



Home is where our health is



Strengthening health through housing in Gloucestershire



Gloucestershire
COUNTY COUNCIL

Report of the Director of Public Health 2025/26

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Foreword



Siobhan Farmer
Director of Public Health

As Director of Public Health, part of my role is to provide an honest assessment of the issues that affect people's wellbeing. Housing remains one of the most powerful, and most stubborn, factors shaping our health. This year's report, 'Home is where our health is' captures just how deeply our living conditions influence our lives. It is why, back in 2020, housing was chosen as a key theme in the county's Joint Health and Wellbeing Strategy. It is also why I am delighted to introduce this, my fourth annual report, albeit this year it feels slightly different, because our county sits on the cusp of significant change. As we contemplate Local Government Reorganisation, and how it may bring our teams even closer together to improve the living, working and social conditions of the people we serve, it feels right to choose a topic where we already work closely across all seven local authorities. This report also sets the stage for the Housing Commission we will launch later this year.

In recent months we have talked a lot about the [NHS 10-Year Plan](#) and our [Council Strategy 2025–29](#), often as separate documents, but they share the same ambition: strong, healthy communities where people live well for longer, inequalities are reduced, and services work together in the places people call home. Housing sits at the centre of that. Without a safe, warm, stable home, everything else we want to achieve becomes much more difficult.

The link between housing and health isn't new. Public health has always been about the conditions in which people live, and while we've made progress, the most heart-breaking reminders of why this matters are recent. The deaths of Awaab Ishak and the 72 people who lost their lives at Grenfell were national tragedies and we will never forget them. They show, starkly, that when housing fails, it isn't simply a health issue – it becomes a life issue. No person should ever be put at risk because of the home they live in.

And even without these extremes, we continue to see everyday harms: families living in cold, damp homes; people struggling through summer heat in properties that can't cope; hidden homelessness and overcrowding; and a chronic shortage of accessible homes. Nationally, around 400,000 wheelchair users live in homes that are neither accessible nor adapted. We also know poor housing costs the NHS about £1.4 billion each year. Each of these figures represents someone living with the impact of a home that isn't supporting their health.

Our county is changing too. We have more single-person households, a growing older population, and rising expectations of what "home" should enable us to do. Over the next 20 years, Gloucestershire's growth plans will deliver around 90,000 new homes – which means 90,000 opportunities to get things right.

How we design places, how we plan for climate change, how we support retrofitting and strengthen the quality of existing homes – these decisions will shape health for decades to come.

This report also reflects how the Director of Public Health role has evolved. Today it is more place-based, integrated and outward-facing than ever, and housing is one of the clearest examples of where Health in All Policies makes sense in practice. District councils, housing providers, the NHS and our voluntary and community partners work incredibly hard to improve housing conditions, and their commitment is evident across this report. As we look ahead to potential Local Government Reorganisation, it feels important to acknowledge that work and think collectively about what comes next.

Homes shape our lives in obvious ways – warmth, safety, stability – but also in quieter ways: the confidence to invite someone in, the independence to live the life we choose, and the ability to stay connected and supported as we age. This report is a starting point: a chance to bring together what we know, to recognise the challenges, and to set out a shared ambition for the future.

The Housing Commission will allow us to build on this evidence, bringing together partners, communities and lived experience under one roof. I hope this report helps to start that conversation and encourages us all to see the role housing plays in creating a healthier Gloucestershire for everyone.



And I leave you with a question:

“What is your hope for housing in Gloucestershire?”

Mine is simple: that everyone in Gloucestershire can have a safe, warm home and a place to live that lets them be active, connected and supported by the communities and natural spaces around them.



A big thanks to our contributors...

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Background and introduction



Home truths

It starts with housing – the front door into health

In Gloucestershire, as in many parts of the country, housing is one of the most powerful and complex drivers of health and wellbeing. It is a commodity and investment, intersecting a basic human need. A good home provides warmth, safety, stability and a sense of belonging. It should grow with us, be accessible, adaptable and support our physical and mental health. It can be a hive of activity allowing us to participate fully in our communities but also a safe, private space that fosters independence.

When housing is poor, insecure, or unaffordable, it can become a source of harm. It can contribute to illness, injury, stress, and social isolation.

The effects of poor housing are not felt equally. People on lower incomes, those with disabilities, and marginalised groups are more likely to live in substandard or insecure housing. These inequalities are both a cause and a consequence of poor health. To address this, we must ensure that housing and health interventions are available to all, but with greater intensity and support directed to those who need it most.

Hazards within the home—such as uneven flooring, poor lighting, or lack of adaptations (e.g. bathroom safety and stair safety)—can lead to unintentional accidents and injuries. Falls in the home are a leading cause of hospital admissions and can result in long-term loss of independence.

When looking at home-related hospital admissions for unintentional accidents, after cold homes, the second biggest cost to the NHS is falls on the stairs. Hazards that cause people to fall in England's poor homes are costing the *NHS £401mn per year*. The pathways for people returning home from hospitals are designed to support recovery and to reduce the burden on health services but can only be effectively implemented where accessible, adaptable, supported housing is available.

The assumption that these in-home accidents and injuries are solely associated with our ageing population is unhelpful and perpetuates the idea that only older people are “at risk”. Not only can this stigmatise ageing, but it also ignores the real dangers for other age groups. In 2020, 67,135 children (ages 0–16) were admitted to hospital because of home accidents. We recognise that Gloucestershire's population is ageing, and this trend is expected to accelerate significantly over the coming decades, but accessible and adapted housing should be age-blind and offer solutions that meet diverse needs for our residents.

// If we build the wrong types of homes, of poor quality in the wrong locations, then that's going to have a very significant impact on health equity.

Institute of health equity



Homes that are too hot or too cold can also increase the risk of cardiovascular problems, especially during extreme weather. Rising energy costs mean that many households face difficult choices between heating their homes and meeting other essential needs. As our climate changes, the focus sharpens on the risk and vulnerability of housing - inadequate insulation, overheating risk, inefficient heating systems, lack of passive cooling features (internal and external shading, cross-ventilation).

Poor housing conditions are a significant public health issue. Cold, damp, and poorly ventilated homes can lead to, or worsen respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD). Mould and poor indoor air quality are particularly harmful to children, older adults, and people with existing health conditions.

Having the means to properly heat your home and being able to afford to do so, are two separate things. Fuel poverty is the issue of low-income households who are unable to keep warm at a reasonable cost. There is no single profile that defines a fuel-poor household. *The Fuel Poverty Strategy for England - GOV.UK* sets out the government's approach to tackling fuel poverty in England and is clear that fuel poverty affects people across all regions, housing tenures, household types, property conditions, rural and urban areas and whether or not a home is connected to the gas grid. Given that the fuel-poor population in England is so varied, support must be equally diverse — offering targeted, tailored interventions that reflect households' different needs and circumstances.

The location of a home also matters. Living near busy roads or industrial areas can expose residents to poor air quality, while lack of access to green space, public transport, or local services can limit opportunities for physical activity, social connection, and access to care. Neighbourhood safety, noise, and overcrowding can all contribute to chronic stress and poor mental health.

7.3%
of Gloucestershire's residents
live in areas amongst the **20%**
most deprived nationally in
terms of Living Environment.

Living Environment measures the quality of both the 'indoor' and 'outdoor' local environment.



Homes, community, and connection

A healthy home is not just about the building—it's also about the community around it. Homes that are well-connected to local services, green infrastructure, and public transport support active, independent living. Neighbourhoods that feel safe and inclusive foster social connection, which is vital for mental wellbeing. It is 3 years on since the 2022/23 DPH Report 'No Person is an Island; Social Connections in Gloucestershire', looked at the importance of social networks for resilience and mental health in our communities. The importance of good access and connectivity to and from our homes, remains fundamental in building connections across our communities across the county.

When people feel part of a community, they are more likely to engage in healthy behaviours, support one another, and contribute to local life. Conversely, when housing is isolated, poorly maintained, or stigmatised, it can erode trust, increase fear, and reduce opportunities for connection.

Gloucestershire's development of *Neighbourhood Health* is grounded in a public health understanding that healthy communities depend as much on the conditions in which people live as on the services they access, and it directly aligns with the *NHS 10-year Fit for the Future plan*, which calls for a major shift towards neighbourhood-based, integrated care delivered closer to people's homes.

By initially adopting our well-established Primary Care Network (PCN) footprints as the interim basis for neighbourhoods, we can organise care around natural communities where population health needs, inequality patterns and housing conditions are most visible. This approach enables neighbourhood health teams to work in partnership with housing, social care, community safety and voluntary-sector organisations to address the wider determinants of health—particularly the crucial impact of warm, safe and secure homes on physical and mental wellbeing.



Anchoring neighbourhood health within these PCN geographies allows us to take a prevention-focused, place-based approach during the early years of the plan, while remaining flexible to refine boundaries as Local Government Reorganisation, community identity and public engagement evolve. In doing so, Gloucestershire not only advances the national NHS plan but creates a mechanism where improved housing, strong community assets and coordinated care work together to support healthier, more resilient populations.

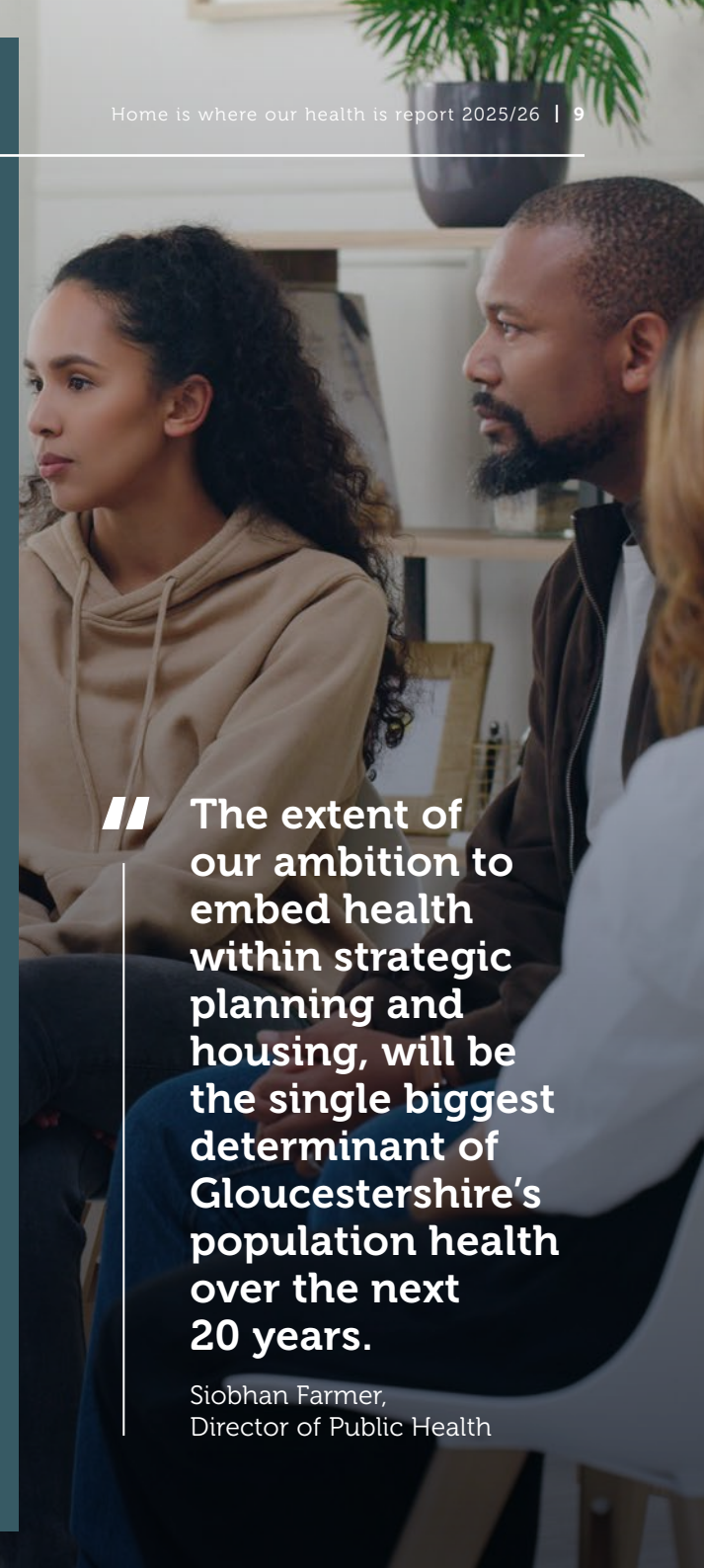
A shared responsibility to create health

Improving housing for health is not the responsibility of one organisation or sector. It requires coordinated action across local government, health and care services, housing providers, planners, and with our communities. It starts with embedding health into housing strategy, policy, planning decisions, and regeneration projects. It also means listening to residents and co-producing solutions that reflect their lived experience.

Our future focus should be on 'creating health', providing the conditions in which people can be healthy and helping them to be so – a concept advocated by Lord Nigel Crisp, Former Chief executive of the NHS (*2020 Health is made at Home*). This move – beyond the prevention of ill health – shifts the focus to creating conditions for people to live healthy lives and emphasises that social determinants, such as housing, can actively enable wellbeing.

Partnership working through evidence-led planning and design will shape a better built environment that enables these health-creating conditions. In Gloucestershire, we have a strong foundation of partnership working and a shared commitment to reducing health inequalities. This report builds on that foundation, offering evidence, insight, and recommendations to guide our collective efforts.

Despite this good work, and in the knowledge that housing is one of the most powerful levers for improving population health, it remains underused in planning and health policy – primarily because of external market forces and strategic policy decisions that don't always act as drivers for health equity. This report explores the many ways in which housing affects health in Gloucestershire. It highlights the challenges faced by individuals and communities, and the opportunities to create healthier homes and neighbourhoods for all.



// The extent of our ambition to embed health within strategic planning and housing, will be the single biggest determinant of Gloucestershire's population health over the next 20 years.

Siobhan Farmer,
Director of Public Health

Gloucestershire Housing Partnership (GHP)

The Gloucestershire Housing Partnership (GHP) brings together Districts, County Council, the Office of the Police and Crime Commissioner (OPCC), Registered Housing Providers, Voluntary, Community, and Social Enterprise organisations (VCSE) and health partners to provide strategic leadership for housing and homelessness within the county and is a great example of how partnerships can positively influence this agenda.

It seeks to lead, drive and influence the Gloucestershire strategies and strategic plans which relate to housing, housing related support needs, health and wellbeing outcomes and economic growth. It also strives for consistency in operational delivery across partners in relation to homelessness and rough sleeping, domestic abuse safe accommodation, and resettlement and has oversight of the Disabled Facilities Grant and the Better Care Fund Joint Housing Action Plan.

Partners have successfully worked together to achieve innovative solutions to enduring problems (development of the Complex Homeless Partnership Support Service for rough sleepers experiencing severe and multiple disadvantage (CHPSS)) and challenging, fast-moving situations (such as the development of the Homes for Ukraine Scheme and Refugee Support initiatives).

GHP also leads on the Housing priority in the Joint Health and Wellbeing Strategy (JHWS) and liaises closely with the Gloucestershire Health and Wellbeing Board to benefit from the combined influence of Board members and to report outcomes.



