

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Cabinet

The meeting will be held at **7.00 pm** on **16 January 2019**

Committee Rooms 2 & 3, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Robert Gledhill (Chair), Shane Hebb (Deputy Chair), Gary Collins, Mark Coxshall, James Halden, Deborah Huelin, Barry Johnson, Susan Little and Aaron Watkins

Agenda

Open to Public and Press

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Queries regarding this Agenda or notification of apologies:

Please contact Lucy Tricker, Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **8 January 2019**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest at a meeting?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together
2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services
3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Cabinet held on 12 December 2018 at 7.00 pm

The deadline for call-ins is Friday 21 December 2018 at 5.00pm

Present: Councillors Robert Gledhill (Leader), Shane Hebb (Deputy Leader), Mark Coxshall, James Halden, Deborah Huelin, Barry Johnson, Sue Little, and Aaron Watkins

Apologies: Councillor Gary Collins

In attendance: Sean Clark, Director of Finance and IT
Roger Harris, Corporate Director of Adults, Housing and Health
David Lawson, Assistant Director of Law and Governance, and Monitoring Officer
Rory Patterson, Corporate Director of Children's Services
Julie Rogers, Director of Environment and Highways
Karen Wheeler, Director of Communications, Strategy & Customer Services
Lucy Tricker, Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

63. Minutes

The minutes of the Cabinet meeting held on 14 November 2018 were held as a correct record.

64. Items of Urgent Business

The Leader began by stating that one urgent item had been received and asked Councillor Halden to introduce the report. Councillor Halden stated that this item was regarding the Schools Funding Formula 2019-2020 and had gone through the Children's Overview and Scrutiny Committee before coming to Cabinet. He added that this was classed as an urgent item because it had not appeared on the Forward Plan and the outcome of the report had to go to the Secretary of State by 21 January 2019. He commented that the report addressed the problem of underfunding in local schools, and Thurrock would gain a net £1.3billion through the National Funding Formula which they could choose where to allocate. He described how the problem of underfunding was historic, with schools such as the Ockendon Academy being underfunded for decades, but now they could increase their finances by six figures. Councillor Halden then commented that the report also addressed the problem of overfunding areas such as the high needs block, as they had inherited funding which was not linked to demand. He continued by stating that with the new formula Looked After Children funding would be replaced with a Pupil Place Premium, but each child would receive an additional £400 top-up. Councillor

Halden then drew the Committee's attention to the work that had been undertaken in schools in the past 2.5 years including the new inclusion units that had been built; the new fair access panel; and the new money granted for mental health provision in schools. He clarified that four formula options had been taken to the Schools Forum, of which they had chosen Option C which used a transition period in 2019-2020, and then followed the national schools funding formula set out in Option A in 2020-2021. He then thanked Councillor Hebb for the budget surplus which would support the pressure on the Dedicated Schools Grant High Needs Block.

Councillor Little commented that she was pleased Looked After Children would receive an extra £400, and thanked Councillor Hebb for all his work on the budget surplus which meant the Council had money to do work such as this.

RESOLVED: That Cabinet:

1. Decided changes to the local funding formula to be implemented from April 2019. The Schools Forum have been consulted and the proposed changed take their comments into consideration:

The National Funding Formula , with the exception of Free School Means, to be implemented in 2019/20;

Minimum Funding Guarantee to be implemented at 1.5%, in line with the National Funding Formula guidelines. Any unallocated funds once the National Funding Formula has been implemented will be used to reduce the Minimum Funding Guarantee to the lowest possible figure to afford more protection to schools. The options presented show this as -0.57%

A revised calculation for Notional Special Educational Needs to be implemented consistent with the new funding formula.

The National Funding Formula to be implemented in full from 2020/21.

65. Declaration of Interests

There were no interests declared.

66. Statements by the Leader

The Leader began by thanking people who had contributed to the Give a Gift campaign currently running at intu Lakeside, and stated that each star on the Christmas tree represented a corporate child that was looked after by Thurrock Council. He stated that so far 2,300 presents had been received, which meant every corporate child could receive a gift from their social worker. He thanked local residents, businesses and volunteers for running the unit and donating, and mentioned that the Cabinet would also be volunteering after the meeting to help wrap the presents.

He continued by stating that Coalhouse Fort had received £7000 from a government grant to help fund projects such as the restoration of the World War Two radar tower and new information boards. He felt that the Fort was a jewel in the crown for the borough and wanted to protect the riverfront heritage for generations to enjoy.

The Leader commented that car cruising would be banned for three years in West Thurrock starting on Sunday 16 December, and this would prevent any kind of car cruising which would see a positive impact around the borough. The Leader then moved onto the Clean It, Cut It, Fill it figures and stated that since April: 2031 potholes had been filled in, 99% in target time; 890 acres of grass had been cut; 1944 tonnes of litter had been cleared; 1075 fly tips had been cleared; over 2000 fixed penalty notices had been issued; 90 community protection warnings had been issued; 35 community protection notices had been issued; and 87 £400 fines had been issued for fly-tipping. He then wished all Members and residents a Merry Christmas and Happy New Year and hoped residents would get into the Christmas spirit by taking part in events around the borough such as Christmas light switch-on's, and seeing the pantomime at Thameside Theatre. He also highlighted that there was free parking in Council run car parks on Saturdays throughout December, to encourage residents to do their Christmas shopping locally.

67. Briefings on Policy, Budget and Other Issues

There were no briefings on policy, budget or other issues.

68. Petitions submitted by Members of the Public

No petitions had been submitted by members of the public.

69. Questions from Non-Executive Members

No questions had been received from non-Executive Members.

70. Matters Referred to the Cabinet for Consideration by an Overview and Scrutiny Committee

No matters had been referred to the Cabinet for consideration by an Overview and Scrutiny Committee.

71. Lower Thames Crossing Update

Councillor Gledhill began by thanking Councillor Smith for all his hard work on the Lower Thames Crossing Task Force and stated he could not attend Cabinet as it was his birthday. He explained that the extraordinary meeting of Full Council on 11 December 2018 had unanimously decided to take Highways England to judicial review, and the business and residents representatives had also made their cases. He stated that the draft consultation response had gone to the LTC Task Force and had been agreed by Full Council at their extraordinary meeting. He added that all Thurrock

Councillors opposed the scheme and this was supported by individual Councillors across Essex and Kent. He felt that more work needed to be done to prevent the crossing, but if this could not be achieved then it needed to meet the resident's needs in Thurrock.

Councillor Halden congratulated the Leader and Councillor Coxshall on their work on the LTC and the Local Plan, which had also been passed at the extraordinary Full Council. He mentioned that both Basildon Council and Castle Point Council had struggled to implement their Local Plan, and this problem was seen nationally. He felt it was great that there had only been one objection to the Local Plan and this was testament to 16 months of hard work. He added that he felt the conversation towards the LTC had also changed dramatically in three years as evidence against it was now being produced and they were able to quantify the damage it would cause. He added that other Council's across Essex should look to Thurrock as a model of good governance. The Leader added that the government should listen to the reasons Thurrock were presenting against the LTC being built, and was glad to see the Task Force and Cabinet were feeding into this process.

RESOLVED: That Cabinet:

1. Noted the work of the Task Force.

72. Children and Young People's Emotional Wellbeing and Mental Health School Wellbeing Service (Decision 110488)

Councillor Halden introduced the report and stated he felt a lot of hard work had gone into its creation. He described how one in ten young people suffered from a mental health issue and how many of these ended up in the adult social care system which had a significant impact on their lives and money spent on their wellbeing. He discussed that a young people's survey had been commissioned which had received over 1000 responses, and a mental health summit had also been held. He stated that the outcome from these had been that too much emphasis had been placed on crisis clinical intervention, and although this was important there were other aspects to mental health, and these could be tackled by looking at the causes of mental health issues such as bullying. Councillor Halden then discussed the need for additional resources and team members as he felt the current wait time of 12 weeks was too long, and this should be reduced to 4 weeks. He described how the new team would have 6.5 practitioners that would work to create an improved mental health system in schools. He commented that as this was non-statutory work it could only be achieved because the budget was in surplus, and described how the scheme would be paid for as detailed in the report. He finally thanked officers, Public Health and the Osborne Trust for all their help in preparing the scheme.

RESOLVED: That Cabinet:

1. Approved the strategic direction of travel for implementing a School Wellbeing Service as a preventative offer to improving Children and

Young People's Emotional Wellbeing and Mental Health.

2. Approved the funding required to implement a School Wellbeing Service in Thurrock.

73. Children's Transport Re-Procurement of Service (Decision 110489)

Councillor Halden introduced the report and stated this had come to Cabinet because of the value of the contract. He then stated that funding would not be withdrawn for in-year school transport that had already been granted, but that too often the Council was relying on ad-hoc taxis under the exceptional circumstances category. He added that this report would better manage approved routes as the Council would no longer have to spot purchase taxis. He finally thanked Ensign Bus for all their work on the routes, particularly in areas such as Aveley.

RESOLVED: That Cabinet:

1. Approved the re-tender of a framework contract for Children's Transport in accordance with the Council's Contract Procedure Rules for a term of four years commencing at the start of the academic year 2019/2020.

2. Agreed the award of the contract be delegated to the Corporate Director of Children's Services in consultation with the Cabinet Member for Education and Health.

3. Noted that a further report will be presented should any policy changes be required in due course.

74. Review of Outsourced Service Provision (Decision 110490)

Councillor Hebb began by stating this report had been commissioned by Councillor Aker following a motion at Full Council. He congratulated the hard work put into the report by Sharon Bayliss and Stef Seff as the report was very clear and clinical. He added this report built on previous work about what services were delivered by which providers, as well as the ongoing Council Spending Review. He stated that 84% of services were delivered either by the Local Authority or volunteers based in Thurrock, but even the multi-national companies that were awarded contracts had employees who lived in the borough, which served the local economy. Councillor Hebb added that the Council tried to ensure that each tender had a local bid, and the Council also ran a workshop for local businesses on how to put together a successful procurement bid. He summarised by stating this was an ongoing piece of work, that the Council would revisit when the market or demand levels changed.

Councillor Huelin added that she felt disappointed that when officers had stayed late to present this report to Members, Councillor Aker did not show. She commented that the community workshops on how to place a successful

procurement bid were well attended and also showed local businesses how to get the funding they needed. The Leader also added that each tender was different and it was important small businesses knew how to put a bid together. He stated that the Council wanted good value for residents, both in terms of money and social added value and gave the example of the children's transport contract which utilised many Thurrock businesses.

RESOLVED: That Cabinet:

1. Reviewed the response to the motion raised by Councillor Aker MEP and agreed that the current and planned actions set out within the report were sufficient.

75. Quarter 2 Financial Position (Decision 110491)

Councillor Hebb began by stating that the current long-term economic plan had been in place for seven years and this had secured many services for residents. He commented that the budget would now be in surplus for the next 2.5 years, so if a child was born in May 2016 they would be in early-years before there were financial changes. He mentioned the Council Spending Review which set out the Council's self-sufficiency objectives and therefore gave elected Members a genuine choice. He then thanked officers at all levels for their hard work every year in increasing the budget surplus. Councillor Hebb then highlighted areas of the council which were experiencing financial pressures such as housing. He stated this was because of the focus on the Housing General Fund and the problem of homelessness in the borough which had to be tackled. He also drew the Cabinet's attention the ongoing pressure on Children's Social Care which was due to the number of new cases which had significant costing implications. He also mentioned Environment and Highways which experienced pressure, but stated this was a nationwide issue and not solely Thurrock's. He commented that new bin tags had now been launched which were important as it helped residents identify which waste can be recycled and therefore lowered processing costs at the recycling plants. He added that Thurrock was one of the only boroughs that still had weekly bin collections on all of its bins, and added this could only continue if the right rubbish was put in the right bins. Councillor Hebb then mentioned the pressures on public health as this was caused by the migration from the CCG to the Council.

Councillor Hebb then moved onto discussing the external income of £500,000 that the Council was bringing in, the dividends of which would start to come through soon. He drew the Committee's attention to page 109 of the agenda and table 10.7.1 which listed items that had been considered at Budget Council in February 2018, and how many of these targets had now been almost completed, such as approval of the Local Plan and initiatives to combat fly-tipping. He then discussed the table 10.7.2 in detail and the plans that were in place such as £750,000 extra for funding anti-social behaviour prevention in the borough and £100,000 extra in 2018/19 to fight the LTC.

The Leader added that he felt glad the Council did not have to make cuts, and were now having more debates on how to spend money rather than save it. He added that the new police officers would be in addition to those that were paid for through council tax, and as tackling anti-social behaviour was now a priority, these extra resources should start to see outcomes. Councillor Watkins added that new environmental protection measures such as the 'Curb It' Scheme were now in place to solve issues such as cars parking on grass verges which could ruin the verge and the road. He thanked Councillor Hebb for the budget surplus which allowed the environment team to run initiatives such as these.

RESOLVED: That Cabinet:

- 1. Noted the revenue forecast outturn position for 2018/2019 and that further mitigation is required to outturn within the agreed budget envelope;**
- 2. Noted the updates to the Medium Term Financial Strategy;**
- 3. Considered the additional funding bids;**
- 4. Noted the results of Treasury Management activities undertaken in the first half of 2018/2019;**
- 5. Noted the capital forecast outturn position and the overall position of the approved programme.**

76. Mid-Year/Quarter 2 Corporate Performance Report 2018/19

Councillor Huelin began by stating that 71% of services were on target, which was a record high, and the number of on-target services continues to increase. She felt that the Council were proactive in helping to meet targets such as the number of volunteers, which she had highlighted at the last Cabinet meeting and was now on-target. She added this report had gone to Corporate Overview and Scrutiny Committee in November and wanted to thank them for their hard work and due diligence to provide good governance. The Leader commented that under the last administration the figure of on-target services was often less than 50%, even with the amber target rating, and felt it was much better to see 71% with the new red and green only ratings.

RESOLVED: That Cabinet:

- 1. Noted and commented upon the performance of the key corporate performance indicators in particular those areas which are off target.**
- 2. Identified any areas which required additional consideration.**

77. Grays South Regeneration: Civic Offices Update (Decision 110492)

Councillor Coxshall introduced the report by stating that this project had first been started under the previous administration and was part of the Grays Masterplan to make Grays the civic capital of Thurrock. He added it would provide a better area for weddings and a more private area for those that were homeless. He added that Thurrock's goal was to build 10% better than London, and although this entailed a slight cost increase, it would make the building more economical in the long run. He added that as this project had been started 3-4 years ago, it was difficult to estimate cost, but that this report had designed for issues. He felt this would be a building which could last for a minimum of 20-30 years, and would place the Council entrance on the right side of the High Street now SEC College had opened, and could give a nice view over the Church. He mentioned that this new design would also allow for 120 new homes to be built on the site of CO1 which would be vital for the regeneration of Grays. The Leader added that this would also improve customer facing services and give a better customer experience, such as improved waiting area for those that had recently been made homeless.

RESOLVED: That Cabinet:

1. Approved the scheme for an extension to CO2 as set out in the body of the report and at Appendix A;

2. Authorised officers to submit the following:

i. A full planning application for an extension to CO2 based on the emerging designs contained at Appendix A

ii. A planning application for approximately 120 new residential units on the CO1 site to be submitted at a later date.

3. Authorised officers to begin a procurement process for the appointment of a main build contractor and enter into the relevant contracts to deliver the new Civic Offices.

78. Communities First - A Strategy for Developing Libraries as Community Hubs in Thurrock (Decision 110493)

Councillor Huelin began by stating that under the Labour administration libraries had had their budgets cut by over £500,000, which was two thirds of their original budgets. She elaborated that this was the first strategy in twenty years and reassured residents that libraries would not be closing, but would be evolving. She stated that 89% of residents wanted their libraries to become community hubs, such as the one in Ockendon, and could include services such as hearing tests or volunteer hubs, as well as hosting the usual craft and activities groups. She commented that the Aveley community hub would be reopening, as well as the East Tilbury hub. The Leader added that libraries were not just about renting books anymore, but had an increased range of

services.

RESOLVED: That Cabinet:

1. Approved the draft strategy at Appendix 1.

79. Acquisition of Employment Land Use (Decision 110494)

The Leader began by stating there were exempt appendices attached to the report, and if these had to be discussed they would need to enter exempt session and ask members of the public and press to leave. Councillor Coxshall stated that this report formed part of the regeneration plans and the land lift and shift policy. He commented that the site had been offered to the Council which would increase the Council's portfolio and income received. He added that as communities had built up, industrial sites had become stranded in the middle of residential areas, such as in Purfleet, Stanford-le-Hope, and the Globe Estate in Grays. The Leader clarified that the Globe Works had been situated there since the 1500 and 1600s, but that 90% of Thurrock Rectory was now urban and residential, with the Globe Industrial Estate in the middle. He stated he felt glad to see an increase in income, and felt this could better deliver other services across the borough.

RESOLVED: That Cabinet:

1. Noted the regeneration and investment opportunity presented by the acquisition of land identified in Appendix A which could be used for employment use purposes.

2. Approved the proposed freehold acquisition of the site as outlined in Appendix A of this report pursuant to Section 227 of the Town and Country Planning Act 1990, as well as Section 120 of the Local Government Act 1972, and delegated authority to the Corporate Director of Place and Director of Finance, in consultation with the Cabinet Member for Regeneration to negotiate and agree final terms for the site's acquisition and to enter into any necessary agreements for the purchase of the site for the Council.

3. Approved the development of the site as outlined in the report and delegated authority to the Corporate Director of Place to finalise the scheme, submit a planning application and enter into appropriate development agreements for its development in accordance with the planning permission.

The meeting finished at 20.03

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

16 January 2019		ITEM: 10
		Decision: 110495
Cabinet		
Medium Term Financial Strategy Update		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor Shane Hebb, Deputy Leader and Portfolio Holder for Finance		
Accountable Assistant Director: Jonathan Wilson, Assistant Director - Finance		
Accountable Director: Sean Clark, Director of Finance and IT		
This report is public		

Executive Summary

This report presents the latest version of the Medium Term Financial Strategy (MTFS) (appendix 1) and has been updated since the version presented to Cabinet on 12 December 2018 to reflect the Cabinet's recommendation of a zero percentage council tax increase in 2019/20.

Service Review proposals have been developed and are summarised in the body of this report. No further savings are being proposed at this time due to the success of the investment approach endorsed by both Cabinet and Council in October 2017.

Cabinet should note that the Investment Strategy is just one element of the move towards financial self-sustainability and that Council committed to following all other streams towards this aim.

The Council Spending Review "Service Review Boards" have continued to develop cross cutting expenditure savings along with an enhanced focus on income generation and their proposals have now been allocated to services and are set out in appendices 2 and 3 so as to inform Cabinet of overall changes to Directorate budgets. These are draft and will be updated in future reports as allocations are refined.

1 Recommendations:

- 1.1 That Cabinet note the assumption of a 0% Council Tax increase for 2019/20; and
- 1.2 That Cabinet note this draft budget and ask Corporate Overview and Scrutiny Committee to comment and make recommendations back to Cabinet in February ahead of Full Council.

2 Introduction and Background

- 2.1 All Members are aware of financial pressures that all councils have felt in previous years and that all face a challenge to become financially self-sustainable.
- 2.2 The MTFS presented to Cabinet on 12 December 2018 showed a balanced budget for part way into the forthcoming decade, based on a number of assumptions that, when delivered, puts Thurrock Council in a stronger position than most for the challenges ahead when the Revenue Support Grant discontinues and to meet the challenges of Business rates Retention that may bring less certainty to council funding over the medium term.
- 2.3 These assumptions are based on driving cost reductions through reducing staff costs, improved procurement, efficiencies through changing the ways the council works such as utilising digital channels and income generation through council tax, fees and charges and investments.
- 2.4 A key change to the MTFS considered on 12 December 2018 is the decision to recommend a zero percentage council tax increase for 2019/20 that reduces income by £2.1m in that and subsequent years.
- 2.5 The Council Spending Review “Service Review Board” has undertaken a number of cross cutting reviews challenging current delivery models, structures and assumptions with a view to improve outcomes and identify efficiencies. The board has a savings target of £0.902m in 2019/20 which is to be delivered following the implementation of the following review outcomes:
 - Children’s Social Care - £0.797m;
 - Transport - £0.060m; and
 - Planning - £0.063m.
- 2.6 Together these form an overall package that not only balance the budget but allows the council to invest in enhancing existing services and providing new services where a priority.
- 2.7 Before considering future years it is important to recognise any impacts from the current year. Cabinet have received two update reports in recent months with the most recent report on 12 December 2018 setting out net pressures of £0.500m. Main areas of concern are within Children’s, Environment and General Fund Housing Services as well as growing pressures relating to “No Recourse to Public Funds”. This latter pressure reflects the Council’s responsibilities to children that have entered the country but have no legal jurisdiction to reside. As such, the family is not able to access the normal range of financial support but the council must ensure the welfare of any children and thus their wider family.

- 2.8 To recognise the above, relevant growth has been included within the MTFS to meet the ongoing pressures.

3 Draft 2019/20 Budget and Future Forecasts

- 3.1 The MTFS attached at Appendix 1 sets out a balanced budget for four of the five year period based on the assumptions set out in the body of this report and appendices.

- 3.2 The summarised budget position for the medium term now stands at:

Narrative	2019/20 £'000	2020/2 1 £'000	2021/2 2 £'000	2022/2 3 £'000	2023/2 4 £'000
Net Additional (Reduction) in resources	3,493	(1,790)	(1,668)	(2,114)	(1,927)
Inflation and other increases	3,895	2,958	3,081	3,210	3,345
Treasury and Capital Financing	(11,478)	(2,178)	(336)	(1,224)	365
Demographic and Economic Pressures	3,000	2,200	2,200	2,200	2,200
Services Design	(2,226)	(900)	(1,000)	(1,000)	0
Position before carry forward	(3,315)	290	2,277	1,072	3,983
C/f Position	(2,488)	(5,803)	(5,513)	(3,237)	(2,165)
Working Total	(5,803)	(5,513)	(3,236)	(2,165)	1,817

- 3.3 The budget surplus in each year should only be used for one off expenditure and/or as a contribution to reserves. By not committing this surplus to ongoing expenditure the surplus carries forward to the subsequent year.
- 3.4 The scale of these surpluses provide the Council with further stability against any budget fluctuations whilst also offering the opportunity to major investment in the borough.
- 3.5 The draft Local Government Finance Settlement was announced on Thursday 13 December 2018. The announcement confirmed grant levels as set out in this and previous versions of the MTFS.

4 Council Tax and Future Funding

- 4.1 Cabinet will be aware that Thurrock Council has the lowest council tax in Essex and one of the lowest of all Unitary authorities throughout the country. Whilst there is no desire or need to change this position, officers' advice is clear that council tax increases are required and this is echoed in the Director of Finance's s25 Statement in recent years.
- 4.2 The assumptions at the start of the municipal year within the MTFS was a 2.99% council tax increase in 2019/20 (4.98% in 2018/19) and 1.99% thereafter.

- 4.3 Whilst surplus balances would suggest to most that increases are not required, Members have considered the following:
- 4.3.1 Advice from CIPFA is clear that investments should not solely be used to replace existing funding streams but for additionality;
- 4.3.2 The Comprehensive Spending Review that will be carried out by the government next year will assume that the council has increased council tax by allowable levels and so the amount the council can retain from its business rates will be reduced accordingly – the government will not replace any income foregone;
- 4.3.3 Whilst the Adult Social Care precept was welcome to provide much needed funding, the amount raised was reduced compared to the majority of other top tier authorities due to the low council tax base. It appears clear that additional precepts may well become part of local government funding going forward;
- 4.3.4 Following the above, it is still unclear how local government will be funded going forward. One aspect that is clear though is the direction of travel across the UK is for councils to rely on locally raised taxation; and
- 4.3.5 As other grants, such as public health, become part of mainstream funding councils will see a switch of statutory services currently being funded centrally needing to be funded locally.
- 4.4 Having considered the advice as set out above, the Cabinet has chosen to recommend a zero percentage council tax increase and figures have been amended accordingly.

5 Issues, Options and Analysis of Options

- 5.1 This report sets out the changes to the current year budget that are proposed for 2019/20. The impact on services is limited compared to previous years and allows for significant growth within the council's frontline services.
- 5.2 Council tax increases will always be recommended by officers, due to their ability to continue towards financial self-sustainability.
- 5.3 The report also sets out surpluses over the four year period of the MTFS. It is recommended that they only be used for one off expenditure as any commitment to ongoing expenditure will impact on future years as the budgets become a core requirement.

6 Reasons for Recommendation

- 6.1 The Council has a statutory requirement to set a balanced budget annually and to review its adequacy of reserves. This report sets out a balanced budget for 2019/20 and maintains the £11m level for the General Fund Balance.

7 Consultation (including Overview and Scrutiny, if applicable)

- 7.1 The budget planning governance structure includes involvement and consultation with officers, Portfolio Holders and Members. The process includes the Council Spending Review Panel, made up of cross-party Group Leaders and Deputies who meet regularly during the budget planning period and ahead of key decision points.
- 7.2 The draft budget will be considered by Corporate Overview and Scrutiny Committee on 31 January 2019.

8 Impact on corporate policies, priorities, performance and community impact

- 8.1 There are increases to frontline services where pressures have been identified in the current year that will help the council to deliver both its statutory services and priority areas.
- 8.2 The surpluses will also allow for additionality in services through enhancement, provision of new services or, indeed, a major capital investment in the borough.

9 Implications

9.1 Financial

Implications verified by: **Sean Clark**
Director of Finance and IT

Council officers have a legal responsibility to ensure that the Council can contain spend within its available resources. Regular budget monitoring reports will continue to come to Cabinet and be considered by the Directors' Board and management teams in order to maintain effective controls on expenditure. Austerity measures in place are continually reinforced across the Council in order to reduce ancillary spend and to ensure that everyone is aware of the importance and value of every pound of the taxpayers money that is spent by the Council.

Whilst this draft budget report sets a balanced budget, it does not include a council tax increase and so reduces the council's ability to maximise council tax streams going forward in its aim to become financially self-sufficient. Each 1% is circa £0.7m that is then lost to the income stream for perpetuity at a time where the government has made clear that councils will need to finance services through local revenues from both council tax and business rates.

The government in setting its grant support for the coming year has made the assumption that this funding would be realised and this assumption will also influence the Comprehensive Spending Review in 2019 that will determine the amounts of business rates that the Council will be able to retain for the delivery of local services over the period 2020-2023.

Recent announcements from CIPFA has raised concerns over the amount of property and other investments that local authorities are carrying out and the advice is clear that there needs to be more tangible benefits to the local authority area and its residents as opposed to purely financial gain. The government, in its announcement of the draft finance settlement, acknowledged this position and left the possibility of a future discussion with the Treasury open. Thurrock Council's investments do fall within the accepted parameters when considering the allocation of surpluses to enhance and/or provide new services.

Cabinet should note that even without investment targets included, the budget remains in balance thus demonstrating that the targets are not simply replacing a council tax increase.

9.2 Legal

Implications verified by: **David Lawson**
Head of Legal & Governance, & Monitoring Officer

There are no direct legal implications arising from this report.

There are statutory requirements of the Council's Section 151 Officer in relation to setting a balanced budget. The Local Government Finance Act 1988 (Section 114) prescribes that the responsible financial officer "must make a report if he considers that a decision has been made or is about to be made involving expenditure which is unlawful or which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency to the authority". This includes an unbalanced budget.

9.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities Manager

There are no specific diversity and equalities implications as part of this report. A comprehensive Community and Equality Impact Assessment (CEIA) has been completed for council tax increases.

9.4 Other implications (where significant – i.e. Staff, Health, Sustainability, Crime and Disorder)

Budget surpluses to date have been used to support action against Anti-Social Behaviour and to secure more police officers within the borough. The surpluses have also allowed increased activity within Environmental Services whilst also investing in social care to support the borough's vulnerable.

10 Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Budget working papers held in Corporate Finance
- Budget Review Panel papers held in Strategy and Communications

11 Appendices to the report

- Appendix 1 – Medium Term Financial Strategy
- Appendix 2 – Savings by CSR Board
- Appendix 3 – Indicative Service Budget Impact 2019/20

Report Author:

Sean Clark

Director of Finance and IT

MEDIUM TERM FINANCIAL STRATEGY

Narrative	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000
1. Local Funding		75% BRR			
Council Tax Base / Charge	(606)	(1,939)	(1,999)	(2,065)	(2,127)
Council Tax Social Care Precept	(48)	(48)	(49)	(49)	(50)
	(654)	(1,988)	(2,047)	(2,114)	(2,177)
Business Rates Precept	(378)	(658)	(500)	(500)	(250)
2. Total Government Resources					
Revenue Support Grant	4,000	658	6,039		
Transfer to funding formula under 75% retention	0	0	(6,039)		
New Homes Bonus	122	0	500	500	500
Other Grants	403	198	379	0	0
	4,525	856	879	500	500
Net Additional (Reduction) in resources	3,493	(1,790)	(1,668)	(2,114)	(1,927)
3. Inflation and other increases					
Pay award at 2%, Increments and legislative changes	3,150	2,214	2,281	2,350	2,421
Contractual and non contractual	746	744	799	859	924
	3,895	2,958	3,081	3,210	3,345
5. Treasury					
Investment income	(14,297)	(3,818)	(3,214)	(3,756)	(1,700)
Interest Costs	2,819	538	2,570	2,500	2,065
MRP	0	1,102	308	32	0
Treasury and Capital Financing	(11,478)	(2,178)	(336)	(1,224)	365
6. Demographic and Economic Pressures	3,000	2,200	2,200	2,200	2,200
7. Services Design Principals and Strategic Boards	(2,226)	(900)	(1,000)	(1,000)	0
Position before carry forward	(3,316)	290	2,277	1,071	3,983
C/f Position	(2,488)	(5,803)	(5,513)	(3,237)	(2,165)
Working Total	(5,803)	(5,513)	(3,237)	(2,165)	1,817

SAVINGS BY CSR BOARD

Board	Proposal	2019/20
Procurement	Savings to be delivered through effective procurement and contract management	105
Commercial	Further income through the expansion and development of traded services	270
Commercial	Growth in fees and charges income reflecting 18/19 forecasts and review of fees and charges, mainly through volume increases as a direct result of service areas understanding and acting upon market and competitor information	100
ICT / Digital	Legacy Application Rationalisation and Unified Communications	130
People	Savings to be delivered through ongoing review of employee related costs including reducing use of high cost agency staff, effective attendance management and reviewing overtime arrangements	500
Property	Rental income stretch target - annual increase in rent roll through lease reviews and renewals	200
Service Review	Service Review savings to be identified through ongoing review process	920
TOTAL		2,225

Indicative Service Budget Impact 2019/20

Directorate	Service	2018/19 Net Current Budget (September 2018) £000	2018/19 Forecast & Carryforward Adjustment £000	MTFS Change in Resources 2019/20 £000	MTFS Growth, Inflation & Other Increases 2019/20 £000	Baseline Budget 2019/20 £000	Commercial Savings £000	Customer & Demand Management Savings £000	ICT/ Digital Savings £000	People Savings £000	Procurement Savings £000	Property Savings £000	Service Review Savings £000	Total Savings £000	Indicative Budget 2019/20 £000
Environment and Highways	Environment & Highways	1,313	(55)		143	1,401				(2)				(2)	1,399
	Highways, Fleet and Logistics	7,217	502		279	7,398	(24)			(22)				(46)	7,352
	Street Scene and Leisure	17,520	834		1,358	19,712	(165)			(31)				(256)	19,456
	Unallocated Surplus / (Deficit)	0	(1,281)			(1,281)									(1,281)
	Environment and Highways Total	26,050	0	0	1,780	27,830	(189)	0	0	(115)	0	0	0	(304)	27,526
Place	Assets	5,563	(241)		38	5,366	22			(5)		(200)		(183)	5,183
	Economic Development	546	(88)			458	(20)			(2)				(22)	436
	Lower Thames Crossing	449	(337)			112								0	112
	Planning, Transportation & Public Protection	3,202	538			3,740	(76)			(23)			(63)	(162)	3,578
	Unallocated Surplus / (Deficit)	0	(304)			(304)									(304)
	Place Total	9,766	(432)	0	38	9,372	(74)	0	0	(30)	0	(200)	(63)	(367)	9,005
Children's Services	Children and Family Services	28,902	609		401	29,312	(3)			(37)	(5)		(737)	(308)	29,004
	Central Administration Support and Other	1,382	(284)			1,098				(7)				(7)	1,091
	Learning & Universal Outcomes	5,103	(1,167)		5	3,941	(116)			(11)				(127)	3,814
	School Transport	750	410			1,160							(60)	(60)	1,100
	Unallocated Surplus / (Deficit)	0	15			15									15
	Children's Services Total	36,137	(417)	0	406	36,126	(125)	0	0	(115)	(5)	0	(857)	(1,102)	35,024
Adults; Housing and Health	External Placements	23,029	(208)			22,821				(2)	(100)			(102)	22,719
	Provider Services	10,027	25		4	10,056	(19)			(145)				(164)	9,892
	External Commissioning	2,495	(16)			2,479	(2)			(4)				(6)	2,473
	Public Health	75	(75)			0								0	0
	Better Care Fund	1,346	(1,346)			0								0	0
	Adults; Housing and Health Total	38,705	(1,346)	0	4	37,363	(31)	0	0	(153)	(100)	0	0	(284)	37,079
Housing General Fund	Homelessness	522	(35)		180	667				(4)				(4)	663
	Private Sector Housing	321	0			321	(1)							(1)	320
	Travellers	(103)	(5)		75	(33)								0	(33)
	Unallocated Surplus / (Deficit)	0	40			40									40
	Housing General Fund Total	734	0	0	255	989	(1)	0	0	(4)	0	0	0	(5)	984
Finance, IT and Legal	Corporate Finance	2,010	(85)			1,925	50			(8)				42	1,967
	Cashiers	65	0			65								0	65
	Chief Executive	352	(1)			351				(1)				(1)	350
	ICT	3,439	0			3,439			(50)	(7)				(57)	3,382
	Revenue and Benefits	1,927	(10)			1,917				(12)				(12)	1,905
	Finance, IT & Legal Total	10,904	0	0	0	10,904	(25)	0	(50)	(48)	0	0	0	(123)	10,781
HR; OD and Transformation	HR & OD	4,297	(150)			4,147	(54)			(7)				(61)	4,086
	Unallocated Surplus / (Deficit)	0	13			13									13
	HR&OD Total	4,297	(137)	0	0	4,160	(54)	0	0	(7)	0	0	0	(61)	4,099
	Corporate Strategy & Communications	1,741	(146)		7	1,602	(20)			(16)				(36)	1,566
	Social Care Performance	382	0			382				(3)				(3)	379
	Strategy, Communications and Customer Services Total	2,723	0	0	7	2,730	(20)	0	0	(19)	0	0	0	(39)	2,691
Commercial Services	Commercial Services	683	(10)			673				(2)				(2)	671
	Unallocated Surplus / (Deficit)	0	10			10									10
	Commercial Services Total	683	0	0	0	683	0	0	0	(2)	0	0	0	(2)	681
	Corporate Finance	(15,040)	1,330	150	(1,739)	(15,239)	143			(7)				142	(15,157)
	2019/20 Savings to be Allocated	0				0			(80)					(80)	(80)
	Central Expenses Total	(15,040)	2,332	150	(1,739)	(14,297)	143	0	(80)	(7)	0	0	0	62	(14,235)
Revenue Funding	Council Tax Income	(65,403)	0	(2,673)		(68,082)								0	(68,082)
	Grant Income	(3,418)	0	375		(3,043)								0	(3,043)
	MNDP Income	(35,434)	0	(378)		(35,812)								0	(35,812)
	Revenue Support Grant	(10,638)	0	4,000		(6,638)								0	(6,638)
	Revenue Funding Total	(114,953)	0	1,324	0	(113,635)	0	0	0	0	0	0	0	0	(113,635)
	Grand Total	0	0	1,474	751	2,225	(370)	0	(130)	(500)	(105)	(200)	(320)	(2,225)	0

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16 January 2019		ITEM: 11
		Decision: 110496
Cabinet		
Procurement of Microsoft Licence Subscriptions		
Wards and communities affected: All	Key Decision: Key Decision	
Report of: Councillor Shane Hebb, Deputy Leader & Portfolio Holder for Finance		
Accountable Assistant Director: Murray James, Assistant Director ICT		
Accountable Director: Sean Clark, Director of Finance and IT		
This report is Public		

Executive Summary

Thurrock Council's office function is supported, as with many other local authorities, by the use of Microsoft software such as the operating system and Office suite of products including Word, Excel and Outlook.

These products are purchased from a licensed Microsoft re-seller Bytes Software Services Ltd, and the current year's cost is £357k per annum. The Council's contract with Bytes expires at the end of March 2019 and it is therefore necessary to re-procure provision for the forthcoming period.

Software purchases are routinely made using publicly accessible frameworks for speed of use and economy of scale. This report recommends the use of the Kent County Council (KCS) Software framework Lot 1 which has a total of 9 suppliers including Bytes which should therefore generate sufficient competition.

1. Recommendation(s)

- 1.1 Approve the process to commence procurement of the Microsoft Licences Subscriptions contract for a period of three years plus a further optional extension of three years.**
- 1.2 Agree delegated authority for award of contract to the Director of Finance and IT in consultation with the Portfolio Holder for Finance.**

2. Introduction and Background

- 2.1 Microsoft Licences are critical to the digital operation of the council; they are the foundation to all the digital services that are delivered within the organisation. For example, the desktop operating system and office suite, E-

mail, Skype etc. In addition the vast majority of the council's line of business applications are delivered using Microsoft technology.

- 2.2 Without the Microsoft subscription Thurrock would lose the rights to run any Microsoft applications within its ICT estate. The enterprise agreement will provide Thurrock with the best value of end user technologies on a per user, per device basis. It allows Thurrock to flex up or down the licences should its workforce numbers change, which is very much in line with cloud delivery models.
- 2.3 The renewal of the Microsoft Enterprise Subscription agreement will provide the rights to run many elements of Office 365. This will support a number of council digital projects i.e. Collaboration, Exchange online and Enterprise mobility.

3. Options Appraisal and Procurement Process

- 3.1 The current spend on Microsoft Licences Subscription is £357k per annum. Microsoft fix their prices for a period of three years from the start of the contract agreement, and therefore it is in the Council's best interest to secure a contract for this term, with an option to extend for a further three year period. This will provide some leverage in terms of the support agreement, and a good negotiating position when considering whether or not to grant the extension. The maximum contract period will therefore be six years in total.
- 3.2 The cost of the subscriptions exceeds the EU threshold and therefore the Council is required to follow either a full tender process including advertisement in OJEU (Official Journal for the European Union) or to run a mini-competition which is a shorter competitive process, using a public purchasing framework.
- 3.3 A number of public frameworks exist that contain the key national re-sellers for Microsoft, including the Council's current incumbent Bytes Software Services Ltd. Officers have reviewed the frameworks and propose to use the Kent County Supplies National Framework: Software Products and Associated Services, reference Y17038. This framework allows for further competition between the re-sellers, ensuring Thurrock Council is able to secure best value.
- 3.4 If Cabinet is content to agree the recommendation, a mini-competition will be launched on 23 January 2019 with a quick turnaround response required by mid-February. The projected contract award will be late February with a start date of 1 April 2019.

4. Reasons for Recommendation

- 4.1 This report is submitted to Cabinet as a key decision with a total value over £500,000 in order to request permission to proceed to tender and award a contract for Microsoft Licences in accordance with the Constitution Chapter 9 Part 2 Contract Procedure Rules.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This procurement is inward facing only; however ICT regularly survey staff and Members about their service and suitability of products and software.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Provision of an effective back office, powered by suitable modern software is essential to the delivery of all of the Council's priorities.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Director of Finance and IT

Authorisation is given to go ahead with the tender process; the cost of the licences once procured will be met from the ICT budget.

7.2 Legal

Implications verified by: **Freda Benjamin-Laing**
Contracts Lawyer

This report seeks Cabinet approval to seek the procurement of Microsoft Licence Subscriptions via mini competition under the Kent County Supply National Framework: Software Products and Associated Services framework agreement as proposed in paragraph 4.3 of this report.

The proposed procurement process being considered is estimated at above the applicable European Union thresholds for contracts of this type and this means there is a legal requirement for the procurement process to comply with the provisions of the Public Contracts Regulations 2015 (PCR, 2015).

In addition, taking the above into account and on the basis of the information in this report, the proposed procurement must comply with the Council's Contract Procedure Rules which requires that for contracts over a value of £750,000, Officers must obtain approval to proceed to tender, approval to award a contract in writing from Cabinet or a Cabinet Member having the delegated power to do so.

The report author and responsible directorate are advised of the provisions of Regulation 33 (3) of the Public Contracts Regulations 2015 which prohibits the term of a framework agreement exceeding four years save in exceptional cases duly justified by the subject matter of the framework agreement and to

keep Legal Services fully informed at every stage of the call off from the framework agreement.

Legal Services are on hand and available to assist and answer any questions that may arise relating to any call off from the framework agreement.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
Community Development and Equalities Manager

There are no direct diversity implications relating to this report.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None specific

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. **Appendices to the report**

Appendix 1: Stage 1 Procurement Form

Report Author

Joe Gregory

IT Infrastructure Manager

PROCUREMENT STAGE 1 – APPROVAL TO PROCEED TO TENDER

This form must be completed for all procurements above the tender threshold (£75,000 - Services and Supplies and £500,000 - Works)

If contract value is over Cabinet approval threshold (£750,000) this form shall be appended to the Cabinet report. This form will be “open” for publication.

1.	INTRODUCTION	
1.1	Contract Title	Microsoft Licences Subscription
1.2	Reference	PS/2018/309
1.3	Directorate	Finance & IT
1.4	Contract Cost	£1.2 Million maximum over 3 years plus 3 year extension
1.5	Description	Microsoft Licences (operating system and Microsoft Office, Skype, Server, Exchange, etc) plus support
1.6	Contract Term	3 years plus potential for 1 x 3 year extension
1.7	Political Sensitivity	N/A

2.	BUSINESS CASE	
2.1	Business Case	<p>Microsoft Licences are fundamental to the running of the Council. Purchasing of a subscription service through an authorised re-seller will enable us to access the latest version of software for upgrades as these happen during the contract term.</p> <p>The service will be procured using the Kent County Supplies Software Framework and ensure provision of additional support (pre and post sales) at no extra charge but also allow for consultant days for support on specific projects where additional expertise is required.</p>
2.2	Key Deliverables	The 3 + 3 year term ties into the Microsoft pricing model and will support a high level of performance for the contract but still enable Thurrock to exit after the initial period if a competitive price is not offered for the extension term.
2.3	Commercial Pressures	This is a stable market with no specific market pressure
2.4	Contractor Employment Status ¹	N/A
2.5	Award Criteria	45:55 price quality envisaged
2.6	Social Value	This is fundamentally a resale of Microsoft products but we will look to see if there is any potential SV gain

¹ Use online self-assessment tool: <https://www.gov.uk/guidance/check-employment-status-for-tax>

2.7	Previous Contract	PS/2017/400 ending 31st March 2019
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3.	FINANCIAL CONSIDERATIONS						
3.1	Previous Contract Cost	1.1 Million					
3.2	Scope Changes	Is there any increase / decrease in scope that could impact costs?	No				
3.3	Annual Cost	Year	19/20 £000's	20/21 £000's	21/22 £000's	Later £000's	Total £000's
		Total Spend	£375	£375	£375	£1,125	£2,250
3.4	Funding Breakdown Identified	Revenue Budget	£375	£375	£375	£375	£2,250
		Capital Budget	£enter	£enter	£enter	£enter	£enter
		Other (Please State)	£enter	£enter	£enter	£enter	£enter
		Other (Please State)	£enter	£enter	£enter	£enter	£enter
		Total Funding	£375	£375	£375	£1,125	£2,350
3.5	Budget Code(s)	Click here to enter text.					
3.6	Unsupported borrowing	N/A					
3.7	Other Financial Implications	The market is already very competitive so significant savings are unlikely					

4.	PROCUREMENT ROUTE	
4.1	Procurement Route	Mini-Competition under Framework
4.2	Procurement Route Rationale	This is a fairly simple procurement and all major providers exist on the KCS Framework. Use of this will save time.
4.3	Does the contract require a waiver?	No
4.4	Single Source justification	N/A - not a single source
4.5	Waiver Rationale	N/A

5.	PROCUREMENT TIMETABLE		
5.1	Procurement Timetable	Publish Contract Notice	23 January 2019
		Selection Questionnaire Return	N/A
		Invitation to Tender Issue	23 January 2019
		Invitation to Tender Return	13 February 2019
		Notification of Result	22-28 February 2019
		Standstill Period	N/A
		Expected Award Date	25 March 2019
		Contract Commencement	01 April 2019

6.	RISKS, CONSULTATION AND MANAGEMENT					
6.1	Tender Process Risks	Risk Level			Negative Impact	Mitigation
	Lack of Interest	E - Very Low Likelihood	II - Significant Impact	EII - Low Risk	An extension would be required	Current supplier is on the framework and therefore likely to bid
	Enter Risk	Select Likelihood	Select Impact	Select Risk Level	Enter Negative Impact or N/A	Enter Mitigation or N/A
	Enter Risk	Select Likelihood	Select Impact	Select Risk Level	Enter Negative Impact or N/A	Enter Mitigation or N/A
6.2	Contract Performance Risks	Risk Level			Negative Impact	Mitigation
	Poor quality pre or post sales support	D - Low Likelihood	III - Marginal Impact	DIII- Low Risk	N/A	Contract management and optional extension should drive performance
	Enter Risk	Select Likelihood	Select Impact	Select Risk Level	Enter Negative Impact or N/A	Enter Mitigation or N/A
	Enter Risk	Select Likelihood	Select Impact	Select Risk Level	Enter Negative Impact or N/A	Enter Mitigation or N/A
6.3	Contingency	N/A.				
6.4	Consultation	Internal consultation on IT support and software is ongoing				
6.5	Project and Contract Management	The Contract will be procured and managed within the ICT department				
6.6	Procurement Implications	Spend on Microsoft Licences is low risk but high value and therefore utilising the KCS framework for a mini- competition will ensure Thurrock is in the best position to secure any potential savings, although these are likely to be small. The opportunity for a three year extension however may generate sufficient leverage to increase competition and ensure that value is maintained for the longer term.				

7.	LEGAL, FINANCE AND PROCUREMENT APPROVAL		
7.1	Procurement	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Procurement implications	
		Name	Stefanie Seff
		Signed (or obtain email confirmation)	
		Date	29/11/2018
7.2	Legal	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Legal implications	
		Name	Freda Benjamin-Laing
		Signed (or obtain email confirmation)	
		Date	03/01/2019

7.3	Finance	I confirm that I have been consulted and agree with the information contained in this report in so far as it relates to Financial implications	
		Name	Sean Clark
		Signed (or obtain email confirmation)	
		Date	03/01/2019

8.	APPROVAL TO PROCEED		
8.1	Approval Level	Over £750,000 - Cabinet	
8.2	Responsible Officer	I confirm that this procurement will be carried out in accordance with Rule 5 of the Council's Contract Procedure Rules (Chapter 9, Part 2 of the Constitution) and in particular the following duties have been met: <ul style="list-style-type: none"> • Compliance will occur with all regulatory or statutory provisions and the Council's decision making requirements • The Contract will be included on the Council's Contract Register • Value for Money will be achieved • Advice has or will be sought from the Director of Finance and Corporate governance as to an appropriate security bond or guarantee • Document Retention Policy has and will be complied with • Financial Evaluation will be made of all the proposed tenders including the recommended bidder • Advice has been and will be sought and followed from Procurement, Legal and Finance as necessary 	
		Name	Joe Gregory
		Signed	
		Date	03/01/2019
8.3	Assistant Director	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13.	
		Name	Murray James
		Signed (or obtain email confirmation)	
		Date	03/01/2019
8.4	Corporate Director	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13. I confirm that the Portfolio Holder has been consulted as required	
		Name	Sean Clark
		Signed (or obtain email confirmation)	
		Date	03/01/2019

8.5	Director of Finance and IT (If waiver required)	In accordance with the Contract Procedure Rules, I confirm the accuracy of the information contained within this form and authorise this request to Proceed to Tender including, where relevant, the permitting of a Waiver from the Contract Procedure Rules in accordance with Rule 13.	
		Name	
		Signed <i>(or obtain email confirmation)</i>	
		Date	
8.6	Cabinet	Minute Number	Enter approval minute reference
		Date	16/01/2019
Now send complete form to Procurement Services signed and scanned			

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16 January 2019		ITEM: 12 Decision: 110497
Cabinet		
Healthy Housing for the Third Age: Improving Older People's Health through Housing. Annual Public Health Report 2018		
Wards and communities affected: All		Key Decision: Key
Report of: Councillor James Halden, Portfolio Holder for Education and Health		
Accountable Assistant Director: Andrea Clement, Assistant Director and Consultant in Public Health		
Accountable Director: Ian Wake, Director of Public Health		
This report is Public		

Executive Summary

It is the statutory duty of the Director of Public Health to prepare an independent report on the health and wellbeing of the local population each year. Last year's Annual Public Health Report focussed on the sustainability of Children's Social Care in Thurrock. This year, the report considers the current and future needs of older people with respect to housing.

The report reviews evidence for what works for older people's housing to describe a vision for Thurrock, and then analyses local and national data, including residents' views, to identify older people's needs and preferences, then translating these into a set of specific recommendations.

1. Recommendation(s)

1.1 That Cabinet recommend the report to full Council.

2. Introduction and Background

2.1 One of the main goals of our Health and Wellbeing Strategy is to make sure Thurrock provides "Healthier Environments" and this encompasses ensuring that homes are developed that keep people well and independent and that strong, well connected communities are built.

- 2.2 There is a wide body of evidence that shows the link between good housing and health. Housing is widely accepted to be a key determinant of health and can impact positively and negatively on an individual's physical and mental health, in turn affecting the demand for and use of health and social care resources.
- 2.3 Thurrock has a growing and ageing population. Nationally, the population is living longer, albeit not necessarily healthier, lives. Within Thurrock, the over 65yrs+ population is estimated at 23,700 (2017) and is projected to grow by 5% by 2020, and potentially by 46% by 2035. As a result, it is anticipated that there will be a significant increase in the number of older people requiring health and social care services. Housing can contribute positively or negatively to the prevalence and management of health conditions.
- 2.4 Evidence suggests that issues related to accessibility, affordable warmth, managing gardens, maintenance requirements and running costs, and in some cases isolation from facilities, services and friends and family can make the existing homes of the population unsuitable for their needs in older age.

3. Issues, Options and Analysis of Options

- 3.1 These are set out in detail in the report itself.

4. Reasons for Recommendation

- 4.1 This report fulfils a statutory duty of the Director of Public Health (Health and Social Care Act 2012). The specific recommendations contained in the report arise from a detailed analysis of local and national data, as well as a review of evidence about what works for older people's housing.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 A wide range of stakeholders were consulted and contributed to this report. These are set out in the acknowledgements section of the report. Additionally, a local public engagement exercise was undertaken to ascertain the views of residents as to their housing needs and preferences and this is set out in the Appendix of the report.
- 5.2 The report was presented and discussed at Housing Overview and Scrutiny on the 18 December 2018. Following discussion around recognising local good practice examples, the report was subsequently amended to include greater reference to developments underway in Thurrock.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The report makes the case for focus on four key areas for older people's housing: the need to build a bespoke range of specialist homes, the need to build mainstream homes which are suitable across the life-course, the need to

ensure existing housing is suitable for older people, and a need to develop healthy places which incorporate age friendly features.

- 6.2 The report suggests that these changes will help mitigate the effects of unhealthy, unsuitable, unsafe or insecure houses on the health of older people. Additionally, the report suggests that there are a number of ways in which housing can be used as a vehicle within which to enhance existing services and engage hard to reach groups to improve health.
- 6.3 The recommendations contained within the report have implications for planning and housing policy, and the development of The Local Plan.

7. Implications

7.1 Financial

Implications verified by: **Joanne Freeman**
Management Accountant Social Care & Commissioning

The report looks at potential future needs for older people's housing. Whilst forecasting has not been done as part of this report, the report indicates that health and social care costs will increase as the population of older people increases, and that by ensuring housing is appropriate for this population, there is an opportunity to mitigate this increase in costs. The report makes a number of specific recommendations about reviewing and developing/expanding current initiatives for which there may be a financial implication. Specific investment decisions arising from the recommendations in this report would be subject to the approval of detailed business cases for individual services and these would be approved through the normal governance processes.

7.2 Legal

Implications verified by: **David Lawson**
Assistant Director of Law & Governance

There are no legal implications. This report has been prepared in accordance with the statutory duties of the Director of Public Health.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

The report outlines evidence that older people's health and housing needs are not equally distributed across the borough and that older people cannot be classed as a group with the same needs in regards to attitudes and preferences about housing. The recommendations made in this report would reduce or prevent the escalation of health and social care needs and help older people live independently and healthier in the home of their choice for longer. No group with protected characteristics, as set out in the Equalities Act 2010, will be negatively impacted by the recommendations in this report.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Detailed references are given in the main report.

9. Appendices to the report

- Appendix 1: Annual Public Health Report 2018: Executive Summary
- Appendix 2: Annual Public Health Report 2018: Full Report (copies available online, and in the Civic Offices reception)

Report Author:

Andrea Clement

Assistant Director and Consultant in Public Health

Public health

Annual Report of The Director of Public Health 2018

Healthy Housing for the Third Age: Improving Older People's Health Through Housing

Executive Summary

Page 41

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November 2018



Foreword



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This is my third Annual Public Health report, and this year following discussion with a wide range stakeholders across the council including colleagues in Planning, Regeneration, Communities, Adult Social Care and Housing we have chosen to concentrate on the topic of Older People's Health and Housing.

There is a wide body of evidence that shows the link between good housing and health. Thurrock has a growing and ageing population, and significant opportunity and plans for regeneration, including the building of new homes. Evidence suggests that issues related to accessibility, affordable warmth, managing gardens, maintenance requirements and running costs, and in some cases isolation from facilities, services and friends and family can make the existing homes of the population unsuitable for their needs in older age. As a local authority, our ambitious place making agenda provides a once in a lifetime opportunity creating attractive housing and communities that meet the needs of our population as they age, and keep them as healthy and independent for as long as possible.

Thurrock is about to develop an Older People's Housing Strategy, and I hope that this report will be a useful resource in informing this vital piece of strategic planning.

Finally, I would like to thank Andrea Clement, Assistant Director and Consultant in Public Health who has led production of the main report, and to the members of my team and wider council officers, who have contributed to its production
Ian Wake, Director of Public Health.



We know we have real issues with housing. We don't have enough and we must build more. It's as simple as that. The public health impact of housing is massive - physical health, emotional well-being, employment, enabled communities, social care and so on. The question for us is how we get the right mix and balance. We need to help young people get on the housing ladder, but that does not mean we build separate communities for an older population. This would only lead to a divided borough.

We need to focus on how we can help people not just live longer, but live better. This means housing that allows independence but enables support.

This Annual Report is an vital piece of work. It outlines how we can make the decisions that will allow us to build for the housing needs of the future. The old and infirm are an integrated and valued part of Thurrock, but we need to ensure we plan now for the housing they need.

I thank the Director of Public Health and the team for their typically excellent efforts.

Leading on from this will be a separate JSNA product which talks about the young side of the housing spectrum and how we enable the chance to grow via making sure they can put a roof over their own heads. From here, a cross department effort will be put in place to review the skills and training mix across the ASEL corridor to ensure we are training the workforce we need to deliver these new and innovative housing options. Ability to deliver is vital.

The public health team continues to lead from the front and is supporting innovation across local government and with partners, on social care, mental health, and now on housing.

Councillor James Halden, Cabinet Portfolio Holder for Education and Health..

Chapter 1:

Introduction



1. Introduction

One of the main goals of our Health and Wellbeing Strategy is to make sure Thurrock provides “Healthier Environments” and this encompasses ensuring that homes are developed that keep people well and independent and that strong, well connected communities are built.

There is a wide body of evidence that shows the link between good housing and health. Housing is widely accepted to be a key determinant of health and can impact positively and negatively on an individual’s physical and mental health, in turn affecting the demand for and use of health and social care resources. The housing and health link becomes increasingly important as we age, with Older People spending an average of 80% of their time at home.

