

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

Housing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **18 December 2018**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Gerard Rice (Chair), Luke Spillman (Vice-Chair), James Baker, Clare Baldwin, Andrew Jefferies and Joycelyn Redsell

Lynn Mansfield, Housing Tenant Representative

Substitutes:

Councillors John Allen, Steve Liddiard, Terry Piccolo, Jane Potheary and Pauline Tolson

Agenda

Open to Public and Press

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To approve as a correct record the minutes of the Housing Overview and Scrutiny Committee meeting held on 2 October 2018.	
3 Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declaration of Interests	
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Queries regarding this Agenda or notification of apologies:

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

Agenda published on: **10 December 2018**

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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:

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- 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 Housing Overview and Scrutiny Committee held on 2 October 2018 at 7.00 pm

Present:	Councillors Gerard Rice (Chair), Luke Spillman (Vice-Chair), Clare Baldwin and Andrew Jefferies
Apologies:	Lynn Mansfield, Housing Tenant Representative and Councillor Redsell
In attendance:	Roger Harris, Corporate Director of Adults, Housing and Health Richard Birchett, Interim Head of Housing Tisha Sutcliffe, Democratic Service 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.

9. Minutes

The minutes of the Housing Overview and Scrutiny Committee meeting held on 10 July 2018 were approved as a correct record.

10. Urgent Items

There were no items of urgent business.

11. Declaration of Interests

There were no declarations of interest.

12. Fire Safety Update

Presented by the Interim Assistant Director Housing, Richard Birchett, the report updated Members on the fire safety measures undertaken by the Council and addressed the question of retrospective installation of sprinklers in the Council's 15 high rise blocks.

An ongoing programme of improvements within the 15 high rise blocks were implemented and all safety critical issues were rectified immediately and as part of the programme smoke and heat detectors were installed in each individual flat.

The high rise flats were designed to be safe buildings for residents and there was nothing to indicate otherwise. Since the incident with Grenfell Tower the key issues were rectified within the borough, which was evident when an incident took place in George Tilbury House. The fire only affected the flat where the fire started, the flat below with water ingress and the windows of

the flat above. During the incident the Fire brigade advised residents to stay inside their properties as it would have been the safest place. The fire doors in the building were there to prevent the smoke and heat for around 30 minutes as confirmed through a fire inspection.

Fire suppressant and sprinkler systems became mandatory for all high rise buildings over 30 metres in height in England in 2007. However building regulations are not retrospective and therefore it is not a requirement to fit them into the 15 high rise blocks. Sprinkler systems are in place in the bin rooms on the ground floor which were monitored by the concierge and control rooms.

It was estimated the total cost of retrospectively fitting sprinkler systems into the 15 high rise blocks would cost around 3.3million, although there had been £10,000 granted for each high rise block from ECFRS this would not fund the installation of sprinklers.

The Chair asked for an update on the Guidance and Regulations from the Government on fire doors, as the information available to the council and set out in the report was limited. The Interim Assistant Director Housing, Mr Birchett advised that there were on-going discussions between the Government and the fire door manufacturers on the type of testing that would be required on all new fire doors..

Councillor Spillman expressed how disappointed he was with the lack of information in the report as during the last Full Council meeting, Members had asked for information to be clarified and he did not feel this was done.

The Interim Assistant Director Housing, Mr Birchett specified that a review was completed and a range of safety measures were in place in the high rise blocks, and there had been no specific direction from the Government to owners of high rise blocks to retrospectively install sprinklers.

Councillor Spillman highlighted that other Local Authorities had installed the sprinklers and at Full Council it was unanimously voted for the report to be brought back with more information.

The Corporate Director of Adults, Housing and Health, Mr Harris agreed to bring the report back to Committee, and confirmed that the Government had not issued any guidance or regulation on retrospectively fitting sprinklers in high-rise blocks..

Councillor Jefferies said the biggest reassurance for residents was to feel safe in their properties. He went on to ask for more information regarding the George Tilbury House incident.

The Corporate Director of Adults, Housing and Health, Mr Harris explained the fire took place in one flat and the fire brigade attended rapidly and the fire was immediately put out. An analysis was done after the fire and it confirmed

that water penetrated to the flat below and smoke impacted on the exterior windows of the flat above. There were only 4 flats affected by the fire.

The Interim Assistant Director Housing, Mr Birchett explained to the Committee, the fire took around 40 minutes to be put out, and it was tackled through the front door. The report from the fire brigade indicated that the fire doors worked appropriately along with the landing fire restrictions.

Councillor Jefferies advised that if the fire brigades felt the sprinklers were needed then this would have been included in the report, however there were no recommendations.

Councillor Rice explained that there would need to relevant funding for the sprinklers.

The Corporate Director of Adults, Housing and Health, Mr Harris advised that a report regarding the budget would be presented at the following Committee, and the Local Authority would require external support as there is no funding in the HRA.

RESOLVED:

1.1 The Committee is asked to comment on the contents of the report and the ongoing fire safety work undertaken by the housing service to ensure all council rented properties are safe.

13. Housing Green Paper on Social Housing and consultation on use of Right to Buy receipts

The report was introduced by the Interim Assistant Director Housing, Mr Birchett, which gave an update of the Housing Green Paper on Social Housing and consultation on use of Right to Buy receipts.

The Government issued the Social Housing Green Paper on 14 August 2018 proposing “fundamental reform to ensure social homes provide an essential, safe, well managed service for all those who need it”. The Green Paper puts forward a number of proposals and seeks respondents’ views on a range of issues, including new proposals for “league tables” for social landlords, a new inspection regime, proposals to extend the ways in which social tenants can buy their homes and the intention to withdraw measures that would have forced councils to sell high value property when empty and to provide fixed term tenancies. This report follows the chapter headings set out in the Green Paper, including the questions posed by Government and provides comment where appropriate.

Alongside the Green Paper the government published consultation seeking views on options for reforming the rules governing the use of Right to Buy receipts from the sale of council houses and whether they should reform the commitment that every additional home sold is replaced on a one for one basis. The Consultation would be coming to an end on 9 October 2018. One

of the main points in the Consultation would allow a 3 month period during which the Local Authority could return receipts without any interest added.

The Chair asked if as a Local Authority would the receipts of a Right to Buy properties be able to replace a newly built property otherwise the Local Authority were being forced to sell a property by legislation.

The Interim Assistant Director Housing, Mr Birchett outlined that build costs in Thurrock were relatively high and sale values were relatively low and it would be difficult to develop schemes to deliver one for one replacements of homes sold through the Right to Buy and the receipt for the Right to Buy properties would not cover the cost of a newly built properties. There were currently no headroom in the HRA for additional borrowing to build more homes.

Councillor Spillman asked for the number of Council properties being sold each year and when the last time there were properties put forward. The Corporate Director of Adults, Housing and Health, Mr Harris confirmed an average of 100 properties per year and 3 schemes were put forward around 2-3 years ago which had been approved by Planning and would potentially be built by 2020. The Local Authority would be more than happy to build more homes in Thurrock however there is no funding for these properties.

RESOLVED:

1.1 That the main points of the Government's Social Housing Green Paper be noted.

14. Verbal Update on Additional Licensing of Houses of Multiple Occupancy Consultation

The Interim Assistant Director Housing, Mr Birchett updated the Committee on the implementation of the Mandatory licensing for Houses of Multiple Occupancy. He advised that the Mandatory scheme had come into being on Monday 1 October and that there had been 61 applications either for a Licence or for a temporary suspension of the need for a licence pending the disposal of the property. 24 of the applications were not known to the Licensing team. There were large amounts of Houses of Multiple Occupancy within the borough and Officers were working closely with them. The Consultation on Additional Licensing had been well received and majority feedback was from residents who wanted Additional licensing across the Borough. The next stages in implementing licensing would be brought back to the December meeting.

RESOLVED:

1.1 That the Housing Overview and Scrutiny Committee commented on the information shared.

15. Work Programme

Members discussed the Housing Overview and Scrutiny Work Programme for the upcoming meetings. The Vice-Chair requested for an updated report on the Fire safety in High rise blocks, he also requested for a review on the out of hours response and sheltered accommodation.

The following reports were to be added to the work programme:

- Older people's Health and Housing annual report
- Housing allocation review
- Additional Licensing scheme (update)
- HRA business plan
- Further report on Fire safety
- Sheltered Housing / Out of House response.

The meeting finished at 7.45 pm

Approved as a true and correct record

CHAIR

DATE

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

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18 December 2018	ITEM: 5
Housing Overview and Scrutiny Committee	
Fees & Charges Pricing Strategy 2019/20	
Wards and communities affected: All	Key Decision: Non-Key
Accountable Assistant Director: Carol Hinvest - Assistant Director of Housing Management	
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

This report specifically sets out the charges in relation to services within the remit of this Overview and Scrutiny Committee. All of the charges dealt with are for the General Fund by the Housing Service. Charges will take effect from the 1 April 2019 unless otherwise stated. In preparing the proposed fees and charges, Directorates have worked within the charging framework and commercial principles set out in Section Three of the report.

Further director delegated authority will be sought via Cabinet to allow Fees and Charges to be varied within financial year in response to commercial requirements.

The full list of proposed charges is detailed in Appendix 1 to this report. The proposed deletion of current fees and charges are detailed in Appendix 2 to this report.

1 Recommendations

- 1.1 That Housing Overview and Scrutiny Committee note the revised fees, including those no longer applicable, and that Housing Overview and Scrutiny Committee comment on the proposals currently being considered within the remit of this committee.**
- 1.2 That Housing Overview and Scrutiny Committee note that director delegated authority will be sought via Cabinet to allow Fees & Charges to be varied within a financial year in response to commercial requirements.**

2 Background

2.1 The paper describes the fees and charges approach for the services within the Housing Scrutiny Committee remit for 2019/20 and will set a platform for certain pricing principles moving forward into future financial years.

2.2 The paper provides narrative for the General Fund aspects of the Housing area and includes:

- Existing Houses in Multiple Occupation (HMO) License
- Future HMO licenses – legislative changes
- Housing Enforcement Notices
- Penalty Charges – Housing Planning Act 2016
- Penalty Charges – Smoke & Carbon Monoxide Alarm Regulations 2015
- Energy Efficiency Regulations 2015
- Non-Statutory Housing Reports
- Mobile Homes Act 2013
- Travelers Sites

2.3 The fees & charges that are proposed are underpinned in some instances by a detailed sales and marketing plans for each area. This will ensure delivery of the income targets for 2019/20, for ease these are summarised below for Housing fees and charges income codes.

2.4 Housing Figures

Service	Last Year Outturn 17/18	Revised Budget 18/19	Forecast Outturn 18/19	Proposed Budget 19/20
Housing (general fund)	(264,551)	(413,200)	(413,200)	(414,500)

2.5 The individual service streams are summarised below

Service	Last Year Outturn 17/18	Revised Budget 18/19	Forecast Outturn 18/19*	Proposed Budget 19/20
Private Sector Housing	(25,640)	(43,700)	(43,700)	(45,000)
Travelers Sites	(238,911)	(369,500)	(369,500)	(369,500)
Housing (GF)	(264,551)	(413,200)	(413,200)	(414,500)

Note – Forecasted Outturn position is as of August 2018

3 Thurrock Charging Policy

3.1 The strategic ambition for Thurrock is to adopt a policy on fees and charges that is aligned to the wider commercial strategy and ensures that all services cost recover.

3.2 Furthermore, for future years, while reviewing charges, services will also consider the level of demand for the service, the market dynamics and how the charging policy helps to meet other service objectives.

3.3 Rather than set a blanket increase across all service lines, when considering the pricing strategy for 2019/20 some key questions were considered.

- Where can we apply a tiered/premium pricing structure

- How sensitive are customers to price (are there areas where a price freeze is relevant)
 - What new charges might we want to introduce for this financial year
 - How do our charges compare with neighboring boroughs
 - How do our charges compare to neighboring boroughs and private sector competitors (particularly in those instances where customers have choice)
 - How can we influence channel shift
 - Can we set charges to recover costs
 - What do our competitors charges
 - How sensitive is demand to price
 - Statutory services may have discretionary elements that we can influence
 - Do we take deposits, charge cancellation fees, and charge an admin fee for duplicate services (e.g. lost certificates.)
- 3.4 For Housing, examples of where a tiered charging structure has been used are:
- Houses in Multiple Occupation – are tiered based on the number of persons (units), and whether the landlord is accredited or unaccredited.
 - Non-Statutory Housing reports – are tiered based on number of bedrooms in the accommodation
 - Enforcement Notices – are tiered around the number of hazards in conjunction with the number of bedrooms in the accommodation
 - Mobile Homes site licensing – is tiered around number of pitches.
- 3.5 The following key changes occurred for 2019/20 fees and charges:
- Housing in Multiple Occupation threshold has changed, lowering the requirement to HMO with 3 occupants requiring licensing.
 - HMO early adopter discounts scheme charges have been removed.
 - Mobile Home site licensing fees and charges have been introduced
 - Housing charges have generally increased in line with inflation, subject to rounding.

4 Proposals and Issues

- 4.1 The fees and charges for each service area have been considered and the main considerations are set out below.
- 4.2 A council wide target of £8.912m has been proposed within the MTFS for additional income generation in respect of fees and charges income for 2019/20. This represents a 7.5% increase on the 18/19 income generation target and takes into consideration actual performance during the financial year 18/19.
- 4.3 For Housing Services the increase equates to a target of £414k to be secured through a blend of demand increase from residents, implementation of extended mandatory HMO licensing, mobile home site licensing and an increase in fees and charges for 2019/20.

- 4.4 To allow the Council services to better respond to changes in the commercial environment for fees and charges; delegated authority will be sought through Cabinet to permit the Director of the Service Area jointly with the Director of Commercial Services to vary service charges within financial year due to commercial considerations.
- This will allow service areas, providing services on a traded basis to vary their fees and charges to reflect commercial and operational considerations that impact the cost recoverability calculations.
 - Any changes to Fees and Charges due to commercial considerations will require the consultation with, and agreement of, the relevant Portfolio Holder.
- 4.5 Unless indicated otherwise, Housing fees and charges for 2019/20 will increase in line with RPI (retail price index) forecast for 2019/20 of circa 2.9% (subject to rounding).
- 4.6 The following sections outline the fees and charges implications for the individual service streams.

5 Existing Houses in Multiple Occupation (HMO) Licenses

- 5.1 The HMO license fee is regulated under Section 63(3) of the Housing Act 2004. This allows the Council to set its fee taking into account all costs it incurred in carrying out its licensing function. This has been done for all license applications for up to 5 years.
- 5.2 The regulations do not allow the Council to make a surplus by increasing its license fee above the fully loaded costs of issuing a license.
- 5.3 The early adopter discount scheme which ran until October 2018 will not be repeated.

6 Future HMO licenses – legislative changes

- 6.1 Extending Mandatory HMO Licensing guidance has been issued by Parliament. As a result the legislation changes were implemented from October 2018. This shall increase the license requirement potentially for up to 300 properties, for up to 5 years.
- 6.2 In addition, the PSH Team is running a public consultation exercise to consider implementation of an Additional Licensing scheme in Thurrock. This proposed scheme will license small HMO properties with 3 or more people who are unrelated living together and sharing basic amenities such as bathroom or kitchen. This could conservatively cover around 100 – 400 properties, but could be significantly higher and therefore staffing implications will have to be considered to manage the scheme. All licensing income must be ring fenced to administer the licensing scheme as per the regulatory guidance on HMO license fees. Subject to the results of the consultation and Cabinet approval it will be implemented from April 2019.
- 6.3 Fees and charges for small HMO properties will be the same as the mandatory licensing scheme fees. No early adopter discount scheme will for FY19/20 will be offered.

7 Housing Enforcement Notices

- 7.1 Housing enforcement notices are discretionary charges. The council will only serve an Improvement Notice on the landlord if this is the 'only way' of protecting the health and safety of the occupiers requiring the landlord to meet the minimum housing standards. The Housing Act 2004 allows the Councils to charge for the service of legal notices under the Act. The regulations state the costs should be reasonable and auditable.
- 7.2 Charges for Housing Enforcement which were restructured and increased in FY18/19, these will remain unchanged for the FY19/20 period, whilst the impact of these changes is assessed fully.

8 Penalty Charges – Housing Planning Act 2016

- 8.1 Legislative changes under this Act allow the Council to serve civil financial penalties for certain housing offences under the Housing Act 2004.
- 8.2 Civil penalties cover:
- Failure to comply with an improvement notice [section 30]
 - Offences in relation to licensing of HMO [section 72]
 - Offences in relation to licensing of houses under Part 3 of the Act [Section 95]
 - Offences of contravention of an overcrowding notice [section 139]
 - Failure to comply with management regulations in respect of HMO [section 234]
- 8.3 The standard of proof must meet a criminal prosecution standard to serve a Civil Financial Penalty.
- 8.4 The Council charge applied is scalable from the published minimum fee up to a maximum of £30k; at the discretion of the Private Housing service based on the severity, repetition and cooperation of the third party in resolving the issues.
- 8.5 Under this framework the Council retain the financial penalty imposed rather than the Courts for the fine paid as punishment for the offence. This new income from civil penalties must be ring fenced on private housing enforcement activities as per the regulation guidance.
- 8.6 This will be a transparent process which will be outlined in the council statement of principles, to be issued with the new fee structure. Appeals may also be made against the civil penalty charge, with the charge varied or waived dependent on individual mitigating circumstances. Where non-payment occurs the civil debt recovery process will be used to recover the outstanding liabilities.

9 Smoke and Carbon Monoxide Alarm Regulations 2015

- 9.1 Legislative changes under this Act allow the Council to require the Landlord to pay a penalty charge for failing to comply with a remedial notice in regards to installing smoke and carbon monoxide alarms within a single dwelling private rented home. The amount to be charged has not been prescribed by the regulations; however, it must not exceed £5k.

- 9.2 The setting of a minimum charge of £1k increasing to the maximum sum of £5k allowed will be levied for repeated breaches within two years.
- 9.3 The service expects most landlords to comply with the law than face this financial penalty imposed by the Council.

