The impact of the Right to Buy in rural areas has left people with some properties with challenging maintenance problems. A failure to replace bought up homes in rural areas makes the situation worse and this is further exacerbated by a lack of downsizing opportunities. One of the barriers is the lack of attractive alternative housing in many rural localities.

Overall there is a massive social rent homes shortage – pegging rent to local incomes is really important in this context. Last year 17,000 social rent homes were lost through the Right to Buy. Since discounts were increased 85,000 Right to Buy sales have been processed leading to only 28,000 replacement homes. This is a particular issue in rural areas due to higher development costs, which make replacement more challenging. Delivering replacement housing given the use of sales receipts rules may only be achievable in a local town where development is cheaper, this has the effect of people being decanted out of their communities. Recent shelter research showed 50% of respondents affirmed this impact. A lack of bungalows as a consequence of Right to Buy sales has made the situation more challenging still as these are particularly hard to replace because of their bigger land footprint.

The loss of affordable housing in rural areas can have a social impact on individuals where relationships are lost when people find they are unable to stay in their local communities. Shelter has information based on 2017 research, which shows a significant link between housing and mental health.

There is no simple solution to this challenge, grant levels for social housing are important and changes to the way these work would help things to be joined up more effectively. The addition of more protections to ameliorate the impact of Right to Buy in local settings is desirable.

In terms of planning a move away from the preoccupation with units to a more bespoke breakdown based on localities would make an important contribution to tackling the challenge identified. This should focus on more power to demand social and affordable housing.

Understanding and engagement of the community is key in planning housing.

* The current first homes policy is problematic in allowing non first homes
* Permitted development rights strip away community engagement

Shelter acknowledges the value of doing more work with a focus on rural areas to address the challenge of an effective provision of rural housing.

**Anne Marie Morris** – thanked Tarun for his evidence. She moved on to ask Peter Moore from Cornwall Rural Housing Association to present his evidence.

**Peter Moore –** began his evidence with reference to his background and that of his organization.

Cornwall Rural Housing Association (CRHA) is a community based and community focused organisation formed in 1985 to develop affordable homes throughout Cornwall and on the Isles of Scilly. In the intervening 35 years CRHA has built 353 homes across 52 developments in 35 separate villages and on 4 islands. CRHA has also built 28 homes for community land trusts around Cornwall, and we provide management services for properties owned by a community land trust.

CRHA were a founding member of the Rural Housing Alliance (RHA), and the RHA Rural Pledge informs and frames CRHA’s work. It involves a commitment to:

* Work closely with the local community and Parish Council to find the right site
* Always give qualifying local people in housing need first priority for every home
* Ensure that affordable homes always remain affordable
* Build sensitively designed, high quality homes to high environmental standards
* Provide good quality and locally sensitive management services to our residents
* Always respond positively to the local community

Over 40% of Cornwall’s population lives in settlements of less than 3,000 and that is where CRHA has concentrated its efforts. That is a large percentage of the population living in dispersed settlements often with poor access to services such links to the public transport networks; but often possessing a degree of resilience built up through strong community links and networks offering mutual support. Most often, the one thing these communities most lack is a supply of secure homes affordable to people on local incomes.

CRHA provide what is known as general needs housing, but has sought to ensure that the homes provided meet the broad range of needs in the local community to help people remain with their existing support networks.

Peter went on to discuss CRHA approach to how they try to meet the range of needs within our Cornwall under 3 headings:

* Where CRHA build homes
* What homes CRHA build
* How CRHA manage the homes they build

**Where CRHA build homes**

CRHA build homes where they are needed and where they will help sustain and strengthen existing support networks. Many people prefer to stay in the villages where they have lived and worked so that they can continue to benefit from keeping in touch with family and other social and support networks.

CRHA often find that people in need of housing may not be registered on local authority waiting lists. This might be because of a perception that they will only be offered accommodation in the nearest town, but often it is simply because people see no point in registering for housing when there is such a limited supply of available accommodation. This means that the demand for rural homes may well be understated and is often only identified once new homes are under construction or completed.