Thurrock has a growing and ageing population. Nationally the population is living longer, albeit not necessarily healthier, lives. Within Thurrock, the over 65yrs+ population is projected to grow by 5% by 2020, and potentially by 46% by 2035. Evidence suggests that issues related to accessibility, affordable warmth, managing gardens, maintenance requirements and running costs, and in some cases isolation from facilities, services and friends and family can make the existing homes of the population unsuitable for their needs in older age.

Given the growing and ageing population in Thurrock, this report aims to answer the following four key questions for the population aged 65+:

- Page 44**
- What impact will demographic change have on the needs for new and existing housing stock across all tenures in the next 20 years?
 - What types of housing do our elderly population want and what are the impacts of choosing to move to a home more suitable for later life?
 - When considering a move to more suitable housing, what would make the option attractive to our older population?
 - What impacts does housing have on health and how can we enhance the positives and mitigate against the negatives? And how can we ensure they are better understood by those affected, thereby enabling them to better care for themselves?

There are five main categories of housing (figure 1). This report only considers accommodation options that provide a self-contained unit of accommodation (kitchen, bathroom, toilet behind a front door which only that household can use). This covers ‘mainstream’ housing options, sheltered housing schemes and specialist retirement housing schemes that provide self-contained units of accommodation alongside communal facilities (lounges, dining rooms etc.) and care packages. Residential and nursing home provision falls outside the scope of this report but were discussed in detail in the 2016 Annual Public Health Report on a sustainable adult health and care system for Thurrock.

This report is organised into seven chapters, as shown in figure 2. Chapters two to six deal with specific topics relating to the complex issue of older people’s housing and health.

Chapter seven aims to bring together the learning throughout this report in order to answer the four key questions above, and make recommendations for health and housing policy moving forward.

Figure 1 – The five main categories of housing

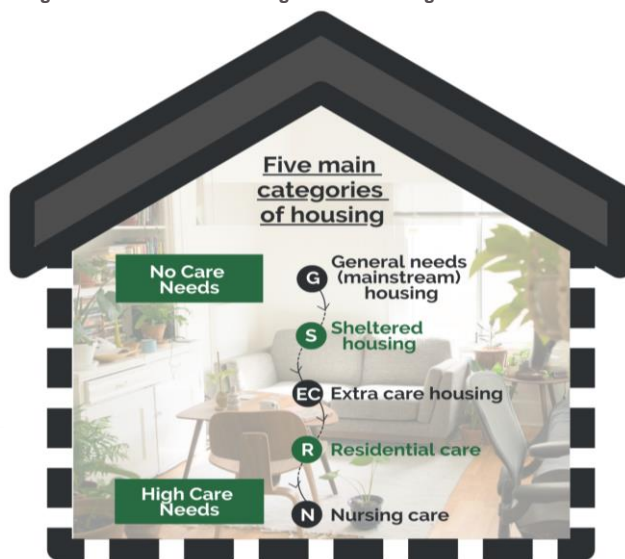
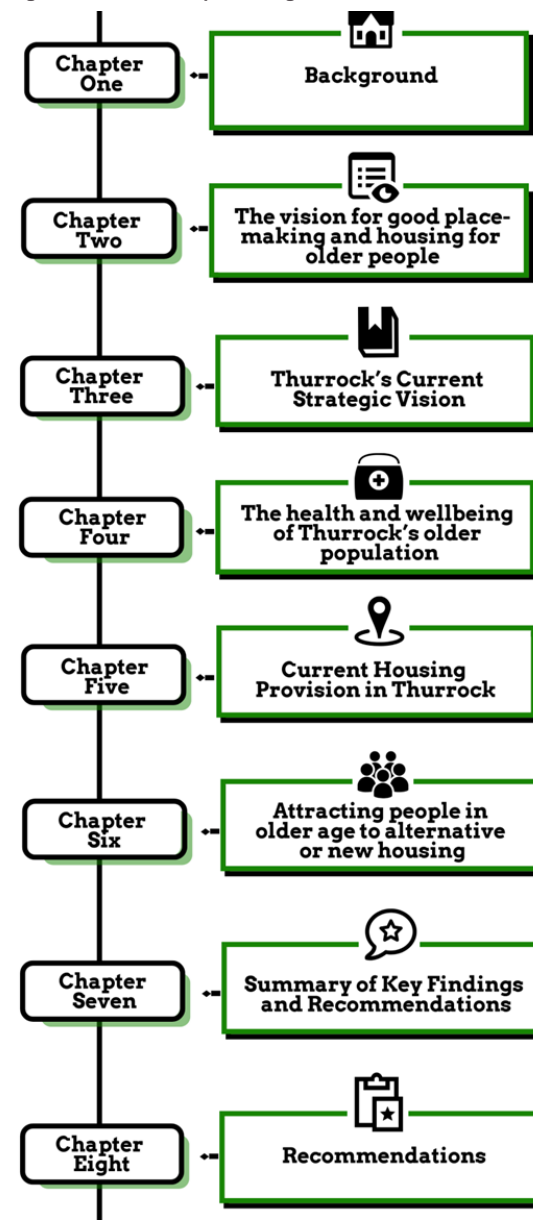


Figure 2 – How this report is organised



Chapter 1. Introduction

1.1 How does housing impact on health?

The relationship between housing and older people's health and wellbeing is complex one, encompassing the issues of cold/fuel poverty, air quality, discharge from hospital, falls, mental health and economic factors.¹ These are demonstrated in figure 3. Accessible and well designed homes and neighbourhoods can significantly enhance health and wellbeing² Conversely, vulnerable people aged over 75 are the group most likely to be living in poor housing.³

The current UK 'housing crisis' has been well documented in the media. However recent research commissioned by *Sky News*⁴ identified that the UK is in fact facing five different types of housing crisis, playing out simultaneously across the country. (Figure 4). Thurrock is ranked 45th worse out of 390 local authority areas in terms of lack of supply. Affordability, distribution, quality and demand rate comparatively better at 261st, 345th, 326th and 309th respectively.

Figure 3: The Relationship Between Housing and Health

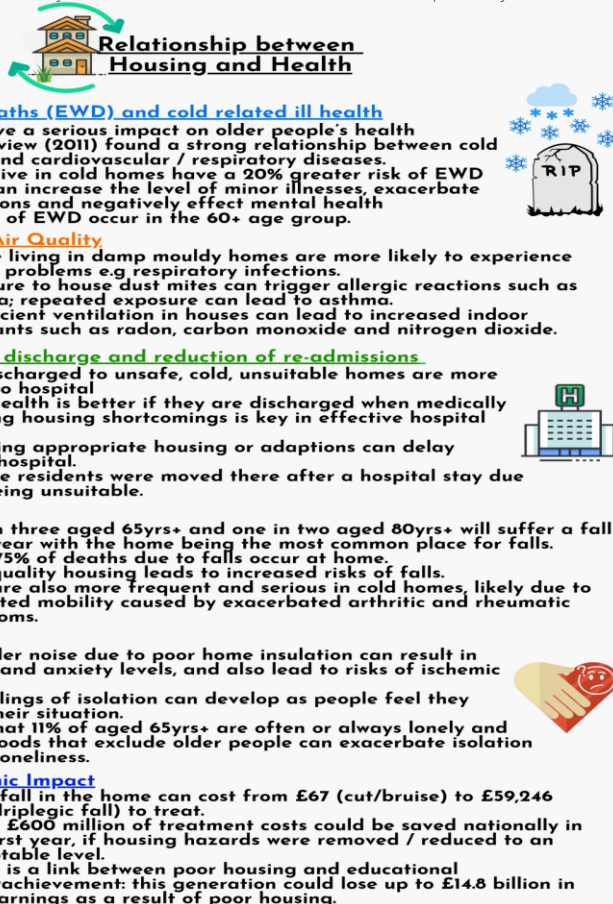


Figure 4: The Five Housing Crises Facing the UK in 2018



1.2 National Strategic Context

The Housing White Paper – Fixing our Broken Housing Market references Older People as a key group for which additional new homes are required and makes five recommendations including the need for ambitious plans for new housing at a local level; giving communities a stronger voice in the design of new housing; developing housing that meets future population need; supporting the most vulnerable; and developing sustainable approaches. Offering older people more housing choice that empowers them to live independently for longer to reduce costs on social care and health systems is stressed. The paper also promises a new statutory duty for local planning authorities to address the needs of older people's housing through their Local Plan.

Communities and Local Government Select Committee Enquiry (2018) made a series of recommendations including: to assist older people to overcome barriers to moving house; implement a national planning policy framework for the older population; require local authorities to publish a strategy for older people's housing and identify provision within their Local Plan; and that all new homes should be 'age proofed' to meet future population need.

The Prime Minister's Four Challenges were published in May 2018 as part of the Industrial Strategy and included "an Ageing Society". This referenced the need to use innovation to help meet the needs of an ageing population, with housing recognised as a key element of this challenge.

Care Act (2014)⁵ states that housing is a crucial for health and that services should be integrated with health and social care. The act places a statutory duty on local authorities to ensure sufficient capacity and capability to meet older people's needs, and to develop market position statements to promote a variety of accommodation.

National Memorandum of Understanding (2018) was devised to bring together key organisations from across the public and 3rd sector to maximise opportunities to embed the role of housing in joined up action on improving health and care services.

Chapter 2:

A Vision for Good Place- Making and Housing for Older People



Chapter 2: The Vision for Good Place-Making and Housing for Older People

2.1 Introduction

This chapter explores the vision for both housing and good place-making in the context of older people, by appraising the national and local policy guidance along with evidence from the academic literature and case studies from other areas. A more detailed discussion is provided in the full text of the Annual Public Health Report. Visioning has been undertaken on four key topics:

1. **The vision for good place-making** describes what a healthy place looks like, and what age-friendly features should be incorporated into the design of new developments
2. **The vision for new mainstream housing** describes the features that all new property should incorporate to make them better suited to the older population
3. **The vision for existing stock** considers how older people who live in existing mainstream housing can be supported
4. **The vision for specialist housing** describes what excellent specialist housing looks like and how this could be developed and incorporated into our Local Plan.

2.2 A Vision for Good Place-Making

Place-making is a multi-faceted approach to the planning, design and management of public spaces. Place-making capitalises on a local community's assets, inspiration, and potential, with the intention of creating public spaces that promote people's health, happiness, and well being. There is a growing evidence base on the components of a healthy place and on taking a people centred approach to understand how a place is used by its residents.⁶ The National Planning Policy Framework (13) updated in 2018 states that planning policies should aim to achieve health, inclusive and safe spaces that promote social interactions, are safe and accessible, and enable and support healthy lifestyles. NHS England recently proposed 10 principles for a healthy place, emerging from its Healthy New Towns Programme⁷. (Figure 5)

A significant amount of work has been undertaken both globally and nationally specifically on older people and the wider place-making agenda, most notably by the World Health Organisation with its age friendly agenda. The age-friendly initiative aims to promote active ageing to be a life-long process shaped by several factors that, along and together, favour health, participation and security in older adult life.⁸ Older people are arguably more susceptible to the positive and negative impacts of a place, and therefore incorporation of age-friendly features within a healthy place is important as these can enhance the potential benefits of a healthier place by better enabling older people to be active participants in it



Summary of Our Vision

- All new developments should have the principles of the *Healthy New Towns Programme* at their core
- All new developments should have age-friendly, place-making design, including public transport, green space, community, employment and volunteering opportunities, safety and security and digital inclusion.
- All new housing, including mainstream housing, should be built according to HAPPI principles
- Older people wishing to continue living in existing stock will be supported to do so through the use of adaptations and telecare where appropriate.
- There will be a wide range of specialised housing available of the appropriate tenure and high quality.
- Local people will be involved in the design of new specialised housing

Figure 5: The Five Housing Crises Facing the UK in 2018



Chapter 2: The Vision for Good Place-Making and Housing for Older People

The WHO identified five core principles for designing an age-friendly community⁹ are shown in figure 6. Figure 7 summarises the age-friendly features that should be considered in the wider place-making context, from the published evidence base.

Figure 6: The World Health Organisation Five Core Principles for an Age-Friendly Environment/Community



Figure 7: Age Friendly Considerations in Place-Making



Community

It is widely acknowledged that being part of a community and participating in social, leisure, cultural, and spiritual activities and community events can help to address social exclusion and isolation, and improve physical and mental health. It is widely accepted that older people should be included as full partners in their community with respect to decisions which affect them and they should be consulted by public, voluntary and commercial services on ways to serve them better.



Work, Volunteering and Education

Age friendly community's should enable and provide options for older people to continue to contribute to their communities through paid employment, voluntary work, micro-enterprise, timeBank, education and/or civic/political activities. This can support older people using a strength based approach, linking the skills of the wider community with the need of an older person who may just need a small amount of help to stay more independent and boosting mental capital which in turn increases individual resilience in later life.



Getting around

Public transport is preferred for many older people, and the availability, affordability, and accessibility of public transport can impact on an older person's ability to move around a place, access services, and participate in community activities. It should be comfortable, safe, not overcrowded, with appropriate stopping points, appropriate frequency and good signage. Older people also walk more, however their walking speed/distance decreases. It is important that places have safe walkways, with resting places and safe pedestrian crossings.



Health Facilities

Integrated, holistic services are the most effective way of providing care and this is even more relevant in the case of older people who are more likely to have multiple comorbidities alongside social factors. Taking a joined up place based approach can help in preventing, delaying and reducing future demand for health and care services. These health services need not only to be provided in a joined up way, but it is also important that these health care services are accessible close to an older person's home and with good transport links.



Shops and Leisure Facilities

Older people's housing tends to be best located in non-remote areas that have good access to town centre amenities and facilities. Several features of age friendly buildings which should be considered are: lifts, escalators, ramps, wide doorways and passages, suitable stairs (not too high or steep) with railings, non-slip flooring, rest areas with comfortable seating, adequate signage, public toilets with disabled access.



Crime and Neighbourhood Safety

A secure environment strongly affects older people's willingness to move about in the local community which in turn affects their independence, physical health, social integration and emotional well-being. Street lighting, violence, crime, drugs and homelessness in public places are concerns expressed everywhere.



Green Space

Green space should be available to all and in the UK the Green Flag Award is a recognised standard of quality for green spaces. Green space is of social, environmental and economic value, as it can contribute toward social connectedness, and have a function in overcoming loneliness, isolation and inactivity.



Digital Environment

A great value to older people with information readily available, it can be socially beneficial with social media helping them to stay in contact with friends/relatives and people who share an interest. Internet usage decreases with age, therefore older people may not be benefiting as much from the potential social benefits of technology. Technologies can provide access to in home health and social care i.e. telemedicine which includes alerts to remind people to take their medications and apps to track dementia patients.

Chapter 2: *The Vision for Good Place-Making and Housing for Older People*

2.3 A Vision for New Build “Mainstream” Housing

Not everyone can, or would wish to live in a specialist home. Therefore new mainstream housing needs to be built in a way that ensures that it is appropriate across the life to enable healthy ageing. This requires property be designed to enable flexibility, reducing the need for major adaptations which often require costly building work and are difficult to retro-fit in poorly designed homes.

Building regulation standards have been updated to make homes more accessible.¹⁰ However, some of these regulations remain optional. Additionally they do not incorporate other important features which would make the more suitable to healthy ageing. The ten HAPPI (Housing our Ageing Population Panel for Innovation) criteria are best practice for older people's housing suitability, are considered to be an exemplar standard for all housing and should be applied more widely (figure 8).

The DWELL study¹¹ also found that adaptability or future proofing of homes is important. It describes how flexible design strategies fall into three broad categories:

- **Construction** – the ease by which the structure of the home can be changed e.g. the ability to knock through walls
- **Plan** – the size, connectivity and definition of internal spaces, which allows flexibility on how space is used
- **Services** – the ease of changing or replacing building services such as heating during the life span of the building.

partial regulatory impact assessment conducted by the Communities and Local Government department¹² suggested that building to lifetime homes standards could reduce or delay the need for people to move into residential care, reduce the demand for temporary residential care when people are discharged from hospital, free up hospital beds where people are ready to be discharged but cannot due to shortages in care arrangements or accommodation and reduce the need for home care.

Whilst further research is needed, this demonstrates that building future proofed mainstream homes have the potential to result in cost savings to both the NHS and wider system.

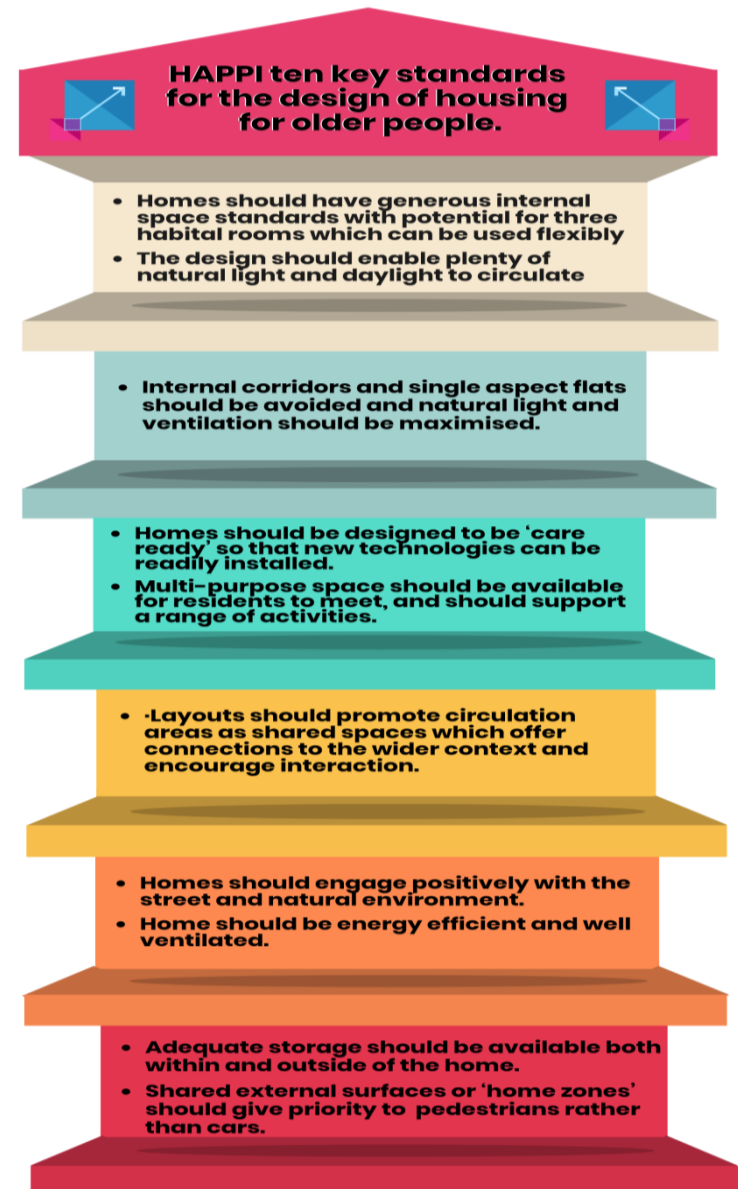
2.4 A Vision for Existing Homes

We know that the majority of the older population wish to remain in their current homes, however many mainstream homes are unsuitable for changing health and social care needs.

The Local Government Association in 2016 identified the three key issues of energy efficiency, safety and security which make housing less appropriate to the population as they age.¹³ Older people are much more likely to be affected by a cold home and suffer from fuel poverty (defined as using in excess of 10% of household income to heat a home). There is evidence to suggest warmth and energy efficiency can lead to improvements in respiratory health, mental health and cardio-vascular disease.¹⁴

Older people are at increased risk of unintentional injury in the home due to falls, trips and slips for example. There are several ways in which safety can be improved in existing housing stock, for example through housing adaptations and telecare solutions. As the risk of having an accident decreases, the ability and confidence of a person is likely to increase which may enable them to have greater independence and which in turn can lead to improvements in quality of life.

Figure 8: Ten HAPPI standards



Chapter 2: *The Vision for Good Place-Making and Housing for Older People*

There is strong evidence that minor home adaptations are effective and cost effective for preventing falls and injuries, improving performance of everyday activities and improving mental health. There is also strong evidence that minor adaptations are particularly effective at improving outcomes and reducing risk when they are combined with other necessary repairs and home improvements, such as improving lighting and removing trip and fall hazards.¹⁵ Evidence for major adaptations is more limited, but what is available suggests that the greatest outcomes are achieved when the individual, their family and their carers are involved in the decision making process, focusing on what the resident wants to achieve in their home.¹⁵

Evidence of cost effectiveness is strongest on falls prevention with one study suggesting that programmes that mitigate hazards associated with trips on staircases have a return on investment of 62% and a payback time of fewer than 8 months. The study concluded that adapting homes could offset the need for residential care and highlighted that the average disabled grant award for such adaptations was £7,000 compared to the average residential care cost per person for £29,000.

Assistive technology (telecare) including Smart Homes has also been shown to maintain functional status¹⁶ promote independence¹⁷, and lead to savings in formal care services¹⁶. An economic modelling study¹⁸ found that adaptive technologies could lead to reductions in the demand for other health and social care services worth an average of £579 per recipient per annum, and an improvement in the quality of life of recipients worth £1522 per person per annum.

Handyman services which assist older people with minor home repairs, safety and home security measures and energy efficiency checks have also been found to be cost effective. One study (48) found that every £1 spent on such services delivers £4.28 in savings to health and care services from falls prevention, and that such services reduced falls risk by 36%.

2.5 A Vision for Specialist Housing

Around 25% of the older people population nationally would consider moving, and many of these would consider moving into a specialist home. The key barrier to moving into a specialist home is the lack of appropriate homes.¹⁹ The vision for Thurrock is to take the opportunity presented through the Local Plan, to invest in building the mix of new specialist homes that older people want and need.

Predicting the demand for specialist homes is subject to great uncertainty and estimates range from an increase by between 35 and 70% nationally.

Encouraging older people to downsize may have the impact of freeing up larger families homes which may contribute towards alleviating overcrowding, however this issue is highly complex.

Older people may not free up finances by downsizing and there needs to be emphasis on other 'pull' factors to make specialist housing more attractive.

A 2012 Market Assessment of Older People's Housing in England²⁰ found that there was very limited choice for older person households moving home to accommodate their support needs. It also found that there had been little progress in integrating a housing offer for older people into mainstream developments. The Market Assessment identified three types of movers amongst older people households:

- **Lifestyle Movers** (typically younger older) moving to the coast or abroad for a better quality of life
- **Planners** (typically middle aged older) moving before they need to and while they still have the energy from a realisation of changing health status or that current housing is becoming unsuitable
- **Crisis Movers** (often the eldest group) who remain in their existing home until an accident or ill health forces a move.

The UK generally lags behind other international western democracies in developing new models of specialist housing for older people (box below), and has favoured models more traditional models that promote and extend independence including sheltered housing and Extra-Care (self-contained specialist housing units with a care team on site providing 24-hour care, seven days a week, and access to communal facilities, such as a restaurant or activities room). Most of these schemes provide some form of communal space and social activities for residents, and the evidence suggests that residents of extra care can enjoy a better quality of life than community dwelling older people.^{21,22,23} There is a lower mortality rate in extra care than care homes²⁴ and a lower likelihood of entering institutional care than those receiving domiciliary care in the community.²⁵ At the very least, there is evidence that extra care can help residents maintain their health status where it would have declined in a community context.

The evidence for the cost effectiveness of extra-care is somewhat mixed. Though many studies have shown long-term savings for extra-care over other institutional options, there is also evidence for higher costs.^{23,26,27,28,29} This is likely due to the variability of service provision and size between schemes.

Specialist housing should be co-produced/co-designed with local people to ensure it is designed with their needs in mind.

International Models of Specialist Housing for Older People

Co-Housing communities are created and run by their residents. Each household has a self-contained, private home but residents come together to manage their community and share activities. Cohousing is a way of combating alienation and isolation by creating 'neighbourly support'.

Garden Suites are a specialist version of a "tiny house", designed with features specifically for older people to support intergenerational living. A garden suite has a self-contained living area usually on the ground floor of a larger family home. In the UK they have been referred to as "Granny Annexes".

Intergenerational Housing Developments house older people alongside young people to create a dynamic community. Schemes have 'buddy programmes' which match older and younger residents for mutually beneficial social relationships as well as practical help for the older person.

Chapter 2: *The Vision for Good Place-Making and Housing for Older People*

2.6 Case Studies

Though nearly all of the little available evidence focuses on extra-care, there are other models of older adult housing that may be worth consideration. Below are two case studies each outlining a different type of scheme, some unique features and key elements or ideas to apply to future schemes. The third case study outlines two developments currently underway in Thurrock.

Case Study #1: Older Women's Co-housing (OWCH) group



Cohousing is a new concept in UK housing, though it has a long tradition in Northern Europe and the USA. The cohousing model originated in Denmark in the 1960s. It aspires to encourage independent living within a social environment through shared goods, services, meals and chores. Residents self-manage the scheme and agree to a set of shared values which are intended to encourage social cohesion.

The UK's first cohousing scheme was recently completed, after 18 years of planning and development, in High Barnet. New Ground opened in late 2016 consisting of 25 purpose built homes for 26 women aged between 51 and 88 as well as communal spaces and facilities. New Ground is a self-managed intentional community in which the residents were active in the design process from the very beginning to ensure that the result fit the needs and wants of its intended community.

The OWCH group was not just a consultation of future residents, members set up regular social activities in the years before the site opened to build a strong social structure which resulted in an active community where the women know and can rely on their neighbours for help and support. There are outings and activities that residents arrange as well as a weekly communal meal. The women were motivated by the avoidance of loneliness as they got older as well as retaining autonomy and agency over their lives.

A cohousing model like this one requires forethought and the acknowledgement of the realities of aging as well as a desire to live in a community of other older people. Support for senior cohousing projects is encouraged by the authors and contributors of the HAPPI reports.

Key principles:

1. Consult with end users when designing housing for older adults
2. Communal facilities
3. Social architecture- facilitate meaningful relationships through activities etc.
4. Mixed ages
5. Allow for an element of self-management to allow residents to engage and retain agency

Case Study #2: Halton Court, Greenwich, London



Halton Court is a 170-unit scheme for over 55s, part of Kidbrooke Village, the regeneration of the now demolished Ferrier Estate in Greenwich, London. Halton Court provides part of the affordable housing contribution under the Section 106 Agreement for Kidbrooke Village. At design stage the scheme Halton Court won the HAPPI category of the 2010 Housing Design Awards. It is distinguished by: award winning quality design; very generous private and communal spaces; the scale and range of facilities; a dense urban setting; located on a prominent site of a major regeneration scheme; prioritised for older people seeking to downsize. Lettings in the first two months of opening were at double the rate anticipated.

The scheme challenges the orthodoxy of large extra care housing schemes in that, although this is a large scheme with generous facilities, it is firmly a housing-led scheme rather than driven by social care. There are no requirements for residents to have any care needs to live here, and currently any care needs are met through domiciliary care services. Lettings are made through the choice-based lettings system of Greenwich's housing department rather than social care referrals from social services. However, the scale of this development will allow both on-site care and operation of the scheme to be developed on a more flexible basis than traditional extra care housing.

Sixty percent of the self-contained apartments are 2-bedroom, in response to this being the most common size desired by older 'downsizers'. There are a large number of communal facilities, which serve both residents and the public including a restaurant, hairdressers, spa and a Village Hall that all ensure the scheme is at the heart of the community. There are also guest suites for visitors to stay in, allowing connections with family and friends to remain active.

Key Principles:

1. Future-proof care ready design can attract older people wishing to move to a smaller home regardless of care needs
2. Incorporate HAPPI design principles
3. Ensure the scheme is in a dynamic location at the heart of the community
4. Priority for the rented homes is given to council or housing association tenants who are living in family-sized housing and want to downsize

Case Study #3: Bruyns Court and Calcutta Road, Thurrock



Bruyns Court

Thurrock Council invested in a major new development of 25 flats at Derry Avenue in South Ockendon designed specifically for older people. Bruyns Court has been designed in accordance with the HAPPI report housing design recommendations. The location is ideal as it is close to shops and other local amenities such as the South Ockendon Centre (the community hub). 18 of the flats have two bedrooms so that people with live in carers can accommodate them, and this also makes them suitable for couples who for health reasons, need to sleep in separate rooms. The flats are very energy efficient and well insulated so easy to heat in the winter. Each flat has its own balcony or patio and the windows have been designed to ensure ample natural light. For people who spend a lot of time at home, access to an outside space and having plenty of natural light, is a great bonus. There is plenty of storage for mobility scooters, and the bathrooms were designed so that they can easily be turned into wet rooms, should the need arise. People living at the scheme will have access to a secure shared garden and there is a garden room which residents can use for social gatherings and meetings, as well as a variety of spaces in the scheme where neighbours can socialise.

Calcutta Road

This housing scheme in Tilbury, also being developed by the Council, is the 2nd to be designed to follow the recommendations of the HAPPI report. The scheme comprises 31 one-bedroom flats and 4 two-bedroom duplexes, with communal facilities. All homes are dual aspect, wheelchair adaptable, and with a private outdoor balcony or patio. The scheme will feature three main landscaped external spaces: a small public space fronting onto Calcutta Road, a secure shared podium-level garden and an allotment garden to the north of the scheme. Completion is expected in late 2019.

Key Principles:

1. Incorporate HAPPI design principles
2. Ensure the scheme is in a dynamic location at the heart of the community
3. Ensure there are communal areas and outside space

Chapter 2: The Vision for Good Place-Making and Housing for Older People

2.6 Vision for Dementia

Dementia prevalence is predicted to increase by over 75% over the next 20 years from 1,526 in 2017 to 2,673 in 2035. (See Chapter 4 for more details). People with dementia have specific needs in terms of housing and environment, and there is a drive to create dementia-friendly communities.

Dementia Friendly Community

Ensuring that people with dementia have their needs understood, respected and supported within the context of a wider community, and are able to contribute to community life. In a dementia-friendly community people are aware of and understand dementia, and people with dementia feel included and involved, and have choice and control over their day-to-day lives. A dementia-friendly community is made up of individuals, businesses, organizations, services, and faith communities that support the needs of people with dementia".³⁰

The aim of dementia friendly communities is to improve quality of life for people with dementia regardless of where they live. At present the majority of people with dementia choose to remain in their own homes with support or move into a residential or nursing home setting. Issues for older people, such as loneliness and isolation tend to be exacerbated when the older person has dementia.³¹

The Alzheimer's Society (2018) has published guidance on delivering a dementia friendly approach to housing³⁰ suggests that the three key areas for consideration: are people with dementia are:

People: All housing staff including landlords, housing teams, and support workers should have awareness and understanding of dementia, have ability to interact with and communicate effectively with people who have dementia and be able to recognise needs.

Place: The creation and maintenance of suitable housing can support people living with dementia including the interior and exterior of buildings, areas around buildings and locations and includes retrofitting existing housing..

Process: Accessing residential provision and housing related services such as adaptations should be designed to reduce barriers for people with dementia and provide clear opportunities for people with dementia to contribute to decisions about their homes.

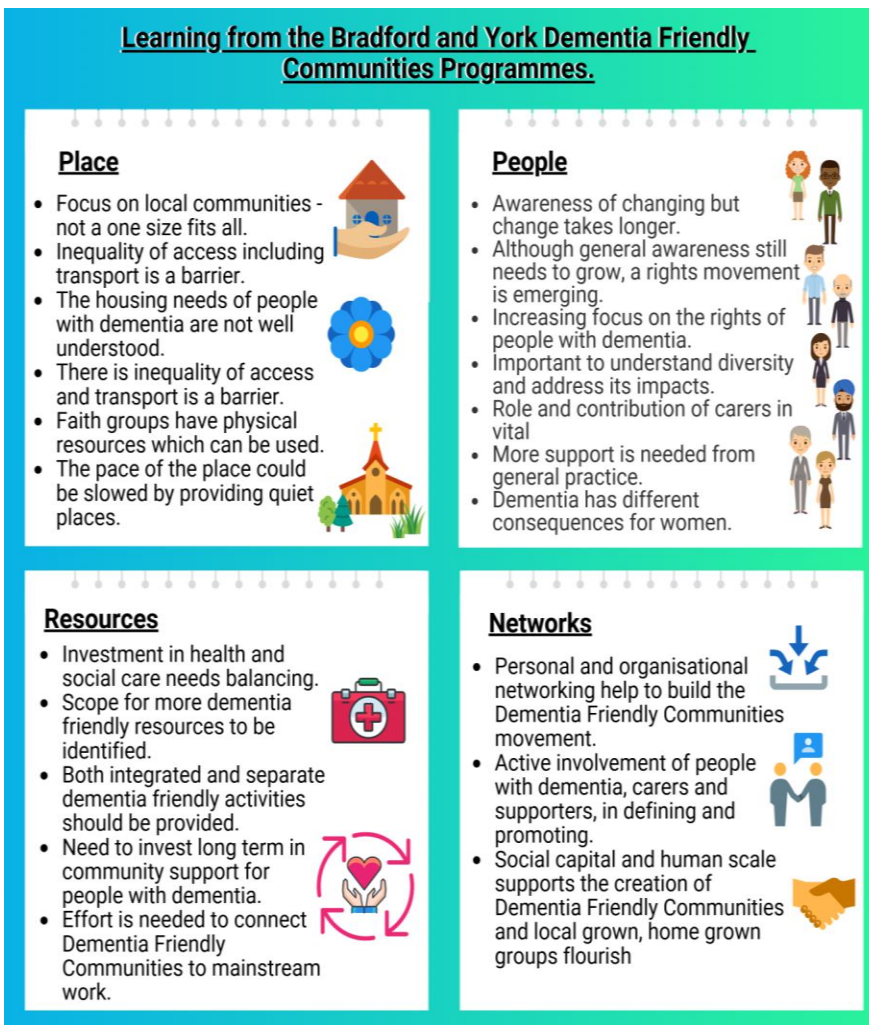
Many of these principles reflect general age-friendly principles however, there is also likely to be a need for specific developments to cater for the needs of people with dementia. Dementia Care (2015) identified that extra care housing is increasingly being provided however this is an extra step in the dementia journey which delays but does not remove the need for residential or nursing care. It felt that some form of specialist dementia housing model is needed as an alternative to moving to care home, where people often decline quickly and developed a model which is discussed in more detail in the full version of this report.

The Local Government Association (LGA) suggests that Councils should encourage developers to consider how design can support dementia friendly communities in for example, the layout of roads and streetscape, the design of adequate and legible signage, the design of wider and pedestrian only pavements with clearly defined edges, provision of more drop off and pick up points outside of public venues, good lighting and acoustics, appropriate seating and toilet facilities and the provision of more handrails at road crossings.

The LGA also suggests that housing providers, people with dementia and their carers should to consider assistive technology such as aids and adaptations, both low and hi-tech which can help them remain independent for longer.

Both Bradford and York have developed new approaches to developing *Dementia Friendly Communities*.^{32,33} The learning from their models is shown in figure 10

Figure 10: Learning from the Bradford and York Dementia Friendly Communities



Chapter 3:

Thurrock's Strategic Vision

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Chapter 3: *Thurrock's Strategic Vision*

3.1 Introduction

This Chapter summarises the current strategic vision and priorities for Thurrock and how they are relevant to older people.

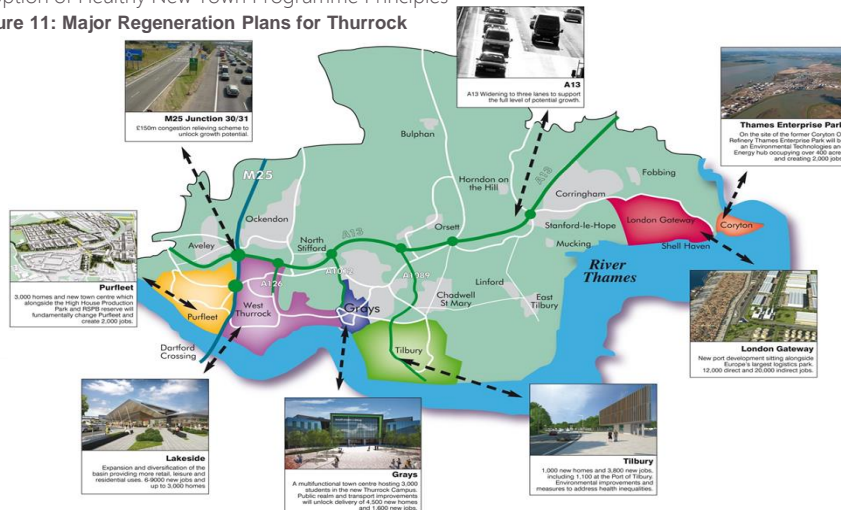
3.2 Planning

Thurrock Council's Local Plan will determine the amount and distribution of new development providing a comprehensive and long term planning framework for the period up to 2035 (along with planning policies for the determination of planning applications). The draft of the local plan is due to be published in the latter months of 2018 and adopted in 2020. Currently the Council is in the process of assessing over four hundred and fifty sites to see if they could be deemed as deliverable housing sites. ⁽⁷⁶⁾ including a strategic housing market assessment (housing needs for South Essex), economic development needs assessment (employment land needs for South Essex), green belt assessment (how well Thurrock's green belt performs against the green belt purposes set out in national policy), active place strategy (quality of existing open spaces and sports facilities). In March 2017 the Thurrock Design Guide was adopted by Cabinet setting out the overarching principles that need to be considered by anyone putting forward a new development scheme in the borough. There is an opportunity presented through this work stream to influence the local plan and planning policies with respect to older people to ensure that the needs of the older population are met going forward.

3.3 Regeneration

The main priority for Regeneration in Thurrock is responding to the anticipated demand for 32,000 new homes by 2037 and ensuring that this growth comes with the required level of infrastructure (for example schools, health facilities, and high quality public realm). There will also be a need to contribute towards the need for 24,500 new jobs in the area. Activity in Thurrock is currently formed around six growth hubs namely Purfleet, Lakeside and West Thurrock, Grays, Tilbury, London Gateway and Thames Enterprise Park. (figure 11). The quality of the design of this regeneration has the potential to positively impact on the health of the population including older people through adoption of Healthy New Town Programme Principles

Figure 11: Major Regeneration Plans for Thurrock



3.3 Housing

In 2015, the council published its five year Housing Strategy (figure 12) which also lays out the long term vision for housing over the next 30 years. The strategy aims to ensure quality housing across all tenures, and to build 1,000 new homes by 2020 and to deliver high quality housing services that proactively support residents to maximise health, wellbeing and employment opportunities and create sustainable communities.

Figure 12: Thurrock Council Housing Strategy 2015-2020

Leading the way <i>in providing well-designed, high quality, sustainable and aspirational homes that promote community cohesion and a healthy lifestyle</i>	Increasing the supply <i>of family homes to support growing families, making best use of our existing stock.</i>	Enabling young people and single households to access the housing market with financial assistance including shared equity and increasing the provision of studio and one bedroom homes
Creating apprenticeship opportunities <i>with our partners and support residents to access training and employment pathways with targeted programmes for council tenants</i>	Creating attractive housing for older people <i>that encourages independence and wellbeing</i>	Reducing health inequalities <i>across the borough through targeted interventions and joint working</i>
Safeguarding our residents <i>and deliver preventative measures to reduce violent crime and anti-social behaviour</i>	WHAT DOES THIS MEAN FOR THURROCK?	Providing a range of suitable accommodation <i>to support those with learning disabilities and mental health needs now and in the future</i>
Improving the quality <i>of our own stock, prioritising those with damp and mould</i>	Ensuring that residents living in the private sector also benefit from high quality housing	Engaging with private landlords <i>to increase the availability of homes in the private rented sector working with neighbouring boroughs</i>
Attracting and working collaboratively <i>with private developers and registered providers to boost housing supply</i>	Upskilling our staff <i>to better support our residents with specific training on mental health, dementia and domestic abuse</i>	Regenerating existing estates <i>to improve and increase affordable housing provision</i>

The Council plans to make better use of existing adapted properties while supporting residents in need of new home aids and adaptations as well as rolling out some sheltered housing services to those in general needs and private sector housing to increase independence. Through providing innovative and aspirational housing for older people, it hoped that older people could be supported to move into move suitable accommodation and downsize, freeing up family housing. It also aims to support the borough's most vulnerable residents by embedding safeguarding into the housing team and continuing to offer free home security equipment to residents of sheltered housing.

Chapter 3: *Thurrock's Strategic Vision*

The Council is reviewing its supply of extra-care housing to identify requirements for further schemes. Bruyns Court in South Ockendon is Thurrock's first older adult housing scheme built with HAPPI design principles. Progress is also being made at Calcutta Road, the Council's second HAPPI scheme. The Council is also aspiring to apply HAPPI principles to other housing schemes with the view to build adaptable homes that will support people throughout their lives. All new supported accommodation will meet REACH standards and the Council are working with Thurrock Coalition to better understand the needs of disabled and older people to inform the design of future schemes

3.4 ICT

The "Connected Thurrock" Digital strategy intends to work collaboratively with the private sector and government to complement these ambitions by ensuring that Thurrock is properly positioned to take advantage of all of the opportunities that are available to a vibrant 21st century community. Further details are available on the council's [website](#).

3.5 Health and Communities

The **Stronger Together** programme was developed to integrate a range of initiatives provided by the council's Community Development Team, Thurrock CVS and *Ngage*. The programme operates on five key principles:

1. *Place Based* – recognising that work needs to happen at a neighbourhood level that connects people to their immediate environment
2. *Focus on Strengths* – focusing on individual strengths and neighbourhood assets rather than on what's wrong.
3. *Citizen led* – putting communities in the driving seat
4. *Relationship building* – focusing on improving community connectivity and social capital
5. *Social justice* – an inclusive approach at the heart of community building

The programme includes successful and valued initiatives including Local Area Coordination, Asset Based Community Development, Community Organisers and Time Banking, and plays a key role in improving the wellbeing of older people including addressing issues such as loneliness.

Figure 13: Artist's Impression of the Proposed Integrated Medical Centre in Tilbury

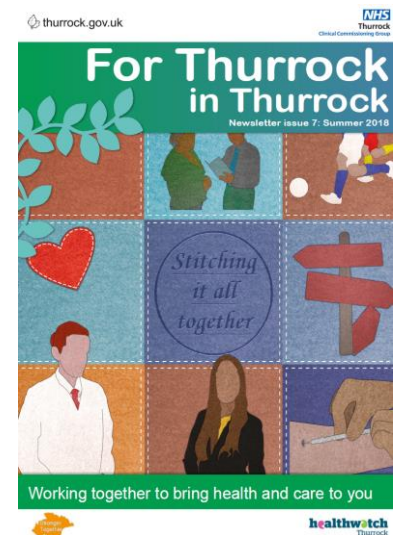


For Thurrock In Thurrock is the joint strategic health and care service transformation programme between the Council's Health and Adult Social Care functions and NHS Thurrock CCG that proposes new models of integrated health and care that places greater emphasis on neighbourhood based care in communities. It includes plans to develop four Integrated Medical Centres across the borough in Grays, Tilbury, Purfleet and Corringham. It also includes a new model of care *Better Care Together Thurrock* which encompasses significantly increasing the capacity and capability of Primary Care using a mixed skill clinical workforce centred around locality based networks of GP surgeries, a suite of projects to improve the diagnosis and clinical management of long term health conditions, and proposals to integrate health and care community services including new *Wellbeing Teams* and *Community Led Support Teams* based from our locality community hubs.

A new *Thurrock Integrated Care Alliance* of all major health and care providers has developed an MOU which commits stakeholders to working in collaboration to integrate commissioning and delivery of care on a single health and care systems basis, together with a new outcomes framework to support transformation. Sign off of this is imminent. This approach aims to prevent avoidable demand on the most expensive elements of the system; namely unplanned hospital admissions and entry to residential care by intervening earlier to improve the health and wellbeing of the population.

The **Mid and South Essex Sustainability and Transformation Partnership (STP)** is a new transformation programme for NHS services across Thurrock, Basildon and Brentwood, Castlepoint and Rochford, Southend-on-Sea and mid Essex. It has already developed a programme of hospital transformation between the three District General Hospitals including developing specialist centres for stroke, cardio-vascular disease, cancer and elective care on different hospital sites. A new STP Primary Care Strategy is replicating plans developed for Primary Care transformation as part of *Better Care Together Thurrock* across the entire STP footprint

All of these initiatives should have a major positive impact on the health and wellbeing of older residents, seeking to intervene earlier to prevent serious health events, promote independence, address the wider determinants of health including social isolation and loneliness, and bring simplified, easier to access, higher quality health and care services closer to home.



Chapter 4: *An Overview of the health and wellbeing needs of older residents*



Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

4.1 Introduction

Understanding the current and projected future health and wellbeing needs of our older residents is important in helping us ensure our future housing offer keeps them as well and independent as possible. This chapter summarises the current and predicted health and wellbeing needs of our older residents and discusses the implications for the council, health partners on the third sector. More in-depth analysis is presented in the main report.

4.2 Population Growth and Segmentation

Our population is living longer, but not necessarily healthier lives. Within Thurrock, the older population (aged 65+) is predicted to grow by 5% by 2020 and 46% by 2035. This rate of growth is considerably greater than for the all-age population and does not factor in further population growth that may occur from migration into the borough as a result of our plans to build new homes. Whilst our increasing life expectancy is clearly a positive thing, a population of older people growing at a faster rate than the general population presents policy challenges in terms of increased demand on health and care services, and ability to raise revenue from taxation of the working age population to pay for them.

Older people are not one homogenous group. MOSAIC has undertaken population segmentation of the UK's older population (aged 65+) to create 14 distinct sub-categories shown figure 14, with differing characteristics. Some care needs to be taken when interpreting national MOSAIC population segments, as they may not always translate perfectly to local population characteristics.

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Figure 14: MOSAIC Population Segments for UK Population Aged 65+

A04	Village Retirement	Retired couples and singles	Larger village location	Like to be self-sufficient	Enjoy UK holidays	Most likely to play cricket and golf	Often prefer post for communications
F22	Legacy Elders	Oldest average age of 78	Mostly living alone	Own comfortable homes outright	Final salary pensions	Low technology knowledge	Broadsheet readers
F23	Solo Retirees	Elderly singles	Small private residence	Long length of residence	Own a suburban semi or terrace	Keep bills down by turning things off	Don't like new technology
F24	Bungalow Haven	Elderly couples and singles	Own their bungalow outright	Neighbourhoods of elderly people	May research online	Like buying in store	Pre-pay mobiles, low spend
F25	Classic Grandparents	Elderly couples	Traditional views	Not good with new technology	Most likely to have a basic mobile	Long length of residence	Own value suburban semis and terraces
G27	Outlying Seniors	Aged 60+	Low cost housing	Out of the way locations	Low income	Shop locally	Dislike being contacted by marketers
I37	Community Elders	Older households	Own city terraces and semis	Have lived there 20 years	Some adult children at home	Multicultural neighbourhoods	Respond to direct mail charity appeals
I39	Ageing Access	Average age 63	Often living alone	Most are homeowners	Modest income	1 or 2 bed flats and terraces	Pleasant inner suburbs
N57	Seasoned Survivors	Very elderly	Most are living alone	Longest length of residence (29 years)	Modest income	Own mostly 2 or 3 bed terraces	Retired from routine / semi-skilled jobs
N58	Aided Elderly	Developments for the elderly	Mostly purpose built flats	Most own, others rent	Majority are living alone	Have income additional to state pension	Least likely to own a mobile phone
N59	Pocket Pensions	Retired and mostly living alone	1 or 2 bedroom small homes	Rented from social landlords	Low incomes	Prefer contact by landline phone	Visit bank branch
N60	Dependent Greys	Ageing singles	Vulnerable to poor health	1 bedroom socially rented units	Disabled parking permits	Low income	City location
N61	Estate Veterans	Average age 75	Often living alone	Long term social renters of current home	Living on estates with some deprivation	Low income	Can get left behind by technology
O62	Low Income Workers	Older households	Renting low cost semi and terraces	Social landlords	Longer length of residence	Areas with low levels of employment	2 or 3 bedrooms

Figure 15 shows the distribution of Thurrock's population aged 65+ across the MOSAIC categories. In Thurrock, our three biggest segments are Solo Retirees, Classic Grandparents and Seasoned Survivors. These population groups appear to generally own some sort of property already and have modest amounts of incomes; however we don't know if they will have taken steps to already adapt their homes for future needs. This could be something to consider promoting. The Mosaic characteristics also suggest that many of them might not be confident with new technologies, which is something to consider if telecare / telehealth options are used or if digital technologies are otherwise used within new homes.

Figure 15: Number of Thurrock Residents in each MOSAIC Population Segment

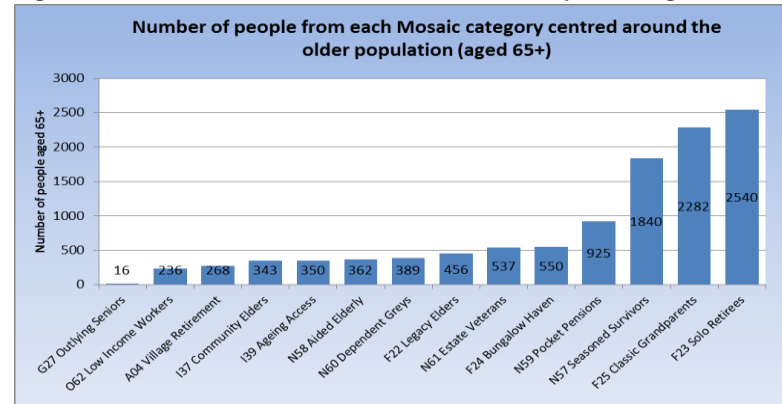
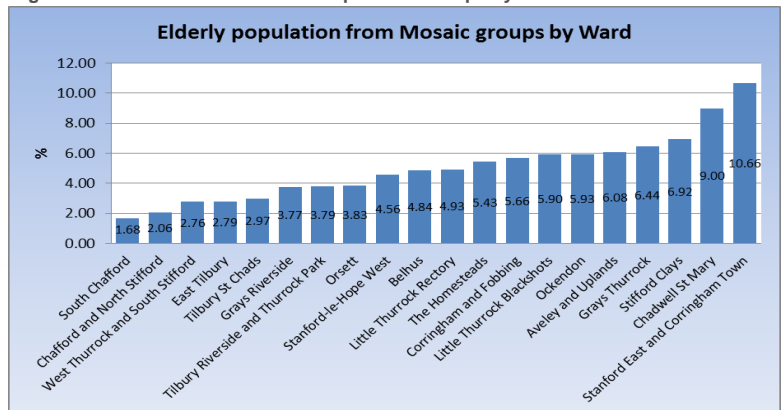


Figure 16 shows that older people are not distributed evenly across different Thurrock Wards, ranging from 1.68% of the ward population in South Chafford to almost 11% in Stanford East and Corringham Town. This has implications for where future health and care service development for older people should be prioritised, including the mix of services delivered from different Integrated Medical Centres.

Figure 16: Distribution of MOSAIC Population Groups by Ward

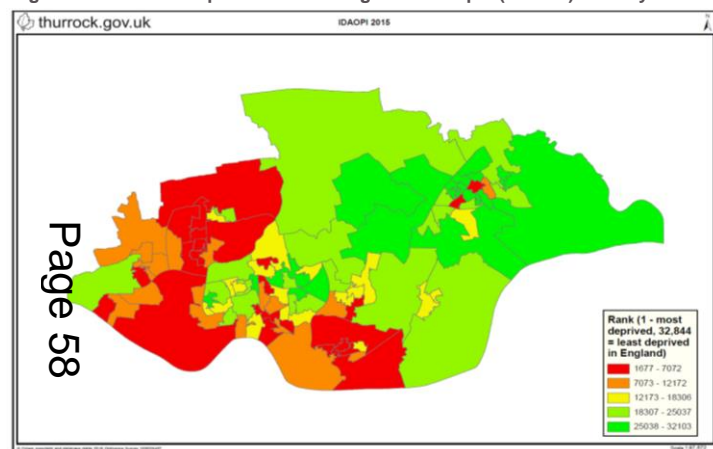


Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

4.3 Deprivation

Deprivation is highly positively associated with poor health outcomes and is therefore the major driver of health inequalities. It can be measured using the Income Deprivation Affecting Older People Index (IDAOPI) which is based upon the percentage of older people living in income-deprived households. Figure 17 shows that deprivation faced by Older People is not evenly distributed across the borough, with the majority of the highest levels older people's deprivation centred in Purfleet and South Ockendon and Tilbury and Chadwell. Older people in these areas are highly likely to have higher levels of morbidity and mortality, and require health and care services at an earlier age.

Figure 17: Index of Deprivation Affecting Older People (IDAOPI) 2015 by Lower Super Output Area



4.4 Fuel Poverty

Fuel Poverty occurs when households have above average fuel costs and meeting those costs leave them with a residential income below the official poverty line.³⁴ In 2016, 5638 households in Thurrock were estimated to be in fuel poverty, with significant variation in fuel poverty prevalence between wards; Tilbury St. Chads and Grays having the highest prevalence.

Warmth and energy efficiency leads to improvement in general, respiratory and mental health and reduces the risk of cardio-vascular disease¹⁴, and is particularly important for older people who are already at significantly increased risk of these health conditions. However evidence suggests that older people are often unaware of energy efficiency schemes that they could benefit from. Addressing this through promotion of schemes like *Well Homes* is particularly important.

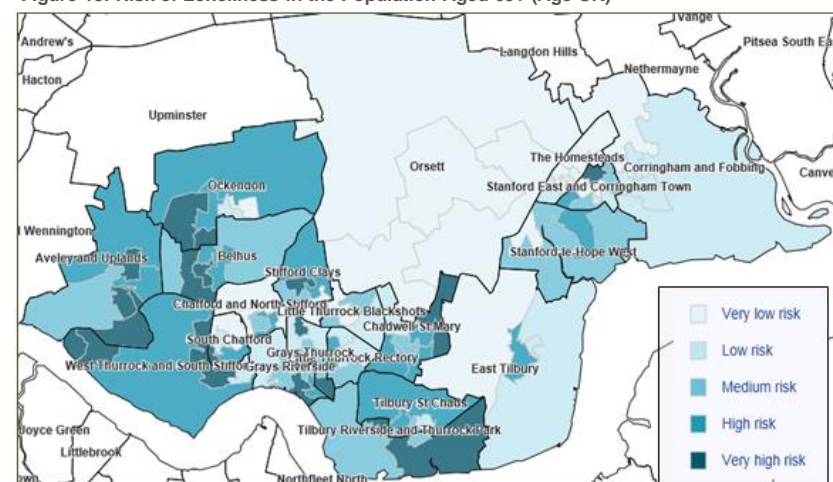
4.5 Community Connectivity and Social Capital

There is a growing body of evidence that suggests that feeling 'connected' to your community is vital to wellbeing and as such a key factor in the quality of life of older-people. Thurrock has almost 6000 residents aged 65+ with no access to a car or van, leading to a reliance of public transport and potential social isolation. The evidence shows that whilst older people walk more, their risk of falling increases. This finding emphasises the importance of designing places which have age friendly features such as safe pedestrian routes with resting places and no hazards, and providing homes in locations where facilities can be easily accessed; and for those parts of the borough with higher numbers of lone-person households with no car/van, ensuring that community facilities can be reached by public transport.

The Adult Social Care survey found that 47.2% of respondents do not have as much social contact as they would like, 36.7% stated that they do not generally leave their home, and another 14.9% felt that they were unable to get to all the places they wanted to. Whilst the reasons were not given, this highlights the importance of a) ensuring the home is safe and fit for purpose, b) looking at ways to support people to leave their homes if they should want to, and c) migrating additional hospital services closer to where people live. It might be that provision of telecare equipment (e.g. pendant alarms) or support with accessing appropriate public transport may facilitate this group of older people to access the places they wish to.

Social Isolation and loneliness can have serious implications for health and wellbeing. A recent meta-analysis of over 3.4 million people suggested that prolonged social isolation carries the same health risk as smoking 15 cigarettes a day. Age UK recently produced data showing the relative risk of loneliness in the population aged 65+ across Thurrock based on the 2011 Census data. The wards identified has carrying the highest risk of loneliness in Thurrock were Aveley and Uplands and Tilbury St. Chads. (Figure 18)

Figure 18: Risk of Loneliness in the Population Aged 65+ (Age UK)



Thurrock's approach to community development in terms of local area coordination, social prescribing and community hubs are vital in promoting social contact and reducing the risk of loneliness particularly amongst these higher risk groups, however there is clearly still more to do.

