

HOUSING IN KENT JSNA CHAPTER

INTRODUCTION: HOUSING AND HEALTH

Housing is intrinsically linked to health inequalities. Without access to good quality and affordable housing, people's chances of enjoying good health and a long life are hindered. Those most affected are often living in deprivation and are hard to reach. The housing sector works with many of those people and so is well placed to contribute towards reducing the disparities in health. Reducing health inequalities through interventions in housing can also bring economic gains to health care budgets and spending relatively modest sums for housing adaptations can give real cost benefits to health.

Housing is increasingly seen as a key part of providing appropriate care, particularly as Government and local authorities aim to support people in their own homes. Housing is also recognised as a key determinant of wellbeing and can play a key part in reducing health inequalities if housing interventions are joined up with health programmes.ⁱ Poor housing conditions – including homelessness, temporary accommodation, overcrowding, insecurity and housing in poor condition constitute a risk to health.ⁱⁱ Poor housing also increases inequalities in health outcomes. Those most at risk are:

- **Children** - Children living in poor housing are more likely to have slow physical growth, delayed cognitive development, experience poor mental health, contract meningitis, respiratory conditions and experience long term ill health and disability.
- **Older people** - For older people, the impact of cold and damp homes can exacerbate existing conditions and poor quality housing can lead to depression and isolation. Cold and/or hazards in the home can result in falls and in extreme cases premature deaths.
- **People with chronic or long term illnesses** may have their existing conditions exacerbated, leading to increased admissions/readmissions to hospitals and the need to access primary/secondary health care more often.

The number of people living with multiple, long-term health conditions is increasing. This is a challenge to public health both locally and nationally. However, working in partnership offers opportunities to deliver services in a way that improves outcomes, and makes better use of resources.

There are a number of factors that have a potential to affect an increase in demands on existing housing services both in the short and medium term. These include limited housing stock, economic downturn, changes to the welfare system, migration from London boroughs into Kent and cuts to public spending. As housing rent is likely to take up a larger proportion of a household budget, those families / individuals claiming benefits/on low wages, are likely to have less resources available for other essentials including fuel and food, which in turn will affect health outcomes of occupants.

The Royal College of General Practitioners estimates that the average number of consultations carried out by each GP in England per year is currently 10714 and has increased by approximately 16% since 2008.ⁱⁱⁱ The increasing pressure facing general practice due to rising demand for consultations highlights the importance of addressing one of the key policy

objectives recommended by Marmot, namely, to strengthen the role and impact of ill health prevention. The evidence base around addressing the wider social determinants of health presents a compelling case for advice services working collaboratively with primary care to ensure early identification and intervention of clients whose advice problems are likely to impact on their immediate and future health and wellbeing.^{iv}

Housing, planning and health partnerships are a recommended way to break the cycle of poor health and inequality.

Access to housing- For many families access to housing is difficult; the demand for social housing is far outweighed by the current supply. There is the difficulty for some to access affordable mortgages, preventing those with the desire to own a home from doing so. Changes to the social housing regime, the funding of affordable homes, the planning framework and the welfare system have exacerbated existing challenges in a poor economic climate, making it harder for the public and private sector to respond to these issues.

The importance of the role of the private rented sector is likely to expand further in the very near future; the number of homes rented privately is already exceeding the number of social rented homes. There is now an increasing pressure for this sector to provide good quality housing for those unable to access social or affordable home ownership. The private rented sector is also a source of accommodation through which the homelessness duties of a District Council will be fulfilled. However, the availability of this accommodation tenure has the potential to decrease as a result of the proposals in the Comprehensive Spending Review:

- Rent increases to tenants or possible evictions due to property sales because of the impact of the proposed abolition of mortgage interest relief to landlords
- Less 'buy to let' properties being purchased due to the proposed increase in Stamp Duty

Kent looks to ensure, via landlord fora and engagement with landlord associations, that private sector landlords are engaged and understand the needs of their potential and current clients, the local economy and their role generally in improving the preconceptions of this sector, to ensure that it is, and remains, quality housing tenure.

The Kent and Medway Housing Strategy 'Better Homes: localism, aspiration and choice' is a county-wide housing strategy setting out the approaches which will deliver the right mix of homes in the right places, under pinned by a number of elements which are linked to these approaches. Theme 5 within the Kent and Medway Housing Strategy is "**Housing Need**", an ambition by the Kent Forum to 'support vulnerable people in housing need to fulfil their potential and live a high quality life through the provision of excellent housing and support services'. Although each local authority in Kent and Medway will have their own strategies to address housing need and homelessness, there are common themes running through them all particularly with regard to homelessness.^v

Kent County Council (KCC) Social Care Health and Wellbeing (SCHWB) is engaged in an Adult Services Transformation Programme, which will impact on housing provision for vulnerable people. The new programme will require more developments of housing solutions for vulnerable people as a continuum of care. In July 2014, the Kent Accommodation Strategy for Adult Social Care 'Better Homes: Greater Choice' was launched and is a joint strategy between Health, Social Care and the District Councils. The strategy plans for the future needs of older people with care and accommodation needs (extra care) as well as the need for more supported housing for younger adults with learning disabilities, mental health problems, physical disabilities

and autism. Implementation of the Accommodation Strategy commenced in September 2014 and complements district and borough housing strategies and will ensure that all future provision delivered is coordinated, mapped and sustainable.^{vi}

KEY ISSUES AND GAPS

There are a number of key issues regarding housing:

- **Rising number of homeless individuals/households** - the proposed abolition of housing benefit for people under 22, may also increase levels of homelessness, particularly among young people if families cannot afford to keep them and overcrowding leads to family tensions
- **Changes to the welfare system** - the cap on local housing allowance/housing benefit, spare room subsidy in the social sector, and the changes under Universal Credit are likely to impact on the affordability of accommodation, with people being forced to move into cheaper accommodation and migrating into areas with cheaper private rented properties. These changes are likely to lead to choices such as overcrowding, if forced to move to smaller properties, or by cutting down on other expenditure such as food and/ or fuel
- **The reduction in the benefit cap** - If households see their overall budget reduced they will be forced to make decisions about what to prioritise spending their money on. Not all will choose to pay their rent first and this may lead to increases in arrears and ultimately homelessness resulting in additional pressures on social landlords and housing authorities with responsibilities in these areas. Increasing numbers of people may have to make the choice 'to heat or to eat', resulting in poor nutrition and cold related illnesses
- **The lower benefit cap to temporary housing** will have an especially damaging effect on emergency and short-term housing provision for some of the most vulnerable households in the country and will make it far more difficult to provide this accommodation for homeless households, which may lead to an increase in rough sleeping
- **The capping of local housing allowance (housing benefit) rates for social housing** may also have significant impacts as tenants have less disposable income for other spending such as food and or heating and may force some families into the private rented sector at the lower range of rents resulting in overcrowding in poor condition stock. This will have particular impacts in those areas where rents are less affordable. There will also be impacts on the most vulnerable as supported housing and extra care/sheltered tends to be more expensive and above those rates, unless these types of accommodation come under the definition of exempt accommodation
- **Overcrowding** – some households may be forced to live in over-crowded or poor conditions as a means of reducing their housing bill. This will have knock-on impacts for children in these households as the effect of overcrowded and poor condition housing on health and education outcomes is well documented. Research published by The Centre for Housing Policy University of York, found that housing space inequality is growing in terms of rooms per person. This is likely to result in health issues linked to overcrowding, such as communicable diseases and a reduction in happiness and wellbeing
- **Hidden homelessness** – linked to over crowding and 'sofa surfing' especially by young people and single homeless