Gloucestershire
Housing Partnership

Changing household patterns



Percentage of Heads of Household by Age 2043

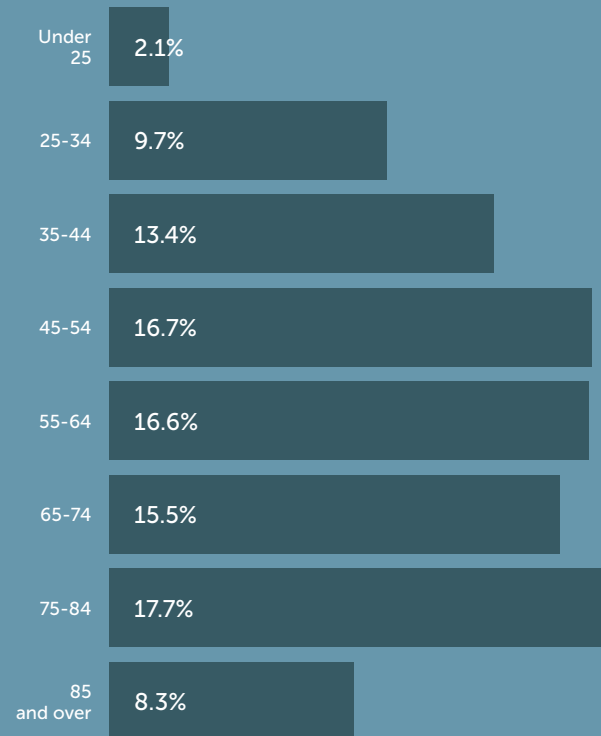


Figure 1 – Percentage of Households by Age 2043

Household Trends and Future Housing Needs in Gloucestershire

The 2021 Census shows that Gloucestershire is seeing a shift toward smaller and older household types. One-person households are now the most common (30%) and 14% of all households occupied by someone aged 66 and over, slightly above the national average. This varies across the county, with particularly high levels of people living alone in Cheltenham and a higher share of older people living alone in the Cotswolds.

These patterns reflect longer-term projections showing that Gloucestershire may gain more than 60,000 additional households by 2043, along with a marked increase in older householders, with those aged 75–84 expected to form the largest group (17.7%).

Average Household Size 2018 to 2043

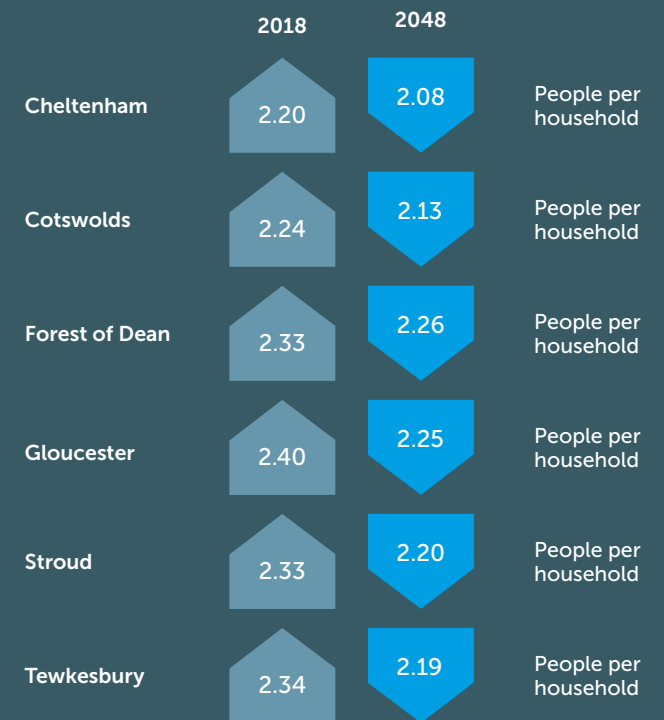


Figure 2 – Average Household Size 2018 to 2043

At the same time, average household size is projected to continue falling, from 2.31 to 2.19 people per household.

Together, the 2021 Census findings and future projections highlight a clear direction of change: Gloucestershire will increasingly need smaller, accessible, and adaptable homes across a wider range of tenures to meet the needs of a growing number of older residents and people living alone.

The new age curve

How changing population needs are shaping housing and health priorities in Gloucestershire

Between 2011 and 2021, Gloucestershire’s population grew by 8.1%, a rate higher than regional (7.8%) and national averages (6.3%). Growth is expected to continue, with a further 17.5% increase expected by 2047.

Population growth varies across the county. Tewkesbury has grown the fastest, rising by 15.8% over the last decade and becoming one of the quickest-growing areas outside London. It is projected to see the largest increase over the next 25 years, with its population expected to rise by 29.6%. This continued growth will help to meet wider housing needs across Gloucester and Cheltenham through the Strategic Local Plan.

Stroud will also be among the fastest-growing districts, with its population expected to overtake Gloucester’s by 2040, making it the largest in the county. In contrast, Cheltenham and Gloucester are expected to see more modest growth of around 10%, making them the only districts in the county projected to grow more slowly than the national average between 2022 and 2047 (Fig 3).

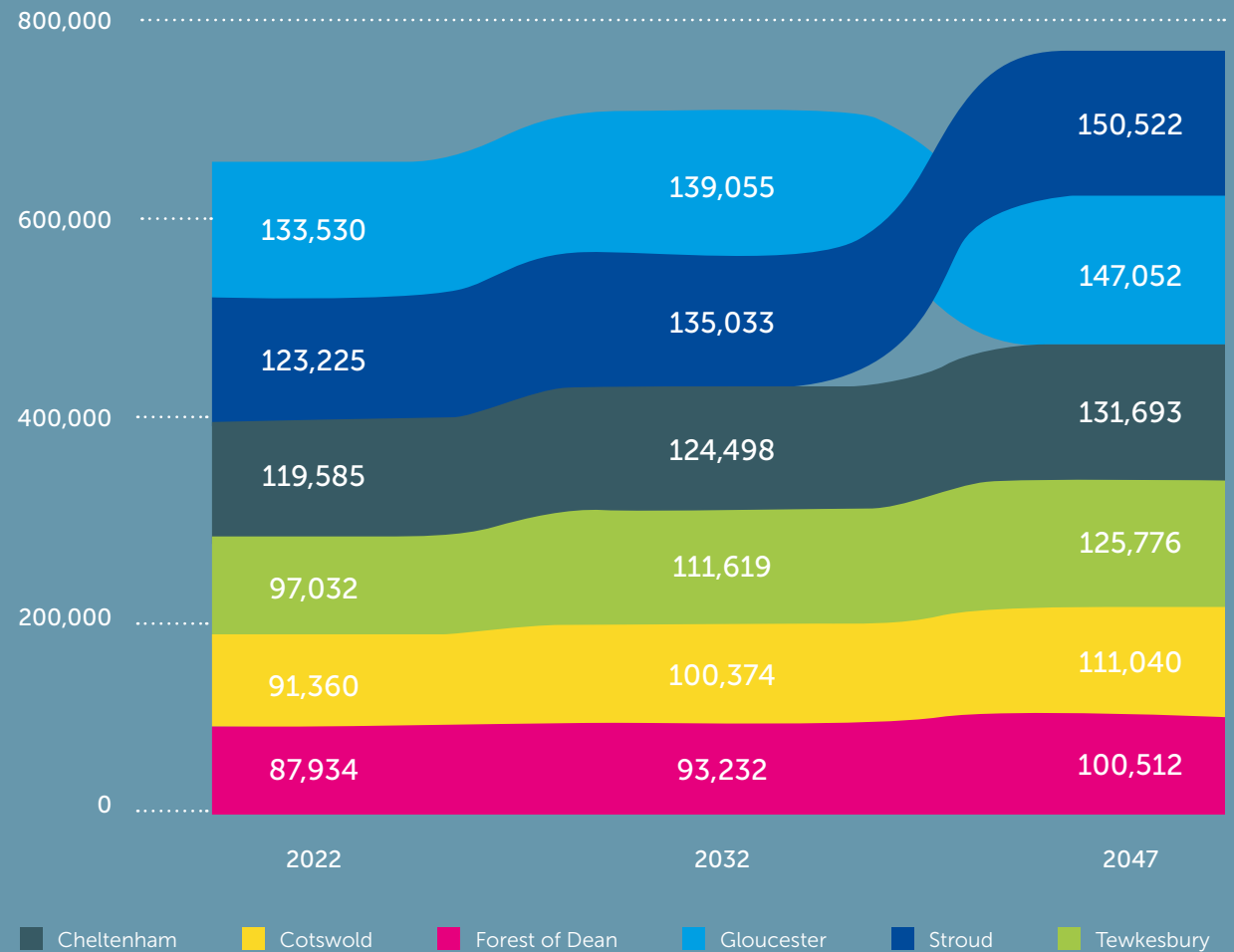


Figure 3 – Projected total population of Gloucestershire districts, 2022-2047 (Inform Gloucestershire)

Gloucestershire population profile

Gloucestershire’s population is getting older, with more than one in five residents aged 65 or over. The number of people in this age group grew by around 20% in the past decade, rising faster than in both the South West (17%) and England (15%). This trend is set to accelerate, with the population aged 65+ expected to increase by 43.4% between 2022 and 2047.

The biggest change will be in the oldest age groups. People aged 85 and over are projected to make up 5.4% of the county’s population by 2047, up from 3.0% in 2022. This means more people will be living longer — and will need homes that make independent living safer and easier. As the population ages, it becomes even more important that homes are accessible and adaptable, so they can support people as their needs change over time.(Fig 4).

While many people remain healthy and active in later life, chances of frailty and long-term conditions rise with age—especially in deprived areas. Poor housing conditions, such as damp, mould, or inadequate insulation, can make these problems worse and even shorten lives.

Research shows that deprivation in rural areas such as Gloucestershire can often be hidden, with a Rural England report *‘Change and Challenge in English Rural Small Towns’* finding that some small rural towns include neighbourhoods among the most deprived in the country, despite the common belief that rural areas are generally affluent. A report by the *Centre for Ageing Better* adds that high levels of home ownership in rural and coastal areas can mask the reality that many older residents are “asset rich but cash poor.” Although they own their homes, many still struggle with day-to-day costs—especially high heating bills and the challenges of maintaining homes that can be difficult to keep warm or adapt as their needs change.

■ Males 2022 ■ Males 2032 ■ Males 2047
 ■ Females 2022 ■ Females 2032 ■ Females 2047

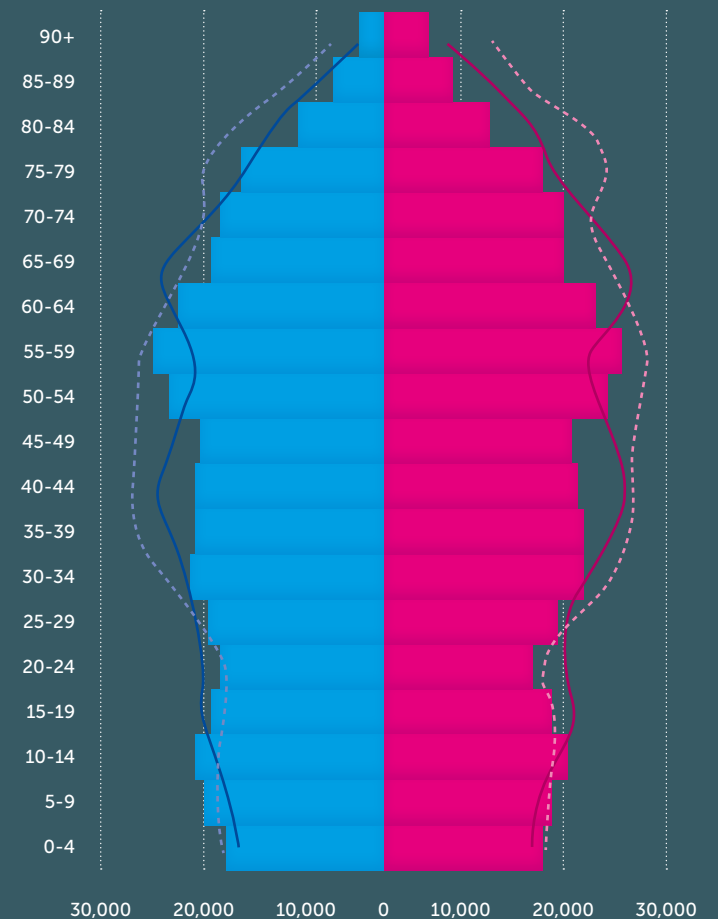


Figure 4 – Gloucestershire Population Profile (Inform Gloucestershire)

<https://www.gloucestershire.gov.uk/media/pvcllyjf/gloucestershire-2047.pdf>

Local Authority housing responsibilities

Gloucestershire is a two-tier Authority with a County Council, and six District Councils.

The County Council has a strategic planning and funding role for infrastructure to support new housing as well as a co-ordination and supporting role for new settlements, regeneration projects, wider wellbeing work and supported and specialist housing for vulnerable groups.

The District Councils are classed as local housing authorities and either have their own social housing stock or have transferred their stock to a housing association. All local housing authorities are responsible for preventing homelessness (see page xx) and providing temporary accommodation and have dedicated officers offering housing options advice and support as well as revenue and benefits teams providing support and guidance in relation to benefits and housing services as part of their duties.

Local housing authorities also carry out activities to improve standards in the private sector through their enforcement powers. This includes licensing houses in multiple occupation, investigating complaints about unsafe or unhealthy housing conditions, and requiring landlords to carry out improvements. New responsibilities under the Renters' Rights Act strengthen this role further by giving local housing authorities clearer duties and stronger powers to protect tenants, support them to remain in their homes, and ensure landlord compliance.

Social housing is provided based on need, which is identified and assessed by local authorities through a points system. To access social housing – whether a council has its own housing stock or not – people apply to the local authority and will be asked to provide some detail on their circumstances. Those who are found to be in need of social housing are accepted on the housing register.

Factors, such as length of time waiting, overcrowding or a person having a medical condition that makes their current home inappropriate for them, generally result in higher points totals, meaning they're likely to be housed sooner. Individual local authorities can set their own housing register criteria and allocation policies as long as these are fair, transparent and operate within national legislation and related regulations. In Gloucestershire, anyone applying for social housing, regardless of the district in which they are applying, will make the application via Homeseeker Plus.





Homeseeker Plus

Gloucestershire councils run what's called a choice based lettings (CBL) scheme, which lets people on the housing register browse and bid on available properties that may be of interest to them.

The Gloucestershire CBL Homeseeker Plus is run by the six district councils as well as West Oxfordshire council in partnership with social housing landlords and any other housing providers that are required to deliver affordable homes through section 106 affordable housing obligations within Gloucestershire and West Oxfordshire.

Demand for affordable social housing within the Homeseeker Plus area is very high and cannot be met from the available social housing resources. Only those in highest housing need with a local connection to the area are likely to obtain housing through the Homeseeker Plus scheme. Each district's Housing Advice Service offers advice on a range of housing options including the private rented sector.

Find more information on local authority housing responsibilities on [page xx](#)

		General needs (GM) rented	Supported / older persons housing	Low-cost home ownership	Total	% GN At social rents
Cheltenham	No.	5,952	1,135	517	7,604	91%
	%	78.3%	14.9%	6.8%	100.00%	
Cotswolds	No.	5,712	555	820	7,087	82%
	%	80.6%	7.8%	11.6%	100.00%	
Forest of Dean	No.	4,567	855	382	5,804	80%
	%	78.7%	14.7%	6.6%	100.00%	
Gloucester	No.	7,273	1,452	827	9,552	87%
	%	76.1%	15.2%	8.7%	100.00%	
Stroud	No.	6,185	1,014	1,003	8,202	84%
	%	75.4%	12.4%	12.2%	100.00%	
Tewkesbury	No.	5,506	665	1,422	7,593	72%
	%	72.5%	8.8%	18.7%	100.00%	
Total	No.	35,195	5,676	4,971	45,842	83%

Table 1: Local Authority Housing Stock

Raising the standard: Safer homes, healthier lives

At their worst, poor-quality homes and unsafe living conditions don't just undermine people's health, they devastate lives. Damp, cold, overcrowded or dangerous housing can trap families in cycles of illness, anxiety and disadvantage, eroding wellbeing day after day. But beyond this, there are moments when failure to provide safe, decent homes becomes catastrophic, exposing the lethal consequences of neglect, poor standards, and ignored warnings. When the systems designed to protect residents fall short, the human cost is profound. While these terrible incidents leave deep and lasting scars, they also become powerful catalysts for change — forcing society, regulators and government to confront hard truths and commit to stronger protections for residents.