The case studies in Chapter 2 outline some examples of housing developments that incorporate elements of social spaces and facilities which could reduce the likelihood of loneliness in older age.

New models of care, particularly our proposed new *Wellbeing Teams* and *Community Led Support Teams* aim to deliver a more holistic, strengths based offer to older people, set in the context of linking residents to assets in the community that may improve their wellbeing, as opposed to simply meeting basic care needs. This approach, currently being launched in Tilbury and Chadwell should be rolled out across the borough if shown to be successful.

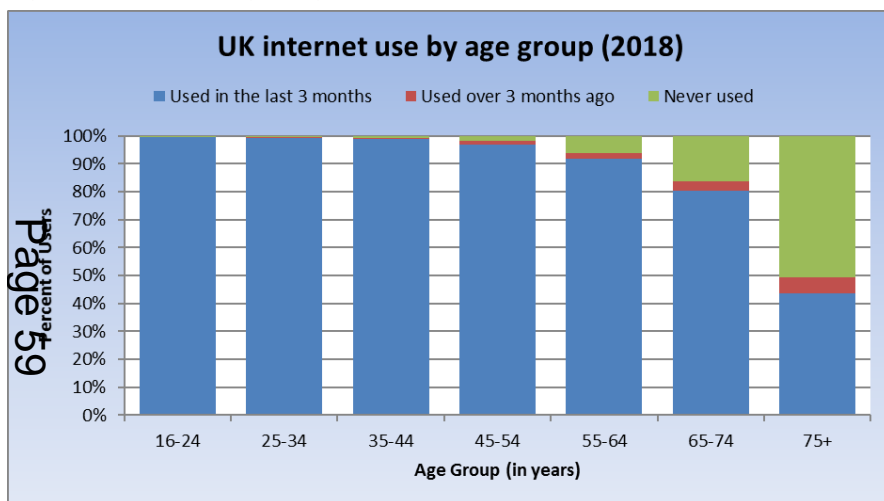
Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

4.6 Digital Connectivity

A growing amount of social contact is undertaken via the internet both through emails and websites or via social media. This can offer the opportunity to facilitate and enable contact with others, and have the potential to increase connectivity and reduce risk of loneliness. When compared to the UK, However concerns are regularly raised by members that some of their older residents may be being 'left behind' in terms of this digital revolution.

National evidence bears out this concern, with figure 19 suggesting a significant fall in regular internet use in the population groups aged 65+ compared to middle aged and younger adults.

Figure 19: UK Internet Usage by Age Group (2018)



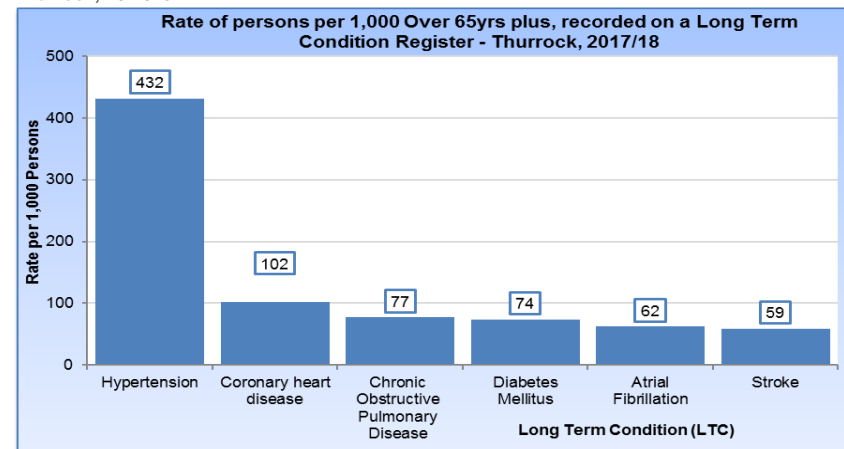
Evidence suggests that digital connectivity can bring benefits to older people. Using technology including Skype and Amazon Echo to deliver programmes such as Virtual Chair Based Exercise is about to be piloted as part of our new Wellbeing Team approach to delivering a more holistic home care offer to our residents. Triangulating national data with the segmentation data on our older population group set out in section 4.2, it is likely that we will have some residents who may benefit from support with using new technologies via education and training. This should also be considered when promoting new telecare and telehealth solutions and the council and healthcare partners need to be mindful of potential limited digital skills in our older population when implementing future roll-out of digital solutions to accessing our services. There are opportunities to provide an expanded offer to digital skills training through our community hubs.

Conversely, the data show that we are likely to have large numbers of "younger older people" who are confident using the internet. As this cohort continue to age over the next decade, it is inevitable that digital skills across the entire population will increase.

4.7 Long Term Health Conditions

As we age, the risk of developing one or more long term health conditions rises significantly. Figure 20 shows prevalence of different **diagnosed** long term health conditions within the population aged 65+ in Thurrock. High blood pressure (hypertension) is the most common diagnosed LTC followed by coronary heart disease and COPD.

Figure 20: Prevalence of Diagnosed Long Term Health Conditions in those aged 65+ in Thurrock, 2017/18.



Modelling work by Public Health England and stated within the Thurrock Annual Public Health Report 2016 indicates that there are a large number of patients who have long term health conditions who are not yet diagnosed and therefore not receiving any form of treatment. Whilst numbers are not available for 65+ only, we suspect some of the undiagnosed LTC patients will be older adults.

Undiagnosed or poorly managed long term conditions significantly increase the risk of serious cardio-vascular and respiratory health events and are often the precursor to avoidable hospital admissions and early entry into the care system. This highlights the importance of

- preventative interventions such as smoking cessation and weight management services to support all adults to reduce the likelihood of developing long term conditions;
- diagnostic interventions such as NHS Health Checks and Hypertension detection programmes which aim to diagnose early before conditions worsen;
- increasing the holistic treatment offer of care for patients with more than one long term condition.

Whilst there are a number of programmes in place already to address all of the above, more could be done to embed them within the Housing work programme – e.g. using communal sheltered housing complexes to host long term condition detection interventions, training more staff in Making Every Contact Count and ensuring housing improvement programmes such as Well Homes (see later section) adequately identify and refer patients to relevant health services.

Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

4.8 Mobility and Falls

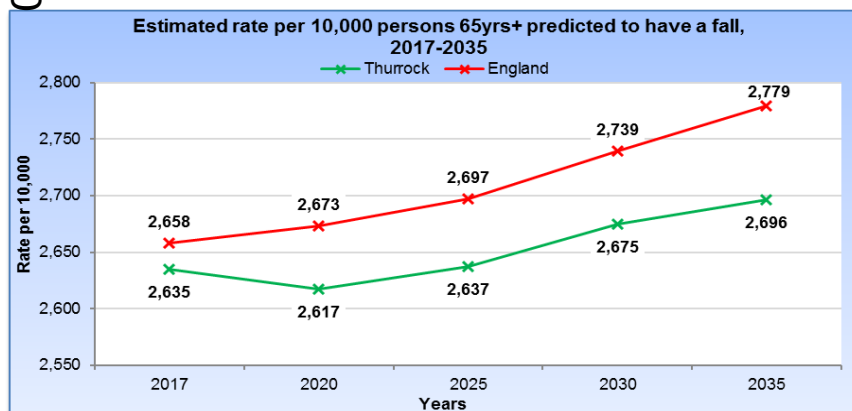
As our population ages, it is likely to become less mobile. Analysis from the main report suggests that up to 4,388 more older people will be unable to manage at least one self-care activity alone by 2035, with 2600 more struggling with increased mobility issues, indicating a significantly increased demand for adult social care support.

This indicates both a need to increase capacity all models of current provision, and more broadly to consider new innovative ways of delivering care within the community. It also highlights the importance of preventative and early intervention approaches that seek to keep people as well and independent as possible for as long as possible.

Falls are common in older people and are the leading cause of injury related admissions to hospital in people aged 65+, accounting for 14% of all hospital admissions in this age group.³⁵ Falls are also preventable and there is a strong evidence base relating to the efficacy of medication reviews, home safety checks, eyesight checks and postural stability training in reducing falls risk.³⁶

Rates of falls in older people are predicted to increase over the next 20 years (figure 21) perhaps reflecting changes in age structure of the population aged 65+, as the numbers of our oldest residents increases. Converting the rates in figure 21 into absolute numbers, suggests an increase from 6,245 to 9,759 (35%) in falls from 2017 to 2035.

Figure 21: Predicted falls rate per 10K residents aged 65+, 2017-2035



Despite figure 21 showing, a lower rate of falls in Thurrock compared to England, data in the Public Health England Outcomes framework shows that our rate of fractures of neck of femur is significantly higher than England's. This suggests that when older people are falling locally, their falls are more severe.

In 2017/18 there were 287 admission spells for Thurrock patients to Basildon Hospital with a recorded fall. The total cost of these was £1,344,620, with an average cost per spell of £4,685.

The wider impact of these falls to the longer term health and social care system is vast - one estimate from Craig et al.³⁷ indicates that the long term care costs resulting from a fall could be as much as £29,479 per person. Applying this to the Thurrock estimated number of falls (rather than just hospital activity presented above) would give long term care costs of £184,096,355 for the 6,245 older adults estimated to have fallen in 2017, and costs of £287,685,561 for the 9,759 adults estimated to fall in 2035.

Falls prevention approaches can therefore provide a large return on investment - this can be seen through the activity to date from the Well Homes service in terms of the Category 1 Hazards they have removed to date (see section on Private Housing).

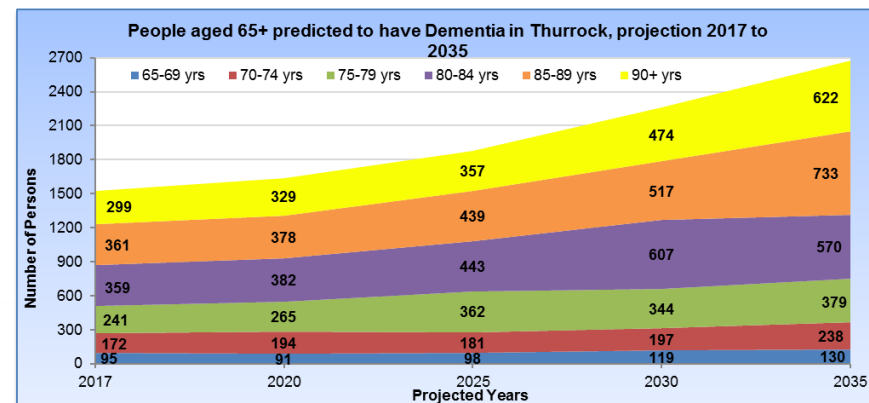
Thurrock has been operating a falls prevention service run by NELFT, which is part of the Older Adults Health and Wellbeing Service. The service includes a multi-agency team consisting of a Pharmacist, Consultant Geriatrician, Dementia Nurse, Nurse, HCA, Physio-therapist and Associate Practitioner. The team provide a Geriatrician led falls clinic, home therapy assessment including home hazard check, 12 week falls prevention group programme and direct support to care homes.

However, given the predicted increase in falls, together with further analysis in the main report suggesting that the severity of falls may vary between different GP practice populations and the highly cost effective nature of falls prevention programmes, there is a need to explore further how the current offer can be better used and perhaps expanded to mitigate projected rises in demand.

4.9 Dementia

Figure 22 shows the projected rise in dementia prevalence in Thurrock to 2035. Dementia is projected to rise by just over 75% with the biggest increases in the population aged 85+. This underlines the importance of planning for communities that are perceived to be dementia friendly, as discussed in Chapter 2.

Figure 22: Projected rise in prevalence of Dementia in Thurrock, 2017-2035

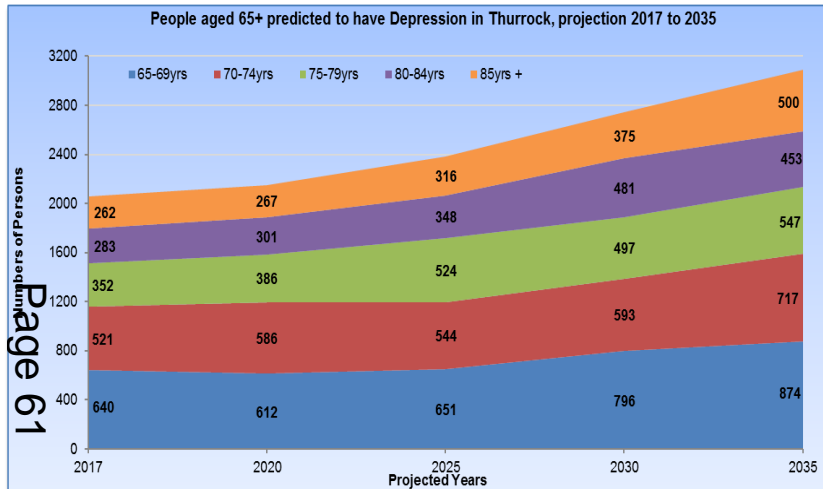


Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

4.10 Depression

Risk of depression increases with age. Depression affects around 22% of men and 28% of women aged 65 years and over and up to 40% in those aged 85+³⁸, yet it is estimated that 85% of older people with depression receive no help at all from the NHS.³⁹ The number of older people in Thurrock with depression is predicted to rise as our population ages (Figure 23)

Figure 23: Projected risk in the prevalence of depression in older age groups in Thurrock, 2017-2035. Source: POPPI 2018



The impact of depression on the wider health and social care system is huge – information from the 2018 Thurrock Mental Health Joint Strategic Needs Assessment found that between 12-18% of all NHS spend on long term conditions is related to poor mental health, and the presence of poor mental health increases the average cost of NHS service use by each person with a long-term condition from approximately £3,910 to £5,670 a year. Applying this to the expected increased number of older people with depression locally by 2035, we calculate an additional £563,000 in treatment costs for long term health conditions.

There are already a number of initiatives underway to improve the diagnosis of depression in the adult population as a whole, including the cleansing of GP registers to identify patients likely to have a diagnosis but not accurately recorded as such, the implementation of depression screening in primary care for patients with Diabetes, and the use of practice level data on IAPT referral activity to drive referrals to treatment services. However more could be done to embed depression screening into the day job of more front line staff (e.g. housing officers) and those professionals who see older people regularly.

Work is also commencing in Thurrock to develop new, more integrated and holistic models of care for treating common mental health disorders.

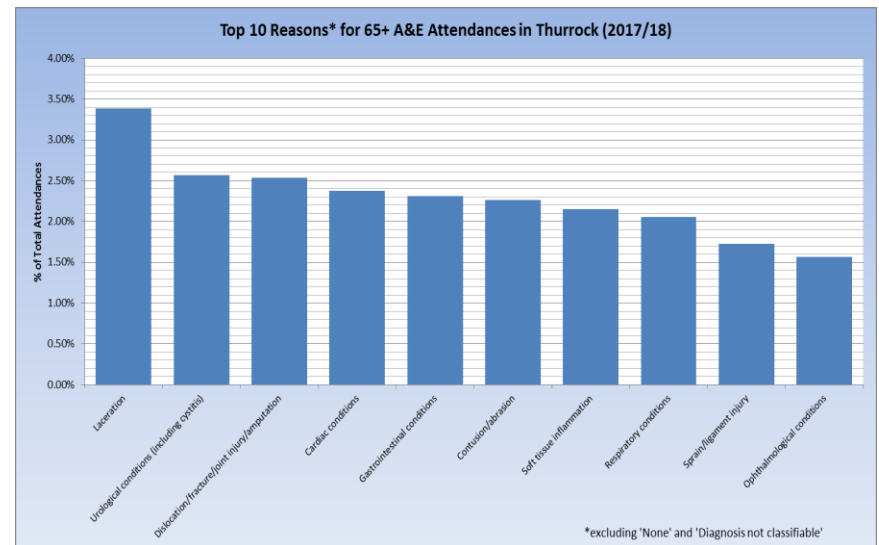
These will aim to link traditional clinical intervention with asset based community approaches including physical activity, addressing loneliness and isolation and support returning to work. Use of the community hubs and local area coordination are key to this process.

4.11 Hospital Use

In 2017/18 there were 12,173 A&E attendances for people aged 65+ in Thurrock, with the most popular diagnoses at admission being 'none' (65.31%) This suggests both on-going coding issues and potentially a cohort of older patients accessing A&E attendances were from people needing advice only; something that can and should be provided in Primary Care, and indicates ongoing issues with the populations ability and/or willingness to access local GP surgeries in a timely way.

Figure 24 shows the most common diagnoses from A&E attendances where coded. It is striking that many of the diagnoses are for conditions that could be treated within the Primary and Community care, if adequate access and facilities were available, highlighting the need for the proposed Integrated Medical Centres and for roll out of Primary Care Mixed Skill workforce proposals

Figure 24: Most Common Reasons for A&E Attendance in those aged 65+ where diagnosis was recorded.



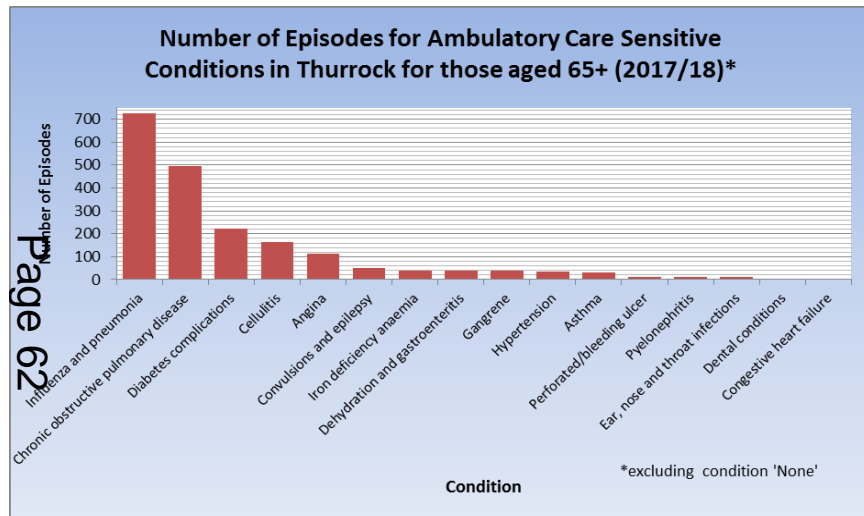
Overall A&E attendances in Thurrock for 65+ remained relatively stable with a small increase of 134 attendances between 2016/17 (12,039) and 2017/18 (12,173). However the cost increased from £1,545,024 in 2016/17 to £1,740,997 in 2017/18 – an increase of 12.7%. This could signify an increase in the complexity of patients attending A&E.

Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

Ambulatory Care Sensitive Conditions

In 2017/18 there were 19,747 inpatient episodes of Ambulatory Care Sensitive Conditions (ACSC) for adults aged 65+ in Thurrock. This represents the number of inpatient episodes that could potentially have been avoided if a chronic condition had been managed better in primary or community care. Figure 25 shows the most common ACSC Hospital Episodes in Thurrock for those aged 65+.

Figure 25: Hospital Episodes for ACSC in those aged 65+ (2017/18). Source: HES



The top two causes for ambulatory care sensitive conditions are respiratory-based, and therefore could be influenced by work to improve housing quality (see sections on Well Homes and Transforming Homes). In addition, continuing to embed Making Every Contact Count principles across the wider front line workforce is key to earlier prevention or detection of conditions which could be managed within primary care and should not lead to an admission. This also underlines the importance of promoting healthy lifestyle interventions such as smoking cessation, and encouraging older adults to receive their free flu jab during winter months.

4.12 Delayed Transfers of Care (DTOC)

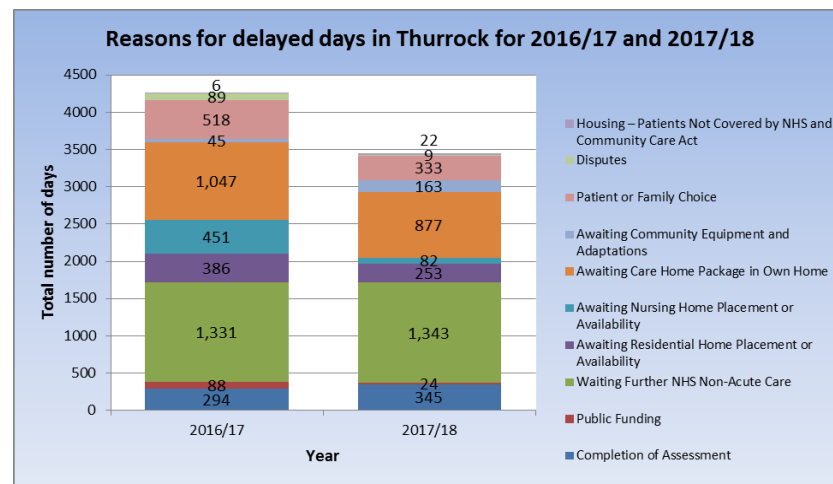
Reducing how long older people stay in hospitals can have benefits for patients, hospitals and reduce demand for adult social care. However discharging people from hospital relies on a suitable home environment which is equipped to meet their recovery and support needs. In 2017/18 there were 3,451 "delayed days" in Thurrock, which is a reduction from the number in 2016/17 (4,255). The latest data available at the time of writing this report was for April-June 2018, during which there were 385 delayed days in total. Comparing this to the same time period during the last two years, this is lower than the April-June period in both years.



Compared to its CIPFA comparators, Thurrock has very low levels of delayed transfer of care activity suggesting that the suite of initiatives commissioned from our Better Care Fund is effective in reducing DTOCs. Figure 26 shows the reasons for DTOC in 2016/17 and 17/18.

Whilst Thurrock has decreasing levels of delayed transfers of care, there are some delays caused by lack of equipment or a housing issue which have not decreased over time. This means there could be patients in a hospital bed who are well and could be discharged home if the correct equipment or adaptations were available, and consequently compounding the demand on the healthcare system unnecessarily

Figure 26: Reasons for DTOC: 2016/17 and 2017/18 in Thurrock



The delays due to awaiting community equipment and adaptations could be due to either the NHS or Adult Social Care, it is something that should be monitored and could be unpicked further. Further information on the main types of equipment and adaptations accessed by Thurrock residents can be seen in the section on Housing Adaptations in the main report.

Chapter 5: *Current Housing Provision in Thurrock*



Chapter 5: *Current Housing Provision in Thurrock*

5.1 Introduction

Understanding current local housing provision is key helping make strategic policy decisions on future provision. This Chapter summarises findings in the main report related to the borough's housing stock in terms of type, tenure, affordability, quality and suitability for older people.

5.2 Housing Type and Tenure

There are approximately 70,000 dwellings in the borough of which 12% are detached, 33% semi-detached, 32% terraced, 21% flat/maisonette/apartment and 1% bedsit/house of multiple occupation (HMO). The distribution of housing type is not uniform across the borough and varies considerably by ward. (See main report for more details).

The majority of housing stock in Thurrock (63.8%) is owner-occupied, and the rented sector split roughly evenly between private sector rented and socially rented (18.2% and 18.4% respectively). The data in figure 27 suggests a possible trend from owner occupied compared to privately rented over the last four years, although this change is not statistically significant.

Figure 27 Trends in Owner Occupier and Privately Rented Tenure in Thurrock 2012-15.

Source: Sub-national dwelling stock by tenure estimates, ONS

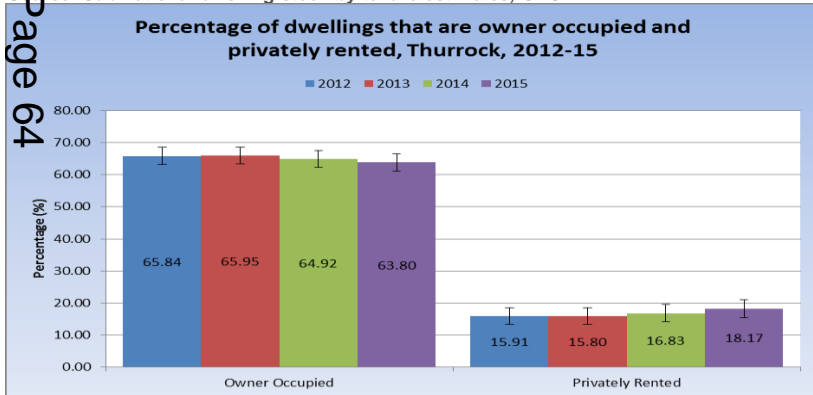


Figure 28 Home Ownership by Ward in Thurrock 2011. Source: Census, ONS

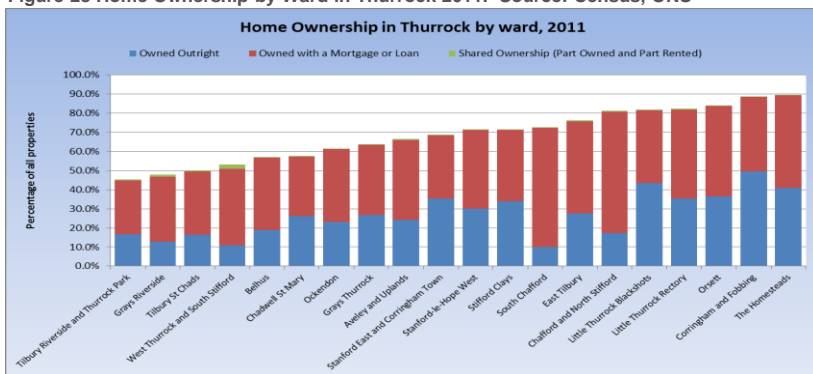
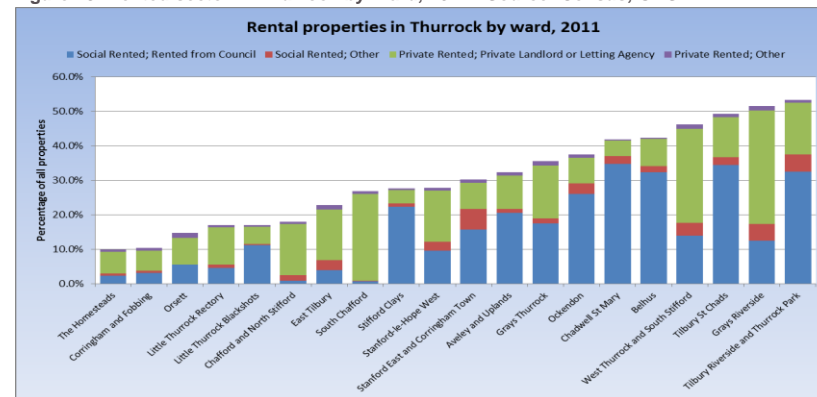


Figure 29 Rented sector in Thurrock by Ward, 2011. Source: Census, ONS



Housing tenure varies considerably between wards (Figures 28 & 29). In the Homesteads, almost 90% of housing stock is privately owned, whilst in Tilbury Riverside and Thurrock Park, this figure falls to only 45%. This will in part be a function of both where the council's own housing stock is located and partly where private sector landlords have chosen to invest which in turn will reflect demand within the private rented sector. (Figure 29)

Existing tenure needs to be considered when planning strategic planning for future housing provision for older people. A high level of home ownership could also mean a number of older people in homes they have lived in for some time, and therefore the responsibility for adapting these for future needs would lie with the individual. Evidence shows that it is cost-effective to adapt a home in order to prevent falls, or onward admission to residential care because a person cannot live independently, equally delays in receiving adaptation can negatively affect the effectiveness of that adaptation. The data above suggests that support for and access to adaptations within Thurrock should be reviewed to ensure that owner-occupiers in need as well as rental tenants are accessing the necessary adaptations. Additionally, this data may assist in identifying the need for the proportion of homes by tenure that are built in the future, particularly in terms of specialist homes, where the lack of options to buy a property may act as a barrier to moving for existing owner-occupiers. A range of homes for older people, of different tenures, are likely to be required.

5.3 House Prices

In 2017 the average cost of a property in Thurrock was £275,000, which is higher than the national average (£230,000) but lower than our the majority of our geographical neighbours, with only Southend having a lower median house price than Thurrock [see chart below]. It should be noted that the percentage increase from 2013-17 in median house price was 59.6% in Thurrock, which was more than double the increase seen nationally (24%).

Lower quartile house prices show a similar pattern with Thurrock having the second lowest (£224,000) of its geographical neighbours, but higher than England's £151,000 figure.

Chapter 5: *Current Housing Provision in Thurrock*

5.4 Housing Affordability

Considering median and lower quartile house price figures across all dwelling types risks disguising variation in price increases by house type. Figure 30 shows change in median house price by type of property. It suggests that the least expensive types of housing have increased the most in price, and at a rate that considerably outstrips England's.

Figure 30 Trends in Owner Occupier and Privately Rented Tenure in Thurrock 2012-15.
Source: Sub-national dwelling stock by tenure estimates, ONS

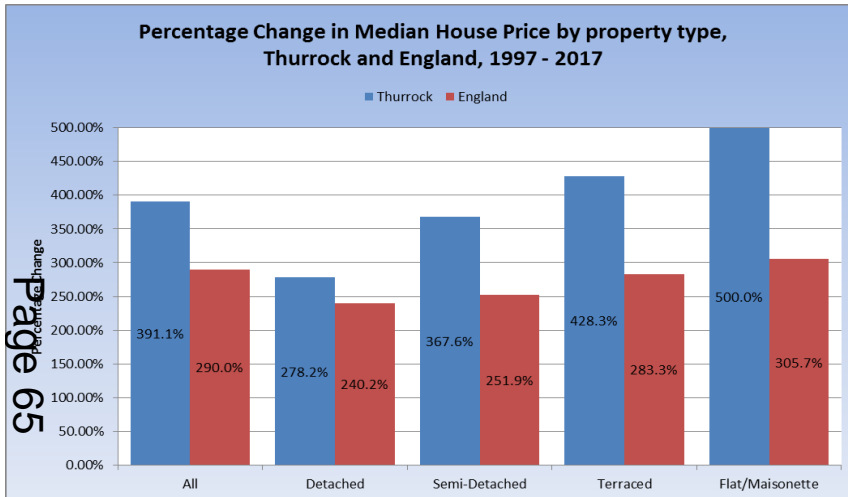


Figure 31 Growth in Average weekly rent, Thurrock and England 2007-8 to 2016-17

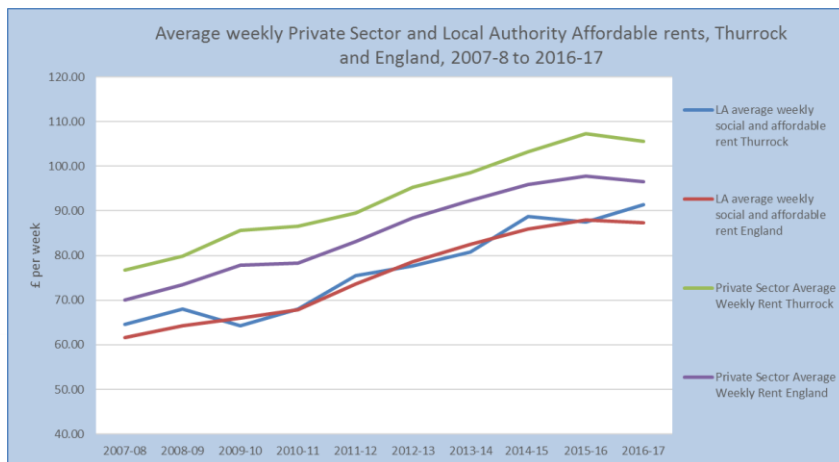


Figure 31 shows the growth in average private sector rents for Thurrock and England. Rents in Thurrock remain higher than England's, perhaps unsurprisingly as rent charged is likely to be associated with the capital value of property (rental yield) and hence the size of mortgage required by a private sector landlord to acquire it. The growth in private sector rent is largely in line with England's which suggests that rental yield from property in Thurrock is falling. Social and affordable rent in Thurrock have risen by a greater amount than the private sector over the last 10 years (41.6%) although remain lower than the private sector. Growth in both private and social/affordable rent sector increases are likely to present affordability challenges to older people who do not own their own home, if their income has not risen at the same rate.

The data in the section indicate that whilst Thurrock could be seen as more 'affordable' than its geographical neighbours, the recent trends in both house prices and rents indicate this will not continue to be the case – particularly in flats. As Thurrock is still more 'affordable' than London, it remains an attractive prospect for families moving from the capital, thereby potentially reducing the housing stock available for Thurrock residents.

For older people who bought their property over a decade ago, these data are likely to be good news as they are likely to have benefited from significant capital appreciation of their house at a time of enjoying historically low interest rates on their mortgage. Should they choose to move, the capital that they have amassed could provide considerable choice in retirement. National evidence suggests that many older people are likely to under-occupy larger houses. Whilst modelling the impact of downsizing on housing affordability is complex, creating attractive new options for older people is likely to free up the entire housing market and may impact positively on affordability.

Conversely, for older people who do not own their own home, the opposite is true. Rents have risen at a faster rate than income in all sectors, making housing more unaffordable. If this trend were to continue, this will present future affordability challenges in the future, particularly as younger older people's incomes drop as they come to retire.

5.5 Housing Quality

Thurrock Council is currently part-way through a home improvement programme called [Transforming Homes](#), which aims to bring all Council homes beyond the Decent Homes Standard. The programme covers:

- kitchens that are over 20 years old
- bathrooms that are over 30 years old
- boilers that are over 15 years old
- electrics that are over 25 years old
- windows that are either over 30 years or are single-glazed
- roofs that are over 40 or 50 years old, depending on type

The work also aims to maximize energy efficiency and eradicate damp and mould.

The Council had improved over 7,800 homes as of March 2018, with the intention for all to be completed by 2021. Our data shows that there are 3,002 residents in council homes in Thurrock aged 60+ claiming housing benefit. This programme will improve the quality and mitigate the risks of ill health associated with poor housing.

Chapter 5: *Current Housing Provision in Thurrock*

Private Sector Housing Quality

Public Health has commissioned a *Well Homes* project over the past three years aiming to support residents in the private sector to live healthily in their homes by addressing home hazards and promoting health, wellbeing and independence. The service is considered to be an innovative and integrated approach as health determinants have been considered broadly with signposting to services such as, but not limited to grants to improve energy efficiency including home insulation and boiler replacement, together with employment support, debt management and lifestyle modification.

The project has so far focussed on older people, people with long term or mental health conditions, and people on low incomes, although it operates on an open access basis. Evaluation for the project between August 2016 - August 2017 reported positive outcomes:

- 910 people were reached, of which 246 (27%) were aged 60+. This resulted in 470 homes being improved.
- 879 hazards were removed, estimating savings to the NHS and society of **£1,542,455**.
- 203 boilers were installed by *Warm Zones*
- Thurrock Lifestyle Solutions (handyman service) carried out 152 jobs, the majority of which were fitting PIR security lights.
- Essex Country Fire and Rescue Service also conducted 736 visits during this year, installing smoke alarms, removing trip and fall hazards and conducting fire risk assessments and oven cleaning where needed.

To date a total of 2111 people have been reached over the three years that *Well Homes* has been running and due to its success two additional schemes are being piloted in the upcoming year, one of which is focussed around supporting *Well Homes* residents in Tilbury locality with long term conditions to better manage their illnesses from their home setting as part of the *Healthier Together* campaign. As a result, the budget for the programme has been doubled. Autumn 2018 will also see *Well Homes* being re-launched as an in-house service with a further evaluation of this arrangement planned for the following summer

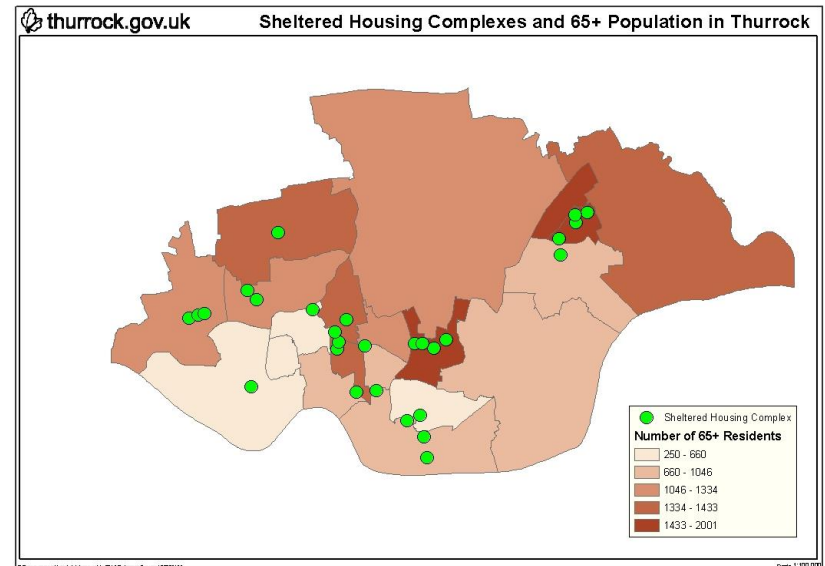
5.6 Specialist Housing Provision for older people

The Council offers some specialist accommodation in the form of Sheltered Housing, which is targeted towards older people who require some support to continue living independently. There are currently 1,240 properties owned by the Council across the borough, with the locations mapped on figure 32. It can be seen that there are several complexes in the areas with the most older residents.

The most common additional need of our Sheltered Housing residents is *Hearing Impairment* (14%), followed by *Wheel Chair User*, *Mental Health* and *Visual Disability* (all 5%). Our data suggests there is currently unmet demand for council sheltered housing. There are currently 1177 applicants on the housing register who are eligible to bid for sheltered housing, with the Council having advertised 135 properties in sheltered housing, and receiving a total of 952 bids. This averages out at 7.05 bids per property, however the median is 6 bids per property.

The Council also provides Extra Care Housing operating an 89 unit scheme *Piggs Corner* in Grays for rent, and a scheme at *Elizabeth Gardens* in Grays were 69 units are available to rent or buy. There are currently 6 applicants waiting for Extra-Care housing, again suggesting a level of unmet demand.

Figure 32 Sheltered Accommodation Provision in Thurrock by geographic density of population aged 65+. Source: ONS and Thurrock Council



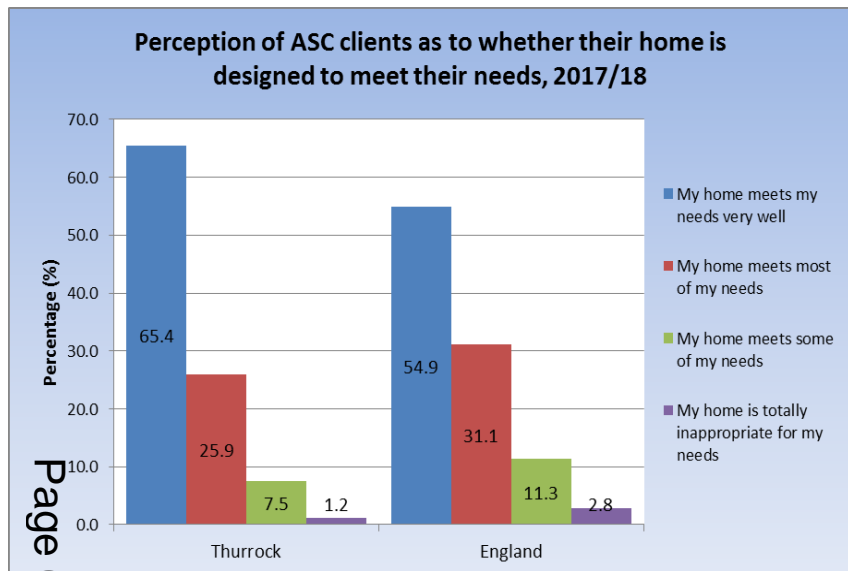
Housing Adaptions

Thurrock Council undertakes adaptations to their stock where needs are identified, the most common being changes to make showers more accessible and the installation of stair or step lifts. This suggests that these residents have mobility issues which are affecting their ability to undertake activities of daily living, be it independently or with help. This data gives an indication of the important features to consider when building homes which are appropriate across the life-course such as the flexibility to include a graded floor shower without major works and at relatively low cost.

91.3% of Thurrock social care users feel that their home meets all or most of their needs, which is very positive as the aim is to keep people safe and well in their own homes for longer. There are however 7.5% of respondents who felt their home only meets some of their needs, indicating there could be unmet need for adaptations, and 1.2% feel the home is totally inappropriate, indicating a potential need for alternative accommodation. These results do compare favourably to England however, where only 86% of social care users feel their home meets all or most of their needs (figure 33 overleaf)

Chapter 5: *Current Housing Provision in Thurrock*

Figure 33: Perception of ASC clients regarding their home 2017/18. Source: ASC User Survey



Specialist Equipment and Minor Adaptions

Adult Social Care provides a range of equipment and home adaption solutions for residents with eligible care and support needs. Solutions are explored through the assessment process between social care staff and clients. In 2017/18 157000 pieces of equipment were provided to 53,430 clients ranging from simple daily living aids to assist service users to bathe and toilet, to more complex equipment designed to facilitate nursing care such as profiling beds and hoists.

Telecare

Telecare is specialist electronic equipment shown can maintain function status and promote independence.^{16,17} It can range from pendent alarms through to falls sensors, systems to turn lights, taps and cookers on and off or alert a central operator if a client has not returned to bed during the night after a specified amount of time. Evidence suggests it is likely to be cost effective.¹⁸

There is a large amount of work underway within the Council looking to embed technology enabled care in its future approaches to Adult Social Care. Pilot work happening in Tilbury and Chadwell locality is aligned with the roll out of the new approach to Social Care via the implementation of Community-led Support teams and Wellbeing teams. It is also forming part of the 'Connected Thurrock' Digital Strategy Connected Place theme.

This pilot aims to:

- Raise community awareness of telecare and telehealth equipment/devices/apps
- Encourage the take up of appropriate technology enabled care to support vulnerable people to be safe, independent and connected both within their homes and outside
- Support carers through greater use of technology enabled care
- Combat loneliness through connecting isolated people to the wider community and family and friends
- Encourage greater digital health literacy
- Prevent, reduce or delay the need for social care or acute health interventions (e.g. through falls prevents, swift hospital discharge)

However evidence from local residents indicates that there may be barriers to accessing these services (see Chapter 7). Local available data on uptake and cost of these services at the time of producing this report is patchy, and moving forwards, the Council should seek to ensure that the adaptations and telecare offer is evaluated fully to ensure they are being accessed, and are effective for those in greatest need.

Additionally, we know from national level evidence that the design of a home can impact upon the need for adaptations and telecare, the ease with which adaptations and telecare can be installed, and subsequently the cost to provide these. Moving forwards, consideration to the design of new homes should be given to make them appropriate and flexible across the life-course, and where telecare and adaptations are required these can be easily and cheaply installed. (see Chapter 2).



Chapter 6: *Attracting Older People to Alternative or New Housing*

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Chapter 6: *Attracting older people to alternative or new housing*

6.1 Introduction

We know that many older people remain in larger homes which have become under-occupied. These may not always be suitable for their long-term needs and this phenomenon could have negative implications for the liquidity and hence affordability of the entire local housing market. However, the older adult market is very diverse; some older people are interested in moving to smaller properties, some don't intend to move and some even want to upsize to a larger property. As older adults become a larger proportion of the population, it is important to consider their housing needs as well as taking into account their own desires and opinions relating to their homes. This chapter discusses the issue of attracting older people to alternative housing types, drawing on the national evidence base considers the national evidence base and local data including recent survey work undertaken with Thurrock residents.

6.2 Views from national work

According to a NHBC 2017 report,⁴⁰ two-bedroom homes were the most common choice for about half of those who had moved into smaller properties, this was followed by three-bedrooms which accounted for about a quarter of moves. This shows an appetite for smaller homes amongst older adults; and in fact, for those over 55 who moved into new-build homes, 39% had fewer bedrooms than their previous home. However, it is important to remember that not all older adults who are considering moving want a smaller home. The NHBC report also revealed that four-bedroom homes were desirable amongst the 50-55s for the extra space, which allows for hobbies or friends and family to stay over. There is also a large proportion of those 55 and over who do not want to move at all.

It has been estimated that between a quarter to a third of older people are interested in moving and that about 25% of those interested in moving are interested in specialist retirement housing.⁴¹ Flats were viewed favourably for ease of maintenance and security in some studies, as were bungalows, green space and a sense of community⁴². Retaining home ownership is favoured by those who are already homeowners⁴².

Reasons for wanting to move were diverse and include personal or family reasons such as the death of a partner or moving closer to family members, reduction in bills/running costs of their home, releasing capital equity, easier maintenance of home and garden and 'right sizing' their home after reduction in size of household.

Evidence on what facilitates older people's moving

Concerns preventing a move centre around physical difficulties in moving, emotional ties to their existing home and financial constraints. Conversely many older adults who do move report that they wish they'd done it five to 10 years earlier.⁴⁰ The following have been shown to be effective in facilitating downsizing:

- *Smoothmove* services that assist with packing, selling and storing of belongings
- Marketing of properties to reflect what is likely to be important to older people e.g. emphasizing nearby GP/NHS facilities, and good transport links
- Locations central to communities
- Technology including fast internet that allows Skype and better control over the home environment e.g. smart temperature control



6.2 Local Residents' Views

Survey and consultation work undertaken by Public Health with local residents sought to understand:

- The respondent's current housing situation and how well this meets their needs.
- What is important to the respondent in terms of the building in which they live
- What is important to the respondent in terms of the place in which they live
- What the barriers and enablers are to moving home in older age
- How older people could be supported to start planning for older age sooner.

A full evaluation report is included in Appendix 2 of the full version of this Annual Public Health Report.

In summary, the local survey reflects evidence from elsewhere – 'national views'.

- Increasing the stock of attractive and appropriate homes could increase the number of people willing to move as the top barrier to moving was the 'availability of suitable properties' and the top option that would encourage people to move was 'greater availability of preferred housing'.
- Older people want to remain home owners with 30% stating that they would consider buying their own specialist property, although interestingly 30% also said they would consider renting a specialist property.
- The most common reason for wanting to move was care needs. Important features for a new home were low maintenance, reduced running/maintenance costs, and level access highlighted.

Chapter 6: *Attracting older people to alternative or new housing*

- The process of moving is difficult and costly and that Incentive to Move schemes may be beneficial; including 'Advice', 'Financial help' and 'Practical help'
- Just under half of respondents said that they would consider moving (47%), with an additional 24% stating that they would "maybe" consider moving which is slightly higher than national evidence.
- Less than half (44%) of respondents over 60 years old have started planning for their future housing needs (albeit 22% of respondents said they already live in specialist accommodation). However, just over a third of respondents have not yet started to plan.
- A call for better information/advice (evidenced by the 17% of people that say advice/guidance might help them plan towards meeting their future housing needs,

In line with the national evidence, a large proportion of people do not want to move at all. Of concern to local residents was finding out about local support services and the reliance on the internet for disseminating information. Residents commented that they often seemed to find out about services 'by chance'. Residents expressed a desire for face to face opportunities to speak to staff about their needs. Additionally, residents were concerned about the cost of services, such as adaptations and how long these took to resolve.

In terms of place, it appears as if residents view the connectivity of their home as important, evidenced by them ranking 'close to family/friends' and 'close to town/facilities' as important. Through the conversations with residents, a sense of community emerged as a strong theme that was important to them and feeling that neighbours were looking out for one another.

6.2 Downsizing in council housing stock

Councils often offer incentives to encourage downsizing amongst older residents. Thurrock Council currently offers an incentive to existing Council housing tenants who wish to downsize from their existing property, both in terms of a financial payment (currently up to £1,000) and support arranging removals services. Further information on this can be found on the Council's website: Downsizing Scheme.

Table 1 shows a summary of the downsizing requests received by the Council to date.

Table 1: Downsizing activity of existing Council tenants

Year	Number of requests received	Average Number of bedrooms	Average number of bedrooms released	Payments issued by the Council
2015/16	77	Not known	Not known	£58,825
2016/17	51	Not known	Not known	£36,651
2017/18	82	2.89	1.47	£55,589
2018/19 (to date)	28	2.65	1.35	£22,527

National data indicates that the proportion of older people who under-occupy in socially rented properties is typically quite low (around 19% compared to 68% of owner-occupiers (68)), however analysis of this data suggests that the take up of the offer of removals support is still very limited.

The Council also runs a Right Size scheme aimed at older owner-occupiers who are happy to move into Council-owned accommodation for older people (e.g. sheltered, extra care or HAPPI) and lease their homes to the Council on a fixed-term basis. The scheme is open to residents meeting the following criteria:

- Aged over 60 or 55-59 with a disability
- Requiring sheltered, extra care or HAPPI accommodation
- Downsizing from a larger property – at least 2 bedrooms
- Willing to sign up a minimum 5 year lease with the Council

Details on this scheme are set out in the Housing Allocations Policy: Rightsizing Scheme. However the interest in this scheme appears to be very limited, with only one homeowner taking up this offer since the pilot launched in 2017.

This supports the residents view both nationally and locally, that there needs to be a range of pull factors to encourage older people to move, and no one size fits all.



Chapter 7: *Bringing it all Together: Summary of Key Findings*



Chapter 7: *Bringing it all together: Summary of key findings*

At the outset of this report, it was stated that there were four key questions that were to be answered. The answers to these questions are summarised below:

7.1 *What impact will demographic change have on the needs for new and existing housing stock across all tenures in the next 20 years?*

Within Thurrock, the over 65yrs+ population is projected to grow by 5% by 2020, and potentially by 46% by 2035. This equates to an additional 10,900 older people by 2035 albeit caution should be exercised with this projection. This population increase means that there will need to be a larger number of properties in Thurrock which are suitable for older people, be it mainstream housing or specialist housing. This broadly resonates with the current Housing Strategy (2015-2020) for Thurrock which proposed to build 1,000 new homes over the next five years (to 2020).

The proportion of new homes which should be mainstream homes or specialist homes is influenced by a multitude of factors, not least the personal preferences and wishes of the individuals involved. The survey undertaken as part of this report indicated that changing care needs were the most common reason for moving or considering moving, and our analysis tells us that by 2035 there is likely to be:

- An additional 2,600 older people who cannot undertake at least one mobility activity by themselves
- An additional 4,538 older people who are unable to undertake at least one self-care activity by themselves.
- An increase of 2.3% in falls
- An additional 1,147 people with dementia
- An increase in long term conditions which research suggests impacts upon the ability of an individual to self-care.

This means that there will be a larger group of people in Thurrock in the future who require support from health and social care services in order to manage their health and activities of daily living. Given the anticipated increase in population, and increase in people with health and social care needs, it is likely therefore that there will be a need for further specialist housing to accommodate the increase in the older population. Modelling the demand for specialist housing in the future is incredibly difficult due to the multiple influences on housing demand and supply, personal preferences and uncertainty about the future. The current older population is likely to be different to older people in future - retirement ages changes, medical advances, and different social and political attitudes may affect housing needs and preferences, additionally society is more mobile now and more likely to travel and less likely to stay in or around the place of birth or close to family members. National estimates have indicated that the demand for specialist housing may increase by anywhere between 35-70%.

That being said, even with an increase in supply in specialist housing there would not be capacity for every older person to live in a specialist home, and neither would all older people wish to, or indeed have a need to. In fact we know that the majority of older people want to remain living in their current mainstream home. This means that existing mainstream stock needs to be made suitable for older people, and mainstream stock built going forwards needs to be developed with the whole life course in mind.

Existing stock can be unsuitable, unsafe, unhealthy and insecure for older people. More than 5,600 households in Thurrock are estimated to be in fuel poverty and a local survey of social care users indicated that 7.5% of social care users felt that their home only met some of their needs which indicates a potential unmet need for changes to their home. The latter is supported by engagement work for this report in which 16% of respondents indicated that their home was not appropriate for them in terms safety and security, 15% in terms of proximity to health and leisure facilities, 14% in terms of accessibility, 12% in terms of size and social networks, and 10% in terms of their ability to cope and also quality of life, and 14% in terms of accessibility. Notwithstanding the small sample size of this survey, this suggests that a sizeable proportion of people in Thurrock are living in a home which is either not suitable now, or which they predict will become unsuitable as they age and this will have a negative impact on their health. There therefore needs to be appropriate support in place to mitigate these negatives.

Within Thurrock, initiatives such as Well Homes (for private housing) and the Transforming Homes programme (for Council housing) have tackled aspects of ensuring homes are suitable and the Well Homes programme has been evaluated recently to show positive outputs. Options to develop this project further are currently being explored.

Housing adaptations and telecare are also provided for Thurrock residents and a pilot is currently underway in Tilbury and Chadwell as part of the new approach to social care and Connected Thurrock Digital Strategy, to increase knowledge and take up of telecare. Evidence suggests that housing adaptations and telecare are effective and potentially cost effective mechanisms to increase the independence of older people living in their own homes, and they can be acceptable to the older population. There are however gaps in the evidence in specific user groups and in the UK context, in the terms of cost effectiveness, additionally residents views collected as part of this report indicated that there may be barriers to accessing these, for example in terms of waiting time and cost and also some older people may not know what options are available. This means that evaluation of local initiatives, including the Tilbury and Chadwell pilot are required to demonstrate how these may be effective, cost effective, accessible, equitable and relevant to the older population in Thurrock.

High Level Recommendation	<i>Ensure all older people who wish to stay in their own home are supported to do so for as long as possible, by providing appropriate and accessible information and services to meet the needs identified</i>	
Key Questions	<ul style="list-style-type: none"> • How can information about support services be made more readily available? • Are there any other cost effective schemes that can support people to remain in their own homes? • How effective is the local falls prevention service and how can it be improved to mitigate the projected increase in falls? • How affordable and what are the waiting times for adaptations? 	
Existing Assets to Build upon	<ul style="list-style-type: none"> • Stronger Together • Community Hubs and Libraries • Tilbury and Chadwell Telecare Pilot • Lifestyle modification programmes 	<ul style="list-style-type: none"> • Social Prescribing • <i>By Your Side</i> home from hospital programme • Tilbury and Chadwell Telecare Pilot • <i>Well Homes</i> initiative • <i>Thurrock U3A</i>

Chapter 7: *Bringing it all together: Summary of key findings*

For new housing, the vision for Thurrock is to have a life course approach to ageing which includes ensuring that all new homes built are appropriate across the life course. Homes which are appropriate across the life-course are more easily adaptable and have features already which enable healthier ageing in place, such as good lighting and adequate ventilation. Despite the recent changes to building regulations to partially incorporate lifetime home standards, these remain largely optional; indeed in Thurrock these are not currently part of mandatory policy. This means there is currently little obligation or incentive for developers to build homes with these features.

Thurrock's current Housing Strategy (2015-2020) states that 100% of new council properties will be built to the lifetime homes standard and London space standards however it is unclear how many have actually incorporated these standards to date. Arguably limiting to only council properties does not go far enough. The ten HAPPI principles are widely regarded as the gold standard for not only housing for older people, but for all housing. These are not currently incorporated in plans for new homes as standard, although they are encouraged. To enable older people to age healthier in their current homes going forwards, all mainstream homes should be built which incorporate age friendly and life-course features such as those outlined by HAPPI and this should be reflected in the local plan.



Existing stock can be unsuitable, unsafe, unhealthy and insecure for older people. More than 5,600 households in Thurrock are estimated to be in fuel poverty and a local survey of social care users indicated that 7.5% of social care users felt that their home only met some of their needs which indicates a potential unmet need for changes to their home. The latter is supported by engagement work for this report in which 16% of respondents indicated that their home was not appropriate for them in terms safety and security, 15% in terms of proximity to health and leisure facilities, 14% in terms of accessibility, 12% in terms of size and social networks, and 10% in terms of their ability to cope and also quality of life, and 14% in terms of accessibility. Notwithstanding the small sample size of this survey, this suggests that a sizeable proportion of people in Thurrock are living in a home which is either not suitable now, or which they predict will become unsuitable as they age and this will have a negative impact on their health. There therefore needs to be appropriate support in place to mitigate these negatives.

7.2 What types of housing do our elderly population want, and what are the impacts of choosing to move to a home suitable for later life?