- **National and local funding cuts to Supporting People budgets** which will mean a reduction in good quality support services to assist vulnerable client groups to maintain a tenancy within the social and private rented sectors
- **People under 35 and shared room rate-** Extending the shared room rate for under 35s to the social rented properties may result in social accommodation becoming unavailable for this age group, with many of them only able to access the lower 30% of private rented accommodation
- **Management of ex offenders when leaving an institution** – again linked to support services and advice about housing options before and after leaving prison and the increasing scarcity of affordable accommodation, especially for those under 35
- **Young people aged 16/17** who are homeless/at risk of being homeless who are often part of hidden homelessness/sofa surfing
- **Lack of affordable move on** accommodation for people who are ready to leave supported accommodation
- **Access to the private rented sector** - Access to the private rented sector for those on limited incomes is also becoming increasingly difficult, as these properties are now sought by those who would have traditionally looked to home ownership previously. Changes in the benefits system and the capping of local housing allowance have also had an impact on reducing the amount of available affordable accommodation. Shorter tenancies and insecurity of tenure can also impact on mental wellbeing, and can discourage tenants from taking up home improvement initiatives or reporting problems to a landlord, for fear of being evicted
- **Overall availability, provision, and access to, good quality affordable housing** across all sectors and the type and mix, especially to those who are in the lower paid or zero hours jobs, or who are on benefits
- **Shortage of affordable housing**
A large proportion of young adults on low to average incomes are finding that entry into home ownership is out of reach for them. The requirement for large deposits and difficulty accessing mortgages means that the average age of a first time buyer is now 37 and rising. House prices vary considerably in Kent with the average price of a house in Thanet at £194778 and in Sevenoaks £428371 (2014)^{vii}
- **Availability of public sector land**, released at low cost to assist in the provision of new affordable housing.
- **Poor quality housing** leading to poor health and impacts upon children's educational attainment
- **Asset rich and cash poor households**, particularly for older people which may lead to poorly maintained and cold housing and excess winter deaths due to fuel poverty
- **Lack of funding and under supply of adaptable homes** across all tenures leading to delayed discharge from hospital/readmissions to hospital.

- **Domestic Abuse** and related support and Refuges
- **Under-occupation** due to the number of single person households as a result of an increase in an ageing population. However, some housing providers have an under occupation officer and a financial support scheme
- **Proposed rent reduction for social housing landlords** of 1% per year for the next 5 years, coupled with the extension of the right to buy for housing association properties, will have a substantial financial impact on the business plans of housing associations and their ability to build more affordable housing
- **Reduction in provision of affordable houses** -Although the Government has made a commitment to the building of starter homes, these will still not be affordable for those on low wages/benefits

1) WHO IS AT RISK AND WHY?

Rough sleepers – In terms of rough sleeping in Kent, local housing authorities estimated that on a single night in 2015, there were 172 people sleeping rough, a 25% increase from 2014. However, the data from street outreach services is probably more useful in terms of identifying trends than the annual one night snapshot. (*Figures 1 and 2*)

A lack of housing impacts significantly on health and wellbeing. Common health problems experienced by rough sleepers include higher rates of TB and hepatitis, hypothermia, pneumonia, poor condition of teeth and feet, respiratory problems, skin conditions, infections, digestion and dietary conditions, rheumatism or arthritis, and mental health problems. There are also health implications related to high rates of substance misuse, and injury and illness from assault.

Rough sleepers are 40 times more likely to be unregistered with a GP. Engaging rough sleepers with primary health care services early on will help them access preventative treatment for minor injuries and illnesses, thereby minimising the need for emergency health care later once the condition has become entrenched or severe. It is also more difficult to achieve a continuation of care once rough sleepers have been discharged from hospital. 70% of rough sleepers are discharged back onto the street without their housing or on-going care needs being properly addressed. Linking in with other services such as mental health, substance misuse and social care can prevent exacerbation in health conditions and prevent total isolation. The Unhealthy State of Homelessness is a 2014 health audit of homeless people which highlights the extent to which people who are homeless experience some of the worst health problems in society and demonstrates the costs of ill health and homelessness. ^{viii}

Single Homeless People – There is no official count of single homeless people, in part because many are hidden from view, especially those who will only qualify for shared room rate under local housing allowance and who are unable to access appropriate accommodation particularly in areas where market rents are high. They may live in supported accommodation, e.g. hostels and semi-independent housing projects or sofa surf, live in squats, or be sleeping rough. They do not necessarily meet the priority needs criteria under homeless legislation to be housed by their local authority. Many may nevertheless have significant support needs and are at risk of worse health than the general public, especially poor mental health and substance misuse.

Offenders - Who will be even more restricted with regard to accommodation options for the same reasons and may be at risk of re-offending and a failure to address substance misuse and

access health services.

Households in temporary accommodation – For those who are homeless and living in temporary accommodation, moving from one address to another can lead to links with primary health care services, such as GP's, dentists, pharmacists and midwives, being broken. Children in particular are more likely to miss out on immunisations, which can have serious implications on their future health. Children are also at greater risk of infection, skin disorders, chest infections and accidents. They can also suffer mental health problems and have problems at school. Households placed in emergency accommodation such as Bed and Breakfast, have limited access to cooking facilities, leading to poor nutrition.

Benefit recipients - Changes to, and caps on, local housing allowance may result in people moving away from their local area where they have health/support networks in order to access cheaper accommodation, which in turn may lead to areas of deprivation importing even more need placing a strain on already stretched services.

People with a Disability - Families with children with a disability/older people/disabled people who need adaptations but may have to join a waiting list in some areas due to a finite sum of money available for Disabled Facilities Grants and a lack of suitable adaptable accommodation across all tenures.

Young people – Young people who are homeless/potentially homeless, most commonly due to family relationship breakdown, are vulnerable to a range of poor health outcomes and are likely to be socially excluded later in life due to homelessness. They often lead chaotic lifestyles with the need for housing and employment being more pressing issues for them than seeing their health as a priority. Many have not developed the skills to look after themselves and take risks without fully understanding the consequences and are more likely to have poorer life outcomes such as lack of education, substance misuse problems, teenage pregnancy and offending. Any reduction in access to supported housing will restrict the housing options for this age group leaving them at risk of revolving homelessness, and rough sleeping which is a safeguarding concern, particularly around child sexual exploitation.

Care Leavers including Unaccompanied Asylum Seeking Children - also at risk for the same reasons as above, if they are unable to sustain a tenancy due to lack of appropriate accommodation/support.