The Government is consulting on a reformed Decent Homes Standard for both social and privately rented housing, with the aim of modernising criteria and closing gaps between tenures.

The updated standard seeks to strengthen requirements on damp and mould, thermal comfort, building and fire safety, and the broader habitability of homes, reflecting what is now known about the links between housing and physical and mental health.

This sits alongside building safety reforms following the Grenfell Tower tragedy. These reforms include the Building Safety Act regime, improved fire and structural safety oversight, and funding for cladding remediation, which all interact with the Decent Homes framework.

Extending similar expectations to the private rented sector would give local authorities a clearer baseline for enforcement and for prioritising inspections and interventions in the poorest quality stock, many of which are occupied by people with higher health risks.

// **The simple truth is that the deaths that occurred were all avoidable and that those who lived in the tower were badly failed over a number of years and in a number of different ways... by just about every institution responsible for ensuring their safety.**

Sir Martin Moore-Bick, Chairman of the Grenfell Tower Inquiry



We hope that Awaab's Law will help stop any other family going through the pain we have gone through. We would not wish this pain on anybody.

Awaab Ishak's Father, Faisal Abdullah



Awaab Ishak was a two-year-old boy who died in December 2020 from a respiratory condition caused by prolonged exposure to mould in his family's social housing flat in Rochdale, Greater Manchester.

His family had repeatedly raised concerns about the damp and mould to the housing association, but the issues were not adequately addressed. The coroner's report concluded that the mould was the direct cause of his death, highlighting serious failings in housing standards and the response to tenant complaints.

This case sparked national outrage and became a catalyst for change. It led to the introduction of "Awaab's Law" under the

Social Housing Regulation Act, which requires landlords to investigate and fix hazards like damp and mould within strict timeframes. The tragedy underscored the link between poor housing conditions and health inequalities, and it pushed housing quality to the forefront of public health and policy discussions.

These reforms sit alongside a broader shift towards proactive consumer regulation in social housing, moving focus to active oversight of tenant safety, service quality and complaints. This creates new levers to address health-harming conditions in homes through joint work with housing providers, regulators, public health and environmental health teams, and to embed health considerations into landlord strategies and investment decisions.



Key recommendations of the report



// We want to ensure health and wellbeing are promoted through improvements in the quality, affordability, availability, and suitability of housing.

Gloucestershire's Joint Health and Wellbeing Strategy

- 01.** We recommend that all Gloucestershire Local Plans include specific and measurable targets for accessible housing, using Approved Document M, and that this approach is carried forward into any new strategies arising from Local Government Reorganisation.
- 02.** It is proposed that a Health Inequalities Supplementary Planning Document be developed to guide and support developers.
- 03.** To ensure health needs are fully embedded, local partners should adopt a robust "Health in All Policies" approach across the development and implementation of the Spatial Development Strategy and other GCC-led plans and policies impacting the wider determinants of health, ensuring health considerations shape plan and place-making.
- 04.** The Gloucestershire Housing Partnership will continue to strengthen and promote the links between the health, wellbeing and housing sectors.
- 05.** We will work with housing partners to develop a countywide retrofit and adaptation roadmap aligned with net-zero and health targets, supported by ring-fenced funding and measurable outcomes.
- 06.** There is a clear opportunity to shift from simply preventing ill health to actively creating the conditions for good health, placing housing at the centre of this ambition. Repurposing planning, housing and place-making strategies will help turn them into core tools for improving population health.
- 07.** As Local Government Reorganisation reshapes housing services, we will work to maximise opportunities for strategic partnership across multidisciplinary teams—including public health, housing enforcement, occupational therapy, energy advisors and mental health professionals—so that support for residents is more coordinated, proactive and effective.



Barriers, brick by brick

Housing and inequality

Barriers to housing and services measures the physical and financial accessibility of housing and local services



18.5%

of Gloucestershire's residents lived in areas amongst the **20%** most deprived nationally in terms of barriers to housing and services

Source: Indices of Deprivation 2025 – Key findings for Gloucestershire



It starts with housing – the front door into health



Who is the most vulnerable?



Older people

Less able to regulate body temperature, more likely to have existing conditions, may be more vulnerable to social isolation



Children

Developing organs, immune system and cognitive function



Existing health conditions

e.g. cardiovascular and respiratory conditions, compromised immune systems, etc, are a greater risk of severe illness and death



People with disabilities

May spend more time at home exposed to poor conditions



Low-income homes

More likely to live in poor quality housing



People from ethnic minority backgrounds

More likely to live in poor quality housing

Avoidable health inequalities are unfair and addressing them is a matter of social justice. Housing affects health, and health inequalities in many ways – particularly through cost, condition and security of tenure.

Housing issues do not affect the population equally. People on lower incomes, those with disabilities, and marginalised groups are more likely to live in substandard or insecure housing. These inequalities are both a cause and a consequence of poor health. To address this, we must ensure that housing and health interventions are available to all, but with greater intensity and support directed to those who need it most.

Impact of poor-quality housing on health

Cold homes

Respiratory, cardiovascular and musculoskeletal and mental health impacts.

Trip and fall hazards

Major cause of avoidable admissions

Overcrowding

Infectious disease spread, mental health impacts, and educational outcomes

Overheating homes

Respiratory, cardiovascular and mental health impacts

Damp & mould

Respiratory impacts, also impacts skin, eyes, and mental health impact

Poorly designed

In-home hazards, safety and security, mental health impact



Affordability, security, and mental wellbeing

Housing affordability and security are closely linked to mental health (See page 30 - housing needs for people with MH conditions). When people struggle to pay rent or mortgage costs, or live in fear of eviction, it creates a constant source of anxiety. This stress can affect sleep, relationships, work, and overall wellbeing.

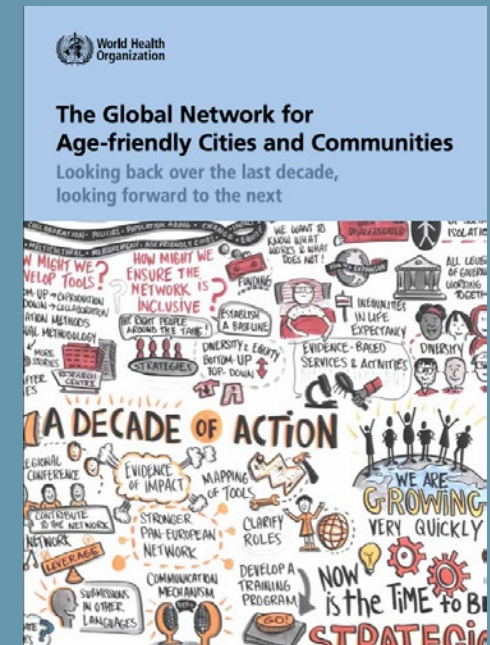
Some of our residents may feel unable to raise concerns about poor housing conditions for fear of losing their home. Others may be forced to move frequently, disrupting education, employment, and support networks. Overcrowding can strain family relationships and reduce privacy, while isolation in poorly connected areas can lead to loneliness and depression.

For those experiencing homelessness or rough sleeping, the health impacts are even more severe. People without a stable home are more likely to suffer from multiple health problems, including mental ill-health, substance misuse, and chronic physical conditions. They often face barriers to accessing healthcare and support, and their life expectancy is significantly lower than the general population.

Age-friendly homes and places

Building accessible, adaptable homes and investing in retrofitting and timely adaptations helps people stay independent and connected. This supports wider national and international thinking, including the *World Health Organisation's Age-Friendly Cities Framework*, which is a guide for creating places where older people can live well. It focuses on eight key areas of everyday life—outdoor spaces, transport, housing, social opportunities, respect and inclusion, jobs and volunteering, communication, and health and community support. These areas all play a part in helping older people stay healthy, independent and connected.

The framework includes good maintenance, accessible design, and being close to essential services, transport and social activities. Creating age-friendly, affordable housing isn't just good policy—it's about fairness and dignity. With the right approach, we can make life healthier, safer and more fulfilling for all.



Out of reach

For many people owning a home feels like a major milestone because it offers security, stability, and a sense of achievement. Home ownership lets us invest in ourselves by building equity and creating a long-term asset. It gives us freedom to shape our space the way we want, predictable costs compared to rising rents, and a feeling of belonging in a community.

But housing in Gloucestershire is not affordable. In 2024 someone earning an average income required 8.6 times their earnings to purchase an average priced property. This was higher than the threshold of five times local earnings which is considered affordable. It was also higher than the national average (7.5), and broadly in line with the regional average (8.5). When compared to other counties and unitary authorities across England, Gloucestershire sat in the top 40%

in terms of the ratio of house price to earnings* (so in the 40% least affordable counties to live - *house price to workplace-based earnings ratio, ONS*).

All of Gloucestershire's districts have a housing affordability ratio which exceeds the threshold of five times local earnings. The higher the ratio, the less affordable housing is considered to be. Housing is most affordable in Gloucester, with an affordability ratio of 7.3, which was below the county, regional and national average and puts the district in the bottom 40% of district and unitary authorities across England and Wales. Housing is least affordable in Cotswold district, where a worker would require 13.8 times their earnings to purchase an average priced property. This puts the district amongst the 20% least affordable districts across England and Wales in terms of housing.

House Price to Workplace Based Earnings Ratio (ONS)

By dividing the house price for a given area by its earnings, we produce a ratio which serves as an indicator of relative affordability. A higher ratio indicates that on average, it is less affordable for a worker to purchase a house in their local authority district. Conversely, a lower ratio indicates higher affordability in a local authority. While there are many more factors that influence affordability, the simple ratio provides an overview of geographic differences across England and Wales.



Median house prices to median workplace earnings, 2024, Gloucestershire and districts



Figure 5 – Median house prices to median workplace earnings, 2024, Gloucestershire and districts – Ibid

Private rented sector



Private renting plays a vital role in Gloucestershire’s housing market, especially for those who cannot access social housing or afford to buy a home. It also offers flexibility, enabling people to move for work, education, or family reasons without being tied to a mortgage. For many on low or moderate incomes, private renting is often the only realistic option because social housing is limited and home ownership remains out of reach. Renting privately can also be quicker than waiting for social housing, which often involves long waiting lists.

With a wide choice of property types and locations, the private rented sector caters to diverse needs—whether it’s proximity to jobs, schools, or temporary housing for young professionals, students, and families in transition.

However, because so many working-age households, families with children, and low-income groups rely on private renting, the quality, affordability, and security of these homes have a significant impact on health, wellbeing, and stability.

This is why the Private Rented Sector (PRS) is a major focus of national housing reform. The government’s Renters’ Reform agenda, including the Renters’ Rights Act, aims to make renting fairer by improving housing standards, giving renters more security, and ending “no fault” evictions. It also seeks to strengthen complaint systems and local enforcement. While these changes are designed to balance rights and responsibilities between landlords and tenants, there is concern that some landlords may exit the market, potentially reducing the supply of rental homes.

Private rents in Gloucestershire’s districts are significantly cheaper than the national average, which is likely to be a result of the London effect (average monthly London rent £2249) skewing the England figure. Monthly rents are most expensive in Cheltenham (£1,210) and Cotswold (£1,175) which are broadly in line with the regional average and sit in the top 40% of authorities across England and Wales. Monthly rents are cheapest in the Forest of Dean (£816), which has rents significantly below the regional average and sits in the bottom 40% of authorities across the country in terms of this measure.

Average private monthly rent, June 2025, Gloucestershire districts

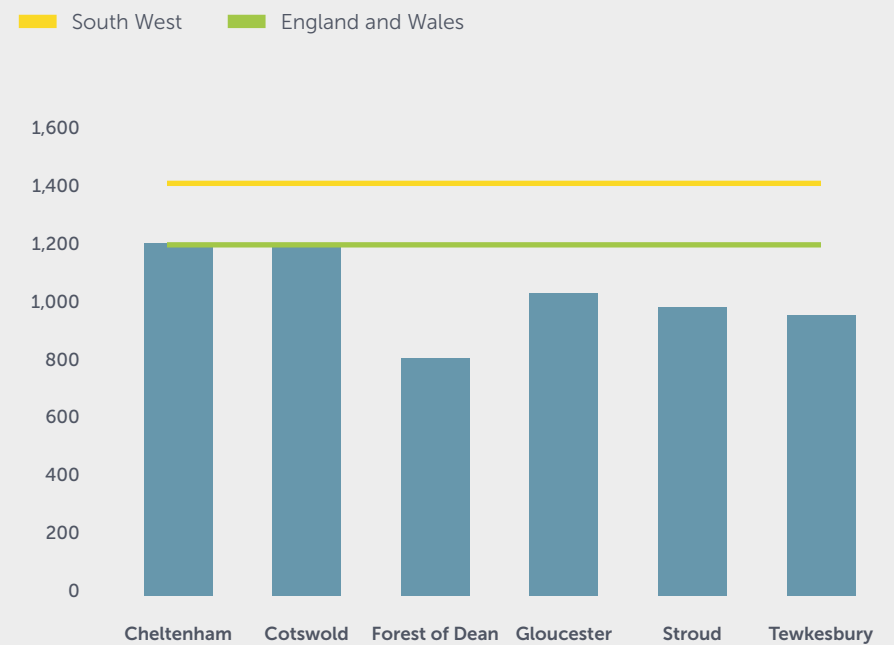


Figure 6 – Average price monthly rent, June 2025, Gloucestershire Districts.

Affordable housing in Gloucestershire

3,808

minimum affordable homes needed in the county

3,601

affordable homes delivered

95%

of target met since 2021/22

Affordable housing provision – that is housing for sale or rent priced low enough for those who cannot secure suitable accommodation at the market price- varies greatly across the six Gloucestershire districts.

Two local authorities (Stroud and Cheltenham) own and develop their own affordable housing stock, with the remaining four local authorities working alongside housing associations to deliver and manage affordable housing.

The minimum identified need for affordable homes in the county is 3,808. Since 2021/22, district councils have met 95% of this target – 3,601 homes¹. Whilst this delivery against targets is recognised as positive, there are variations across the districts. Housing register figures as of March 2024 indicated that over 15,000 households in Gloucestershire were seeking rented affordable housing, of which a third were in priority housing need.

This reflects a wider challenge for both housing associations and stock-owning local authorities regarding short and medium-term delivery. Viability challenges refer to the difficulties public bodies and housing providers face when a housing development becomes financially or practically unworkable. These challenges often arise because the cost of delivering new homes—driven by planning delays, rising labour and material prices, high land values, increased

borrowing costs, and stricter legislative requirements—exceeds what organisations can realistically afford. For housing associations and stock-owning local authorities, this means that even when there is a clear need for new or improved homes, schemes may stall, shrink in scope, or become undeliverable. In practice, viability challenges limit short and medium-term delivery capacity and undermine financial resilience. This makes it harder to provide the quality and quantity of housing needed to support community wellbeing and reduce health inequalities.