10 Energy Efficiency [Private Rented Property] 2015

- 10.1 This new legislation will require private landlords to reach an Energy Performance Certificate (EPC) rating of E before granting a tenancy from April 1st 2018 and will apply to all tenancies from April 1 2020. Landlords with an EPC rating of band F or below G may not grant a tenancy to new or existing tenants.
- 10.2 The Private Housing Service can impose a civil penalty notice if it's satisfied that a property has been let in breach of the Regulations or if the landlord has lodged false information on the PRS Exemption Register.
- 10.3 The council will impose a civil penalty if the landlord has let a substandard property in breach of the Regulations for a period of less than 3 months scalable up to £4k at the discretion of the Private Housing Service. Also, if the landlord has registered false formation or misleading information on the PRS Exemptions Register it will impose the maximum fine of £1k.

11 Housing Non Statutory Reports

- 11.1 This traded service relates to charging providers of supported accommodation such as a children's care home or hostel requiring Houses in Multiple Occupation (HMO) reports to satisfy their local authority providers they comply with HMO management regulations and local amenity standards.
- 11.2 This variable charge depends on the size of the dwelling and number of hazards identified on carrying out the inspection, to recover our fully loaded administration costs.

12 Mobile Homes Act 2013

- 12.1 The Mobiles Homes Act provides greater protection to occupier's rights of residential park homes and caravans with planning permission under Part III of the Town and Country Planning Act 1990.
- 12.2 Under this Act it allows for licensing of '*relevant protected sites*' to ensure they are properly managed and health safety standards are maintained. A relevant protected site is defined in the Act as any land to be used as a caravan site with planning consent.
- 12.3 The council can charge a licensing fee for this function that includes
- A licence fee for application to grant or transfer a licence or an application to alter the conditions of a licence
 - An annual licence fee for administering and monitoring licences
- 12.4 Examples of relevant protected sites are typically residential parks, mobile home parks, and or Traveller sites.
- 12.5 There are exemptions to this legislation where a caravan site licence is not required under the Caravan Sites and Control of Development Act 1960. For

example

- Use within curtilage of a dwelling house
- Use by a person travelling with a caravan for one or two nights
- Use of holdings of five acres or more in certain circumstances
- Sites granted for holiday use only
- Travelling Showman sites are exempt from licensing
- It does not include sites that are owned by the council

12.6 The new fee charges cover the cost incurred by the council under its licensing functions of this Act.

13 Travelers

13.1 The Council has three Travelers Sites with a total of 64 operational plots.

Location	Number of Plots
Ship Lane, Aveley, RM15 4HB	21 plots
Gammon Field site, Long Lane, Grays, RM16 2QH	21 plots
Pilgrims Lane site, North Stifford, Grays, RM16 5UZ	22 plots

13.2 An average of 83% of the residents receive full or partial Housing Benefit.

Location	HB Percentage
Ship Lane, Aveley, RM15 4HB	100%
Gammon Field site, Long Lane, Grays, RM16 2QH	68%
Pilgrims Lane site, North Stifford, Grays, RM16 5UZ	82%

13.3 With the exception of 2018/19, previous increases have been in line with inflationary indices. This will also be the approach taken for 2019/20, which will increase the charge to £105.60p or by 2.9%.

14 Pest Control

14.1 Housing are examining the option to introduce a Pest Control service, this will be available to businesses, landlords and residents.

14.2 Currently, this service is provided only for social housing communal areas, as part of the council landlord duties. By extending this service to individual domiciles, private properties and businesses, it will allow the Council to better control the conditions within the social housing assets.

14.3 This will also permit residents and landlords to access services with the assurance that the quality, pricing and service provided are monitored, and controlled.

15 Reasons for Recommendation

15.1 The setting of appropriate fees and charges will enable the Council to generate essential income for the funding of Council services. The approval of reviewed fees and charges will also ensure that the Council is competitive with other service providers and neighboring councils. The ability to vary charges

within financial year will enable services to more flexibly adapt to changing economic conditions.

- 15.2 The granting of delegated authority to vary these charges within financial year will allow the Council to better respond to commercial challenges.

16 Consultation (including Overview and Scrutiny, if applicable)

- 16.1 Consultations will be progressed where there is specific need. However, with regard to all other items, the proposals in this report do not affect any specific parts of the borough. Fees and charges are known to customers before they make use of the services they are buying.

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

- 17.1 The changes in these fees and charges may impact the community; however it must be taken into consideration that these price rises include inflation and no profit will be made on the running of these discretionary services.

18 Implications

18.1 Financial

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

Additional income will be generated from increases but this is variable as it is also dependent on demand for the services. Increases to income budgets have been built into the MTFs.

18.2 Legal

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

Fees and charges generally fall into three categories – Statutory, Regulatory and Discretionary. Statutory charges are set in statute and cannot be altered by law since the charges have been determined by Central government and all authorities will be applying the same charge.

Regulatory charges relate to services where, if the Council provides the service, it is obliged to set a fee which the Council can determine itself in accordance with a regulatory framework. Charges have to be reasonable and must be applied across the borough.

Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act 2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the power to promote environmental, social and economic well-being under section 2 of the Local

Government Act 2000. The income from charges, taking one financial year with another, must not exceed the cost of provision.

A clear and justifiable framework of principles should be followed in terms of deciding when to charge and how much, and the process for reviewing charges.

A service may wish to consider whether they may utilise this power to provide a service that may benefit residents, businesses and other service users, meet the Council priorities and generate income.

Decisions on setting charges and fees are subject to the Council's decision making structures. Most charging decisions are the responsibility of Cabinet, where there are key decisions. Some fees are set by full Council.

18.3 Diversity and Equality

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

The Council is responsible for promoting equality of opportunity in the provision of services and employment as set out in the Equality Act 2010 and Public Sector Equality Duty. Decisions on setting charges and fees are subject to Community Equality Impact Assessment process and the Council's wider decision making structures to determine impact on protected groups and related concessions that may be available.

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

- None

19 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

20 Appendices to the report

- Appendix 1 – Schedule of Proposed Fees and Charges for 2019/20
- Appendix 2 – Schedule of Fees and Charges no longer applicable

Report Author:

Andrew Austin

Commercial Manager

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APPENDIX 1

Name of fee or Charge Housing	Statutory/Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	New, Deleted, Varied, Unchanged
HMOs 5 year License (Fees for single tenancies and shared houses) - 3 to 5 units - Landlord Accredited	D	O	£ 950.00	£ -	£ 950.00	O	£ 975.00	£ -	£ 975.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 3 to 5 units - Non Accredited	D	O	£ 1,099.00	£ -	£ 1,099.00	O	£ 1,130.00	£ -	£ 1,130.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 6 to 10 units - Landlord Accredited	D	O	£ 999.00	£ -	£ 999.00	O	£ 1,025.00	£ -	£ 1,025.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 6 to 10 units - Non Accredited	D	O	£ 1,149.00	£ -	£ 1,149.00	O	£ 1,180.00	£ -	£ 1,180.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 11 to 15 units - Landlord Accredited	D	O	£ 1,099.00	£ -	£ 1,099.00	O	£ 1,130.00	£ -	£ 1,130.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 11 to 15 units - Non Accredited	D	O	£ 1,264.00	£ -	£ 1,264.00	O	£ 1,300.00	£ -	£ 1,300.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 16 to 20 units - Landlord Accredited	D	O	£ 1,199.00	£ -	£ 1,199.00	O	£ 1,235.00	£ -	£ 1,235.00	INCREASED
HMOs 5 year License (Fees for single tenancies and shared houses) - 16 to 20 units - Non Accredited	D	O	£ 1,380.00	£ -	£ 1,380.00	O	£ 1,420.00	£ -	£ 1,420.00	INCREASED
New HMOs 5 year License (Fees for single tenancies and shared houses) - 21 to 29 units - Landlord Accredited	D	O	£ 1,380.00	£ -	£ 1,380.00	O	£ 1,420.00	£ -	£ 1,420.00	INCREASED
New HMOs 5 year License (Fees for single tenancies and shared houses) - 21 to 29 units - Non Accredited	D	O	£ 1,585.00	£ -	£ 1,585.00	O	£ 1,630.00	£ -	£ 1,630.00	INCREASED
New HMOs 5 year License (Fees for single tenancies and shared houses) - 30 or more units - Landlord Accredited	D	O	£ 1,600.00	£ -	£ 1,600.00	O	£ 1,645.00	£ -	£ 1,645.00	INCREASED
New HMOs 5 year License (Fees for single tenancies and shared houses) - 30 or more units - Non Accredited	D	O	£ 1,840.00	£ -	£ 1,840.00	O	£ 1,890.00	£ -	£ 1,890.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 3 to 5 units - Landlord Accredited	D	O	£ 475.00	£ -	£ 475.00	O	£ 485.00	£ -	£ 485.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 3 to 5 units - Non Accredited	D	O	£ 546.00	£ -	£ 546.00	O	£ 560.00	£ -	£ 560.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 6 to 10 units - Landlord Accredited	D	O	£ 500.00	£ -	£ 500.00	O	£ 515.00	£ -	£ 515.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 6 to 10 units - Non Accredited	D	O	£ 575.00	£ -	£ 575.00	O	£ 590.00	£ -	£ 590.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 11 to 15 units - Landlord Accredited	D	O	£ 550.00	£ -	£ 550.00	O	£ 565.00	£ -	£ 565.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 11 to 15 units - Non Accredited	D	O	£ 632.00	£ -	£ 632.00	O	£ 650.00	£ -	£ 650.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 16 to 20 units - Landlord Accredited	D	O	£ 599.00	£ -	£ 599.00	O	£ 615.00	£ -	£ 615.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 16 to 20 units - Non Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ 710.00	£ -	£ 710.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 21 to 29 units - Landlord Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ 710.00	£ -	£ 710.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 21 to 29 units - Non Accredited	D	O	£ 793.00	£ -	£ 793.00	O	£ 815.00	£ -	£ 815.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 30 or more units - Landlord Accredited	D	O	£ 799.00	£ -	£ 799.00	O	£ 820.00	£ -	£ 820.00	INCREASED
Renewable HMO's License (5 year-no changes or management regulation breaches) - 30 or more units - Non Accredited	D	O	£ 919.00	£ -	£ 919.00	O	£ 945.00	£ -	£ 945.00	INCREASED
Other Misc. Income - Change of Manager or Ownership - Landlord Accredited	D	O	£ 150.00	£ -	£ 150.00	O	£ 150.00	£ -	£ 150.00	UNCHANGED
Other Misc. Income - Change of Manager or Ownership - Non Accredited	D	O	£ 173.00	£ -	£ 173.00	O	£ 173.00	£ -	£ 173.00	UNCHANGED
Assisting with Licensing application (First 30 minutes free for accredited landlords, thereafter £50.00 per hour pro rata) - Landlord Accredited	D	O	£ 60.00	£ -	£ 60.00	O	£ 62.00	£ -	£ 62.00	INCREASED
Assisting with Licensing application (First 30 minutes free for accredited landlords, thereafter £50.00 per hour pro rata) - Non Accredited	D	O	£ 60.00	£ -	£ 60.00	O	£ 62.00	£ -	£ 62.00	INCREASED

Name of fee or Charge Housing	Statutory/ Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	New, Deleted, Varied, Unchanged
Dispersed Alarms - Lifeline Private	D	S	£ 17.00	£ 3.40	£ 20.40	S	£ 17.00	£ 3.40	£ 20.40	UNCHANGED
Failure to comply with an improvement notice [section 30] - Minimum Charge, capped at £30k maximum	D	O	£ 1,500.00	£ -	£ 1,500.00	O	£ 1,500.00	£ -	£ 1,500.00	UNCHANGED
Offences in relation to licensing of Houses in Multiple Occupation [section 72] - Minimum Charge, capped at £30k maximum	D	O	£ 2,500.00	£ -	£ 2,500.00	O	£ 2,500.00	£ -	£ 2,500.00	UNCHANGED
Offences in relation to licensing of houses under Part 3 of the Act [Section 95] - Minimum Charge, capped at £30k maximum	D	O	£ 2,500.00	£ -	£ 2,500.00	O	£ 2,500.00	£ -	£ 2,500.00	UNCHANGED
Offences of contravention of an overcrowding notice [section 139] - Minimum Charge, capped at £30k maximum	D	O	£ 1,000.00	£ -	£ 1,000.00	O	£ 1,000.00	£ -	£ 1,000.00	UNCHANGED
Failure to comply with management regulations in respect of Houses in Multiple Occupation [section 234] - Minimum Charge, capped at £30k maximum	D	O	£ 1,500.00	£ -	£ 1,500.00	O	£ 1,550.00	£ -	£ 1,550.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 1 Bed accomodation	D	O	£ 180.00	£ -	£ 180.00	O	£ 185.00	£ -	£ 185.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 2 Bed accomodation	D	O	£ 210.00	£ -	£ 210.00	O	£ 220.00	£ -	£ 220.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 3 Bed accomodation	D	O	£ 240.00	£ -	£ 240.00	O	£ 250.00	£ -	£ 250.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 4 Bed accomodation	D	O	£ 315.00	£ -	£ 315.00	O	£ 325.00	£ -	£ 325.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 5 Bed accomodation	D	O	£ 369.00	£ -	£ 369.00	O	£ 380.00	£ -	£ 380.00	INCREASED
New Non Statutory Housing Reports - HMO reports for support providers - 6 Bed accomodation	D	O	£ 480.00	£ -	£ 480.00	O	£ 495.00	£ -	£ 495.00	INCREASED
Travellers Charges - Rent/ Water/ Amenity	D	O	£ 102.60	£ -	£ 102.60	O	£ 105.60	£ -	£ 105.60	INCREASED
Offences for Smoke & Carbon Monoxide Alarm Regulations non compliance	D	O	£1000 initial fine, increasing to £5000 for repetition within 2 years.	£ -	£1000 initial fine, increasing to £5000 for repetition within 2 years.	O	£1000 initial fine, increasing to £5000 for repetition within 2 years.	£ -	£1000 initial fine, increasing to £5000 for repetition within 2 years.	UNCHANGED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - 1 Bed accomodation	D	O	£ 342.00	£ -	£ 342.00	O	£ 355.00	£ -	£ 355.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - 2 Bed accomodation	D	O	£ 385.00	£ -	£ 385.00	O	£ 400.00	£ -	£ 400.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - 3 Bed accomodation	D	O	£ 428.00	£ -	£ 428.00	O	£ 440.00	£ -	£ 440.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - 4 Bed accomodation	D	O	£ 513.00	£ -	£ 513.00	O	£ 530.00	£ -	£ 530.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - 5 or 6 Bed accomodation	D	O	£ 556.00	£ -	£ 556.00	O	£ 575.00	£ -	£ 575.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 1 to 4 Hazards - over 6 Bed or HMO accomodation	D	O	£ 670.00	£ -	£ 670.00	O	£ 690.00	£ -	£ 690.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - 1 Bed accomodation	D	O	£ 428.00	£ -	£ 428.00	O	£ 440.00	£ -	£ 440.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - 2 Bed accomodation	D	O	£ 470.00	£ -	£ 470.00	O	£ 485.00	£ -	£ 485.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - 3 Bed accomodation	D	O	£ 513.00	£ -	£ 513.00	O	£ 530.00	£ -	£ 530.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - 4 Bed accomodation	D	O	£ 612.00	£ -	£ 612.00	O	£ 630.00	£ -	£ 630.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - 5 or 6 Bed accomodation	D	O	£ 655.00	£ -	£ 655.00	O	£ 675.00	£ -	£ 675.00	INCREASED
Private Housing Services - Housing Enforcement Notices - 5 or more Hazards - over 6 Bed or HMO accomodation	D	O	£ 726.00	£ -	£ 726.00	O	£ 750.00	£ -	£ 750.00	INCREASED
Private Housing Services - Housing Non Statutory work for Border Agency (per case)	D	O	£ 161.00	£ -	£ 161.00	O	£ 165.00	£ -	£ 165.00	INCREASED
Offences for Energy Efficiency Regulations 2015 non compliance - registered false or misinformation on PRS Exemption Register capped at 1k	D	O	£ 1,000.00	£ -	£ 1,000.00	O	£ 1,000.00	£ -	£ 1,000.00	UNCHANGED
Offences for Energy Efficiency Regulations 2015 non compliance - sub standard property let with EPC E or below ,capped at 4k	D	O	£ 1,000.00	£ -	£ 1,000.00	O	£ 1,000.00	£ -	£ 1,000.00	UNCHANGED
Mobile Home Licensing Fee [1- 10 pitches]							£ -	£ -	£ -	New
Mobile Homes annual licence fee	D	O	£ -		£ -	O	£ -	£ -	£ -	New
Mobile Homes initial set up - Application Fee	D	O	£ 556.00	£ -	£ 556.00	O	£ 556.00	£ -	£ 556.00	New
Application to Transfer a Site Licence	D	O	£ 253.00	£ -	£ 253.00	O	£ 253.00	£ -	£ 253.00	New

Name of fee or Charge Housing	Statutory/Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	New, Deleted, Varied, Unchanged
Application to Amend a Site Licence	D	O	£ 319.00	£ -	£ 319.00	O	£ 319.00	£ -	£ 319.00	New
Mobile Home Licensing Fee [11- 20pitches]								£ -	£ -	New
Mobile Homes annual licence fee	D	O	£ -	£ -	£ -	O	£ -	£ -	£ -	New
Mobile Homes initial set up - Application Fee	D	O	£ 600.00	£ -	£ 600.00	O	£ 600.00	£ -	£ 600.00	New
Application to Transfer a Site Licence	D	O	£ 253.00	£ -	£ 253.00	O	£ 253.00	£ -	£ 253.00	New
Application to Amend a Site Licence	D	O	£ 319.00	£ -	£ 319.00	O	£ 319.00	£ -	£ 319.00	New
Mobile Home Licensing Fee [21- 50 pitches]								£ -	£ -	New
Mobile Homes annual licence fee	D	O	£ -	£ -	£ -	O	£ -	£ -	£ -	New
Mobile Homes initial set up - Application Fee	D	O	£ 644.00	£ -	£ 644.00	O	£ 644.00	£ -	£ 644.00	New
Application to Transfer a Site Licence	D	O	£ 253.00	£ -	£ 253.00	O	£ 253.00	£ -	£ 253.00	New
Application to Amend a Site Licence	D	O	£ 319.00	£ -	£ 319.00	O	£ 319.00	£ -	£ 319.00	New
Mobile Home Licensing Fee [51 -99 pitches]								£ -	£ -	New
Mobile Homes annual licence fee	D	O	£ -	£ -	£ -	O	£ -	£ -	£ -	New
Mobile Homes initial set up - Application Fee	D	O	£ 688.00	£ -	£ 688.00	O	£ 688.00	£ -	£ 688.00	New
Application to Transfer a Site Licence	D	O	£ 253.00	£ -	£ 253.00	O	£ 253.00	£ -	£ 253.00	New
Application to Amend a Site Licence	D	O	£ 319.00	£ -	£ 319.00	O	£ 319.00	£ -	£ 319.00	New
Mobile Home Licensing Fee [100 pitches +]								£ -	£ -	New
Mobile Homes annual licence fee	D	O	£ -	£ -	£ -	O	£ -	£ -	£ -	New
Mobile Homes initial set up - Application Fee	D	O	£ 732.00	£ -	£ 732.00	O	£ 732.00	£ -	£ 732.00	New
Application to Transfer a Site Licence	D	O	£ 253.00	£ -	£ 253.00	O	£ 253.00	£ -	£ 253.00	New
Application to Amend a Site Licence	D	O	£ 319.00	£ -	£ 319.00	O	£ 319.00	£ -	£ 319.00	New