As an example, RCHA’s last completed scheme at Poundstock was for 8 homes. When those homes were advertised on the choice-based lettings scheme over 500 people applied. Of that number 38 had the requisite local connection, so the provision of affordable homes had uncovered a demand over 4 times greater that the identified need for 8 homes. This development was for 8 homes but there were 5 different house types with those 8 homes. The reason for such a diverse mix was to meet the varied needs on the community in what might be a once in a generation chance to provide some affordable homes. CRHA may not get more than one chance to build in a village so what it build needs to be flexible in terms of size and design to meet the changing needs of both current and future residents.

**What homes CRHA build**

CRHA builds a range of property types to meet a broad spectrum of current and future needs. CRHA take particular care during the design stage to research if there are any particular needs within a parish, and amend their mix accordingly. It is not uncommon for some needs to be identified through word of mouth rather than from official registers. The key to a successful scheme is close and continuing liaison with the local community.

The design and specification of the homes must be capable of dealing with changing needs. CRHA’s developments have ranged in size from 1 home up to 25 homes but are typically in the range of 6 to 8 homes. They also usually comprise of a range of house types, but this variety can add to the costs of provision. CRHA has generally avoided building one-bedroom homes because they may not always be sustainable in the long term in rural areas where there may only be one chance to build new homes. They can lack the flexibility that is required to remain useful over a period of time.

Examples of the type of homes CRHA have built to meet these needs include 2-bedroom bungalows for people with a need for accommodation on one level. When allocating these homes, a priority has been placed on meeting the need for level accommodation rather than fully occupying the property.

In the CRHA Poundstock development as an example a 2-bedroom bungalow was offered to someone who needed level access accommodation. Moving back to the village meant that she could get support from her daughter, but it also helped her to support her daughter with childcare arrangements. It also allowed both her and her daughter to provide support to her elderly mother, also living in the village. The provision of one home helped support four generations of the same family.

In a second example in Blisland two bedroom bungalows have over the years been let to single people of varying ages with a requirement for level accommodation and also to families with one child when there was no local demand from people requiring level access accommodation. This flexible approach has helped to maintain and strengthen existing family and community support networks, and on occasion delayed or avoided the requirement for some older residents to move to a residential care home, which typically would be located some miles away in the nearest town.

CRHA are also keen to meet the needs of single people and couples without children so have started providing houses with one double bedroom plus a study – what might be called one and half bedroom houses. There was a perception that these homes would typically be used to house people in the 18-25 age bracket, but they have proved to be equally popular with older couples and older single people looking to downsize and/or move into a more secure and affordable tenure. The study is not large enough to be classed as bedroom and is equipped to be used for home working, but it is adaptable enough to be used to meet a short term need for a carer to stay overnight if required.

CRHA have also aimed to provide flexibility in the family homes they have built. For example, some 3-bedroom houses have been designed with a ground floor bedroom with an additional shower room on the ground floor. The value of this type of home was only recently demonstrated by an example of a tenant admitted to hospital following a stroke. The fact that her property already had a ground floor bedroom shower room meant that she could be discharged from hospital that much sooner. In other areas similar properties have seen the ground floor room being used as a workspace as family sized have changed

What these examples are intended to convey is that the general needs homes built in rural areas need to be capable of being flexible enough in terms of size and design to meet the changing needs of current and future residents.

**How CRHA manage the homes they build**

A flexible approach to design needs to be matched with a flexible approach to allocating certain types of homes to ensure that housing, social and health needs are being met in the most appropriate manner. An effective and locally responsive housing management service, particularly regarding allocations, is crucial to the continuing success of rural housing scheme.