People with long term limiting illness - Who may have an extended hospital stay/several readmissions due to cold/hazards in the home remaining unaddressed.

Older people who are 'asset rich/cash poor' - Whose homes may be cold/falling into disrepair which affects mental and general health. Kent Integration pioneer helps health and social care services work together to provide support for people at home and earlier treatment within their community. This reduces the number of people needing emergency care in hospital or care homes.

The Kent Integration Pioneer has taken some actions from Housing's Health Inequalities action plan, Think Housing First, to include in their planning for the integrated services in order to achieve better and more innovative outcomes for Kent. ^{ix}

People living in poor quality housing - Hazards in the home and cold homes increase the risk of accidents, such as a fall, and mainly affects older people. Levels of hip fractures in the over 65s in Kent, are significantly worse than the England average. The Survey of English Housing

reveals that falls have overtaken cold homes as the major cause for Category 1 hazards in the home.^x This is consistent with the experience of Environmental Health Officers within Kent and Medway.

Housing conditions that contribute to falls include slippery floors, poor lighting, trip hazards such as loose carpets, difficulty getting in and out of the bath, clutter, and excessive cold. Health conditions linked to non-decent housing can include cardiovascular diseases, respiratory diseases, rheumatoid arthritis, anxiety and depression, hypothermia, and physical injury from accidents. Increases in fuel prices can lead to a choice whether to 'heat or to eat' for many lower income households, impacting on well being and good mental health.

Families who live in overcrowded homes - Who may suffer poor mental health due to a lack of space and privacy, which will also include those households moving to cheaper more inferior accommodation due to the changes to social housing tenure and the 'spare room subsidy' in the Localism Act and the benefit caps.

2) THE LEVEL OF NEED IN THE POPULATION

Rough Sleeping - The most visible form of homelessness is rough sleeping.

Figure 1. Rough sleeping street counts and estimates Autumn 2010-2015^{xi}

Ashford	2	7	4	1	5	5
Canterbury	3	22	20	22	38	47
Dartford	0	15	16	12	19	10
Dover	8	14	5	5	4	9
Gravesham	1	8	10	8	3	6
Maidstone	27	19	19	14	25	38
Sevenoaks	0	1	2	2	0	6
Shepway	9	12	5	4	4	13
Swale	0	2	6	5	2	6
Thanet	1	9	8	14	15	17
Tonbridge & Malling	1	4	3	4	7	0
Tunbridge Wells	9	13	10	12	15	15
Kent (KCC area)	61	126	108	103	137	172

However, Porchlight, a homeless charity who have a street outreach service found the following:

Figure 2: Total numbers of Rough Sleepers in Kent, by Porchlight Outreach Services

Year end March 2014	512
Year end March 2013	458
Year end March 2012	365

Homelessness can also be hidden from view in the form of sofa surfing or squatting, and there are also those who are homeless living in hostels, night shelters and temporary accommodation. Others are at risk of homelessness due to losing their current accommodation or are unable to continue using it.

In Kent, there were 3584 homeless applications made to local housing authorities in 2014, of which 1092 applications were accepted as homeless and in priority need, a rise of 596 and 146

households respectively from 2013. Between 1st July and 30th September 2015, local authorities in the KCC area received 1,039 applications for housing assistance under the homelessness legislation of the Housing Act 1996 (excluding households ineligible for assistance). This is 8% higher than the corresponding quarter in 2014 when there were 959 applications.^{xii} (**Figure 3**) Over the long term the number of acceptances peaked in 2003/04 falling to a low in 2009/10. (**Figure 4**) However, the current quarter is the highest quarterly figure for applications in recent years.

The main reason for the loss of a household's settled home during the quarter July to September 2015, is the end of an assured short hold tenancy, i.e. a tenancy with a private landlord (31%), the highest recorded, increased from 29% in 2014 and also up from the 11% recorded in 2009. The second reason given is that parents or friends are no longer able or willing to provide accommodation (27%).

Acute levels of need (homelessness) are being managed by the local authorities in Kent but the number of households living in temporary accommodation has increased over this period.

Figure 3

No. of homeless decisions and number of households accepted as homeless and in priority need^{xiii}

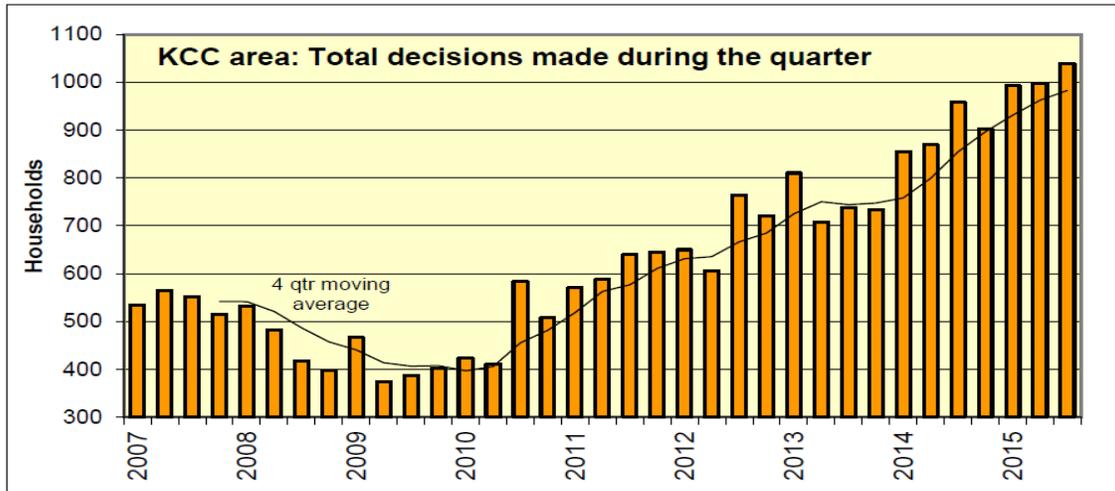
Homeless decisions

	2011	2012	2013	2014
Ashford	294	285	303	271
Canterbury	891	866	1056	1180
Dartford	144	151	136	249
Dover	142	193	155	193
Gravesham	93	113	94	130
Maidstone	217	292	314	550
Medway	359	516	756	1240
Sevenoaks	72	46	30	55
Shepway	179	178	169	116
Swale	88	133	218	234
Thanet	214	345	355	429
Tonbridge & Malling	60	55	54	97
Tunbridge Wells	48	82	104	80
KENT & MEDWAY	2,801	3,255	3,744	4832

Homeless acceptances

	2011	2012	2013	2014
Ashford	183	180	177	148
Canterbury	104	70	74	94
Dartford	88	81	85	156
Dover	65	78	62	73
Gravesham	54	65	59	52
Maidstone	155	192	163	194
Medway	151	247	327	490
Sevenoaks	44	31	24	30
Shepway	54	48	57	26
Swale	46	68	75	71
Thanet	123	145	96	158
Tonbridge & Malling	44	23	26	51
Tunbridge Wells	20	34	48	39
KENT & MEDWAY	1,131	1,262	1,273	1582

Figure 4



In 2015, at the end of the September quarter, 727 households in Kent (KCC area) were living in temporary accommodation. This is 113 households more than the previous quarter and 189 households than in 2014.^{xiv}

Single Homeless - The number of people accessing any of Commissioned Services Supported Accommodation from 01/04/14 – 31/03/15 with Single Homeless as a primary or secondary client group is 954. This is a decrease on the figure of 1275 from the previous year, but this may be because of a lack of move on accommodation, leading to ‘bed blocking’ as numbers for rough sleepers, homeless approaches and people placed in temporary accommodation have risen.