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APPENDIX 2

Name of fee or Charge Housing	Statutory/ Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	New, Deleted, Varied, Unchanged
HMOs 5 year License (Fees for single tenancies and shared houses) - 4 to 5 people - Landlord Accredited	D	O	£ 950.00	£ -	£ 950.00	O	£ -	£ -	REMOVED\Deleted	
HMOs 5 year License (Fees for single tenancies and shared houses) - 4 to 5 people - Non Accredited	D	O	£ 1,099.00	£ -	£ 1,099.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 4 to 5 people - Landlord Accredited	D	O	£ 475.00	£ -	£ 475.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 4 to 5 people - Non Accredited	D	O	£ 546.00	£ -	£ 546.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 6 to 10 people - Landlord Accredited	D	O	£ 500.00	£ -	£ 500.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 6 to 10 people - Non Accredited	D	O	£ 575.00	£ -	£ 575.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 11 to 15 people - Landlord Accredited	D	O	£ 550.00	£ -	£ 550.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 11 to 15 people - Non Accredited	D	O	£ 632.00	£ -	£ 632.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 16 to 20 people - Landlord Accredited	D	O	£ 599.00	£ -	£ 599.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 16 to 20 people - Non Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 21 to 29 people - Landlord Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 21 to 29 people - Non Accredited	D	O	£ 793.00	£ -	£ 793.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 30 or more - Landlord Accredited	D	O	£ 799.00	£ -	£ 799.00	O	£ -	£ -	REMOVED\Deleted	
HMO's 12 month temporary License (Fee for single tenancies and shared houses) - 30 or more - Non Accredited	D	O	£ 919.00	£ -	£ 919.00	O	£ -	£ -	REMOVED\Deleted	
Renewable HMO's License (5 year-no changes or management regulation breaches) - 4 to 5 units - Landlord Accredited	D	O	£ 475.00	£ -	£ 475.00	O	£ -	£ -	REMOVED\Deleted	
Renewable HMO's License (5 year-no changes or management regulation breaches) - 4 to 5 units - Non Accredited	D	O	£ 546.00	£ -	£ 546.00	O	£ -	£ -	REMOVED\Deleted	
Other Misc. Income - License Variation - Landlord Accredited	D	O	£ 150.00	£ -	£ 150.00	O	£ -	£ -	REMOVED\Deleted	
Other Misc. Income - License Variation - Non Accredited	D	O	£ 173.00	£ -	£ 173.00	O	£ -	£ -	REMOVED\Deleted	
Other Misc. Income - Permitted number changes - Landlord Accredited	D	O	£ 150.00	£ -	£ 150.00	O	£ -	£ -	REMOVED\Deleted	
Other Misc. Income - Permitted number changes - Non Accredited	D	O	£ 173.00	£ -	£ 173.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 4 to 5 people - Landlord Accredited	D	O	£ 475.00	£ -	£ 475.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 4 to 5 people - Non Accredited	D	O	£ 546.00	£ -	£ 546.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 6 to 10 people - Landlord Accredited	D	O	£ 500.00	£ -	£ 500.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 6 to 10 people - Non Accredited	D	O	£ 575.00	£ -	£ 575.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 11 to 15 people - Landlord Accredited	D	O	£ 550.00	£ -	£ 550.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 11 to 15 people - Non Accredited	D	O	£ 632.00	£ -	£ 632.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 16 to 20 people - Landlord Accredited	D	O	£ 599.00	£ -	£ 599.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 16 to 20 people - Non Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ -	£ -	REMOVED\Deleted	
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 21 to 29 people - Landlord Accredited	D	O	£ 689.00	£ -	£ 689.00	O	£ -	£ -	REMOVED\Deleted	

Name of fee or Charge Housing	Statutory/Discretionary Charge	VAT Status 18/19	Charge excl. VAT 2018/19	VAT Amount 2018/19	Charge incl. VAT 2018/19	VAT Status 19/20	Charge excl. VAT 2019/20	VAT Amount 2019/20	Charge incl. VAT 2019/20	New, Deleted, Varied, Unchanged
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 21 to 29 people - Non Accredited	D	O	£ 793.00	£ -	£ 793.00	O		£ -	£ -	REMOVED\Deleted
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 30 or more - Landlord Accredited	D	O	£ 799.00	£ -	£ 799.00	O		£ -	£ -	REMOVED\Deleted
License Holder Change - Fee reduced by 50% if application for new license within 12 month of issue and subject to property condition/ inspection - 30 or more - Non Accredited	D	O	£ 919.00	£ -	£ 919.00	O		£ -	£ -	REMOVED\Deleted
Failure to notify changes in ownership or management (non-license holder) - Landlord Accredited	D	O	£ 250.00	£ -	£ 250.00	O		£ -	£ -	REMOVED\Deleted
Failure to notify changes in ownership or management (non-license holder) - Non Accredited	D	O	£ 250.00	£ -	£ 250.00	O		£ -	£ -	REMOVED\Deleted
Sheltered Housing Visitor's Room - Per night per person	D	O	£ 12.67	£ -	£ 12.67	O		£ -	£ -	REMOVED\Deleted
10% discount HMOs 5 year License - 4 to 5 units - Landlord Accredited	D	O		£ -	£ -	O		£ -	£ -	REMOVED
10% discount HMOs 5 year License - 4 to 5 units - Non Accredited	D	O		£ -	£ -	O		£ -	£ -	REMOVED
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18 December 2018	ITEM: 6
Housing Overview and Scrutiny Committee	
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: Non-key
Report of: Ian Wake, Director of Public 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 the committee note and comment on the content and recommendations contained within the report.**
- 1.2 That the committee consider how the findings of the report can best be used to influence wider corporate strategy relating to older people’s housing and The Local Plan.**

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.

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 and Monitoring Officer

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)

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 of the report can be found in the Members area and will be tabled on the night*)

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

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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 of 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, November 2018.



TO FOLLOW

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+:

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- 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

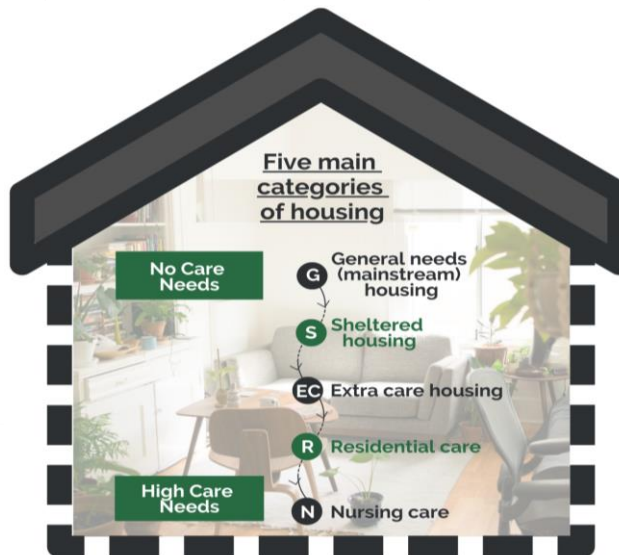
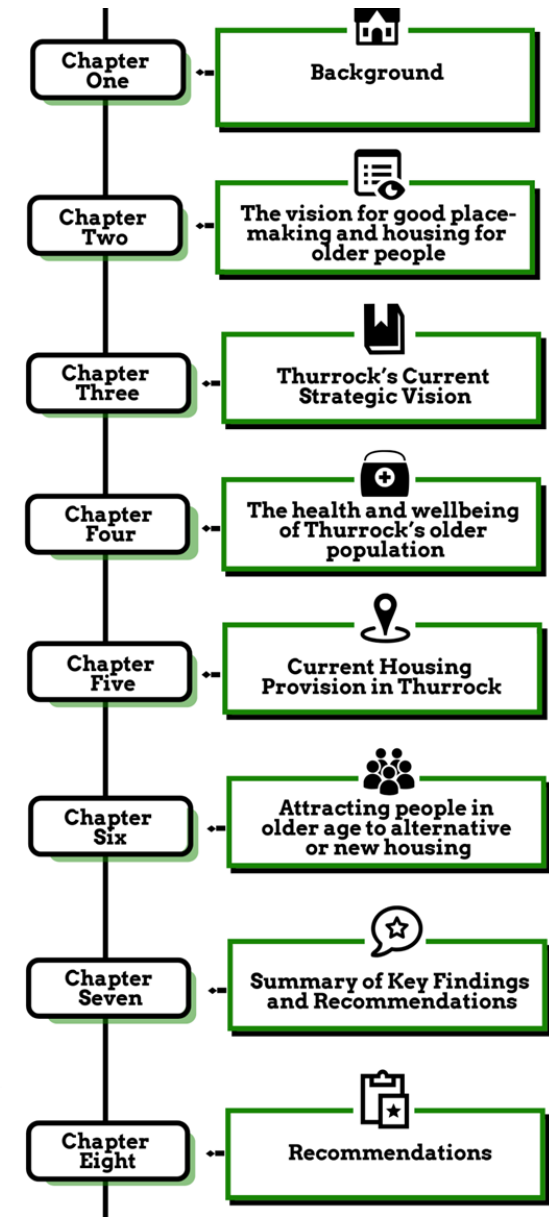


Figure 2 – How this report is organised



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 worst 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.

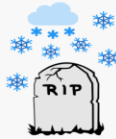
Figure 3: The Relationship Between Housing and Health



Relationship between Housing and Health

Excess winter deaths (EWD) and cold related ill health

- Cold homes have a serious impact on older people's health
- The Marmot review (2011) found a strong relationship between cold temperatures and cardiovascular / respiratory diseases.
- Residents who live in cold homes have a 20% greater risk of EWD
- Cold housing can increase the level of minor illnesses, exacerbate existing conditions and negatively effect mental health
- More than 90% of EWD occur in the 60+ age group.



Indoor Air Quality

- People living in damp mouldy homes are more likely to experience health problems e.g respiratory infections.
- Exposure to house dust mites can trigger allergic reactions such as eczema; repeated exposure can lead to asthma.
- Insufficient ventilation in houses can lead to increased indoor pollutants such as radon, carbon monoxide and nitrogen dioxide.

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Housing, hospital discharge and reduction of re-admissions

- Older people discharged to unsafe, cold, unsuitable homes are more likely to return to hospital
- Older people's health is better if they are discharged when medically ready, addressing housing shortcomings is key in effective hospital discharge.
- Delays in receiving appropriate housing or adaptations can delay discharge from hospital.
- 51% of care home residents were moved there after a hospital stay due to their home being unsuitable.



Falls

- One in three aged 65yrs+ and one in two aged 80yrs+ will suffer a fall each year with the home being the most common place for falls.
- Over 75% of deaths due to falls occur at home.
- Poor quality housing leads to increased risks of falls.
- Falls are also more frequent and serious in cold homes, likely due to restricted mobility caused by exacerbated arthritic and rheumatic symptoms.



Mental Health

- Exposure to louder noise due to poor home insulation can result in increased stress and anxiety levels, and also lead to risks of ischemic heart disease.
- Depression / feelings of isolation can develop as people feel they cannot escape their situation.
- It is estimated that 11% of aged 65yrs+ are often or always lonely and that neighbourhoods that exclude older people can exacerbate isolation and feelings of loneliness.



Economic Impact

- Each fall in the home can cost from £67 (cut/bruise) to £59,246 (quadriplegic fall) to treat.
- Up to £600 million of treatment costs could be saved nationally in the first year, if housing hazards were removed / reduced to an acceptable level.
- There is a link between poor housing and educational underachievement: this generation could lose up to £14.8 billion in lost earnings as a result of poor housing.



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

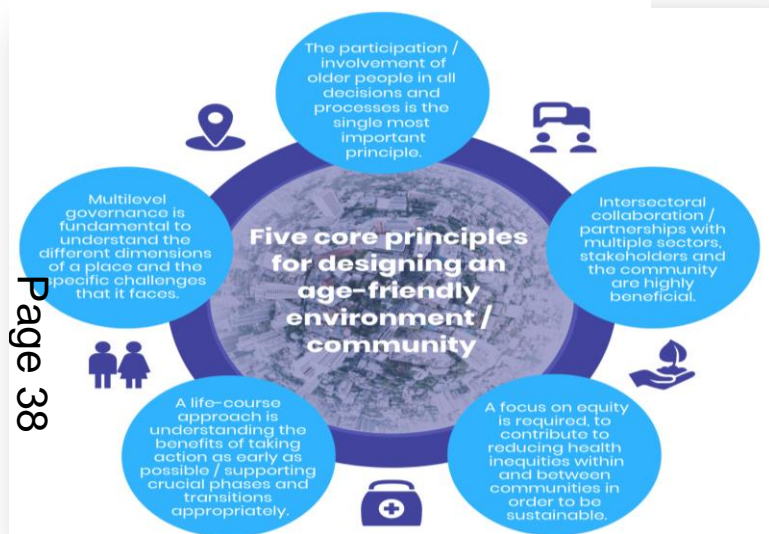
Figure 5: The Five Housing Crises Facing the UK in 2018



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



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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.

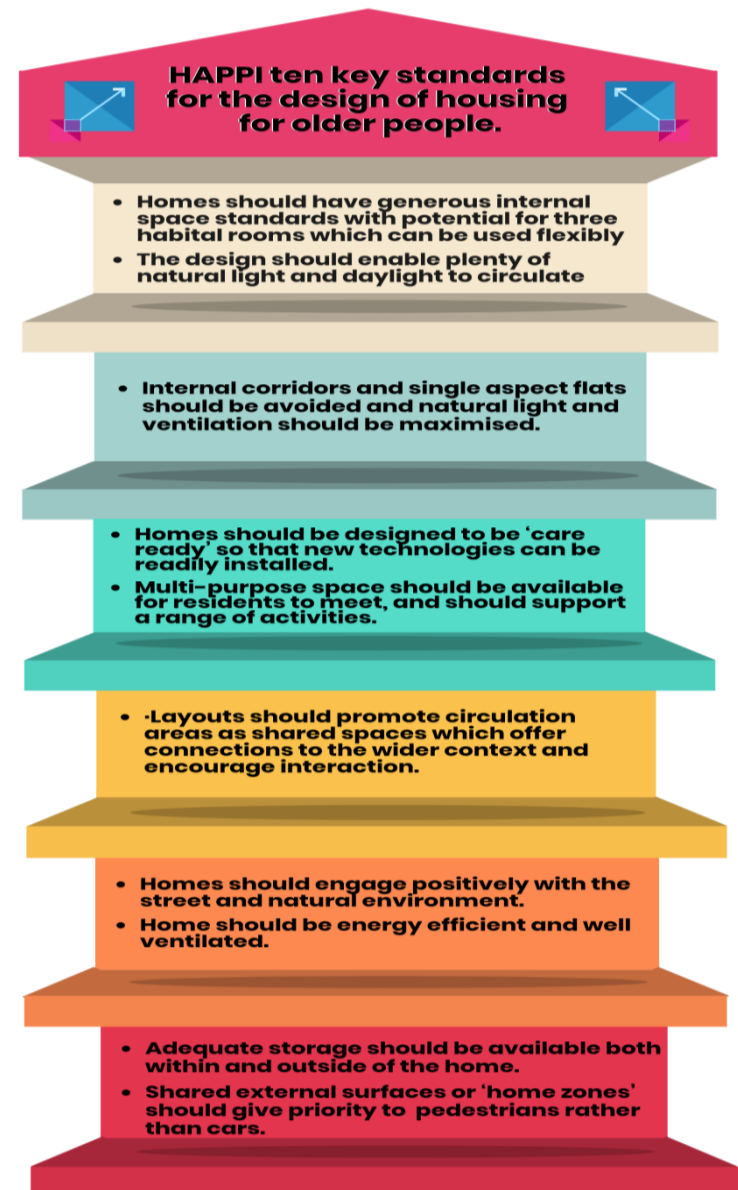
2.4 A Vision for Existing Homes

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 hazards¹⁵ 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 home¹⁵

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 homes¹⁹. 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 community²⁵ 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 three case studies each outlining a different type of scheme, some unique features and key elements or ideas to apply to future schemes.

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: Buccleuch House, Hackney, London



Buccleuch House, a purpose-built 41-apartment scheme for older Hackney residents which is integrated within a larger mixed apartment block. The Hanover flats for older people are targeted at tenants for affordable rent, and although not an extra care housing scheme, also provide communal facilities at ground level. The scheme won the HAPPI award at the 2013 Housing Design Awards in addition to a Project Award.

The final design provides a total of 107 new homes. Of this total, 41 are designed for older people for affordable rent and with associated communal facilities, 28 are affordable rent and shared ownership apartments and 38 are private sale. The new homes vary from 1 bedroom flats to 4 bedroom homes. All homes meet or exceed London Housing Design Guide standards, including Lifetime Homes and give residents the choice to be alone or socialize with others.

Design follows the HAPPI recommendations from overarching principles through to detailed design. For those who want to remain fully independent and arrange care at home as and when they need it, this often means new types of easy to manage, spacious, accessible, two bedroom houses, or flats with lift access. For those who prefer to live in a managed, group setting or have higher care needs, it means extra care housing and residential care facilities that welcome those with dementia. And for the growing 'middle ground' - those who value their independence but would like to know they can always find company when they seek it - it means new forms of 'care ready' retirement homes. It also means more local shops, community and health facilities and better public transport.

Designed for local people, it reflects and accommodates Hackney's diverse population in a dignified, practical and equitable way. As a contemporary, high density, mixed residential building on the edge of a common in one of London's poorest and most densely populated boroughs, the new Buccleuch House exemplifies these principles.