Affordable housing supply is also influenced by *Government viability policy Viability* - GOV.UK, which allows developers to reduce or remove affordable housing through a viability process, subject to independent testing. Viability issues are typically pronounced in lower value (and brownfield) sites, which either cannot generate higher values, or require significant remediation works to deliver.

¹ [Ministry of Housing, Communities and Local Government, Live Tables on Affordable Homes Supply, Live Table 1011C](#)



As highlighted in the Letwin Review (*Independent review of build out: final report - GOV.UK*), there are indications that the traditional profit-driven housebuilding model may be shaped by prevailing market conditions. For example, build-out rates can be influenced by the need to avoid saturating the local housing market (the 'market absorption rate'), which in some areas may contribute to sustained higher house prices. These dynamics can, at times, sit in tension with ambitions to deliver affordable housing at pace and scale.

Gloucestershire's experience appears to reflect some of these wider national patterns, and it is important to consider how such factors may be influencing delivery locally.

Land values are another key factor influencing affordable housing provision and vary significantly across Gloucestershire and within districts, with lower land values being typically found in Gloucester and Forest of Dean, and higher land values typically found in Cheltenham, Cotswold, Stroud and Tewkesbury.

The Government's new long-term Affordable Homes / Social and Affordable Housing Programme (SAHP) includes a 10-year settlement on rents and capital funding. The ambition is that at least 60% of homes delivered through the programme will be for social rent, aiming for the "biggest increase in social and affordable housing supply in a generation".

This is backed by significant capital commitments through the Affordable Homes Programme, Local Authority Housing Fund, and other investment streams designed to expand permanent and temporary accommodation and reduce homelessness pressure.

Nationally across all tenures, demand continues to outstrip supply, driven by demographic change, household makeup, constrained land supply, and the legacy of under-investment in social housing. The tenure mix in England as of 2024 shows roughly 65% of households in owner-occupied homes, a decline from earlier decades due to affordability challenges.

60%

of homes delivered through the programme will be for social rent



Affordable but inaccessible...



Nationally, the lack of accessible housing stock (across all tenures) creates significant health inequalities for households with disabilities or mobility needs. Only 13% of English homes include the 4 basic accessibility criteria to make it visitable for most people. This picture is echoed across Gloucestershire.

The 2021 census data recorded Gloucestershire's population as 645,000 people. Notably, however, 228,500 residents are 65+ (35%), with 18,900 (3%) being over 85+. Moving forwards, the latest mid year population estimates data from the Office of National Statistics (ONS) reflects that the proportion of over 65s and over 85s across Gloucestershire is likely to increase significantly; with residents over 65 projected to increase by over 70,000 (compared to an increase of 45,000 residents below 65).

Despite this, the existing supply and delivery of new accessible affordable housing across Gloucestershire has not kept pace with local need.

Gloucestershire's accessible housing register is still in development (see page 25), which means partners across our local authorities, housing associations and the wider system do not yet have a complete picture of accessible or adapted housing available locally. This gap in shared information can make it more difficult to match residents with suitable homes, particularly when supporting people with limited mobility to return safely from hospital. Ensuring the right housing is identified in a timely way not only improves individual outcomes but also helps reduce avoidable delays in hospital discharge, an issue that costs the NHS an estimated £2bn every year.

Collectively, these pressures, combined with a chronic shortage of affordable housing supply, an ageing population and rising levels of co-morbidity across the county, are likely to amplify strains on Gloucestershire's health, housing and care systems over the coming years.



13%
of English homes include the 4 basic accessibility criteria to make it visitable for most people.

Supported living for independent lives



Putting people's choices, preferences, and individuality at the heart of everyday living

Supported living assumes that all people with learning disabilities, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

Supported living has a commonly accepted set of principles that are defined in the [Reach Standards in Supported living](#). Desirable principles for people with disabilities include:

- Choose where you live
- Choose who you live with
- Access to independent living
- Light touch support for those with low needs
- Housing benefit to afford good housing
- Suitable, good, affordable housing
- More specialist housing

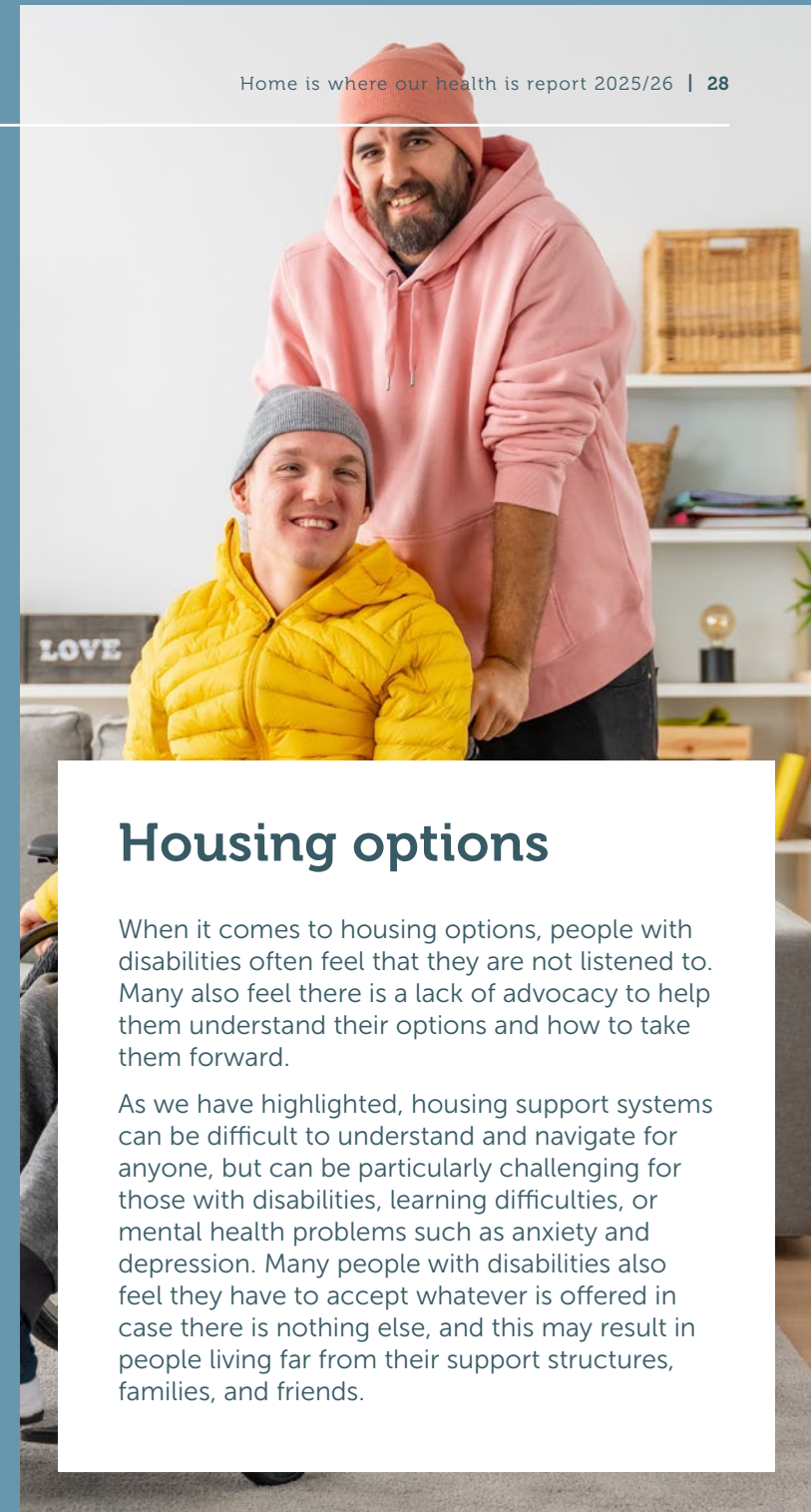
Some of the barriers and issues that have been highlighted include:

- Lack of secure or local authority housing and long council waiting lists
- Lack of skilled providers for complex care/challenging behaviour
- Having to move frequently
- Process feels like just filling 'voids' rather than being person-centred
- Wanting to feel safe where you live
- Co-production
- Help when things go wrong

Housing options

When it comes to housing options, people with disabilities often feel that they are not listened to. Many also feel there is a lack of advocacy to help them understand their options and how to take them forward.

As we have highlighted, housing support systems can be difficult to understand and navigate for anyone, but can be particularly challenging for those with disabilities, learning difficulties, or mental health problems such as anxiety and depression. Many people with disabilities also feel they have to accept whatever is offered in case there is nothing else, and this may result in people living far from their support structures, families, and friends.



Adaptations – Disabled Facilities Grant



The Disabled Facilities Grant is a national scheme that funds essential home adaptations – such as level-access showers, ramps, and stairlifts – to help people living with disabilities live safely and independently.

In Gloucestershire, the DFG is delivered through local councils and supported by the Better Care Fund. The county's Statement of Intent brings together – for the first time – DFG policies from across our six districts into one document. The statement includes a commitment to support discretionary grants for moving on to a more suitable property, dementia-friendly design grants, hoarding support grants, Motor Neurone Disease grants, top ups, extended warranties on disability equipment and many other initiatives.

The DFG home assessment is done by trained professionals, such as an Occupational Therapist, who work with our residents to identify the most suitable solutions. Gloucestershire now has 16 trusted assessors working on the DFG application process, accelerating delivery through a lean working process with our district councils for grant approvals. This really benefits residents at a time when delays can impact those most vulnerable.

The importance of this work cannot be overstated – integrated housing adaptations are a health and social care priority which prevent hospital admissions and support timely discharge.

Case Study

New process for Disabled Facilities Grants for those with rapidly changing conditions in Gloucestershire

Mr S, living in Cheltenham with his family, was diagnosed with Motor Neurone Disease in 2021 and faced increasing difficulties with daily activities. An Occupational Therapist from the Integrated Community Team assessed him and recommended a range of interventions, including assistive equipment and major home adaptations for ramped access and accessible bathroom facilities.

These adaptations, typically funded through a means-tested DFG, were delayed because the family's income required a significant contribution. This delay caused unnecessary anxiety and stress to Mr S and his family and the case highlighted the need for a county-wide scheme to fast-track support for people with rapidly deteriorating conditions. Gloucestershire now asks each district council to provide a one-off £15,000 discretionary grant and priority processing for eligible patients, ensuring essential adaptations are delivered quickly to maintain safety, independence, and dignity.

Housing for people living with disabilities

Gloucestershire has several Partnership Boards representing those with learning disabilities, physical disabilities, sensory impairment, and those living with mental health conditions.

Over many years the Partnership Boards have been involved at different times in trying to improve the range and quality of housing and specialist accommodation.

Recent engagement* has highlighted systematic barriers for people with disabilities in the following areas:

- ▲ Accessible housing
- ▲ Adaptions process
- ▲ Supported living
- ▲ Housing options/process

Proportion of the population by disability status

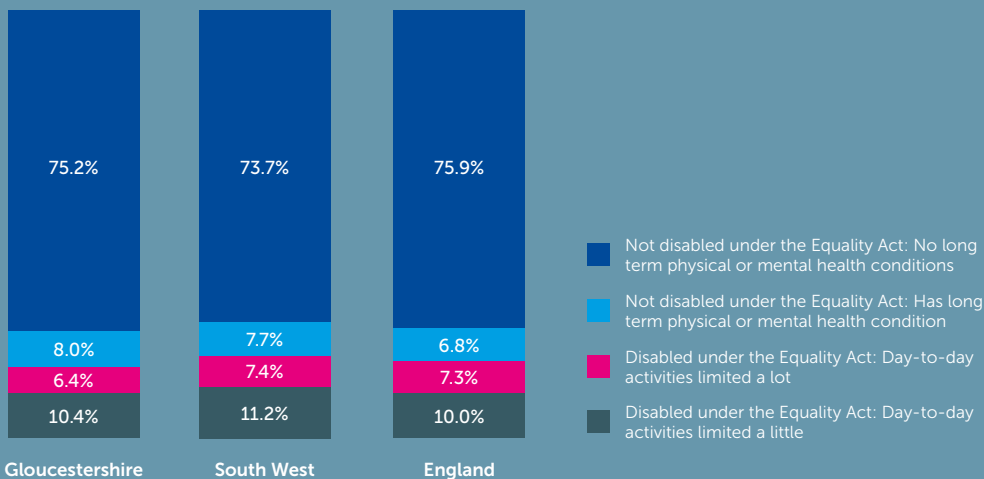


Figure 7 – Proportion of the population by disability status.

*Forum Theatre Speak Up Group: Disability and Housing. In May 2025, Inclusion Gloucestershire's drama and group advocacy teams, collaborated to hold an event which presented some of the real-life housing challenges people face and opened up space for honest discussion. Some of the feedback from this session and other engagement is included on the following pages.

// Everyone should be able to access housing that is accessible, meets their needs, supports their engagement and participation in the community, and is safe, affordable and provides security and stability to build life upon...

...Failure to grasp this challenge will see more people with a learning disability left without housing options for the future, experiencing homelessness, or languishing in hospitals, and a new generation of young people unable to realise their aspirations to be part of society and make their way in life.

Jon Sparkes OBE, Chief Executive, Royal Mencap Society (National Housing Federation blog, 2024)



Accessible and adaptable housing



Accessible homes help people with mobility issues or disabilities live independently and safely. Adaptable homes provide flexibility for people to modify their home as their needs change over time.

The Partnership Boards engagement highlighted that there is limited understanding and advice about what 'accessible' means and people struggle to get clear information and support about their access requirements and what housing/adaptations could meet them. Nationally and locally, there is a general shortage of accessible homes across all tenure types, meaning people have very limited choice. Bungalows and genuinely wheelchair-usable homes are at a premium, with long waiting lists and very little availability, especially in some districts.

With so few accessible homes available, people are forced to choose between accessible options out of area and staying near family, schools and their existing support network. People also found that 'accessible' is often defined too narrowly. Housing can meet physical standards but still be functionally unliveable (noise, lighting, corridors, shared spaces). Current criteria rarely account for sensory needs, executive functioning, or the importance of proximity to trusted support for neurodivergent residents.

For some, applying for Disabled Facilities Grants and other adaptation routes can be complex. Our district teams provide support to help individuals

stay engaged in the process and avoid feeling overwhelmed by the amount of information required. Teams also recognise the importance of supporting neurodivergent people, who may require information to be presented in different ways or additional time and reassurance to navigate the process comfortably.

Adaptation criteria is focused mainly on physical mobility, not sensory and cognitive needs. Assessments prioritise grab rails, ramps and bathrooms, with less recognition of sensory adaptations (sound dampening, blackout, low-arousal lighting, reduced echo) and visual structure or environmental tweaks that support planning, safety and daily living for neurodivergent individuals. This can result in homes which remain functionally inaccessible, even after 'successful' adaptations.

Other barriers to successful adaptations include issues with landlord consent, or a reluctance or delay which can block or water-down adaptations. People who are neurodivergent may also be less able to negotiate, challenge refusals or move elsewhere, so go without needed adaptations altogether.



Accessible Housing Registers (AHR)

Better data, better decisions, better housing outcomes.

In 2018, the Equality and Human Rights Commission (EHRC) identified a severe shortage of accessible homes and called for Accessible Housing Registers (AHR) and accessible housing targets to be mandated. *A House of Commons committee report* in 2024 (Disabled people in the Housing sector) had similar findings and also called for AHRs to be mandated.

- ▲ 54% of social housing tenants in England have a long-term disability (2022).
- ▲ 13% of homes in England in 2019 had the most basic accessibility features.
- ▲ *Home | Habinteg Housing Association* estimates there are 400,000 wheelchair users living in homes nationally that are neither accessible nor adapted.
- ▲ Gloucestershire has an ageing population with increasing needs; over 85's set to double in next 20 years.