Older people are not a homogenous group and should not be treated as such and it is therefore important to ensure that more suitable housing is defined by the older person and is specific to the older person's needs and preferences, rather than being a generic definition. The wishes of older people and personal choice should be respected; and evidence from both national level surveys and local engagement indicates that the majority of older people wish to remain in their current home and as stated previously, services such as adaptations and telecare should be available to support people to do this. From the MOSAIC analysis in Chapter 2 we know that the three biggest population segments in Thurrock are likely to own their own home which may present an issue with us knowing if any adaptations are needed or have already been made. The MOSAIC characteristics suggest that many of these households may not be confident with technology which may need to be considered if options such as telecare/telehealth are to be used or if digital technologies are otherwise used in new homes.

There is a high level of home ownership in Thurrock and evidence from the local engagement exercise indicates that 30% of residents would consider buying a specialist property and 30% would consider renting a specialist property (although these residents may not be mutually exclusive). However, in Thurrock, the bulk of sheltered housing is council owned (1240 properties); there are only 146 retirement properties and 18 age exclusive properties which are leasehold properties. This demonstrates that whilst there is interest in specialist housing; potentially there are not enough properties of the correct tenure. The Council and developers need to ensure that the tenure of future specialist housing matches preferences; certainly the national evidence indicates a shortage of specialist homes that are available to buy; and also that some older people are averse to leasehold properties which can also act as a barrier.

Our local engagement indicated that the most important property features are low maintenance or being easy to maintain and having own garden or some outside space. Accessible features and at least one space bedroom were also rated as important. Being close to friends and family and being close to a town centre were rated as the most important features of the area.

It has not been possible to quantify the impact of choosing to move to a more suitable home in later life on the individual (if that more suitable home is deemed to be specialist housing) because the evidence of effectiveness of specialist housing is very limited. Whilst there is some evidence from the literature of positive outcomes associated with Housing with Care, which can improve quality of life, promote health improvement and reduce social isolation, few studies have been conducted on other types of specialist housing. Scrutiny of schemes in other areas and the available literature tells us that there is no 'best practice' in terms of a model of housing which works for older people, as this is very much dependent upon the needs of the population who will be living there. This means that there is no specific model that Thurrock can exactly replicate to realise the same effects. There are some common themes which emerge however in successful case study models such as autonomy and control over living environment being very important and these can be applied to any new schemes to enable a wide offer of options to a diverse market of older adults. National guidance suggests that housing for older people should be co-produced with older people. For Thurrock, this means that there is a need to design and develop bespoke specialist housing alongside and in partnership with local residents which takes into account the themes evident from successful schemes elsewhere.

Chapter 7: Bringing it all together: Summary of key findings

High Level Recommendation

With older people as active participants, develop and build a range of bespoke housing for older people and ensure the need for these specialist homes is reflected in the Local Plan.

Key Questions

- What are the best ways to engage older people throughout this process?
- How can we better predict the number and type of specialist homes we need in Thurrock?
- How can we best incentivise developers to build specialist homes?

Existing Assets to Build upon

- Opportunities for engagement of older people through the Thurrock *Over Fifties* forum and *Older People's Parliament*
- Thurrock U3A
- Women's Institute

When considering a move to move suitable housing, what would make the option attractive to our elderly population?

Any action within Thurrock's Housing strategy is to create attractive housing options for older people that encourage independence and wellbeing. Evidence from national and local public engagement work suggests that a key pull factor is the availability of suitable and attractive properties and for older people to have a greater awareness of these options.

Around 25% of older people nationally, and 47% of older people surveyed locally, express that they would consider moving in the future. An additional 24% of older people locally indicated that they would "maybe" consider moving. Given the sizeable proportion of residents who are unsure, potentially many of these could be encouraged to move if the options available were suitably attractive and potential barriers were removed.

A key barrier is the lack of suitable properties as discussed previously in this section, however other barriers to moving identified through both local and national surveys include cost of moving, lack of information on the options, practicalities of moving, not wanting to leave current home due to sentimental reasons, risk of losing existing support networks or a wish to retain the equity in the property.

Evidence suggests that downsizing, for many, will not free up finances as is often one of the main benefits promoted to encourage older people to move. Additionally in Thurrock, the Council offers downsizing payments to Council tenants which has had some uptake, however a rightsizing scheme implemented in 2017 aimed at owner-occupiers has not been successful in attracting applicants since its inception in 2017. This means that there needs to be greater 'pull' factors which encourage people to move.

Moving forward there should be appropriate support with the planning and moving process for people who do wish to move, and to encourage those who may be open to but undecided about moving, information about housing options and awareness of the assistance with planning and moving available should be provided.

Evidence from surveys indicates that older people need to be encouraged to start to plan for their older age sooner and more advice and guidance on housing options may be a way to do this. More in depth resident engagement work needs to be undertaken to look into practical solutions to tackle these issues further. Additionally, there is further work that needs to be undertaken to identify issues around affordability of this housing.

What impact does housing have on health and how can we enhance the positives and mitigate against the negatives? And how can we ensure they are better understood by those affected?

It is widely accepted that housing can have a significant impact on health in terms of excess winter deaths and cold related ill health, indoor air quality, mental health including loneliness and social exclusion, falls, and demand and access to health services. Additionally, we know that the wider public realm can also have a significant impact, for example on social isolation and physical activity levels. We also know that housing can have a negative influence on health and wellbeing if it is unsuitable, unsafe, insecure and unhealthy, and these negative influences can be mitigated through provision of focused services. This report only considers services which directly impact upon the home itself and there would be value in exploring other services in greater depth such as home-sharing.

Housing Operations functions could be better engaged to affect health positively through encouraging and enabling a healthier lifestyle. For example, we know that, in Thurrock, there is a high rate of people with hypertension, with substantial numbers who have not yet been diagnosed, many of whom will be aged over 65. If not identified and managed appropriately these patients may be at risk of an emergency hospital admission. Housing provides a vehicle with which to try and impact upon these conditions and outcome - in terms of identifying conditions earlier, enabling people to better manage these conditions possibly limiting further deterioration, and also by preventing these conditions arising, or delaying the onset of these conditions through a healthier lifestyle, better access to services and increased social capital and integration. Health improvement work could be complemented with the continued support of Making Every Contact Count amongst front line staff, including housing staff, widespread use of community groups and hubs to increase service promotion and awareness of the consequences of not improving lifestyles for example.

We know that older people are much more likely to have long term conditions and whilst there are a number of programmes in place already, more could be done to embed them within the Housing work programme, for example, using communal sheltered housing complexes to host long term condition detection interventions, training more staff in Making Every Contact Count and ensuring housing improvement programmes such as Well Homes adequately identify and refer patients to relevant health services. We also know that, in Thurrock, mental health problems such as depression are set to increase in the future and the presence of poor mental health increases the average cost of NHS service use by each person with a long-term condition from approximately £3,910 to £5,670 a year. More could be done to embed depression screening into the day job of more front line staff (e.g. housing officers) who may have access to older people who would be hard to reach by other professionals and there would be benefit in improving pathways between mental health services and Housing. In addition, by building developments that encourage community cohesion and reduce the risk of isolation, we could reduce the risk of developing depression.

Chapter 7: *Bringing it all together: Summary of key findings*

We know that more appropriate housing is likely to result in savings to the NHS. We know in Thurrock that many emergency admissions of older people could have been prevented with better managed care, and nearly 5% of all delayed transfers of care are due to awaiting community equipment and adaptations. For Thurrock, this means that there needs to be integration of housing into NHS pathways to ensure a holistic provision of services is provided, and also that the home is routinely seen as a place in which health promoting activities can be actioned.

Alongside enhancing the positives directly through appropriate housing, wider place making elements are also extremely important and can have a huge impact. The Housing strategy states that it will consider green space requirements for new council properties, however there is a need for further steps to be taken to ensure wider place-making elements are included and across all new properties. There are two aspects to this; firstly in terms of developing healthy places for all, and ensuring that residents of a place have opportunities for active travel, enabling healthy eating and having access to appropriate healthcare for example. The principles set out in the NHS Healthy New Towns Programme provide a good standard upon which to base planning guidance in this regard. This is important because keeping people healthy throughout the life course has an impact on how healthy a person is in older age. The second aspect is incorporating age-friendly features into a healthy place. We know that just under half of all residents in Thurrock aged over 75 have no access to a car or van which may mean that they have difficulty getting around, and 39% of older people live alone which can be a risk factor for loneliness or social isolation. This emphasizes the importance of giving due attention to the wider place making agenda. Evidence from around the world indicates that there are specific considerations with regards to transport, green space, community, safety and crime prevention, work and volunteering and the digital environment that may impact on the lifestyle and health of an older person and how active and valued they feel within a community. Whether building new mainstream housing with life-course features, or new specialist housing, it should be a key feature of the local plan that particular importance is placed upon the wider public realm with regards to these features.

To ensure these issues are better understood by those affected, we need to ensure that awareness and communication with older people is improved. Evidence suggests that older people do not know what is available to them, and there is a concern that if they do not use the internet as is the case with just over 13% of Thurrock residents, that there is a risk that they will miss out on help and support. Within the context of the Council's digital strategy, this indicates that there is a need to enhance the existing methods of face to face communication such as through volunteer hubs harnessing the skills of "younger older people" who are confident in using the internet, then considering whether there is a need to provide training specifically to older people to improve their competence and confidence in using the internet.

High Level Recommendation	<i>Ensure that healthy place making principles, such as those outlined by the NHS Healthy New Towns Programme, and age friendly features are incorporated into the Local Plan</i>
Key Questions	<ul style="list-style-type: none">• How can we ensure that these principles are being adhered to in the new place planning and design?• How can we best encourage the development of Dementia Friendly communities?
Existing Assets to Build upon	<ul style="list-style-type: none">• Integrated Public Health and Place Council functions• Stronger Together including LACs and Timebanking• For Thurrock In Thurrock/Thurrock Integrated Care Alliance strategic working• Community hubs and libraries• Housing and Planning Advisory Group• Public Health's Health Impact Assessments (HIA)

Chapter 8: *Recommendations*

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Chapter 8: *Recommendations*

1. **Ensure that all older people who wish to stay in their own home are supported to do so, for as long as possible, by providing appropriate and accessible information and services to meet needs identified.**

Sub-Recommendation	Rationale	Chapter(s)
1a. Produce a single directory identifying the range of support services available to older people across the Local Authority, NHS, and third sector including adaptations, telecare and home help.	<ul style="list-style-type: none"> Feedback from residents identified that they were not aware of what support was available and the process for accessing this 	6
1b. In line with the digital strategy, increase the availability and confidence of older people to use technology	<ul style="list-style-type: none"> Feedback from local residents indicates that they feel that they miss out on support if they cannot access the internet MOSAIC data shows that are most common older population segments who may not be confident in using technology 	4,6
1c. As part of the strategic vision of 'Connected Thurrock' and the possibilities for future houses to be built with appropriate technologies embedded within them, undertake a detailed evaluation of existing/proposed telecare and adaptations services to ensure these are fit for purpose, equitable, effective and cost effective for Thurrock	<ul style="list-style-type: none"> There is a Council strategic work stream around keeping people independent at home Evidence that it is acceptable to older people and also cost-effective Data we have got on our current uptake The sheer cost of a residential care/nursing home care package MOSAIC data shows we have lots of older population segments who may not be confident using technology – so we need to make easier to use and access 	
1d. Expand the Well Homes scheme to include an winter check for homes and further input into home energy efficiency.	<ul style="list-style-type: none"> The savings it has shown so far The reach it has had so far There are pockets of deprivation in the borough which will impact upon the ability to afford a home and adequately run in There are inequalities within the borough in terms of fuel poverty 	4,5
1e. Develop better pathways between EPUT and Housing teams in supporting the increased number of older people with MH issues.	<ul style="list-style-type: none"> The number of older people with mental health issues such as depression, dementia or psychotic disorders is set to increase in future years. 12-18% of all NHS spend on long term conditions is related to poor mental health The presence of poor mental health increases the average cost of NHS service use by each person with a long-term condition from approximately £3,910 to £5,670 a year. 	4

Chapter 8: *Recommendations*

2. Explore the impact of mainstreaming HAPPI design principles into planning guidance within the Local Plan.

Sub Recommendation	Rationale	Chapter(s)
2a. Develop an older persons housing strategy	<ul style="list-style-type: none">• There is a lack of detail in the current housing strategy 2015-2020 relating to older people's housing• The older people's population are not a homogenous group and require a specific and detailed action plan; evidence suggests that many local authorities do not have such a plan.	2,3
2b. Ensure there is buy in to HAPPI principles across the Council and the potential for this to be incorporated into planning guidance is considered.	<ul style="list-style-type: none">• Most people want to continue living in their own home, so housing needs to be appropriate across the life course.• HAPPI principles are considered to be an exemplar for all housing, including both specialist housing and mainstream housing.	2

Chapter 8: *Recommendations*

3. With older people as active participants, develop and build a range of bespoke specialist housing for older people and ensure the need for these specialist homes are reflected in the local plan.

Sub Recommendation	Rationale	Chapter(s)
3a. Co-Design and build a bespoke range of specialist housing for older people with older people. The foundations for this should be based on evidence of what has been successful elsewhere however the design should be tailored towards what the target group of older people in Thurrock specifically need.	<ul style="list-style-type: none"> Local and national residents views suggest that a key barrier to moving is a lack of suitable properties. Evidence from published literature indicates that the effective housing solutions involve older people their design. Encouraging some older people to downsize may have the benefit of freeing up some larger family homes. 	6, 2
3b. Undertake some focused additional public engagement on specific issues relating to specialist housing planning for housing in older age and the process of moving home. This may be as part of programmes such as "Your Place, Your Voice" or as separate exercises depending upon the topic and target group.	<ul style="list-style-type: none"> National residents views indicate that there may be value in designing services which tackle barriers to moving. Questions raised through the local resident engagement suggests there would be value in exploring these issues in more depth. 	6
3c. Consider developing a package of support for people in terms of moving to include: help with removals, negotiating with energy suppliers, redirecting mail, selling unwanted goods, dealing with administrative and legal issues and post move support (subject to outcome of action 3b)	<ul style="list-style-type: none"> National and local residents views indicated that that may be value in designing services which tackle barriers to moving There is an offer to council tenants currently; however this is not available to owner-occupiers or those privately renting. 	6
3d. Develop the quality and accessibility of advice on housing options available to residents.	<ul style="list-style-type: none"> Local and national residents views indicate that people do not know what is available to them or how to find this information. 	6
3e. Develop the relationship between sheltered housing and public health	<ul style="list-style-type: none"> Sheltered Housing complexes are distributed all over the borough, with halls in the areas with the most older people. There is an opportunity to improve these relationships as Sheltered Housing are reviewing their data collection requirements, plus they often have capacity to host PH events etc in communal areas 	5
3f. Produce a separate product seeking to identify the need for older people's mental health specialist accommodation	<ul style="list-style-type: none"> Growing number of older people plus adults likely to have Mental Health crises Market position currently unknown – recent Market position statement did not drill down into this in much detail Other work has shown fragmentation of Mental Health and Housing pathways This is not within the scope of this report. 	4

Chapter 8: *Recommendations*

4. Ensure that healthy place making principles, such as those outlined by the NHS Healthy New Towns Programme, and age friendly features, are incorporated in the design process of all new homes in the Local Plan, whether mainstream homes or specialist homes.

Sub Recommendation	Rationale	Chapter(s)
4a. Ensure that healthy place principles such as those outlined in the NHS Healthy New Towns Programme are embedded in place-making policy. This could be achieved by taking forward the draft interim planning guidance developed by the Public health and place team.	<ul style="list-style-type: none"> • There are a number of older adults at risk of loneliness (e.g. there are a number of lone older person households, many who cannot access a car/van, and there are 2,057 older adults we estimate to have depression currently) • ASC survey findings – some residents say they are feeling socially isolated and can't get to all the places they want to • Recognition of certain areas in Thurrock with lower accessibility 	2, 4
4b. Ensure that age friendly principles are embedded in place-making policy.	<ul style="list-style-type: none"> • Evidence from literature suggests that there are a number of place-making factors which can impact upon a person's health and wellbeing. 	2

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16 January 2019		ITEM: 13 Decision: 110498
Cabinet		
Housing Allocations Policy Review 2018		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor Barry Johnson, Portfolio Holder for Housing		
Accountable Assistant Director: Carol Hinvest, Assistant Director of Housing		
Accountable Director: Roger Harris, Corporate Director, Adults, Housing and Health		
This report is Public		

Executive Summary

The purpose of this report is threefold. Firstly, it outlines the reasons why local authorities are required to have an up-to-date Allocations Policy.

Secondly, the report goes into further detail to explain findings from recent consultation activity which was undertaken to seek views on the current Allocations Policy from tenants, residents and other stakeholders.

Lastly, this report sets out a number of recommendations for amendments to the current Allocations Policy, ensuring that the document adapts and reflects the ever-changing Housing landscape, both locally and nationally.

1. Recommendation(s)

1.1 It is recommended that the proposals set out in the following sections are agreed:

3.1.7 – Local Connection – Proposed Changes

3.2.3 – Financial Qualification – Proposed Changes

3.3.4 – Banding and Lists – Proposed Changes

3.4.6 – Key Workers and Working Households – Proposed Changes

3.5.12 – Applications, Bidding and Offers – Proposed Changes

2. Introduction and Background

2.1. Thurrock Council has a legal obligation to allocate properties in line with a Housing Allocations Scheme formally adopted by the council and the

scheme has to comply with current legislation, regulation and case law. The current scheme was implemented in 2013 after the enactment of the Localism Act 2011, which gave increased powers to determine local priorities when defining how properties should be allocated.

Since 2013 the Policy and procedure have been reviewed each year and minor amendments made. A further overarching review is now required due to a number of developments including new legislation, new regulation and new case law.

2.2. These developments include:

- Case law around the powers given in the Localism Act 2011 and Equalities Act 2010.
- New legislation has been implemented which directly affects our Allocations Policy and Procedure - including the Housing & Planning Act 2016 and the Homelessness Reduction Act 2017 which came into force on 1 April 2018.
- The numbers on the Housing Register increased by approximately one-third between 2013 and 2018.
- The supply of social housing available to rent is diminishing through Right to Buy, decreasing mobility within the council's own stock and limited new development of affordable housing by Housing Association partners.

2.3. In Thurrock, as with most boroughs, the demand for housing exceeds availability. There are increasing numbers of people in Thurrock who are in need of a home and many more existing tenants with a priority need to move.

With a limited amount of properties available through the Council and increasing house prices in the private and owner-occupied sectors, the reality is that many households face long waits for suitable and affordable settled accommodation that is fit for purpose. The shortage in the supply of affordable homes is becoming an acute problem across the region and these pressures are expected to intensify over future years to come.

As a result, the current Housing Allocation Scheme has to be revised to ensure local people with the highest need for settled accommodation in Thurrock can have their needs met.

2.4. To ensure key housing policies are reflective of the Council's current housing pressures and allow a mechanism for change, the Allocations Scheme has been reviewed to:

- Prevent unrealistic expectations for households and ensure an informed understanding of stock availability, eligibility and waiting times for settled accommodation.

- Make best use of the housing stock available to the council.
- Operate within legal and regulatory frameworks for the allocation of social housing.
- Enable fair access to housing where clear, transparent and fairly applied guidelines are available in policy and procedure for all stakeholders to easily understand.
- Ensure homes are suitable for household needs and occupation.

2.5. The law requires that where amendments to the allocations scheme would result in major changes which affect a large number of people, then consultation should be undertaken with those likely to be affected. The first round of consultation finished on 17 October 2018 and feedback was provided by 576 respondents, including tenants, residents, Registered Providers in the area and other stakeholders such as the Clinical Commissioning Group (CCG), NHS Trusts and other officers of the Council. This consultation sought views on the current Allocations Policy in general and along a number of key themes.

A second round of consultation ran for a further four weeks and closed on 11 December 2018. This consultation specifically sought views on the set of proposed changes as outlined within this report. 539 responses were received through the online consultation, and focus group meetings were held with a range of stakeholders.

Further details of the consultation activity which has been carried out to date and are planned for the future are included in the consultation section of this report.

2.6. Below is a snapshot of the current Housing Register which is comprised two lists, known as the 'Housing Waiting List' (comprising of Bands 1 to 5) and the 'Transfer List'.

Band	Number of applicants	%	
One	3	0.03%	Bands 1 to 3 represent less than 7% of overall Housing Register
Two	137	1.49%	
Three	493	5.33%	
Four	4301	46.47%	
Five	2728	29.48%	
Transfer List	1593	17.27%	
Total	9225		

- 2.7. Those placed in Band 1 are considered to have the highest priority to be rehoused. This includes those who are experiencing violence or threats of violence, including domestic and sexual abuse, as well as the Council's tenants whose properties require demolition or major refurbishment where the tenant would no longer be able to remain at the property.
- 2.8. Applicants awarded a Band 2 priority include those with an urgent medical or care need to be rehoused, tenants who are under-occupying by more than one bedroom or succeeding to an under-occupied tenancy.
- 2.9. Those awarded a Band 3 priority include homeless applicants who are owed a homeless duty, those who have a medical or care need to move, those moving on from care or supported housing, those who are overcrowded by two or more bedrooms and those who are under-occupying by one bedroom.
- 2.10. The Band 4 priority is awarded to applicants who are not adequately housed, but do not meet any of the other priority criteria. It is also awarded to applicants which are adequately housed with a valid notice to quit and non-statutory homeless applicants.
- 2.11. Lastly, applicants placed in Band 5 in the 'Housing Waiting List' are considered to be adequately housed and have no priority need to be re-accommodated.
- 2.12. The 'Transfer List' is specifically for current Council and Registered Provider tenants in the borough with no priority need but who wish to move to a different property.

3. Issues, Options and Analysis of Options

3.1. Local Connection

- 3.1.1. Under the current Allocations Policy, applicants must first meet the local connection criteria through one of the following qualifying classes:

- Residence – Qualifying applicants must currently live in the borough and have done so for at least the past 5 years.

Members of the armed forces (including former service personnel making an application within 5 years of discharge) are not to be disqualified on residence grounds if they do not meet the 5-year residency rule.

Where an applicant's residence in the borough is not by choice, for example through a period of detention or hospitalisation, or where the applicant has been housed in temporary accommodation in the borough by another Local Authority, this period of time cannot be counted as residence for the purposes of local connection.

- Employment – Qualifying applicants (not household members) must work in the borough for a minimum of 16 hours per week and have done so for

at least the past 5 years, and this employment must be of a permanent nature.

Where an applicant loses employment they will no longer qualify. However, if further employment is gained within the borough within the next 12 months the application can be reinstated with no loss of accrued waiting time.

- Family – Qualifying applicants must have a family member who currently lives in the borough and who has done so for at least the past 5 years. “Family member” means mother, father, grandmother, grandfather, son, daughter, grandson, granddaughter, brother or sister.

3.1.2. The following table shows a breakdown of the local connection types of current ‘Housing Waiting List’ applicants

Local Connection Type	% of applicants
Residence, Employment and Family	13.47%
Residence and Employment	2.06%
Residence and Family	60.15%
Employment and Family	0.06%
Residence only	22.07%
Employment only	0.14%
Family only	2.06%

As evidenced in the above table, 95.69% of the current ‘Housing Waiting List’ applicants have lived in the borough more 5 years or more, meaning that there are only 3.31% of applicants whose local connection is not derived through living in the borough.

3.1.3. There is also a ‘special reason’ category which can be used with discretion which allows applicants to qualify for a local connection where they do not meet any of the above criteria but have an urgent need to move to the borough.

3.1.4. Responses from the first phase of consultation indicated that 31.16% of respondents felt that the Council should amend its local connection criteria. Of this group:

- 56.57% felt that the Council should either keep or increase the number of years required to establish a local connection.
- 60.92% felt that the Council should change the family connection to only include those with parents, siblings or children living in Thurrock.

- 59.32% felt that the Council should no longer award a local connection to where the only qualifying criteria is employment in the borough.

During the second consultation respondents were asked to provide feedback on specific proposed changes to the local connection criteria. Of the total respondents for the second consultation:

- 44.09% felt that the length of time required to establish any local connection should be increased from 5 years to 6 years.
- 39.59% felt that a family local connection should no longer be awarded because of grandparents or grandchildren living in the borough and should be awarded as a result of acquired parental responsibility.
- 42.34% felt that local connection should no longer be awarded through employment in the borough.

It should be noted that although the percentages of respondents in favour of these changes are lower than the results of the first consultation, a greater number of respondents answered the questions within the second consultation which presented the specific changes which would be implemented.

3.1.5. **Family local connection**

Based on information in the above table, 2.06% of applicants currently on the 'Housing Waiting List' have been awarded a local connection only based on 5 years' continuous residence in the borough by a family member.

The below table shows a breakdown of applicants whose only local connection is family, by family member.

Family member	% of applicants
Mother	27.7%
Father	10.1%
Sister	18.2%
Brother	10.1%
Child	22.3%
Grandparent	9.5%
Grandchild	2.0%

Further analysis has been undertaken in line with the responses from the consultation activity which suggests that a local connection should no longer be awarded to those who would only qualify as a result of having grandparents or grandchildren in the borough.

Almost two-thirds of those currently on the 'Housing Waiting List' with a local connection only through grandparents or grandchildren have been placed in Band 5 as there is no evidenced housing need. The remaining applicants have been awarded a Band 4 priority as they are deemed not to be adequately housed.

Analysis of allocations policies of 33 other Local Authorities across Essex, Kent and London indicates that 18 do not offer any local connection based on family.

3.1.6. Employment local connection

Based on the information presented in section 3.1.2 above, 0.14% of applicants currently on the 'Housing Waiting List' have been awarded a local connection only based on 5 years' continuous employment in the borough.

There is a fairly even split between these applicants; around half have been awarded a Band 4 priority as they are deemed not to be adequately housed, and the remaining applicants been placed in Band 5 as there is no evidenced housing need.

Analysis of allocations policies of 33 other Local Authorities across Essex, Kent and London indicates that 17 do not offer any local connection based on employment.

3.1.7. Local Connection – Proposed Changes

In order to strengthen the local connection, is proposed that:

- The length of time required to establish a local connection is increased from 5 years to 6 years. This has been determined based on growing levels of demand and ensures that those with the greatest connection to the borough have the opportunity to qualify for the 'Housing Waiting List'. This proposal means that once the new policy takes effect (anticipated to be 1 April 2019) no further applications will be accepted where the length of time for a local connection is less than 6 years. This change will also be applied retrospectively for active applications with at a date determined in the final policy (anticipated to be 1 April 2020), however it is expected that all applicants on the Housing Register at this point will already meet the proposed length of time criteria.
- The family local connection is amended to only include parents, siblings, children and those who have previously acquired parental responsibility for the applicant. Further to this, it is proposed that the Council reserves the right to use discretion to award a family local connection in exceptional

circumstances outside the defined criteria.

- Local connection is no longer awarded for employment in the borough.

3.2. Financial Qualification

- 3.2.1. In order for an applicant to qualify for the 'Housing Waiting List' they must not have savings, assets or an annual income above the set caps. Applicants with savings, assets or an annual income above these levels will be expected to meet their own housing needs. The thresholds are set at different levels and are dependent on the type and size of housing that the applicant needs. They are related to the costs of renting and purchasing a suitable property.

There are different levels for General Needs properties as well as Sheltered Housing and Extra Care Housing. This report specifically looks at updating the financial caps for General Needs accommodation.

- 3.2.2. Threshold levels are reviewed each year using a set methodology and are dependent on the affordability of private rented or purchased accommodation within the borough. The current thresholds were set when the current policy was implemented in April 2016.

Since the time that the current thresholds were set, property purchase prices have increased by approximately 16.7%, whereas the cost to rent a one-bedroom property has increased by around 41.5%.

3.2.3. Financial Qualification – Proposed Changes

In order to qualify for the 'Housing Waiting List' and then to be offered a property at the point of successfully bidding on a property, the savings, assets or annual income for the application must be below the financial threshold. The current and proposed financial thresholds are below:

Property size – according to household make-up	Current Maximum Net Income	Proposed Maximum Net Income
Single Person	£23,000	£24,000
1 Bedroom (couple)	£25,000	£26,000
2 Bedrooms (Single/couple plus children)	£35,000	£37,000
3 Bedrooms (Single/couple plus children)	£41,000	£47,000
4 Bedrooms (Single/couple plus children)	£59,000	£60,000

There is a greater increase in the financial threshold for three-bedroom properties compared to the other property sizes due to higher property purchase costs.

It is proposed that these thresholds will be applied to any active or future applications, until such time that the thresholds are reviewed again.

During the second phase of consultation respondents were asked for their views on the proposed increases to the financial thresholds - 57.3% of those who answered this question were in favour of this change.

3.3. Banding and Lists

- 3.3.1. Some local authorities only allow applicants with a housing need to join their Housing Register. This approach maintains the register at a level which more accurately identifies housing need, however it could be argued that it encourages the chasing of priority bands.

Currently, people who have some housing need are placed in bands 1- 4, with Band 1 being the highest priority. Band 5 is for people who are adequately housed, meaning that they have no housing need.

Thurrock Council tenants who wish to transfer to alternative accommodation but who have no housing need are on a separate list known as the Transfer List and 25% of properties are specifically allocated to this group of applicants. Council tenants who have a housing need are moved on to the 'Housing Waiting List' with the appropriate priority band.

- 3.3.2. Through the first round of consultation activity, respondents were asked if the Council should remove Band 5 from the 'Housing Waiting List'. Feedback indicated that 69.54% of respondents felt that Band 5 should remain, compared to 30.46% which felt that Band 5 should be removed.

During the second phase of consultation on proposed changes to the Allocations Policy the support for the removal of Band 5 had increased to 38.87%. 68.11% of respondents were also in favour of the Council introducing alternative options, such as a shared ownership register for applicants which have been placed in or would otherwise currently qualify to join Band 5.

- 3.3.3. The purpose of an Allocations Policy is to set out the way in which the Council allocates its housing stock. The demand for social housing far outstrips supply in the borough, and through the Allocations Policy the Council prioritises those with the greatest need for offers of accommodation. The Council has a statutory duty to prioritise certain groups of people but also has discretionary powers to meet the needs of other priority groups.

3.3.4. Banding and Lists – Proposed Changes

Applicants with no identified housing need but which meet the qualifying criteria are currently allowed to join the list as a Band 5 applicant. The

chances of an applicant in Band 5 of the 'Housing Waiting List' being offered accommodation are low – in the period between December 2017 and December 2018 only 43 lettings were made to Band 5 applicants, of which 35 were to applicants which were eligible to move into Sheltered Housing.

It therefore proposed that Band 5 is removed from the Allocations Policy to appropriately manage demand, ensuring that those with the greatest priority are offered suitable accommodation.

As a significant proportion of Band 5 lettings are currently made for properties in Sheltered Housing complexes, it is also proposed that a new Sheltered Housing Register is established. This register would be for applicants which meet the local connection and financial qualification criteria, are eligible for Sheltered Housing but have no other identified housing need.

These proposals mean that once the new policy takes effect (anticipated to be 1 April 2019) no further General Needs applications will be accepted into Band 5. This change will also be applied retrospectively, so any applicants which have active applications in Band 5 at a date determined in the final policy (anticipated to be 1 April 2020) will have their application cancelled, or moved onto the new Sheltered Housing Register if eligible.

3.4. Key Workers and Working Households

3.4.1. Key Worker Local Connection

The Council and NHS have difficulty recruiting to certain key worker roles in the borough. Examples of key worker roles include, but are not limited to:

- Medical professionals, such as nurses
- Physiotherapists
- Occupational Therapists
- Social Workers

- Teachers

Key workers may be moving to the borough for the first time to start work, and as such may not meet any of the current qualifying criteria for a local connection.

3.4.2. Respondents for both consultations were asked if there should be an amendment to the local connection rules for newly-qualified and junior frontline key workers who are moving to the borough to take up a job in Thurrock, or at Basildon and Thurrock University Hospital.

Feedback from those who responded to the first consultation indicated that 53.06% believe that the Council should amend its local connection rules to allow for key workers to join the 'Housing Waiting List' if they do not qualify under the other local connection criteria. Within the second consultation

which asked for views around specific proposals the support for this change had increased to 54.78%

3.4.3. Working Households

The current Allocations Policy sets aside up to 15% of available properties for applicants where a member of the household is working. The Council recognises that some households have no family members who can work, for example due to age or disability, so consideration is also given to applicants who have shown a contribution to the community through formal voluntary work or caring for someone else.

3.4.4. To be eligible, a household must have members who combined have either been in permanent employment or involved in voluntary work for at least the past 12 months and for at least 16 hours per week.

3.4.5. Within the first round of consultation activity, stakeholders were asked if they thought that the Council should continue to set aside a percentage of properties for working households/community contribution and if the percentage of reserved properties should be changed.

Feedback shows that 77.17% of respondents felt that properties should continue to be set aside for working households/community contribution, and 53.30% of all respondents felt that the percentage of reserved properties should be increased.

During the second stage of consultation respondents were asked if the percentage of properties which are set aside for working households/community contributions should increase from 15% to 20%. 72.35% of those who answered this question were in favour of this proposed change.

3.4.6. Key Workers and Working Households – Proposed Changes

It is proposed that:

- The Council amends its local connection criteria to allow permanent newly qualified and junior front-line key workers in Thurrock or at Basildon and Thurrock University Hospital to join the 'Housing Waiting List'.
- The Council increases the percentage of properties reserved for working households/community contributions from 15% to 20%.

3.5. Applications, bidding and offers

3.5.1. Annual Review and Bidding Activity

Records show that there is a high percentage of inactive applications, including those within higher priority bands. In most cases those who do not place bids will not be offered a property, however applicants may retain their priority banding when it is no longer required.

- 3.5.2. In the first consultation which put forward general suggestions to amend the Allocations, respondents were asked if the Council should implement an annual review of applications to ensure that any awarded priority banding remains appropriate. The majority of those who responded to this question (89.56%) believe that the Council should review applications on an annual basis to review priority bandings.

Support for this increased marginally during the second consultation where the specific proposal to introduce annual reviews was put forward. During this consultation 90.06% of respondents were in favour.

- 3.5.3. Housing Waiting List and Transfer List applicants are eligible to place up to two bids each week on available properties which they are interested in, however 66% of active applicants did not place any bids between December 2017 and December 2018.

Priority Band/List	% of currently active applications with at least one bid placed between Dec 2017 – Dec 2018	% of currently active applications with no bids placed between Dec 2017 – Dec 2018
Band 1	0%	100%
Band 2	37.96%	62.04%
Band 3	54.56%	45.44%
Band 4	39.94%	60.06%
Band 5	27.13%	72.87%
Transfer List	21.41%	78.59%
Overall	34.80%	62.20%

- 3.5.4. As part of first phase of consultation activity, respondents were asked if the Council should remove applicants if they fail to place any bids within a set period of time, and if so, what that time period should be. 49.91% of those who responded felt that the Council should cancel any inactive applications, and 40.63% of all respondents suggested that the Council should cancel them after 12 months.

During the second phase of consultation a proposed change was put forward which would allow the Council to cancel applications which have been inactive for 12 months or more. 70.64% of respondents were in favour of this change.

- 3.5.5. **Refusal Reduction**

The Council's current Allocations Policy allows applicants to refuse a property offer if a successful bid has been placed or a direct offer is made. Where an applicant has been awarded a priority banding and refuses a property offer which is reasonable and suitable, the priority banding may be removed.

- 3.5.6. All applicants in Bands 4 and 5 are able to refuse three reasonable property offers, after which time their application will be cancelled. An unreasonable ground for refusal can include, but is not limited to, the applicant not wanting to move yet, or not wanting to move to the particular area having viewed the property.
- 3.5.7. Property refusals on unreasonable grounds can lead to extended periods of time where a property remains vacant, increasing the amount of lost rent, and also require a significant amount of officer time through extending the shortlisting and viewing process. It also leads to a greater waiting period for whichever applicant does want to move into the property.
- 3.5.8. Within the first round of consultation, stakeholders were asked if the Council should reduce the number of unreasonable property refusals available to those in Band 5 before their application is cancelled. 50.09% of respondents agreed that the number of refusals should be reduced, and the majority of those felt that it should be reduced from 3 to 2.

For the second phase of consultation, a proposal was put forward to reduce the number of unreasonable property refusals from 3 to 2 for applicants from both Bands 4 and 5. 56.39% of respondents were in favour of this proposal.

- 3.5.9. This proposal, if accepted, is anticipated to come into effect for all affected applicants Band 4 and Band 5 applicants from 1 April 2019. If the proposal to remove Band 5 from the 'Housing Waiting List' is agreed, the number of unreasonable refusals to Band 5 applicants will be reduced from 3 to 2 for the 12 month period between April 2019 and April 2020, at which point the application would then be cancelled.

3.5.10. Local Lettings Plans

The current allocations policy makes allowances for local lettings plans. A local lettings plan allows priority for properties in a certain area, to specific groups outside of the usual reasonable preference groups. For example, where there is a village environment with low numbers of social housing, priority can be awarded to people with a local connection to that village, or where people are moved out of an area for redevelopment, a local lettings plan would give those people priority to move back to the area once the redevelopment is completed.

- 3.5.11. The current policy states that any local lettings plan will be agreed via the Housing Overview & Scrutiny committee. This will be removed to make it an officer decision in consultation with the Portfolio Holder.

3.5.12. Applications, Bidding and Offers – Proposed Changes

It is proposed that:

- The Council amends its Allocations Policy to introduce an annual review of applications based on the application anniversary date to ensure that the applicant remains eligible to be on the Housing Register and that any awarded priority is still appropriate.
- The Council amends its Allocations Policy to stipulate that any applications which have been inactive with no bids placed for more than 12 months will be cancelled; however the Council may use its discretion in exceptional circumstances.
- The Council amends its Allocations Policy to reduce the number of unreasonable property refusals available to applicants in Bands 4 and 5 from 3 refusals to 2.
- The Council amends its Allocations Policy to state that local lettings plans would be set out and decided by officers, in consultation with ward and other relevant members.

4. Reasons for Recommendation

- 4.1. The recommendations throughout this report have been made so that the Council's Housing Register more accurately reflects the level of housing need in the borough, ensuring that those with the greatest need continue to be prioritised.
- 4.2. Through the analysis of the current Housing Register it can be seen that the overwhelming majority of applicants are Thurrock residents and qualify with a local connection as a result. With an oversubscribed list where demand is far greater than supply, and after comparing the approaches taken by other local authorities, it appears appropriate for the Council to condense its own local connection qualification criteria.
- 4.3. Introducing annual checks of eligibility and need not only ensures that those with the greatest need are housed first, but also reduces the likelihood of applicants remaining on the Housing Register where they no longer qualify. Furthermore, carrying out these regular reviews should also reduce the length of time taken between a property shortlist being drawn up and the subsequent offer to the successful applicant, improving the experience for the applicant and reducing void loss.
- 4.4. By increasing the percentage of properties reserved for working households/community contribution, this directly addresses a number of responses within the recent consultation which indicate that more should be done to help those who work or support others within their community.
- 4.5. Introducing an amendment to the local connection criteria for key workers contributes towards the aspiration of attracting this particular group of much-needed professionals to the borough.

- 4.6. The tables in Appendix B outline the number of live applications which would be affected by the changes proposed within this report. The first table is broken down by list, banding, and reason for removal from the Housing Register, whereas the second table provides further detail into the specific reasons for the award of a priority band.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1. The first round of consultation ran between 19 September and 17 October 2018. Feedback was provided by 576 respondents, including tenants, residents, registered providers in the area and other stakeholders such as CCG, NHS Trusts and other officers of the Council. This consultation sought views on the current Allocations Policy in general and along a number of key themes.
- 5.2. The consultation comprised of the following elements:
- Sending direct correspondence on the proposed changes for whom the policy would affect.
 - An online survey designed to seek general views on a number of themes in the current policy.
 - Responding and collating feedback submitted via the online survey.
- 5.3. A further round of consultation took place between 14 November 2018 and 11 December 2018. Stakeholders were asked to comment on the specific proposals included in this report. Feedback was provided by 539 respondents, again including tenants, residents, registered providers in the area. The consultation includes:
- Briefings to key stakeholders on proposed policy change
 - A further online survey designed to seek detailed views on the specified proposed changes to the policy
 - Face to face interview appointments for local residents for whom the online survey is inaccessible to ensure consultation material could be easily understood for all
- 5.4. In order to communicate the content of the policies and provide different methods for people to feedback, different communication techniques were used. The Council actively promoted, advertised and distributed news of the housing policy consultation through:
- Council website pages publicising links to the online survey consultation
 - Social media (Council twitter, Facebook pages).
 - Council Staff intranet.
 - Consultation details sent direct to all applicants on housing register.

- Briefings for interested parties including council staff, Councillors, housing association staff, voluntary and community organisations.
- 5.5. The proposed changes to the Allocations Policy were presented to the Housing Overview & Scrutiny Committee on 18 December 2018 to seek views and feedback on the amendments outlined within this report. Scrutiny Committee was particularly concerned over the phasing out of Band 5. Officers have reviewed this and made modifications to the proposal in particular the establishment of a Sheltered Housing Register which would include those eligible currently on Band 5.
6. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):
- Thurrock Council – Housing Allocations Scheme – April 2016

Implications

7.1 Financial

Implications verified by: **Julie Curtis**
Housing Accountant

The proposed changes as set out in this report aim to reduce the length of time taken to re-let void properties, which should in turn reduce the amount of rent lost while properties are vacant. The reduction of property offer refusals and introduction of annual eligibility checks will lead to fewer shortlists and viewings per property, meaning that officer time can be spent more productively, rent can be collected sooner and ensures that applicants which are eligible and have a genuine desire to move to a particular property are able to do so.

7.2 Legal

Implications verified by: **Simon Scrowther**
Litigation Lawyer

The allocation of housing by local housing authorities is regulated by Part 6 of the Housing Act 1996 (HA 1996). A local housing authority (LHA) must comply with the provisions of Part 6 when allocating housing accommodation (section 159(1), HA 1996). However, subject to this compliance, authorities may otherwise allocate housing in any manner they consider appropriate (section 159(7), HA 1996).

Section 166A(1) of the HA 1996 provides that every LHA must have an allocation scheme for determining priorities between qualifying persons. In formulating or amending its allocation scheme, a LHA must have regard to its

current homelessness strategy under section 1 of the Homelessness Act 2002. An allocation scheme may be framed to give additional preference to particular descriptions of people (section 166A(5), HA 1996). However, a LHA must not allocate housing accommodation except in accordance with its allocation scheme (section 166A(1), HA 1996).

As a result of changes made by the LA 2011, with effect from 18 June 2012, LHAs have been able to decide who “qualifies” for an allocation. Accommodation can therefore only be allocated to someone who qualifies under those local criteria (section 160ZA(6), HA 1996). Who qualifies is largely a matter for the LHA (section 160ZA(7), HA 1996). The Secretary of State does however have the power to prescribe classes of persons who are, or are not, to be treated as qualifying persons (section 160ZA(8), HA 1996).

Where changes are to be made to an allocation scheme it is a requirement to consult with those affected by the changes (s105 HA 1985), including Registered Providers.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

Consultation activity has already taken place in the process of setting out the proposals included within this report, and it has been identified that further activity is outlined to seek views on the specific changes set out in this paper.

An equality impact assessment will be carried out to determine the impact of any changes.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable

7. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

8. **Appendices to the report**

- Appendix A – Combined Consultation Results
- Appendix B – Affected Applications Analysis

Report Author

Ryan Farmer

Housing Strategy and Quality Manager

Consultation 1 Results – September to October 2018

Qualifying Criteria

Should Thurrock Council amend its local connection criteria?

Answer	% Total	% Answer	Count
Yes	30.73%	31.16%	177
No	67.88%	68.84%	391
No response	1.39%	-	8
Total	100%	100%	576

Should the Council change the number of years required for a local connection (currently five years)?

Answer	% Total	% Answer	Count
Increase number of years	8.16%	26.86%	47
Keep the same	9.03%	29.71%	52
Decrease number of years	13.19%	43.43%	76
No response	69.62%	-	401
Total	100%	100%	576

Should the Council continue to award a local connection if an applicant's only qualifying criteria is family which has lived in Thurrock for the past five years?

Answer	% Total	% Answer	Count
Yes	17.19%	56.90%	99
No	13.02%	43.10%	75
No response	69.79%	-	402
Total	100%	100%	576

Should the family connection be changed, only granting access to those outside the borough with immediate family (parents, siblings and children) living in Thurrock?

Answer	% Total	% Answer	Count
Yes	18.40%	60.92%	106
No	11.81%	39.08%	68
No response	69.79%	-	402
Total	100%	100%	576

Should the Council continue to award a local connection where an applicant's only qualifying criteria is five years of continuous employment in the borough?

Answer	% Total	% Answer	Count
Yes	12.50%	40.68%	72
No	18.23%	59.32%	105
No response	69.27%	-	399
Total	100%	100%	576

Should the Council remove applicants from the Housing Register if they fail to place any bids in a set timeframe?

Answer	% Total	% Answer	Count
Yes	49.65%	49.91%	286
No	49.83%	50.09%	287
No response	0.52%	-	3
Total	100%	100%	576

What should the set timeframe be before an applicant is removed from the list?

Answer	% Total	% Answer	Count
12 months	40.63%	82.11%	234
18 months	5.90%	11.93%	34
24 months	2.95%	5.96%	17
No response	50.52%	-	291
Total	100%	100%	576

Should the Council only allow those in housing need to join the Housing Register and remove Band 5 from its Allocations Policy?

Answer	% Total	% Answer	Count
Yes	30.03%	30.46%	173
No	68.58%	69.54%	395
No response	1.39%	-	8
Total	100%	100%	576

Should the Council change the way it operates its Transfer List?

Answer	% Total	% Answer	Count
No, it should remain in current form	28.47%	28.77%	164
Yes, more properties should be available	25.52%	25.78%	147
Yes, less properties should be available	31.77%	32.10%	183
Yes, there should not be a Transfer List	12.67%	12.80%	73
No response	1.04%	-	6
Total	100%	100%	576

What percentage of properties should be made available exclusively for the Transfer List?

Answer	% Total	% Answer	Count
5%	5.73%	10.00%	33
10%	13.37%	23.33%	77
15%	7.64%	13.33%	44
20%	5.03%	8.79%	29
30%	6.94%	12.12%	40
35%	18.58%	32.42%	107
No response	42.71%	-	246
Total	100%	100%	576

Should there be an amendment to the local connection rules for newly-qualified and junior frontline key workers who are moving to the borough to take up a new job in Thurrock or at Basildon and Thurrock University Hospital?

Answer	% Total	% Answer	Count
Yes	52.60%	53.06%	303
No	46.53%	46.94%	268
No response	0.87%	-	5
Total	100%	100%	576

Should key workers also be awarded a priority banding for bidding on available properties?

Answer	% Total	% Answer	Count
Yes	26.04%	51.72%	150
No	24.31%	48.28%	140
No response	49.65%	-	286
Total	100%	100%	576

Priority Bands

Should there be greater recognition of 'cumulative need' across other priority bands, for example awarding a Band 1 priority where an applicant has two Band 2 priority needs?

Answer	% Total	% Answer	Count
Yes	64.76%	66.61%	373
No	32.47%	33.39%	187
No response	2.78%	-	16
Total	100%	100%	576

Should applicants threatened with homelessness that remain in their own accommodation be awarded a higher priority than applicants who are placed into temporary accommodation?

Answer	% Total	% Answer	Count
Yes	43.23%	44.23%	249
No	54.51%	55.77%	314
No response	2.26%	-	13
Total	100%	100%	576

Should the Council continue to award a priority for those who work/make a community contribution?

Answer	% Total	% Answer	Count
Yes	75.69%	77.17%	436
No	22.40%	22.83%	129
No response	1.91%	-	11
Total	100%	100%	576

Should the Council change the percentage of properties reserved for those with a working household/community contribution priority?

Answer	% Total	% Answer	Count
Yes, increase the percentage	53.30%	71.06%	307
No, keep it the same	18.40%	24.54%	106
Yes, reduce the percentage	3.30%	4.40%	19
No response	25.00%	-	144
Total	100%	100%	576

Should the Council also recognise people who make a community contribution in ways other than employment or formal volunteering?

Answer	% Total	% Answer	Count
Yes	30.21%	40.47%	174
No	44.44%	59.53%	256
No response	25.35%	-	146
Total	100%	100%	576

Should the Council reduce the number of unreasonable property refusals available to those in Band 5 before their application is cancelled?

Answer	% Total	% Answer	Count
Yes	49.13%	50.09%	283
No	48.96%	49.91%	282
No response	1.91%	-	11
Total	100%	100%	576

How many unreasonable property refusals should those in Band 5 be able to make before their application is cancelled?

Answer	% Total	% Answer	Count
2	25.35%	51.96%	146
1	18.75%	38.43%	108
0	4.69	9.61%	27
No response	51.22%	-	295
Total	100%	100%	576

Should the Council implement an annual review of applications to ensure that any awarded priority banding remains appropriate?

Answer	% Total	% Answer	Count
Yes	87.85%	89.56%	506
No	10.24%	10.44%	59
No response	1.91%	-	11
Total	100%	100%	576

Allocation Criteria

Should the criteria for access to Sheltered Housing be changed?

Answer	% Total	% Answer	Count
Yes	13.19%	13.82%	76
No	82.29%	86.18%	474
No response	4.51%	-	26
Total	100%	100%	576

Within the available General Needs properties, should specific property types be reserved for certain age groups - under 25s or over 50s, for example?

Answer	% Total	% Answer	Count
Yes	26.22%	27.31%	151
No	69.79%	72.69%	402
No response	3.99%	-	23
Total	100%	100%	576

About you

Which of the below best matches your reason for responding to this survey?

Answer	% Total	% Answer	Count
I live in Thurrock and I am on the Housing Register	64.93%	65.50%	374
I live in Thurrock, but I am not on the Housing Register	26.74%	26.97%	154
I am responding as part of, or on behalf of, an organisation	0.35%	0.35%	2
I am an officer for Thurrock Council	3.47%	3.50%	20
Other	3.65%	3.68%	21
No response	0.87%	-	5
Total	100%	100%	576

Do you have a 'waiting list' application or a 'transfer list' application?

Answer	% Total	% Answer	Count
Waiting List	47.22%	76.62%	272
Transfer List	14.41%	23.38%	83
No response	38.37%	-	221
Total	100%	100%	576

What type of housing do you live in?

Answer	% Total	% Answer	Count
Rent from a council	25.69%	28.08%	148
Rent from a housing association	4.51%	4.93%	26
Rent from private landlord	31.94%	34.91%	184
Homeowner	9.38%	10.25%	54
Live with family and friends	15.45%	16.89%	89
Other	4.51%	4.93%	26
No response	8.51%	-	49
Total	100%	100%	576

What is your current household type?

Answer	% Total	% Answer	Count
Couple without children	10.24%	11.28%	59
Couple with children	29.86%	32.89%	172
Lone parent (sole or shared responsibility)	31.42%	34.61%	181
Single person	12.50%	13.77%	72
Prefer not to say	6.77%	7.46%	39
No response	9.20%	-	53
Total	100%	100%	576

What is your ethnic group?

Answer	% Total	% Answer	Count
White			
English/ Welsh/ Scottish/ Northern Irish/British	78.13%	79.37%	450
Irish	0.35%	0.35%	2
Gypsy or Irish Traveller	0.00%	0.00%	0
Any other White background	2.95%	3.00%	17
Mixed			
White and Black Caribbean	0.69%	0.71%	4
White and Black African	1.04%	1.06%	6
White and Asian	0.00%	0.00%	0
Any other Mixed background	0.35%	0.35%	2
Asian or Asian British			
Indian	0.52%	0.53%	3
Pakistani	0.00%	0.00%	0
Bangladeshi	0.17%	0.18%	1
Chinese	0.17%	0.18%	1
Any other Asian background	0.17%	0.18%	1
Black or Black British			
Caribbean	1.22%	1.23%	7
African	8.33%	8.47%	48
Any other Black background	1.39%	1.41%	8
Other ethnic group			
Arab	0.35%	0.35%	2
Prefer not to say	2.43%	2.47%	14
Any other ethnic group	0.17%	0.18%	1
No response	1.56%	-	9
Total	100%	100%	576

Please specify your age group

Answer	% Total	% Answer	Count
17 or under	0.00%	0.00%	0
18-24	6.94%	7.04%	40
25-44	60.59%	61.44%	349
45-59	23.09%	23.42%	133
Over 60 years	6.08%	6.16%	35
Prefer not to say	1.91%	1.94%	11
No response	1.39%	-	8
Total	100%	100%	576

Please specify your gender

Answer	% Total	% Answer	Count
Female	77.08%	77.62%	444
Male	20.14%	20.28%	116
Transgender	0.35%	0.35%	2
Gender Neutral	0.00%	0.00%	0
Other	0.17%	0.17%	1
Prefer not to say	1.56%	1.57%	9
No response	0.69%	-	4
Total	100%	100%	576

Do you consider yourself to be a disabled person?

Answer	% Total	% Answer	Count
Yes	11.28%	11.48%	65
No	86.98%	88.52%	501
No response	1.74%	-	10
Total	100%	100%	576

If you are disabled, how would you describe your disability? (tick all that apply)

Answer	% Total	% Answer	Count
Visual impairment	0.31%	1.59%	2
Speech impairment	0.16%	0.79%	1
Hearing impairment	1.10%	5.56%	7
Mobility (a wheelchair user)	0.63%	3.17%	4
Mobility (not a wheelchair user)	5.65%	28.57%	36
Mental health condition	2.83%	14.29%	18
Long term medical condition	6.75%	34.13%	43
Learning disability	0.47%	2.38%	3
Hidden impairment	0.94%	4.76%	6
Other	0.94%	4.76%	6
No response	80.22%	-	511
Total	100%	100%	576

What is your employment status?

Answer	% Total	% Answer	Count
Employed	68.23%	69.07%	393
Unemployed	16.32%	16.52%	94
Full time education	1.56%	1.58%	9
Retired	4.86%	4.92%	28
Prefer not to say	7.81%	7.91%	45
No response	1.22%	-	7
Total	100%	100%	576

Consultation 2 Results – November to December 2018

Qualifying Criteria

Should the Council increase the length of time required to establish a local connection from 5 years to 6 years?

Answer	% Total	% Answer	Count
Yes	43.60%	44.09%	235
No	55.29%	55.91%	298
No response	1.11%	-	6
Total	100%	100%	539

Should the Council strengthen the family connection requirements by removing grandparents and grandchildren from the list of family members which can be used to obtain a local connection? This would mean that a local connection would only be awarded to those with parents (including someone who had acquired parental responsibility), siblings or children living in Thurrock.

Answer	% Total	% Answer	Count
Yes	39.15%	39.59%	311
No	59.74%	60.41 %	322
No response	1.11%	-	6
Total	100%	100%	539

Should the Council remove the local connection qualifying criteria of continuous employment in the borough? This means that a local connection would not be awarded to those who work in Thurrock but do not live in the borough/have family living in the borough.

Answer	% Total	% Answer	Count
Yes	41.5%	42.34%	224
No	56.59%%	57.66%	305
No response	1.86%	-	10
Total	100%	100%	539

Financial Qualification

Should the Council amend its financial qualification thresholds as outlined?

Answer	% Total	% Answer	Count
Yes	56.77%	57.30%	306
No	42.30%	42.70%	228
No response	0.93%	-	5
Total	100%	100%	539

Banding and Lists

Should the Council remove Band 5 from its Allocations Policy, and only allow those in housing need to join and remain on the Housing Register?

Answer	% Total	% Answer	Count
Yes	38.22%	38.87%	206
No	60.11%	61.13%	324
No response	1.67%	-	9
Total	100%	100%	539

Should the Council introduce alternative options, such as a shared ownership register, for applicants which have been placed in or would currently qualify for Band 5?

Answer	% Total	% Answer	Count
Yes	66.98%	68.11%	361
No	31.35%	31.89%	169
No response	1.67%	-	9
Total	100%	100%	539

Key Workers

Should the Council amend its local connection criteria to include key workers as outlined?

Answer	% Total	% Answer	Count
Yes	54.17%	54.78%	292
No	44.71%	45.22%	241
No response	1.11	-	
Total	100%	100%	539

Working Household/Community Contribution

Should the Council increase the percentage of properties reserved for those with a working household/community contribution priority from 15% to 20%?

Answer	% Total	% Answer	Count
Yes	70.87%	72.35%	382
No	27.09%	27.65%	146
No response	2.04%	-	11
Total	100%	100%	539

Application, Bidding and Offers

Should the Council implement an annual review of applications to ensure that any awarded priority banding remains appropriate?