Key Principles:

1. Make strategic use of smaller development opportunities
2. Flexible, open flat layouts
3. It can be appropriate for housing for older people to be physically and socially integrated with other types of housing.

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.

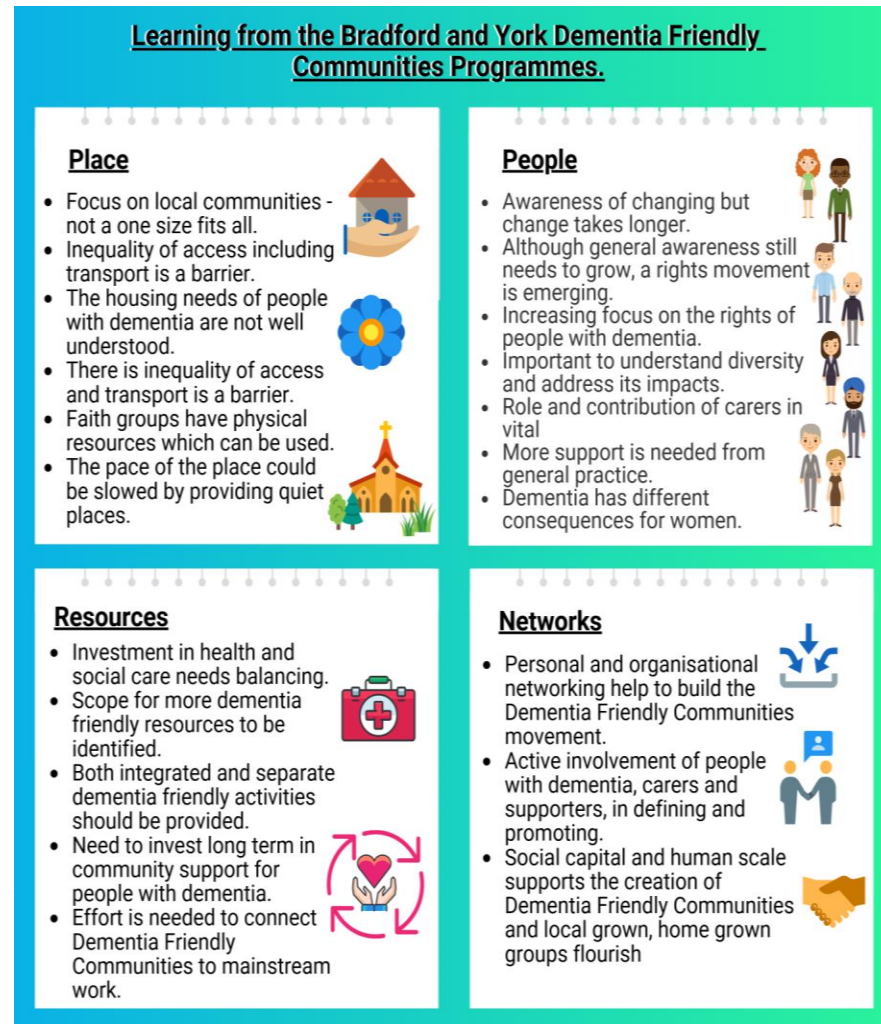
Many of these principles reflect general age-friendly principles however, there is also likely to be a need for specific developments to cater for the needs of people with dementia. Dementia Care (2015) identified that extra care housing is increasingly being provided however this is an extra step in 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.

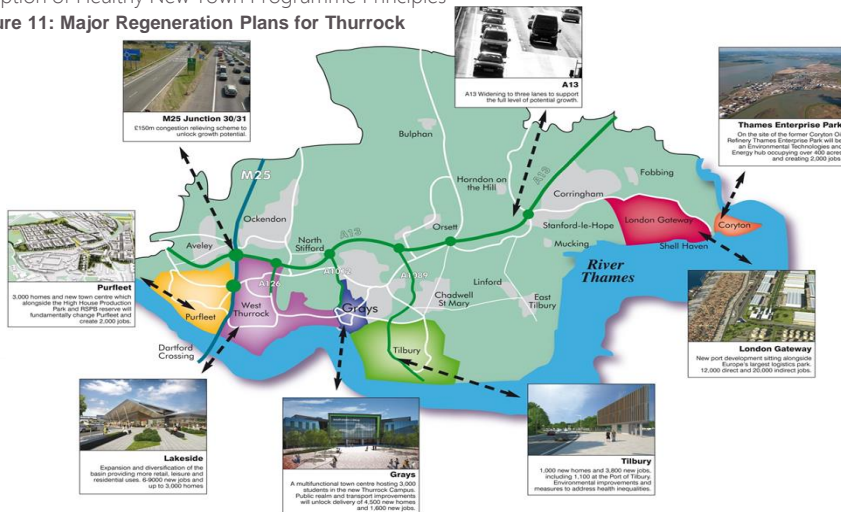
3.2 Planning

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

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

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

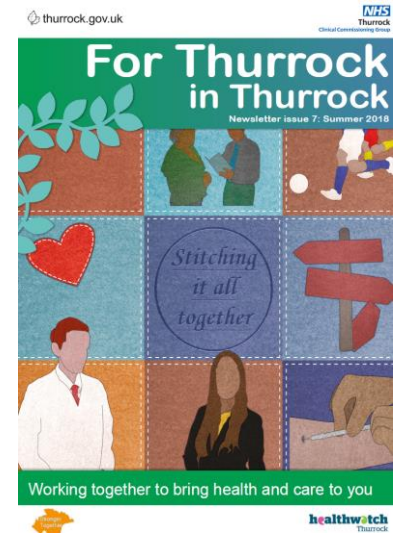


For Thurrock In Thurrock is the joint strategic health and care service transformation programme between the Council's Health and Adult Social Care functions and NHS Thurrock CCG that proposes new models of integrated health and care that places greater emphasis on neighbourhood based care in communities. 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*

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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

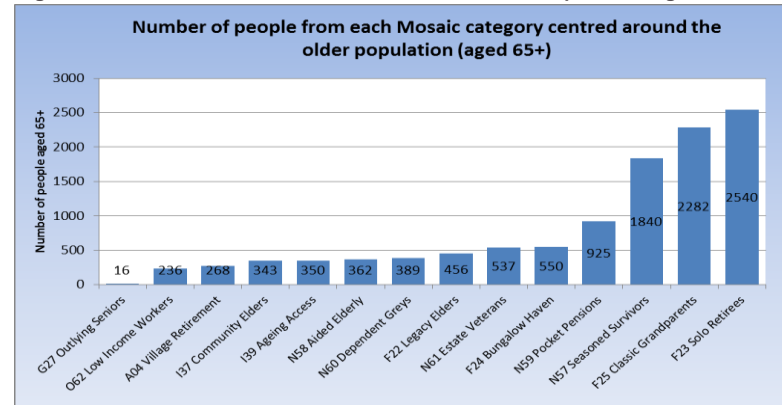
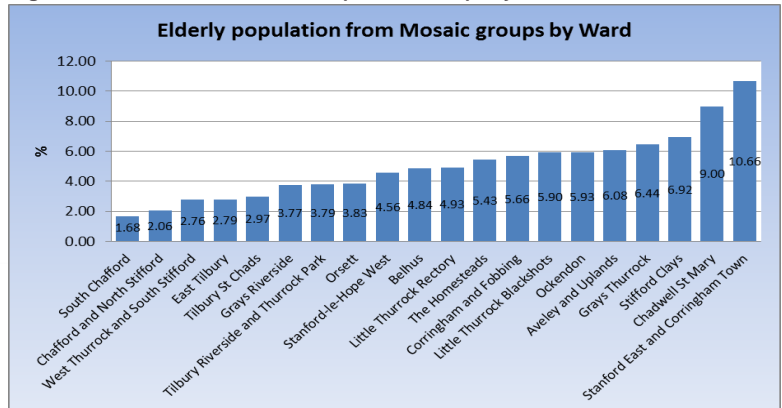


Figure 16 shows that older people are not distributed evenly across different Thurrock Wards, ranging from 1.68% of the ward population in South Chafford to almost 11% in Stanford East and Corringham Town. This has implications for where future health and care service development for older people should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

Figure 16: Distribution of MOSAIC Population Groups by Ward

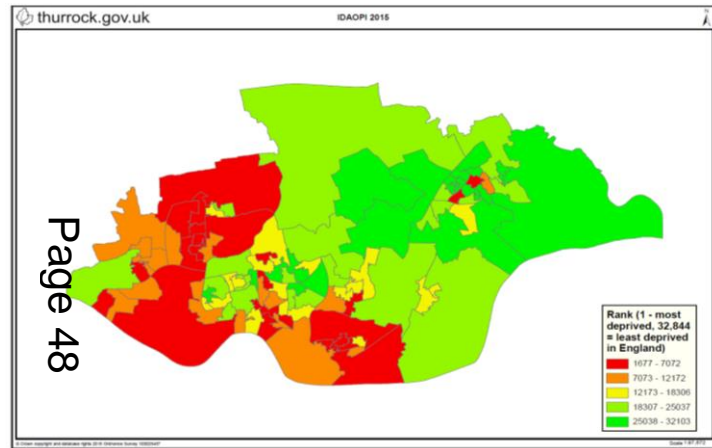


Chapter 4: An overview of current and future health and wellbeing needs of older residents

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 (IDAOP) 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 (IDAOP) 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.

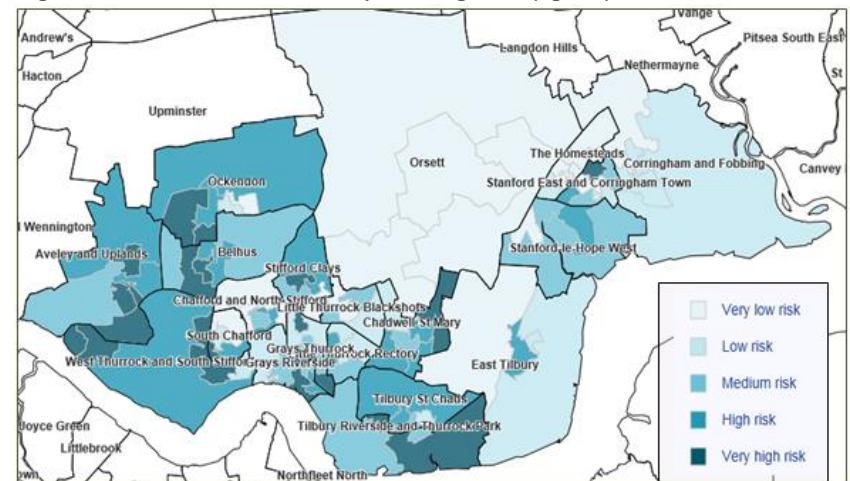
4.5 Community Connectivity and Social Capital

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 as 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.

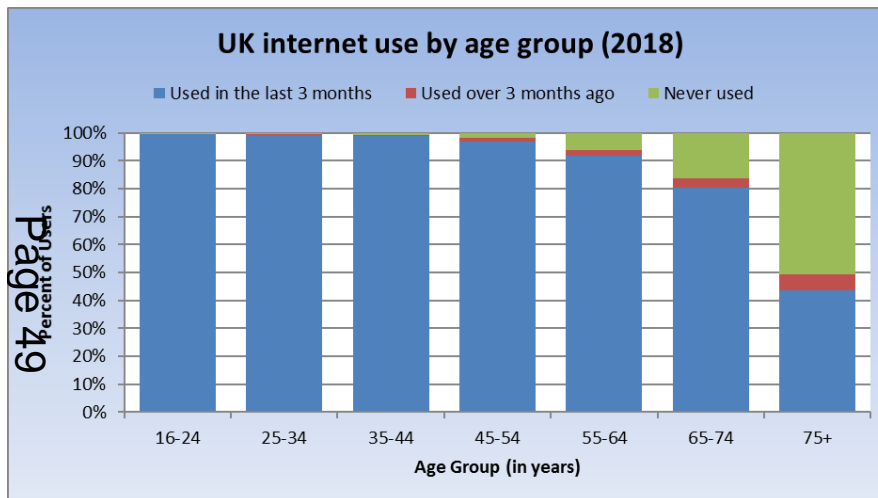
Chapter 4: *An overview of current and future health and wellbeing needs of older residents*

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)



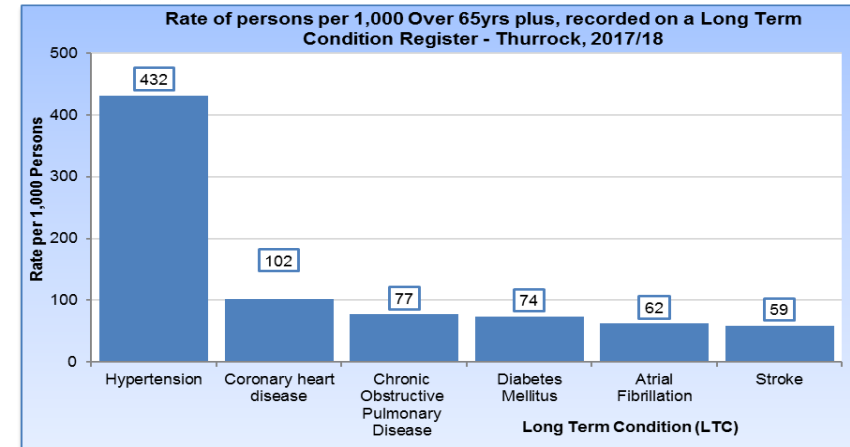
Evidence suggests that digital connectivity can bring benefits to older people. Using technology including Skype and Amazon Echo to deliver programmes such as Virtual Chair Based Exercise is about to be piloted as part of our new Wellbeing Team approach to delivering a more holistic home care offer to 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 continues 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

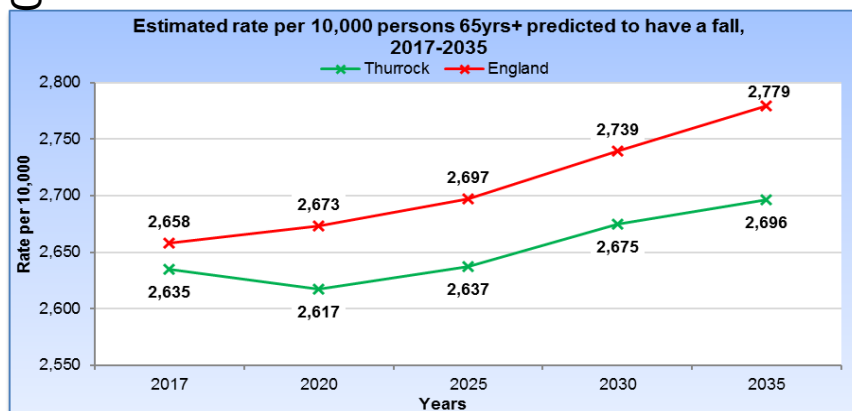
As our population ages, it is likely to become less mobile. Analysis from the main report suggests that up to 4,388 more older people will be unable to manage at least one self-care activity alone by 2035, with 2600 more struggling with increased mobility issues, indicating a significantly increased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

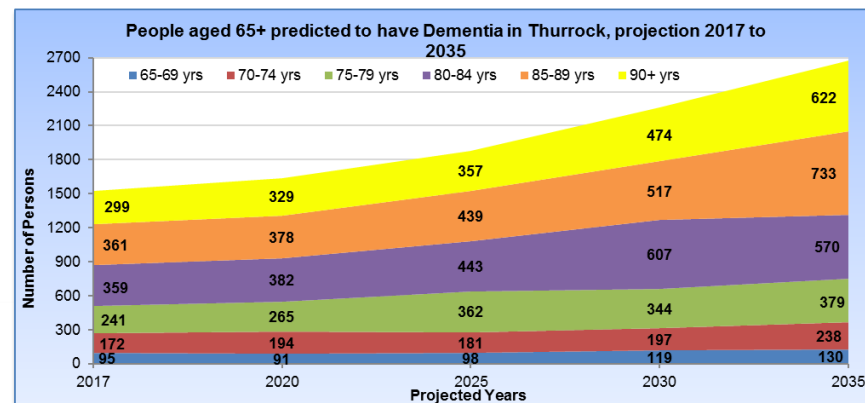
Thurrock has been operating a falls prevention service run by NELFT, which is part of the Older Adults Health and Wellbeing Service. The service includes a multi-agency team consisting of a Pharmacist, Consultant Geriatrician, Dementia Nurse, Nurse, HCA, Physio-therapist and Associate Practitioner. The 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 dementia friendly, as discussed in Chapter 2.

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

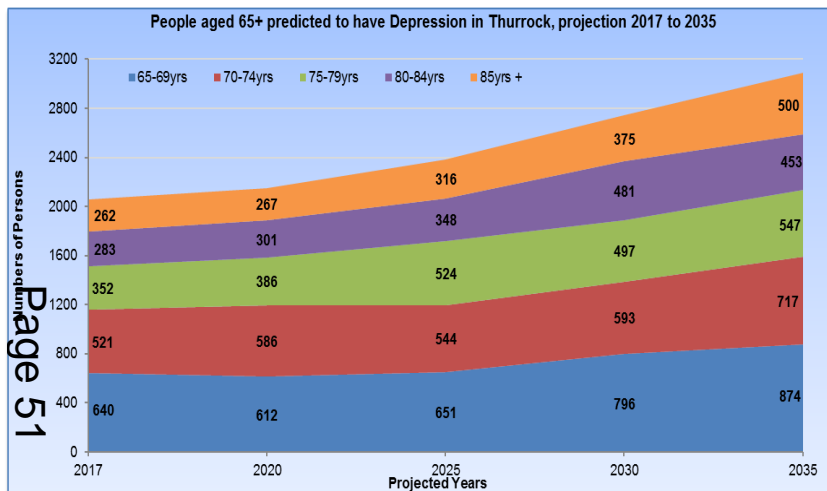


Chapter 4: An overview of current and future health and wellbeing needs of older residents

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.