CRHA keeps in close personal touch with its residents and aims to deliver a service “at the doorstep” for those residents who require it. This close contact helps CRHA to identify changing needs and requirements of all residents, but particularly those who may be elderly or vulnerable. For example, CRHA have extended a property to allow extra space for a family with experience of autism; CRHA have provided ground floor extensions to allow provisions of a wet room for a family with a child who was a fulltime wheelchair user.

CRHA’s experience shows that the investment made in affordable housing, particularly in rural areas, can help reduce reliance on other public services, but can only be successful if there is sufficient investment – in terms of capital grants - to provide good quality homes built to decent space standards and which are truly affordable to people on local incomes.

A frequent response CRHA encounter to proposals for new homes is that they will be bought by the tenants and eventually go the way of the former council homes acquired under the right to buy and end up in the private rented sector, often at very high rents. Despite CRHA assurances that - as an independent charitable housing association - it is their intention to maintain the homes as affordable housing in perpetuity, it is fair to say that it can be a difficult case to argue, particularly when policies such as extending the right to buy are floated.

While it may be an admirable policy goal to try to extend home ownership, this should not be done by depleting the already scarce supply of affordable homes in rural areas, not least because it is highly unlikely that they could be replaced. Instead, other policy options should be considered for rural areas, such as returning to something like the old Tenants Incentive Scheme, where social housing tenants were given the equivalent of their discount to help them buy a home on the open market.

In terms of specific answers to the questions raised in the invitation to attend the inquiry Mr Moore replied:

Is there sufficient housing stock to meet the specific needs of rural communities?

No. There is not sufficient housing stock to meet the specific needs of rural communities. We need more good quality, secure homes that are affordable to people on local incomes.

If not, how can this be improved?

The position can be improved by the provision of more capital investment provided as part of long-term plan to help maintain and sustain rural communities.

What barriers exist in providing housing to meet the specific health and care needs of individuals?

The barriers include the lack of long-term investment tailored to meet the need of rural areas.

Another barrier is that policies are often introduced which seem to have an implicit Assumptions that what works in an urban or suburban setting with easy access to things like transport and other services can also work in a rural setting.

Do we have the right make up of housing for rural communities? How might this be better addressed in the planning system?

No, but it can be helped by more revenue funding to help communities identify their needs and realise their aspirations.

Is there sufficient funding available to deliver housing in rural areas?

No.

**Anne Marie Morris** – thanked Peter for his evidence. She went on to reference that Right to Buy is a big issue which we will need to look at in terms of national policy. She asked Peter what could be done to empower Housing Associations to develop even more solutions to the challenge of rural affordable housing?

**Peter Moore** – replied that the problem is a lack of a long term plan for investment in rural housing. Short term funding arrangements put pressure on providers to deliver volumes and militate against longer term insightful approaches. A one size fits all national policy applies unevenly in settings with rural credentials.

**Anne Marie Morris** – thanked Peter for his evidence and invited Jo Lavis to provide her evidence.

**Jo Lavis**  - introduced herself as a housing professional with a planning background.

She began by indicating she had been asked to focus on housing, but from her perspective health, social care and housing go hand in glove. Housing is a key part of the prevention agenda that lies at the heart of the Care Act. In rural areas affordable housing is core to a cohesive community where family and friends can support more vulnerable members and assist them live independent lives.

She reflected that the previous speakers had given some of the statistics that demonstrate there is not sufficient housing stock to meet the specific needs of rural communities.

Helpful though these are many apply to council areas that contain urban centres. Jo cited Salisbury in Wiltshire. The inclusion of these urban areas can disguise what is happening in rural communities.

She explained that for example, we know that across all rural council areas someone working locally, earning a lower quartile wage, would need to spend 9 times their income to buy a lower quartile priced home.