Answer	% Total	% Answer	Count
Yes	84.04%	90.06%	453
No	9.28%	9.94%	50
No response	6.68%	-	35
Total	100%	100%	539

Should the Council be able to cancel applications on the Housing Register if applicants fail to place any bids in a 12-month period?

Answer	% Total	% Answer	Count
Yes	69.57%	70.62%	375
No	28.94%	29.38%	156
No response	1.48%	-	8
Total	100%	100%	539

Should the Council reduce the number of unreasonable property refusals available to those in Bands 4 & 5 from 3 refusals to 2?

Answer	% Total	% Answer	Count
Yes	55.66%	56.39%	300
No	43.04%	43.61%	323
No response	1.30%	-	7
Total	100%	100%	539

About you

Which of the below best matches your reason for responding to this survey?

Answer	% Total	% Answer	Count
I live in Thurrock and I am on the Housing Register	64.01%	66.22%	345
I live in Thurrock, but I am not on the Housing Register	17.07%	17.66%	92
I live outside of Thurrock and I am on the Council's Housing Register	4.64%	4.80%	25
I am responding as part of, or on behalf of, an organisation	0.93%	0.96%	5
I am a Councillor/Elected Member	0.19%	0.19%	1
I am an officer for Thurrock Council	6.12%	6.33%	33
Other	3.71%	3.84%	20
No response	3.34%	-	18
Total	100%	100%	539

Do you have a 'waiting list' application or a 'transfer list' application?

Answer	% Total	% Answer	Count
Waiting List	51.95%	78.45%	280
Transfer List	14.29%	21.57%	77
No response	33.77%	-	182
Total	100%	100%	539

What type of housing do you live in?

Answer	% Total	% Answer	Count
Rent from a council	24.30%	28.60%	131
Rent from a housing association	5.94%	6.99%	32
Rent from private landlord	25.23%	29.69%	136
Homeowner	8.53%	10.04%	46
Live with family and friends	16.14%	19.00%	87
Other	4.82%	5.68	26
No response	15.03%	-	81
Total	100%	100%	539

What is your current household type?

Answer	% Total	% Answer	Count
Couple without children	9.09%	11.28%	49
Couple with children	30.24%	32.89%	163
Lone parent (sole or shared responsibility)	24.12%	34.61%	130
Single person	14.10%	13.77%	76
Prefer not to say	7.24%	7.46%	39
No response	15.21%	-	82
Total	100%	100%	539

What is your ethnic group?

Answer	% Total	% Answer	Count
White			
English/ Welsh/ Scottish/ Northern Irish/British	77.74%	78.91%	419
Irish	0.19%	0.19%	1
Gypsy or Irish Traveller	0.00%	0.00%	0
Any other White background	3.53%	3.58%	19
Mixed			
White and Black Caribbean	0.74%	0.75%	4
White and Black African	0.19%	0.19%	1
White and Asian	0.00%	0.00%	0
Any other Mixed background	0.93%	0.93%	5
Asian or Asian British			
Indian	0.93%	0.94%	5
Pakistani	0.19%	0.19%	1
Bangladeshi	0.74%	0.75%	4
Chinese	0.00%	0.00%	0
Any other Asian background	0.56%	0.56%	3
Black or Black British			
Caribbean	1.30%	1.32%	7
African	8.91%	9.04%	48
Any other Black background	0.93%	0.94%	5
Other ethnic group			
Arab	0.00%	0.00%	0
Prefer not to say	1.30%	1.32%	7
Any other ethnic group	0.37%	0.38%	2
No response	1.48%	-	9
Total	100%	100%	539

Please specify your age group

Answer	% Total	% Answer	Count
17 or under	0.19%	0.19%	1
18-24	8.91%	9.04%	48
25-44	56.22%	57.06%	303
45-59	23.56%	23.92%	127
Over 60 years	7.79%	7.91%	42
Prefer not to say	1.86%	1.88%	10
No response	1.48%	-	8
Total	100%	100%	539

Please specify your gender

Answer	% Total	% Answer	Count
Female	72.54%	73.50%	391
Male	23.93%	24.25%	129
Transgender	0.00%	0.00%	0
Gender Neutral	0.00%	0.00%	0
Other	0.19%	0.19%	1
Prefer not to say	2.04%	2.07%	11
No response	1.30%	-	4
Total	100%	100%	539

Do you consider yourself to be a disabled person?

Answer	% Total	% Answer	Count
Yes	14.10%	14.23%	76
No	84.97%	85.77%	458
No response	0.93%	-	5
Total	100%	100%	539

If you are disabled, how would you describe your disability? (tick all that apply)

Answer	% Total	% Answer	Count
Visual impairment	0.80%	3.13%	5
Speech impairment	0.16%	0.63%	1
Hearing impairment	1.12%	4.38%	7
Mobility (a wheelchair user)	1.28%	5.00%	8
Mobility (not a wheelchair user)	6.25%	24.38%	39
Mental health condition	5.13%	20.00%	32
Long term medical condition	7.37%	28.75%	46
Learning disability	1.60%	6.25%	10
Hidden impairment	1.60%	6.25%	10
Other	0.32%	1.25%	2
No response	80.22%	-	511
Total	100%	100%	539

What is your employment status?

Answer	% Total	% Answer	Count
Employed	69.20%	69.85%	373
Unemployed	16.14%	16.29%	87
Full time education	1.86%	1.87%	10
Retired	5.94%	5.99%	32
Prefer not to say	5.94%	5.99%	32
No response	0.93%	-	5
Total	100%	100%	576

Housing Allocations Policy Review

Affected Applications Analysis

Affected Applications

The below tables outline the number of live applications which would be affected by the changes proposed within this report. The first table is broken down by list, banding, and reason for removal from the Housing Register, whereas the second table provides further detail into the specific reasons for the award of a priority band.

Table 1

Page 115	Number of current live applications	Reason for application change								TOTAL	% of live applications which would be affected
		Change in 'Family' Local Connection	Removal of 'Employment' Local Connection	Removal of Band 5 General Needs	Removal of application with no bids in 12 months	Removal of inactive application and change of 'Family' local connection	Removal of inactive applications and removal of 'Employment' local connection	Removal of inactive applications and removal of Band 5	Active, eligible applicants moving to new Sheltered Housing Register		
Waiting List	7662	7	6	655	3311	3	5	1608	75	5670	74.0%
Band 1	3	0	0	0	3	0	0	0	0	3	100.0%
Band 2	137	0	0	0	85	0	0	0	0	85	62.0%
Band 3	493	0	0	0	227	0	0	0	0	227	46.0%
Band 4	4301	7	6	0	2606	3	5	0	0	2627	61.1%
Band 5	2728	0	0	655	390	0	0	1608	75	2728	100.0%
Transfer List	1593	0	0	0	1254	0	0	0	0	1254	78.7%
Grand Total	9255	7	6	655	4565	3	5	1608	75	6924	74.8%

Table 2

		Reason for application removal									
		Change in 'Family' Local Connection	Removal of 'Employment' Local Connection	Removal of Band 5	Removal of application with no bids placed in 12 months	Removal of inactive application and change of 'Family' local connection	Removal of inactive applications and removal of 'Employment' local connection	Removal of inactive applications and removal of Band 5	Active, eligible applicants moving to new Sheltered Housing Register		
Housing Waiting List	7662	7	6	655	3311	3	5	1608	75	5670	74.0%
Band 1	3	0	0	0	3	0	0	0	0	3	100.0%
Band 1 - Permanent Decant	2	0	0	0	2	0	0	0	0	2	100.0%
Other	1	0	0	0	1	0	0	0	0	1	100.0%
Band 2	137	0	0	0	85	0	0	0	0	85	62.0%
Band 2 - Change of Tenancy	4	0	0	0	2	0	0	0	0	2	50.0%
Band 2 - Cumulative Need	7	0	0	0	4	0	0	0	0	4	57.1%
Band 2 - Housing Adaptation Panel Priority	3	0	0	0	0	0	0	0	0	0	0.0%
Band 2 - Medical Priority 1	7	0	0	0	2	0	0	0	0	2	28.6%
Band 2 - Retiring Thurrock Council Resident Staff	1	0	0	0	1	0	0	0	0	1	100.0%
Band 2 - Succession Under-occupied Tenancy	3	0	0	0	1	0	0	0	0	1	33.3%
Band 2 - Under-occupation by More Than 1 Bedroom	100	0	0	0	68	0	0	0	0	68	68.0%
Other	12	0	0	0	7	0	0	0	0	7	58.3%
Band 3	493	0	0	0	227	0	0	0	0	227	46.0%
Band 3 - Care Leavers Move On	35	0	0	0	7	0	0	0	0	7	20.0%
Band 3 - Carers Priority 2	1	0	0	0	0	0	0	0	0	0	0.0%
Band 3 - Homeless	92	0	0	0	21	0	0	0	0	21	22.8%
Band 3 - Medical Priority 2	70	0	0	0	20	0	0	0	0	20	28.6%

Reason for application removal											
	Number of current live applications	Change in 'Family' Local Connection	Removal of 'Employment' Local Connection	Removal of Band 5	Removal of application with no bids placed in 12 months	Removal of inactive application and change of 'Family' local connection	Removal of inactive applications and removal of 'Employment' local connection	Removal of inactive applications and removal of Band 5	Active, eligible applicants moving to new Sheltered Housing Register	TOTAL	% of live applications which would be affected
Band 3 - Overcrowding	36	0	0	0	4	0	0	0	0	4	11.1%
Band 3 - Properties with Severe Hazards	10	0	0	0	3	0	0	0	0	3	30.0%
Band 3 - Supported Housing Move-On	7	0	0	0	0	0	0	0	0	0	0.0%
Band 3 - Transfer within Sheltered to Lower Floor	21	0	0	0	10	0	0	0	0	10	47.6%
Band 3 - Under-occupation by 1 bedroom	211	0	0	0	158	0	0	0	0	158	74.9%
Band 3 - Welfare Grounds	10	0	0	0	4	0	0	0	0	4	40.0%
Band 4	4301	7	5	0	2606	3	5	0	0	2627	61.1%
Band 4 - NAH - Affordability	9	0	0	0	0	0	0	0	0	0	0.0%
Band 4 - NAH - No Garden	5	0	0	0	1	0	0	0	0	1	20.0%
Band 4 - NAH - No Secure Accommodation	25	0	0	0	8	0	0	0	0	8	32.0%
Band 4 - NAH - Overcrowded by 1 bedroom	3151	1	1	0	2067	0	0	0	0	2069	65.7%
Band 4 - Non-Statutory Homeless	20	0	0	0	10	0	0	0	0	10	50.0%
Band 4 - Not Adequately Housed	694	6	5	0	309	3	4	0	0	328	47.3%
Band 4 - Notice to Quit	62	0	0	0	11	0	0	0	0	11	17.7%
Other	335	0	0	0	200	0	0	0	0	200	59.7%
Band 5	2728	0	0	655	390	0	0	1608	75	2728	100.0%
Transfer List	1593	0	0	0	1254	0	0	0	0	1254	78.7%
Grand Total	9255	7	6	655	4565	3	5	1608	75	6924	74.8%

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16 January 2019		ITEM: 14 Decision: 110499
Cabinet		
Additional Licensing of Houses in Multiple Occupation		
Wards and communities affected: See section 4	Key Decision: Key	
Report of: Councillor Barry Johnson, Portfolio Holder for Housing		
Accountable Assistant Director: Carol Hinvest, Assistant Director of Housing		
Accountable Director: Roger Harris, Corporate Director, Adults, Housing and Health		
This report is Public		

Executive Summary

This report sets out the Council's approach to deal with small houses of multiple occupation [HMO] let to three and four tenants in the borough. The private rented sector has some problems of management standards and living conditions for which licensing has been seen to be required.

The Housing Act 2004 provides local authorities with discretionary powers to designate areas within its district for additional licensing in respect of some or all of the HMOs in its area that are not subject to mandatory licensing.

A licensing scheme is needed to improve the supply of HMOs within the private rented sector to improve neighbourhoods and make it a safe housing choice for residents unable to access the Council's housing register.

This report provides the justification and recommends implementing a designated additional HMO licensing scheme in the borough.

1. Recommendation(s)

- 1.1 To approve the implementation of an Additional Licensing Scheme for Houses in Multiple Occupation in designated areas within the borough as set out in section 4.
- 1.2 That the evidence needed to support the introduction of additional licensing is justified.

- 1.3 That all Houses of Multiple Occupation [HMO] except section 257 HMOs and those that are subject to mandatory licensing in Thurrock are subject to additional licensing.**
- 1.4 That the designation map comes into force on 1 May 2019 and lasts for a period of 5 years, see appendix 1.**
- 1.5 That the legislative requirements the Council has to take for a designated area has been carried out to support the implementation of the scheme.**
- 1.6 That additional licensing is consistent with the Council's Housing Strategy 2015/20.**

2. Introduction and Background

- 2.1 On 13 December 2016, the Housing Overview & Scrutiny Committee supported the proposal for the Council to explore the option of Additional Licensing scheme. The council has tested its appropriateness in Thurrock and feel this new scheme will be more effective because it will cover far more Houses of Multiple Occupation [HMO] than the Government's new mandatory scheme that came in force on 1 October 2018.
- 2.2 A licensable HMO under the Government's extended mandatory scheme is:
 - i. A private rented property occupied by 5 or more occupiers living in two or more households and share amenities such as kitchen, bathroom or toilet.
- 2.3 The Council operates the mandatory licensing scheme as required under the Housing Act 2004. Currently, on its public register it has 21 licensed HMO's with another 72 applications pending to be processed under the new extended mandatory scheme.
- 2.4 However, a House in Multiple Occupation (HMO) not subject to mandatory licensing is:-
 - i. A privately rented property which is let to three or more tenants who form two or more households and who share a kitchen, bathroom or toilet. However, HMOs of this description are not subject to mandatory licensing.
 - ii. A building which is converted entirely into self-contained flats, if the conversion did not meet the standards of the 1991 Building Regulations and more than one third of the flats are let on short term tenancies. These properties are otherwise known as section 257 HMOs.
- 2.5 Thurrock has around 700 HMOs not subject to mandatory licensing in certain parts of the borough. This is a high number of difficult to manage properties concentrated within certain wards of the borough.

- 2.6 The Private Sector Housing Service has concluded that there is sufficient evidence of poor management and living conditions in unlicensed HMOs, with landlords who do not proactively manage their properties, nor address the unacceptable behaviour of their tenants, to demonstrate a significant proportion of HMOs are being managed sufficiently ineffectively to justify additional licensing.
- 2.7 Work carried out by the Private Sector Housing Service has also confirmed that licensing is a viable option for tackling HMOs let to three or four tenants and that a scheme covering certain parts of the borough is justified. As licensing of HMOs assists in tackling the problems of risk to safety and health of the occupants, particularly in relation to injury from fire, overcrowding or lack of amenities.
- 2.8 Section 56 of the Housing Act 2004 gives powers to local authorities to designate areas or the whole of the area, within their district as subject to additional licensing in respect of some or all of the HMOs in its area that are not already subject to mandatory licensing. A scheme does not control the numbers of HMOs but puts in place suitable controls over those that already exist or may be created during the period covered by the scheme.
- 2.9 Although Secretary of State approval is not necessary for the council to adopt a scheme it does have to properly evidence the need and comply with legislative requirements, such as conducting a consultation with those affected. On 18 December 2018, the Housing and Overview and Scrutiny Committee reviewed the Council's public consultation exercise carried out over 11 weeks and it's response to ensure that the required legislative steps were carried out for supporting the introduction of a designated scheme. The Housing Overview and Scrutiny Committee supported the introduction of the scheme.
- 2.10 The proposed additional licensing scheme is to run alongside the mandatory HMO licensing scheme. Unlike the mandatory licensing scheme, the proposed additional licensing scheme lasts for a period of five years before the council must review its continued justification in order to readopt it.
- 2.11 HMO landlords covered in the additional licensing scheme must pay the Council a licence fee to rent out their property. The Private Sector Housing Service inspects all properties to ensure they are up to minimum housing standards, suitable for the number of occupiers and the team carries out a fit and proper test that the proposed license holder is suitable to be manager of the house before granting a license.

3. Issues, Options and Analysis

- 3.1 The justification to implement an Additional Licensing scheme recognises the poor management standards and associated problems affecting neighbourhoods within the borough.

3.2 The scheme is consistent with the Council's Housing Strategy 2015/20 to improve private rented accommodation. The Council has considered other options before introducing an additional HMO licensing scheme to effectively deal with this problem of HMOs not subject to mandatory licensing. These are the following:

3.3 **Do nothing and carrying on with extended mandatory HMO licensing**

The evidence file in Appendix 2 highlights the problem of small HMOs in the borough. The council regularly deal with HMOs let to three or four tenants managed in an unprofessional way including poor housing standards and living conditions. Also, they liaise with landlords about anti-social behaviour reports of their tenants causing nuisance in their neighbourhood. Mandatory HMO licensing will not tackle this problem but will continue to identify properties that require a license throughout the borough. Although, the implementation of extending mandatory licensing has covered a greater number of HMOs, it however makes up a small percentage of the overall HMO stock in the borough. Therefore, it will not tackle problems associated with small HMO accommodation housing three to four tenants that continue to cause problems.

3.4 **Continue to respond to complaints and carry out inspection and enforcement action**

Responding to complaints often involves coordinated investigation and enforcement action by a number of departments, using various pieces of legislation before a final resolution is obtained. Many tenants are not aware of the law and/or could be afraid of losing their tenancy so will not make a complaint to the Council. Unfortunately, a reactive inspection based programme is resource intensive and works on the assumption that compliance and improvement will normally require enforcement action following a period of extensive investigation to identify responsible owners.

3.5 **Continue to promote landlord accreditation**

Landlord accreditation is a voluntary scheme which recognises landlords who wish to be professional and act responsibly. This relies on the goodwill of landlords to enrol onto courses as it is not compulsory for landlords to become accredited. This is unlikely to have an impact on non-compliant landlords.

3.6 **Continue to offer advice and guidance through the Landlord Forum**

The Landlord Forum is an open forum for all Thurrock landlords for networking, providing advice and guidance, education and training. It is held twice a year but attendance is voluntary and usually attended by interested and professional landlords. This is unlikely to have an impact on non-compliant landlords whose HMOs are not subject to mandatory licensing.

3.7 The adoption of Article 4 Direction under the Town and Country Planning Acts Order 1995

This allows the Council, in exceptional circumstance, to use this legislation to remove permitted development rights in order to secure local amenity or the proper planning of an area.

The legislation would not help the Council meet the demand for affordable housing in Thurrock if it removed permitted development rights to change the use of a small property forming a single household into a HMO. The Private Housing Service wants to improve housing standards in the rented sector and support our private landlords to manage their properties better.

3.8 The adoption of an additional licensing scheme is the preferred scheme

The use of additional licensing is the best tool to tackle the worst type of HMO accommodation let to three or four tenants within the proposed area by targeting non-compliant landlords. Licensing allows the Council to use our powers to tackle offenders and actively focus resources on properties of concern. This improves the overall standard of properties for people who live alongside HMOs as licensing transfers the responsibility to individual's managing or having control to make an application and meet housing standards.

Additional Licensing would extend HMO licensing powers under the Housing Act 2004 to target HMOs within a concentrated area, based on ward boundaries. All of the above options would continue but licensing would act as the main enforcement tool to achieve the required improvements. The additional licensing and mandatory licensing scheme will run together to benefit all our residents if approved on 1 May 2019. Sections 56 to 80 of the Housing Act 2004 requires the council to publish a public notice notifying the scheme will come into force three months after the date of approval.

If the Council decides that an Additional Licensing scheme should not be introduced. The Council will continue all of the above options and explore the approval steps for Selective Licensing.

4. Reasons for Recommendation

4.1 The evidence to support the introduction of designated scheme is set out in the Thurrock Additional Licensing Evidence File in Appendix 2. The following areas have been selected due to their high concentration of HMOs and wider problems requiring the intervention of council services and community safety partners.

- Grays Thurrock
- Grays Riverside
- Little Thurrock Blackshots

- Stifford Clays
- West Thurrock and South Stifford
- Ockendon
- Belhus
- Aveley and Uplands
- Tilbury Riverside and Thurrock Park
- Tilbury St Chads
- Chadwell St Mary

- 4.2 Additional licensing is consistent with the Council's Housing Strategy 2015-20 to improve management standards and housing conditions in the private rented accommodation.
- 4.3 Licensing will significantly assist the Council. It will ensure a more streamlined approach on services dealing with the same owner and property in relation to improving tenancy relations to prevent tenancy failure, challenge landlords to deal with their tenant's anti-social behaviour and stop illegal evictions with the Private Housing Service leading investigations and deciding the appropriate enforcement action relating to the property and owner.
- 4.4 The proposed licensing conditions in Appendix 3 have been developed to support the proper standards management and provision of effective tenancy arrangements in HMOs.
- 4.5 The council has adopted the Essex Amenities Standards in Appendix 4. These have been recently reviewed and developed to help ensure that HMOs of all types provide sufficient and adequate amenities and the room sizes in HMOs are sufficient to meet the welfare needs of the tenants.
- 4.6 The council's HMO license fees will administer the cost of the scheme over the 5 years. The Council cannot make a profit from the scheme. The costs and fees will be subject to annual review.
- 4.7 The legislative requirements in relation to consultation and representations has been carried out and considered before making a designation in the borough to support its implementation.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Section 56[3] of the Housing Act 2004 requires that:

Before making a designation of an area subject to Additional Licensing the authority must

[a] take reasonable steps to consult persons who are likely to be affected by the designation and

[b] consider any representations made in accordance with the consultation and not withdrawn

5.2 The proposal has been presented to the Housing Overview and Scrutiny committee on 18 December 2018 to consider all the relevant issues to designate certain parts of the borough have been carried to the support the implementation of the scheme.

5.3 A wide ranging consultation programme was commenced on 9 July to 24 September 2018, a period of 11 weeks to obtain views of key stakeholders, including landlords, letting/managing agents, tenants, residents, businesses, stakeholder/representative in Thurrock, Barking and Dagenham, Basildon, Billericay & Wickford, Brentwood, Castle Point, Chelmsford, Rochford, Southend, Havering and Waltham Forest.

5.4 The results of the full consultation are available on the Council's public website.

5.5 The summary of the consultation results is as follows:

163 surveys were completed on line.

Overall 73% of respondents strongly supported the introduction of an Additional Licensing scheme. Over three quarters of respondents agreed that properties in the proposed licensing areas should be included within the scheme.

A very high percentage of respondents 83% and 82% respectively felt Additional Licensing would assist poor performing HMO landlords raise their standards and improve the health and safety of tenants living in HMOs.

95% of respondents believed ASB to be a problem in Thurrock. Residents living in the proposed licensing areas experience higher incidence of ASB where small HMOs not subject to mandatory licensing are located.

5.6 The table below provides a breakdown according to the type of respondent.

Respondent breakdown	No.
Providing your own personal response	90
Submitting a response on behalf of an organisation	4
Responding as a private landlord or a letting or managing agent	62
[No Response]	7

5.7 Of those who completed the survey 120 lived within Thurrock.

- 5.8 It is clear from the consultation results that 55% residents and 38% landlords who completed the survey supported the proposal of regulating small HMOs to raise standards.
- 5.9 The evidence base and the survey findings also showed many residents living within Thurrock do feel there are problems in the borough in relation to poorly managed HMO and private sector accommodation. The following neighbourhood issues had the highest response rate as problems for residents in Thurrock.

Neighbourhood Problems	No. of respondents
Waste	155
Anti-Social Behaviour	154
Crime	154
Migration	154
Litter	153
Abandoned vehicles	151

- 5.10 The Residential Landlord Association raised some questions about the proposal. All of these questions have been answered in a formal response from the council. None of the issues that were raised we felt were substantial enough to cause any concern or for changes to the proposal to be made.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Licensing will improve the health and wellbeing of private tenants through the reduction of poor and unsafe housing conditions and will enable the authority to bring about general improvements in the neighbourhoods where licencing takes place.

7. Implications

7.1 Financial

Implications verified by: **Julie Curtis**
HRA and Development Accountant

Based on the HMO licence fee of £950 and the estimated number of small HMOs in the area the theoretical General Fund income could be up to £665k over 5 years. Staffing costs will have to be considered to administer the Additional Licensing scheme. The total cost of operating the scheme will be self-financed through the fee income over the 5 years.

Section 63[3] of the Housing Act 2004 provides that license applications may be accompanied by a fee to be determined by the local housing authority [LHA]. In setting its fee LHA may take into account all costs it's incurred in

carrying out its licensing function which we have done for licence applications for up to a 5 year period. The costs, fees and discounts are subject to review annually.

All income generated through the licencing scheme is ring-fenced to administer the scheme and improve the HMO offer in the Borough.

7.2 Legal

Implications verified by: **Chima Obichkwu**
Housing Solicitor

Part 2 of the Housing Act 2004 provides for the licensing of HMOs. The Act imposes a statutory duty on local authorities to license privately rented HMOs that are occupied by 5 more persons forms two or more households where there is sharing of basic amenities. The Council however has discretion to extend that that licensing to other HMOs. In making that decision the Council must:

- i. Consider that a significant proportion of the HMOs of that description in the area are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public.
- ii. Consider whether there are other course of action available to them [of whatever the nature] that might provide an effective method of dealing with the problem or problems in question.
- iii. Consider that making the designation will significantly assist them to deal with the problem or problems [whether or not they take any other course of action as well]
- iv. Consider people are likely to be affected by the designation
- v. Ensure that the exercise is consistent with the overall housing strategy; and seek to adopt a co-ordinated approach in connection with dealing with homelessness, empty homes and anti-social behaviour affecting the private rented sector as regards combing licensing with other action taken by them or others.
- vi. Be satisfied that the evidence relived on by the council is sufficiently robust to justify the designation

A Notice of Designation of an Area for Additional Licensing of Houses in Multiple Occupation has to be published in accordance with Section 56 to 60 of the Housing Act 2004 and Regulation 9 of the Licensing and Management of Houses in Multiple Occupation and Other Houses [Miscellaneous Provisions] [England] Regulation 2006. Should the council approve the proposed scheme it will come into force 3 months after the date of approval. This will be 1 May 2019.

In terms of enforcement action, under section 95 of the Housing Act 2004, it is offence under section 5 of the Act not to licence a property which is licensable.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

The Community and Equality Impact Assessment was carried out as part of the review of the scheme. Licensing raises HMO standards. This scheme will improve standards for tenants in HMOs regardless of whether they belong to a protected group[s] or not.

The Council addresses community and tenant concerns of, overcrowding, safety, security, and improving management and maintenance in the private rented sector.

The proposed additional licensing scheme therefore has a positive effect on a wide range of residents in HMOs. It allows the Council to remedy poor conditions in the private rented sector that can have an adverse effect on health in general and can exacerbate medical conditions. The Council can take the appropriate action required under mandatory and additional licensing.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

The Council has forecast around 700 properties in the borough could require a licence therefore staffing implications have been considered to manage this scheme.

The income generated from licensing will finance the staff to administer the scheme as all licensing income is ring fenced as per the regulatory guidance on HMO fees.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Consultation update on the housing option of Additional Licensing scheme, 18 December 2018
- Implementation of Mandatory Licensing of Houses in Multiple Occupation and the introduction of an Additional Licensing scheme, 10 July 2018

- Update on HMO Licensing Fee Consultation and the Proposal of Additional Licensing, 13 December 2016

9. Appendices to the report

- Appendix 1: Designated map
- Appendix 2: Thurrock Additional Licensing Evidence file
- Appendix 3: Proposed license conditions
- Appendix 4: Essex Amenity Standards for Houses in Multiple Occupation

Report Author

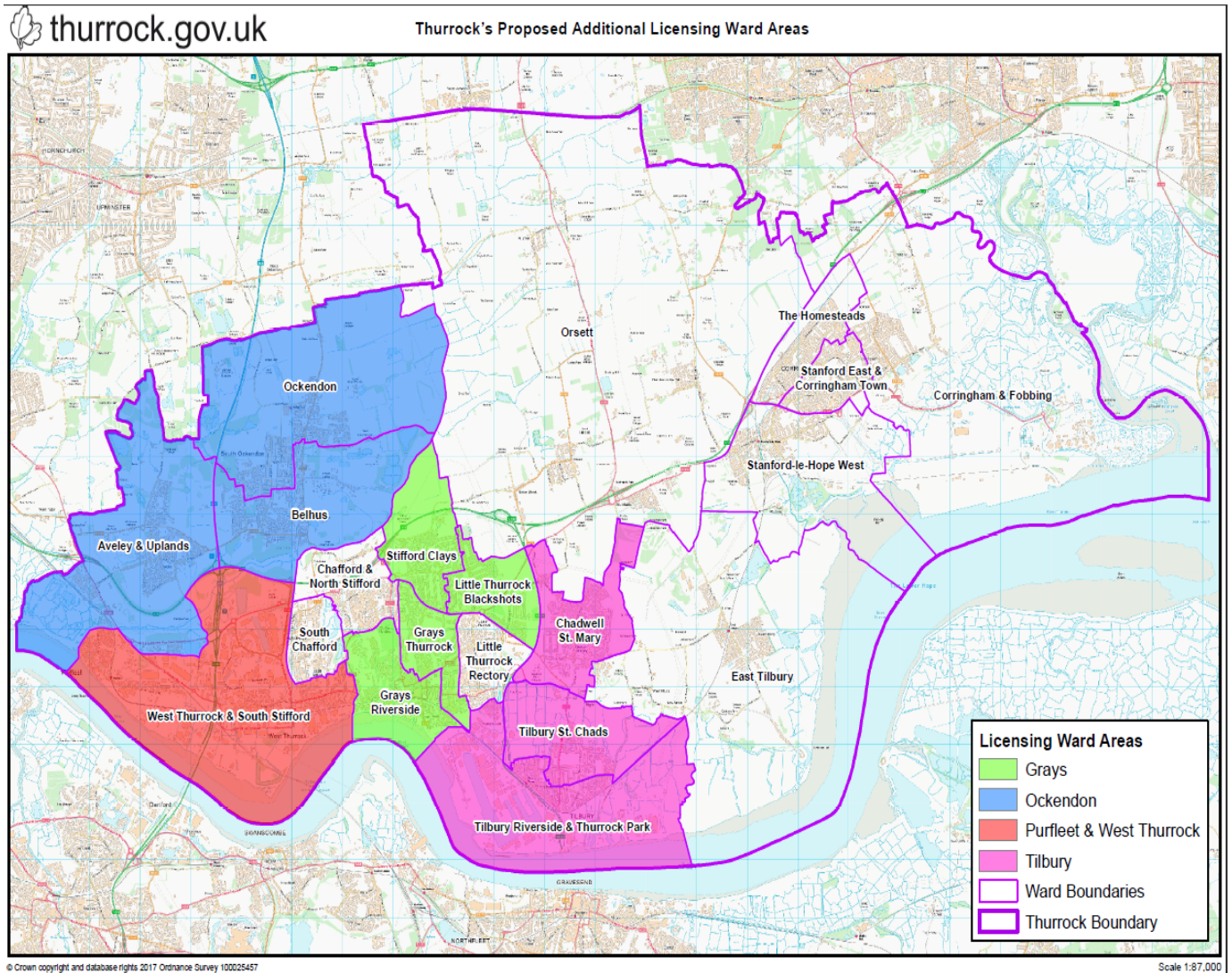
Dulal Ahmed

Housing Enforcement Manager

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Appendix 1

Map of Designated Areas



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Additional Licensing

The Evidence

April 2018

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Additional Licensing- The Evidence

Background

The private rented sector in Thurrock has grown significantly during the last 16 years with over 11,000 rental homes estimated out of the 70,000 private owned properties. In 2011 it was estimated Thurrock had 2,576 person households living in Houses in Multiple accommodation (HMOs).

Whilst Thurrock Council recognises that many landlords operate responsibly. We are concerned about those who rent HMOs that fail to provide acceptable living conditions and have poor tenancy arrangements in place. This has an impact on both tenants living in HMOs and the local community around them.

The council's Housing Strategy 2015 to 2020 identified the need for a specific strategy to manage HMOs and ensure they are at a decent quality standard. The proposal of HMO Additional Licensing is consistent with this strategy.

Purpose

This document explains what HMOs are, how we currently manage HMOs in Thurrock, why Additional HMO Licensing is being considered for Thurrock, and how Additional Licensing will support and complement the existing mandatory scheme.

What is an HMO?

A HMO is a building that is let to three or more persons in two or more households as a main residence. There is usually some sharing of amenities such as the kitchen or bathroom. HMOs include:

- buildings that consist of bedsit rooms where at least some facilities are shared
- buildings converted into self-contained flats and don't comply with the Building Regulations Act 1991 and where less than two thirds of the flats are owner-occupied [These are known as Section 257 HMOs]
- buildings with multiple units of accommodation that all have their own exclusive facilities but which are not self-contained
- buildings which contain a mixture of the above types of accommodation.
- hostels
- shared Housing

What is meant by a household?

A single household consists of either a single person or members of the same family who live together. This includes people who are married or living together as a couple and any members of a family (including aunts, uncles, nieces, nephews, cousins, grandparents and grandchildren and their partners).

Friends occupying a house on a shared tenancy or unrelated individuals occupying rooms within a property are considered houses in multiple occupation.

What is HMO licensing?

Every council must ensure prescribed HMOs are licensed. This is known as mandatory licensing.

The Act also enables local authorities to enforce the licensing of other HMOs within approved designated area (which may be all or part of the borough). This is known as additional licensing. This applies to HMOs that are not already subject to mandatory licensing.

The Act makes it an offence to have control or manage a HMO which requires a licence but no application has been made. It is also an offence to fail to comply with the conditions of a HMO licence.

The legislation covering licensing can be found in part 2 of the Housing Act 2004, and in the associated orders and regulations. These are available on the UK's legislation website:

www.legislation.gov.uk/ukpga/2004/34/contents

Thurrock Council's - Existing process of managing HMOs

Our Private Sector Housing Team is dedicated to investigating all the issues associated with HMO accommodation under the relevant housing legislation standards and practice. This includes sharing intelligence with the Thurrock Community Safety Partnership to reduce crime, anti-social behaviour and neighbourhood nuisance.

The team works with its partners to investigate complaints from a number of concerns from poor standards of management to wider anti-social problems.

The challenge with the current approach is the reliance on all services taking appropriate action under each of their respective legal powers whilst dealing with the same owner and the same property. This can make leadership in a case complicated and decision making complex. Licensing would ensure a more streamlined approach with one department leading the investigation and deciding the appropriate enforcement action relating to the property and owner.

Mandatory HMO Licensing

With the introduction of the Housing Act 2004, Mandatory HMO Licensing became a priority for the team dealing with HMO accommodation within the borough.

It required the team to adopt a proactive approach to managing HMOs in addition to the more reactive complaints process. These requirements cover bedsit type HMOs

of three or more stories with five or more people in two or more households which generally have some sharing of cooking or bathroom amenities. The housing stock in Thurrock does not contain many three-storey or higher types of housing. This partly explains the low number of licensed HMOs at sixteen properties over the last 11 years.

HMOs that require a licence make up only a small percentage of the overall number of HMOs within the borough. Mandatory Licensing is therefore an effective tool in only a limited proportion of such properties.

Landlord accreditation

The council is a partner of the UK Landlord Accreditation Partnership (UKLAP). Accreditations are voluntary and is gained once landlords have attended a training course and passed a written test (an indication of their roles and responsibilities under the law and knowledge of good practice).

We promote accreditation in the HMO application process (by offering a financial incentive) and when dealing with landlords through our complaints and enforcement procedures.

Currently, the total number of landlords who manage either a HMO or a single dwelling who are accredited with UKLAP is 281 out of over 11,000 private rented homes in Thurrock.

What we know about HMOs in Thurrock

Thurrock's local private rental market continues to increase. In 2011 about 13.2% of dwellings were private rented and the current observations of the housing market suggest the continuing growth of this trend. Further increases in private renting since then form the evidence for additional licensing to tackle substandard properties and anti-social behaviour related to these dwellings.

The growing investment in the buy to let market and the relative affordability of property in Thurrock has encouraged the inward investment in private rental homes. Many HMOs are meeting local housing demand due to population growth, migration, changes to housing benefit entitlement of people under 35 years old and less people being able to access social housing.

Currently, we estimate there are nearly 3,000 HMOs operating in Thurrock without having had an inspection to ensure compliance with minimum regulatory standards. This is based on the team's database, housing benefit, council tax, and electoral records.

The team regularly deal with some HMOs being managed in an unprofessional way including poor housing standards and living conditions. Also, they liaise with

landlords about anti-social behaviour reports of their tenants causing a nuisance in their neighbourhood.

The HMOs in the borough consist largely of small houses three to five persons rather than large licensable HMOs in the southern parts of the borough, to the detriment of their tenants and local communities.

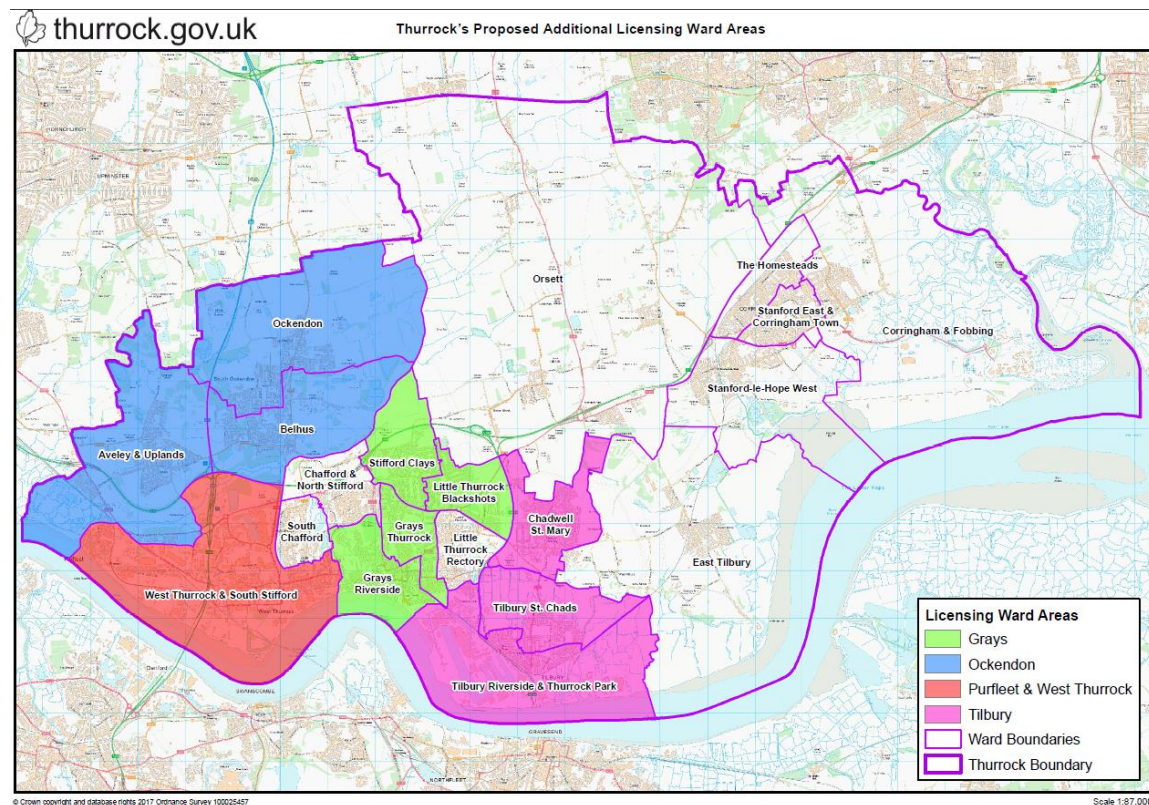
Additional Licensing gives greater control to the council to improve the standards of management of HMO stock within the borough by targeting resources to deal with substandard properties. It will significantly assist on resolving problems affecting local areas.

Although we do not have a definitive number of HMO properties within Thurrock we have used the data collated from the team's database, police, electoral services and housing benefit to estimate that there are 1,060 HMO properties within the proposed designated areas for Additional Licensing

Map of the proposed Additional Licensing areas

The following areas have been selected due to their high concentration of HMOs and wider associated problems requiring the intervention of council services and community safety partners. This forms the evidence and reasons for Additional Licensing in Thurrock.

Figure 1 Map of Additional licensing areas



The evidence for Additional Licensing

In accordance with the Housing Act 2004, before introducing an Additional Licensing Scheme, a local authority must be satisfied that a:

‘significant proportion of the HMOs of that description in the area are being managed sufficiently ineffectively as to give rise, or to be likely to give rise, to one or more particular problems either for those occupying the HMOs or for members of the public.’

Housing, Health and Safety Rating System – HMO standards

The main Act used by team is the Housing Act 2004. Part 1 is used to remove hazards in a property that puts occupiers at risk of injury or ill health.

Hazards are subject to a statutory risk assessment under the Housing, Health and Safety Rating system [HHSRS] that determines whether the hazards are classified as a Category 1 or 2.

Category 1 Hazards means a significant risk to health and the council has to take a course of action. Category 2 Hazards mean a serious risk to health and or safety hazards where the council has discretion to take action. This includes excess cold, falls on stairs, personal hygiene and fire.

The council are under a legal duty to take formal action in the case of a Category 1 hazard.

Table 1 shows the total number of Category 1 Hazards found in Thurrock from 2012 to 2017. The number of Category 1 Hazards has sharply increased by 448% from 2014 to 2017. The team’s enforcement action against the hazards found achieved a cost saving of £103,439 to the NHS by improving substandard housing conditions and the total cost saving to the NHS and wider society was £1,730,937mn at the end of 2016/17. This is calculated using the Regulatory Information and Management Systems [RIAMS] Housing Health Calculator.

The Building Research Establishment [BRE] is an independent researcher that helps to ensure buildings, homes and communities are safe, efficient, productive, and sustainable places to live.

They explain the wider society costs as resident costs eg poor physical health, social isolation, more accidents, etc and external costs such as higher health and care service treatment costs, loss of talents to society, higher external insurance premiums, higher policing costs, etc.

Table 1 No. of HHSRS Category 1 Hazards in Thurrock

Row Labels	Cat 1 Hazards
2012-13	73
2013-14	51
2014-15	45
2015-16	147
2016-17	247

During our visits of 177 suspected HMOs in the south of the borough between December 2016 and April 2017, the team identified over 60% of those properties had areas of disrepair that contributed to Category 1 and 2 Hazards.

Figure 2 shows the percentage of private sector dwellings with presence of a HHSRS Category 1 Hazard in 2012, carried out by BRE.

Figure 2 Map of private sector dwellings with a Category 1 HHSRS rating

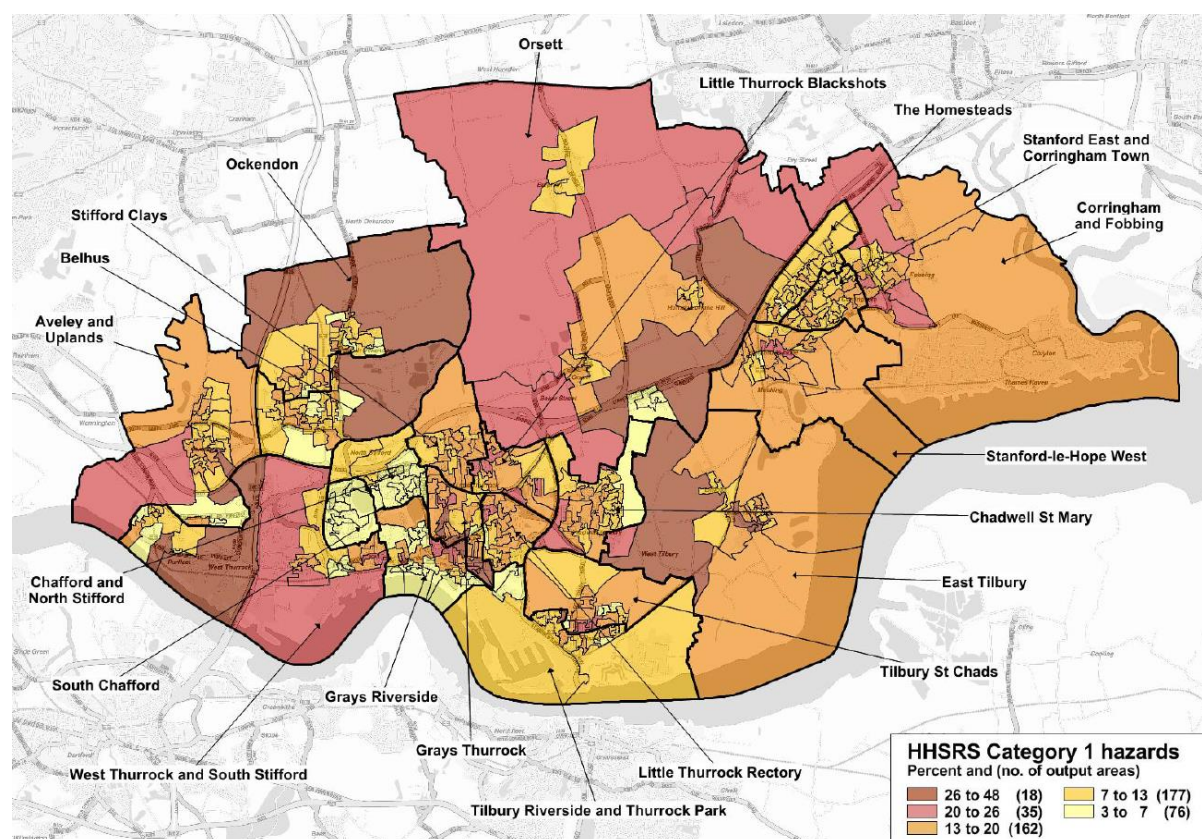


Figure 2 demonstrates the proposed licensed areas have a mixture of property types including pre 1920, 1920-1945, 1946-79 and post 1979, all have a high category hazard rating. The team challenge will be licensing HMO properties in those areas

to reduce Category 1 housing hazards in partnership with landlords and or managing agents.

Safeguarding

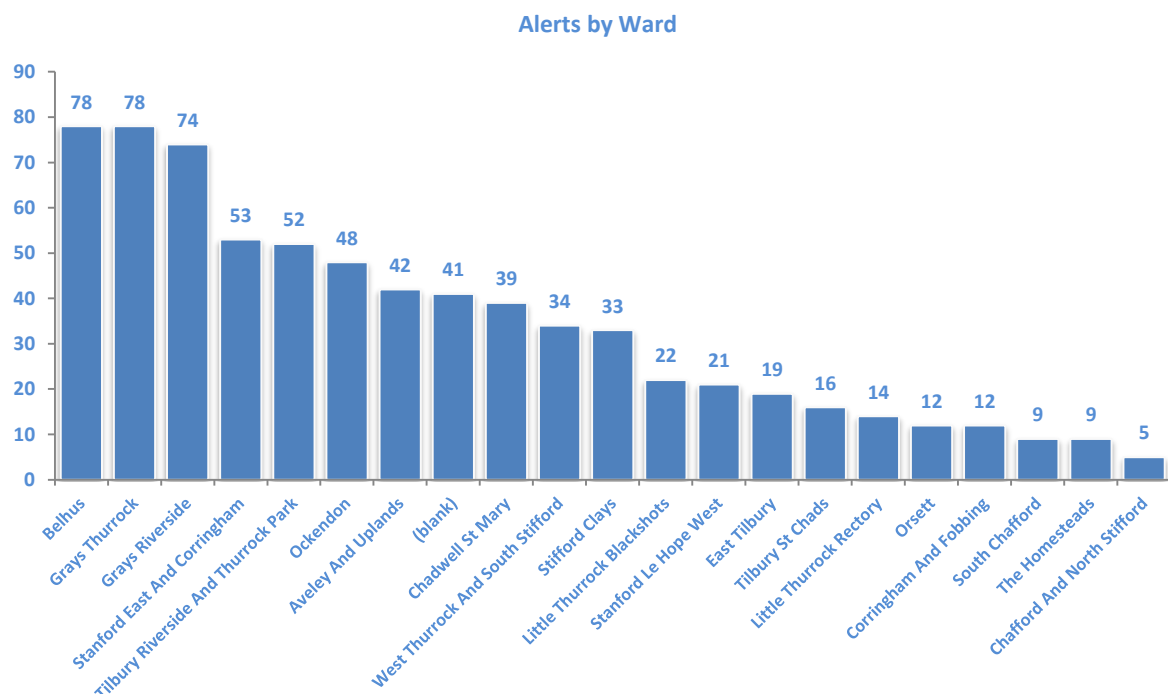
The team and Essex Police have shared reports about exploitation of vulnerable residents in poorly managed HMOs. We are concerned about vulnerable adults privately renting in the south of the borough in substandard properties including survivors fleeing domestic violence sharing accommodation with those who may be a risk to them.

Also it is a concern that some owners/HMO managers have failed to protect tenant rights including their health and wellbeing and damage communities from wider anti-social behaviour problems arising from their properties.

Licensing will require the owner to ensure their property is being managed effectively. The conditions attached to HMO licenses can help to reinforce this requirement.

Figure 3 shows the number of safeguarding adult's alerts by ward area. The south of the borough has a higher number of alerts in particular Grays and Ockendon where private renting is high.

Figure 3 Alerts by Ward Area 2016/17



Spread of Fires between 2012 and 2017

Table 2 shows the number of calls attended to dwellings/HMOs in Thurrock by Essex Fire Service.

Table 2 No of fire calls attended to dwellings/HMOs 2012-2017

Row Labels	Dwelling	HMO	Grand Total
2012-13	91	1	92
2013-14	88		88
2014-15	69	1	70
2015-16	63	1	64
2016-17	62		62
Grand Total	373	3	376

Table 3 shows the number of injuries arising from accidental fires in dwellings/HMOs

Table 3 No of injuries arising from accidental fires in dwellings/HMOs 2012-2017

Row Labels	Dwelling	HMO	Grand Total
2012-13	9	0	9
2013-14	9	0	9
2014-15	8	0	8
2015-16	7	0	7
2016-17	5	0	5
Grand Total	38	0	38

The team works in partnership with Essex Fire Service advising on fire risks associated with HMOs and Officers may carry out joint inspections to ensure landlords reduce the fire risks associated with their HMO properties.

The owner/ HMO manager is solely responsible for risk assessing the fire hazard and ensuring that adequate fire protection is put in place. However, often it's an area where compliance remains low. More than half of HMOs inspected in Grays and Tilbury between December 2016 and April 2017 had inadequate fire safety measures which apply to all HMOs.

The team have found HMOs above commercial premises particularly challenging requiring repeat multi agency inspections with Essex Fire Service, Food Safety Licensing, Police and Immigration Unit where a number of offences have been detected. The conditions attached to HMO licenses can help to reinforce this requirement and lead to safer homes for tenants in Thurrock.

Overcrowding and HMOs

The council has 8,306 households currently on its housing register as of June 2017 of which 3571 were in Band 4. This includes overcrowded households in Thurrock.

Population growth in the south area of Thurrock has increased overcrowding in certain wards. The supply of HMOs has met demand for single adults in those areas needing affordable housing year on year. Council planning forecasts expect around 406 extra households a year will need affordable housing of which 1-3 bedrooms will be most in demand.

Living in overcrowded housing conditions has psychological effects on occupants affecting their health and wellbeing, which can contribute to problems with condensation and mould growth inside the home. It can also increase the likelihood of pest infestation such as bed bugs and facilities provided in HMOs can become quickly overused and subject to excessive wear leading to disrepair and breakdowns. Often these residents will contact the team for help, information and guidance.

Licensing sets the limit on numbers at the start of the license and is therefore a more proactive measure reducing the impact of overcrowding in Thurrock.

Electoral Register

HMOs are let to more than three or persons in two or more households. Table 4 shows the number of households with three or more surnames registered to vote as of June 2017. The proposed licensing areas rank high in this dataset of households with more than three surnames.

Small HMOs rank high in the south area characterised with a transient population. These figures do not include those properties where the tenants have failed to register and do not vote. It is known that areas of increased deprivation, or with higher proportions of transient populations, are more likely to have greater proportions who fail to register on the electoral roll. Table 4 therefore represents a gross underestimation of the number of HMOs in the borough.

Table 4 Population Count of households with more than 3 members as of June 2017

Ward		Count
West Thurrock and South Stifford		28
Grays Thurrock		23
Belhus		21
Grays Riverside		19
Orsett		14
Aveley and Uplands		11
Tilbury Riverside and Thurrock Park		10
Tilbury St Chads		10
Chadwell St Mary		9
Chafford and North Stifford		8
South Chafford		8
Ockendon		8
Stifford Clays		7
Little Thurrock Blackshots		6
East Tilbury		5
Little Thurrock Rectory		5
Stanford East and Corringham Town		5
Standford Le Hope West		4
The Homesteads		2
Grand Total		203

Council tax and housing benefit

Council tax and housing benefit records have been cross referenced to identify possible HMOs in the borough.

Litter enforcement and fly-tipping

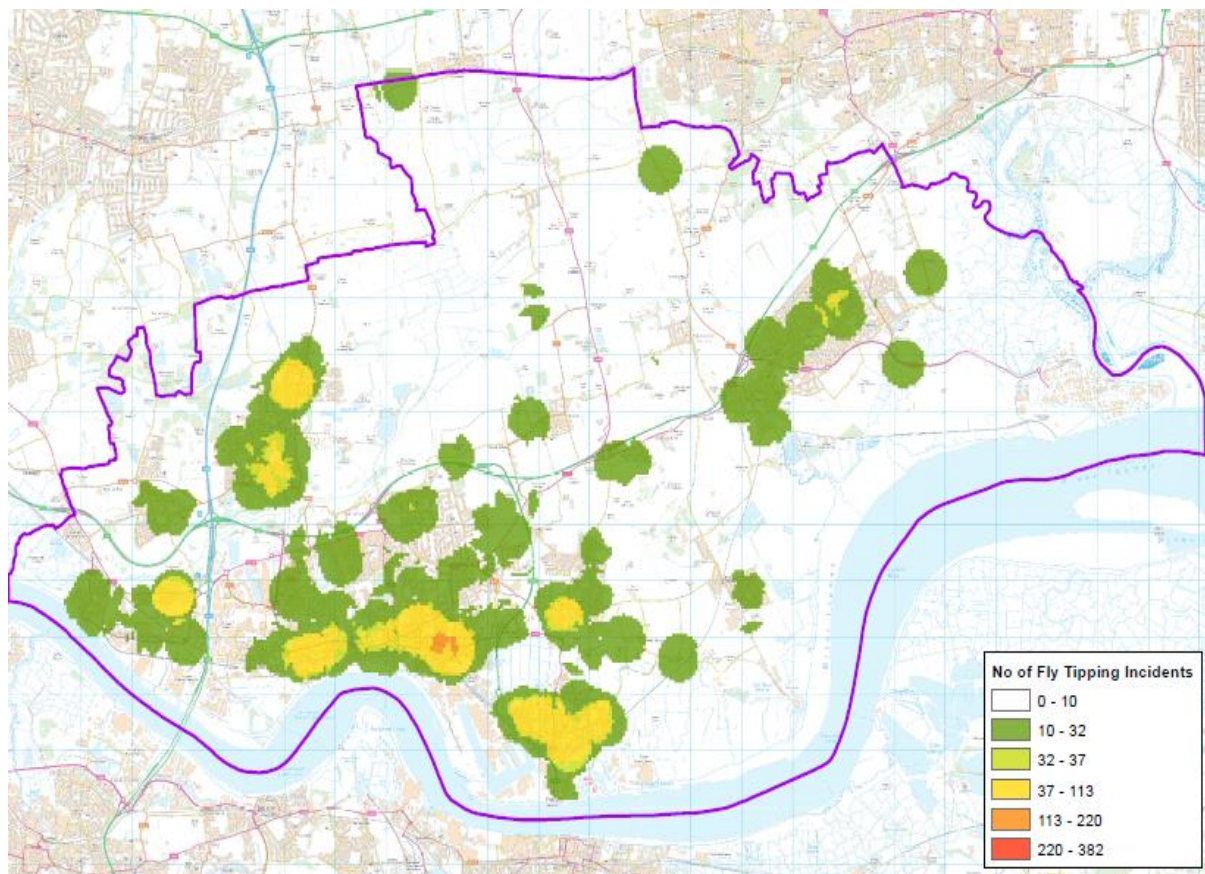
Table 5 details littering enforcement and-fly tipping incidences. The enforcement team operate in areas where population growth and private renting is high.