Care Leavers – KCC have a statutory responsibility to accommodate looked after children, which includes Unaccompanied Asylum Seeking Children, (UASC) (**Figure 5**) There has been a high level of UASC coming into Kent within the last 12 months and although it is KCC’s responsibility to accommodate all looked after children, they will need to move on from care into independent living in the future. Some of these young people have complex or high support/health needs. There were 972 care leavers in Kent as at October 2015, 300 of these were UASC.

Figure 5: Current range of housing (October 2015)

With Friends and Relatives	137
Supported Lodgings	122
Independent Housing - KCC	206
Independent Housing - Social Housing	127
Independent Housing - Private rental	81
University Housing	17
Semi Independent	40
B&B	17
Homeless / Sofa Surfing	
NHS	8
Foyer	12
Emergency	7
In custody	35
Other - Homeless / Sofa Surfing /Unknown with former carer	58
	21

Fuel poverty Living in fuel poverty has a negative impact on health. The risk and effects of ill health are increased by cold homes, with illnesses such as influenza, heart disease and strokes all exacerbated by the cold. Cold, badly ventilated homes can also promote the growth of mould and numbers of house dust mites. The latter have been linked to conditions such as asthma and other allergic diseases and children are particularly prone to these conditions. There is a strong relationship between cold temperatures and cardio-vascular and respiratory diseases. For those living in fuel poverty, the consequences can also have the wider impacts on health, such as stress or social isolation and affects their quality of life. In addition, cold homes may slow down recovery, particularly following discharge from hospital.

- Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes
- Mental health is negatively affected by fuel poverty and cold housing for any age group
- More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems compared to 1 in 20 adolescents who have always lived in warm housing
- Cold housing increases the level of minor illnesses such as colds and flu and exacerbates existing conditions such as arthritis and rheumatism
- A cold house increases the risk of falls in the elderly ^{xv}

The average fuel poverty level in Kent is 8.6% and in Medway is 9.8%. These values compare favourably with the national average and with northern regions, but are high in comparison to the South East average. (**Figure 6**)

Fuel poverty and cold homes are also associated with excess winter deaths (EWD). Studies examining mortality trends show that the frequency of death is higher in winter months than at other times of the year and that underlying causes are often circulatory/respiratory diseases, which can be exacerbated by cold homes. (**Figure 7**) Some EWDs are preventable through interventions such as improving heating and insulation and by addressing fuel poverty. There is a small amount of Public Health Funding available to support vulnerable people (over 65 with health condition) for sustainable solutions, through the Warm Homes programme, administered by the district and borough housing departments. Kent Fire and Rescue Service are offering home safety assessments and also have a small amount of winter warmth packs (Scarf, hat, gloves, hot water bottle, flask cup).

A strategy has been developed by the Kent Energy Efficiency Partnership (KEEP) on behalf of Kent Housing Group, 'Delivering Affordable Warmth – A Fuel Poverty Strategy for Kent', which is currently out for consultation.^{xvi} This strategy cuts across many services and organisations, delivering a healthier and safer environment for Kent residents and looking to improve wider health outcomes and to provide warmer homes, lower energy bills and reduce fuel poverty across Kent.

Figure 6 ^{xvii}

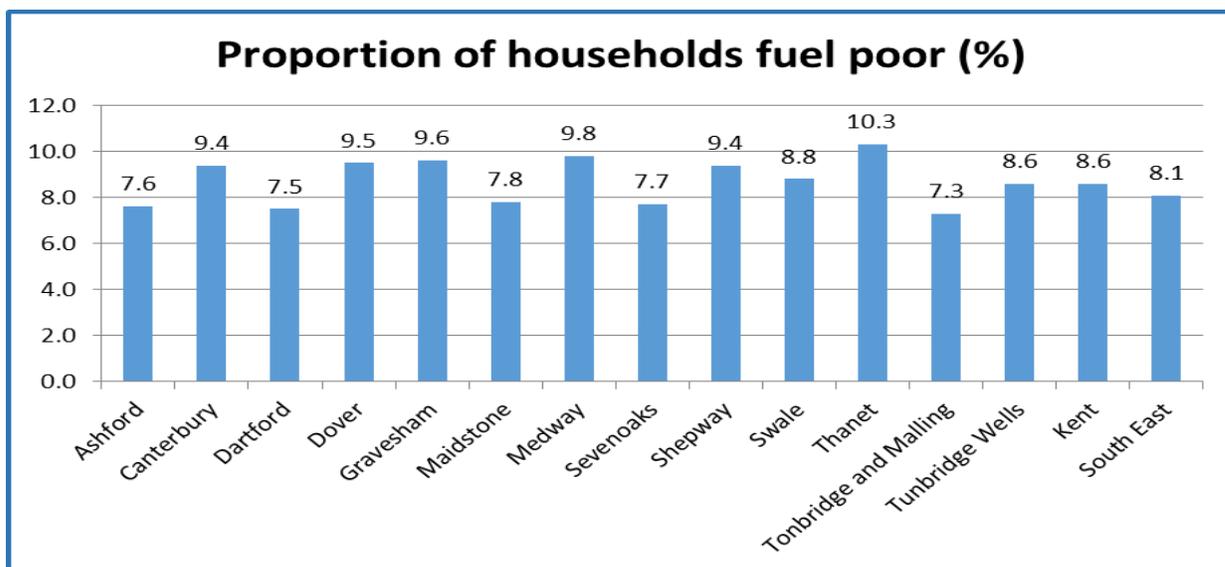
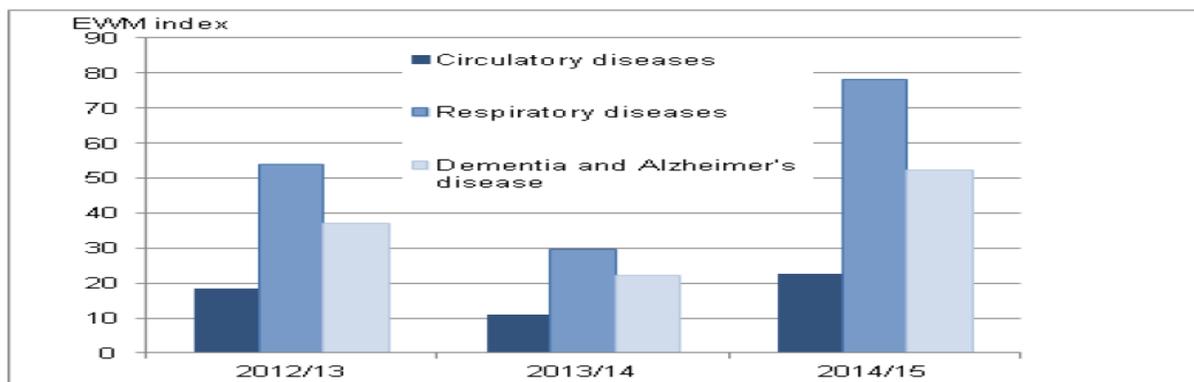