AHRs provide a real informed choice and increase awareness of different accessibility issues to all housing staff, supplying evidence of need and importantly making better use of adapted and very limited accessible housing stock.

AHRs save Disabled Facilities Grant funding and reduce the burden on stretched public services. They provide accurate detail of the amount of accessible stock held to support any strategic housing needs assessment and enable compliance with duties under the Equalities Act – to not indirectly discriminate through a lack of information.

An AHR standardises accessibility in a way that makes sense for people with varying needs. Gloucestershire's AHR was launched in June 2025 but as indicated on page 25 registered social housing providers are at different stages of adoption.



Housing Occupational Therapist, Neil Withnell has over 22 years' experience of working as an Occupational Therapist in the field of major adaptations and housing; including housing design, accessibility standards and use and redesign of the Disabled Facilities Grant process.

In 2024 he submitted evidence to the Inquiry on housing for people with disabilities for the Levelling up, Housing and Communities committee.

M's the word

Understanding housing design standards



Accessible housing is more than a design choice—it's a lifeline for millions of people. In England, Approved Document Part M sets out minimum standards for accessibility in new homes. Two key categories within this guidance, M4(2) and M4(3), play a crucial role in creating homes that work for everyone, including people living with disabilities.

Accessible and Adaptable Homes M4(2) refers to the "accessible and adaptable" standard for new builds. These homes are designed with features that make them easier to live in for people with mobility needs—either now or in the future. They are designed in a way to be adaptable as circumstances change. M4 (2) will include features such as level thresholds, wider corridors and doorways to accommodate mobility aids, staircases designed for future lift installation and bathrooms with space for level-access showers, even if a bath is installed initially. These elements might seem small, but they make a huge difference. They allow people to stay in their homes longer, reduce the need for costly adaptations later, and support independence. Such design not only enhances daily living but also reduces future adaptation costs. Gloucestershire data shows retrofitting a home for a wheelchair user can cost between £80,000–£100,000, whereas building to M4 (3) initially costs just £16,000 more (based on a 2 bed terraced property 2018 - <https://www.equalityhumanrights.com/sites/default/files/housing-and-disabled-people-local-authorities-toolkit-england-planning-accessible-homes.pdf> - a small investment compared to significant costs in the future.

M4(3) goes further, setting standards for homes specifically designed for wheelchair users. Under

these standards the home has the space and structure for future adaptations, such as installing a through-floor lift, fully accessible bathrooms and barrier-free layouts. These homes are essential for people who rely on wheelchairs, ensuring they can move freely and live comfortably without major renovations. For our population with disabilities, housing design isn't just about convenience—it's about dignity, independence, and opportunity. According to the *London School of Economics research*, adding wheelchair-standard features costs about £22,000 more than M4 (2), but over a decade, the social and economic benefit is around £94,000 for working-age households.

Barrier-free homes improve quality of life and reduce long-term costs for individuals and society. They create environments where people can live their best lives, regardless of age or ability. Accessible homes enable faster hospital discharge, reducing pressure on health services. These homes can delay or prevent entry into residential care, saving costs and preserving independence. In turn this can reduce reliance on home care and benefits, freeing resources for other needs. In 2023–24, across England, 109,029 delayed discharge days were due to housing issues, costing the NHS approximately £56 million. Building appropriate homes could save £26–50 million annually - [*supported-housing-and-delayed-discharge-research-briefing.pdf*](#)

M4(2) and M4(3) need to be considered beyond just technical standards—they're minimum requirements for an inclusive future. By embedding accessibility into housing design, we build communities where everyone has the chance to thrive.

Affordable housing in Gloucestershire

Case Study

Manor Gardens, Barnwood Gloucester
Stonewater Housing Association &
Gloucester City Council

Guided by their vision that everyone should have a place to call home, Stonewater are working with Gloucester City Council to deliver 50 units in Barnwood, Gloucester by the end of 2026.

Partners are committed to meeting the requirements of Gloucester City Council and Stonewater's Access to Housing Policy by ensuring allocations are made to suitable applicants. The aim is to create balanced communities that foster cohesion and sustainability, making the area an even better place to live, work, and visit. This includes promoting harmony between different tenures, preventing dissatisfaction that could affect residents' ability to thrive, and ensuring that current and future residents feel safe, content, and supported while making the best use of housing stock.

But more than this, consideration for the wider determinants of health are integral to the development. The interconnected layout of the site allows for ease of access to plentiful green and blue infrastructure. Gardens, quiet spaces, raised bed for green fingers and play areas offer

opportunities for social interaction and community integration. Once established, the trees will provide outdoor shade for warming summers. Importantly, access to public transport is on the doorstep, with a service running every ten minutes on the Barnwood Road. This enables those with limited housing options to stay economically active, providing a daily structure, a sense of purpose and financial stability.

Manor Gardens

- ◆ 50 dwellings total
- ◆ 2 bungalows built to M4 (3) standard
- ◆ 4 houses built to M4 (3) standard
- ◆ 3 apartments (ground, first and second floor) built to M4(3) standards
- ◆ 2 ground floor flats within the manor house built to M4(3) standards
- ◆ All remaining units are built to M4 (2) standards



Countywide specialist housing occupational therapist

In 2022, the NHS and Adult Social Care created a new Specialist Housing Occupational Therapist (SHOT) role for Gloucestershire. The main focus is on system improvements and working across different organisations. Advice on complex adaptations and best practice in inclusive design is shared widely across organisations to create change.

The golden thread of the Specialist Housing OTs role is the removal of barriers from the home – this is achieved in several ways:

- **Upstream inclusive housing design** to enable inclusivity in the home – facilitating the adoption of specific and measurable targets for accessible homes into local plans; offering a technical access advice to district council colleagues on Approved Document Part M for planning applications; visiting new build accessible homes; driving down care costs and accidents in the home.
- **Dementia design** into new nursing homes, extra sheltered refurbishments and through presentations to planners and OT's.

- **Disabled Facilities Grant (DFG)** process improvements – led the development of 16 trusted assessors for simpler DFG cases; supported countywide DFG data collection and performance reporting; delivered DFG training for OTs; established a complex-case clinic for DFGs; supported the new DFG website for Gloucestershire; and co-led the DFG Statement of Intent initiative, providing equity and new grants for dementia-friendly design, for people with Motor Neurone Disease, and for hoarding support.

- **Accessible Housing Register** is led by the Specialist Housing OT - providing informed choice for people with disabilities and driving up knowledge in housing of differing levels of need.

The value of Housing Occupational Therapists in prevention is being highlighted nationally through the Housing without Delay project – shining a light on the potential Housing OT's offer to housing design, housing allocation, adaptations and moving to a preventative model through using the home as a health intervention.



A place to call home



// I hope any future government recognises how vital national planning policy is for delivering safe, warm and genuinely affordable homes. Effective policy should capture part of the land value uplift from planning permission, but this has been weakened over time. We cannot end homelessness without access to affordable housing.

Pippa Stroud,
Head of Housing Solutions,
Stroud District Council

A place to call home

Tackling overcrowding, homelessness and rough sleeping to protect our most vulnerable residents



Ensuring that everyone has access to a safe, secure and affordable home is fundamental to health and wellbeing, yet increasing pressures on the housing system are leaving many people in Gloucestershire at risk of poor living conditions and instability.

In an analysis of trends in household overcrowding, [The Health Foundation](#) highlights that high costs and a shortage of affordable homes mean many people live in poor and overcrowded conditions, fall into debt because costs are too high, move frequently, or may face repossessions or evictions leading to homelessness.

The causes and impacts of homelessness are complex, interrelated and multidimensional.

Becoming homeless and living in temporary accommodation can be an extremely stressful experience, linked to mental and physical health problems. Strong social networks and relationships are important to our health and frequently having to move makes it hard for people to engage with health services and other local services. It can also weaken relationships in the local community which in turn can impact on people's support networks and consequently their mental and physical health.

People who sleep rough experience some of the most severe health inequalities and report much poorer health than the general population. *The Government's National Plan to End Homelessness* (December 2025) highlights some of the reasons people become homeless:

- Poverty, housing availability and affordability are the root causes of homelessness and rough sleeping.
- Not enough homes have been built and there has been too little investment in social and affordable housing.
- Many people on low incomes struggle to afford rising rents in an increasingly insecure private rental market.
- In addition to poverty and a lack of affordable housing, life events such as a relationship breakdown, domestic abuse or leaving care or prison can put people at risk of homelessness and rough sleeping.
- People who sleep rough are more likely to have complex and overlapping support needs. 84% of women and 65% of men who reported having slept rough within the last year had had three or more of the following experiences: homelessness, substance use problems, mental health issues, domestic abuse, and interaction with the criminal justice system.

We go into more detail about these issues in the following pages.

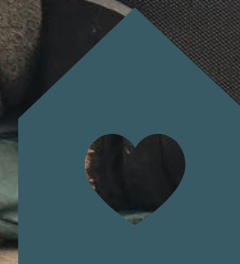
Support available for people experiencing housing insecurity

The Crisis and Resilience Fund 2026 - 2029:

The Government has launched a new *Crisis and Resilience Fund* made available to local authorities with the aim of supporting low-income households who encounter a financial shock and to support activity that builds individual and community financial resilience.

By offering timely, needs-based assistance, authorities can reduce the risk of crisis need. This includes the provision of financial support towards housing needs, to those who face a shortfall in meeting their housing costs.

The scheme will be launched by the County Council in April 2026.



Overcrowding

Nationally, in 2023/24, 8.9% of households in the social rented sector were overcrowded, compared with 5.8% of private rented households, and 1.0% of owner-occupied households. Overall, 3% of households in England were overcrowded in 2023/24, which amounts to over 800,000 households*.

Out of all ethnic groups, the highest rates of overcrowding were in households in the Arab (25%), Bangladeshi (18%), Black African (16%), and Mixed White and Black African (16%) groups.

2% of White British households were overcrowded – the lowest rate out of all ethnic groups. In all socio-economic groups, regions, age groups, income bands and types of occupancy, White British households were less likely to be overcrowded than households from all other ethnic groups combined.

Health and other impacts of overcrowding include:

- ▲ Increased risk of infectious diseases
- ▲ Less privacy and a greater risk of household conflict
- ▲ Higher levels of anxiety and depression
- ▲ Negative impacts on childhood development owing to a lack of space to play and study, as well as socialising with other children
- ▲ Restricted ability to work from home; impacting employment opportunities and employment progression
- ▲ Negative impacts on social behaviours and ability to fulfil societal norms (e.g. having friends' round, hosting children)
- ▲ Over 310,000 children nationally being forced to share beds with other family members

*Source: <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest/#by-ethnicity>



Overcrowding varies widely across Gloucestershire, with higher levels of overcrowding broadly being found in urban areas (Cheltenham and Gloucester), and lower levels of overcrowding being recorded in rural areas (Cotswold, Forest of Dean). A range of factors influence overcrowding in affordable housing including;

- ▲ A **lack of genuinely affordable homes** across Gloucestershire to accommodate a range of household sizes and characteristics
- ▲ A **shortage of larger affordable homes**, both within housing stock and within the future development pipeline
- ▲ **Lack of consistency around space standards** for new homes- with only three Gloucestershire local authorities setting optional space standards
- ▲ A **shortage of achievable and attractive affordable home ownership options** (preventing young people from moving out), contributing to overcrowding

Although lower than both the South West (19%) and national average (22%), overcrowding in affordable housing stock across Gloucestershire remains high. For context, *Local Authority Housing Statistics 2024/25* (Section C) data shows that, of 15,381 households on housing waiting lists (seeking rented affordable housing) across the County, 1,930 (13%) are currently living in overcrowded housing conditions.

37%

of households in priority rented housing need are overcrowded, requiring alternative suitable housing.



In the Marmot Review – Ten Years On (2020) the report identifies that

// In terms of mental health impacts, living in non-decent, cold or overcrowded housing and in unaffordable housing has been associated with increased stress and a reduction in a sense of empowerment and control over one's life and with depression and anxiety.

Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes.

Homelessness



District responsibilities/services

Safe, secure and suitable housing is a key building block of good health. People who are homeless are more likely to experience poor physical and mental health and often need greater support from public services. Preventing homelessness therefore plays an important part in improving overall health.

Local housing authorities have legal duties to support people who are homeless or at risk of homelessness. These duties are set out in the Housing Act 1996 and the Homelessness Reduction Act 2017.

In summary, local housing authorities must:

- Prevent homelessness by working with households at risk of losing their home within 56 days. This can be achieved through advice, mediation, or with help to secure alternative accommodation.

- Relieve homelessness by taking reasonable steps to help people who are already homeless find somewhere to live.
- Provide temporary accommodation for those with children, or for single people who are particularly vulnerable, while longer-term alternative housing solutions are considered.
- Local housing authorities will also provide free advice and information on housing options to anyone who is in housing need.

The aim of these duties is to help people secure and sustain suitable accommodation. This supports better health outcomes, reduces inequalities, and helps to alleviate demand on health, care, and emergency services. Close partnership working between housing, public health and support services is therefore essential.



Homeseeker Plus – applying for social housing in Gloucestershire

All applicants seeking social housing across Gloucestershire will complete the same application process and will be assessed against the same clear set of criteria. Depending on their circumstances, applicants will be placed into one of four bands: Emergency, Gold, Silver or Bronze subject to final verification by a Homeseeker Plus partner.

Once a person has submitted their application to Homeseeker Plus, it can take between 4 to 6 weeks for it to be assessed. Applicants may be asked for supporting information before a decision can be made on their eligibility to the housing register.

When a decision has been made, applicants will be sent an email or letter which will explain their banding, bedroom need and which Local Authorities they have a confirmed Local Connection to.

Successful applicants to the housing register are able to express interest in homes advertised on the Homeseeker Plus website, known as placing a 'bid' for a property. Once a bid is placed the system generates a shortlist, sorting applicants in order of band, band start date and whether they meet the criteria of the property advert. Priority for properties goes to those who have a local connection with the local authority in which the property is located, then to those with a local connection to other Gloucestershire Districts and finally to anyone else. The successful applicant will normally be the highest priority household at the point of shortlisting.



Priority housing need

Housing priority need is a legal designation that ensures housing authorities provide emergency or social housing to those most at risk of homelessness.

Under the homeless legislation, some categories of applicant will have a priority need for accommodation if they meet eligibility requirements, including immigration status. This is different from priority on a housing waiting list which is based on factors like time on the list or general housing need.

The graphics on the following page show the automatic priority need categories and those where someone might be considered vulnerable as a result of certain things. The majority of single homeless people are not likely to be priority need under homelessness legislation.