Service demands in these wards generally rank higher than the north of the borough. Notwithstanding that fly tipping on undefended open spaces remains a nationwide challenge.

Table 5 Fixed Penalty Notices issued from December 2016 to July 2017

Ward	FPNs issued for littering	Percentage of total
Aveley and Uplands	51	3.12%
Belhus	0	0.00%
Chadwell St Mary	0	0.00%
Chafford and North Stifford	33	2.02%
Corringham and Fobbing	19	1.16%
East Tilbury	0	0.00%
Grays Riverside	27	1.65%
Grays Thurrock	1160	70.95%
Little Thurrock Blackshots	0	0.00%
Little Thurrock Rectory	1	0.06%
Ockendon	24	1.47%
Orsett	0	0.00%
South Chafford	1	0.06%
Stanford East and Corringham Town	2	0.12%
Stanford-le-Hope West	31	1.90%
Stifford Clays	1	0.06%
The Homesteads	0	0.00%
Tilbury Riverside and Thurrock Park	2	0.12%
Tilbury St Chads	3	0.18%
West Thurrock and South Stifford	280	17.13%
Total	1635	100.00%

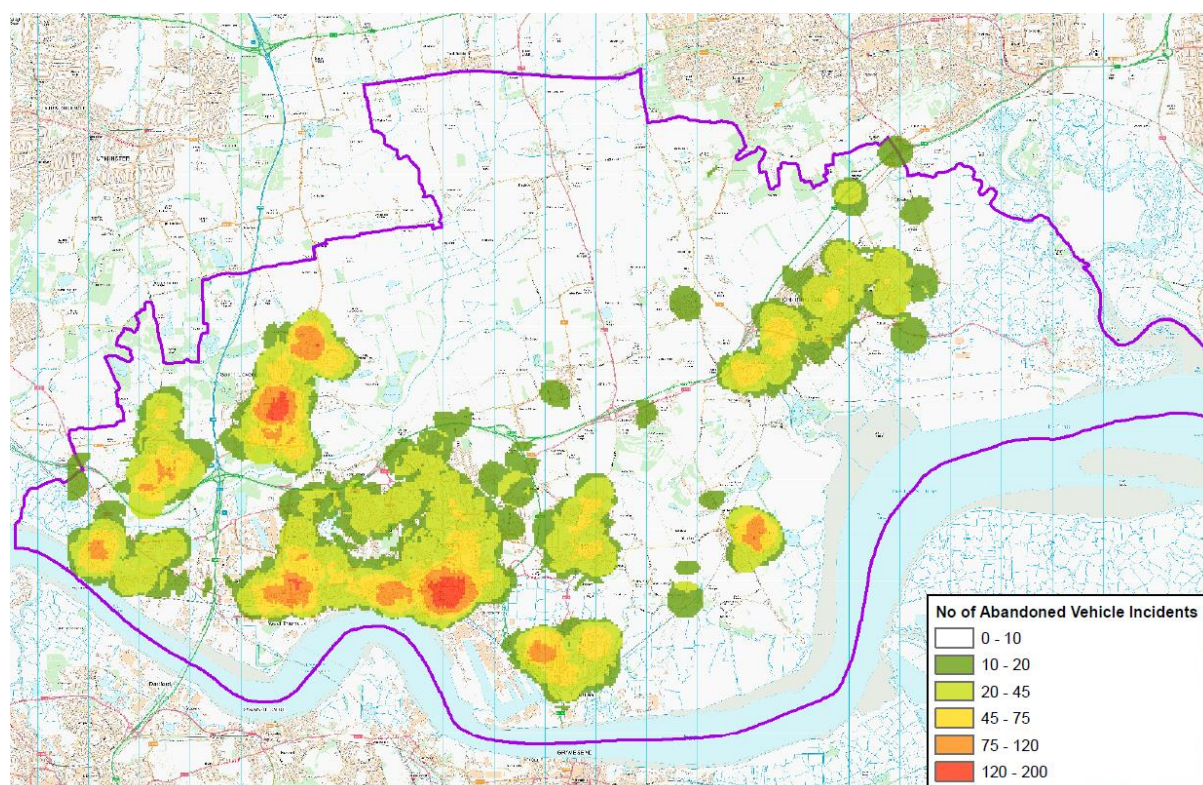
Figure 4 Reported fly tipping incidents April 2016 to July 2016



Abandoned Vehicles

Figure 5 is a heat map illustrating a high incidence of abandoned vehicles in the south of the borough in contrast with the north of the borough. This indicates a wider problem of dumped vehicles in areas of population growth where private renting and anti-social behaviour incidences has increased in the same locations of HMOs in the borough.

Figure 5 No of abandoned vehicles April 2016 to April 2017



Planning enforcement data

There is limited information from the planning enforcement database to indicate the number of properties which are being converted into HMOs without permission or following building regulations. At the end of the financial year 2016/17, the planning enforcement team were investigating eight reported cases of unlawful conversions.

Licensing would ensure that one team decide the appropriate enforcement action with regard the property and owner to apply our enforcement policy.


Complaints to the Private Sector Housing Team

The team have used a variety of enforcement activity to secure improvements to dwellings. Over the last five years the team have investigated and achieved the following HHSRS inspections results even with demand levels increasing.

Table 6 No. of complaints received per year for Private Rental Housing

	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of complaints received per year for Private Rented Housing	238	164	191	202	331	

Table 7 No. of HHSRS inspections carried out per year

	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of HHSRS inspections carried out per year.	359	507	301	329	448	

Complaints have increased in Grays and Tilbury following in second place to the team in 2016/17. This evidences housing standards in private rented homes are causing a problem to their local community due to poor standards in property management.

Figure 6 Area where complaints arose

Areas where complaints arose.

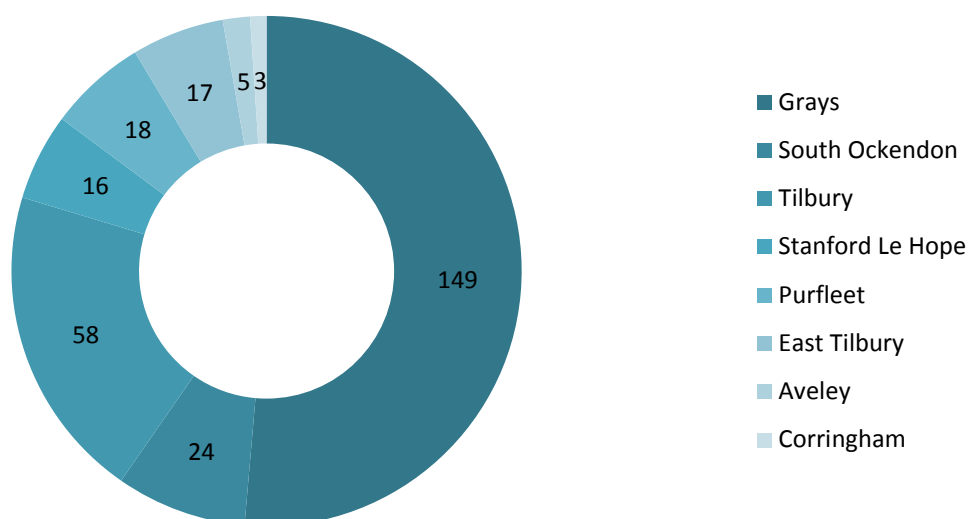


Table 8 shows the number of informal enforcement action taken between 2012 and 2016 has increased with customer demand year on year. This demonstrates the team's commitment to encourage private landlords to discharge their duties as a landlord.

Table 8 No. of enforcement actions carried out


	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of informal enforcement actions carried out	257	203	100	185	300	

Table 9 shows the enforcement action carried out to improve housing standards and remove imminent risks to the health and safety of the tenants from 2012 to 2016/17.

These issues range from inadequate heating or no heating provision, damp and mould, breakdown of boilers, ill fitted doors and windows and electrical issues.

Table 9 No. of Hazard Awareness Notices served


	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of formal enforcement notices served: Hazard Awareness Notices	3	1	0	0	0	

Table 10 No. of Improvement Notices served


	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of formal enforcement notices served: Improvement Notices (Category 1 and 2 Hazards)	10	6	2	1	14	

Table 11 No. of Prohibition Orders served

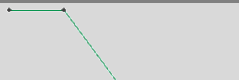
	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of formal enforcement notices served: Prohibition Orders	1	1	0	0	0	

Table 12 No. of Emergency Remedial Actions served

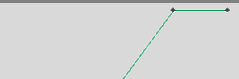
	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of formal enforcement notices served: Emergency Remedial Action	0	0	0	1	1	

Table 13 No. of Prosecutions per year

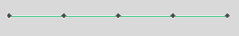
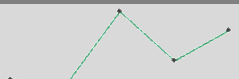
	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of prosecutions commenced on formal notices per year.	0	0	0	0	0	

Table 14 No of Environmental Protection Notices served

	2012/13	2013/14	2014/15	2015/16	2016/17	Trendline
The number of Environmental Protection Notices per year	1	0	12	4	9	

In the main all enforcement action taken by the team is reactive and primarily deals with repairs and improvements. Additional Licensing would allow the team to proactively address the management of HMOs and tenancy arrangements in place. These benefit the owner/ HMO manager and tenant resolving complaints of repairs, pest infestation, waste nuisance, and anti-social behaviour, in a timely and proactive manner.

Under Licencing the landlord is required to be deemed a fit and proper person to operate the HMO and a license will carry proactive conditions placing management requirements around the adequacy of the tenancy relations management as well as property management.

Licensing regulations make it an offence not to license. This requires the landlord to improve their housing standards and property management. A landlord would be prevented under section 75 of the Act, from evicting tenants until a valid application is made. In addition the council or a tenant could apply for a rent repayment order requiring the repayment of rent paid up to 12 months.

Wider evidence of associated problems with HMOs

Further evidence from Essex Police, Environmental Services, ward Councillors on behalf of their constituents and our Resident Survey 2016 results demonstrate wider issues associated with the southern areas of the borough.

Anti-social behaviour

Crime and nuisance is more prevalent in the southern areas of the borough in comparison with the northern areas, see figure 7.

Table 15 illustrates the incidences of ASB and other unacceptable behaviours reported to the police from 2015 to 2016 shows a correlation between these incidences and the location of HMOs in the borough.

Some landlords or their tenants have a significant impact on an area. Through experience we have found that these types of incidences are often associated with suspected HMOs. There is a growing perception that poor managed HMO properties are having a negative impact in the borough.

Residents of HMOs are usually more transient, have less positive attachment to their homes or neighbourhood and in some cases are avoiding detection which compounds these issues.

The councils dedicated ASB service, the police and other teams work alongside the Private Sector Housing Team to help tackle these issues. Licensing will require landlords to act proactively and engage with the team as a requirement on ASB reports

Figure 7 ASB incidences by Ward

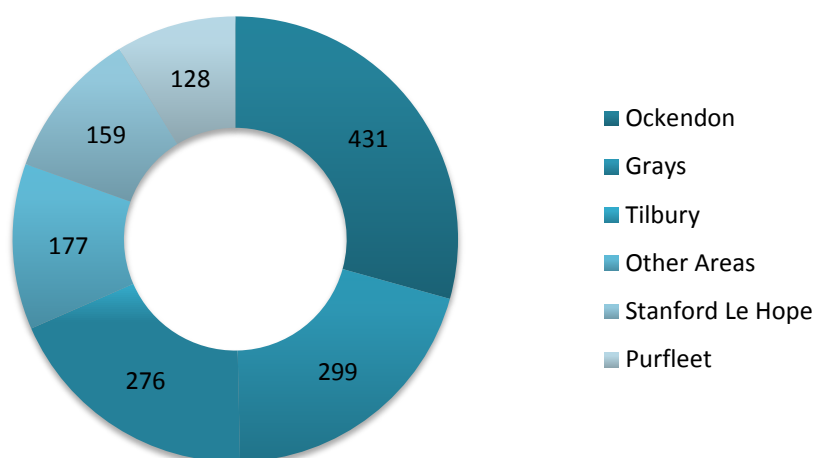


Table 15 No. of ASB incidences by main urban centre

Main Urban Centre	Incidents	Ward	Incidents
Grays	299	Little Thurrock Blackshots	71
		Grays Riverside	125
		Stifford Clays	51
		Grays Thurrock	37
		Little Thurrock Rectory	15
Ockendon	431	Ockendon	220
		Belhus	125
		Aveley and Uplands	86
Purfleet	128	West Thurrock and South Stifford	128
Stanford Le Hope	159	Stanford East and Corringham Town	56
		Stanford-le-Hope West	36
		The Homesteads	29
Tilbury	276	Corringham and Fobbing	38
		Tilbury Riverside and Thurrock Park	136
		Tilbury St Chads	69
		Chadwell St Mary	71
Other wards	177	East Tilbury	68
		South Chafford	52
		Chafford and North Stifford	20
		Lakeside	24
		Orsett	13

Table 15 shows the south area experiences a significant and persistent problems caused by anti-social behaviour.

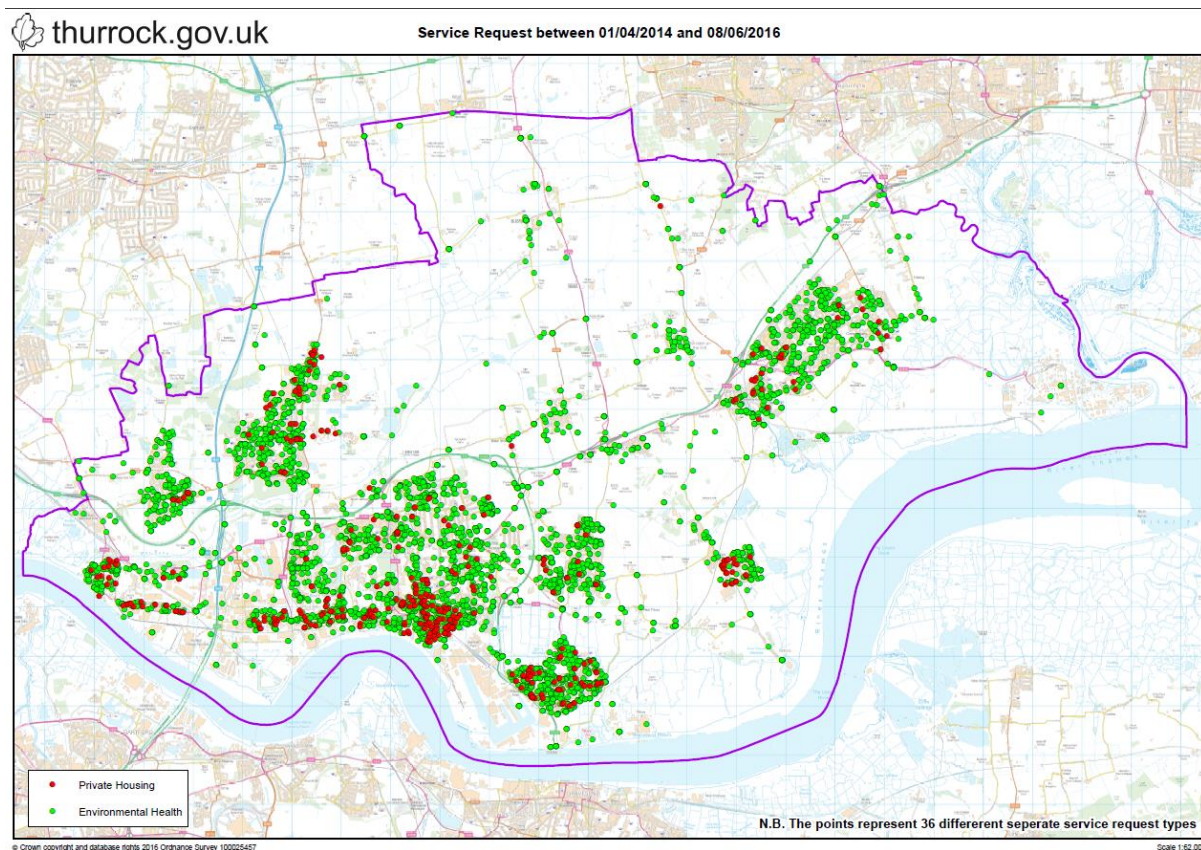
This demonstrates some private landlords are failing to take action that it would be appropriate for them to take.

A licensing scheme combined with other measures taken by the community safety partnership could lead to a reduction of the problems.

Environmental health

Figure 8 is a heat map which shows the demand of environmental health services including noise, ASB, nuisance parking, smoke from 2014 to 2016. This measurement shows the wider effect of high density living and the need for a specific strategy to manage and regulate HMOs in the southern areas of the borough.

Figure 8 Map of Environmental complaints from 2014 to 2016



Ward Councillors

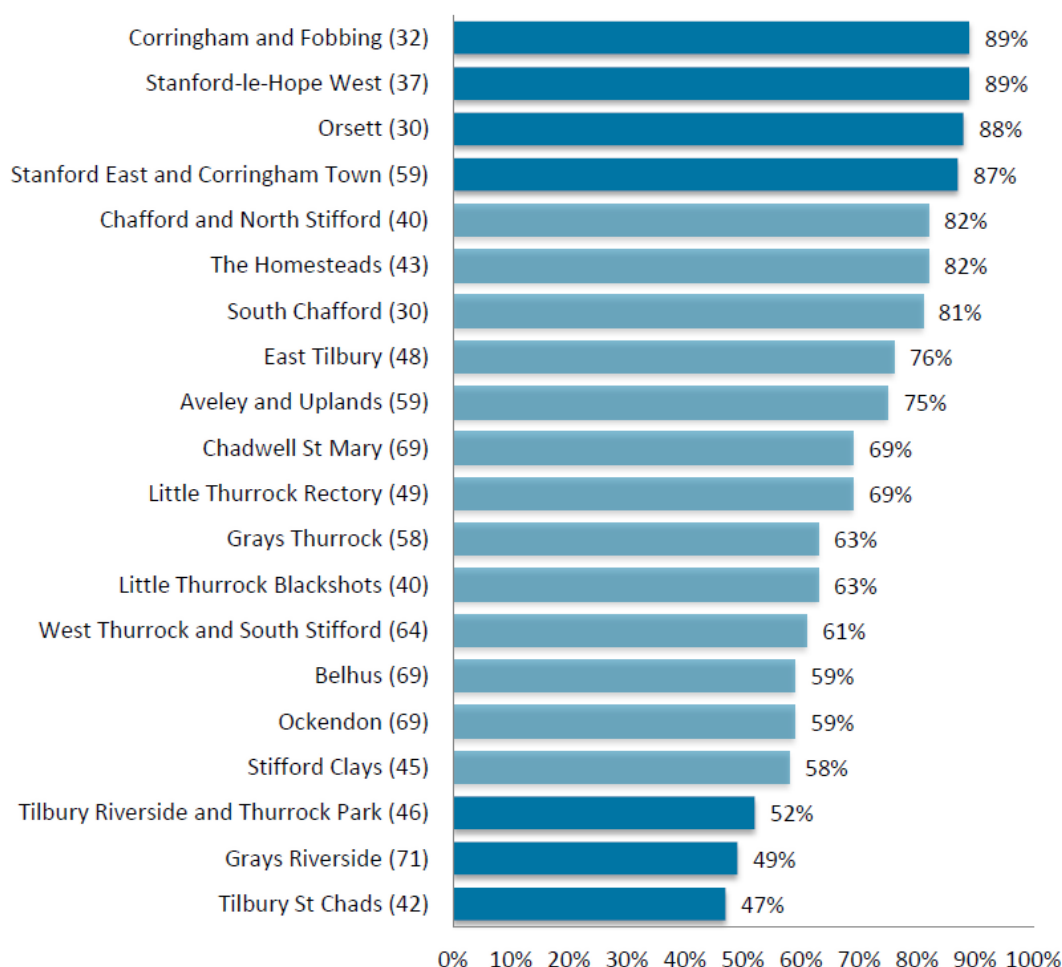
Local ward councillors have repeatedly raised the concerns of their constituents regarding their perception of an increasing number of small properties which are multi-occupied and poorly managed.

A sense of belonging

The results from the Residents' Survey 2016 carried out by BMG Research showed significant lower levels of resident satisfaction and community cohesion in the south of the borough in comparison to the north and north east.

Additional Licensing will aim to improve resident satisfaction levels through improved housing standards and reducing the wider anti-social problems.

Figure 9 Satisfaction with the area as a place to live by ward



Our assessment of the problem

Thurrock has a higher number of small HMOs three to five persons than large licensable HMOs. There is evidence to support the need for licensing within the southern areas of the borough; all have housing related issues impacting the local community around them.

Many of the complaints we receive about HMOs are frequently from neighbouring residents rather than the HMO occupiers themselves. The impact of HMOs on neighbouring occupiers is heightened in areas with a cluster of HMOs especially

small houses. This can lead to poor construction, lack of fire safety, overcrowding, small rooms, not enough amenities, increased noise, anti-social behaviour and more waste for council collection.

Public consultation

The council will undertake extensive consultation from July 2018 to September 2018 for 10 weeks. This will help inform the council's decision making process as to whether a scheme is the right thing to introduce. If a decision is taken to proceed with the licensing scheme it is likely to become operational in April 2018.

What options are available to the council?

Before introducing an additional HMO Licensing Scheme we are required to consider whether or not there are courses of action we can take to effectively deal with the problem. We have considered the following:

1. Do nothing and carrying on with Mandatory HMO Licensing

Mandatory HMO licensing will continue to identify properties that require a mandatory license throughout the entire borough. In order to deal with the boroughs larger HMO accommodation, it will be used to identify those landlords who have failed to license their properties and ensure large HMOs meet property standards.

However, Mandatory HMO Licensing will only apply to those HMOs which are three or more storey. Occupied by five or more people forming two or more households. This type of HMO makes up a small percentage of the overall HMO stock within the borough.

Extending Mandatory Licensing scheme will cover a greater number of HMOs than before but it will not tackle problems associated with small HMO accommodation housing for three to four persons and other types of HMOs that continue to cause problems.

2. Continue to respond to complaints and carry out inspection and enforcement action

Responding to complaints often involves coordinated investigation and enforcement action by a number of departments, using various pieces of legislation before a final resolution is obtained. Many tenants are not aware of the law and/or could be afraid of losing their tenancy so will not make a complaint.

However a housing inspection-based programme is resource intensive and works on the rule that compliance is often only obtained through enforcement and can often require extensive investigation to identify responsible owners.

3. Continue to promote landlord accreditation

Landlord accreditation is a voluntary scheme which recognises landlords who wish to be professional and act responsibly. This relies on the goodwill of landlords to enrol onto courses as it is not compulsory for landlords to become accredited.

4. Continue to offer advice and guidance through the landlord forum

The Landlord Forum is an open forum for all Thurrock landlords for networking, providing advice and guidance, education and training. It is held twice a year but attendance is voluntary and usually attended by interested and professional landlords.

5. The adoption of Article 4 Direction

This allows the council, in exceptional circumstance, to use this legislation to remove permitted development rights in order to secure local amenity or the proper planning of an area.

The legislation would not help the council meet the demand for affordable housing in Thurrock if it removed permitted development rights to change the use of a small property forming a single household into a HMO. We want to improve housing standards in the rented sector and support our private landlords to manage their properties better.

6. The adoption of an additional licensing scheme

Adopting an Additional HMO Licensing Scheme within the proposed area will help us tackle the areas most affected by targeting non-compliant landlords. This improves the overall standard of properties for people who live alongside HMOs. As Licensing transfers the responsibility to individual managing or having control to make an application and meet housing standards.

Additional Licensing would extend HMO licensing powers under the Housing Act 2004 to target HMOs within a concentrated area, based on ward boundaries. All of the above options would continue but licensing would act as the main enforcement tool to achieve the required improvements. If adopted Additional Licensing shall operate alongside the extending Mandatory HMO Licensing scheme, starting in January 2019 to benefit all our residents and tenants.

7. Why we feel an additional licensing scheme is necessary

We believe that the use of additional licensing is the best tool to tackle the worst type of accommodation within the borough. Licensing allows us to use our powers to tackle offenders and actively focus resources on properties of concern.

The team undertook an online public consultation survey hosted on the council's website in 2016 which 108 private landlords took part. The results showed our surveyed landlords shared similar views on licensing as the council.

- 76% felt HMO licensing improved their property management standards.

We feel an Additional HMO Licensing Scheme would:

- ✓ Provide the council with the capacity to focus on properties that are causing concerns.
- ✓ Improve greater engagement with landlords operating in Thurrock.
- ✓ Ensure that it is the landlord's responsibility to inform the council of the existence of an HMO (not for the council to identify HMOs reactively and then to get improvements made)
- ✓ Allow us to identify and work with those landlords whose management and or accommodation standards are inadequate and ensure that they are improved.
- ✓ Control the maximum number of occupants allowed to reside at the property which assist in controlling issues with overcrowding.
- ✓ Increases stable tenancies and encourage residents to take responsibility and have pride in their neighbourhood.
- ✓ Enable us to promote accreditation and offer incentives for ongoing compliance through the license fees and licence duration.
- ✓ Enable us to use a more co-ordinated approach and share intelligence to deal with properties poor standards effectively.
- ✓ Reduce overcrowding in shared houses.
- ✓ Help us to tackle rogue landlords and ensure that only those persons deemed fit and proper have control of an HMO premise; and
- ✓ Although licensing is inclusive to all landlords, the council aims to reward on going compliance with financial incentives for quick application submission and for being accredited. The council will also provide full license terms for compliance and co-operation and shorter terms for those who fail in their responsibilities.

Appendix 1 – The Scheme

1. The areas being considered.

The area being proposed to adopt Additional Licensing for HMOs include 11 of the 20 wards that makes up the parliamentary constituency of Thurrock.

- Grays Thurrock
- Grays Riverside
- Little Thurrock Blackshots
- Stifford Clays
- West Thurrock and South Stifford
- Ockendon
- Belhus
- Aveley and Uplands
- Tilbury Riverside and Thurrock Park
- Tilbury St Chads
- Chadwell St Mary

The type of property is to be included

Properties to be included in the proposal are:

- All HMOs, as defined by section 254 Housing Acts 2004, which are occupied by three or more persons comprising two or more households (irrespective of the number of storey's within the HMO).
- All HMOs as defined in section 257 of the Housing Act 2004. This is a building which is comprised entirely of converted self-contained flats and the standard of the conversion does not meet, at a minimum, the standard required by the 1991 Building regulations, and where less than two thirds of the flats are owner occupied.
- Also, it includes individual flats within a 257 HMO where the building as whole does not a HMO licence. However, individual flats could require a licence if they are occupied by three or more people in two or more household, the leaseholder would have to apply.
- All HMOs as stated above over commercial properties and within mixed used development.

Appendix 2 List of roads within the scheme by ward

Grays	Ockendon	Purfleet & West Thurrock	Tilbury
ADSTOCK WAY	AFTON DRIVE	AMBLESIDE	ADELAIDE ROAD
ALBEMARLE CLOSE	AIRE DRIVE	ANGLE ROAD	ALBANY ROAD
ALBERT CLOSE	ALDER DRIVE	ARMOR ROAD	ALEXANDRA CLOSE
ALFRED STREET	ALDHAM DRIVE	BACK LANE	ALEXANDRA ROAD
ALLENBY CRESCENT	ALFRED ROAD	BACK LANE LINK	ALMOND CLOSE
ARGENT STREET	ALWEN GROVE	BARCLAY WAY	ALURIC CLOSE
ARGYLL ROAD	ANGLIA WAY	BAY MANOR LANE	ARKWRIGHT ROAD
ARTHUR STREET	ANNALEE GARDENS	BEACON HILL	ARNOLD PLACE
ASHLEY GARDENS	ANNALEE ROAD	BOTANY WAY	ATHERTON GARDENS
ASKEWS FARM LANE	ANNIFER WAY	BREACH ROAD	AUCKLAND CLOSE
ASTLEY	ANTON ROAD	BRIDGLAND ROAD	AUSTEN CLOSE
BANKFOOT	ARAGLEN AVENUE	BURNLEY ROAD	BADGERS MOUNT
BARNMEAD MEADOW	ARCANY ROAD	CANTERBURY WAY	BAKER STREET
BEDFORD ROAD	ARDMORE ROAD	CASPIAN CLOSE	BARRY CLOSE
BELMONT ROAD	ARISDALE AVENUE	CASPIAN WAY	BERMUDA ROAD
BENSON ROAD	ARISDALE CLOSE	CENTRAL AVENUE	BIGGIN LANE
BERSHAM LANE	ARMOR ROAD	CENTURION WAY	BLAKE WAY
BEXHILL DRIVE	ARNHEM AVENUE	CHAPEL CLOSE	BOWERMAN ROAD
BLACKMORE CLOSE	ARTERIAL ROAD	CHARLOTTE PLACE	BOWN CLOSE
BLACKSHOTS LANE	ASH WALK	CHARLTON STREET	BRENNAN ROAD
BLACKTHORN ROAD	ASHDON CLOSE	CHASE WAY	BRENTWOOD ROAD
BODELL CLOSE	ASPEN WAY	CHIEFTAN DRIVE	BROADWAY
BOND STREET	AVELEY CLOSE	CHURCH HOLLOW	BROCKET ROAD
BRADBOURNE ROAD	AVELEY ROAD	CHURCH LANE	BRONTE CLOSE
BRADLEIGH AVENUE	AVON GREEN	COMET CLOSE	BROWNING WALK
BRADSHAW ROAD	AVONTAR ROAD	CONISTON AVENUE	BRUNEL CLOSE
BRICK COURT JETTY WALK	AYRON ROAD	CORNWALL GATE	BRYANSTON ROAD
BRIDGE ROAD	BAILEY CLOSE	CREDO WAY	BURNS PLACE
BROADLANDS	BANN CLOSE	CRUSADER CLOSE	BYRON GARDENS
BROADVIEW AVENUE	BANNER CLOSE	CYGNET VIEW	CALCUTTA ROAD
BROADWAY	BARLE GARDENS	DEVONSHIRE ROAD	CAMBRIDGE GARDENS
BROMLEY	BARRETT WAY	DOLPHIN WAY	CAMDEN CLOSE

BROOKE ROAD	BATON CLOSE	DRAPER CLOSE	CANBERRA SQUARE
Grays	Ockendon	Purfleet & West Thurrock	Tilbury
BROOKMANS AVENUE	BEECH GROVE	EAST STREET	CEDAR ROAD
BRUCES WHARF ROAD	BELHOUSE AVENUE	EASTERN AVENUE	CENTRAL AVENUE
BUTTON ROAD	BELHUS PARK LANE	ELECTRICITY ROAD	CHADFIELDS
BUXTON ROAD	BELHUS VIEW	ELM TERRACE	CHADWELL HILL
CARLTON ROAD	BENYON PATH	ERITH COURT	CHADWELL ROAD
CART LANE	BINGHAM CLOSE	ESSEX ROAD	CHAPEL ROAD
CASTLE ROAD	BIRCH CLOSE	EUCLID WAY	CHAUCEY CLOSE
CHAFFORD WAY	BIRCH CRESCENT	FANNS RISE	CHELMER ROAD
CHALK COURT JETTY WALK	BLLENHEIM GARDENS	FENNER ROAD	CHERRY WALK
CHARLES STREET	BOVEY WAY	FIFTH AVENUE	CHESTERTON WAY
CHERRY DOWN	BRADD CLOSE	FIRST AVENUE	CHILTON ROAD
CHESTNUT AVENUE	BRANDON GROVES AVENUE	FLINT STREET	CHRISTCHURCH ROAD
CHURCH PATH	BREDLE WAY	FOURTH AVENUE	CHURCH ROAD
CHURCH STREET	BREVET CLOSE	FOX FIELD CLOSE	CHURCHILL ROAD
CLAREMONT CLOSE	BRIMFIELD ROAD	FOX MANOR WAY	CIVIC SQUARE
CLARENCE ROAD	BRINSON WAY	FOXTON ROAD	CLAUDIAN WAY
COBHAM	BROCK GREEN	GARRISON PARADE	CLOVER COURT
COLBURN WAY	BROOME PLACE	SALADIN DRIVE	COLE AVENUE
COLLEGE AVENUE	BROXBURN DRIVE	GREBE CREST	COLERIDGE ROAD
COLLEGE CLOSE	BUCHANAN CLOSE	GRIFFITHS ROAD	COMFREY COURT
COLLEGE WAY	BUCKLES LANE	GUMLEY CLOSE	COOPER SHAW ROAD
COLUMBIA WHARF ROAD	BUMPSTEAD MEAD	GUMLEY ROAD	COURTNEY ROAD
CONNAUGHT AVENUE	CALLAN GROVE	HALFWAY COURT	COWPER AVENUE
CONRAD CLOSE	CAM GREEN	HARRISONS WHARF	CROUCH ROAD
CONRAD GARDENS	CAMPLE LANE	HAYES CLOSE	DANIEL CLOSE
CONWAY GARDENS	CANDER WAY	HEDLEY AVENUE	DARWIN ROAD
CRAMMAVILL CLOSE	CANTERBURY PARADE	HERON WAY	DEFOE PARADE
CRAMMAVILL STREET	CARNACH GREEN	HIGH STREET	DELARGY CLOSE
CRAWFORD AVENUE	CARTEL CLOSE	HILLCREST AVENUE	DICKENS AVENUE
CREST AVENUE	CAVENDISH GARDENS	HILLTOP ROAD	DOCK ROAD
CRESTHILL AVENUE	CAWDOR AVENUE	JODRELL WAY	DOYLE WAY
		JOSLIN ROAD	

CROFTON ROAD	CEDAR RISE	JUBILEE ROAD	DRYDEN PLACE
CROMWELL ROAD	CELANDINE CLOSE	JURGENS ROAD	DUNLOP CLOSE
Grays	Ockendon	Purfleet & West Thurrock	Tilbury
CROUCHMAN CLOSE	CENTRAL AVENUE	KENDAL	DUNLOP ROAD
CROWN ROAD	CHANLOCK PATH	KESWICK GARDENS	EDINBURGH MEWS
CROWSTONE ROAD	CHEELSON ROAD	LAKE RISE	ELGAR GARDENS
CULFORD ROAD	CHELMER DRIVE	LAKESIDE RETAIL PARK	ELIZABETH CLOSE
CULVERIN AVENUE	CHERRY TREE DRIVE	LAKESIDE RING ROAD	ELLERMAN ROAD
CURLING LANE	CHERWELL GROVE	LINNET WAY	ERRINGTON CLOSE
CURZON DRIVE	CHICHESTER CLOSE	LOCKYER ROAD	FAIRFAX ROAD
DARNLEY ROAD	CHURCH CRESCENT	LONDON ROAD	FANSHAWE ROAD
DELL ROAD	CHURCH VIEW	LONG COURT	FARM ROAD
DERBY ROAD	CLARE COURT	MAGNET ROAD	FEENAN HIGHWAY
DERBY ROAD BRIDGE	CLAYBURN GARDENS	MANOR ROAD	FELICIA WAY
DEVONSHIRE ROAD	CLIFF PLACE	MARINE COURT CENTURION WAY	FERRY ROAD
DEXTER CLOSE	COLNE CLOSE	MARLOW AVENUE	FERYBY ROAD
DUKES AVENUE	COPPER BEECH ROAD	MILL LANE	FIELDING AVENUE
DURNINGE WALK	CORRAN WAY	MOORE AVENUE	FLEMING GARDENS
EAST STREET	CORVE LANE	MOTHERWELL WAY	FORT ROAD
EAST THURROCK ROAD	COURTS WAY	MULBERRY DRIVE	FORT ROAD COMMON
EASTERN WAY	CRANELL GREEN	NEW TANK HILL ROAD	FOXES GREEN
ELM ROAD	CRESCENT ROAD	NORTH ROAD	FURNESS CLOSE
ELMWAY	CRESCENT WALK	NORTHERN PRECINCT	GAINSBOROUGH AVENUE
EXMOUTH ROAD	CRESCENT WAY	OAKHILL ROAD	GALSWORTHY ROAD
FAIRFAX ROAD	CRUICK AVENUE	OAKLEY CLOSE	GAYLOR ROAD
FAIRFIELD AVENUE	CULLEN SQUARE	OLIVER CLOSE	GIFFORDSIDE
FAIRWAY	DACRE AVENUE	OLIVER ROAD	GODMAN ROAD
FALCON AVENUE	DACRE CRESCENT	PALMERSTON GARDENS	GOWERS LANE
FARM DRIVE	DAIGLEN DRIVE	PALMERSTON ROAD	GREYHOUND LANE
FARROW GARDENS	DAINES CLOSE	PARK AVENUE	GUN HILL
FIELDWAY	DALE CLOSE	PARSONAGE ROAD	HAIG ROAD
FINCHLEY ROAD	DALROY CLOSE	PORTER CLOSE	HALTON ROAD
FLEETHALL GROVE	DANBURY CRESCENT	QUARRY MEWS	HANDEL CRESCENT

FLORENCE CLOSE	DARBY CLOSE	QUARRY WAY	HARDING ROAD
FOXHILLS ROAD	DARENTH LANE	RAPIER CLOSE	HEATH ROAD
Grays	Ockendon	Purfleet & West Thurrock	Tilbury
GAMMONFIELDS WAY	DART GREEN	RIVER COURT CENTURION WAY	HIGH HOUSE LANE
GAMMONFIELDS WAY BRIDLEWAY	DAVIS ROAD	RIVERSIDE PATH	HOBART ROAD
GEORGE STREET	DAWLEY GREEN	SALADIN DRIVE	HOLYROOD GARDENS
GIPSY LANE	DELAWARE ROAD	SANDY LANE	HORNSBY LANE
GLOUCESTER AVENUE	DENE PATH	SAWSTON COURT LINNET WAY	HUGHES ROAD
GODDARD ROAD	DENNIS ROAD	SCHOOLFIELD ROAD	HUME AVENUE
GOLDACE	DENNISES LANE	SCHOOLFIELD WAY	HUME CLOSE
GOLDSMITH	DENT CLOSE	SECOND AVENUE	HUME MEWS
GORDON ROAD	DERRY AVENUE	SHIP LANE	HYDER ROAD
GOURNEY GROVE	DERWENT PARADE	SOUTH VIEW ROAD	INGLEBY ROAD
GRANGE ROAD	DEVERON GARDENS	SOUTHEND TRUNK ROAD	KEATS GARDENS
GRANGEWICK ROAD	DUNKELLIN GROVE	ST CLEMENTS AVENUE	KELVIN ROAD
GRANGEWOOD AVENUE	DUNKELLIN WAY	ST CLEMENTS COURT	KENDALE
GRANTHAM WAY	DUNNING CLOSE	ST CLEMENTS ROAD	KINGSLEY WALK
GRAYS END CLOSE	EASINGTON WAY	ST CLEMENTS WAY	KIPLING AVENUE
GREEN LANE	EASTERN AVENUE	STONEHOUSE LANE	LAMB CLOSE
GROVE ROAD	EDEN GREEN	STONENESS ROAD	LANGTON WAY
GROVELANDS WAY	ELAN ROAD	TANK HILL ROAD	LANSBURY GARDENS
HAMPDEN ROAD	ELM ROAD	TANK LANE	LANSDOWNE ROAD
HARRAP CHASE	ELMDON ROAD	THAMES GATEWAY	LAWRENCE GARDENS
HARTY CLOSE	ELWICK ROAD	THAMLEY	LEA ROAD
HARVEY	ENBORNE GREEN	THE CHASE	LEICESTER ROAD
HASTINGS CLOSE	ERNAN CLOSE	THE LIMES	LEIGHTON GARDENS
HATHAWAY GARDENS	ERNAN ROAD	THE ROOKERY	LEVER SQUARE
HATHAWAY ROAD	ERRIFF DRIVE	THIRD AVENUE	LEVESON ROAD
HAVEN PLACE	ESKLEY GARDENS	ULVERSTON	LINFORD ROAD
HAWKES CLOSE	FAIRHAM AVENUE	VELLACOTT CLOSE	LISTER ROAD
HAZEL GARDENS	FAIRLANE DRIVE	WATER LANE	LOEWEN ROAD
HEATH VIEW GARDENS	FALCON AVENUE	WATSON CLOSE	LONDON ROAD
HEATH VIEW ROAD	FAYMORE GARDENS	WEST THURROCK WAY	LONG LANE
HEATHLAND WAY	FIELD ROAD	WESTON AVENUE	LONGHOUSE ROAD
HELLEBORINE	FORTIN CLOSE	WINGROVE DRIVE	LONGLEY MEWS
HENRY DE GREY CLOSE	FORTIN PATH	WOULDHAM ROAD	LYTTON ROAD
HENRY STREET	FORTIN WAY		MACE COURT
HIGH STREET	FOXGLOVE ROAD		MALLOW COURT

HIGH VIEW AVENUE	FOYLE DRIVE	MALPAS ROAD
HIGH VIEW GARDENS	FRANCES GARDENS	MALTA ROAD
Grays	Ockendon	Purfleet & West Thurrock
HIGHFIELD GARDENS	FULBROOK LANE	MANOR ROAD
HIGHGROVE MEWS	FULLARTON	MARRAM
WHITEHALL LANE	CRESCENT	COURT
HOGARTH ROAD	FUSEDAL WAY	MAY COURT
HOGG LANE	FYFIELD DRIVE	MEDICK COURT
HOLLIS PLACE	GABION AVENUE	MEDLAR ROAD
HOVE CLOSE	GALEY GREEN	MELBA
IRETON PLACE	GARRON LANE	GARDENS
JENNINGHAM DRIVE	GARTH ROAD	MELBOURNE
JESMOND ROAD	GATEHOPE DRIVE	ROAD
JETTY WALK	GAVENNY PATH	MEREDITH ROAD
JOHN CLAY GARDENS	GIDEA CLOSE	MERTON PLACE
JOHN STREET	GRANGE ROAD	MILLAIS PLACE
JOSLING CLOSE	GROVES CLOSE	MILTON
KENT ROAD	HALL AVENUE	GARDENS
KERRY ROAD	HALL CRESCENT	MONARCH
KILN WAY	HALL LANE	CLOSE
KING EDWARD DRIVE	HALL ROAD	MONTREAL
KINGS WALK	HALL TERRACE	ROAD
KINGSMAN DRIVE	HAMBLE LANE	MOORE AVENUE
LAIRD AVENUE	HANFORD ROAD	MORANT ROAD
LANGTHORNE CRESCENT	HAZEL DRIVE	MORLEY
LEASWAY	HIGH STREET	SQUARE
LENTHALL AVENUE	HOLLY DRIVE	MULBERRY WAY
LEWES CLOSE	HORNBEAM CHASE	MULLEIN COURT
LIGHTERMANS QUAY	HUMBER AVENUE	NEVELL ROAD
LISLE PLACE	IRVINE GARDENS	NEWNHAM
LODGE LANE	JULIET CLOSE	PLACE
LONDON ROAD	JULIET WAY	NEWTON ROAD
LONG LANE	JUNIPER DRIVE	NICOLAS WALK
LUCAS ROAD	KENNET GREEN	NORTH VIEW
LUDLOW PLACE	KENT VIEW	AVENUE
MAIDSTONE ROAD	KERRY AVENUE	NORTHWOOD
		ORSETT HEATH
		CRESCENT
		OTTAWA ROAD
		OXFORD
		AVENUE
		PAGEANT CLOSE
		PARKER AVENUE
		PARKSIDE
		AVENUE
		PEPYS CLOSE

MALLINS WAY	LABURNUM GROVE	PHILIPPA WAY
MANOR ROAD	LARKSPUR CLOSE	PORTSEA ROAD
Grays	Ockendon	Purfleet & West Thurrock
Tilbury		
MANOR WAY	LAUREL DRIVE	POYNDER ROAD
MAPLE ROAD	LAVENDER CLOSE	QUEBEC ROAD
		QUEEN ELIZABETH PLACE
MARLBOROUGH CLOSE	LENNARD ROW	RAPHAEL AVENUE
MASEFIELD ROAD	LIME CLOSE	
	LITTLE BELHUS CLOSE	RAVENCROFT
MAYFIELDS	LOMAN PATH	RIGBY GARDENS
MEAD CLOSE	LONDON ROAD	RIVER VIEW
MEADOW ROAD	LOVE LANE	RUSKIN ROAD
MEDEBRIDGE ROAD	LOWLANDS ROAD	RUSSELL ROAD
MEESENS LANE	MAGNOLIA CLOSE	RYKHILL
MILFORD ROAD	MANNING STREET	SABINA ROAD
MILTON ROAD	MANOR CLOSE	SAINTS WALK
MONTGOMERY CLOSE	MAPLE DRIVE	SALIX ROAD
MORELANDS AVENUE	MAR ROAD	SAMPHIRE COURT
MOSS BANK		SANDHURST ROAD
NEW ROAD	MARTIN ROAD	SANDY LANE
NORTHOLME CLOSE	MAYFLOWER CLOSE	SCILLA COURT
NUTBERRY AVENUE	MEADOW DRIVE	SCOTT ROAD
NUTBERRY CLOSE	MEDEBRIDGE ROAD	SEABOROUGH ROAD
OAK ROAD	MEDLAR DRIVE	SEdge COURT
OAKWAY	MILL ROAD	SELWYN ROAD
ORCHARD DRIVE	MOLLANDS COURT	SEMPER ROAD
ORCHIS GROVE	MOLLANDS LANE	SEXTON ROAD
ORSETT ROAD	MONNOW GREEN	SEYMOUR ROAD
PAGETTE WAY	MONNOW ROAD	SHAKESPEARE AVENUE
PALINS WAY	MOSS ROAD	SHAW CRESCENT
PALMERS AVENUE	MYRTLE GROVE	SHELLEY PLACE
PARK ROAD	NARE ROAD	SLEEPERS FARM ROAD
PARK VIEW GARDENS	NELSON ROAD	SORREL COURT
PARKER ROAD	NETHAN DRIVE	SOUTH VIEW AVENUE
PARKSIDE	NEW TANK HILL ROAD	SOUTHEY WALK
PERCY STREET	NICHOLAS CLOSE	SPEEDWELL COURT
PREMIER AVENUE	NORDMANN PLACE	SPENCER WALK
PRINCE PHILIP AVENUE	NORTH ROAD	

PRIOR CHASE	NURSERY CLOSE	SPINDLES
PROSPECT PLACE	OAKLANDS DRIVE	SQUIRRELS CHASE
Grays	Ockendon	Purfleet & West Thurrock
		Tilbury
PULLMAN SQUARE	ORCHARD CLOSE	ST ANDREWS ROAD
PYM PLACE	ORCHARD ROAD	ST ANDREW'S TRUNK ROAD
QUARRY HILL	PARK LANE	ST AUGUSTINE ROAD
REGENT CLOSE	PARK VIEW	ST CECILIA ROAD
RICHMOND ROAD	PEARTREE CLOSE	ST CHADS ROAD
RIVERSIDE PATH	PEMBROKE DRIVE	ST FRANCIS WAY
RIVERSIDE WALKWAY	PERRY WAY	ST JOHNS ROAD
ROOKWOOD CLOSE	POPLAR CLOSE	ST MARYS ROAD
ROSEBERY ROAD	PURFLEET ROAD	ST MICHAELS ROAD
RUSHDON CLOSE	QUINCE TREE CLOSE	ST PATRICKS PLACE
RUSHLEY CLOSE	RAVEL GARDENS	ST PETERS ROAD
RUSSEL ROAD	RAVEL ROAD	ST STEPHENS CRESCENT
SALISBURY ROAD	REDWOOD CHASE	ST TERESA WALK
SAWCOTTS WAY	ROMFORD ROAD	STANFORD ROAD
SAXTON CLOSE	ROSEMARY CLOSE	STEPHENSON AVENUE
SEABROOKE RISE	ROSEWOOD CLOSE	STOUR ROAD
SEALLY ROAD	ROWAN GROVE	SULLIVAN ROAD
SHERFIELD ROAD	ROWAN WAY	SUNDEW COURT
SILVERWOOD CLOSE	SANDY LANE	SWINBURNE GARDENS
SIMMONS PLACE	SEVERN ROAD	SYCAMORE CLOSE
SOUTHEND ROAD	SHANNON WAY	SYDNEY ROAD
SOUTHEND TRUNK ROAD	SHIP LANE	SYRINGA COURT
SPRINGFIELD ROAD	SOUTH CLOSE	TASKER ROAD
ST ANNES CLOSE	SOUTH ROAD	TEMPLER AVENUE
ST GEORGES AVENUE	SOUTHEND TRUNK ROAD	TENANTS ROW
ST LEONARDS CLOSE	SOUTHGATE	TENNYSON WALK
ST THOMAS'S PLACE	ST MICHAELS CLOSE	THACKERAY AVENUE
STANFORD ROAD	ST PAULS CLOSE	THAMES DRIVE
STANLEY ROAD	ST PAULS PLACE	THAMES VIEW
STATE LANE	STANFORD GARDENS	THE BEECHES

STATION APPROACH	STIFFORD HILL	THE CIRCLE
STIFFORD CLAYS ROAD	STIFFORD ROAD	THE HAVEN
Grays	Ockendon	Purfleet & West Thurrock
		Tilbury
STUART ROAD	STONEHOUSE LANE	THURROCK PARK WAY
TENNYSON AVENUE	SUNLINER WAY	TILBURY FREEPORT
THAMES ROAD	SWALE CLOSE	TILBURY GARDENS
THE CLOSE	SYCAMORE WAY	TORONTO ROAD
THE FIRS	TALUS CLOSE	VIGERONS WAY
THE GRIFFINS	TAMAR DRIVE	WATERSON ROAD
THE PINES	TAMARISK ROAD	WELLINGTON ROAD
THE RETREAT	TANK HILL ROAD	WICKHAM ROAD
THEOBALDS AVENUE	TANY MEAD	WILDE CLOSE
THORLEY ROAD	TEVIOT AVENUE	WINCHELSEA ROAD
THURLOE WALK	THAMES GATEWAY	WINDRUSH ROAD
TITAN ROAD	THE GREEN	WOKINDON ROAD
TOREL WAY	THE QUADRANT	WOOLF WALK
TURP AVENUE	TOPLANDS AVENUE	WORDSWORTH CLOSE
VICARAGE SQUARE	TORINO WAY	WREN WALK
VICTORIA AVENUE	TYNE GARDENS	
VICTORIA CLOSE	TYSEN PLACE	
WALLACE ROAD	USK ROAD	
WARD AVENUE	VERBENA CLOSE	
WARREN LANE	VEXIL CLOSE	
WAVERLEY GARDENS	VIOLA CLOSE	
WAYFARING GREEN	WATTS CRESCENT	
WENTWORTH PLACE	WEST ROAD	
WEST STREET	WHITEBEAM DRIVE	
WESTLAND VIEW	WILSMAN ROAD	
WHARF ROAD	WOOD AVENUE	
WHARF ROAD SOUTH		
WHITEHALL LANE		
WHITMORE AVENUE		
WILLIAM STREET		
WINDSOR AVENUE		
WINGFIELD		
WOOD STREET		
WOOD VIEW		
WOODCUTTERS AVENUE		

WOODLANDS CLOSE

WOODSIDE CLOSE

Grays

Ockendon

Purfleet & West Thurrock

Tilbury

WOODWARD CLOSE

WOODWARD HEIGHTS

WORTHING CLOSE

WOULDHAM ROAD

Appendix 3 -The fee and licensing period.

The licensing fees can be seen in appendix 5 or at

<https://www.thurrock.gov.uk/houses-in-multiple-occupation/fees-and-charges>

Licences will generally be granted for a five-year period. However, we may choose to issue a licence for a shorter time period if the property has not been satisfactorily managed or where we are concerned that the proposed management arrangements may not be satisfactory and want to see evidence that they are before allowing a five year licence. This already applies to our Mandatory HMO Licensing scheme.

Other factors that may be taken into account

- Non-compliance with Building Regulations.
- Failure to provide up-to-date certificates on time.
- Not having energy performance certificates (where required).
- No provision of written tenancy or license agreements.
- The existence of significant hazards within the dwelling.

Appendix 4 - The conditions of holding a license

We would require that the license holder be a 'fit and proper person' and take all reasonable steps to properly manage HMO. A 'fit and proper person' is for example someone who has not previously had an HMO license taken away or been prosecuted for housing related offences etc or offences including fraud, violence or drugs and sexual offences.

A licence will be granted only if the following conditions are met:

1. The proposed license holder is a "fit and proper person" as stipulated above and as defined within the Housing Act 2004.
2. The house is suitable or can be suitable for the number of person permitted to occupy it.
3. The proposed management arrangements for the property are satisfactory
4. That required works to comply with standards are met within the time periods specified.
5. That sufficient security measures in the property are provided.
6. That letting arrangements are provided in writing to the tenants including terms of occupation at the commencement of their tenancies.
7. That the license holder ensures that any anti-social behaviour displayed by the occupiers or their visitors is dealt with appropriately including noise complaints and that relating to noise management.
8. That the condition of the furniture and electrical equipment such as portable electrical appliances and furniture are kept in a safe condition
9. That fire safety precautions are provided and maintained.

Penalties

It is the council's priority to deal with the boroughs stakeholders fairly and equitably. Formal action is an enforcement tool which will be used against those landlords who show and unwillingness to comply with licensing conditions or where multiple breaches under the Housing Act 2004 are not appropriately remedied.

The Council will take formal action against landlords who fail to apply for a license for an HMO in the designated areas which is required to have a license. This could lead to an unlimited fine and the use of rent repayment order in certain cases.

Appendix 5-The Fee Structure

	Number of Rooms	Landlord Accredited	Non-Accredited
New HMOs 5 year License (Fees for single tenancies and shared houses)	3-5	£950.00	£1,099.00
	6 to 10	£999.00	£1,150.00
	11 to 15	£1,099.00	£1,264.00
	16 to 20	£1,199.00	£1,380.00
	21 to 29	£1,380.00	£1,585.00
	30 or more	£1,600.00	£1,840.00
* extra fee may be applicable for larger premises inspection			
Renewable HMOs License (5 Year- no changes or management regulation breaches)	3-5	£475.00	£546.00
	6 to 10	£500.00	£575.00
	11 to 15	£550.00	£632.00
	16 to 20	£599.00	£689.00
	21 to 29	£689.00	£793.00
	30 or more	£799.00	£919.00
Other Misc. income			
Change of Manager or ownership		£150.00	£173.00
Permitted number changes		£150.00	£173.00
License Holder Change Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/inspection)	3-5	£475.00	£546.00
	6 to 10	£500.00	£575.00
	11 to 15	£550.00	£632.00
	16 to 20	£599.00	£689.00
	21 to 29	£689.00	£793.00
	30 or more	£799.00	£919.00
Assisting with Licensing application (First 30 minutes free for accredited landlords, thereafter £60.00 per hour pro rata)		£60.00	£60.00



HOUSING ACT 2004

DRAFT LICENCE TO OPERATE A HOUSE IN MULTIPLE OCCUPATION

I hereby certify that the House in Multiple Occupation situated at

**is proposed to be licensed with Thurrock Council for a period of five
years from the date the licence is issued**

The licence holder will be

The manager will be

**The maximum number of households permitted to occupy the property
will be**

**The maximum number of occupants permitted to occupy the property
will be**

**The Public Register is available for public inspection at Thurrock
Council, Private Sector Housing and Adaptation Team, Civic Offices,
New Road, Grays, Thurrock, Essex RM17 6SL**

Licence number

Dated

Signed

Proposed Licence Conditions

Mandatory Licence Conditions as specified in Schedule 4 of Housing Act 2004-

- The licence holder must, if gas is supplied to the property, submit to Thurrock Council annually for inspection a Landlord's Gas Safety Record as produced by a Gas Safe registered engineer within the last 12 months.
- The licence holder must keep electrical appliances and furniture made available by him in the property in safe condition and supply Thurrock Council, on demand, with a declaration by him as to the safety of such appliances and furniture.
- The licence holder must keep all fire alarm systems installed in the property in proper working order and supply Thurrock Council, on demand, with a declaration by him as to the condition and positioning of such systems.
- The licence holder must supply to the occupiers of the property a written statement of the terms on which they occupy it.
- The licence holder must supply to the occupiers use of receptacles complying with for the storage of waste and make arrangements for the disposal of domestic waste generated from the HMO

ADDRESS OF PROPERTY

SCHEDULE 1 – SCHEDULE OF LICENCE CONDITIONS

(Housing Act 2004, Section 67)

1. Numbers of persons permitted to occupy

- 1.1 The licence holder must not let the property or parts of the property to numbers of households and/or persons exceeding the maximum numbers specified in the licence.
- 1.2 Where the numbers are in excess of the permitted levels at the time of the granting of the licence, the licence holder must take the appropriate **legal** steps to reduce the numbers at the earliest opportunity.
- 1.3 Where a tenant (or tenants) allows someone to move into their accommodation so that the permitted number for that accommodation is exceeded, the licence holder must again take the appropriate **legal** steps to reduce the numbers at the earliest opportunity.