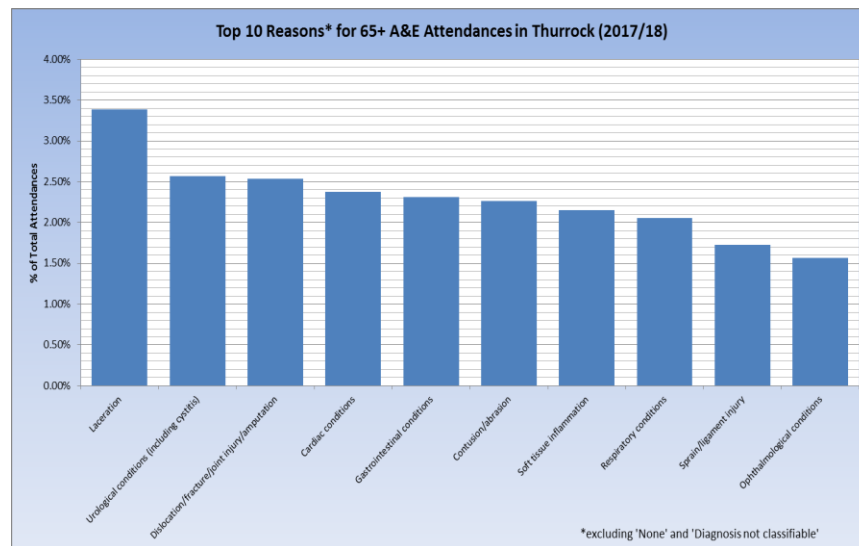
These will aim to link traditional clinical intervention with asset based community approaches including physical activity, addressing loneliness and isolation and support returning to work. Use of the community hubs and local area coordination are key to this process.

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.



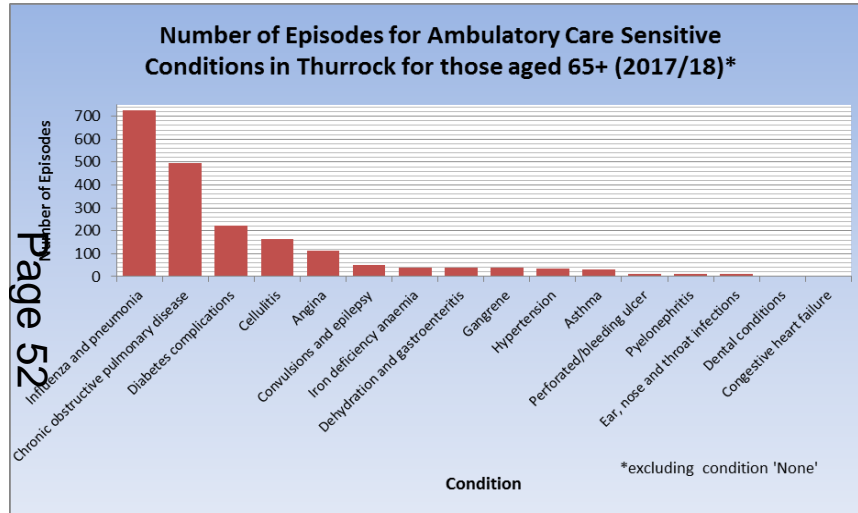
Overall A&E attendances in Thurrock for 65+ remained relatively stable with a small increase of 134 attendances between 2016/17 (12,039) and 2017/18 (12,173). However the cost increased from £1,545,024 in 2016/17 to £1,740,997 in 2017/18 – an increase of 12.7%. This could signify an increase in the complexity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

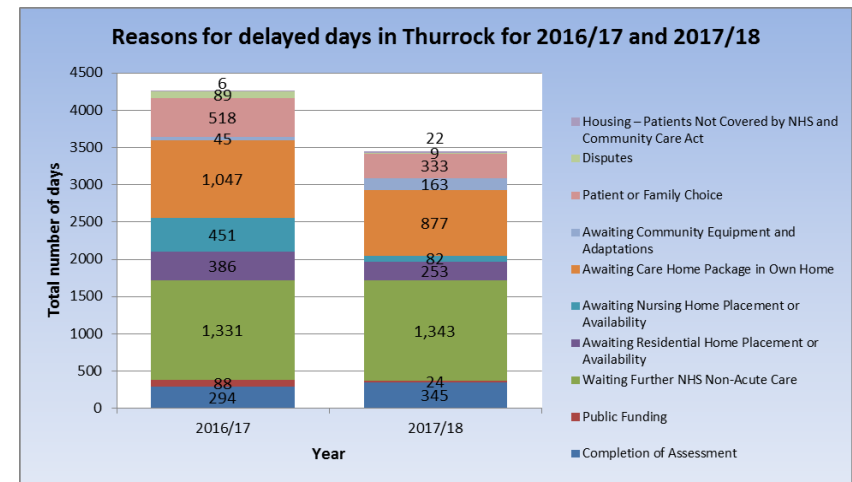
Reducing how long older people stay in hospitals can have benefits for patients, hospitals and reduce demand for adult social care. However discharging people from hospital relies on a suitable home environment which is equipped to meet their recovery and support needs. In 2017/18 there were 3,451 "delayed 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.

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Chapter 5:
*Current
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Provision in
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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 summaries 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

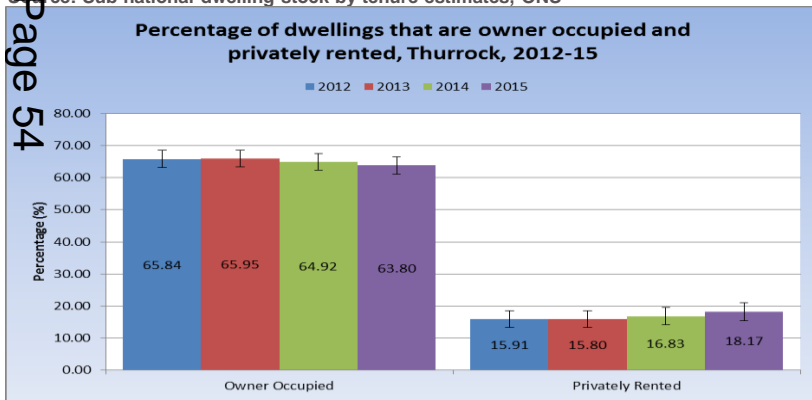


Figure 28 Home Ownership by Ward in Thurrock 2011. Source: Census, ONS

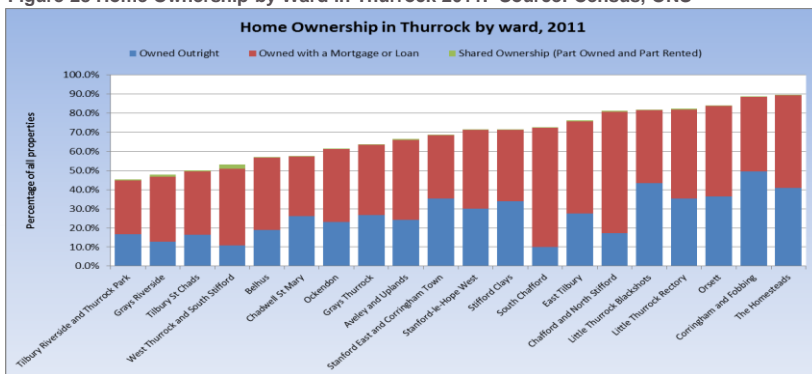
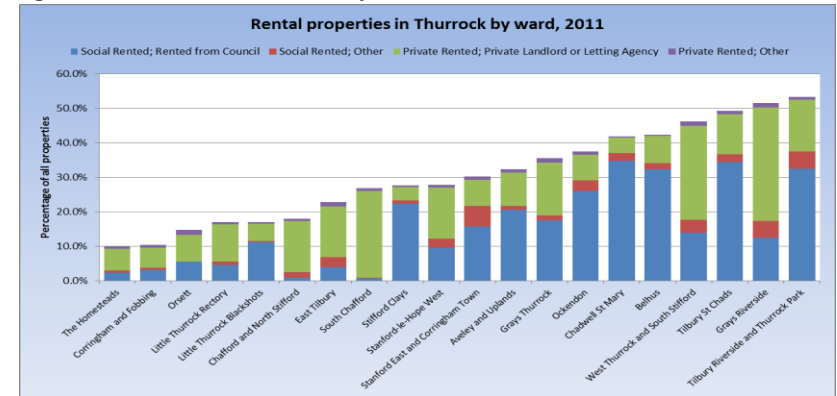


Figure 29 Rented sector in Thurrock by Ward, 2011. Source: Census, ONS



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 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

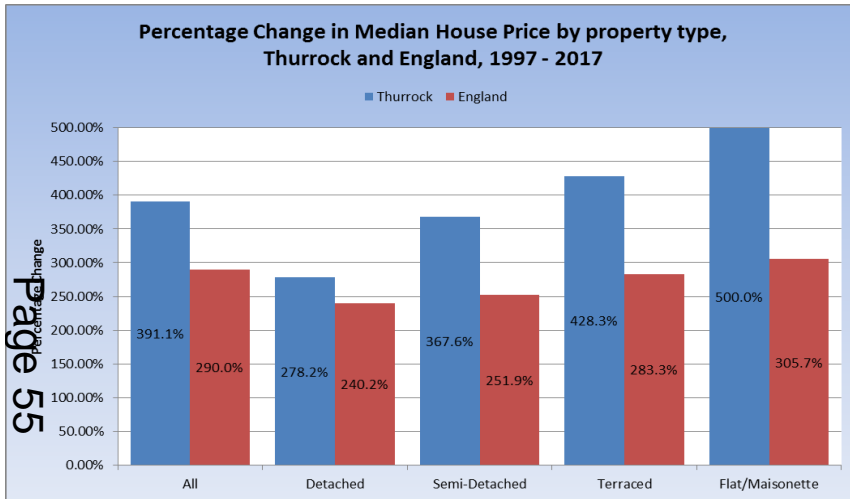


Figure 31 Growth in Average weekly rent, Thurrock and England 2007-8 to 2016-17

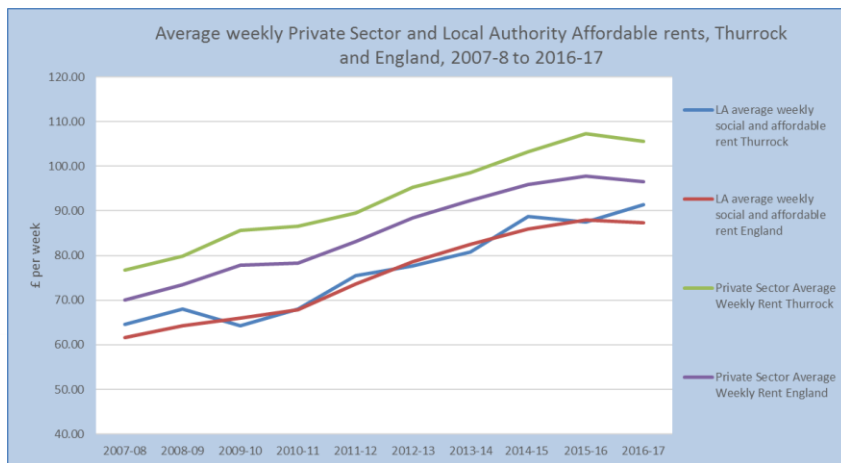


Figure 31 shows the growth in average private sector rents for Thurrock and England. Rents in Thurrock remain higher than England's, perhaps unsurprisingly as rent charged is likely to be associated with the capital value of property (rental yield) and hence the size of mortgage required by a private 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

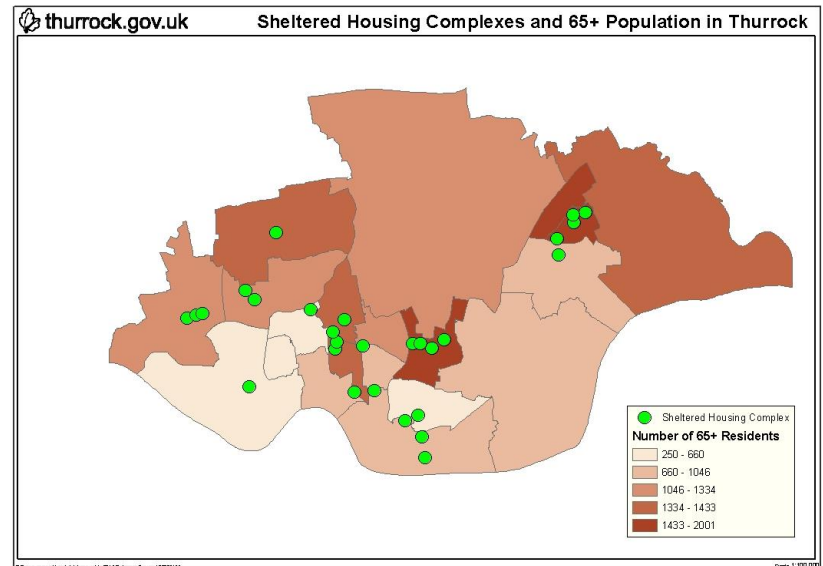
5.6 Specialist Housing Provision for older people

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



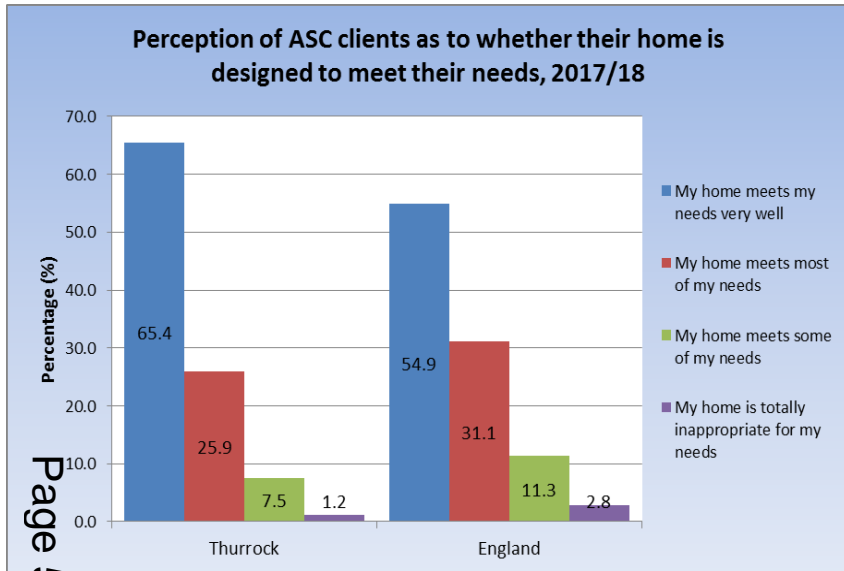
Housing Adaptions

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 55-59s 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*

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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 USA</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.

Page 63	High Level Recommendation	<i>Explore the impact of mainstreaming HAPPI design principles into planning guidance within the Local Plan</i>
	Key Questions	<ul style="list-style-type: none">• What will the impact of the above recommendation be on encouraging new home building?• Why is affordability of housing an issue in Thurrock? How can it be alleviated and mitigated?• How should new developments best be quality assured during the design and building process?
	Existing Assets to Build upon	<ul style="list-style-type: none">• Active By Design• Secure By Design• Health Impact Assessment expertise within the Public Health Team• Council's Planning and Advisory Group

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.

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<p>High Level Recommendation</p>	<p><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></p>
<p>Key Questions</p>	<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?
<p>Existing Assets to Build upon</p>	<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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18 December 2018	ITEM: 7
Housing Overview and Scrutiny Committee	
Out of Hours procedures for Sheltered Housing	
Wards and communities affected: All	Key Decision: Non-key
Report of: Carol Hinvest, Assistant Director, Housing. Adults Housing and Health Directorate	
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 outlines the out of hours' procedures that are in place in the Sheltered Housing Service following a request made at the last Housing Overview and Scrutiny meeting.

1. Recommendation

1.1 It is recommended that that the Housing Overview and Scrutiny Committee considers and comments upon on the out of hour's provision in Sheltered Housing

2. Reason for recommendation

2.1 This report provides an overview of the Council's out of hours procedures for sheltered housing and provides an opportunity for Overview and Scrutiny Committee members to consider and comment upon our arrangements.

3. Introduction and Background

3.1 Sheltered housing provides tenants with their own accommodation and independence along with the same rights and responsibilities that all Thurrock Council tenants enjoy. In addition the sheltered housing service provides an extra layer of support for tenants which varies according to a tenants needs and their vulnerability.

- 3.2 There are 29 sheltered housing schemes offering almost 1300 properties, which are located around the whole borough. Some schemes are large; others are much smaller and may be “satellited” or attached to a larger scheme.
- 3.3 Sheltered housing officers normal working hours are Monday to Friday 8.30am - 4.45pm and during this time they are responsible for supporting the service across a number of different schemes. This means that they may be working at a different scheme but will still be contactable during the working day. Their work falls into three main areas, tenancy management, enhanced housing management and enhanced support. On average the officers are each responsible for between 70-100 properties. The residential warden service where wardens were on call out of hours ended in 2003 and from that point wardens worked a 37 hour week until all were moved from their accommodation.
- 3.4 Each sheltered housing tenant has access to an alarm system to request help 24 hours a day, 7 days a week, 365 days of the year through wearing a pendant alarm. When needed, help can be provided either by a sheltered housing officer or through the ‘Careline’ service.
- 3.5 Careline is an alarm centre which serves people in need of assistance outside of the normal working hours of a Sheltered Housing Officer. The alarm centre staff are always available to speak to and help tenants who suddenly become unwell, have an accident or who are faced with a problem.
- 3.6 The Careline alarm system consists of two parts: a base unit that is plugged into the phone line and an electric socket and a pendant that is worn around the wrist or neck. When a call has been activated the alarm warden will answer the call and speak through the base unit. Once they know the problem they will call one of the service user’s emergency contacts. Should they not be able to speak to any of the nominated contacts a Careline call handlers would attend the property. Alternatively, should the service user require urgent medical attention an emergency call would be made to 999 and all necessary and available medical information is provided. Information about the incident is recorded and stored on our system.
- 3.7 Clients join the service for a variety of reasons, these may include; mobility issues, medical conditions, prone to falls, learning difficulties, mental illness, vulnerable or isolation. To date the Careline has 4,631 service users on the system of which 1,127 individuals have a dispersed lifeline installed as part of the new Sheltered Housing upgrade
- 3.8 The service is able to attend the service user’s property quickly as the Careline is based in the middle of the borough and an advisor can, if no other option is available, travel to a Sheltered Housing scheme to provide emergency assistance. The Sheltered Housing officer is not based on site 24 hours per day but there is always 24-hour cover, so no call would ever go unanswered.