Figure 7: Excess winter mortality index by underlying cause of death, England and Wales, 2012/13 to 2014/15 ^{xviii}



Welfare Reform and the Private Rented Sector

The report from the Institute of Fiscal Studies (IFS) on living standards, found that household incomes have just stabilised, after falling sharply during the recession. Over recent years, changes in housing costs have had a significant impact on living standards. Home owners have experienced reduced living costs because of lower interest rates feeding through to their mortgage payments. In contrast, those renting have spent more of their net incomes on housing and therefore experienced worsening living standards.^{xix}

Changes to the welfare system have resulted in a wider disparity between local housing allowance and rents and this is likely to continue with the further proposed changes to housing benefit/local housing allowance as mentioned in the Autumn Statement (2015). Looking at the average monthly rent for a private sector property, the average (mean) weekly cost for a 2 bedroomed property in Maidstone in 2014 equates to £169.38 (**figure 8**) and the local housing allowance in Jan 2015 was £151, (**figure 9**) leaving a shortfall of £18.38 per week or £79.64 per month. This may result in some households having to live in over-crowded or poor conditions as

a means of reducing their housing bill, and/ or reducing spending on food, fuel and activities. This is likely to impact on the physical and mental health and wellbeing of those residents and may be a contributing factor to increasing poverty levels. ^{xx}

Figure 8

Kent: Private Rental Market average monthly rent

Source: Valuation Office Agency

Summary of monthly rents recorded between 1 October 2013 and 30 September 2014

Average (mean) rents shown (others published are Lower quartile, Median and Upper quartile).

	Room	Studio	1 Bed room	2 Bed rooms	3 Bed rooms	4 or more Bed rooms	£ per month		All categories count
							£ Mean	£ Mean	
	£ Mean	£ Mean	£ Mean	£ Mean	£ Mean	£ Mean	£ Mean		
Ashford	383	473	571	682	853	1,258	766	1,392	
Canterbury	366	569	662	783	950	1,453	853	1,684	
Dartford	412	486	624	791	936	1,439	753	617	
Dover	335	-	413	584	722	1,004	566	632	
Gravesham	393	444	555	697	827	1,356	698	579	
Maidstone	374	472	587	734	879	1,438	743	1,216	
Sevenoaks	-	-	748	994	1,316	2,701	1,401	513	
Shepway	316	332	408	560	679	979	558	1,233	
Swale	351	440	505	635	717	1,007	661	1,717	
Thanet	334	331	403	572	708	997	556	1,626	
Tonbridge & Malling	398	466	654	843	1,126	1,725	985	542	
Tunbridge Wells	399	501	658	886	1,112	1,748	922	693	

Figure 9: Kent: Local Housing Allowance Rates ^{xxi}

	Jan-13				Jan-14				Jan-15			
	1 bed (£)	2 bed (£)	3 bed (£)	4 bed (£)	1 bed (£)	2 bed (£)	3 bed (£)	4 bed (£)	1 bed (£)	2 bed (£)	3 bed (£)	4 bed (£)
Ashford	114.23	138.46	161.54	219.23	116.74	138.46	165.09	219.23	117.97	139.84	161.54	221.42
Canterbury	115.38	144.23	173.05	253.85	117.92	147.4	176.89	259.43	119.10	148.87	178.66	269.81
Dartford	121.15	150	167.31	229.62	123.46	150	170.99	230.77	123.46	151.50	172.70	233.08
Dover	86.54	115.38	140.77	173.08	86.54	115.38	143.87	176.89	86.54	115.38	144.23	161.54
Gravesham	121.15	150	167.31	229.62	123.46	150	170.99	230.77	123.46	151.50	172.70	233.08
Maidstone	121.15	150	173.08	230.77	121.15	150	176.89	230.77	122.36	151.50	178.66	233.08
Sevenoaks	130.38	171.92	201.92	323.08	132.69	173.08	206.36	330.19	134.02	174.81	214.61	333.49
Shepway	86.54	115.38	140.77	173.08	86.54	115.38	143.87	176.89	86.54	115.38	144.23	161.54
Swale	106.15	132.69	150	196.15	108.49	135.61	150	200.47	109.57	136.97	151.50	196.15
Thanet	80.77	114.23	138.46	173.08	80.77	114.23	141.51	176.89	80.77	115.37	142.93	173.08
Tonbridge & Malling	130.38	171.92	201.92	323.08	132.69	173.08	206.36	330.19	134.02	174.81	214.61	333.49
Tunbridge Wells	130.38	171.92	201.92	323.08	132.69	173.08	206.36	330.19	134.02	174.81	214.61	333.49

Social Housing – is a much sought after commodity, due to the lower rents and stability of tenure. For many lower paid and/or vulnerable households, accessing any other accommodation is extremely difficult. Kent Homechoice is the choice based lettings scheme in Kent, through which people on the housing waiting lists can bid for available homes. However, housing registers are an imperfect measure of housing need since the waiting lists of the Kent authorities have undergone review in response to guidance on allocation policies from central Government. (Figures 10 and 11)

Figure 10^{xxii}

Kent: Households on the housing register as at 1st April 2015

	Total H/holds on the waiting list	Require 1 bedroom	Require 2 bedrooms	Require 3 bedrooms	Require < 3 bedrooms
Ashford	1,254	667	389	140	58
Canterbury	2,269	1,035	691	398	145
Dartford	850	281	376	174	19
Dover	2,194	1,273	609	222	90
Gravesham	3,156	1,749	909	298	200
Maidstone	1,460	820	391	171	78
Sevenoaks	715	427	220	50	18
Shepway	2,592	980	1,096	333	183
Swale	827	390	278	72	43
Thanet	1,443	728	341	253	121
Tonbridge & Malling	1,346	755	431	92	68
Tunbridge Wells	1,103	515	393	151	44
Kent (KCC area)	19,209	9,620	6,124	2,354	1,067

Figure 11: Social and Affordable Lets in Kent^{xxiii}

	2013/14				2014/15			
	Affordable Rent	Social Rent	TOTAL	In need on register	Affordable Rent	Social Rent	TOTAL	In need on register
Ashford	41	352	393	1244	126	421	547	1296
Canterbury	41	238	279	1353	37	348	385	1339
Dartford	43	209	252	726	74	339	413	803
Dover	20	372	392	1483	64	304	368	1506
Gravesham	51	358	409	1500	83	329	412	1442
Maidstone	191	307	498	1302	241	389	630	1411
Sevenoaks	54	232	286	558	71	296	367	633
Shepway	29	266	295	1414	24	294	318	1228
Swale	203	281	484	4879	280	254	534	1664
Thanet	60	386	446	737	77	399	476	1120
T&M	289	188	477	1055	123	303	426	1269
Tunbridge Wells	76	187	263	1136	123	303	426	1096