2. Changes to the licensed property or licence holder

- 2.1 The licence holder must notify the Council of any material change of circumstances or of any intended alterations or changes in the use or occupancy of any room which may affect the contents of the licence, the conditions attached to the licence, or the operation of the property. *[N.B. It is not necessary to notify the Council of changes in occupancy **unless** the maximum numbers of households or persons are exceeded].*

3. Requirement for works to be carried out

- 3.1 The licence holder must carry out the works in the attached schedule within the specified time period(s).

4. Letting arrangements

- 4.1 The licence holder must check that the tenant can legally rent the property before the start of their tenancy/letting a room. For more guidance visit www.gov.uk/check-tenant-right-to-rent-documents
- 4.2 The licence holder must ensure that the tenants are provided with written statements of the terms of their occupation at the commencement of their tenancies.
- 4.3 Where the rent is payable weekly, the licence holder must **either** ensure that payments are recorded in a rent book to be kept by the tenant **or** ensure that a written receipt of each rental payment is issued to the tenants.
- 4.4 The licence holder must respect the legal rights of the tenants in relation to their occupation of the property and protect their deposits in a secure deposit scheme. Proper regard is to be given to these rights when, for example, terminating tenancy agreements, undertaking inspections of tenants' rooms, imposing rent increases, and reimbursing rent deposits.

- 4.5 The licence holder must provide each tenant with a tenancy agreement that contains their obligations of what is and isn't acceptable behaviour living in their home and the landlord responsibility for dealing with such cases.

5. Managing anti-social behaviour

- 5.1 The licence holder must ensure that any anti-social behaviour by tenants or their visitors is dealt with appropriately and effectively.
- 5.2 In this regard, complaints of noise or other anti-social behaviour must be properly investigated, whether these complaints are made by other tenants of the property or by residents of neighbouring properties.
- 5.3 Where complaints are found to be justified, the licence holder must ensure that all reasonable steps are taken to resolve the problems.**

6. Security

- 6.1 The licence holder must ensure that there are sufficient measures in the property to provide a secure environment for the occupiers.
- 6.2 The licence holder must ensure that house and room keys are returned when rooms are vacated. Where keys are not returned the licence holder must ensure that locks or lock barrels are changed.
- 6.3 The licence holder should seek the advice of the local police station's crime prevention officer on measures to improve the security of the property (including lettings and communal areas).

7. Condition of furniture and electrical appliances

- 7.1 The licence holder must ensure that all furniture and any portable electrical appliances provided are kept in a safe condition.
- 7.2 The licence holder must ensure that any upholstered furniture provided, whether new or second-hand, complies with the Furniture and Furnishings (Fire) (Safety) Regulations 1988, as amended.
- 7.3 If requested by the Council, the licence holder will be required to supply a declaration as to the safety of electrical appliances and furniture.

8. Management

- 8.1 The licence holder must deal with any complaints from tenants or the local authority on disrepair or pest infestation in the property within 7 days
- 8.2 The licence holder must ensure that means of escape and fire precautions are maintained, and that electricity supplies to automatic fire detection and emergency lighting systems are not disconnected or threatened with disconnection due to non-payment of monies owed to the relevant statutory undertaker.
- 8.3 The licence holder must provide to the Council copies of annual inspection and

test certificates for Grade A automatic fire detection systems or confirmation annually that a Grade D system has been tested and is operating correctly, and annual test certificates for emergency lighting systems, where provided.

- 8.4 The licence holder must ensure that gas or electricity supplies to common parts or shared amenities are on landlord's supplies via quarterly credit meters and that they are not disconnected or threatened with disconnection due to non-payment of monies owed to the relevant statutory undertaker.
- 8.5 Where rents are inclusive of gas or electricity the licence holder must ensure that gas or electricity supplies to units of accommodation are not disconnected or threatened with disconnection due to non-payment of monies owed to the relevant statutory undertaker.
- 8.6 The licence holder must ensure that any remedial works identified following inspections of gas and electrical installations and appliances are carried out within a reasonable time period.
- 8.7 The licence holder must provide to the Council copies of annual gas safety inspection certificates.
- 8.8 In addition to the above management items, the licence holder must ensure that the manager of the property, be that the licence holder or some other person, complies with the requirements of regulations 3 to 9 of The Management of Houses in Multiple Occupation (England) Regulations 2006:-

Duty of manager to provide information to occupier

The manager must provide the occupiers with details of his/her name, address and contact telephone number and must display such details in a prominent position within the HMO.

Duty of manager to take safety measures

The manager must ensure that the property has a safe design and construction.

The manager must ensure that any means of escape from fire are maintained and kept free from obstructions, that all fire precautions are maintained, and that any fire notices are clearly visible.

Duty of manager to maintain water supply and drainage

The manager must maintain the water supply and drainage system to the property.

The manager must ensure that there is no unreasonable interruption to the water supply or drainage.

Duty of manager to supply and maintain gas and electricity

If requested at any time by the Council, the manager must supply, within 7 days, the latest gas safety inspection certificate for the property as carried out by a recognised engineer.

The manager must ensure that the property's electrical installation is inspected and tested at least every five years, and that, if requested, the latest inspection certificate is supplied to the Council within 7 days.

The manager must also ensure that there is no unreasonable interruption to the gas or electricity supplies used by any occupier.

Duty of manager to maintain common parts, fixtures, fittings and appliances

The manager must ensure that all common parts, fixtures, fittings and appliances are well-maintained.

The manager must also ensure that outbuildings, yards, gardens, and boundary walls, fences and railings are well-maintained and safe.

Duty of manager to maintain living accommodation

The manager must ensure that units of accommodation and any furniture supplied are clean and in good repair at the commencement of a tenancy, and that any fixtures, fittings or appliances within the letting are clean and in good working order.

Duty to supply waste disposal facilities

The manager must ensure that a sufficient number of rubbish bins are provided for the occupiers, and that, where necessary, arrangements are made for the disposal of refuse and litter.

N.B. If you require full details of the Regulations you can obtain a copy from Stationery Office Ltd or on-line at:

<http://www.legislation.gov.uk/ukxi/2006/372/contents/made>

9. Table of Occupancy

Room Number	Room Position	Room Size	Number of Persons

The total number of persons who can occupy the property is

The total number of households who can occupy the property is.....

Add/remove as appropriate....

The maximum number is restricted by the number of kitchen/bathrooms available

Room is suitable for 1 person this this instance because there is access to a living room/garage/storage cupboard/dining room/garden

ADDRESS OF PROPERTY

SCHEDULE 2– SCHEDULE OF WORKS

(Housing Act 2004, Section 67)

DRAFT LICENCE

DRAFT

Floor Plan

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Thurrock Council

Essex amenity standards for Houses in Multiple Occupation

A guide to the minimum standards for amenities and space permitted in a house in multiple occupation.

Introduction

Houses in Multiple Occupation (HMOs) play an important role in local housing markets across Essex. Increasingly HMOs are becoming more diverse as housing pressures and costs rise and a wider range of residents seek some form of shared accommodation. Essex councils want to ensure that this growing sector has clear guidance on how to develop suitable accommodation with some flexible options based on an understanding of the housing stock and the need for good quality HMOs across the County.

For the purposes of this guide to amenity standards, we have distinguished HMOs according to whether they are:

HMO with shared facilities kitchen, dining, living room	HMO with shared kitchen facilities but without shared living space	HMO without shared facilities traditional bedsits or studio flats including kitchen facilities
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Status of this document

Enforcement of amenity standards in HMOs is undertaken using the Housing Health and Safety Rating System (HHSRS) created by the introduction of the Housing Act 2004. In addition, most HMOs occupied by 5 or more people will require a licence under the Housing Act 2004 and in considering an application for such a licence the authority must be satisfied that the property is reasonably suitable for occupation by the number proposing to live there.

Some standards are prescribed in the Licensing and Management of Houses in Multiple Occupation (Miscellaneous Provisions) (England) Regulations 2006(SI2006/373). The authority also has power to specify other standards and this document outlines those standards which should be interpreted as guidance to landlords as to what the local authority is likely to consider reasonable taking account of property type and layout. It should also be noted that a local authority may consider, in certain justified circumstances that a higher standard than specified in this guidance is required and landlords are advised to discuss their specific property with council officers prior to carrying out alterations.

This document has been put together by the Essex Local Authorities as a guide on the standards expected in HMOs within Essex taking account of the aforementioned Regulation and also includes recommendations for good practice. The standards have been widely consulted upon and adopted by each participating Local Authority, giving the standards significant weight behind their application to support enforcement in such properties.

Full compliance with the standards contained in this document means that formal enforcement action against an HMO Landlord for amenity-related issues should not be necessary. Conversely, failure to comply with them places a Landlord at heightened risk of enforcement action.

This document will be subject to review at least every 3 years or earlier if considered necessary as a result of any relevant legislation or changes in government guidance or policy.

The structure of this document identifies:

- **legal requirements that are set out in bold type** – these are requirements contained within national legislation; non-compliance with the requirement is an offence for which a Landlord may face formal enforcement action, potentially including prosecution or a civil penalty of up to £30,000
- *requirements* that are set out in black standard type – these are the *minimum* requirements generally expected, whilst also considering the individual property itself; non-compliance with such a requirement may not constitute an offence in its own right, but a local authority is likely to require it as a condition of the licence which can then be enforced as such
- recommendations that are set out in underlined type – these are recommendations agreed upon by the Essex Local Authorities and are good practice suggestions designed to help minimise issues for tenants in the property and help create good quality HMO accommodation

Links to other design and management considerations

At the back of this document Table 5 provides information and links to a range of design and management considerations which need to be considered to ensure that extra legal requirements and the additional responsibilities of running HMO accommodation can be fully demonstrated. Where landlords and managers are not clear about what is required then they should make enquiries with the relevant council.

Table 1: Minimum room size requirements

Room size requirements are given in square metres (sqm). For clarity, a room size of 12sqm is equivalent to a room measuring 4m by 3m and also a room measuring 6m by 2m.

Room use	Number of occupants	HMO with shared facilities (kitchen, dining, living room)	HMO with shared kitchen facilities (no shared living room)	HMO without shared facilities (bedsits or studios)
Bedroom or letting	1	6.51sqm	8.5sqm	11sqm
	2	10.22sqm	12sqm	15sqm
Shared kitchen	Up to 5	7sqm	7sqm	
	6	8.5sqm	8.5sqm	
	7	10sqm	10sqm	
	8 -10	14sqm, or 2 rooms each 7sqm	14sqm, or 2 rooms each 7sqm	
Shared living / dining room	up to 5	11sqm	*5sqm	
	6	12sqm	*6.5sqm	
	7	13sqm	*8sqm	
	8	14sqm	*10sqm, or 2 rooms each 5sqm	
	9	15sqm	*10sqm, or 2 rooms each 5sqm	
	10	16.5sqm	*10sqm, or 2 rooms each 5sqm	

Notes:

- From 1 October 2018, national legislation requires that in all HMOs requiring a licence the minimum permitted floor area for any room used for sleeping is as follows:

10.22 sqm	Two people over 10 years-old
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6.51 sqm	One person over 10 years-old
4.64 sqm	One person under 10 years-old
Less than 4.64 sqm	Must not be used as sleeping accommodation

- Bedrooms, living rooms and dining rooms are all classed as habitable rooms and require adequate natural lighting (suitable window) and ventilation (normally by means of an openable window). Dimensions are based on useable room sizes with standard room heights (2.2-2.3 metres) and will not take into account any floor area where the floor to ceiling height is less than 1.5 metres
- These room sizes do not include space for bathroom/shower room or WC. Where en suite facilities are provided then this must be in addition to the space indicated above
- *In HMOs without a shared living room additional shared dining space is required close to a shared kitchen that is more than 1 floor distant from any letting room it serves

Table 2: Minimum requirements for kitchen facilities

Occupants	Kitchen area (sqm)	Work surface (m) (600mm standard depth)	Power sockets above worktop	Hob rings	Ovens	Grills	Sinks/ drainers with hot and cold water	Dry food storage cupboard	Fresh and Frozen food storage	Fire Blanket
All shared kitchens										
Up to and including 5	7	2	3 double	4	1	1	1	1x 500mm base unit or 1x 1000 wall unit per occupant	1 good-size refrigerator shelf per occupant, 1 good-size freezer shelf per	1 suitably located fire blanket in accordance with the current BS EN or
6	8.5	2.4	4 double	4	2+	2+	2#			
7	10	2.8	4 double	6	2+	2+	2#			
8	14 (7 x 2)	4	5 double	8	2	2	2			
9	14 (7 x 2)	4	5 double	8	2	2	2			

10	14 (7 x 2)	4	5 double	8	2	2	2		occupant	equivalent standard at the time of application or renewal
Kitchens in individual lettings (bedsits and studios)										
1 or 2	4.5	1	2 double	2	1	1	1	1x 500mm base unit or 1x 1000 wall unit per occupant	1 good size refrigerator shelf per occupant 1 good size freezer shelf per occupant	1 suitably located fire blanket in accordance with BS 6575

Notes:

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- To provide some flexibility where 6 or 7 occupants share a kitchen:
 - a safely located combination microwave/oven/grill is acceptable in place of an additional oven and grill (+)
 - a dishwasher is acceptable in place of an additional sink/drainage (#)
- To clarify, where the requirement is for a space minimum of 14sqm this can be achieved by providing 2 rooms each of 7sqm
- See Table 4 below for general guidance relating to all HMOs including requirements for mechanical extract ventilation, waste disposal, hygiene and storage

Table 3: Minimum requirements for bathrooms, shower rooms and WC compartments

Occupants sharing	Bathrooms comprising 1 bath / shower unit with hot and cold water, and may contain a WC, but see * below	Separate WC compartment with wash hand basin with hot and cold water	Ventilation, suitable and adequate	Adequate size and layout: Minimum floor area for safe use of bathroom
Less than 5	1	0	Mechanical ventilation is required in all bathrooms and WC compartments which lack natural ventilation via an openable window. It will also be required, in addition to any natural ventilation, where necessary, to mitigate problems of damp and mould. <u>It is always recommended that where possible, in addition to any natural ventilation, mechanical ventilation is provided in all bathrooms and WC compartments.</u>	Bath only 2.3sqm
5	1	1		Bath and WHB 2.5sqm
6	2*	1		Bath, WC and WHB 2.8sqm
7	2*	1		Shower only 1.7sqm
8	2*	1		Shower and WHB 2.0sqm
9	2*	1		Shower, WC and WHB 2.2sqm
En suite for 1 or 2	1	0	Comments as above	WC and WHB 1.2sqm

Notes:

1. (*) For properties with 6-9 occupants sharing there shall be a minimum of 2 WCs and 2 bathrooms and one of the WCs must be separate.
2. **All bathrooms and toilets must be suitably located in relation to the living accommodation** – where facilities are shared they must be accessible from a common area; a bathroom must be no more than one floor distant in relation to the bedroom and the toilet must be within one floor of living and bedrooms
3. **See Table 4 below for general guidance relating to all HMOs**

Table 4: Guidance relating to all HMOs

<div data-bbox="91 730 136 914" data-label="Page-Header"> <p>Page 185</p> </div> <div data-bbox="91 181 315 252" data-label="Section-Header"> <p>Insulation and heating</p> </div>	<p>Each unit of living accommodation in an HMO must be equipped with adequate means of space heating.</p> <ol style="list-style-type: none"> 1. Heating shall be provided in every habitable room, the common parts and bathroom capable of maintaining following internal temperatures when the external temperature is -1°C: <ul style="list-style-type: none"> • living room, dining room and rooms used for sleeping 21°C • bathroom 22°C • elsewhere 18°C 2. The heating provision must be capable of being safely used at any time and be suitably guarded. It must be suitable, affordable to operate, appropriate to the design, layout and construction of the dwelling and be controllable by the occupants. 3. In the case of gas central heating, radiators must be fitted with thermostatic valves and a programmable timer clock fitted. 4. An electrical heating system will be acceptable in the form of a combined storage heater/panel heater that can be run on both “off peak and standard day rate” electricity tariffs, together with a fixed electric fan heater, located in the bathroom, powered from a fused spur. It must be capable of providing instantaneous energy efficient heating and controllability, on the optimum electricity tariff available. 5. All appliances shall be maintained by a competent person. Gas appliances shall be inspected annually by a Gas-Safe Registered Engineer and certificated in accordance with the Gas Safety (Installation & Use) Regulations 1994 and all applicable British Standards. Work to electrical appliances must be undertaken by an electrician able to certify the work under the one of the following schemes: BRE Certification Limited British Standards Institution (BSI) ELECSA Limited NAPIT Registration Limited NICEIC Group Ltd. 6. The use of portable paraffin or oil fired heaters and liquefied petroleum gas heaters (LPG) (bottled gas heaters) are prohibited under any circumstances, whether provided by the landlord or the tenant. <p>All reasonable steps should be taken to insulate HMO accommodation to improve energy efficiency and reduce condensation risk. Particular attention should be paid to basement and attic rooms and conversions must comply with Building Regulations.</p>
<div data-bbox="91 1220 369 1291" data-label="Section-Header"> <p>Power supply and electrical sockets</p> </div>	<p>HMOs must be designed with adequate electrical power output for their expected loading. Conversion of buildings to large HMOs will require an increased electrical supply, over and above a standard domestic supply.</p> <p>Electrical sockets must be adequate in number and suitably located to minimise the need for use of adaptors and trailing</p>

	leads which introduce additional hazards. The following is expected as a minimum:		
	Bedrooms in shared houses (separate kitchen facilities and living room)	Bedsit (separate kitchen facilities)	Bedsit or studio flat (containing kitchen facilities)
	2 double sockets	3 double sockets	5 double sockets
	Adequate electrical sockets must be provided to serve all electrical appliances provided by the landlord. In shared kitchens a minimum of 3 double sockets must be suitably located above work surfaces. In shared living rooms , a minimum of 3 double sockets must be provided.		
<div>Page 186</div> <div>Lighting and ventilation</div>	<p>All habitable rooms must be provided with natural lighting with a glazed area of window equivalent to 1/10 of the floor area of the room. Bedsit rooms that do not have access to shared communal living space are expected to have an external view, not just a skylight view.</p> <p>Artificial lighting must be sufficient to adequately illuminate the room for its intended uses.</p> <p>All habitable rooms must be provided with adequate ventilation, normally by means of an openable area of window equivalent to 1/20 of the floor area of the room. Ventilation of a room through reliance on opening an external door is not permitted.</p> <p>All habitable rooms, kitchens, bathrooms, and toilet compartments shall have a minimum floor to ceiling height of 2130mm. In the case of rooms with sloping ceilings, there shall be a minimum height of 2130mm over half of the floor area of the room. Floor area measurements shall be taken on a plane 1500mm above the floor. Any floor area where the ceiling height is less than 1500mm high shall be disregarded.</p> <p>Mechanical ventilation in kitchens, bathrooms and WC compartments must operate on suitable systems to remove moist air and minimise noise disturbance. Mechanical ventilation must comply with the Building Regulations that are current at the time of application. Any installation shall be fitted with an overrun device usually connected to the lighting circuit of the room unless the fan is humidity controlled, where this may not be possible.</p> <p>All rooms must have controllable trickle vents and/or windows that can be securely locked in the night-latch position to provide background ventilation without losing too much heat.</p> <p><u>Recommendation / good practice</u></p> <p><u>Positive pressure whole house ventilation systems are becoming increasingly popular with HMO landlords as a way of managing indoor air quality and reducing the risk of condensation and mould growth. All such systems must be installed and serviced in accordance with manufacturers recommendations and have room by room control.</u></p> <p><u>HMOs located where air pollution levels are likely to be particularly high should be designed with air intakes that minimise</u></p>		

	<u>pollution ingress into the building, having regard to the design principles contained in Appendix D of Building Regulation Approved Document F.</u>
Hygiene in kitchens and bathrooms	<p><u>Floor and wall coverings, kitchen and sanitary fittings must be washable and impervious and be capable of being easily cleaned.</u></p> <p><u>Recommendation / good practice</u></p> <p><u>Floor and wall coverings around baths and showers in particular should be designed to minimise the risk of leaks. Correctly installed specialist flooring and wall-boards can help to reduce this risk. Regular maintenance checks will ensure that facilities are being used correctly and help to identify damage to seals, screens, doors and other fittings.</u></p>
Clothes washing and drying	<p><u>Recommendation / good practice</u></p> <p><u>Adequate facilities should be provided for washing and drying clothes, including a washing machine for up to 6 occupants. Drying facilities must be designed for year round use to minimise condensation and mould growth, particularly in bedrooms. In practice this means that unless a whole house, positive pressure ventilation system is installed then either an externally vented or condensing type tumble drier or a suitably heated and ventilated drying room should be provided in addition to any external drying facilities.</u></p>
Food storage Page 187	<p>In addition to the sink base unit and hygienic storage for cooking utensils, cutlery and crockery, a food storage cupboard minimum (500mm wide base unit or 1000mm wide wall unit) must be provided per occupant. In HMOs let under separate tenancies cupboards and a small fridge may be located in bedrooms (if no more than one floor distant from the nearest kitchen) but this must not unreasonably compromise the overall bedroom floor area.</p> <p>Adequate space for the storage of fresh and frozen food must be provided for each occupant. This means space equivalent to one good sized shelf/compartment in a shared refrigerator and a good sized shelf/compartment in a shared freezer.</p> <p><u>Recommendation / good practice</u></p> <p><u>In HMOs let under separate tenancies secure storage of dry, fresh and frozen food is desirable, either in lockable cupboards, fridge and freezer compartments or suitably stored in bedrooms (if no more than one floor distant from the nearest kitchen).</u></p>
Waste disposal	<p>Adequate and hygienic waste disposal arrangements must be in place within the HMO. In practice this means the provision of suitable bins/receptacles and on-site waste management arrangements having regard to:</p> <ul style="list-style-type: none"> • the number of occupants • the type and size of HMO accommodation

	<ul style="list-style-type: none"> the waste collection and recycling arrangements available either through the local council domestic collection service or a commercial waste contract <p>From 1 October 2018 all HMOs requiring a licence must comply with the local authority storage and waste disposal scheme (if one exists)</p> <p>The adequacy of waste disposal arrangements will also be subject to compliance checks under the HMO management regulations.</p>
<p>Security</p> <p>Page 188</p>	<p>HMO design must adequately control security risks without compromising fire safety. External doors must be openable from inside without the use of a key and securely lockable from the outside with either:</p> <ul style="list-style-type: none"> a key a security code a door entry system <p>In all circumstances other than HMOs which are occupied by a stable, cohesive group of sharers (i.e. a genuine shared house), individual letting rooms must be securely designed. This means doors to individual lettings must be fitted with a combined lock and latch, where the lock is operated from the inside of the bedroom by a thumb-turn or lever, rather than a key. For example a euro cylinder type lockset:</p> <div data-bbox="604 729 1760 1091" data-label="Image"> <p>The diagram shows a side view of a euro cylinder lockset installed in a door. A vertical plate on the left has two bolts: a 'Latch bolt' (top) and a 'Dead bolt' (bottom). To the right of the plate is the lock mechanism, which includes a thumb-turn operated lock. Arrows point from the text labels to the corresponding parts of the lockset.</p> <p>Note. The 'thumb-turn' operated lock should be sited on the room side of the door to facilitate escape without the use of a key.</p> </div> <p>This provides adequate security and ease of escape, and avoids occupants locking themselves out of their rooms.</p> <p>Key operated window locks are required to all accessible windows (ground floor, basement and adjacent to external structures such as fire escapes and flat rooves). Where the window is an escape window that is an integral part of the means of escape from fire then a suitable alternative security feature will be required.</p> <p>Please also see section above regarding food storage and security.</p>

Table 5: Other design and management considerations

HMO licensing	<p>Certain HMOs must be licensed and it is the responsibility of HMO owners and managers to check requirements in the areas in which they operate HMOs. Failure to licence a licensable HMO is an offence which may result in:</p> <ul style="list-style-type: none"> • prosecution or a civil penalty of up to £30,000 • rent repayment orders for rent paid when the HMO was required to be licensed • naming on a national rogue landlord list
Planning permission	<p>Planning permission is required where 7 or more (non-family) residents will share facilities. Also required where a larger building will be divided to create two or more smaller units of self-contained accommodation.</p> <p>In some council areas, additional controls on the conversion of smaller HMOs (known as Article 4 Direction Orders) have been introduced. In those areas, planning permission will be required in order to create an HMO with less than 7 residents. Check with your local planning department to find out whether there are any planning restrictions which could impact on your business plans.</p>
Building regulations	<p>Approval under the building regulations is likely to be required for a range of HMO conversion works including:</p> <ul style="list-style-type: none"> • installation of additional kitchen or bathroom facilities that require waste connections • changes in layout including adding or removing walls and or doors and windows <p>Compliance with building regulations can be achieved through local authority building control or alternative providers.</p>
Council tax	<p>Council tax is charged on any individual unit of accommodation that has its own kitchen facilities. In such circumstances the occupier is liable for payment of the Council Tax bill.</p> <p>Liability for council tax will remain with the HMO owner where kitchen facilities are shared, although HMOs occupied entirely by full time students will be exempt from council tax, subject to submission of the documentation required by the local council house.</p> <p>Council tax fraud is an offence which deprives funding for local services. Check council tax liability with the local council.</p>
Fire safety	<p>National guidance was published in 2008 to address fire safety requirements in certain types of housing including HMOs. It includes examples of how to develop risk appropriate designs having regard to the size and type of HMO proposed. Further guidance is likely to be available through your local council's private sector housing/housing standards team or its website.</p> <p>A fire safety risk assessment is required in all HMOs and shared buildings, except those occupied by a cohesive group</p>

	<p>of sharers under a single tenancy. The responsible person (normally the HMO owner) must undertake a fire safety risk assessment to identify fire safety risks and controls throughout communal areas of the building. Management arrangements must be put in place to ensure that risks are adequately controlled.</p> <p>There is further guidance on fire safety risk assessment in sleeping accommodation and via Essex County Fire and Rescue Service.</p>
HMO management regulations	<p>The Management of Houses in Multiple Occupation (England) Regulations 2006 apply to all houses which are occupied by three or more unrelated people where one or more basic amenities (WCs, bathrooms, kitchens) are shared. HMO owners and managers must ensure that their accommodation is adequately managed in accordance with these requirements which reflect the additional risks and responsibilities associated with managing this type of accommodation.</p> <p>The Licensing and Management of Houses in Multiple Occupation (Additional Provisions)(England) Regulations 2007 apply to houses converted into self-contained flats, as defined by s257, Housing Act 2004 (known as section 257 HMOs). It is a criminal offence to breach HMO management regulations.</p>
Parking and/or cycle storage	<p>Where required, planning permission is likely to be dependent on the provision of either adequate vehicle parking and/or secure cycle storage for the number of occupants.</p> <p>Regardless of planning requirements, we recommend that you plan these facilities wherever possible to help occupants to address their transport needs, to reduce the potential for conflict with neighbours, and to help avoid management problems such as cycles blocking fire escape routes.</p>
Private rented sector code of practice	<p>The Private Rented Sector Code of Practice has been produced by the lettings industry to cover the entire private rented sector. It is a useful central source of information and covers many issues relevant to HMOs. The code makes it clear to all members that a professional approach to letting is required and that ignorance and inexperience are no excuse for poor practice.</p>

16 January 2019		ITEM: 15
		Decision: 110500
Cabinet		
Developing a New Residential Care Facility in South Ockendon, and a New Model of Primary Care for Thurrock		
Wards and communities affected: All	Key Decision: Key	
Report of: Councillor Susan Little, Portfolio Holder for Children and Adult Social Care, and Councillor James Halden, Portfolio Holder for Education and Health		
Accountable Assistant Director: Les Billingham, Assistant Director, Adult Social Care and Community Development		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is Public		

Executive Summary

The Council has ambitious plans for development and improvement in the Borough, including ensuring the growing numbers of older people have genuine accommodation choices that meet their aspirations for later life, and high quality integrated care when they need it. In this context the challenges presented by rising demand, and the numbers of people with complex, chronic or multiple conditions, as well as the sustainability of the private market for care, can only be met by the transformation of our housing, health and care system.

This transformation will require investment in well-designed new homes that are care ready, in equipment and adaptations to existing homes so that they better meet health and care needs, and in new facilities for those who need social care and nursing care in a specialised setting. To complement the Council's HAPPI housing for older people at South Ockendon and Tilbury, and its well-regarded care home in Corringham, this is a proposal to develop a new facility, fit for the 21st century, to provide high quality housing with on-site social care and nursing care, as a means of meeting growing need through a desirable and effective alternative to additional care home provision.

Work has been undertaken since the last report to Cabinet in December 2017 to progress the development of the Whiteacre / Dilkes Wood sites, including a vision for the scheme, surveys, site investigations and specifications. Strong interest in progressing the design has been established, and preparations are now being made to take the development forward, including tendering for the works, subject to addressing the principles for the business case as set out in this report.

1. Recommendation(s)

- 1.1 To approve the delegated authority for the Corporate Director Adults, Housing and Health, and the Director of Finance and IT or the Corporate Director of Place, in consultation with the Portfolio Holder for Children and Adult Social Care and the Portfolio Holder for Education and Health, to tender for, and award the building contract for, the development of housing and associated facilities for older people requiring residential and nursing care, subject to tender returns being in line with an agreed business plan based on the principles within this report.**
- 1.2 To expand the negotiations being undertaken with NHS Thurrock Clinical Commissioning Group (CCG) and other NHS partners concerning the viability and business plan for a phase 2 Integrated Medical Centre to replace the adjacent South Ockendon Health Centre.**
- 1.3 To instruct officers to work with Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH) and other NHS partners to outline the options for a possible future upgrade to Collins House.**

2. Introduction and Strategic Context

- 2.1 Thurrock has an ambitious plan for improvement and growth, which includes greatly enhancing the offer we make to our older residents. This means ensuring they have genuine accommodation choices that meet their aspirations for later life, and high quality integrated care when they need it. The Council wants to support people for as long as possible within their own homes. However, for some, there remains a need for residential and nursing care, and this should be provided to the highest standard, enabling people to remain independent and in control.
- 2.2 The Care Quality Commission in their recent report¹ highlighted that “Demand is rising inexorably not only from an ageing population but from the increasing number of people living with complex, chronic or multiple conditions, such as diabetes, cancer, heart disease and dementia. The total number of years people can expect to live in poorer health is steadily growing.”
- 2.3 The pressure this is placing on social care services and budgets has been documented for some time, and has been the subject of previous reports to Cabinet. As a Council we are considering how our whole range of functions, and the strengths and assets within our communities, can enable our older residents to enjoy a good life in old age.
- 2.4 What is needed is new thinking about ageing well in our communities, recognising that the so called baby boomers who have built their homes and lives in Thurrock, will want to look forward to their years in the 21st century, no less in command of their futures.

¹ The state of health care and adult social care in England 2017/18 published on 10 October 2018

- 2.5 To meet this challenge, Adult Social Care must be transformed so that a new integrated housing, health and care system is created, which is person centred and which ensures future sustainability by using all available resources to greatest effect. Factors driving the need for transformation include not just an ageing population – with people living longer, often with a greater number of years in poor health - but also:
- The increasing complexity of providing for multiple medical conditions;
 - Insufficient capacity for the provision of care across the system;
 - A residential care market unable to sustain the current levels of care under the current funding model, with an ageing care home estate, and declining investment in new facilities;
 - A health care system primarily designed to treat ill health rather than prevent, reduce and delay the need for care; and
 - Difficulty recruiting and social retaining care staff – carers in particular.
- 2.6 It is now widely acknowledged that there are many gains from a programme of new housing specifically designed for older adults: manageable, accessible, warm homes with low running costs and a lower risk of falls and accidents, will enable individuals to maintain their independence, see income go further, and avoid unnecessary admissions to hospital and care homes. For many older people, purpose-built accommodation also brings a social life that protects against isolation and loneliness. And, for some, it also means releasing capital to make life easier in retirement.
- 2.7 Of course many baby boomers will be safe, healthy and happy growing old in their existing home, adapted if necessary to their health and care needs. This choice should be respected. However there are also a significant number who would be safer, healthier and happier moving home, and growing old in a different property more suited to their needs. They should be supported to do that. Whatever they choice, Thurrock recognises that our older citizens will increasingly want to:
- stay in control;
 - prepare in good time to step up to the next stage in their lives;
 - have a choice of homes that support their health and well-being.
- 2.8 As part of its ambitious transformation programme the Council has invested in aspirational housing developments, specifically designed for older people, in South Ockendon, and in Tilbury. It will continue to do so, while also using its Local Plan to encourage private developers to do the same.
- 2.9 The transformation programme, which has already seen significant investment by the Council in housing designed in line with the recommendations of the HAPPI Report², in Local Area Co-ordination, in making Careline and Technology Enabled Care available free of charge, and in a range of other initiatives, will also need to offer well designed

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/378171/happi_final_report_-_031209.pdf

accommodation for older people who need care, including nursing care, in a specialised setting. As noted in the report to Cabinet on 13 December 2017, the Council has one purpose built residential home, Collins House, in Springhouse Road, Corringham, Stanford-le-Hope SS17 7LE. It is designed to the standards for residential care current in the 1970s and 1980s and is registered to provide personal care and accommodation in single rooms for a maximum of 45 older people, some of whom may be living with dementia related needs. Collins House is well regarded by residents and their families, and the Care Quality Commission gave the home an overall rating of Good in its latest inspection report dated 5 April 2016. However, it does have some limitations: the bedrooms are small, and none have ensuite bathrooms. Moreover, the building places limitations on the care that can be provided: it is not possible to place in Collins House some older adults who cannot weight-bear because the size of some of the rooms prohibits the use of hoists to allow such residents to transfer from bed to chair or bath or WC.

- 2.10 This report provides further details on the investment proposal for a new facility in South Ockendon providing social care and nursing care in a specialised setting of 45 self-contained dwellings, and 30 ensuite bedrooms, with associated care facilities (lounges, restaurant, treatment rooms, laundry etc). As noted in the report to Cabinet in December 2017, Collins House will remain an important resource for Thurrock and it will be retained as a care home for use by older adults. The new facility proposed for the west of the Borough will provide the opportunity to understand more fully how the facilities and services at Collins House could be improved, building on its existing strengths.
- 2.11 When the development of the new facility in South Ockendon is underway, a report will be presented to Elected Members with a review of how Collins House will continue to provide a valued service in the east of the Borough. This will include consideration of the potential contribution it could make, alongside BTUH and other NHS partners, in supporting strategies for reablement, reducing delayed transfers of care, and other initiatives to provide care closer to home. This will widen the social and nursing care offer locally, so that we can more readily offer both permanent accommodation in a specialised setting for older people who have an on-going need for social care and nursing care, and step up/step down care, including:
- a) Intermediate care in a residential setting for people who cannot live in their home at present but have no long term need for residential care;
 - b) Short stays for those requiring re-ablement services in a residential setting;
 - c) Short stays to allow assessments (including Continuing Healthcare – CHC assessments) to be undertaken outside an acute setting when they cannot be undertaken in the patient/service user's home.

3. Issues, Options and Analysis of Options

- 3.1 The Care Quality Commission in their report referred to above goes on to note that in the face of growing need “The capacity of adult social care provision continues to be very constrained: the number of care home beds dropped

very slightly in the year, but what was noticeable were the wide differences across the country. Across a two-year period, from April 2016 to 2018, changes in nursing home bed numbers ranged from a 44% rise in one local authority to a 58% reduction in another.

- 3.2 In November 2018 the Competition and Market's Authority³ reported on its undertaking the most complete study of profitability in the sector in recent years. Amongst its findings was that "many care homes, particularly those that are most reliant on LA-funded residents, are not currently in a sustainable position". Moreover "they are not able to cover any additional investment costs. This means that while they might be able to stay in business in the near term, they will not be able to maintain and modernise facilities". The CMA also found that "the sector is not able to attract the investment required to meet the future increase in demand to serve LA-funded residents."
- 3.3 Locally, the Public Health team has made an assessment of the need for residential care in the Borough, which has informed the preparation of this report (see Appendix 1). The assessment uses Department of Health planning tools to estimate the number of people over 65 years in Thurrock who cannot undertake even one mobility activity alone, and who may therefore require adult social care. Whilst the total number in 2017 was 4,201, this is projected to increase to 6,801 by 2035, which is an increase of 61.89%. The largest increase is seen in the 85+ year age group, which sees an increase of 95.38% between 2017 and 2035. In relation to dementia the assessment shows the estimated number of people aged 65+ with the condition could increase from 1,503 in 2015 to 2,401 in 2030 – an increase of 59.7%. with the largest proportional increases are seen in the 80-84 year olds (82.9%) and 90+ year (88.6%) age groups. Residents in their 80s are already the largest users of residential care, so without effective intervention to mitigate this trend of decreased mobility, the need for additional residential care homes is likely to increase substantially.
- 3.4 Another projection of demand growth taken from the Public Health team's assessment shows a need for a further 410 beds in residential care in Thurrock by 2035:

Care Places Needed in Thurrock	2017	2035	Additional Number Needed	% increase
Medium need	107	208	101	94.81%
High need	344	652	309	89.81%
TOTAL	451	860	410	90.99%

- 3.5 There is already increasing demand for residential care in Thurrock which is difficult to meet with the current range of beds available locally. This is evidenced by a snapshot of available care home beds in homes in the

³ Competition and Markets Authority, Care homes market study, published 30 November 2017

Borough for the week of 17 October 2018 (the latest available) which shows that across the whole Borough only 1 nursing care home bed, 2 dementia care homes beds, and no other residential care beds were available.

- 3.6 In response to the increased local demand for places in care homes, the report approved by Cabinet in December 2017 proposed that the Whiteacre / Dilkes Wood sites in South Ockendon should be developed to provide a range of homes for older people needing care: from small, easy to maintain flats designed for frail elderly people, to retirement living for those who wish to downsize to a care ready environment, including potentially a mix of one and two bedroom dwellings for rent. This was seen as an opportunity both to address the growing demand for care, and to invest in innovation in care, and so to set new higher standards for housing with on-site care in the Borough.
- 3.7 Since the last report work has been undertaken to clarify a range of issues necessary to progress the development. A progress update on this work is outlined below.

Design, and realising development potential.

- 3.8 Following Cabinet approval of the proposal for a strategy for the development of a 21st Century residential care facility on the Whiteacre / Dilkes Wood site in December 2017, Pollard Thomas Edwards, architects were commissioned to develop a vision for the proposed scheme including addressing how the development may be phased to deliver the new residential offer for older people and also, potentially, the redevelopment of the health centre should that be agreed with NHS partners.
- 3.9 The report from Pollard Thomas Edwards (see Appendix 2) showed a number of case study examples in which progressive developers have been exploring new ways of better integrating residential and nursing care with the local community. These approaches are consistent with Thurrock's vision for transformation, with new models of care to ensure people who need residential and/or nursing care can be supported to remain recognisably part of their community, rather than being cared for in an institution. It also reflects our collaboration with NHS partners including Thurrock CCG , BTUH, North East London NHS Foundation Trust and Essex Partnership University NHS Foundation Trust, to develop integrated care pathways for older people, to avoid unnecessary acute admissions and delayed transfers of care, by making more care available closer to home. Following the agreement by all parties of the Memorandum of Understanding, work is now being undertaken to explore producing a formal Alliance Agreement which will set out in much greater detail how the Council jointly with its NHS partners will plan, commission and provide services to the people of Thurrock.
- 3.10 The Pollard Thomas Edwards report concluded that the Whiteacre / Dilkes Wood site offers an opportunity to provide exemplary residential accommodation for people with varying levels of need, while creating a new community-led focus to the town centre. The scheme also unlocks the

potential for the phased development of a new community health facility to replace existing provision in the South Ockendon Health Centre.

- 3.11 Since the last report, initial surveys and site investigations have also been undertaken, and a scheme specification prepared. This preparatory work culminated in the publication of an Invitation to Tender for a Design Team (architects), Employers Agent and Cost Consultants. The ITT has elicited strong interest from the market with 24 bids being received for the Design Team tender.
- 3.12 The appointment of the Design Team will enable detailed plans to be drawn up for the scheme and allow early consultation with a range of stakeholders, including the local community, about both the vision for care and support for an ageing population, and the proposals for the site. The designs will also allow cost consultants to provide firm estimates of the construction and operating costs of the facilities.

Financing.

- 3.13 The feasibility study undertaken for the Council in February 2017 (previously presented to Cabinet with the December 2017 report) included an initial cost appraisal by consultants Calford Seaden for the complete redevelopment of the Whiteacre / Dilkes Wood site to provide 30 ensuite interim care bedrooms and 45 self-contained flats, with associated facilities. This estimate put the development costs at around £7m. However, in view of the time elapsed since that work was undertaken, and taking account of inflation in the construction industry, the actual costs are now expected to be higher.
- 3.14 It is proposed that the capital funding for the 75 residential units, and associated care facilities, will be funded as part of the agreed capital programme.
- 3.15 Revenue funding to cover the loan costs, as well as management and maintenance of the facility, will be available from rents and service charges for the 45 self-contained flats (housing costs and supported housing services funded by rents remain eligible for Housing Benefit). The care and support in the scheme will be provided by Well-Being Teams, and the service provided will be chargeable in line with the Council's policy for domiciliary care.
- 3.16 The revenue funding cost for providing the 30 interim beds is estimated to be circa £1,400 per week. This funding would form part of the business case for the scheme to be agreed with NHS partners as part of a new strategy for Intermediate Care. The interim beds could be offered to other authorities if the local demand profile for intermediate care changes, or if necessary, the service could be remodelled and operated as residential care beds (and so chargeable at the locally declared rate).

Site assembly and the potential for a joint venture with NHS partners.

- 3.17 The South Ockendon Health Centre on an adjacent site on Darenth Lane is currently occupied by a single handed GP Practice, a branch surgery of an Aveley Practice, and a range of other clinical services including Health Visitors and dentists. NHS partners have confirmed the building is no longer fit for purpose, and they see potential benefits in redeveloping the site to create a new health centre. This could bring together other surgeries from the local area, and be equipped with a fuller range of primary care and associated facilities, reflecting the new model of care being pioneered at the Integrated Medical Centres.
- 3.18 The Pollard Thomas Edwards report cited above notes the existing South Ockendon Centre / community hub has proved popular with residents since its opening in 2013. It has a wide range of services and activities, and creates a strong community focus. However, their report argues the community hub could be better connected to the town centre if it was located on the Whiteacre / Dilkes Wood site.
- 3.19 The option of a further Integrated Medical Centre is contingent on buy-in from, and a funding agreement with the NHS, community consultation, and may require a phased development. However, in this scenario, the new health facility could be progressed as a combined Community Hub/Integrated Medical Centre. Discussions regarding this option continue, remain positive and will hopefully be concluded in a timescale which fits with the Council's plans for the redevelopment of the Whiteacre / Dilkes Wood site. The location adjacent to the new residential facility, and alongside an existing children's nursery, provides better connectivity to the town centre for a range of services.
- 3.20 These proposals taken together: new aspirational homes with a new model of residential care; a new Integrated Medical Centre; and a new community hub; form an ambitious plan for the centre of South Ockendon. And it is a plan not just for older people who need personal assistance or nursing care at home but for all ages, bringing together young and old and with the potential to strengthen bonds across the generations.

Delivery.

- 3.21 Following the appointment of a Design Team and Cost Consultants, the ambition to realise a residential care facility fit for the 21st Century can be explored in detail, together with design options, cost options and funding. This will inform the business case for the scheme. It is proposed that construction is undertaken as soon as planning consent, and a financially and operationally viable business plan for the development, is agreed.

4. Reasons for Recommendation

- 4.1 Delivery of the new residential facility will enable the Council, with its NHS partners, to meet the housing, health and social care needs of an ageing population in accommodation that reflects the requirements of the 21st

Century. It is essential if we are to meet the growing demand for care for people who need residential and nursing care, and to deliver high quality health outcomes for Thurrock residents.

- 4.2 Further to the approval of this strategy in December 2017, approval is now sought to allow this project to progress to the development stage.
- 4.3. The tender for the capital works will be in excess of the £750,000 threshold that can be approved by Directors and therefore requires a Cabinet decision. This tender is expected to be issued later in the year.
- 4.4. Approval to delegate the award of the construction contract is requested to ensure that the development is progressed, and the new facilities (including potentially those for the proposed new medical centre) are delivered as soon as possible.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This report was presented to Health and Well-Being Overview and Scrutiny Committee on 8 November 2018 and the Committee supported the proposals.
- 5.2 Consultation with residents, including service users groups, will be undertaken as soon as initial design options have been produced. Discussions with NHS partners about their requirements, and their potential contribution to the development, are on-going.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The proposed development supports the 'People' element of the Council's corporate vision and priorities. In particular it will " build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing".

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Resources Accountant

The financial implications are set out within the report. The financial assessment of the project has been completed by Pollard Thomas Edwards and the financial cost appraisal by Calford Seaden. The underlying assumptions have been assessed as reasonable by the Adult Social Care and Regeneration teams.

The model underpinning the calculation has been subject to a high level review and supports the outcomes set out in the body of the report. There has been further sensitivity analysis conducted on the proposed scheme to demonstrate the scheme remains viable if a number of core factors move unfavourably. Further consideration needs to be given to how MRP may be applied to the scheme.

The Capital bid for the new care facility was agreed by Council as part of the 2018/19 Capital Programme, with a total budget of £7m.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister (Consultant)

On behalf of the Director of Law, I have read the report in full. The construction contractor will be procured in accordance with a tender process carried out in a fair and transparent way pursuant to the requirements under the Public Contract Regulations 2015 and the Council's Contract Procedures Rules. There are no barriers within the existing constitution that prevents the recommendation for delegation of authority of powers to the nominated officers by the Cabinet. Accordingly, I confirm there appears to be no adverse external legal implications arising from the recommendations proposed.

Moving forward, the Council's internal Legal and Assets teams will provide support on ensuring that the required agreements with Health partners adequately protect the Council's position.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

The proposed facility will address the health inequalities currently experienced in some areas of the Borough. It will also strengthen our communities through its focus on maintaining independence and intergenerational living. All arrangements for procuring, constructing and operating the residential, health and communities facilities will need to comply with equalities legislation.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified at this stage

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Developing a new model of residential care for older people in Thurrock, fit for the 21st Century, a Report to Cabinet 13 December 2017 available at <https://democracy.thurrock.gov.uk/ieListDocuments.aspx?CId=129&MId=5209&Ver=4>

9. Appendices to the report

- Appendix 1 – Likely contributors towards future Adult Social Care Need
- Appendix 2 - Whiteacre / Dilkes Wood. South Ockendon Community Hub Vision, Pollard Thomas Edwards, March 2018

Report Author:

Christopher Smith
Programme Manager
Adults, Housing and Health

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APPENDIX 1

Likely contributors towards future Adult Social Care Need

It is expected that, without the implementation of effective preventative measures, demand for adult social care services in the future is likely to increase. Modelling work undertaken by the Personal Social Services Research Unit (PSSRU)¹ in 2015 predicted there to be significant increases in the numbers of older people accessing social care services. Their base-case scenario is shown below:

Table 1: Projected % growth in numbers of older people accessing social care services in England, 2015-2035

	% growth 2015-2035
Direct payment users	63%
Home care users	
Publicly-funded users	86%
Privately-funded users	49%
Care home residents	
Publicly-funded residents	49%
Privately-funded residents*	110%

Source: PSSRU, 2015

* The higher proportional increase in privately-funded care home residents is likely to be attributed to the growing number of older people who own their own homes, and therefore would not be eligible for local authority-funded support

The above assumptions make no allowance for changes in the prevalence of underlying health/disability, or the patterns of service use – they are mainly linked to population growth. However it is not as simple as aligning expected increased demand for adult social care with population growth. A report by Bolton (2016)² which considered likely factors for predicting future demand for adult social care listed a range of variables which could significantly influence this. The data below describes Thurrock's position relating to the *demographic* and *health status factors*; however the author felt that the way care is delivered (e.g. how assistive technology is used, or support for self-care embedded in assessment approaches), effective partnership working and availability of provision (e.g. extra care housing) were also important factors in estimating future need.

a) The ageing population

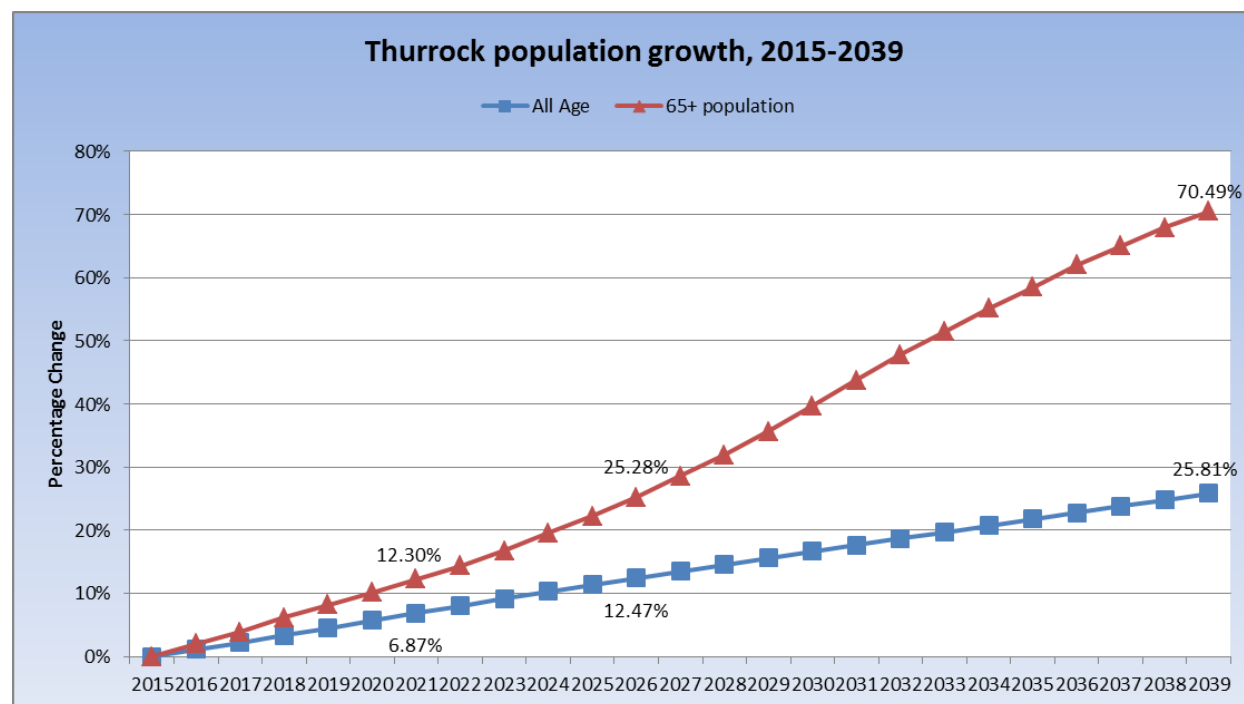
It is known that nationally the population is living longer, albeit not necessarily healthier, lives. Whilst it is expected that in Thurrock, the population might grow by 6.87% by 2021, this is almost doubled in those aged 65+ (12.3%), and this age group is expected to increase at a much higher rate for all years after this date. Quantifying this, there are an estimated 22,839 people aged 65+ in

¹ Wittenberg, R. and Hu, B. (2015) *Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035*. Personal Social Services Research Unit, Discussion Paper 2900. Available from: <http://www.pssru.ac.uk/pdf/DP2900.pdf> [Accessed on 8th August 2017]

² Bolton, J. (2016) *Predicting and managing demand in social care*. Available from: https://ipc.brookes.ac.uk/docs/John_Bolton_Predicting_and_managing_demand_in_social_care-IPC_discussion_paper_April_2016.pdf [Accessed 8th August 2017]

Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. *[Note that these estimates do not incorporate planned housing and regeneration development within the borough as accurate numbers and timelines are not yet known. The true rate of growth could be even higher once these are accounted for].* Those aged 65+ are the highest users of Adult Social Care services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services with fewer working age people that can be taxed to pay for this increased demand.

Figure 1: Thurrock projected population increase, 2015-2039



Source: ONS Sub-National Population Projections, 2014

b) Wealth of the older population

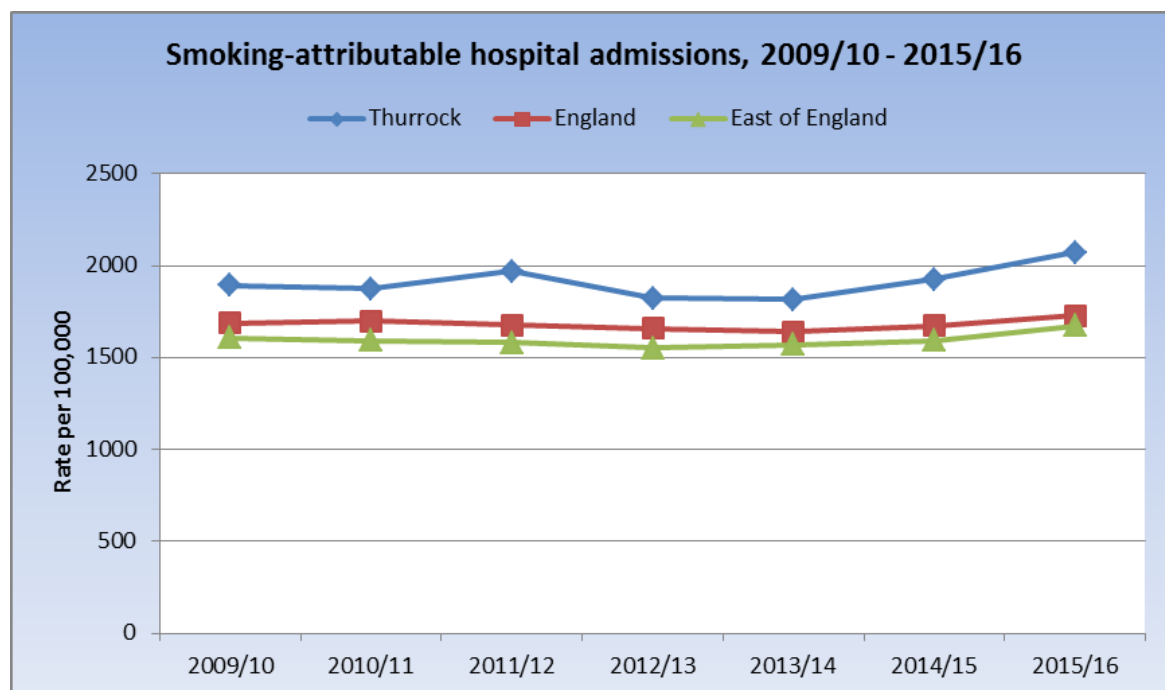
The income of the older population should be considered when looking at future demand for social care. Wealthier older people are likely to live longer with better overall health, but they are also less likely to approach the Council for help unless they run out of money to self-fund. There is generally more demand for social care services from areas of high deprivation. Looking at the 2015 data from the Income Deprivation Affecting Older People's Index (IDAOPI), Thurrock has 17.4% of its population aged 60+ years in pension credit (guarantee) households, which is above the national average of 16.2%. This however ranges within the borough, with some GP practice populations having only 9.5% of their older population in deprivation, and others having up to 29.6% of their GP practice population in deprivation.

c) Lifestyle behaviours

The health of the adult population in Thurrock is varied. Two lifestyle elements where Thurrock has particularly high numbers of people undertaking risky behaviours relate to smoking and obesity. The latest data indicates that 20.8% of adults in Thurrock are current smokers, and that 70.3% are

overweight or obese. If adults are not supported to stop smoking or lose weight, there will be added demand to both health and social care services. This can already be seen with relation to hospital admissions attributable to smoking, which have been significantly higher than the national and regional averages since 2009/10. If these smokers continued to smoke and subsequently developed a long term condition such as COPD or lung cancer, this could then have further impacts on requirements for social care packages.

