

JSNA 2015 – Housing, homelessness and rough sleepers

1. Introduction

This chapter focusses on highlighting the potential link between poor housing conditions and poor health. There is a large bank of evidence and research that shows poor housing conditions can lead to poor physical, mental and emotional health.

Ealing falls within inner and outer London and as a result it contains areas of affluence and pockets of deprivation. It has a higher proportion of homes owned outright compared to some other London boroughs. This contributes to low level of affordable homes, with many homes in poor condition, with high levels of overcrowding as well as an overall shortage of homes. In more recent years, there has been an increase in people living in the private rented sector (figure 1) which is where a majority of the issues of poor health can arise.

Longer life expectancy is changing the demographic profile in Ealing, leading to a higher proportion of older adults with long-term conditions as is forecast across the country. There has been an increase in the number of homeless people from 2011/2012 to 2014/15 which is due, in part, to the higher cost of private sector accommodation and the change in welfare reforms (figure 7). However, at the same time, new homes are being built and employment opportunities created by the arrival of Crossrail through the opportunity areas of Southall and Park Royal, as identified in the Greater London Authority (GLA) London Plan.¹ As well as this, the estate improvement programme, the new build programme, will increase housing stock that is in good condition; this will support and improve affordable housing.

The relationship between housing and health was highlighted in the Marmot report. Poor quality housing can cause or contribute to many health problems including respiratory problems, arthritis and cardiovascular disease. Old people are more vulnerable, particularly if they suffer from conditions such as these which are made worse by cold and damp; this can in turn increase the risk of falls².

The associated mental and emotional strain associated with poor housing can also increase the risk of mental health conditions such as depression. Overcrowded households can have a negative impact on children's education and lead to low positive employment opportunities in the future³. Lack of affordable housing increases the risk of homelessness and can have a negative impact on mental health⁴.

Welfare reforms and reduced financial resources in public services are also having an impact on people living in Ealing, including those with mental health needs and their families, friends and carers. The context creates challenges for those providing and commissioning services to meet needs, making it even more important to work closely together with people and across organisations to provide the best possible opportunities.

¹ http://www.ealing.gov.uk/downloads/download/3001/ealing_housing_and_homelessness_strategy_2014-19

² <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

³ Page 10, The Impact of Poor Housing on Children: a Case Study, Amanda Porter, Effective Strategies and Interventions: environmental health and the private housing sector, Compiled by Dr Jill Stewart, March 2013

⁴ http://www.euro.who.int/data/assets/pdf_file/0017/145511/e95004sum.pdf?ua=1, World Health Organisation, 2011

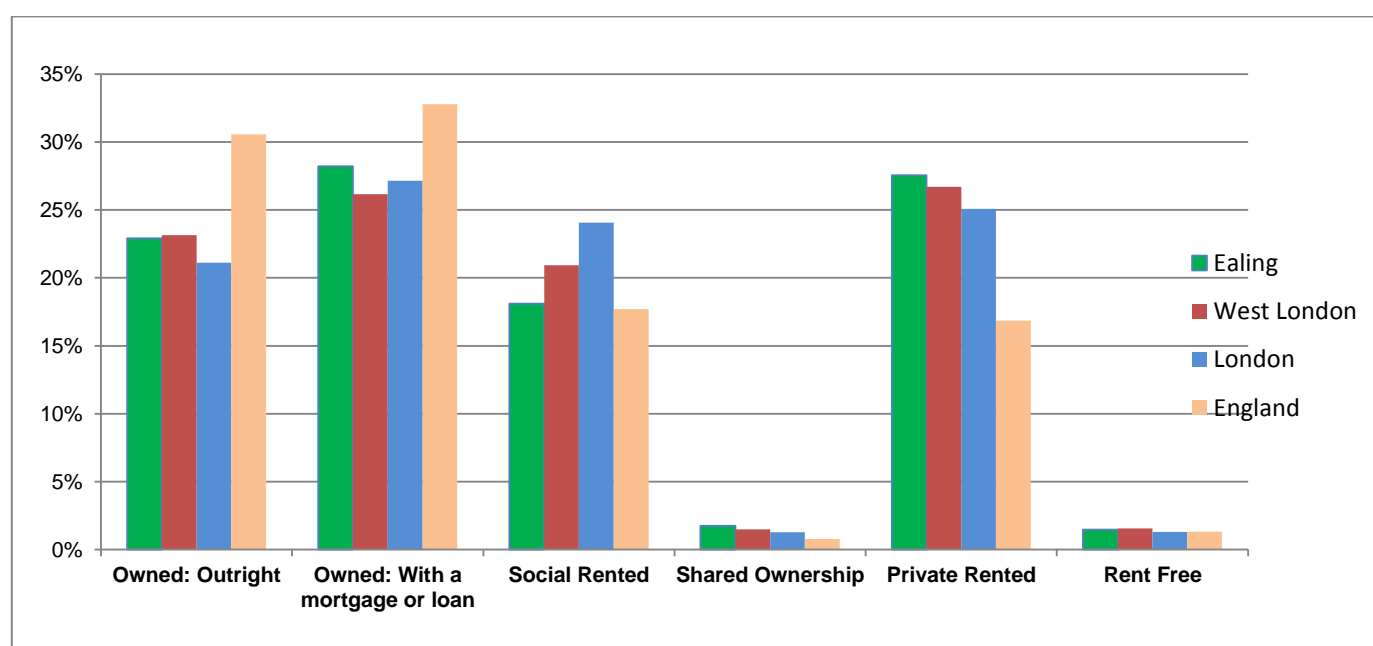
2. Level of Need in Ealing

Dwelling Stock by Tenure

As previously mentioned, Ealing now has a higher number of people renting properties. Census figures for 2011 show that private renting has expanded by nearly 70% whilst owner occupation has gone down by 12%⁵ and social renting has remained consistent. This, coupled with the a shortage of affordable housing throughout London, suggests that private renting will continue to increase going forward⁶.