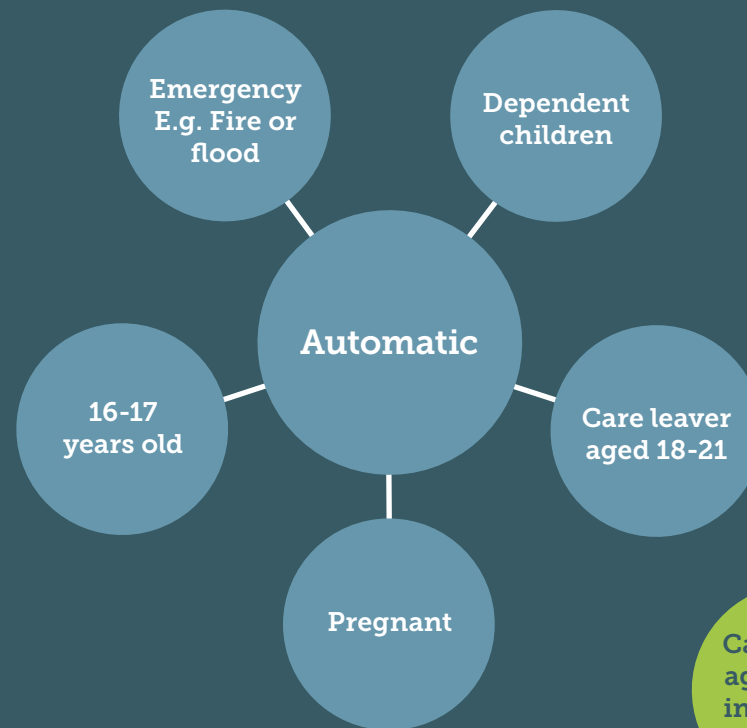
Priority housing need



In deciding whether someone is vulnerable, the council have to look at each individual situation as a whole and decide whether the circumstances mean that the applicant is more likely to suffer injury or harm if they have to sleep on the streets than other people would in the same situation. In particular, the council will look at whether:

- You are an older person
- You have a physical or learning disability or mental ill health
- You had to leave your home because of violence or harassment
- You have been in care, the armed forces, a young offenders' institute or prison in the past.

The council will not automatically consider the applicant to be vulnerable if they fit one of these categories, it is important that the council are aware of all personal circumstances that make it difficult for that person to cope with being homeless.



Rough sleeping

73%

of people experiencing homelessness suffer from a physical health problem

80%

of people experiencing homelessness suffer from mental health

8/10

people who were rough sleeping were male

87%

of rough sleeping males were over 26 years old

People who sleep rough have complex and multiple health and care needs that are very often not met and as a result have some of the worst health outcomes in England. Life expectancy is greatly reduced (44 years for men vs. national average of 79.4 and 42 years for women vs. national average of 83.1). This is underpinned by poor health outcomes - 73% of people experiencing homelessness suffer from a physical health problem and 80 per cent from a mental health problem.

As noted within the *Royal College of Emergency Medicine 2020 report*, homeless patients are 60 times more likely to attend a hospital Emergency Department and chronic homelessness is an associated marker for tri-morbidity, complex health needs and premature death. Tri-morbidity is the combination of physical ill health needs with mental health needs and drug and alcohol misuse.

In the most recent *national data*, over 8 out of 10 people who were rough sleeping were male and 87% were over 26 years old and this is echoed locally too although numbers of women rough sleeping have risen in recent years.

Rough sleeping occurs in all areas of Gloucestershire albeit to different extents with highest numbers found in the urban centres of Gloucester and Cheltenham. The Housing Partnership is committed to providing an effective, multi-agency and trauma-informed approach to homelessness and rough sleeping and the Partnership Team commission a number of rough sleeping services on behalf of partners which are funded via various funding streams including the Ministry of Housing, Communities and Local Government (MHCLG) and partner contributions.



The Street Outreach Service

The Street Outreach Service is provided by Julian House, who support anyone who are on the streets to access accommodation and other services which they need; and wherever possible to prevent known individuals from losing their accommodation.

For long-term rough sleepers, a deeper understanding of that person's history, experiences and ambitions is developed to enable the development of a multi-agency support plan. In some, but not all cases, the Rough Sleeper Outreach and Support Service will lead and coordinate the development of this plan but in others it will support its implementation.



Complex Homelessness Partnership Services Support Team (CHPSS)



Using MHCLG Rough Sleeper Initiative funding the Housing Partnership have piloted a multidisciplinary team approach to work together to deliver timely coordinated services to assess and support individuals whose severe and multiple disadvantages are contributing to their rough sleeping patterns.

The team consists of practitioners from Mental Health services, Adult Social Care and Substance Use services with close links to housing. During 2024 – 2025, 105 referrals were made into the service, and an average of 55 individuals were using the service at any one time. The team manage a degree of high risk for some cases with the nature of the service meaning that individuals being seen have multiple disadvantages and are often some of the most entrenched rough sleepers.

Feedback about the service has been very positive, both from professionals in the system and individuals in touch with the service and partners continue to refine and develop this model.



Housing related support

Preventing harm and improving the lives of our most vulnerable people

We know that housing can be the key to unlocking healthier outcomes for everyone, and especially for people who are dealing with disadvantage.

So, what are we doing to help?

As part of our response to meeting health needs through housing, Gloucestershire County Council commissions housing-related support to help some of the most vulnerable people in our county. We call this Community and Accommodation Based Support (CABS). Our CABS service is provided across Gloucestershire, either in people's own homes (Community Based Support) or in short-term specialist accommodation (Accommodation Based Support).

Wherever the support is delivered, our aims are simple: we want to enable people to develop the skills which allow them to flourish in their homes and communities. We intervene as early as possible, always aiming to prevent homelessness or housing instability and the harms that they bring.

CABS supports people in some of life's most challenging circumstances. That might mean a young person who is leaving the care system, or people with needs arising from things like mental ill health, substance use and a history of offending, perhaps someone who has been sleeping rough on the street, or a young parent who needs extra help for themselves and their family.

We support people all the way from proactive interventions which prevent a tenancy from breaking down to providing intensive support for someone in crisis and living on the street. In practical terms, this support can include teaching budgeting skills, encouraging a young person into education and employment, running a group which gives people the skills and knowledge to maintain tenancies and navigate the benefits system, or working one-to-one with people to access things like drug and alcohol treatment or to challenge and reduce offending behaviour. It means that when people move on from CABS services, they are equipped with the resilience and skills they need to maintain a safe and secure home life.



Casey's Story



Casey was referred into our Gloucester Young Parents service by her child's social worker. She was living with her parents in a home which was overcrowded and unsuitable for the long term, especially as she was expecting her second child.

Casey moved into one of our Accommodation Based Service (ABS) properties soon after her referral. As her main aim was to be able to provide a secure home for her growing family, she was supported to set up and manage utility bills, to maximise her income and to learn other skills such as cooking on a budget and sourcing furniture so that she would be able to live independently. Within a few months, Casey learned how to pay her rent on time, to work with energy suppliers to agree a manageable payment plan and was ready to move on to a home of her own. She began applying for properties through the Homeseekers process.

After her second child was born though, Casey's mental health declined, and she was referred to the perinatal mental health team by her health visitor. She was supported to complete therapy sessions and to see her GP to discuss medication options. Despite her health challenges, Casey continued to apply for more permanent housing, but the lack of affordable properties in the city meant that she had to remain in her temporary ABS flat. Frustrated by her situation, Casey started to experience suicidal thoughts and so she and her children needed more support from services including the mental health crisis team, children's social care and local charities.

Moving on from ABS and having a place that she can make into a home for herself and her children remains Casey's ambition, and she is doing everything that she can to make this a reality. While our short-term services have successfully equipped her for an independent life, the lack of opportunities to find a place of her own have led to greater need, more demand on public services and increased health problems for Casey.

Albert's Story

Case Study

Albert is 71 years old and lived alone in Tetbury following the recent death of his long-term partner. He has chronic COPD which requires oxygen support for most of the day and night. The house he lived in belonged to his partner and has damp, mould and steps up to the front door which are very difficult for him to manage. It was about to be sold by family members, leaving Albert homeless.

Albert went to a Community Based Support (CBS) drop-in looking for help with his housing and health issues. Shortly after getting in touch, he fell while at home and was admitted to Gloucester Royal Hospital. When he was ready to be discharged though, it was clear that his home would not be safe or suitable for him. The CBS provider liaised with adult social care and Cotswold District Council who agreed that Albert's situation meant that he would be eligible for urgent help to find safe accommodation. A one-bedroom flat with a wet room was found in Cirencester, nearer to Albert's family, which enabled him to leave hospital for a secure and suitable new home in a supportive community.

As Albert had never lived alone before, CBS also helped him to set up a tenancy, to learn how to manage his own money, arrange utilities and source essentials like furniture and household items. They also worked with local charities like food banks to ensure Albert would be able to settle successfully into his new life. This not only reduced the risk of further harm to Albert's health as he would no longer be living in damp, mouldy conditions, but it also avoided costly delays within the hospital system.



Housing needs of people with mental health conditions



Case Study

Gloucestershire's key health and care strategies highlight the importance of having suitable housing options for people living with mental health conditions. They emphasise the need for a range of housing choices, from independent living with flexible support to more specialist accommodation for people with more complex needs.

The *Market Position Statement* notes that pressures within the current system — such as limited supported housing and fewer “move-on” options — can make it harder for people to access the right accommodation at the right time. These pressures can lead to people staying in hospital longer than necessary, moving into housing that does not fully meet their needs, or placing increased demand on community and acute services.

The *Joint Health and Wellbeing Strategy* highlights that safe, secure and suitable housing is a key factor in maintaining wellbeing, supporting recovery and helping to prevent mental health crises. It emphasises the importance of stable accommodation as a foundation for good health.

The *NHS Neighbourhood Health approach* places importance on delivering support locally, helping people stay connected to their communities. Aligning housing support with neighbourhood mental health teams can lead to earlier help, improved continuity of care and stronger collaboration between housing, health, social care and community organisations.

Gloucestershire's Adult Social Care Target Operating Model also reinforces the central role of housing in helping people remain independent for as long as possible. It promotes early help and a “home first” approach, aiming to reduce reliance on residential care and high-cost placements. The model stresses the importance of timely access to appropriate housing and support — particularly for people leaving hospital or at risk of a mental health crisis — and highlights the need for more coordinated working across housing, health and social care.

Together, these strategies help shape clearer, more sustainable and recovery-focused housing options for adults with mental health needs across Gloucestershire.

Supported Living – Thatcham House, Kingsway, Gloucester

Thatcham House offers 21 self-contained one-bedroom apartments designed for individuals with mental health needs, alongside communal spaces, gardens, and parking. Developed through a partnership between Advance Housing, Gloucestershire County Council, Prosperity Care, and health services, the scheme provides recovery-focused supported living with tailored one-to-one support.

Two apartments are wheelchair accessible, and the design promotes independence, wellbeing, and community integration. Referrals are managed through a multi-agency panel, prioritising early intervention and move-on pathways. Funded by Homes England and secured via a Section 106 agreement, Thatcham House helps prevent homelessness, supports hospital discharge, and offers a safe, inclusive environment for people with complex needs.

Hoarding care and support

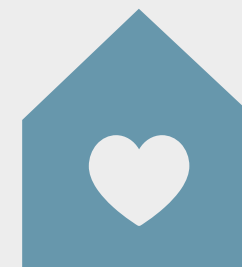
Hoarding disorder is a complex mental health condition increasingly recognised as both a health concern for the individual and a wider public health issue. Supporting individuals requires multi-agency intervention from local authority housing and environmental health teams, fire safety experts, mental health specialists and health and social care professionals.

Gloucester City Council's private sector housing team, working collaboratively with partners launched a new Hoarding Care and Support Initiative to reduce health inequalities and social isolation in the community and improve safety in the home resulting from hoarding behaviours.

Households suffering from hoarding behaviours would frequently present through complex pathways and referrals resulting in individuals being passed from service to service often without any meaningful support or sustainable solutions being provided.

One impact of this uncoordinated approach was residents being trapped in hospital and care settings, at significant cost, unable to return home due to the hoarded and unsafe condition of their home.

A pilot was started and partnership engagement funding was secured to deliver the new hoarding care and support group with a commitment from a national charity (Hoarding UK) to deliver the initial implementation, supervision and training to a group of specialised officers. This compliments the newly established multi-agency oversight forum where hoarding cases are discussed, reviewed and problem solved.



Key highlights

- Access to the Hoarding Care and Support service is tenure neutral. It is open to all residents who may or may not be known to or engaged with statutory services.
- It delivers focused therapeutic support complimenting decluttering whilst providing the individual with input and co-production of outcomes that reflect the needs of the person to maintain a safe and habitable home and reduce health inequalities.
- There are now monthly hoarding care and support groups across all 6 districts in the County facilitated by a qualified enablement officer with supervision from a leading national charity. These are driven by residents with lived hoarding experience and supports reducing social isolation.
- New ways of engagement and working with individuals empower them, enabling them to gain trust and confidence in understanding and managing their hoarding behaviours, while also developing a better understanding of the underlying trauma and triggers that lead to these tendencies, delivering more effective and sustainable outcomes.
- This is a combined regulatory 'carrot and stick' approach with residents and seeks commitment from landlords to reduce homelessness and re-prioritise legal costs towards hoarding support and engagement rather than eviction.

Land with a plan: turning spaces into social value



Case Study

A strong social value approach to the disposal of public property can unlock significant benefits for both population health and local housing outcomes. Social value refers to the wider social, economic, and environmental benefits that an activity can generate for individuals and communities—beyond simple financial gain. In the context of property disposal, this means assessing bids not only on price, but on their potential to improve wellbeing, support inclusive growth, and create long-term public benefit.

When organisations embed social value into their disposal frameworks, they expand the purpose of releasing surplus estate. Instead of viewing the process solely as a means of generating capital, they position it as an opportunity to address local priorities—particularly the availability of safe, secure, and affordable housing.

A social value-oriented disposal strategy therefore becomes a proactive tool for improving population health outcomes over the long term.

Equally important is the role of social value in shaping healthier places. Bids that enhance green space, improve walkability and support community facilities, contribute to environments where people can thrive. These developments help create conditions that encourage active lifestyles, reduce social isolation, and foster a stronger sense of belonging—all significant contributors to community wellbeing.

Embedding social value into property disposal allows public bodies to leverage their estate in a way that delivers lasting benefits—strengthening housing supply, improving health outcomes, and supporting resilient, sustainable communities.

Social value approach to property disposal – Holly House Gloucester

Gloucestershire Health and Care NHS Foundation Trust adopted a social value approach when disposing of surplus properties in Gloucester, including the former Holly House Hospital site. By embedding social value into bid assessments, the Trust prioritised outcomes such as releasing public land for housing, supporting local communities, and generating capital for reinvestment in health services. The approach demonstrates how property disposal can create wider benefits—addressing housing needs, reducing environmental impact, and strengthening community wellbeing—while meeting government targets and maintaining best value.

Stronger communities, shared futures

Supporting Gypsy, Roma and Traveller needs in housing

The impact of poor or insecure housing conditions is even more severe for Gypsy and Traveller communities. They experience some of the poorest health outcomes of any ethnic group in the UK, with life expectancy up to 10–12 years shorter than the general population.

The COVID-19 pandemic exposed significant inequalities affecting Gypsy, Roma and Traveller (GRT) communities in Gloucestershire. Engagement between statutory agencies and GRT families had historically been limited which had resulted in gaps in service provision and understanding of community needs.

A *BBC News report (June 2021)* highlighted challenges such as digital exclusion, which hindered access to remote education during lockdowns. For example, Norton Primary School, where approximately 20% of pupils are from GRT backgrounds, had to provide paper-based learning materials and invite pupils into school due to poor internet connectivity.

Gypsy, Roma and Traveller communities experience chronic exclusion across the wider social determinants, with many people facing multiple inequalities including deprivation, difficulty accessing adequate accommodation, inequalities in education, and barriers to employment.

National data from trusted sources, such as *Friends, Families and Travellers (Friends, Families and Travellers, Briefing: Health Inequalities experienced by Gypsies and Travellers in England, 2022)* highlights stark health inequalities:

- the health status of a Romany Gypsy or Traveller person in their 60s is comparable to that of an average White British person in their 80s.
- life expectancies between ten and 25 years shorter than the general population.
- experience significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work.
- 10,000 have no place to stop as a result of a chronic national shortage of sites.
- 3,000 families without a permitted stopping place have limited or no access to basic water and sanitation.