We also know that affordability ratios are much higher in villages than towns. Data produced by Hampshire County Council a couple of years ago found that in villages the affordability ratio was 10:1 in villages and 6.9 in urban cities and towns. If you cannot afford to buy your chances of finding a home in a village are limited. 8% of housing stock in villages of less than 3000 people is social housing – compared with 19% in urban areas

She indicated it is also worth noting that turnover of social housing in rural areas tends to be low. With no alternative social housing in the community people stay put. As a result some residents find themselves stuck in housing that is no longer suitable, a particular problem for those experiencing disability or ill health. Last year just 5,558 new affordable homes were built in villages of less than 3000 population. 80% of completions were private sector dwellings and in 2018 58% of new-build housing transactions in rural areas were for detached properties.

Against these figures it is not surprising that there is unmet housing need. Thanks to the housing needs surveys undertaken by Rural Housing Enablers (RHEs), we can gain a better understanding its size and nature at community level.

The most recent evidence was collected between January and March this year by RHEs. They covered 10 counties and undertook local housing needs surveys in 26 villages. They identified

383 households looking for affordable housing

71% of these were looking for a home to rent

60% earned less than 30k per annum and half of these less than 20k

35% were aged 16 – 30

21% were older than 60

42% were looking for a house

56% were looking for a bungalow/level access or adapted housing

Jo went on to identify that one of the questions raised was about the impact of older in-comers in rural communities. She identified in her experience that these people are often the stalwarts of good neighbour and social car schemes. The role of affordable housing in underpinning rural communities is very important. Research commissioned last year by the Yorkshire Dales National Park highlights the critical need for affordable housing to support the social and economic well being of the Park. It concluded:

“The current socioeconomic trajectory of the YDNP indicates that its ability to maintain vibrant communities is likely to be reduced in the future. The status quo is becoming unsustainable…….Population and employment are intrinsically linked and it could be argued that both need to be encouraged in the YDNP in order to achieve communities that are sustainable. “

She went on to answer the APPG questions directly.

* Is there sufficient housing stock to meet the specific needs of rural communities – No
* Does housing have an impact on health and social care outcomes – Yes
* Can we do something about it - Yes

She elaborated that in response to the Yorkshire Dales research she quoted a planner from the National Park, looking with envy at Cornwall, facetiously suggested that what the YDNP needed was a Poldark.

Jo referenced in practical terms policy needs to make sure that the 5 pieces of the Jigsaw Ursula Benion described in her evidence are in place. They are inter-related and all have to be in position. Jo concentrated on planning issues in this context. She identified:

Firstly, MHCLG specifically asks the Planning Inspectorate to assess at Local Plan Examination whether the Local Plans meet national guidance that states:

“In rural areas, planning policies and decisions should be responsive to local circumstances and support housing developments that reflect local needs. And Planning policies should identify opportunities for villages to grow and thrive, especially where this will support local services. Where there are groups of smaller settlements, development in one village may support services in a village nearby. “

With better connectivity, settlement hierarchies defined by presence of services are out dated. It would be far better to have a community with a mix of ages and backgrounds, able to offer support to the more vulnerable members of society.

Secondly it would be good to re-instate the ability of Local Planning Authorities to set their own site size thresholds to trigger on site affordable housing contributions in **all** their rural communities.

Research by the Rural Service Network last autumn found that amongst the 60 local authorities that responded, 66% reported that since the government changed the thresholds in 2014 the delivery of rural affordable housing had been reduced.

In September last year the Government has made a welcome change to the NPPG, but it still does not go far enough as it means that in almost 70% of rural communities it is not possible to gain affordable housing on-site from developments of less than 10 dwellings.

Thirdly, if the Government adopts First Homes, which provide discounted market homes in perpetuity, they should:

* Ensure the scheme does not undermine the provision of social rented homes
* Allow Local Planning Authorities to set the level of discount, based on locally earned median incomes.

They should also be given discretion to allow some First Homes to be sold to older people on modest incomes so they can downsize. Not only will this provide them with more suitable housing, but also free up income to pay for care costs. This is already an option in Cornwall and South Downs National Park

Fourthly there are a raft of changes to the national planning guidance that would ensure Local Plans treat meeting rural housing needs as a strategic policy area, in the same way they do for urban centres. This could include:

A requirement there is a rural analysis of the evidence they are required to collect on the need for different types and tenure of housing, including that for older people.