3) CURRENT SERVICES IN RELATION TO NEED

There are a range of services available at Kent level to address housing related needs. These are summarised as follows:

- Housing, Health and Safety Rating System (HHSRS) to risk assess homes for potential risks to health from hazards such as falls, fire, cold and poor quality – private sector housing officers have enforcement powers if needed to ensure that landlords comply with these standards
- Disabled Facilities Grants (DFGs) for adaptations for disabled/and or elderly .Adaptations in the home play a huge role in helping vulnerable people to live in their own properties. For people with limited means, the DFG has been the main way to fund vital essential adaptations
- Home Improvement Agencies (HIAs) are local not-for-profit organisations located throughout the country and they assist elderly and disabled people to improve, repair, maintain, or adapt their home. HIAs provide advice and information for home owners and private tenants, and they will check to ensure what benefits and grants they may be entitled to. They do home visits and work closely with other agencies involved and help to identify reputable tradespeople to undertake works and oversee the work. HIAs help vulnerable people to ensure their home is a comfortable and safe place in which to live independently
- Housing Allocation Schemes across Kent – to facilitate a move
- Accreditation Schemes – They are designed to improve the quality of the private rented sector by recognising well maintained and managed properties through awarding accreditation to private landlords
- Licensing – For Houses in Multiple Occupation. The licence sets out certain standards of management for this type of property with an aim to identify properties in poor physical condition lacking basic amenities. The local authority can take over the management of the property if it is unable to grant a licence
- Selective Licensing - Selective licensing schemes can also be put in place under special circumstances, in areas which are experiencing low housing demand and/or suffering from anti-social behaviour. This covers all private rented housing in the selected area
- Local housing authority duty to prevent homelessness – prevention, early intervention and advice can help to enable people to avoid crisis point
- Housing related support (floating support) provided by KCC Commissioned Services to enable tenancy sustainment
- Outreach services – for rough sleepers/street population in Maidstone, Canterbury and Tunbridge Wells
- Porchlight GP Link workers- Commissioned by KCC /CCGs, this is a service to provide intensive short term support to address the social needs, including housing issues which affect mental health
- Protocols between the twelve local housing authorities and other agencies to prevent/ deal with homelessness and to give support to vulnerable client groups^{xxiv}

4) PROJECTED SERVICE USE AND OUTCOMES IN 3-5 YEARS AND 5-10 YEARS

Ageing Population: The population of Kent and Medway is ageing and there will be a significant increase in the older population. By 2026 Kent will have significant rises in its population of over 85 year olds, but will see a slightly bigger rise in its 65-84 year olds than the national average.^{xxv} The Kent Accommodation Strategy looks at the forecasts in population along with the prevention strategy to indicate likely accommodation needs to 2021 with a plan to extend this to 2031 at key review points.

As the population ages more people will be living with long term conditions, such as diabetes and COPD, which may affect quality of life leading to more health and social care services required to meet the increase in need.

The tenure pattern in 2011 indicates that around three quarters of people over 55 in 2031 will own their own home.^{xxvi} It is likely that suitable and attractive accommodation will need to be provided for this large group of older owner occupiers if they are to be encouraged to down-size and free up existing larger housing stock.

As health and social care services are increasingly designed to keep people in their own homes as long as possible, rather than in an institutional or hospital in-patient setting, it is important that people consider their living surroundings earlier in order to have good quality, accessible and appropriate housing as they age.

Household Income Growth and inequality: The Institute for Fiscal Studies (IFS) found that at the start of 2015, average real household incomes had returned to pre-crisis levels (2007/08). However this masks significant disparity between the incomes of older households, which have been rising since 2011/12 and are now substantially above their 2007/08 levels, and those of younger households where incomes continue to remain below their pre-crisis levels. In Kent and Medway, average (mean) earnings of residents were £27,000 and earnings of employees were £25,400 in 2010. Earnings in 2014 and the intervening years have largely remained static according to the Annual Survey of Hours and Earnings.

The IFS report on living standards found that household incomes have just stabilised, after falling sharply during the recession. Over recent years, changes in housing costs have had a significant impact on living standards. Home owners have experienced reduced living costs because of lower interest rates feeding through to their mortgage payments. In contrast, renters have spent more of their net incomes on housing and therefore experienced worsening living standards.^{xxvii} This, together with the changes to income as a result of welfare reform and the growing market in part time employment and temporary contracts, rather than full time employment, will increase the inequality in income distribution in the future. This declining affordability will mean that an increasing proportion of households will be unable to meet their needs within the market.

The Private Rented Sector will therefore continue to play an important part in addressing housing need, however, generally, it is those in employment and not receiving benefits who are more able to pay higher rents and therefore access better quality accommodation. Local authorities may need to rely more and more on temporary accommodation to house those in greatest need. Rising fuel costs continue to erode the disposable income for lower paid households, which may lead to an increase in poor health, poor nutrition and ill mental health.

Affordable Homes: Collectively the housing needs assessments that have been undertaken across the County, suggest that there is an annual need for around 12000 additional affordable homes; given that the affordable home completions from 2011 to 2015 was 5930, there is likely

to be an increase in 'hidden households' or households in temporary accommodation or younger people living longer in the family home. However, the total number of affordable homes rose by 80% compared to 2014. ^{xxviii}

Housing and Planning Bill 2015/2016 - Key proposals provided by this Bill include:

- Right to Buy extended to Housing Association tenants which may result in a reduction in available social rented accommodation in the future.
- Sale of High Value Council Properties -Councils across the country will be required to sell low-rent council homes deemed 'high value' by government as soon as they become vacant. This will fund Right to Buy discounts for Housing Association tenants across the country. Money from these sales will not stay in the area of the original home but instead flow, via central government, around the country
- Starter Homes - The Government has also announced that there is to be a £1.2bn starter home fund for people under the age of 40, to prepare brownfield sites across the country for new homes
- Pay to Stay - Families in low-rent affordable homes (i.e. social housing) with a household income of more than £30,000 (£40,000 in London) will see their rents increased gradually towards market levels over time, leading to concerns that households in high rental areas will not be able to afford their accommodation and be forced to move
- Improving conditions in the private rented sector - Reforms include banning orders for rogue landlords, 'rent clawback' measures, and better data sharing on bad landlords

Announcements in the July budget regarding the proposed rent reduction for social housing landlords of 1% per year for the next 5 years will have a substantial financial impact on the business plans of housing associations. The impact will make it more challenging for associations to deliver new homes. The damage to lender confidence and the reduction in rental income will make it more difficult for housing associations to achieve their ambition of significantly increasing the number of homes they build.

