

Consultation Response from Barnet Health and Well-Being Board on draft Housing and Homelessness Strategy 2019- 2024

The Health and Wellbeing Board (HWB) is supportive of the overarching priorities included in the Housing and Homelessness Strategy and members of the Board welcome governance proposal strengthening a link between HWB Board and Housing and Homelessness agenda.

As the consultation questions for each strategy (Housing and Homelessness) were separate, we have structured separate responses on housing and homelessness.

Executive summary for Housing Strategy response (detailed references enclosed in Appendix I)

Raising PRS standards:

- We support targeting licensing efforts in areas of the borough with older housing stock or with higher rates of overcrowding, as these tenants are most at risk of poor health resulting from poor housing conditions.
- Include signposting information on health and wellbeing services in tenants' rights information on the Barnet housing website.
- Consider offering Making Every Contact Counts (MECC) training to frontline housing and environmental health officers to increase awareness of the signs of poor physical and mental health.
- Barnet Public Health and Barnet CCG will assess current referral processes to determine whether there are more effective ways of integrating the housing referral system and health referral systems (e.g. placing housing referral forms onto the GP system called Bar Global).

Delivering more homes people can afford:

- Support prioritising homes for those who live and work in Barnet and prioritise those on low incomes, insecure tenancies, first-time buyers and care-leavers.
- Support ambition to provide family-sized accommodation.
- In terms of developing affordable housing, we welcome the creation of opportunities for the use of surplus NHS land in the borough for the creation of more affordable housing for NHS staff, in line with the London Estates Board strategy.

Safe and secure homes:

- Health and Wellbeing Board is supportive of proposed areas for action.

Promoting independence:

- Adding a direct reference to Joint Health and Wellbeing Strategy in this section would add value.
- Welcome lifetime standards for all new homes. The standard of housing that older people currently live in is critical to promoting independence amongst those who already own their homes.
- We recommend including refreshed projections on specialist accommodation needs in the review of the Housing and Accommodation commissioning plan. Public health intelligence team can support this process.

- An explicit reference to the unique needs of those with dementia could be included.
- Ensure early planning for care leavers across care and housing services, so that care leavers have secure accommodation plans when they turn 18.

Executive summary for Homelessness Strategy response (detailed reference enclosed in Appendix II)

We are supportive of the four and suggest further consideration points below:

- We suggest that consideration is given to the development of an Annual Rough Sleeper Action Plan.
- Given the great impact that homelessness has on health, wellbeing and life expectancy we suggest that consideration is given to an additional priority relating to health and well-being within the strategy. This could relate to ensuring that all rough sleepers have a full assessment of health needs, is supported to be registered with a GP and has access to primary care services in Barnet. We would request that as a minimum, information is added to the strategy in relation to the list of safe GP practices across Barnet, which people can use to ensure that they easily register with a GP practice.
- We would like to see further development around pathways for residents with physical disabilities, mental health problems, substance misuse clients, care leavers and individuals with no access to public funds and other residents at increased risk of homelessness and/or already homeless.
- All available evidence demonstrates that interventions to reduce rough sleeping are only effective if they can secure cross sectorial support including from housing, primary health care, social care and mental health services, substance misuse, policing and offender management agencies. On this basis, we welcome the establishment of the Homelessness Forum.

Appendix I – Evidence on Housing Strategy response

Raising standards in the private rental sector (PRS)

Introducing Selective Licensing which would require all landlords in a specified area to obtain a licence from the council and ensure that their property meets the required standards:

The Health and Wellbeing Board supports the review of evidence and consultation to determine the feasibility of selective licensing in Barnet for high risk areas. A selective licensing scheme would introduce additional enforcement powers which LBB could use to ensure landlords meet existing and additional PRS required standards introduced by the Home (Fitness for Human Habitation) Act 2018. However, it may be challenging to enforce additional licensing requirements in practice¹. In the interim, it would be best to incentivise landlords to obtain London Landlords Accreditation Scheme (LLAS) accreditation, as the strategy already states.

Focusing licensing efforts on areas where there are a lot of renters, poor renting conditions or social problems:

Primary care staff could be used to identify key household's whose private rental accommodation is contributing to poor health outcomes¹. This may help identify private landlords who would benefit most by joining London Landlord Accreditation Scheme (rather than facing prosecution). The CCG will run Pan-Barnet education session for GP's in June on the importance of housing for health, helping frontline care providers recognise the signs of poor housing on health sooner.

Using new enforcement powers to deal with rogue landlords:

When updating resources on the Barnet website about tenant rights, we recommend also including referral information and signposting to mental health services and primary care, as poor housing conditions often contribute to poor mental and physical health.

Offering additional housing support and guidance:

To further promote joint-working, it would be useful if frontline housing staff and environmental health colleagues could refer vulnerable residents onto partner agencies and services too. Public health can support this process by providing MECC training to frontline staff so that they are confident when referring people onto health services, easily recognising the signs and symptoms of poor mental and physical health^{2,1}.

Providing family sized accommodation:

Housing suitability for family needs is important for health. Overcrowded conditions in childhood are associated with increased risk of respiratory illness and meningitis, while insecure housing is associated with poorer educational attainment and absenteeism, missing immunisations and emotional, behavioural and mental health problems¹.

It would be beneficial to prioritise affordable family accommodation.

Safe and secure homes

Is there anything further the council should consider to make sure residents feel safe and secure in their homes?

The council has reviewed its fire safety arrangements and carried out work to increase safety of our residents following the Grenfell tragedy. The council has also been involved in discussions with private sector landlords about improvements to safety in their buildings. Public health, through the Head of Safety Health and Wellbeing, have contributed to this review and consideration has been given to wellbeing of residents both relating to fire safety and effective insulation solution, which as well as having environmental benefits directly the wellbeing of residents by improving thermal comfort in hot and cold conditions.