Most recent Local Plans will now have policies in place to promote delivery of housing suitable for older people, usually requiring a certain % of properties to have wheelchair access of be adapted for people with disabilities. The Yorkshire Dales National Park goes a step further requiring explicit evidence from Adult Social Care services that the care element of any specialist accommodation is sustainable.

Once there is a rural cut of the housing needs evidence Local Plans should be required to set a target for delivery of rural affordable housing, which is monitored annually.

Clearer guidance on rural exception sites should re-enforce the point that land values should reflect these are not market sites.

With these discounted values it is possible to provide affordable housing and it would be possible for a small amount of market housing to be in the form bungalows, with a requirement that they should be occupied by people from the village.

Finally, the most successful rural affordable housing schemes are based on robust evidence, positive community engagement and all parties working together. Often holding the ring is a Rural Housing Enabler. Their role is pivotal, but their funding precarious. They need stable funding, perhaps through the grant rate, which recognises the valuable and professional service they offer.

Jo concluded with an example of good practice based in Bell View in the remote village of Belford in Northumberland. It is a ground-breaking community based project that shows that even in the most remote rural areas it is possible to provide integrated high quality care and support for older people.

When the County Council closed a poor quality sheltered housing scheme in the village it would have left no provision in a 15 mile radius. The community came together, formed a charity and worked with the council and a housing association. Today Bell View offers:

* Five adapted bungalows built and managed by a housing association – on a long sublease to Bell View Charity
* A resource Hub that opened in 2005 provides social, physical activities, rehabilitation support and low level support to people in their own homes.
* A Day Care Centre
* Out reach support to remote communities in a 200 square mile area

In 2014 it launched a Home Care Service that is registered with the CQC. Small teams of local carers work in their own communities and the service is fully integrated with the other Bell View services, providing flexible packages of care.

This is a model that could be replicated where there is creative and joined up thinking by communitie, Housing Associations, Local Authorities and Health Authorities.

Bell View does not just cross the housing and social care divide it makes them one and the same in a way that is responsive to rural circumstances. This provides an example of something that is needed in rural communities across England.

**Anne Marie Morris –** identified a question arising from the evidence – what are the barriers to change? She agreed giving local authorities more power is key, she asked how can this be made to work in a way that overcomes the perverse incentive for local authorities to support the status quo?

**Jo Lavis** - identified her experience of how some local authorities are under pressure to support larger schemes – she referenced an example in North Yorkshire of a local authority without an exception clause in its local plan. She identified in some settings that lack of leadership is the key issue.

**Ursula** **Benion**– identified that the Penkbridge example she provided achieved what it did through leadership and local authority intervention.

**Jo Lavis -** identified it would be good for local authorities to make more use of provisions in disposing of sites to powers to be imaginative in the context of the growing agreement of social value approaches.

**Anne Marie Morris** – thanked Jo Lavis for her evidence. She asked Tom Chance Joint Chief Executive of the National Community Land Trust Network to provide his evidence.

**Tom Chance -** began by setting out his background. He heads up the national network of Community Land Trusts, around a hundred of which are working to build new affordable homes in rural communities. They are part of a wider community led housing sector, with cohousing communities, co-operatives and other communities also building homes in rural areas.

Tom’s view was that his constituents would agree with much of what had been heard so far – that they do not have enough housing stock, and the right make up of housing stock, to meet the needs of their local community.

He went on to identify that Jo Lavis’s comment about strategic partners not working in rural areas speaks to a wider issue – the limited capacity among housing providers that *are* activein many rural areas. Communities have a lot of capacity to identify the fine-grained problems associated with housing and health. They might then work closely with a housing association to get new homes built. Alternatively, a growing number of communities take a more leading role, and want more control – they want to bring forward projects to address the local issues and to then build on their asset base to do more to sustain their community. Often they’ll choose to deliver homes in partnership with housing associations, sometimes they go it alone.