Gloucestershire County Council currently owns four Gypsy and Traveller sites, which are undergoing a first phase of significant infrastructure upgrades. These works aim to enhance living conditions and ensure alignment with standards set by registered social housing providers, following recent changes in social housing regulations. The current works represent a significant investment aimed at improving accommodation quality and reducing long-standing inequalities. This work will continue, focusing on further elevating standards to fully meet social housing regulations and best-practice benchmarks, with an overarching commitment to addressing disparities and promoting equitable living conditions for Traveller communities.

The 2021 Gypsy Traveller Accommodation Assessment (GTAA), commissioned by the seven local authorities in Gloucestershire, found no deliverable or developable sites to meet the identified need.

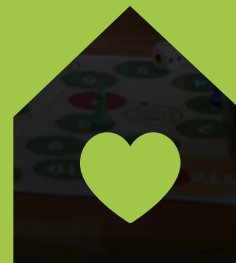
Across Gloucestershire the GTAA identified the need:

- **Ethnic definition need (2021–2041):**
26 pitches
- **Planning Policy Traveller Sites (PPTS) definition need (2021–2041):**
17 pitches
- **Immediate shortfall, required by 2026:**
10 pitches
with annualised additional pitch requirements noted.

This shortfall in provision is expected to increase and will be reflected in the findings of the next GTAA, scheduled for 2026. As a county, it is essential to prioritise investment of existing sites and future sites provision for Gypsy and Traveller communities, ensure alignment with the National Planning Policy Framework, and require planning authorities to reference Gypsy and Traveller needs wherever possible.



Healthy homes, healthy places



“ I hope that everyone in our county has access to a safe, warm and affordable home. A place that supports good health, independence and dignity, and gives people the stability they need to thrive.

Martin Stacy Lead Commissioner - Housing Services



Building for tomorrow



Gloucestershire’s housing in numbers

This Government has set out *its plan to build 1.5 million new homes by 2029*. These are mandatory targets aimed at ensuring ‘local authorities plan for the homes that are proportionate to the size of existing communities, with an uplift in areas where house prices are the most out of step with local incomes.

This sits alongside proposals for new towns and major growth areas, with expectations that a high proportion of homes in new settlements are affordable, including social rent with social and affordable housing recognised as core infrastructure and a building block to a thriving society.

To meet this goal, local authorities are being urged to approve development proposals, as millions struggle to access suitable housing. Latest figures indicate 1.3 million households on social housing waiting lists and a record number, including 160,000 children living in temporary accommodation (*Where does the government want to build*

1.5 million new homes? – BBC News).

For Gloucestershire, table 2 highlights the scale of the challenge for housing delivery in the county. An estimated total of 91,580 homes are expected to be delivered in the 20-year plan period (2023-2043). Approximately 30,000 of these homes have allocated sites, leaving up to 60,000 requiring new land allocation. Gloucestershire’s district plan-making authorities are continuing with site assessments, housing density analysis, infrastructure needs assessment and housing economic needs analysis, to inform viability appraisals for potential sites.

This work will inform the Local Plan for each district, and the Local Plan consultation process provides the platform for key services areas, including public health to engage in the formulation of health-centred planning policies and proposals.

	New Annual	New 20 year
Cheltenham	824	16,480
Gloucester	685	13,700
Tewkesbury	614	12,280
Stroud	820	16,400
Forest of Dean	600	12,000
Cotswold	1036	20,720
Gloucestershire	4,579	91,580
SLP Area	2,151	43,020

Table 2 – *Housing Targets: Standard Method Numbers (as of May 2025)*

The power of place

Why effective national policy shapes healthier communities

The National Planning Policy Framework (NPPF) - GOV.UK plays a pivotal role in shaping placemaking across England, setting out the government's national planning policies and how they are expected to be applied. It provides the overarching framework within which local plans must operate, ensuring consistency, coherence and a shared national ambition for sustainable development.

The NPPF provides a structure that enables locally prepared plans to deliver housing and other development in a "sustainable manner", and it acts as a material consideration for all planning decisions. This positions the NPPF as a cornerstone of placemaking: it articulates what good development should achieve, including well-designed places, accessible green space, healthy communities and resilient environments.

Within this framework, the NPPF also influences placemaking through thematic guidance. It highlights the importance of promoting healthy and safe communities, achieving well-designed places, supporting sustainable transport, and conserving the natural environment. These principles reinforce key placemaking objectives: fostering social cohesion, improving wellbeing, shaping environments that support active travel, and ensuring environmental quality.

However, recent changes to the NPPF (December 2025 draft consultation) have introduced concern within planning and public health communities.

Research done by *The Quality of Life Foundation* **Position statement:** Putting health at the heart of NPPF reform - QOLF and *The Town and Country Planning Association* **A policy gap at the heart of planning reform:** where did health inequalities go? highlights that while health is referenced, the explicit national commitment to reducing health inequalities—central to creating fairer, healthier places—has been weakened compared with earlier versions. This raises challenges for placemaking because the clarity and strength of national policy directly affect the ability of local authorities to secure healthier development patterns and resist proposals that exacerbate inequalities.

In addition, the NPPF's emphasis on clarity, speed and certainty in decision-making—particularly in recent drafts—shifts the system toward a more rules-based approach that has the potential to reduce local discretion. Like many other local authorities, Gloucestershire will be required to balance national requirements for delivery with locally identified needs or evidence related to place-specific health, housing or environmental issues. With competing priorities for funding and capacity, producing up-to-date local plans is resource intensive and requires significant technical evidence that complies with a rapidly evolving policy landscape. For local authorities, this makes it harder to embed health, equity and placemaking as core plan-making drivers.



Planning for healthier homes

Playing our part – why public health is key to plan making

Public Health plays a vital role in shaping and supporting the health narrative within local plan development and future housing strategies. We do this by providing a clear, evidence-based explanation of how proposed developments will impact physical, mental, and social wellbeing. The work is crucial in identifying, interpreting, and applying evidence to ensure that local plan policies are effective, relevant, and tailored to the specific needs of a community.

Public health data underpins our response to plan making. It is synthesised from a number of sources and systems, including routine health information systems (hospitals and primary care), surveys (like demographic and health surveys), censuses, and indicators for our local population using Local Authority Health Profiles which provide an overview of health for each local authority in England.

Robust local-level evidence and data are essential for empowering plan-makers to make informed, context-sensitive decisions. *Inform Gloucestershire* provides the official data and intelligence platform managed by Gloucestershire County Council. It provides a wide range of local-level data, statistics, and interactive reports on population and demographics, health and wellbeing, environment, employment etc. It includes the index of multiple deprivation (IMD) at ward level, highlighting the domains of IMD Deprivation and helping to provide further evidence to plan makers to inform decision making.



We want to see local plans that prioritise a balanced housing strategy - one that incorporates a mix of tenures within developments. This creates social cohesion, prevents segregation, and allows individuals to move through different housing options as their circumstances change. Housing that cannot adapt to these changes forces individuals to relocate, disrupting social networks and increasing pressure on housing markets. A balanced approach emphasises flexibility and adaptability in design. This might include modular construction techniques, layouts that allow for easy reconfiguration, and spaces that can serve multiple functions over time.

As this report illustrates, Gloucestershire's housing needs are diverse. A one-size-fits-all approach cannot address our population's varied needs. Delivering only high-end homes or focusing exclusively on affordable housing risks creating imbalanced communities and exacerbating inequality. The *Planning for healthy places*: a practical guide for local authorities on embedding health in Local Plans and planning policies in England provides guidance to local planners, public health officers and key decision makers on the important links between planning and health and draws on numerous plan and policy examples from across the country.



Pathways through which the built environment influences health

Simplified representation of the English planning system

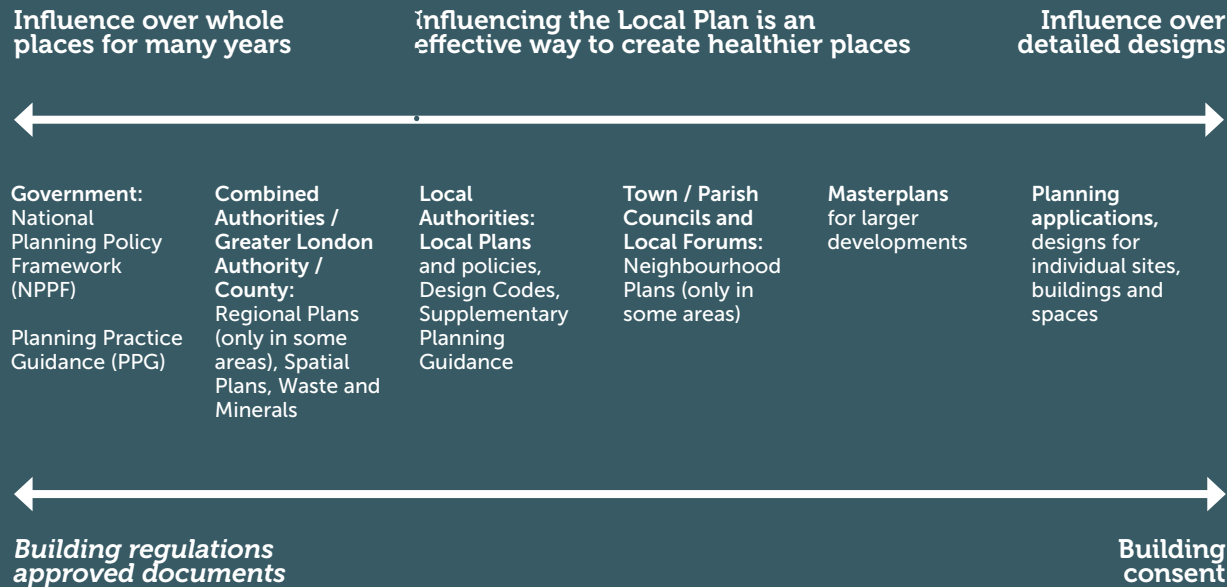


Figure 8 – Simplified representation of the English planning system – Planning for healthy places: a practical guide for local authorities on embedding health in Local Plans and planning policies in England

Pathways through which the built environment influences health
<https://www.instituteoftheequity.org/resources-reports/building-health-equity-the-role-of-the-property-sector-in-improving-health/main-report>

Healthy homes and placemaking – drawing up a healthier tomorrow



A home is just the beginning. The communities we live in across Gloucestershire have a profound impact on our health and wellbeing. Thoughtful neighbourhood planning plays a vital role in shaping how residents interact with their surroundings, access services, and feel connected to their local area. Creating healthier places means designing environments that support everyone to thrive, feel safe, and be part of a vibrant community. This is spatial planning done well.

Spatial planning is a strategic and technical process between local authorities and the private sector to shape the physical development of land and the arrangement of areas and spaces within that land to varying scales. At its best, it's a shared language between all stakeholders, bringing together land use management, infrastructure coordination, policy, environmental protection and community engagement.

Thoughtful spatial planning sets the table for placemaking. It creates the conditions in which inclusive, vibrant and sustainable places can emerge. In recent years, as our understanding of the wider determinants of health has deepened, the significance of the physical and social environments in shaping health outcomes has become increasingly clear. From the design of our neighbourhoods to the accessibility of green spaces and community infrastructure, spatial planning plays a critical role in creating conditions that support healthier, more equitable lives.

The draft Design and Placemaking Planning Practice Guidance (*Draft for consultation - Design and Placemaking Planning Practice Guidance*) is intended to support the application of policies in the draft National Planning Policy Framework (NPPF) 2025, which is currently being consulted upon. It draws together a suite of existing design codes models and guidance, in one document which outlines the government's priorities for well-designed places, and how planning policies and decisions should support this. The seven features of well-designed places are central to the document, highlighting placemaking outcomes and design principles to inform local policies and decisions on development proposals (see fig 9).



Figure 9 – Seven features of well-designed places

From policy to place – shaping spaces through plan making

Under the Town and Country Planning Act 1990 and the National Planning Policy Framework (NPPF), each of our districts in Gloucestershire must prepare a Local Plan.

Local Plans set the framework for future development proposals and how the local authorities intend to address housing need (allocations and targets), infrastructure requirements (transport, education, flood risk, green space), economic growth (employment land provision), community and green infrastructure, environmental protections and climate resilience. Local Plans should incorporate evidence-based health and wellbeing criteria, outlining the requirements for developers when they present a planning application or a development proposal for assessment by a local planning authority.

Gloucestershire's Local Plans

In Gloucestershire, Cheltenham, Gloucester and Tewkesbury have come together to deliver the Strategic Local Plan, recognising that these areas have interconnected growth, shared challenges like housing needs, infrastructure, and environmental concerns, requiring a unified, long-term vision to manage development. Stroud, Cotswolds and Forest of Dean district councils are developing their own plans and engaging with their residents, stakeholders and partners, including Public Health on the future priorities for these areas.



A design for life



Futureproofing housing in Gloucestershire

The pressure to deliver homes quickly is undeniable, but speed must not come at the expense of quality, sustainability, and inclusivity. A balanced approach to housing delivery recognises that homes are more than physical structures—they are the foundation of health, wellbeing, and community. By prioritising the right mix of tenure, sustainable design, adaptability, and integrated infrastructure, we can create housing that meets immediate needs while safeguarding future generations.

Ultimately, housing delivery is not a race; it is a strategic investment in society's long-term resilience. The challenge lies in resisting the temptation to prioritise quantity over quality and instead embracing a holistic vision that balances urgency with foresight. This is how we build not just homes, but thriving communities where people can live, grow, and flourish.



Design

Poorly designed homes can contribute to respiratory illnesses, mental health challenges, and reduced quality of life. Conversely, homes that prioritise natural light, ventilation, and access to green spaces promote physical and mental wellbeing.

A balanced approach to housing delivery integrates principles of healthy design. This includes ensuring adequate space standards, reducing overcrowding, and incorporating features that encourage active lifestyles—such as walkable neighbourhoods and proximity to parks. Homes should also be adaptable to changing needs, such as accommodating ageing populations or individuals with disabilities.

By embedding health considerations into housing design, we create environments that enhance wellbeing rather than undermine it. [Design-codes-for-health-and-wellbeing.pdf](#)



Supporting Infrastructure and Community Development

Housing does not exist in isolation. Rapid delivery without corresponding investment in infrastructure—such as schools, healthcare facilities, transport, and utilities—can lead to strained services and diminished quality of life.

A balanced approach integrates housing delivery with broader community planning. This ensures that developments are supported by adequate infrastructure and amenities, creating vibrant, functional neighbourhoods rather than isolated housing estates. Community engagement is also vital. Involving residents in planning processes builds trust, ensures developments reflect local needs, and promotes a sense of ownership. This participatory approach strengthens social fabric and reduces opposition to new housing projects.



Sustainability and environmental responsibility

The climate crisis demands that housing delivery aligns with environmental goals. Rapid construction using outdated methods can lead to energy-inefficient homes that lock in high carbon emissions for decades.

A balanced approach prioritises sustainability—through energy-efficient building materials, renewable energy integration, and designs that minimise environmental impact. Sustainable housing is not only about reducing carbon footprints, it also addresses resilience to climate risks such as flooding and heatwaves and knowing that your home is safe from climate-related risks reduces chronic stress and fear of displacement. Research continues to deepen our understanding of how climate change influences mental health.

The Climate change and mental health report considers the varied pathways by which climate change and adverse weather can affect mental health, who is at greatest risk, and what interventions are effective. More widely, the *Health Effects of Climate Change report 2023*. Chapter 5: Impact of climate change policies on indoor environmental quality and health in UK housing examines the determinants of exposure and how indoor environmental quality affects our health.