- 3.9 The Control Centre operates 24 hours a day, 365 days per year. Over 157,000 calls are received per year by Careline. The service has a 100% record of achieving the call response target which is 85% of all calls answered within 20 seconds. All customer calls are recorded and quality assessed by the Team Manager by assessing recorded calls against criteria to ensure a high quality service is delivered
- 3.10 Careline took 1185 non-emergency calls and undertook 1679 planned visits From April 17 – March 18 (non-emergency calls are calls whereby the advisor may have gone out to the resident if someone had fallen but was uninjured and just needed help getting off the floor, planned visits are appointments made with the resident to install a dispersed lifeline or collect one etc.)
- 3.11 Careline also covers the out of hours calls once the Civic offices close, Monday – Friday and all weekend including bank holidays. The out of hours calls comprise of Social services emergency calls whereby the details of the call is taken and referred to the on-call duty social worker. Many calls come through on the out of hours line whereby the Careline operator would filter the call and liaise with the appropriate officer on call including emergency calls for tenancy management.
- 3.12 Repairs are reported to the out of hours repairs line managed by our contractor Mears.
- 3.13 The service holds the Customer Contact Association global standard which is a quality framework for Customer Services independently assessed by the British Standards Institute.
- 3.14 The Careline equipment is tested monthly if the tenant has not had reason to use it. This way we ensure as far as is possible that the equipment will be working when a tenant needs it.
- 3.15 Even if a tenant is unable to speak (for example if they have had a fall) Careline staff will know who is calling because each alarm has its own unique call number. If it is felt that the tenant needs general support they will contact their next of kin key holder who will attend. If it is an emergency such as a fire or health problem, then the emergency services will be called.
- 3.16 Following a complaint received last year which was not upheld, a review of the service was undertaken and the following recommendations were made for service improvement:
- That a review of the procedures take place to establish if it is appropriate for Careline staff to attend properties when a risk assessment (following a call) has concluded that emergency services should attend on a blue light, especially when next of kin have been informed. This will mean that the emergency services will need to make a judgement call regarding access to properties Officer response: It is recommended that we should continue to

send the Careline staff in instances where the staff member believe they will get to the destination before the family members. This decision should lie with the advisor taking the call to make an appropriate judgement based on all of the information to hand

- That information is given to residents regarding installation of a key safe to ensure swift entry to properties should there be a need for emergency entry. Officer response: At sign up a discussion with residents takes place about whether they want a key safe and it will be included in the forthcoming tenant handbook for sheltered housing
- That the Careline management team undertake more frequent audits of call recording and checking of the recording system to ensure this is in good order. Officer response: Agreed and in progress -
- That the Careline management team ensure that contingency plans are in place so that there is evidence of call recordings should there be a fault in the system. Officer response: The call recording system is only in place for training and quality purposes and is not a requirement of the service provided, however if the recording system does fail this is always reported to the supplier and any replacement parts ordered. Ongoing regular monitoring of the recording equipment as per recommendation 2 will help identify an issue immediately so that it can be reported and resolved at the earliest opportunity to reduce any periods where calls may not be recorded.

4. Sheltered Housing Independent Living Plan

- 4.1 A key part of the Sheltered Housing Service is the work with tenants to understand their needs these include and independent living plan in which tenants indicate what kind of contact they would like and their designated person to be contacted in case of emergency as well as next of kin. The Sheltered Housing Officer will also record any support services that the tenant has and prepare an Emergency Arrangement Plan outlined whether staff have permission to enter the property or not after assessing risks. The Careline service is discussed with tenants at the tenancy sign-up.
- 4.2 Satisfaction with the sheltered housing service currently stands at 70% and the service will be investigating the reasons for dissatisfaction and developing service improvement initiatives in their service plan for 2019/20.
- 4.3 The sheltered housing service received the following complaints and enquiries in 2017/18:
- Stage 1: 9 complaints received, 2 withdrawn and 2 upheld.
 - Stage 2: 9 complaints received, 1 cancelled and 3 upheld.

- Stage 3: 2 complaints received, 1 rejected and 1 upheld.

42 member's enquiries, 2 MP enquiries and 4 MEP enquiries were also received.

5. Careline upgrade

- 5.1 The Council is currently in the process of upgrading all of our sheltered housing and general needs schemes, made a free service in 2017/18, by removing all pull cords and equipment associated with this and replacing the obsolete equipment with a dispersed alarm unit whereby the resident can press this when they need assistance. The Careline Control Centre is also undergoing a major upgrade as the old system has also become outdated and obsolete.
- 5.2 The Careline also monitor assistive technology which again maintains independence for the service user and peace of mind for family and friends. Types of equipment that is monitored; Smoke alarms, CO detectors, door sensors, bed sensors, chair sensors, flashing door beacons for those that are hard of hearing, this is just a snippet of the equipment that is monitored.

6. Conclusion

- 6.1 There is a robust 24 hour cover within Sheltered Housing with either the Sheltered Housing Officer or the Careline Service available to residents when they need it.

7. Implications

7.1 Financial

Implications verified by: **Julie Curtis,**
Housing Accountant Corporate Finance

There are no financial implications as this report is considering the current out of hours' procedure for sheltered housing accommodation

7.2 Legal

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

There are no legal implications as this report is considering the current out of hours' procedure for sheltered housing accommodation

7.3 Diversity and Equality

Implications verified by: **Natalie Warren,**

Strategic Lead, Community Development and Equalities

Whilst there are no direct equality implications from this report an effective out of hours service is essential to protecting the wellbeing of residents in sheltered housing who may be vulnerable.

8. Background papers used in preparing the report

None

9. Appendices to the report

None

Report Author:

Sue Kane,
Sheltered Housing Manager

18 December 2018	ITEM: 8
Housing Overview and Scrutiny Committee	
Housing Revenue Account - Business Plan and Budgets 2019/20	
Wards and communities affected: All	Key Decision: Key
Report of: Roger Harris – Corporate Director of Adults, Housing and Health, Sean Clark – Director of Finance and IT	
Accountable Assistant Director: Carol Hinvest– Assistant Director, Housing Management	
Accountable Director: Roger Harris – Corporate Director of Adults, Housing and Health, Sean Clark – Director of Finance and IT	
This report is public	

Executive Summary

This report sets out the base position after updating and reviewing the 30 year Housing Revenue Account (HRA) Business Plan for 2019/20 onwards including the HRA budgets for 2019/20. The 30-year Business Plan is a statutory requirement, and the HRA needs to be financially viable whilst being able to continue to deliver the Council’s Housing priorities.

The Business Plan takes into account revenue from all sources, principally tenants’ rents and leaseholders’ service charges, set against anticipated expenditure on stock (revenue and capital), staffing and other running costs, and all other expenditure including recharges to the General Fund.

The continuation of the government’s mandatory rent reduction policy for one further year continues to reduce the resources available in the HRA in the short term. On 13th September 2018 the government issued a consultation proposing to issue a new direction from the Secretary of State to the Regulator of Social Housing to ensure that, from 2020 onwards, the Regulator’s rent standard:

- reflects the governments’ announcement in October 2017 that it’s the intention to permit registered providers to increase their rents by up to CPI+1% each year, for a period of at least 5 years. This announcement recognised the need for a stable financial environment to support the delivery of new homes; and
- applies to local authority registered providers (as well as to private registered providers), to reflect the roll out of Universal Credit.

The Plan also takes account of the third and final phase of the extension of service charges for tenants agreed in February 2017, generating additional income to the HRA of £390k in 2019/20.

The Housing service is focussed on ensuring both that the HRA remains financially viable, and that the right priorities are set for capital expenditure in particular, so that our residents have safe and secure accommodation, maintained at a good standard of repair and improved through further investment within the overall limitations described above.

We will also pursue every opportunity to secure additional funding for new-build programmes, and to deliver improved value for money as a modern social landlord. In September 2018 the council received confirmation from Homes for England of a successful grant bid for marginal Viability Funding from the Housing Infrastructure Fund of £655k for Claudian Way.

As shown in the Business Plan Thurrock has committed resources and borrowing to the remaining new homes to be delivered under the current programme.

On 29th October 2018 during the budget statement the government formally announced that the HRA Borrowing Cap would be abolished with immediate effect. The impact of this announcement has not been reflected in the Business Plan. Any additional borrowing will need to be serviced and additional resources identified to do so.

With this additional borrowing capacity and/or further external funding it may be possible for the Council to deliver new social homes as part of reaching the affordable housing requirements clearly identified in the draft Local Plan.

The Business Plan and budgets for 2019/20 will be recommended to Cabinet as part of the budget setting process for 2019/20.

1. Recommendation(s)

- 1.1 That the Housing Overview and Scrutiny Committee comments on the assumptions reflected in the HRA Business Plan, as summarised in the report.**
- 1.2 That Housing Overview and Scrutiny Committee comments on the budget information which is also provided.**

2. Introduction and Background

- 2.1 The anticipated Housing Revenue Account budget for 2019/20 is summarised below.**
- 2.2 The HRA 2019/20 budgets have been compiled in accordance with the 30 Year HRA Business Plan. This takes into account the long term strategy for the financial viability of the service. The Business Plan sets out how the Council will manage the range of services delivered under the HRA, using the**

income raised locally through council rents and other sources of HRA income for revenue and capital purposes.

2.3 Key messages and assumptions

The main realities and opportunities reflected in the Business Plan can be summarised as follows:

- investment requirement for the current stock is higher than the available annual sum for capital investment – this is now confirmed by current empirical data from the Stock Condition Survey which gives a figure of £15m p.a. as the optimum investment requirement against the £10m p.a. assumed in the Plan once Transforming Homes is complete;
- effective planning is essential to maintain and improve properties as required, and there is limited scope within the HRA Business Plan for further desirable capital investment including building new homes;
- there are no identified resources to invest in capital for the following: Insulation and non-traditional properties. Resources to service additional borrowing following the abolishment of the HRA borrowing cap is not part of the current Business Plan and is being considered separately;
- after a final year of a 1% rent reduction the ability to raise rents from 2020/21 mitigates the revenue position from that point – increases of 2.8% p.a. are assumed based on the formula of CPI plus 1%; and
- consistent levels of Right to Buy sales are assumed, incrementally reducing stock numbers and rent revenue and offsetting the impact of annual rent increases when they are resumed.

2.4 HRA Position as at 31st March 2018

The table below shows the positive reserve position and other available resources currently in the HRA. There are conditions attached to expenditure in each instance.

Reserve	Balance at 31/03/2018
HRA General Reserves	(2,175)
Earmarked Reserves	
Development Reserve	(4,351)
Housing Zones and Capacity Grant	(1,274)
Right To Buy Receipts	
Non Ring-fenced Capital Receipts	(2,685)
One for One Receipts	(22,073)

- The HRA General Reserve currently stands at £2.175m in line the Council's Reserves Strategy which recommends that that the HRA maintains a

minimum level of general reserves of £1.7m, up to a prudent level of £3m. Current planning is that reserves will be maintained at the current level for each year until 2020/21, and then move towards the optimum level.

- The Development Reserve is an earmarked reserve which will ensure the current New Build Programme can continue to be financed and completed as planned by the end of 2019/20, subject to any unforeseen delays.
- The Housing Zones and Capacity Grant Funding is provided for specific work around future New Build and Estate Regeneration.
- Ring-fenced One for One receipts from the sale of properties under Right to Buy can be used to partly finance New Build schemes. Their use has been maximised within the current Business Plan, taking into account the conditions set for their use, in order to minimise the amount of these monies being transferred to central government rather than re-invested in housing in this borough.
- The level of unspent receipts in the future is forecast to increase in line with consistent sales. If a new programme of social homes directly delivered by the Council becomes a viable option following the announcement of the abolishment of the borrowing cap, these receipts could be used as one funding stream alongside the additional borrowing to build out some relatively large sites with planning permission.
- The non-ring-fenced receipts can be used to repay HRA debt as the level of stock reduces due to Right to Buy sales. Alternatively they can be utilised to fund capital investment. A total of £709k was allocated in 2018/19 to be spent by the end of 2018/19 on a range of fire safety enhancements, such as the stripping out of 'legacy' gas installations from below some tower blocks.
- As a modern social landlord we will ensure both that the value of each of the balances above is maximised, and that resilient funding models are developed for any additional development and/or regeneration opportunities that may arise.
- In the context of the Business Plan the abolishment of the HRA borrowing cap provides the only realistic prospect for the Council to deliver a significant number of new homes using the HRA as the vehicle. At this stage no assumptions have been made in the Business Plan as all resources are currently committed.

3. Issues, Options and Analysis of Options

3.1 2018/19 Budget

Robust budget monitoring has taken place throughout the financial year to date to ensure that expenditure remains on track and potential variances are identified and addressed.

The amount of capital investment is limited by the resources available and this year 2018/19 has had an impact, specifically on both loft insulation for properties in the Transforming Homes programme, and the external refurbishment of properties with non-traditional construction.

Depending on the overall revenue available in 2019/20, these and some other items of capital investment will be deferred, or implemented over a longer period so as to spread the costs over a number of financial years. The service will continue to work within the constraints of the budget to achieve a balanced outturn for responsive repairs and all other revenue budgets.

The revised 2018/19 budgets are included as the base year in the tables from the 30-year plan which are shown at the end of this report. The figures shown reconcile to the current year's budget as outlined in the Cabinet Report of February 2018.

3.2 Future assumptions – costs

Across the period of the Business Plan inflation has been assumed at 2.5% p.a. for salaries, and 2.9% for building fabric works linked to contractual uplifts. The assumption in the Plan is that all other costs across the life of the Business Plan can be kept flat, as any inflation affecting general running costs will be absorbed through general efficiencies. There has been an increase to the budget for insurance of £40k to reflect an increase in insurance premiums.

The HRA stock continues to reduce due to consistent numbers of RTB Sales. In the whole of 2017/18 there were 115 completed sales, while in the first six months of 2018/19 30 properties were sold. Given the increasing attractiveness of Thurrock as a location, reflected in asset values and the buoyancy of the local housing market, it is assumed that these non-discretionary sales will remain at a relatively high level in the future. The Business Plan assumes that the current trend continues over the first 3 years of the Business plan, and starts to reduce slightly over the following 5 to 10 years. The level of stock loss resulting from these sales means that even with a significant new-build programme the Council will struggle to stand still in terms of the overall number of Council homes available to rent.

3.3 Rental income

In line with the previous government's policy a mandatory 1% reduction has been applied to all social rents for 2019/20. On 13th September 2018 the government issued a consultation proposing to issue a new direction from the Secretary of State to the Regulator of Social Housing to ensure that, from 2020 onwards, the Regulator's rent standard reflects the governments' announcement in October 2017 that it's the intention to permit registered

providers to increase their rents by up to CPI+1% each year, for a period of at least 5 years. This announcement recognised the need for a stable financial environment to support the delivery of new homes.

Although implemented each April, rent increases will be partly based on the CPI in the preceding September. In the Business plan we have assumed CPI at 2% p.a., reflecting the assumptions now made by the Office of Budget Responsibility as reflected in the budget documentation. On this basis estimated basic rents have been increased by 2.8% for each of those 5 years, with a freeze thereafter as a prudent assumption.

Affordable rents inclusive of service charges being applied to all New Build properties are currently capped at 70% of market rents (10% less than the allowable maximum of 80%), or the Local Housing Allowance level for the area, whichever is the lower. This rent level will apply to the remainder of the current new-build programme, i.e. Claudian Way, Calcutta Road and the Tops club site, which are due to be complete during 2019/20.

Rent collection has fallen slightly in 2018/19 but is still in line with the target collection rate. Arrears have increased mainly due to the proportion of tenants now on Universal Credit. There has been an increase to the budget for the provision of bad debt to reflect this of £60k in 2019/20.

The average rents forecast in the budget and Business Plan for 2019/20 are set out below:

Social Rents

Bedroom Size	No of Properties	2019/20 Average Weekly Rent	2019/20 Average Monthly Rent
Bedsits	242	58.13	251.70
1	2,810	71.06	307.69
2	2,202	77.12	333.91
3	4,243	96.70	418.72
4	217	108.87	471.41
5	6	104.95	454.45
6	2	118.12	511.46
Total/average	9,722	84.18	364.48

Affordable Rents (new build properties only)

Bedroom Size	No of Properties	2018/19 Average Weekly Rent	2018/19 Average Monthly Rent
1	18	109.67	474.89
2	59	134.22	581.19
3	13	166.99	723.06
Total	90	134.05	580.42

3.4 Service Charges

Service charges for both tenants and leaseholders are based on the actual costs of providing services and are set on the basis of full cost recovery. Councils are entitled to recover the costs of these services from all users i.e. leaseholders and tenants. Annually the cost of providing the services is reviewed and the charges set accordingly. Leaseholder service charges are set in line with the terms set out in the lease. Tenant's service charges are flat to all tenants receiving the service or service standard.

In July 2017 the Cabinet agreed to the extension of certain specific charges for both sheltered and general needs tenants as put forward in the equivalent report in February 2017. With the exception of the proposed grounds maintenance charge these charges were introduced from October 2017, based on a phased introduction moving to full cost recovery over three years. The additional income from the final third year of this phasing is reflected in the Business Plan.

The proposed Grounds Maintenance Charge was not introduced in 2017/18 after initially being agreed by Cabinet which has also reduced the resources available in the HRA. Grounds Maintenance accounts for £1.3m of expenditure in the HRA annually with Leaseholders making a small contribution. By not charging tenants for all the services provided to them, the rents of all tenants are subsidising the costs and the resources in the HRA. No provision for a GM charge has been included in the draft budgets but consideration needs to be made as to whether a revised grounds maintenance charge to reflect the actual costs of providing the service should be considered. This could be phased over a period of time.

3.5 Capital Investment

The budget requirements to complete the Transforming Homes Programme are set out below. This is in line with the contractual arrangements for the programme. In 2019/20 the programme will complete the last phase of the internal programme and then move focus on to the external refurbishment works.

Year	Budget £m's
2019/20	10.54
2020/21	11.54
2021/22	4.44
Total	26.52

In 2021/22 the Housing Capital programme will continue with the priority works programmes based on the conclusions of the stock condition survey of HRA owned properties with a total budget projection for of £10m for all capital investment including the conclusion of the Transforming Homes Programme.

The survey indicated an overall investment need to maintain the current stock over the next 30 years of circa £452.5 million. This equates to a requirement of £15m for each year across all aspects of capital investment as currently accounted for under the Transforming Homes programme and planned maintenance programmes.

Revenue-funded cyclical testing and servicing works and most responsive repairs are in addition to this capital requirement, and will continue to be prioritised to ensure the maximum lifecycles of our council owned buildings are sustained.