Hundreds of affordable homes have now been built in rural areas by CLTs, and a large share of the 23,000 community led homes in the potential pipeline across England are in rural areas.

Tom went on to offer some examples of good practice in terms of community led housing.

In Shepherdswell, Kent, after a typical rural exception site scheme ran aground for want of land, the community started a CLT to reinvigorate the search. In many parts of the country we see CLTs rise to the challenge: to find a site, get the community on board, design the scheme, build political support and in a lot of cases to then find a housing association partner to deliver it.

One organisation supporting CLTs in the South West said it’s not an exaggeration to say that, for many of the rural communities they support, the influence of CLTs is existential; without it, the homes needed to support the social networks which provide informal, preventative health and social care simply wouldn't exist.

A CLT in Pulborough, Sussex, was started in a large village with high levels of older people, many of whom have care and support needs. These needs are currently met by low paid care workers who commute in from the coastal strip where accommodation is available and cheaper. The CLT wants to tackle this unsustainable pattern by providing a range of housing to help those care workers, and other broadly-defined key workers, live in or near their village.

In Herstmonceux, Sussex, a CLT has achieved planning permission for a scheme which aims to address both the chronic shortage of affordable housing and the lack of smaller homes for older people to downsize to. It is a mixed development of market, shared equity and rent to meet this range of needs.

Quite often CLTs want to develop bespoke allocations policies and mixes of tenures, going beyond a typical local lettings policy. Many want to redefine key workers to not only cover nurses, teachers and the police but also anyone involved in food supply (from farms through to shops), care workers, bus drivers, pub staff, and often local families who are very much part of community life. They want to avoid the usual polarisation where homes are either 5 bed executive houses or social housing – while recognising that there is almost always a need for more social rented housing.

CLTs can also take a much broader remit. In Hook Norton, Oxfordshire, a CLT is developing a community house alongside affordable homes, which will include guest bedrooms to help people wanting to right size and work spaces, available to all villagers not just those moving into the new affordable homes. They’re also looking to provide a local energy company for affordable sustainable energy.

A CLT in Swaffham Prior, Cambridgeshire, has already built affordable homes with Hastoe housing association. It is now midway through the planning process to build a community heating network, connecting those and other existing homes to an energy centre in a repurposed barn. They will be able to provide affordable, zero carbon energy drawing from air source and ground source heat collectors, which will be powered by solar panels. Aside from wanting to decarbonise their village, the CLT also wants to tackle the real problems of fuel poverty, which will have big health benefits.

Thinking of links with health, quite a few CLTs were first off the mark to respond to the coronavirus. For example a CLT in Norton-sub-Hamdon in Somerset also owns and runs the village shop, and put in place a team of volunteers to keep the shop open and to deliver care packages to self-isolating households in theirs and neighbouring villages.

Tom identified these were just some examples of the creativity and capacity that rural communities can bring forward through community land trusts. He identified co-housing communities bring another dimension to the debate, in providing a further degree of mutual support and community life which can be especially important for people with greater health and care needs – often reducing the need for more formal care arrangements, and keeping people in their homes and local communities for longer.

Power to Change published a literature review of community led housing and health last year. They found strong evidence that community led approaches can contribute towards outcomes such as healthy ageing, social inclusion, improved physical health, and meeting the needs of people with additional support needs.

The Wales Co-operative Centre also recently conducted some research which found that people living in community led housing feel less isolated, have better skills and confidence, and feel more in control of their lives.

Community led housing is not a replacement for, or in opposition to, the work that the other witnesses have spoken about. Tom explained his view that we need more of every kind of provision, every kind of approach. And of course community led housing groups often work in partnership with housing associations, and increasingly with council housing companies. It’s up to each community to decide what approach works for them.