The announcement in the Autumn Statement that there will be reductions to housing benefit for social housing in line with the local housing allowance levels will result in registered providers looking at affordability of potential tenants. The single room rate for under 35s' will also impact on the building of one bedroom homes in the future and the accessibility to social housing for this age group.

5) EVIDENCE OF GOOD PRACTICE

There are number of examples of good practice across Kent, for instance:

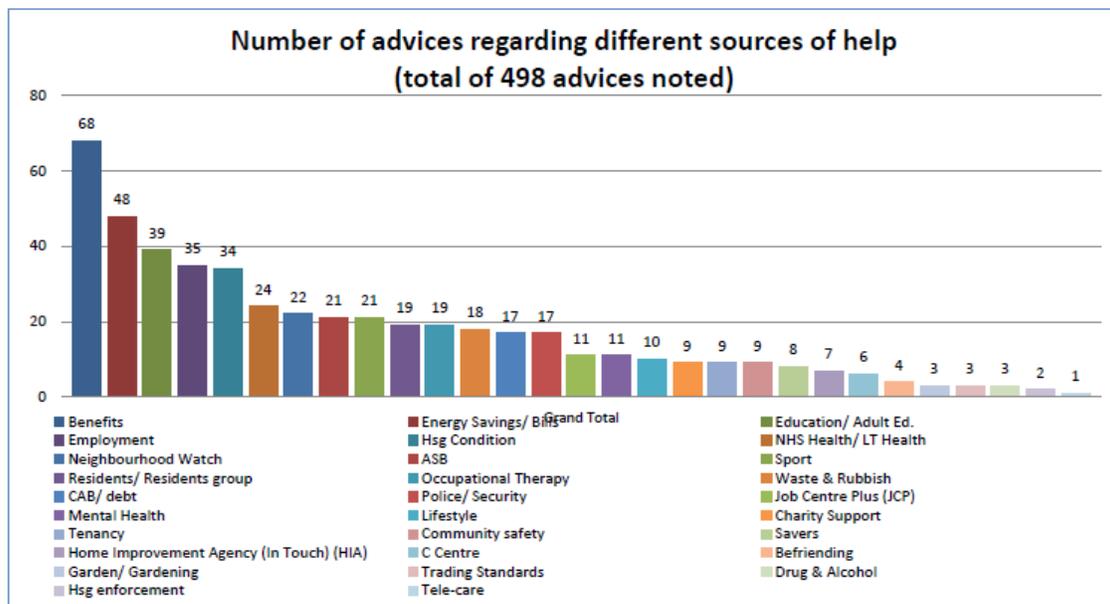
Outreach services - In 2014, **Maidstone Borough Council** housing and community safety departments undertook an outreach pilot involving Health and mental health and substance misuse services in order to reduce and prevent homelessness and reduce health inequalities. (**Figure 12**) This outreach service has continued with the help of funding from a successful bid to the Department of Communities and Local Government (DCLG) alongside Canterbury City Council and Tunbridge Wells Borough Council. Canterbury's scheme has now started and Tunbridge Wells' scheme will commence in April 2016. Maidstone Day Centre, as part of this outreach by Maidstone Borough Council, now offers STI testing and also has a regular GP slot which can be accessed by the street population. 70 clients have been advised by the GP since November 2014.

Figure 12: Results for health engagement from Maidstone Outreach Pilot May – Nov 2014

Person Engagement overall	642
Physical Health Checks	15
Sexual Health engagement	153
Mental Health Engagement	26
Sub- Misuse Engagement	88
Accom advice, support, Referral	106
TB Advice	93
GP registered	25
GP signposted	4

Your Home Your Health -Thanet District Council carried out a pro-active exercise to examine the health and housing conditions of the population in the two most deprived wards in Kent: Cliftonville West and Margate Central. Using a JPPB multi agency referral form, members of the private sector housing team and Margate Task Force attempted to visit at least 5246 properties in the target area between 2009 and 2014. Information on people was obtained in 34% of visits; information on property was obtained in 25% of visits. (**Figure 13**) Referrals were made via the local Home Improvement Agency into other services such as health and social care, as well as to the voluntary sector.

Figure 13 Your Home Your Health Referrals



HERO service -Sevenoaks District Council operates a highly successful holistic outreach service called HERO which delivers advice about housing benefits debt counselling housing standards fuel poverty re training and getting people back into employment.

HELP referral system -Ashford Borough Council- This on line module is used very well by Ashford Borough Council to make referrals into local services and employment/training for those that present as homeless. Medway, Dartford and Dover are beginning to use this system.

Home Improvement Agencies (HIAs) frequently carry out works to properties to enable an early discharge from hospital, saving health services considerable sums of money and also avoiding 'bed blocking'. Many adaptations are low cost, but enabling early in-patient discharge and avoiding unscheduled hospital admissions, will reduce the strain on health resources.

Case Studies from HIAs:

Mr X -The client, Mr X, was under the care of two hospitals while he recovered from his initial illness followed by rehabilitation for his acquired disability and he needed specialist equipment and major adaptations to enable him to go home. Mr X's mental health was a significant concern and it was felt by the medical health professionals that he was becoming institutionalised within the hospital setting. The case was referred to the Occupational Therapy (OT) service in June 2015 and allocated as a priority. West Kent HIA, worked closely with the OT to progress adaptations to his 19th century cottage, which had a small bathroom and restricted doorways, as smoothly and quickly as possible. The HIA ensured that the works were necessary and appropriate to meet Mr X's needs but cost effective and within the grant maximum. Works were completed in mid November 2015 and Mr X was able to get home to be with his family.

Mrs K This client went into hospital for an operation to amputate both legs. Mrs K and her daughter were eager to get out of hospital and back home but the hospital felt that Mrs K needed to have a ramp put to the front door first to gain entry and exit and would not be allowed home until this was done. The O.T referred her to Staying Put, Swale, requesting temporary wooden ramping to the front door and 7 thresholds to be lowered so Mrs K is able to get around her bungalow in her wheelchair. The work was given to a local builder and was completed in one week. Mrs K also needed a shower room and the kitchen units lowered so she could use the bathroom and kitchen, so an application was made for an urgent DFG. Work started 3 months later and Mrs K has improved immensely from being home and is now looking forward to cooking her own meals in her new kitchen. The help from Staying Put meant that Mrs K was able to leave hospital in a week with the other works completed within 3 months.

Case Study from Ashford Borough Council – New Build

One home completed under the 2011-15 Local Authority new build programme was designed specifically for a large family with a severely disabled child. Child E suffers from both mental and physical disabilities and was living with the rest of her family of 9 in a 4 bedroom property. E had been sharing a bedroom with a sibling and this was becoming increasingly difficult for both E and her sister due to E's behavioural issues. There was a need for E to have her own room and most importantly a level access shower room to enable her parents to be able to wash and bathe their daughter far more easily, taking into consideration her behavioural and physical

disability issues.

To accommodate this large family and meet the needs of E, as prescribed by KCC Disabled Children Services, it was decided that a bespoke 6 bedroom house would be the answer and the Council included this in its successful bid for funding to the Homes and Community Agency. The house includes a wet room facility for E and a separate family bathroom upstairs. To help manage family life and E's behavioural problems, a separate family lounge was created, with an open plan kitchen and dining room, creating the space the family need.