3.6 Fire Safety Works

Work is ongoing to provide maximum assurance in relation to fire safety. A budget of £709k will be fully utilised in 2018/19 for safety enhancement works. A further budget of £1.0m is currently ear-marked for any additional fire safety work that may be recommended as part of the outcome from the Public Inquiry post Grenfell. This could include requirements for additional fire suppression systems in residential buildings.

There could also be a requirement for the upgrade of external wall insulation on high-rise blocks. Nine of the council’s high-rise blocks have external wall insulation that will need to be further reviewed in the near future and it is estimated that to remove and upgrade this insulation would cost approximately £8m. In addition when the council replaces the external insulation, the windows and doors will also be due for replacement. This is estimated to require a further £7m. The total requirement of £15m for this work is not currently included in the HRA Business Plan.

3.7 Service Review

Savings from the Service Review are reflected in the 2018/19 base budget. The service continues to seek ongoing efficiencies in year.

3.8 HRA New Build – Continuing to Build

Details of the current New Build programme in the HRA are set out below; the budgets are in line with available resources adjusted to reflect the profiling across the financial years.

(all figures £m’s)	2018/19	2019/20	Total
Scheme	Budget	Budget	Budget
Calcutta	1.81	9.20	11.01
Claudian	3.65	9.75	13.40
Tops Club	1.98	6.14	8.12
Total	7.44	25.09	32.53

	2018/19	2019/20	Total
Financing	Budget	Budget	Budget
Borrowing	5.21	11.76	16.97
Development Reserve	0	4.70	4.70
S106	0	0.45	0.45
Infrastructure Fund	0	0.66	0.66
1-4-1 Receipts	2.23	7.52	9.75
Total	7.44	25.09	32.53

The HRA is currently facing significant budget pressures. Notwithstanding this there is a clear ambition to continue a pipeline of HRA development activity to meet urgent housing needs. Despite making best use of RTB receipts to date, the current requirement to 'match' these funds from the main HRA budget acts as a clear constraint on development.

3.9 Use of Right to Buy Receipts

The Council has in excess of £13m unallocated RTB receipts. If released as a contribution to delivering new homes this would require a HRA contribution of around £31m. It is clear that under the present HRA funding arrangements this would not be sustainable. Under current Treasury rules, if the Council does not use the RTB receipts they must be repaid to government at an interest rate of 4% above base rate p.a. To avoid this, the first unallocated receipts must be spent by December 2018, which will be very challenging given the lead-in times associated with new build programmes. The Business plan includes £50k per annum set aside to cover any interest costs associated with the returning of receipts to the Treasury.

To ensure these funds do not leave the borough we have explored the setting up of a Housing Association fund through which a selected Housing Association partner could be funded to develop new build housing or to purchase existing satisfactory homes on the housing market that are in high demand for residents on the Council's waiting list. This approach would ensure that Thurrock residents benefit from the affordable housing delivered, through a nomination agreement with the Association as a grant condition, leading to timely use of the receipts. The Council is also in the process of buying back ex RTB properties with the support of General Fund resources.

Alongside the Green Paper the government also published a consultation seeking views on options for reforming the rules governing the use of Right to Buy receipts from the sale of council housing. The main points outlined in the consultation are as follows:

- Allowing local authorities to hold receipts they currently retain for five years instead of three, to give them longer to spend the receipts that they already have;
- Flexibility around the 30% cap in certain circumstances;

- Restricting the use of Right to Buy receipts on the acquisition of property and whether this should be implemented through a price cap per unit based on average build costs;
- Allowing local authorities to use Right to Buy receipts for shared ownership units as well as units for affordable and social rent;
- Allowing the transfer of land from a local authority's General Fund to their Housing Revenue Account at zero cost;
- Whether there are any circumstances where housing companies or Arm's-Length Management Organisations should be allowed to use Right to Buy receipts; and
- Allowing a short period of time (three months) during which local authorities could return receipts without added interest.

The consultation closed on 9th October 2018 and we are waiting for the outcome.

3.10 Estate Regeneration

The Council continues to assess the viability of a future programme for estate regeneration. There are clear financial obstacles to be addressed before any such programme could be formulated. These include the unfavourable combination in the borough of high construction costs, comparable with those found in outer London, and low sales values more associated with parts of Essex. This means viability is challenging even when the possible benefits of regeneration are clear, including for example a net increase in the number of social homes, the creation of more mixed communities through multi-tenure provision, and avoiding the substantial costs of maintaining a large number of properties beyond their optimum lifecycle.

Reviews continue to be undertaken to identify opportunities to bring forward regeneration including re-phasing of programmes to minimise land assembly costs, potential expansion of the development footprints of sites to increase the opportunity for cross subsidy between tenures and continued benchmarking of development costs and sales values. However, to date, the funding gap for any potential regeneration schemes remains substantial.

The council owns just fewer than 500 non-traditional dwellings that require differing levels of remediation to bring them up to the Thurrock Homes Standard. There are a number of different types of property and more detailed work is being done on the cost benefits of improving, remodelling or demolishing the various property types. It is estimated total refurbishment costs to give every non-traditional dwelling a minimum 30 year life would be £7m. This is not currently included in the HRA Business Plan.

3.11 Capital Investment

Based on the Stock Condition Survey data and other information it will be possible to plan a programme of planned maintenance works over the lifetime of the Business Plan, and to continue developing more efficient ways of keeping our assets in good condition whilst containing and rationalising the expenditure on properties. The survey data indicates when investment becomes essential and also, in relation to non-residential assets, where the necessary outlay to maintain an asset should be balanced against its ongoing utility.

This applies in particular to garages, where it may be logical to dispose of the asset at the point where essential works are indicated. A full review of the garages is underway and will be the subject of a separate report to the Committee.

A further strand of the housing review is considering how to arrive at the ideal balance between revenue and capital spend and to carry out phased programmes of property improvements which command the confidence of residents and reduce the emphasis on reactive works.

The figures in the Business Plan and the stock data as refined by the survey provide a robust framework for planning capital expenditure in the medium term. In this context the service also needs to be responsive to unforeseen developments and to ensure that where it is necessary to divert funds at short notice for any reason this does not lead to unsustainable budget gaps elsewhere. By the same token we will be alert for new funding streams and initiatives which will reduce budget pressures in the long term and be of benefit to our residents, for example by making sure all our homes meet the energy efficiency standards required in the private sector and a revised decency standard as referred to in the recent Housing Green Paper.

3.12 Reserves

As mentioned above the plan is for HRA reserves to be increase from their current level of £2.17m to the recommended amount of £3m over the next five years. The first increase is now scheduled for 2020/21. This reflects the relative stability of the overall budget from that point, as rents are again permitted to increase rather than reduce each in year.

3.13 Future viability

The Housing Revenue Account Business Plan is an essential document providing an assurance of our compliance with statutory requirements. Beyond this it can also be viewed as a crucial working document. The Plan provides the financial context for the Council, as a modern social landlord, to deliver service improvements and increase efficiency. It also highlights the need to use the service's financial resources to improve the appearance,

'liveability' and safety of all our physical assets, as well as working to improve life more widely for all our residents in the communities where they are situated.

3.14 HRA Budget

The main HRA budgets and variables from the Business Plan for this year and the next four years are set out below:

	Base Year				
Thurrock HRA Business Plan	1	2	3	4	5
Forecast Stock Numbers (Average)	9,852	9,745	9,779	9,684	9,591
£m	2018/19	2019/20	2020/21	2021/22	2022/23
Income					
Dwelling Rents	(42.84)	(43.19)	(44.85)	(45.28)	(46.11)
Voids	0.00	0.43	0.45	0.45	0.46
Net Rents	(42.84)	(42.76)	(44.40)	(44.83)	(45.65)
Non Dwelling Rents	(0.94)	(0.96)	(0.96)	(0.96)	(0.96)
Charges for services and facilities (net of voids)	(5.72)	(5.72)	(5.72)	(5.72)	(5.72)
Contribution towards expenditure	(4.30)	(4.77)	(4.87)	(4.97)	(5.07)
HRA investment income	0.00	0.00	0.00	0.00	0.00
Total Income	(53.80)	(54.21)	(55.95)	(56.48)	(57.40)
Expenditure					
Salaries	7.98	8.44	8.65	8.87	9.09
Supervision and Management					
Housing Operations	9.64	9.69	9.34	9.34	9.34
Recharges	6.53	6.53	6.53	6.53	6.53
Repairs and Maintenance	11.80	12.14	12.49	12.85	13.23
Rents, rates, taxes and other charges	0.22	0.26	0.26	0.26	0.26
(Increase)/decrease in provision for bad or doubtful debts	0.05	0.11	0.21	0.32	0.44
Total Expenditure	36.22	37.17	37.48	38.18	38.89
Net rental surplus	(17.58)	(17.04)	(18.47)	(18.30)	(18.50)
Interest payable on HRA Debt	7.00	6.39	6.43	6.79	7.14
DME	0.00	0.00	0.00	0.00	0.00
Available HRA revenue funds	10.58	10.65	12.04	11.51	11.36
New Borrowing	5.21	11.76	0.00	0.00	0.00
Development Reserve Fund	0.00	4.69	0.00	0.00	0.00
Major Repairs Reserve	0.63	0.00	0.00	0.00	0.00
Infrastructure Fund	0.00	0.66	0.00	0.00	0.00
RTB New Build Re-provision (1-4-1)	2.23	7.53	0.00	0.00	0.00
S106	0.00	0.45	0.00	0.00	0.00
Grant and new borrowing	8.06	25.09	0.00	0.00	0.00
Total HRA funding	18.65	35.74	12.04	11.51	11.36
Investment in own stock - Transforming Homes	10.67	10.54	11.54	4.44	10.00
Capital Investment in own stock	0.54	0.10	0.10	6.61	1.36
New Build	7.44	25.10	0.00	0.00	0.00
Total Applied spend	18.65	35.74	11.64	11.05	11.36
HRA Cash balances b/f	2.18	2.18	2.18	2.54	3.00
in year change	0.00	0.00	0.40	0.46	0.00
HRA Cash balances c/f	2.18	2.18	2.58	3.00	3.00

4. Reasons for Recommendation

- 4.1 The report sets out the implications for the HRA for 2019/20 onwards. The proposals put forward have been calculated and assessed in line with affordability consideration and regard for reserve levels. It is essential that a balanced budget is set for the HRA. This is a legal and operational requirement.

5. Consultation

- 5.1 This report will be considered by the Overview and Scrutiny Committee in advance of the February Cabinet Meeting and the recommendations noted.

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

- 6.1 The Council's reserve strategy recommends that the HRA maintains a minimum level of general reserves of £1.7m up to a prudent amount of £3.0m.
- 6.2 The management and operation of the HRA strives to support vulnerable people. The 30 year business plan sets out to ensure there is value for money within the Housing Service.

7. Implications

7.1 Financial

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

Financial implications throughout the report.

7.2 Legal

Implications verified by: **Chima Obichukwu**
Senior Housing Solicitor

The Council has a legal requirement to review the Housing Revenue Account and ensure that it does not go into deficit. In addition, determinations made under the Local government and Housing Act 1989 prescribed what can be charged to the HRA and the calculation of those charges.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development & Equalities

The HRA Business Plan and budgets for 2019/20 onwards reflect the Council's policy in relation to the provision of social housing with particular regard to the use of its own stock. In addition to the provision of general housing, it incorporates a number of budgetary provisions aimed at providing assistance to disadvantaged groups. This included adaptations to the stock for residents with disabilities.

8. Background papers used in preparing the report

None

9. Appendices to the report

None

Report Author:

Julie Curtis

Housing Accountant

Corporate Finance

18 December 2018	ITEM: 9
Housing Overview and Scrutiny	
Housing Allocations Policy Review 2018	
Wards and communities affected: All	Key Decision: Key
Report of: Ryan Farmer – Housing Strategy and Quality Manager	
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 suggested changes and matters for consideration relating to the current Housing Allocations Policy to ensure that the document adapts and reflects the ever-changing Housing landscape, both locally and nationally.

1. Recommendation(s)

1.1. Scrutiny is asked to comment on:

3.1.7 – Local Connection – Matters for Consideration

3.2.3 – Financial Qualification – Matters for Consideration

3.3.4 – Banding and Lists – Matters for Consideration

3.4.6 – Key Workers and Working Households – Matters for Consideration

3.5.12 – Applications, Bidding and Offers – Matters for Consideration

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 1st 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.

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 7.1% of overall Housing Register
Two	135	1.48%	
Three	505	5.53%	
Four	4217	46.14%	
Five	2707	29.62%	
Transfer List	1573	17.21%	
Total	9140		

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. In the recent consultation, 31.16% of respondents felt that the Council should amend its local connection criteria. Of these:

- 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

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 – Matters for Consideration**

Housing Overview and Scrutiny Committee are asked to consider the following changes to the Housing Allocations Policy:

- 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 change would mean 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 would 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 new length of time criteria which is being considered.

- The family local connection is amended only to include parents, siblings, children and those who have previously acquired parental responsibility for the applicant
- 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 – Matters for Consideration

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 suggested financial thresholds are below:

Property size – according to household make-up	Current Maximum Net Income	Suggested New 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 suggested financial threshold for three-bedroom properties compared to the other property sizes due to higher property purchase costs.

Housing Overview and Scrutiny Committee are asked to consider the above table and new income threshold. It is suggested that these thresholds would be applied to any active or future applications, until such time that the thresholds are reviewed again.

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 recent 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.

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 – Matters for Consideration**

Applicants with no identified housing need but which meet the qualifying criteria are currently allowed to join the list as a Band 5 applicant. Whilst the chances of an applicant in Band 5 of the 'Housing Waiting List' being offered accommodation are low, Housing Overview and Scrutiny Committee are asked to consider and comment on a change to the Housing Allocations Policy which would removal Band 5 in order to appropriately manage demand and ensure that those with the greatest priority are offered suitable accommodation.

If this change were to be implemented it would mean that when the new policy takes effect (anticipated to be 1 April 2019) no further applications would be accepted into Band 5. This change would also be applied retrospectively, so any applicants with active applications in Band 5 at a date determined in the final policy (anticipated to be 1 April 2020) would also have their application cancelled.

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 GPs and 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 to the consultation 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 indicates 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, with 26.04% respondents overall who felt that key workers should also be awarded a priority.

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 recent consultation, 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.

3.4.6. **Key Workers and Working Households – Matters for Consideration**

Housing Overview and Scrutiny Committee are asked to consider the following changes to the Housing Allocations Policy:

- 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 recent consultation, 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.

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 65% of active applicants did not place any bids between December 2017 and November 2018.

Priority Band/List	% of currently active applications with at least one bid placed between Dec 2017 – Nov 2018	% of currently active applications with no bids placed between Dec 2017 – Nov 2018
Band 1	0%	100%
Band 2	36.30%	63.70%
Band 3	53.66%	46.34%
Band 4	38.16%	61.84%
Band 5	26.01%	73.99%
Transfer List	21.68%	78.32%
Overall	34.80%	62.20%

3.5.4. As part of the 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.

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 recent 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.
- 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 – Matters for Consideration

Housing Overview and Scrutiny Committee are asked to consider the following changes to the Housing Allocations Policy:

- The introduction of annual applications reviews based on the application anniversary date to ensure that all applicants remain eligible to be on the Housing Register and that any awarded priority is still appropriate

- An amendment to stipulate that applications which have been inactive with no bids placed for more than 12 months will be cancelled, however the Council would be able to use its discretion in exceptional circumstances to allow inactive applications to remain
- A reduction in the number of unreasonable property refusals available to applicants in Bands 4 and 5 from 3 refusals to 2.
- An amends 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 matters for consideration which have been included throughout this report have been suggested so that the Council's Housing Register can more accurately reflect 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 would not only ensure that those with the greatest need are housed first, but would also reduce the likelihood of applicants remaining on the Housing Register if they no longer qualify. Furthermore, carrying out these regular reviews could also reduce the length of time taken between a property shortlist being drawn up and the subsequent offer to the successful applicant which would improve the experience for the applicant and reducing void loss.
- 4.4. The suggested increased percentage of properties reserved for working households/community contribution would directly address a number of responses within the recent consultation which indicated 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 would contribute 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 could 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 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.
- 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 where stakeholders are asked to comment on the specific proposals included in this report. 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. This report is being presented to the Housing Overview & Scrutiny Committee on 18 December 2018 to seek views and feedback on suggestions and matters for consideration as outlined.
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

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 A - Housing Allocations Policy Review – Consultation 1 October 2018 (*Copies of the report can be found in the Members area and will be tabled on the night*)
- Appendix B - Affected Applications Analysis

Report Author:

Ryan Farmer
Housing Strategy & Quality Manager
Business Improvement - Housing

Housing Allocations Policy Review

Appendix B – 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 109	Number of current live applications	Reason for application removal							TOTAL	% of live applications which would be removed
		Change in 'Family' Local Connection	Removal of 'Employment' Local Connection	Removal of Band 5	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		
Waiting List	7567	7	4	704	2924	3	4	2003	5649	74.7%
Band 1	3	0	0	0	3	0	0	0	3	100.0%
Band 2	135	0	0	0	86	0	0	0	86	63.7%
Band 3	505	0	0	0	234	0	0	0	234	46.3%
Band 4	4217	7	4	0	2601	3	4	0	2619	62.1%
Band 5	2707	0	0	704	0	0	0	2003	2707	100.0%
Transfer List	1573	0	0	0	1232	0	0	0	1232	78.3%
Grand Total	9140	7	4	704	4156	3	4	2003	6881	75.3%

Table 2

	Number of current live applications	Reason for application removal							TOTAL	% of live applications which would be removed
		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		
Housing Waiting List	7567	7	4	704	2924	3	4	2003	5649	74.7%
Band 1	3	0	0	0	3	0	0	0	3	100.0%
Band 1 - Permanent Decant	2	0	0	0	2	0	0	0	2	100.0%
Other	1	0	0	0	1	0	0	0	1	100.0%
Band 2	135	0	0	0	86	0	0	0	86	63.7%
Band 2 - Change of Tenancy	4	0	0	0	2	0	0	0	2	50.0%
Band 2 - Cumulative Need	7	0	0	0	4	0	0	0	4	57.1%
Band 2 - Housing Adaptation Panel Priority	3	0	0	0	0	0	0	0	0	0.0%
Band 2 - Medical Priority 1	9	0	0	0	2	0	0	0	2	22.2%
Band 2 - Retiring Thurrock Council Resident Staff	1	0	0	0	1	0	0	0	1	100.0%
Band 2 - Succession Under-occupied Tenancy	2	0	0	0	1	0	0	0	1	50.0%
Band 2 - Under-occupation by More Than 1 Bedroom	98	0	0	0	68	0	0	0	68	69.4%
Band 3 - Medical Priority 2	2	0	0	0	0	0	0	0	0	0.0%
Other	9	0	0	0	8	0	0	0	8	88.9%
Band 3	505	0	0	0	234	0	0	0	234	46.3%
Band 3 - Care Leavers Move On	36	0	0	0	8	0	0	0	8	22.2%
Band 3 - Carers Priority 2	1	0	0	0	0	0	0	0	0	0.0%
Band 3 - Homeless	94	0	0	0	24	0	0	0	24	25.5%
Band 3 - Medical	67	0	0	0	19	0	0	0	19	28.4%