Figure 2: Smoking-attributable hospital admissions



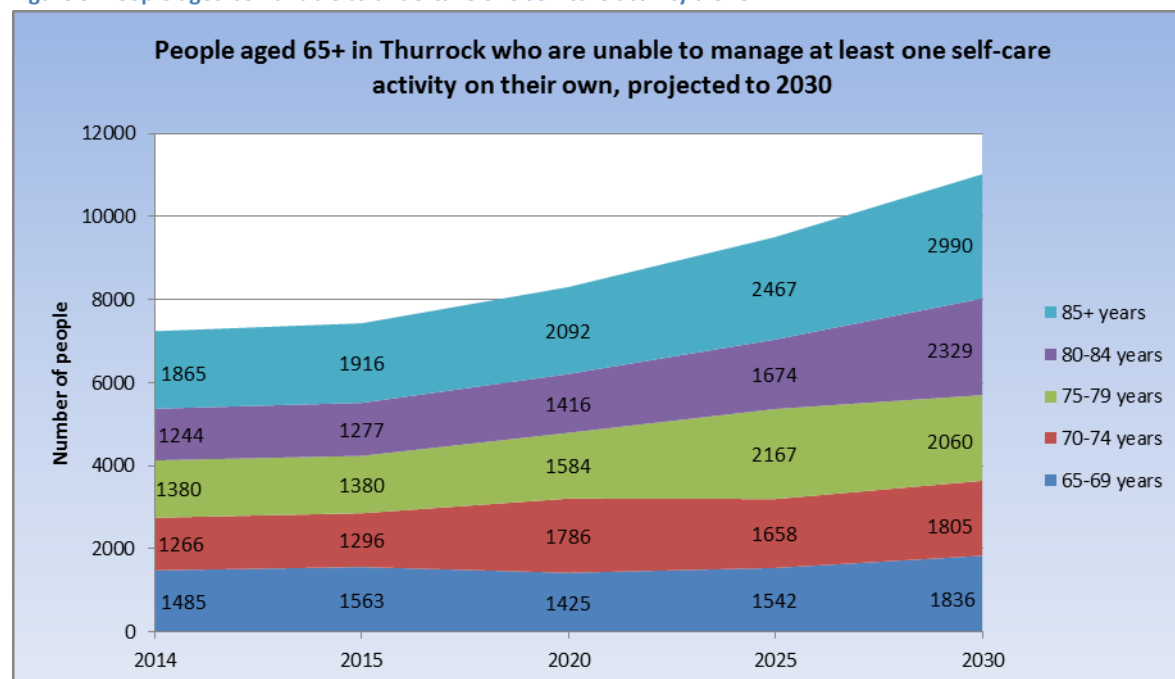
Source: Hospital Episode Statistics and Public Health England

Overweight and obesity is known to be a contributor towards development of further long term conditions such as Diabetes and also increases risk of having a Stroke. This again would also lead to increased demand on both hospital and social care resources. [Further information on this can be found in the [2016 Annual Public Health Report](#) on System Sustainability.]

d) The impact of long term conditions on patients' ability to self-care

It is known that approximately 70% of health and social care budgets are spent on treating those with long term conditions, and that older people are more likely to develop them. These conditions can have a debilitating effect on people's ability to care for themselves, resulting in reliance on Adult Social Care support. The figure below shows the estimated increase in people over 65 years who cannot undertake even one self-care activity alone and therefore will be requiring support from Adult Social Care. Whilst the total number in 2015 was 7,432, this is projected to increase to 11,020 by 2030, which is an increase of 48.3%. The largest increase is seen in the 80-84 year age group, which sees an increase of 82.4% between 2015 and 2030. Residents in their 80s are already the largest users of residential care, so this is likely to increase demand from that age group.

Figure 3: People aged 65+ unable to undertake one self-care activity alone

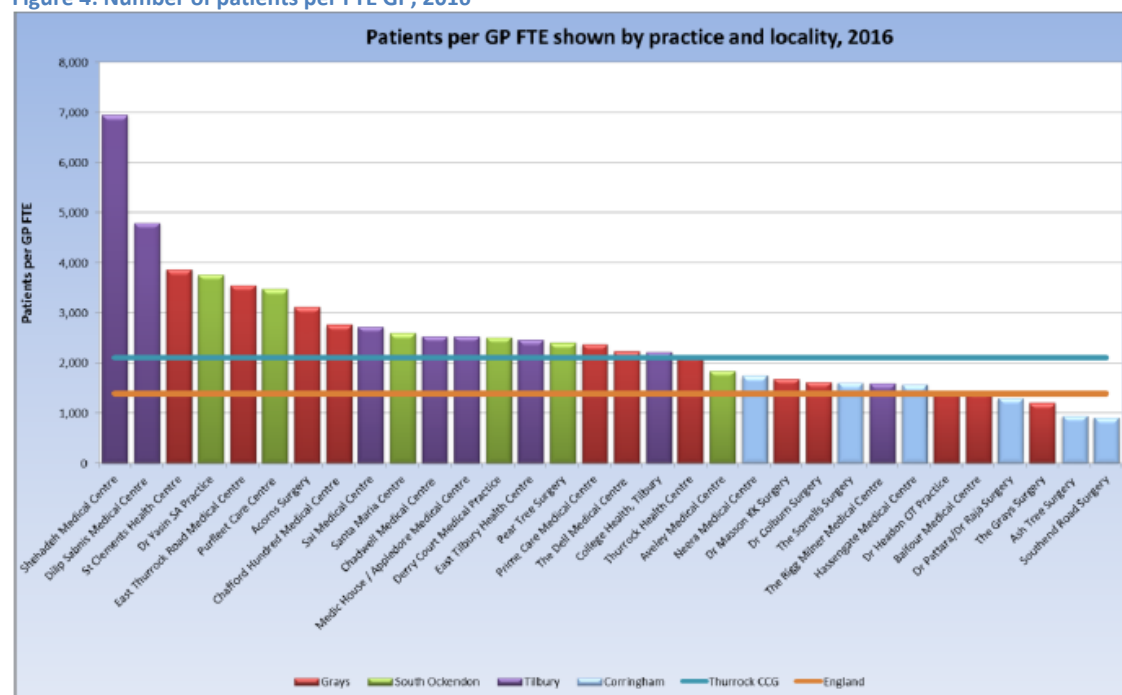


Source: Projecting Older People's Population Information (POPPI) system

e) Access and quality of healthcare being received

Thurrock is the fourth-most under-doctored CCG in the country, and all bar five practices have patient: GP ratios that are higher than the England mean. Access to good quality primary care services is paramount in keeping patients well, detecting healthcare needs early and preventing further deterioration where possible.

Figure 4: Number of patients per FTE GP, 2016



Source: NHS Digital

A similar picture can be seen when it comes to practice nursing staff – Thurrock has a chronic shortage of nurses across the borough.

In addition, there is wide variation in the quality of clinical management of long term conditions at GP practice level, with many patients not receiving good quality care. This could include processes such as standard reviews not being undertaken, ineffective blood pressure control, flu vaccinations in vulnerable patients not being undertaken, and lack of onward referrals when identified to be at risk of further deterioration. This in turn can lead to further demand on hospital and social care services.

Undiagnosed long term conditions

Modelling work by Public Health England indicates that there are a large number of patients who have long term health conditions who are not yet diagnosed and therefore not receiving any form of treatment. Diagnosis and ongoing treatment of the additional estimated undiagnosed patients would add additional pressures to the existing primary care workforce issues – for example, modelling work by the Public Health team in 2016 estimated that one in 20 untreated hypertension patients was likely to have a stroke within three years – leading to cost pressures in social care and health care services.

Table 2: Observed and estimated patients with long term conditions, 2016

Condition	Observed Prevalence	Estimated Prevalence	Additional Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540*
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521*
COPD (2016)	1.8%	2.22%	642*
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109**

Source: Public Health England and QOF

Emergency hospital admissions

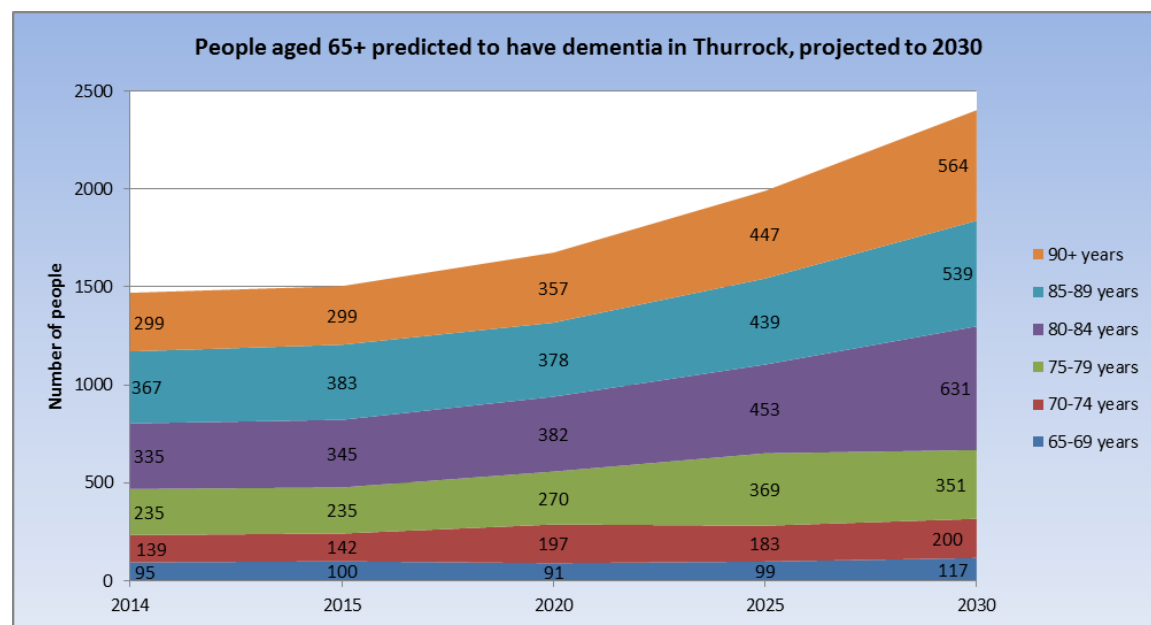
Data in the 2016 Annual Public Health Report shows there were 3,869 hospital admissions from Thurrock residents that were classified as ‘ambulatory care sensitive’ – i.e. conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples would include COPD, Diabetes and Heart Failure. These are an adverse outcome of the currently fragmented health and social care system in Thurrock, and are generally more prevalent in those aged 65+. These patients could then go on to require social care support.

f) Dementia

Dementia prevalence is known to increase with age. The graph below shows the estimated number of people aged 65+ with dementia could increase from 1,503 in 2015 to 2,401 in 2030 – an increase

of 59.7%. The largest proportional increases are seen in the 80-84 year olds (82.9%) and 90+ year (88.6%) age groups, which as mentioned previously, are age groups who are already high users of adult social care services. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. As with the other estimates of patients with undiagnosed long term conditions, this could mean their condition could worsen further if not diagnosed early.

Figure 5: People aged 65+ estimated to have dementia

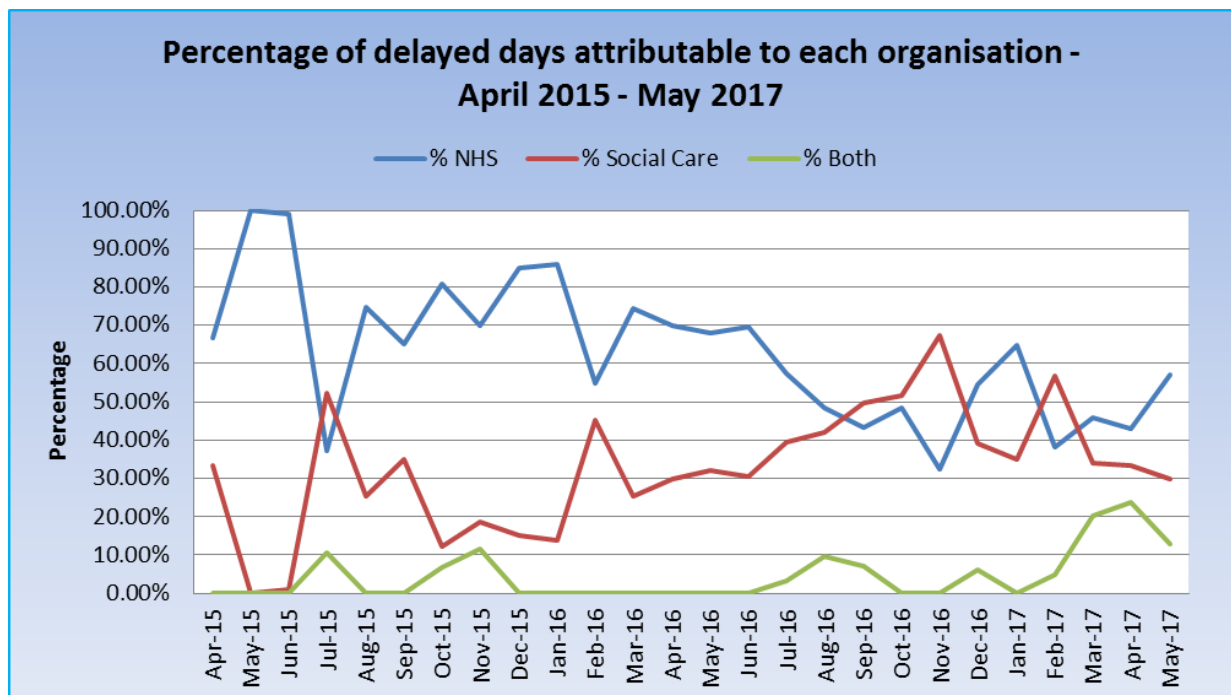


Source: Projecting Older People's Population Information (POPPI) system

g) Delayed Transfers of Care

Delayed Transfers of Care can occur for many reasons, and could be attributed to the NHS, Social Care or both organisations. Whilst the percentage of delayed days attributable to the NHS has mainly reduced each month in 2016/17 those attributable to Social Care have steadily increased. The average % for 2015/16 for Social Care was 23.14% but for 2016/17 this rose to 42.31%, which is almost double. This indicates that current provision is not adequately coping with the current level of demand.

Figure 6: Percentage of delayed days attributable to each organisation



Source: NHS England

What does this mean for the future population?

- As described above, the future population is likely to have a higher proportion of older people than the current population.
- There are pockets within Thurrock of income inequality, meaning some areas have larger numbers of older people in deprivation who are more likely to be eligible for, and access, adult social care services. Wider government changes could mean this inequality persists into the future.
- There are many adults in Thurrock who are not exhibiting healthy lifestyles. Large numbers of smokers and obese adults could lead to development of further long term conditions, thereby increasing need and demand for care in the future.
- Primary care quality and capacity in Thurrock is varied, and is having an impact on future health and social care use.
- There are potentially large numbers of patients with as-yet undiagnosed long term health conditions who, if not diagnosed and treated, could increase demand on future health and social care services.
- The varied quality of healthcare currently being offered could continue to impact on the numbers of patients seen in Basildon Hospital for conditions for which an admission should have been preventable.
- The expected increase in those unable to self-care and those with dementia are also likely to increase demand on future health and social care services.
- The increase in proportion of delayed transfers of care days that are attributable to Adult Social Care is reflecting a system that has not been able to contend with the demand, and the health issues outlined above are unlikely to reduce this.
- Taken together, the projected increase in older people and the identified health care issues are likely to contribute towards an increase in complexity of future social care packages.

A recent publication by Kingston *et al* (2017³) generated some estimates of future demand for care home provision in the over 65 population in England. Applying elements of their methodology to the Thurrock population, it can be seen that, accounting for changes in the health status and life expectancy of the future population as well as population growth, the need for care home places is expected to increase – with an estimated 410 additional places required by 2035.

Table 3: Care Home places required in Thurrock, 2017 and 2035

Care Places Needed in Thurrock	2017	2035	Additional Number Needed	% increase
Medium need	107	208	101	94.81%
High need	344	652	309	89.81%
TOTAL	451	860	410	90.99%

Source: Kingston *et al*, ONS and Thurrock Council

There are a number of programmes underway to address some of the expected increase in demand, including:

- Long term condition case management programmes (e.g. hypertension detection)

³ Kingston, A. *et al* (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31575-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31575-1/fulltext) [Accessed 26th September 2017]

- Implementation of a revised primary care workforce model to increase capacity and streamline working processes
- Construction of four Integrated Medical Centres
- Procurement of an Integrated Data Solution across different systems within primary, community, secondary, mental health and social care
- A Falls Prevention Pilot programme
- Living Well at Home
- Social prescribing
- Local Area Coordination
- Well Homes
- Rapid response assessment service

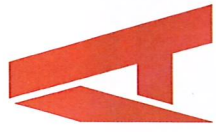
It should be noted that the impact of the above work programmes may take time to become apparent, and that it will be a combination of initiatives that result in wider system change.

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Dilkes Wood

South Ockenden Community Hub Vision

March 2018



bd

Architect
of the Year
Awards 2017

Winner of the Housing
Architect of the Year

**Pollard
Thomas
Edwards**



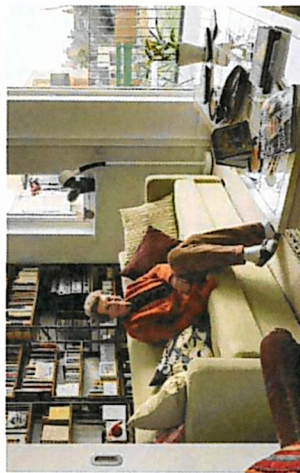
1.0 The Vision

Pollard Thomas Edwards has been working with Thurrock Council on expanding their offer for older people since the 2011 South Essex Commission of Enquiry. Subsequent development work has most recently included the design of 52-78 Calcutta Road in Tilbury with a wide range of stakeholders, and initial feasibility studies on Collins House and Dilkes Wood.

This brief report focuses on South Ockendon, and outlines Thurrock's vision for the town centre.

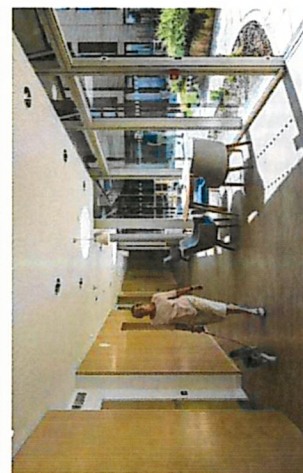
The vision for South Ockendon seeks to renew focus on the town centre, through provision of new health and community facilities and new exemplar residential accommodation for the ageing population.

The integration of a new 'hub' for South Ockendon has the potential to be a catalyst for the regeneration of the town centre and to serve the planned substantial increase of housing in the borough.



PTE PROJECTS, FROM TOP LEFT

1. NEW GROUND CO-HOUSING, BARNET
2. PRIORY ROAD, HAPINGEY
3. NEW GROUND CO-HOUSING, BARNET
4. CALCUTTA ROAD, TILBURY
5. ST PETERS & ST ANDREWS, HACKNEY
6. ST PETERS & ST ANDREWS, HACKNEY



2.0 Background

The HAPPI report - Housing our Ageing Population: Panel for Innovation - used best practice examples from the UK and Northern Europe to demonstrate that "Housing for older people should become an exemplar for mainstream housing". In addition to showing projects that might be expected to attract buyers on the open market, and many of them do just that, the report highlighted the following characteristics across the twenty four case studies:

- good levels of daylight, without overheating from solar gain;
- generous space and storage standards;
- good connections to the surrounding residential areas, including an inviting street presence
- good connections to planting with seasonal variations
- clear, navigable internal layouts
- high standards of energy sustainability

While these characteristics are all features of well designed housing, they also address issues of specific concern to older people.

Developments in Third Age housing since HAPPI

The principle established by the HAPPI report and evidenced by an increasing number of successful developments since its publication, is that our lives are very likely to be longer and healthier if we remain active and sociable. The circumstances of older people tend to cause inactivity and isolation - UK, and indeed Northern European, society is only starting to acknowledge that we do not cease to be citizens, with the social and economic contributions that this implies, as we get older. The abolition of any 'official' retirement age in the UK has proved an important step in changing culture.

While we may continue to work and will want to participate in fulfilling activities, from going out to eat to volunteering, our physical and cognitive abilities will begin to decline. We will find it more difficult to get around, and will need more daylight. A significant number



THE HAPPI REPORT

of us will develop dementia - one in six of the over eighties have the condition.

Designed using the principles above, new 3rd Age housing has a crucial role to play in helping minimise the restrictions that age-related conditions place on our activities. In fact, the single greatest health risk as we age is isolation, said to be comparable to smoking 15 cigarettes a day and to increase the likelihood of mortality by 26%, and here the right location and good design can make all the difference.

For most of the second half of the twentieth century sheltered housing has been sited on inexpensive land far from town or city centre activities, with poor or non-existent public transport. This meant that not only was it very difficult for residents who didn't drive to go to the shops or take part in any sociable activity outside the home, but it also made it very difficult for friends and family to visit. This was not intentional, but rather the persistence of the old almshouse culture of retirement from society, combined with an expectation of gratitude that residents were provided with a roof over their heads.

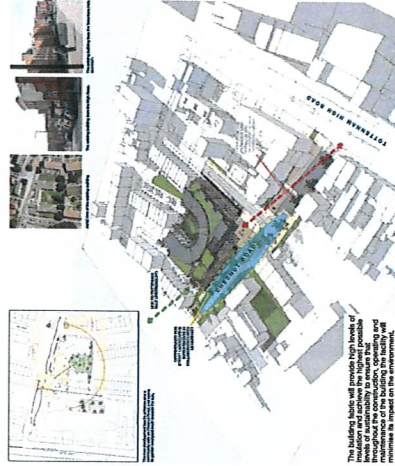
New 3rd Age housing, then, in addition to the design characteristics already outlined, must:

- offer a variety of locations, all of which have access to social facilities
- attract people to live there. Many older sheltered schemes only attract and retain residents because there is no alternative or offer
- accommodate a variety of levels of social care. Bathrooms in particular need to be appropriately sized, though should not have a medical appearance

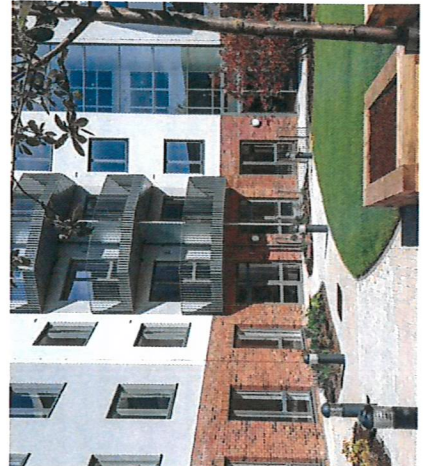
The award-winning PTE / One Housing Protheroe House in Tottenham exemplifies these characteristics, and some of the key features of the design are illustrated opposite. A visit is needed to appreciate that, with its bar, pizza cafe and contemporary interiors, Protheroe House does not feel like the 100% affordable development that it is. Nor is the provision of ten re-ablement flats, leased with twenty four hour care by two local health trusts, reflected in any suggestion of a medical or institutional character in the building. Protheroe has proved very popular, with residents of the previous sheltered scheme on the site choosing to move back after two years, despite the disruption involved.

At Protheroe, providing age-appropriate homes for local older people has not only improved their quality of life, but also maintained the vital social capital of their local networks of friends and family.

1. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review Julianne Holt-Lunstad et al 2015



The building future will provide high levels of levels of care and support to support possible needs and choices in a high quality environment. The building will be designed to be flexible, the building and its environment will be designed to be flexible and responsive to the needs of the residents.



This urban design study for Protheroe House uses planting to reinforce connections to the High Street, and marks the building entrance with double height glazing to the gardens and a distinctive metal-clad box visible from the distance of the main road.



3.0 Extending HAPPI benefits to care

3.1 Residential care examples

Progressive providers have been exploring ways of integrating nursing care better with the community for a number of years. Two examples from HAPPI illustrated here look at having palliative care right at the centre of a holiday village in southern Sweden – Postiljonen, and a retirement to care campus in a suburb of Zurich – Giebleich.



POSTILJENEN, SWEDEN

In 1997 the Royal Borough of Kensington and Chelsea (RBKC) asked PTE to look at replacing the Ellesmere care home on the Fulham Road with a new facility with better space standards, purpose-built dementia wings and outpatient rehab unit. All this was to be paid for by private sale apartments on the street side.

As originally conceived, the ground floor of the street frontage would house an RBKC day centre, with an 'activity street' bringing local older people and others with care needs into the heart of the development to share facilities with residents. In fact this management strategy was not implemented, but the principle of mixing private residential with care facilities on one site was established.

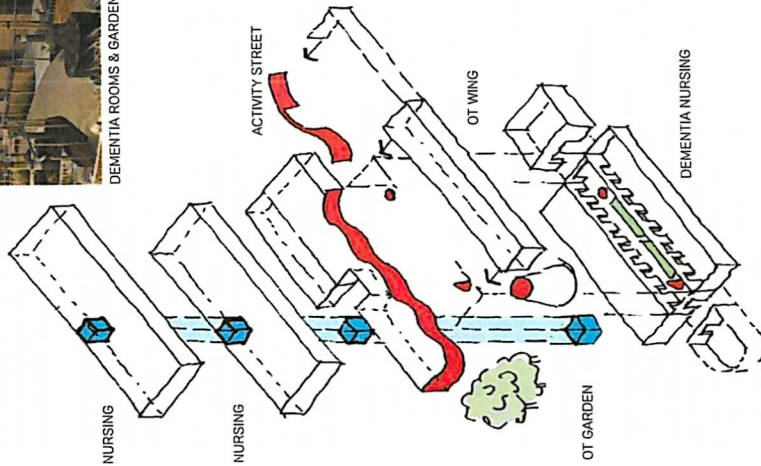
Since the completion of Ellesmere House, PTE has been working on designs that promote the social elements of daily activity for those with high care needs. The relationship of care rooms to communal space has been intensively investigated with Nightingale Hammerson, and with Jewish Care (see following pages).



GIEBLEICH, ZURICH



DEMENTIA ROOMS & GARDEN

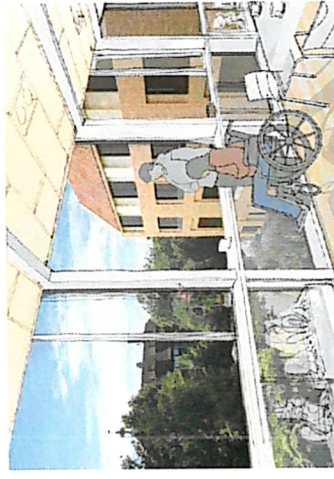


Nightingale Hammerson (NH) is a charitable organisation providing holistic quality care, assistance and support to older Jewish people in a safe and stimulating environment using dedicated and trained staff and volunteers.

The average age of residents in the new Hammerson House, which is about to go on site, will be in the early to mid nineties, and most will be in need of nursing care. NH have taken the opportunity of the redevelopment to put into practice some of the lessons learnt during the rolling refurbishment and extension of their Clapham care home, Nightingale House.

The new development is arranged in six 'households' of eighteen to twenty bedrooms. Each household has a lounge and Namaste sensory room, with an activity kitchen and dining room positioned so that it can open up to the corresponding space in the adjacent household.

In this way, successful group activities such as art as well as mealtime socialising can be encouraged while retaining



ACTIVITY KITCHEN STUDY

TYPICAL HOUSEHOLD PLAN



PROPOSED HAMMERSON HOUSE, THE BISHOP'S AVENUE, BARNET, PTE



ELLESMERE PRIVATE SALE APARTMENTS, PTE

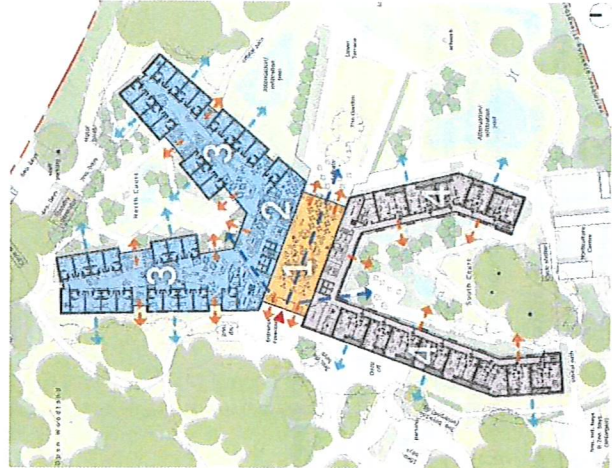
3.0 Extending HAPPI benefits to care

3.2 Case study: Princess Alexandra

Because the Stanmore green belt location of Jewish Care's Princess Alexandra care home is remote from transport links, the redeveloped care campus will have to generate its own social life. This need for a critical mass of residents helped persuade Harrow Council of the need to increase the proposed quantum of development in the green belt.

The new building will house 64 one and two bedroom independent living flats, 48 nursing bedrooms in four clusters and 16 independent living studios. This represents a similar collocation to Jewish Care's Golders Green campus. Where the new development will differ is in the design of the nursing clusters, which have been developed from the 'Belong' model pioneered in the North West, and in the provision of larger assisted living studios. Belong villages aim to "create communities that are part of the real world so that life doesn't stop when people move in, but on the contrary, actually expands".

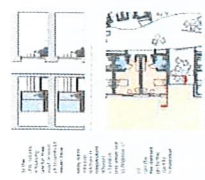
Where Belong households have ten or eleven residents, the Stanmore clusters will have sixteen rooms around social facilities with generous daylight and access to gardens or roof terraces. The two clusters on each floor can also share a central social space looking out onto a secure garden.



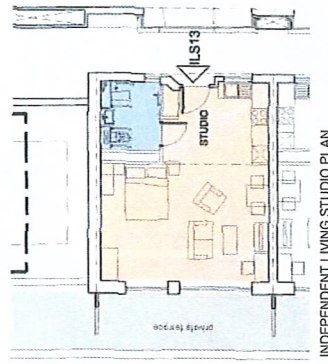
PRINCESS ALEXANDRA CARE HOME, NOW DEMOLISHED

At 40m² the suites will be simple and spacious, with a large adaptable main space that encourages residents to personalise their homes with their own furniture and pictures. Each home has its own roof terrace, with views of the gardens and wider landscape.

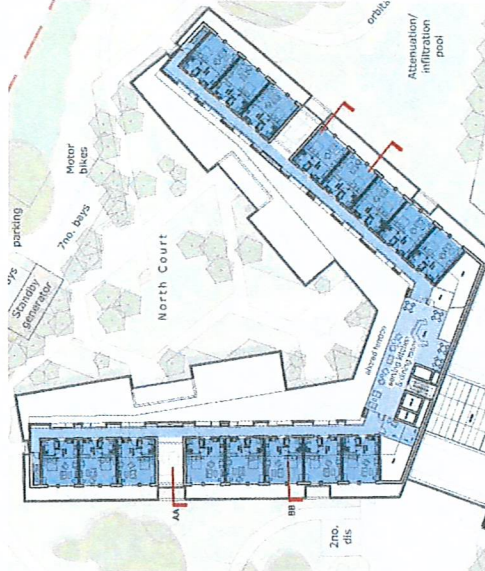
The indicative furniture layout shown might suit an active resident who prefers open plan living. It is equally possible to configure the flat with an enclosed kitchen or to provide a hobby area in the area shown used as a bedroom. All the possible configurations share generous east or west facing windows, with brise soleil dividing the balconies into private, though linked, external spaces, and mitigating summer overheating. The design has been developed to ensure that there are no north facing studios.



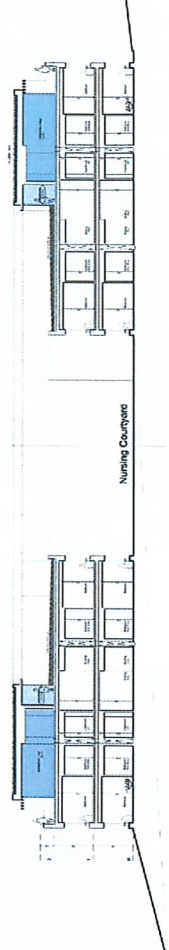
NURSING CARE CLUSTERS



INDEPENDENT LIVING STUDIO PLAN



INDEPENDENT LIVING STUDIOS PLAN



SECTION THROUGH THE NURSING CARE WINGS, INDEPENDENT STUDIOS HIGHLIGHTED

The Independent Living Studios cater for those residents who do not need full nursing care but do require more support than those in Independent Living Flats. It is anticipated that some residents will move from Independent Living flats, perhaps on the death of a partner, as well as suiting the old and frail who do not need the size and expense of a flat, but have no nursing care requirement.

Located above the two floors of nursing care, they allow Independent Living residents to have as much independence as possible in the knowledge that the Nursing Care catering and care facilities are immediately available should they be required.

Cooking facilities are provided, although the Independent Living residents are likely to take most meals in their rooftop dining room, perhaps using its communal terrace in fine weather, or socialising in the ground floor restaurant.

Bathrooms are wheelchair accessible wetrooms, fitted out to a care-ready specification with a domestic appearance.

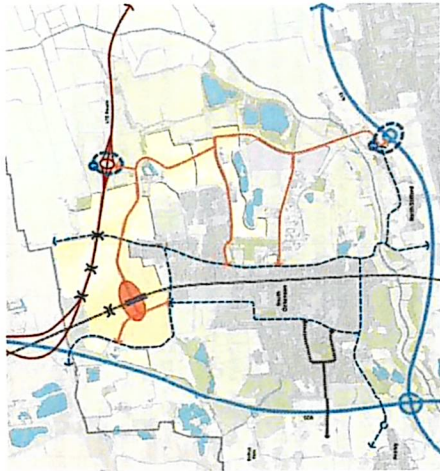
1. COMMUNITY HUB
2. DEMENTIA DAY CENTRE
3. NURSING CARE
4. INDEPENDENT LIVING APARTMENTS

4.0 Dilkes Wood/Whiteacre Site

South Ockendon is located in the Borough of Thurrock in the County of Essex. There is good access to Central London via the C2C rail line and A13 main road, and to the national motorway network via the nearby M25.

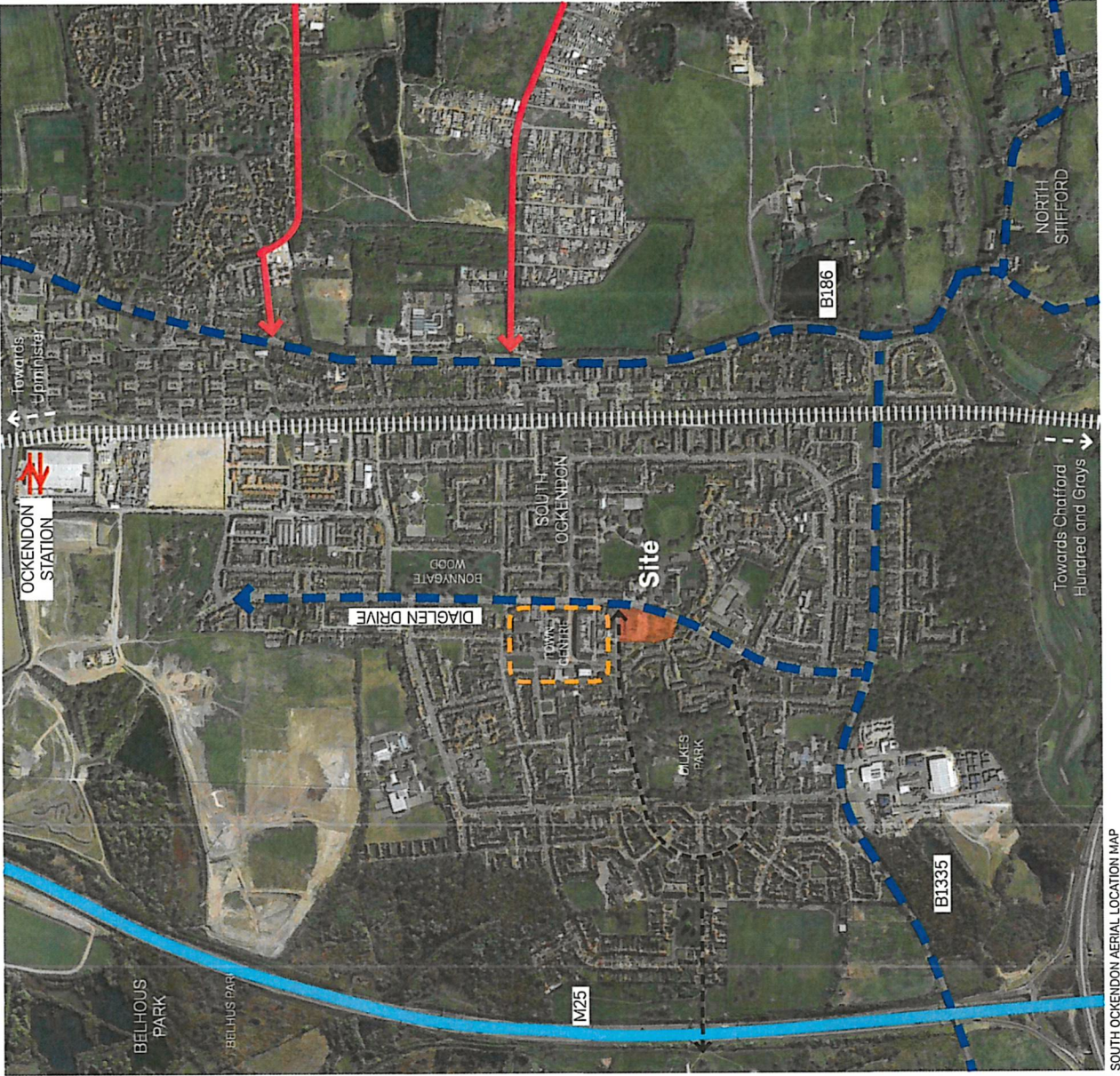
The South Ockendon Concept Development Framework (July 2017) included proposals for the new Lower Thames Crossing, and a focus on regeneration specifically around the train station, with the potential to draw activity away from the existing Town Centre.

The Dilkes Wood Whiteacre site is located due south of the existing town centre, located along Diaglen Drive, highlighted as a key structural street in the town in the previous study.



EXTRACT FROM SOUTH OCKENDON CONCEPT DEVELOPMENT FRAMEWORK, JULY 2017

- Primary Infrastructure Street
- Existing Key Structural Street
- Existing Motorway
- Potential Link over M25
- Railway



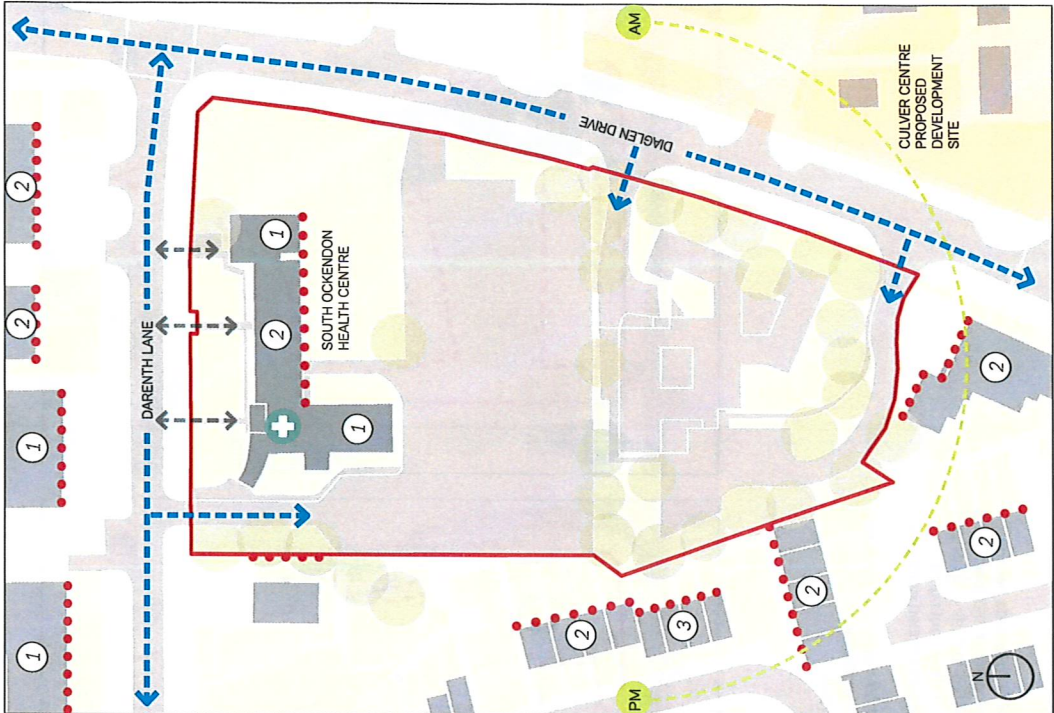
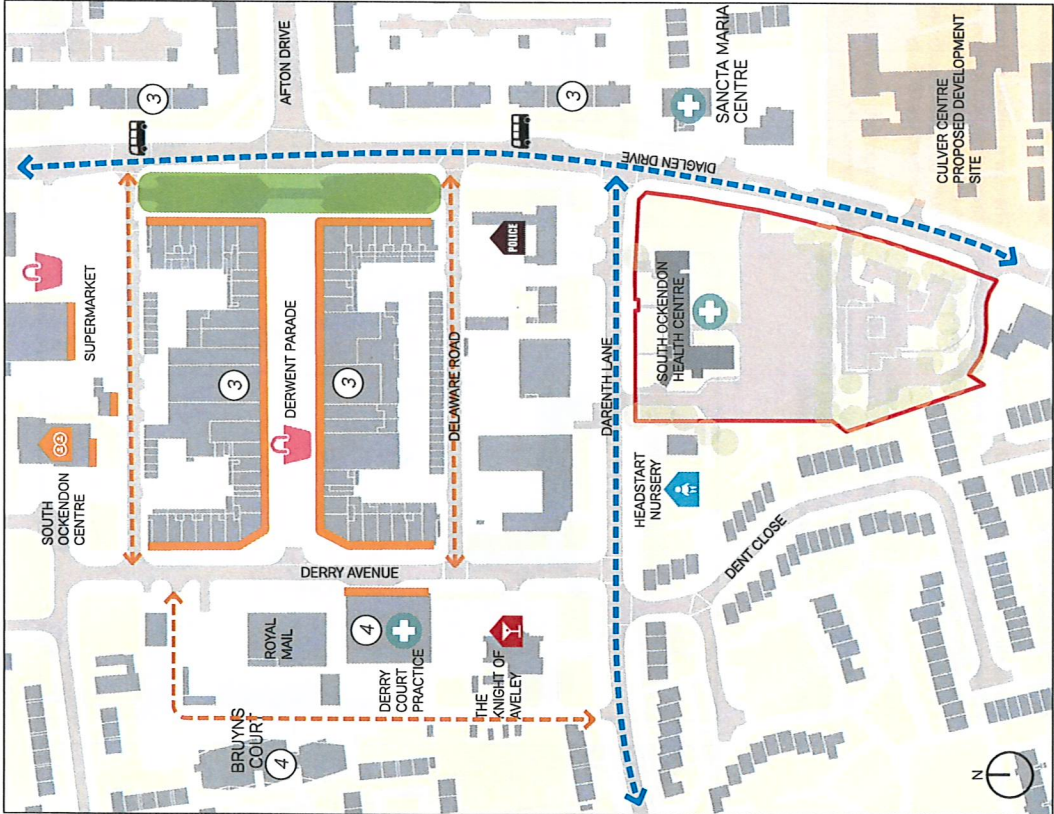
SOUTH OCKENDON AERIAL LOCATION MAP

5.0 Opportunities & Constraints

The town centre is focused around Derwent Parade. The main vehicular routes are along Diaglen Drive and Darent Lane. The built form of the town centre consists of a series of low-rise stand-alone buildings in the round, with the backs of the 3 storey Derwent Parade shopping streets defining poorly overlooked back streets.

The Dilkes Wood/Whiteacre site is currently derelict, with the existing South Ockendon Health Centre occupying the north of the site on Darent Lane. There are existing trees to the south.

The site is overlooked to the west by 2 and 3 storey houses. The buildings surrounding the site are predominantly low rise.



OPPORTUNITIES AND CONSTRAINTS - SITE

OPPORTUNITIES AND CONSTRAINTS - WIDER CONTEXT

6.0 Site Development Options

The Dilkes Wood/Whiteacre site offers an opportunity to provide exemplary residential accommodation for people with varying levels of need, while creating a new community-led focus to the town centre.

The scheme also unlocks the potential for a new community facility to replace existing provision in the South Ockendon Centre on the other side of the town centre.

South Ockendon Centre

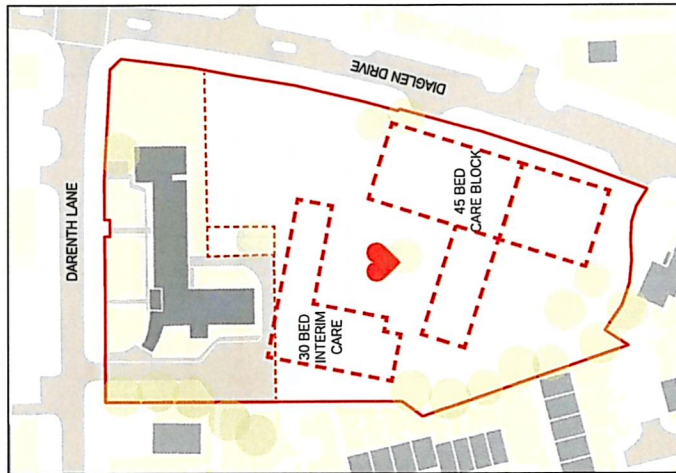
The existing centre is popular with residents. It has a wide range of services and activities and creates a strong community focus. Its location is currently disconnected from the town centre.

The proposal reproduces an improved version, offering better fit-for-purpose accommodation. The location adjacent to the new HAPPI accommodation, alongside the existing nursery provision, provides better connections and opportunities for inter-generational activity.

South Ockendon Health Centre

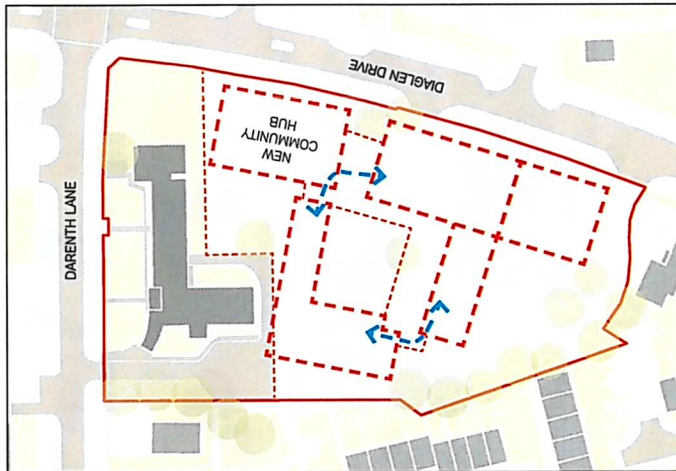
The new development has potential to provide new and improved medical facilities in the centre of the town. This could include reprovided GP facilities for Derry Court and South Ockendon Health Centre. This is contingent on buy-in from the NHS and may require phased demolition.

In this scenario, the new health hub could be progressed as a community hub/integrated Health Centre, and a new Health Hub for this area of Thurrock.



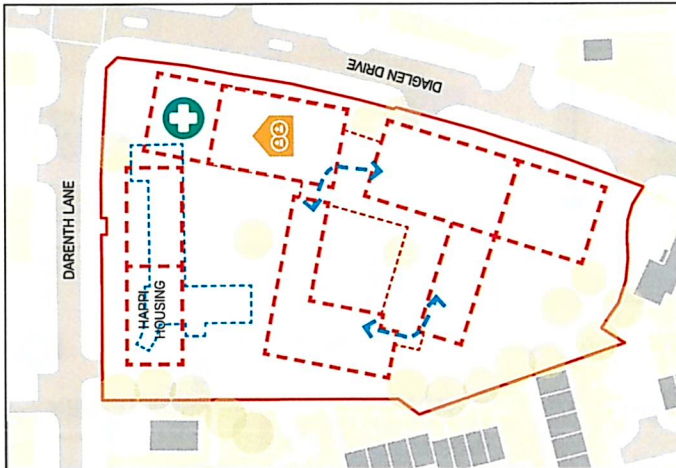
Phase 1

- 45 new HAPPI flats to replicate Collins House provision – independent flats which are care-ready – built on Dilkes Wood/Whiteacre site;
- 30 bed interim Care provision – short term care
- Two buildings could be arranged around a secure central resident garden



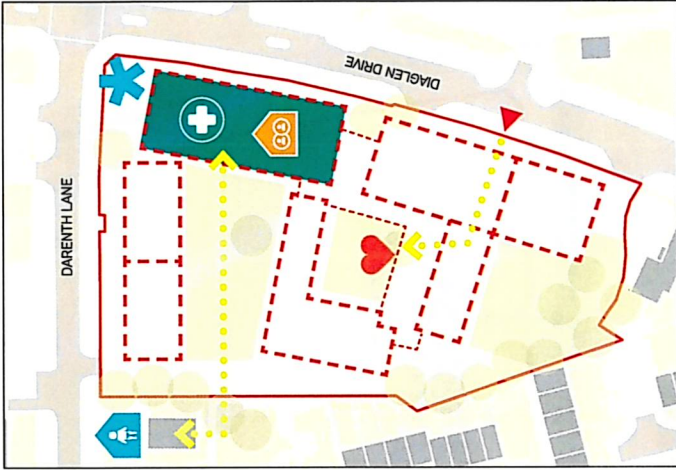
Phase 2

- New Community Hub/Health Hub building located toward junction between Diaglen Drive and Darenth Lane
- Community hub with connections to new 75 bed residential scheme
- Could be built without need to decant South Ockendon Health Centre



Phase 3

- Dependent on South Ockendon Health Centre buy-in, new Community Hub could provide provision as integrated Medical Centre
- New HAPPI housing could be built on site of SOHC creating frontages on to Darenth Lane



Phase 4

- Integrated HAPPI community-led site within South Ockendon town centre, providing new community hub focus, residential homes and provision for interim care
- Intergenerational opportunities with the existing nursery

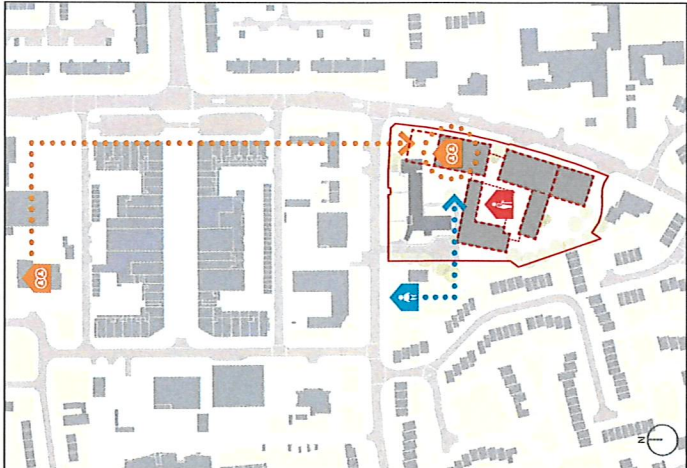
7.0 South Ockendon Hub options

Development of the Dilkes Wood/Whiteacre site potentially provides further opportunities for the regeneration of South Ockendon town centre.

The creation of a new community hub, focusing on health, well-being and community, and the careful redevelopment of key sites in the town centre could act as a catalyst for the regeneration of the town centre and bring a focus back to the commercial hub of the town.

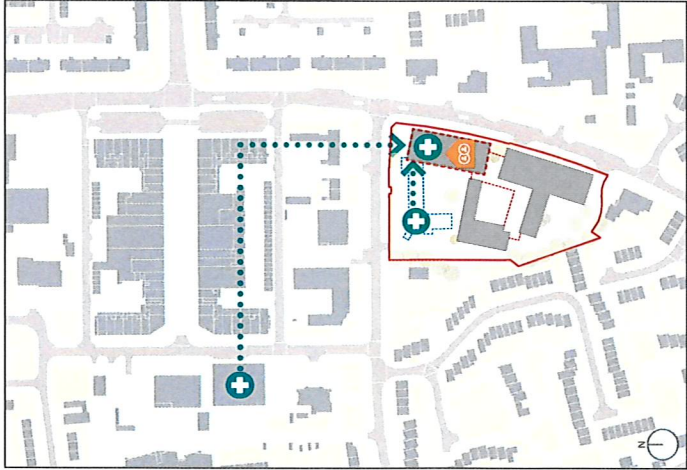
Thurrock has identified a series of sites which could be brought forward as part of this wider regeneration scheme. New residential for the older population within the town-centre could provide much needed accommodation, while encouraging life and activity in the town centre during the day.

Opportunities to improve connectivity, bringing in health and well-being facilities alongside key community offers, and providing intergenerational activities could provide a vibrant balanced community focus to the town.



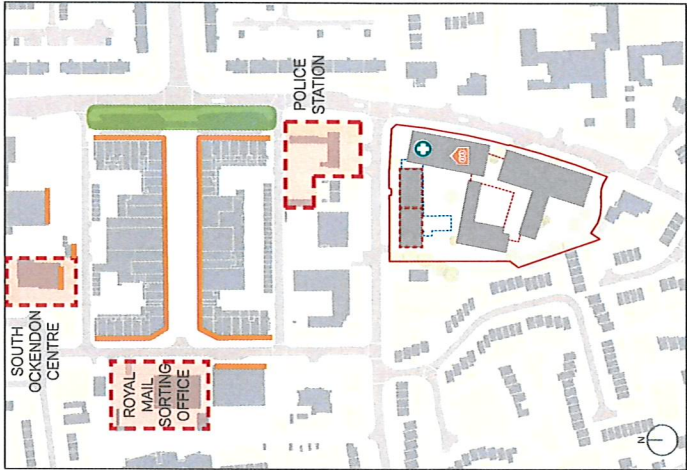
Phase 1

- 75 new HAPPI homes to Dilkes Wood/Whiteacre site, including 45 independent care-ready homes and a 30-bed interim care provision
- Potential reprieve of existing South Ockendon Centre into new Community Hub as part of new development
- Potential connections with Headstart nursery and new residential/community hub for intergenerational opportunities



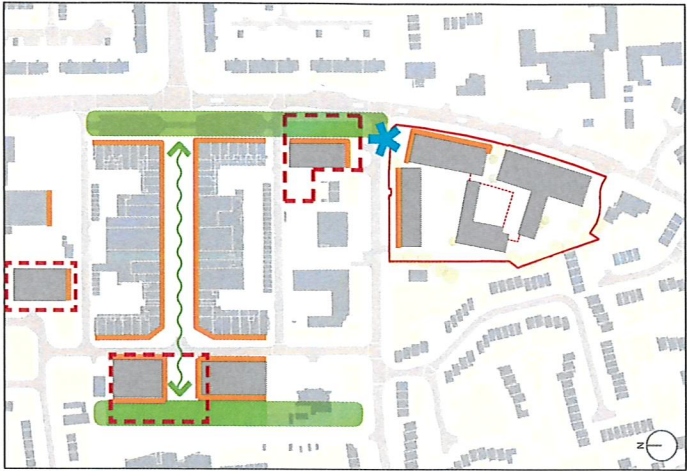
Phase 2

- Potential development of Community Hub into integrated Medical Center and Health Hub
- Decant of existing South Ockendon Health Centre and Derry Court practice into new Medical Centre to release land for development



Phase 3

- Identify potential development sites in the town centre
- South Ockendon Centre occupies a back-street site behind the Derwent Parade shopping precinct
- Derwent Parade culminates in single storey Royal Mail Sorting office – no destination – with Bruyins Court hidden behind accessed only by a laneway
- South Ockendon Police station occupying key site on green route to new Hub



Phase 4

- Potential new development on site of Royal Mail sorting office to create more active frontage and a better setting for Bruyins Court.
- Development on the Police Station site could extend active frontage along enhanced public realm, leading to new Community Hub