The most significant policy to support this kind of work in recent years has been the Community Housing Fund. It provides revenue and capital funding for community led housing projects, and is more flexible on tenure, allocations and the like than the conventional affordable housing programme. This is absolutely ideal for rural communities and their specific local needs. Since it was launched in 2018 it has increased the potential pipeline across England from 5,000 to 23,000 homes.

But Homes England had to close the fund to bids in December, with over 10,000 homes now stuck in its system. The fund remains open in London until 2023, but lots of rural communities have now been left high and dry, some with projects that have planning permission but lack the funding to continue.

The Community Housing Fund has also invested in the sector’s infrastructure, providing training and resourcing for regional organisations which support local communities. Many of these are connected to the ACRE network and rural housing enablers, and are able to support communities to bring forward projects that address the full range of local needs – housing, health, economic, environmental, and so on. CLTs have been deliberately developing this infrastructure to be self-sustaining on the social enterprise model, but the funding for this ended in March after just 18 months, which isn’t long enough.

Despite calls for the Fund to be re-opened by hundreds of community groups and over 70 MPs and Peers it remains closed across rural England.

Planning isn’t a significant barrier for rural CLTs, except insofar as it contributes to hope value, and Rural Exception Sites are therefore a very important tool. Tom indicated he would echo what others had said about protecting this policy and ensuring affordability can be protected in perpetuity.

It does help when Local Plans mention community led housing and provide a policy context to positively support these schemes. It would also help if the National Planning Policy Framework mentioned Community Led Housing, giving more confidence to Local Planning Authorities to then do so.

One other issue riased by some rural specialists is the hierarchy of settlements. Too often this still rules out or frustrates development in small rural communities. Tom believes that no rural community should be ruled out, and often new housing can be critical to sustain villages and the school, shop, post office etc. Indeed most CLTs are started with this wider vision – to build homes and steward land so that they can ensure the sustainability of their village, and so their community can thrive.

Tom concluded by say he thought there should be a greater appreciation of the contribution that community led housing can make in rural areas, and the Government should urgently re-open the Community Housing Fund to ensure this good work continues.

**Anne Marie Morris** – thanked Tom for his evidence. She indicated that she would welcome a note on this policy issue, which she will take up with Robert Jenrick MP. She went on to ask is there a problem with leadership in the areas where help is most needed?

**Tom Chance** – indicated he feels there is an issue with those areas where more help might be needed around deprivation – but there are good examples of communities in areas of deprivation achieving schemes.

**Paul Rhodes** – indicated that a concentration on established housing is an interesting theme we haven’t dwelt on as part of this discussion.

**Anne Marie Morris** - agreed this was worthy of further attention.

**Jo Lavis** - reflected that new build is important because of a shortage of housing but there is a valid agenda around established homes as well.

**Peter Moore** – indicated that in Cornwall people will pay over the odds for poor quality accommodation – this is a key issue – social housing providers are often priced out of the market when looking at purchasing existing properties.

**Graham** **Biggs**– offered his view that the pandemic has shown the need to re-label key workers. Graham indicated more widely that this evidence session showed we need a rural housing policy to wrap up these issues in a holistic way.

**Anne Marie Morris** – thanked everyone for their contributions and invited Ivan Annibal to offer some concluding comments.

**Ivan Annibal** – thanked the speakers for a stimulating session. He reflected that the importance of local planning and leadership had arisen strongly. He indicated that this chimed with some of the comments from the Healthier Fleetwood presenter in the recent session on coastal issues. Ivan went on to reflect that whilst there had been some useful references to the relationship between housing and health it would have been interesting to have more evidence on the specific relationship between the two theme. Systems failure was also a key issue particularly in terms of regulation. Some key terms are still very “loaded” in terms of meaning and would benefit from rephrasing or more widely understood approaches such as “Affordable Housing”. Overall Ivan reflected that the session had made a very useful contribution to the work of the Inquiry.