	Number of current live applications	Reason for application removal							TOTAL	% of live applications which would be removed
		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		
Priority 2										
Band 3 - Overcrowding	38	0	0	0	5	0	0	0	5	13.2%
Band 3 - Properties with Severe Hazards	12	0	0	0	3	0	0	0	3	25.0%
Band 3 - Supported Housing Move-On	7	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	10	47.6%
Band 3 - Under-occupation by 1 bedroom	212	0	0	0	159	0	0	0	159	75.0%
Band 3 - Welfare Grounds	11	0	0	0	4	0	0	0	4	36.4%
Other	6	0	0	0	2	0	0	0	2	33.3%
Band 4	4217	7	4	0	2601	3	4	0	2619	62.1%
Band 4 - NAH - Affordability	8	0	0	0	1	0	0	0	1	12.5%
Band 4 - NAH - No Garden	5	0	0	0	2	0	0	0	2	40.0%
Band 4 - NAH - No Secure Accommodation	23	0	0	0	10	0	0	0	10	43.5%
Band 4 - NAH - Overcrowded by 1 bedroom	3127	1	0	0	2082	0	0	0	2083	66.6%
Band 4 - Non-Statutory Homeless	19	0	0	0	9	0	0	0	9	47.4%
Band 4 - Not Adequately Housed	634	6	4	0	286	2	4	0	302	47.6%
Band 4 - Notice to Quit	58	0	0	0	10	0	0	0	10	17.2%
Other	343	0	0	0	201	1	0	0	202	58.9%
Band 5	2707	0	0	704	0	0	0	2003	2707	100.0%
Transfer List	1573	0	0	0	1232	0	0	0	1232	78.3%
Grand Total	9140	7	4	704	4156	3	4	2003	6881	75.3%

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18 December 2018	ITEM: 10
Housing Overview & Scrutiny Committee	
Consultation Update on the Housing Option of Additional Licensing scheme	
Wards and communities affected: All	Key Decision: Key
Report of: Dulal Ahmed Housing Enforcement Manager	
Accountable Assistant Director: Carol Hinvest, Assistant Director of Housing	
Accountable Director: Roger Harris Corporate Director of Adults, Housing and Health	
This report is Public	

Executive Summary

On December 13 2016, the Housing Overview & Scrutiny Committee agreed that officers should explore introducing Additional Licensing of privately rented properties that would not be covered by the mandatory licensing of Houses in Multiple Occupation (HMO) coming into force on 1 October 2018.

Legislative guidance has been followed on the approval steps for additional licensing.

This report sets out the findings of the public consultation exercise programme from July 9th to September 24th 2018 to gather views and representations before any recommendations to Cabinet to implement an Additional Licencing scheme.

This proposed scheme will give greater protection to HMO tenants if approved. Its estimated 700 unlicensed shared houses with 2800 households live in Thurrock not subject to mandatory licensing.

Under the proposals, landlords would need to obtain a licence for an HMO falling within Additional Licensing scheme for which there is a fee. The fee is charged to cover the costs of processing an application, monitoring compliance with licence conditions and enforcing the scheme.

1. Recommendation(s)

1.1 Note the new extended mandatory HMO licensing scheme came into force on October 1 2018

- 1.2 **Note Additional HMO licensing falls outside the scope of mandatory HMO licencing of private rented property which is let to 5 or tenants who form two or more households**
- 1.3 **Note the proposed Additional Licensing designated areas in the borough will be subject to licensing for private rented property which is let to 3 to 4 tenants who form two or more households**
- 1.4 **Note the outcomes of the public consultation exercise with a view to making recommendations to Cabinet.**

2. Introduction and Background

- 2.1 On December 13 2016, the Housing Overview & Scrutiny agreed to 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 HMOs than the Government's new mandatory scheme.
- 2.2 A House in Multiple Occupation (HMO) 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.
- 2.3 Thurrock has around 700 HMOs not subject to mandatory licensing in certain parts of the borough.
- 2.4 The standards of management and living conditions in some HMOs can be poor especially unlicensed HMOs who do not proactively manage their properties, nor address the unacceptable behaviour of their tenants.
- 2.5 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.
- 2.6 We have gathered evidence of poor management and living conditions below minimum housing standards of tenants to explore licensing for properties let to 3 to 4 tenants.
- 2.7 To make a designation for additional licensing scheme and satisfy the grounds on which a scheme can be introduced the council must show that a significant proportion of HMOs [of that description in 2.2] within its area are

being managed ineffectively as it 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.

- 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.
- 2.9 Additional licensing would be appropriate for Thurrock to improve local standards as HMOs present a higher risk to safety and health of the occupants than other homes, particularly in relation to injury from fire, overcrowding or lack of amenities.
- 2.10 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.
- 2.11 The Government's extended mandatory HMO definition in point 2.5 came into force on October 1 2018 under the Housing Act 2004 for licensing purposes
- 2.12 Forty new applications were received accompanied with a fee payable to the council for HMOs occupied by five or more unrelated persons.
- 2.13 If approved the Additional Licensing scheme will 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.
- 2.14 HMO landlords covered in the additional licensing scheme must pay the council a licence fee to rent out their property. The private 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. Proposed Additional Licensing Scheme

- 3.1 The demand for affordable housing in Thurrock has increased over the last 5 years. Small HMOs have been popular with landlords providing multiple homes to satisfy consumer demand without being subject to licensing regulations.
- 3.2 Although HMOs provide a valuable resource to the housing market a high concentration of HMOs in a neighbourhood can have a detrimental effect on the surrounding properties and their neighbourhood. Thurrock has around 700 HMO properties in its area that are not covered by the mandatory Licencing scheme and a large number of service requests have management issues

such as anti-social behaviour by tenants, unacceptable waste storage and disposal and overcrowding.

- 3.3 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.
- ✓ 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
- 3.4 The proposed licensing scheme can regulate this area so that the council can address these management issues with the landlord or his or her agent under their license conditions. For example, by requiring landlords to take action in dealing with Anti-Social Behaviour [ASB], the Additional Licensing scheme can help to ensure that ASB is dealt with more quickly and efficiently in HMOs, thereby preventing small problems escalating and prevention of negative effects on public health.
- 3.5 Also, if a landlord or managing agent allows a HMO to be occupied by more people/households that is licensed it is an offence punishable on summary conviction to an unlimited fine. A Civil Penalty Notice of up to £30k is an alternative sanction available to the council.
- 3.6 However, if the breach is serious or persistent e.g. failure to tackle their anti-social behaviour tenants their licence may be entirely revoked. If the council revokes the licence it will consider its housing options of taking over the HMO management.
- 3.7 The council has established the evidence base needed to support the introduction of a designated additional licensing scheme in parts of the borough. This information was shared during the consultation process with those affected by the scheme and the wider general public. See point 5.2.
4. **The benefits of Additional Licensing Scheme**
- 4.1 Most local authorities report a positive effect of licensing on the physical condition of properties, the quality management and the quality of accommodation.

- 4.2 We believe that the potential benefits to public health include a reduction of ill health due to overcrowding conditions, reducing risks from cold homes; combat stress factors triggered by ASB behaviours and reduce the risks of injuries at home. The benefits are also likely to impact more vulnerable groups living in HMOs most greatly such as the elderly and poorer households and therefore can help to address health inequalities.
- 4.3 If additional licensing is introduced it would considerably increase the scope of the limited mandatory Licensing scheme based on the current definition of an HMO for which 40 licenses are pending to be licensed at the time of this report.
- 4.4 HMOs are increasingly being used as a way to cope with increased demand for housing for single adults as rent levels and house prices prevent many single adults from living in their own property.

5. Consultation Approach

- 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 consultation process lasted for 11 weeks from July 9 to September 24 2018. The consultation documents consisted of:

Additional Licensing Evidence file, Additional Licensing frequent asked questions, HMO definitions, HMO draft licence conditions and a map of the proposed licensing areas

- 5.3 Respondents were invited to complete an online survey on the council's consultation portal, see appendix 1, which was designed to help structure responses about Thurrock and HMOs. It also contained a space to capture comments about the council's proposed HMO licence conditions to raise their management standards and reduce problems associated with HMOs in the proposed scheme.
- 5.4 The consultation was published by a media release including within specialist residential property publications, adverts within newspaper publications in borough and surrounding areas that may be affected by the scheme, see appendix 2 and details of the consultation were promoted using social media e.g. Twitter and Facebook throughout the consultation period.

- 5.5 Local residents including tenants, letting/managing agents, businesses and stakeholders in Thurrock, Barking and Dagenham, Basildon, Billiercay & Wickford, Brentwood, Castlepoint, Chelmsford, Rochford, Southend, Havering and Waltham Forest were consulted.
- 5.6 326 letters were also sent to private landlords and letting agents about the proposed scheme and information was also circulated by email to managing/letting agents of how to respond to the consultation.
- 5.7 Presentations were given at four public consultation meetings hosted by the private housing service to residents, private landlords and letting/managing agents. Those attending had an opportunity to engage with council staff who gave detailed feedback about the scheme and gave details of how to get involved. Our landlord forums are attended by private tenants, landlords and letting agents who are part of our landlord mailing list and the wider public.
- 5.8 Meetings were also held with representatives of the community safety partnership about raising awareness of the scheme to the Police, Fire Authority, Public Health, Probation, Adults, and Children Services with an interest in private housing within Thurrock.

6. Results from the on line survey

- 6.1 163 surveys were completed on line and the responses are summarised in the table below.

	Support	Oppose
Overall , how much do you support or oppose the introduction of an Additional Licensing scheme	141	15

	Agree	Disagree
To what extent do you agree or disagree that the Additional Licensing Scheme will assist poor performing HMOs raise their standards	135	16
To what extent do you agree or disagree that the Additional Licensing improve the health and safety of tenants living in HMOs	134	17
To what extent do you agree or disagree that the Additional Licensing will help to ensure that HMOs are better maintained and managed	135	17
To what extent do you agree or disagree that properties in Grays, South Ockendon, Tilbury , West Thurrock, and Purfleet should be included in the proposed areas for Additional Licensing	135	19

	Problem	Not a problem
To what extent do you believe anti-Social behaviour to be a problem in Thurrock?	154	5

	Whole	Parts
If the council introduces Additional Licensing , should it cover the whole borough or just parts of the borough	69	86

	Satisfied	Dissatisfied
Overall, how satisfied are you with Thurrock as a place to live, work or rent your property	118	25

- 6.2 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.
- 6.3 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.
- 6.4 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.
- 6.5 72% of respondents were satisfied with Thurrock as a place to live, work or rent their property but it showed many residents felt there are problems in the borough related to poorly managed HMO and private sector accommodation.
- 6.6 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

- 6.7 Of those who completed the survey 120 lived within Thurrock.
- 6.8 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.
- 6.9 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

6.10 The council's full response to the consultation can be found in appendix three.

7. Results in relation to the proposal

7.1 Respondents generally agreed the Additional Licensing scheme would improve their neighbourhood and make a positive contribution to Thurrock reducing problems associated with HMOs.

7.2 Respondents also strongly felt the whole of the borough should be covered by the proposals not just certain parts.

8. Results in relation to supporting the scheme

8.1 Overall, 73% respondents strongly agreed to the scheme. The table below provides a breakdown of this support.

	No.
Strongly Support	119
Support	22
Neither Support or Oppose	6
Oppose	3
Strongly Oppose	12
No Response	1

9. Representation

9.1 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.

10. Fee Structure

10.1 The proposed fee structure to the Additional Licensing scheme will be recommended to Cabinet within the council's Fee & Charges Report 2019/20. The Housing Overview & Scrutiny will have oversight of this.

10.2 A breakdown of the proposed fee can be found in the appendix.

11. Reasons for Recommendation

- 11.1 Licensing is consistent with the council Housing Strategy 2015-2020 for the management of HMOs. It recommended regulation to ensure homes are fit and safe.
- 11.2 It enables proactive housing enforcement to tackle poor housing conditions, improvement management standards and reduce health inequalities.
- 11.3 We have produced detailed evidence and we consider it a proportionate response to the issues with management, property conditions and ASB that existing interventions have not been able to resolve.
- 11.4 Part 2 of the Housing Act 2004 gives local authorities the power to declare Discretionary Licensing areas where problems in the private rented sector have been identified. There are a number of areas in the Borough where the problems with the private rented sector would warrant additional licencing.
- 11.5 Consideration has been given to other options:
- [a] Do nothing and carry on Mandatory licensing but this does not extend to small HMOs;
- [b] Continue to respond to complaints and carry out inspections and enforcement action. However, this is not an effective use of our resources with complaints prioritised on the basis of a risk assessment;
- [c] Continue to promote landlord accreditation and guidance through landlord forums. The number of accredited landlords operating in Thurrock is 281 out of 11,000 homes within the private rented sector recorded at the last census in 2011
- [d] The adoption of Article 4 Direction of the Town and County Planning Act [General Permitted Development] (England) Order 2015 to withdraw development rights to change a use of from a single dwelling house [use class 3] to a small HMO shared by 3 to six persons unrelated[use class 4]. The council wants to work with private landlords to increase the number of homes to meet local housing demand rather than reduce the supply of one bedroom properties.
- 11.6 Mandatory HMO licensing will not tackle problems associated with non-licensable HMOs including small HMOs that are badly managed, are not being properly managed or are causing a problem in the borough.

12 Consultation (including Overview and Scrutiny, if applicable)

- 12.1 The council carried out a full ranging consultation programme over 11 weeks to obtain the views of key stakeholders including landlords, letting /managing agents, tenants, residents, businesses, stakeholder representatives organisations, as well as neighbouring boroughs.

- 12.2 The results of the consultation will be shared on the council's website.
- 12.3 The committee to consider all the relevant issues before determining whether to introduce a designated scheme in the borough.

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

- 13.1 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.

14. Implications

14.1 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.

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.

14.2 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 licencing 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

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.

14.3 Diversity and Equality

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

The Community and Equality Impact Assessment is in the appendix. 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.

14.4 Staffing 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.

15. 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):

Implementation of Mandatory Licensing of Houses in Multiple Occupation and the introduction of an Additional Licensing scheme, 10 July 2018

<https://democracy.thurrock.gov.uk/ieListDocuments.aspx?CId=167&MID=5481#A18238>

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

<http://democracy.thurrock.gov.uk/documents/g5067/Public%20reports%20pack%2013th-Dec-2016%2019.00%20Housing%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

16. Appendices to the report

Appendix 1; Additional Licensing Evidence report (*Copies of the report can be found in the Members area and will be tabled on the night*)

Appendix 2; Consultation Frequent Questions and Answers (*Copies of the report can be found in the Members area and will be tabled on the night*)

Appendix 3; HMO Fee Structure 2019/20

Appendix 4; Community and Equality Impact Assessment (*Copies of the report can be found in the Members area and will be tabled on the night*)

Report Author:

Dulal Ahmed
Housing Enforcement Manager,
Private Housing

HMO Fees 2019/20

Fees and Charges are subject to change in 2019/20

1. The HMO Licensing Fee Structure

	Number of Units	Landlord Accredited	Non-Accredited Landlord
New HMOs 5 year License (Fees for single tenancies and shared houses)	3-5	£975.00	£1,130.00
	6 to 10	£1025.00	£1,180.00
	11 to 15	£1,130.00	£1,300.00
	16 to 20	£1,235.00	£1,420.00
	21 to 29	£1,420.00	£1,630.00
	30 or more	£1,645.00	£1,890.00
* extra fee may be applicable for larger premises inspection			
Renewable HMOs License (5 Year- no changes or management regulation breaches)	3-5	£485.00	£560.00
	6 to 10	£515.00	£590.00
	11 to 15	£565.00	£650.00
	16 to 20	£615.00	£710.00
	21 to 29	£710.00	£815.00
	30 or more	£820.00	£945.00
Other Misc. income			
Change of Manager or ownership		£150.00	£173.00
Assisting with Licensing application (First 30 minutes free for accredited landlords, thereafter £62.00 per hour pro rata)		£62.00	£62.00

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Work Programme

Committee: Housing Overview and Scrutiny

Year: 2018/2019

Dates of Meetings: 28 June 2018, 2 October 2018, 11 December 2018 and 5 February 2018

Topic	Lead Officer	Requested by Officer/Member
28 June 2018 – CANCELLED		
10 July 2018		
Work Programme	Democratic Services Officer	Standard Item
HMO (House of Multiple Occupation) - update & Private Sector Licensing update	Dulal Ahmed	Officer
Mental Health and Domestic Violence within Homelessness case reviews	Roger Harris / Richard Birchett	Officer
Gas repair procurements	Roger Harris / Richard Birchett	Officer
External decorations	Roger Harris / Richard Birchett	Officer
2 October 2018		
Fire Safety Update – including an assessment on the fitting of sprinklers	Roger Harris	Member

Work Programme

Topic	Lead Officer	Requested by Officer/Member
Social Housing Green Paper consultation / Right to Buy sales consultation	Richard Birchett / Roger Harris	Officer
Verbal update on implementation of HMO licensing	Richard Birchett / Roger Harris	Officer
18 December 2018		
Housing Fees and Charges Report	Andrew Austin	Officer
Annual Public Health Report 2018: Older People's Housing	Andrea Clement	Officer
Review on HMO (House of Multiple Occupation) & Private Sector Licensing update	Dulal Ahmed	Officer
Housing Allocation Review	Carol Hinvest	Officer
Sheltered Accommodation / Out of Hours Response	Carol Hinvest	Officer
HRA 2019/20 Business Plan	Carol Hinvest / Roger Harris	Officer
5 February 2019		
Update report on garages.	Carol Hinvest / Roger Harris	Officer
Fire Safety Update (Sprinklers)	Carol Hinvest / Roger Harris	Member
Homelessness Strategy	Carol Hinvest	Officer