The house is effectively 2 properties combined into one. The services to the property and internal design have been configured to ensure the property is future proof and could be converted into two separate homes should this ever be required. The property was completed during March 2015 and the family have settled in well.

Housing and Housing Need --Please refer to case studies in the Kent and Medway Housing Strategy^{xxix}

6) User Views

No specific views available

7) UNMET NEEDS AND SERVICE GAPS

- Lack of co-ordination between housing, health and social care services e.g. more referral streams, including housing in the assessment of needs for care and support, integrating housing into care pathways and quicker responses from OT Bureau
- Increased need to share information with partner agencies to better predict those at risk of needing interventions so that assistance is more effectively targeted (e.g. use of risk stratification)
- Households in temporary accommodation are not automatically linked in with GP services, social care and other support networks
- Rough sleepers have little or no access to primary healthcare
- Demand for adaptations to properties to enable people with a disability to live independently, to reduce the need for hospital and institutional care admission and to address delayed discharge from hospitals etc, far outstrips the levels of funding available for such works via Disabled Facility Grants and Housing Revenue Account funding especially in areas of greatest need, where applicants will join a waiting list
- A rapid response service to ensure older people who have had falls/ or who are at risk of falling have their homes assessed for hazards by private sector housing officers and are then quickly adapted rather than waiting for long term solutions
- Lack of incentives/suitable properties to encourage older people to 'downsize'
- Lack of available, affordable accommodation in the private sector for local population of Kent, which will be exacerbated by migration from areas of London due to the benefit cap
- Lack of smaller social properties for people to move into due to the spare room subsidy

- Difficulty in obtaining mortgages for home ownership

8) RECOMMENDATIONS FOR COMMISSIONING

- Pilot a mobile outreach health clinic for rough sleepers/street population providing basic health assessments, first aid treatment, wound care, basic prescriptions and health advice^{xxx}
- Introduce hospital discharge protocols in every district for homelessness and also for inpatients and those in intermediate care requiring a return home to a safe environment (i.e. a 'safe room') using minor adaptations^{xxxii}.
- Continue provision of floating support services (specialist and generic) to enable clients to sustain tenancies
- Joint commissioning of schemes for young people at risk/on the edge of care and a positive accommodation and support pathway^{xxxii}
- Commissioning of a homeless education programme within schools
- Increase extra care housing schemes for older people across the County; to increase supported accommodation for all vulnerable adults and to commission appropriate care and support to maximise independence.
- Better/improved joint working between housing health and social care partners to ensure that homes are warm and safe ensuring prevention of falls/COPD/heart problems and to encourage good mental health amongst all client groups
- Pilot a Rapid Response Team using a 'triage' approach between the Ambulance Service, district nurses and HIA agencies for people who have had falls
- Mental health workers sited alongside housing options teams
- Provide integrated advice services across all agencies^{xxxiii}
- CCGs to consider 'social prescribing' for the wider determinants of health^{xxxiv}
- Continue to deliver Making Every Contact Count across housing services

9) RECOMMENDATIONS FOR NEEDS ASSESSMENT WORK

Carry out needs assessments on:

- the number of homeless people presenting at A&E and registered with GPs, with types of health conditions they present with
- the number of homeless people presenting at hospital with TB
- the number of people with delayed discharge due to unsuitable living conditions/requiring adaptations including length of extra stay in hospital
- the health needs of rough sleepers and homeless applicants, investigating any barriers they experience to accessing services and gaps in services
- the number of people who fall in their own homes who are referred for a home inspection

by housing by district

Please refer to the Kent And Medway Housing Strategy for more information about need and gaps – http://www.kenthousinggroup.org.uk/Menu_Text_3.aspx together with individual Housing and Homelessness Strategies produced by the Districts and Boroughs in Kent.

Key contacts

For Kent Joint Policy and Planning Board (Housing) – strategic partnership between health, housing and social care, contact Joint Planning Manager: Lesley.clay@canterbury.gov.uk

For Kent Housing Group (incorporating all Kent Local Housing Authorities and Major Registered Providers in Kent) – contact Partnership Managers: Rebecca.smith@ashford.gov.uk or Jill.pells@shepway.gov.uk

ⁱ Kent & Medway Housing Review - The Health & Housing Partnership LLP

ⁱⁱ Marmot Review 2010.

ⁱⁱⁱ The Role of Advice Services in Health
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^v <https://shareweb.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf>

^{vi} www.kent.gov.uk/accommodationstrategy

^{vii} Kent Housing Group dashboard of indicators.

^{viii} <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

^{ix} <http://www.kentjppbhousing.org/uploads/ThinkHousingFirstNov13.pdf>

^x CLG Survey of English Housing - Summary Statistics Table SST4.1: Health and safety - dwellings, 2009

^{xi} DCLG

^{xii} DCLG PIE returns

^{xiii} Kent Housing Group Dashboard of Indicators

^{xiv} Business Intelligence Statistical Bulletin ~December 2015, Strategic Business Development & Intelligence, Kent County Council www.kent.gov.uk/research

^{xv} The Health Impacts of Cold Homes and Fuel Poverty www.marmotreview.org and

www.foe.co.uk

^{xvi} http://www.gravesham.gov.uk/_data/assets/pdf_file/0003/212088/Kent-Fuel-Poverty-Strategy.consultation.pdf

^{xvii} Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator)(<https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics>)

^{xviii} Office of National Statistics

^{xix} IFS (2014) Living Standards, Poverty and Inequality in the UK: 2014

^{xx} <https://www.jrf.org.uk/report/links-between-housing-and-poverty>

^{xxi} Kent Housing Group Dashboard of Indicators

^{xxii} DCLG Local Authority Housing Statistics

^{xxiii} www.kenthomechoice.org.uk

^{xxiv} www.kentjppbhousing.org

^{xxv} Kent & Medway Public Health Observatory

^{xxvi} Kent Housing Group, SILK and DTZ (August 2011) Better Homes: Older People's Housing Needs and Aspirations

^{xxvii} IFS (2014) Living Standards, Poverty and Inequality in the UK: 2014

^{xxviii} Department of Communities and Local Government.

^{xxix} http://www.kenthousinggroup.org.uk/Menu_Text_3.asp

^{xxx} http://community.crisis.org.uk/file/no-one-turned-away/CostsofHomelessness_Finalweb.pdf

^{xxxi} http://www.homeless.org.uk/sites/default/files/site-attachments/HOSPITAL_ADMISSION_AND_DISCHARGE_REPORTdoc.pdf

^{xxxii} <http://www.stbasils.org.uk/how-we-help/#positive-pathway>

^{xxxiii} The Role of Advice Services in Health
http://email.shelter.org.uk/files/amf_shelter/project_320/January2016/4.ASA-role_of_advice_services.pdf?utm_source=Adestra&utm_medium=email&utm_campaign=2696

^{xxxiv} <http://bjgp.org/content/61/586/350.short>