Promoting independence

The Health and Wellbeing Board welcomes the recognition that housing can contribute to other council objectives. The role that housing plays in promoting mental and physical wellbeing, particularly amongst our vulnerable populations cannot be underestimated. Locally, promoting independence is considered vital to the success of our approach to health. As such, it is referred to in the vision of the Joint Health and Wellbeing Strategy 2015-2020:

To help everyone to keep well and to promote independence.

As the link between housing, health and promoting independence is critical to the success of multiple council strategies, this theme of the Housing Strategy will be referenced within future public health and primary care documents that are relevant, eg. Falls prevention pathway. It would be useful for future housing documents and supplementary strategic documents to do the same for related health and wellbeing strategies.

Older people:

Time spent at home increases in older age. Older people are more likely than other age groups to live in homes that are in a poor state of repair, that lack reasonable bathroom and/or kitchen facilities, that are not sufficiently warm in winter and that pose a significant risk to healthⁱ. This section of the strategy emphasises that all new builds must meet standards which promote healthy ageing. In addition, it would be useful to acknowledge the important role that handy person services and falls prevention programmes play in promoting independence amongst older populations and reducing admissions to hospitalⁱ.

Adults with disabilities, vulnerable adults in need of care/support, adults with substance misuse problems, adults with mental health problems:

Since Barnet has a largest population of dementia residents in London, it is our ambition to become a Dementia Friendly Borough and therefore, it would be useful if the housing strategy acknowledged the importance of neighbourhood design in addition to housing accessibility, in the promotion of independenceⁱ. We note that the council is building 150 units of extra care accommodation for people with dementia.

The Health and Wellbeing Board welcomes the recognition of the need for wheelchair accessibility within new developments.

Learning disabilities (LD) and autism→ As the strategy states, Barnet is beginning to recognise the benefits and capacity to improve independence for adults with LD. As these opportunities continue to be realised, they should naturally decrease specialist housing requirements.

Appendix II – Detailed response to Homelessness Strategy**4&5. To what extent do you agree or disagree with the priorities from the draft Homeless and Rough Sleeping Strategy?**

Evidence shows that single homeless people are particularly affected by poor physical and mental health:

- 73% of homeless people report a physical health problem, and for 41% this is a long-term problem compared to 28% of the general population.
- 45% have been diagnosed with a mental health issue compared to 25% of the general population.
- Factors which contribute to unhealthy lifestyles such as smoking, and drug and alcohol use, are also more prevalent than the general population.
- Research also highlights higher rates of communicable health diseases such as TB; and higher rates of premature mortality among people experiencing single homelessness.

Preventing homelessness has obvious benefits for people's housing outcomes and improving individual's quality of life.

8&9. To what extent do you agree or disagree with the council's priorities in reducing the number of households in temporary accommodation?

It will be important that residents in temporary accommodation can register with local primary care services and that there is structured collaborative working with Children's Services to prevent and tackle homelessness amongst young people and families.

10&11. To what extent do you agree or disagree with the council's priorities to support those at risk of homelessness due to the following reasons?

The proposed Homeless (Partnership) forum is supported.

There are issues reported by Homelessness Action Barnet (HAB) of hospital discharged patient attending HAB in ambulances. Whilst more detail needs to be gathered on the extent of this issue, the strategy could explore pathways for homeless people who are to be discharged from hospital.

We are supportive of the other priority groups of Care Leavers (and Young Adults excluding care leavers) and households impacted by benefit changes. Consideration and more information on the access needs of individuals with mental health issues and physical disabilities would be a useful addition the strategy.

11. To what extent do you agree or disagree with the councils plans to establish a homelessness forum to work with partners to tackle and prevent homelessness?

We are supportive of this and would like to see the experience and knowledge of key partners, such as HAB incorporated into this forum as well as wider voluntary and community sector.

12&13. To what extent do you agree that the council works well with different partner groups, especially within the council to prevent homelessness?

We agree that the council works well with partners and could explore further development around pathways for residents with physical disabilities, mental health problems, substance misuse clients and other residents at increased risk of homelessness and/or already homeless.

Valuing the role of the Community (including voluntary sector)

On Pg. 24 under objective 3, please add in additional details relating to partners to work with, such as the CCG, Barnet Hospital, BEH MHT etc

On Pg. 35 – Please add the NHS, BEH MHT (for mental health issues) and Barnet CCG (for GPs, access to other primary care services and the safe practices scheme)

14. To what extent do you agree or disagree with the council's approach on the following issues?

We agree with increasing outreach and floating support in general and to increase support to sustain tenancies. We support the working with partners element of the strategy to provide advice and support to rough sleepers around health, benefits, education and employment. We are aware of the re-commissioning of the primary care service at HAB which will see attendees being offered services from a GP and a nurse but this is limited to two sessions per week and the services offered are limited. For example, they are unable to take bloods or complete full urinalysis due to issues around storage and transportation of samples. We would welcome the promotion of this service to rough sleepers/homeless groups across Barnet. We also support the procurement of 9 temporary accommodation units and the 12 units for rough sleepers with low to medium support needs. To assure the success of these units, a partnership working approach will be necessary to ensure that the service users access all appropriate services (including health) to sustain their tenancies.

15. To what extent do you agree or disagree with the existing support services offered to rough sleepers?

We feel that improvements could be made in relation to registering with a GP and weekend support for homeless people in Barnet. HAB is not open at weekends, so homeless people can struggle with access to food and maintaining hygiene at the weekends. A report by Crisis noted that, to resolving chronic homelessness, hostel and night shelter provisions 'are generally ineffective interventions. They conclude that shelters should only have a role if stays could be limited to exceptionally short periods of time and lead directly into permanent housing.'ⁱ