Sustainable housing is not only about reducing carbon footprints, it also addresses resilience to climate risks such as flooding and heatwaves. Knowing that your home is safe from climate-related risks, reduces chronic stress and fear of displacement. Research continues to deepen our understanding of how climate change influences mental health.



Economic and Social Resilience

Balanced housing delivery contributes to economic stability by supporting local labour markets, attracting investment, and enabling workforce mobility. It also enhances social resilience by creating inclusive communities where people of different incomes, ages, and backgrounds can coexist.

This diversity mitigates risks associated with concentrated poverty or wealth, which can lead to social fragmentation and inequality. Moreover, housing that meets population needs reduces reliance on temporary accommodation and emergency interventions, freeing resources for other public services. In this way, balanced housing strategies deliver long-term economic and social benefits that far outweigh the short-term gains of rapid, unplanned construction.



Our rural places and planning sensitive spaces



Working to address rural challenges in planning sensitive areas

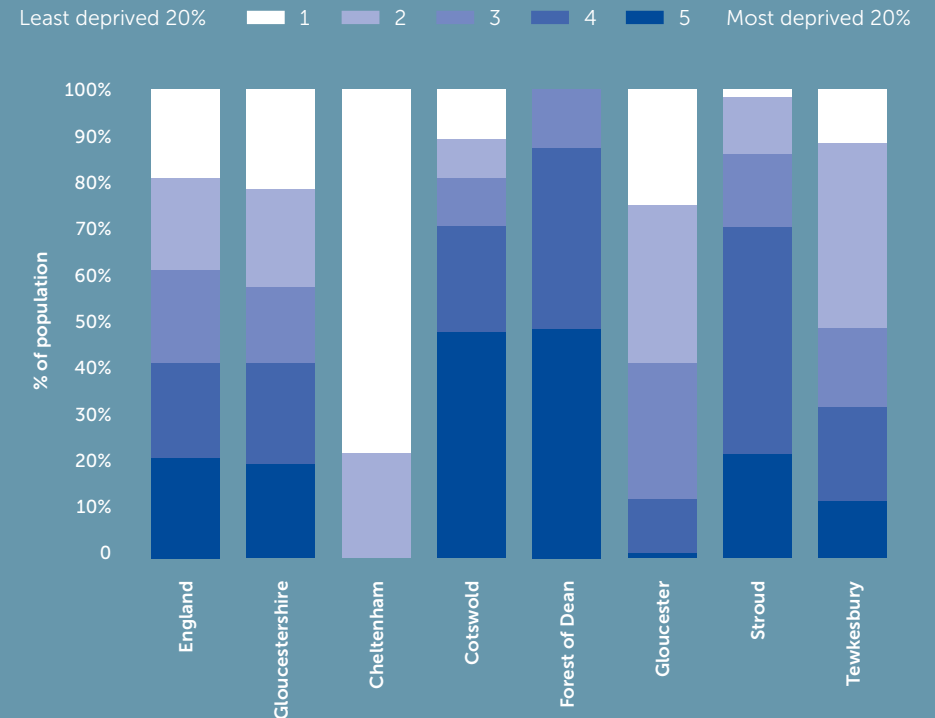
Housing is the foundation of thriving communities, but higher development costs, limited infrastructure, smaller markets, and geographic isolation create barriers to increasing housing supply and affordable housing in rural areas. Across rural Gloucestershire, the landscapes that make the county so unique also shape its housing pressures. Villages and market towns are feeling the impact of rising prices, limited development opportunities, and shifting demographics. As demand outpaces supply, the risk is that communities become less accessible to the very people who keep them thriving.

These pressures are particularly evident in the Forest of Dean and the Cotswolds, which according to the latest *Indices of Deprivation*, have the largest proportions of their populations living in areas among

the 20% most deprived nationally for Barriers to Housing and Services. In the Forest of Dean, 46.8% of residents live in neighbourhoods within this quintile, while in the Cotswolds the figure is 46.1%.

The Longleigh Foundation commissioned the University of Liverpool and University College London to carry out research to provide an overview of issues and challenges associated with the development of rural social and affordable housing. *'The Case for Affordable Rural Housing: People, Policy and Place'* was published in July 2025 and found that rural housing providers continue to face challenges associated with the costs of acquiring and developing land, an under-resourced planning system, and a lack of prioritisation of rural housing in funding and policy frameworks.

Percentage of 2024 Population by Barriers to Housing and Services Deprivation 2025 National Quintiles, Gloucestershire and Districts



Recommendations from the report include the introduction of a Community Right to Buy - a land acquisition tool that enables the compulsory purchase of land for social and affordable housing delivery. This is where it can be demonstrated that it is in the interest of rural sustainable development, including local prosperity and the social and economic sustainability of local services and amenities. Long-term, stable and consistent funding for rural housing enablers is critical for the future delivery of social and affordable housing.

Case Study

Marian's Walk Development, Forest of Dean

Two Rivers Housing, a housing charity and social landlord in the Forest of Dean, developed 17 new affordable homes at Marian's Walk in Berry Hill, near Coleford, to address local housing needs and keep rural communities vibrant. The scheme includes a mix of houses, flats, and bungalows for social rent and shared ownership, with two bungalows fully wheelchair accessible and all homes designed to be energy-efficient, featuring air source heat pumps and solar panels.

Built on a rural exception site, the project prioritised local residents and was supported by funding from Homes England, Forest of Dean District Council, and NHS Gloucestershire. It was completed in December 2025, providing high-quality, sustainable homes that promote affordability and inclusion.

Locally, Gloucestershire Rural Community Council (GRCC) works to improve community life and enable community action in the county. *Research carried out in 2025* found huge disparity between the median average income in rural Districts and average house prices in some Parishes meaning that those on low incomes are priced out of the housing market (see page 62 for table/chart). The lack of affordable housing means that young people often move away which has an impact on employment, education and social cohesion and leaves an ageing population and a decline in the rural economy.

As a member and the co-ordinator of the Gloucestershire Rural Housing Partnership (GRHP), they carry out local Affordable Housing Needs Surveys and explore with communities ways to provide affordable housing, championing new approaches, including Community-Led Housing with the aim of creating sustainable communities where local people have a say in shaping the future of their communities.

Gloucestershire Rural Community Council employs a team of 4 Rural Housing Enablers that enable the delivery of affordable housing. They play a vital role behind the scenes, helping parish councils, landowners, housing associations, and local authorities navigate what can often be a long and complex process. Their role is to act as a neutral broker—supporting the community to explore its options, understand housing needs, and find appropriate solutions to ensure any new homes are designed around genuine local need—not developer priorities—and stay affordable in the long term*.

* *What is a Rural Housing Enabler?* - Rural Services Network



Energy efficiency support in Gloucestershire

A range of countywide programmes help residents improve home energy efficiency, reduce energy costs and stay warm and well. These initiatives are delivered by Severn Wye Energy Agency, in partnership with the County Council and NHS Gloucestershire to support households most at risk.

Warm and Well is the county's main free home-energy advice service, offering expert guidance on managing energy use, understanding bills, choosing efficient heating and renewable technologies, and accessing grants for home improvements.

For residents needing extra support, advisers can offer free home visits to assess the property, identify practical improvements and guide households through funding options. *Warm and Well* also helps people access measures such as insulation, heating upgrades and renewable energy systems.

Alongside individual support, the service delivers community outreach, drop-ins and targeted engagement to reduce fuel poverty and support healthier homes.

Warmth on Prescription supports people with long-term health conditions that are made worse by cold homes. Clinicians can refer eligible patients for a home energy visit, tailored advice and direct help with heating costs during winter.

The NHS Retrofit programme provides whole-house energy improvements for patients most affected by cold, inefficient homes. It offers upgrades such as insulation, solar panels and heating system replacements, improving comfort and reducing bills over the long term.

We're excited to share the news that *Warmth on Prescription/NHS Retrofit* has been shortlisted for the 2026 Housing Service Journal Partnership Awards – one of nine finalists in the 'Best Not for Profit Working in Partnership with the NHS' category.



Case Study

NHS Retrofit Scheme, Cheltenham

Through the NHS Retrofit scheme, Cheltenham resident Susan was referred by her GP to Severn Wye Energy Agency for home energy improvements to support her health. Susan's cold home worsened her conditions, leading to frequent medical appointments. Severn Wye's person-centred approach identified measures with minimal disruption, installing loft insulation and solar PV with battery storage—fully funded by NHS Retrofit. These upgrades improved her Energy Performance Certificate rating from D56 to C73, cut annual energy bills by 57%, and enhanced comfort and wellbeing. Susan said:

// **The project has been wonderful. My house is so much warmer... I've earned £92 from my energy supplier and I'm so grateful.**

This partnership between NHS services and Severn Wye shows how housing interventions can reduce health risks, prevent hospital admissions, and deliver social value.

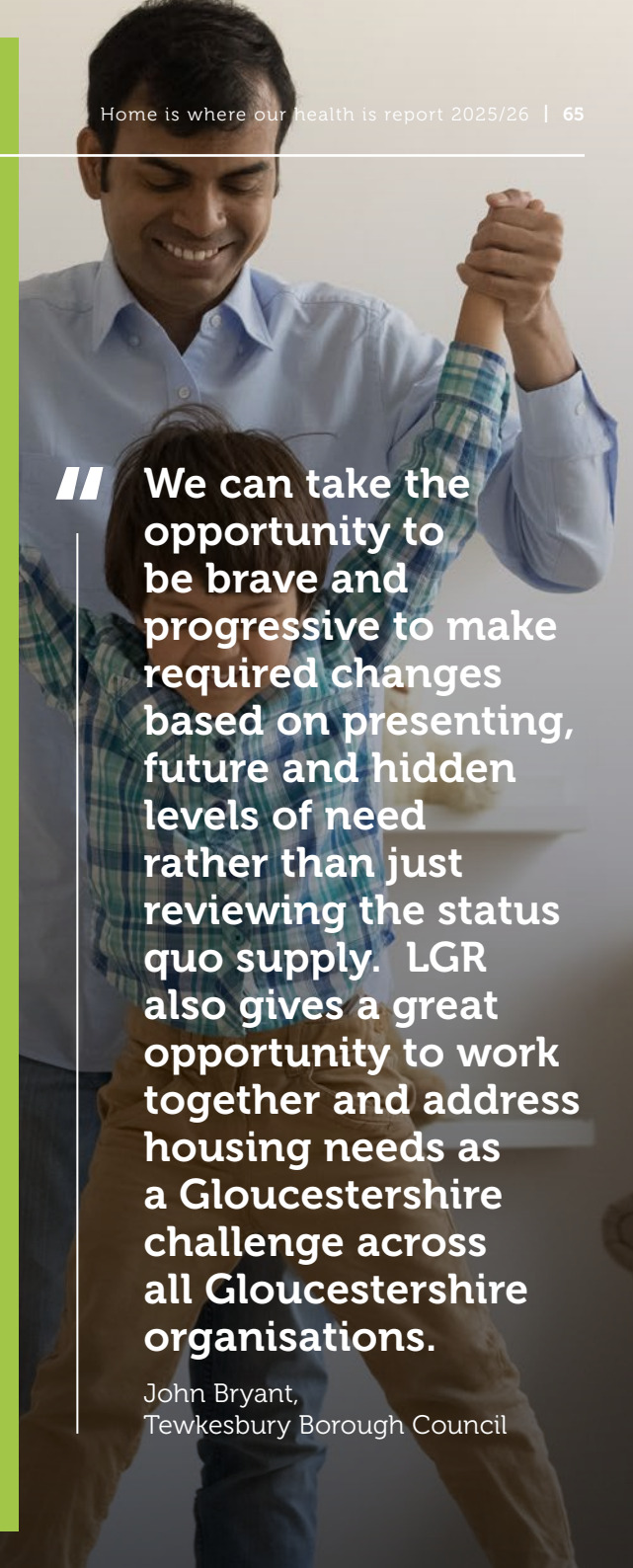
Under one roof

Unlocking the opportunities
of Local Government Reorganisation



// We can take the opportunity to be brave and progressive to make required changes based on presenting, future and hidden levels of need rather than just reviewing the status quo supply. LGR also gives a great opportunity to work together and address housing needs as a Gloucestershire challenge across all Gloucestershire organisations.

John Bryant,
Tewkesbury Borough Council



Under one roof



Unlocking the opportunities of Local Government Reorganisation

In December 2024, the *Government's White Paper* introduced the government's intention to permanently shift power away from Whitehall and "into the hands of those that know their communities best - local and regional government". For Gloucestershire this signals a change from the current two-tier local government approach (County and District Councils), to a single, unitary council or councils, depending on the preferred model.

Since the announcement, all seven councils have been working collaboratively and individually to explore options for local government reorganisation. This has included engaging with residents and stakeholders, debating preferred models in council meetings, and preparing interim and final proposals for submission to central government. Councils have also been assessing financial implications, service integration opportunities, and governance arrangements to ensure any future structure delivers improved efficiency, stronger local accountability, and better outcomes for communities.

It will be the government who makes the final decision about what form a new unitary/ unitaries will take, with a ministerial decision expected in summer 2026 and a new local government structure likely commencing in Spring 2028.

In Gloucestershire's current two-tier system, district councils hold the large majority of housing functions (e.g. planning, housing enforcement, private sector renewal), while the county leads on public health and social care. Moving to a unitary model creates a unique opportunity for GCC Public Health to shape housing as a core determinant of health. As the report has detailed, housing quality, affordability, stability, and neighbourhood design drive physical and mental health outcomes, health service demand, productivity, and educational attainment.



In the immediate term, the transition offers real opportunities to align strategy and budgets, accelerate action on high-harm issues—such as cold homes, mould and damp, and homelessness—and ensure that health priorities and outcomes are consistently reflected in plan-making and planning decisions. As data begins to consolidate, population-level analytics will also give us the ability to identify and support households far more proactively than is currently possible. In parallel, economies of scale will open up new potential in procurement for retrofits (such as insulation and home adaptations), assistive technology, and digital case management.

Over the longer term, the gains are even greater. Redesigning commissioning, integrating datasets and reshaping the wider system—spanning planning, transport, and economic development—creates the conditions to meaningfully reduce health inequalities and enhance community resilience. Over time, a Health in All Policies (HiAP) framework with statutory traction in planning and housing decisions could embed health considerations into every stage of development, ensuring healthier homes and healthier places for generations.

While the value of a health–housing coalition is already clear, the transition to a unitary model gives us a real opportunity to bring diverse teams together around a shared purpose. Integrating the workforce will allow us to align professional cultures, harmonise pay frameworks and streamline operating models in ways that strengthen collaboration and service delivery. Likewise, building agile governance—through a cross-directorate board spanning Public Health, Housing, Planning, Adult Social Care and Children’s Services with the authority to act swiftly—will help us maintain momentum, improve coherence, and ensure decisions are made at the pace residents need.

The transition to a unitary model will naturally introduce operational challenges, but these also create valuable opportunities to strengthen our systems and clarify responsibilities. Establishing clear statutory lines for housing enforcement, homelessness duties and public health functions will help create a more coherent and responsive service. Similarly, addressing risks around data fragmentation—such as variation in Housing Health and Safety Rating System case management—offers the chance to design more consistent, safer and more connected processes that improve safeguarding and service quality. We also recognise that demand for home adaptations and energy support may grow, but by anticipating this early we can plan proactively and build capacity in a sustainable way.

Ultimately, the move to a unitary model offers GCC Public Health a rare and powerful opportunity to place housing at the centre of prevention. The journey will be demanding, but with a clear operating model and collective commitment, the benefits—for residents, for the wider system, and for the public purse—have the potential to be transformative and long-lasting.