Ealing has a higher percentage of homeowners, both outright or with a mortgage, than London, but lower than the England average. Shared Ownerships and Private Renting are higher than in London and England overall. Ealing has lower social renting figures than London, but this is above the national average (Figure 1).

Figure 1: Housing by tenure types



Source: ONS, Census 2011

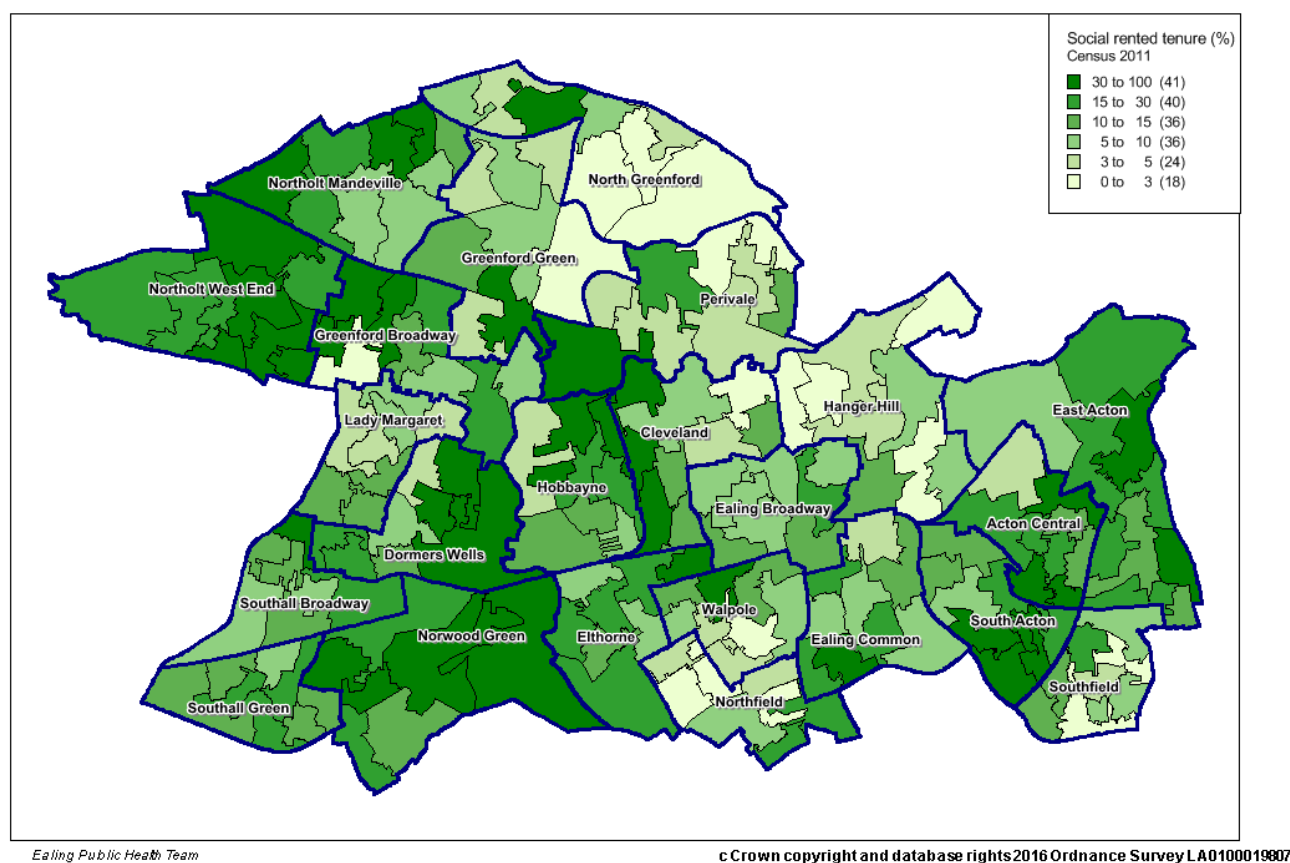
Figures 2, 3 and 4 are maps of Ealing that show the housing tenure types (social rented, private rented and private owned, respectively) by Lower Super Output Area (LSOA). Social rented housing is concentrated mainly in the northwest, west and south west of Ealing with a concentration in Acton whereas private rented housing is concentrated in the East of Ealing i.e. Hangar Hill, Walpole, Ealing common, Ealing Broadway and Acton central. Privately owned housing is mainly in central north of Ealing, namely Greenford and Perivale with pockets in the west and south.

⁵ Census, 2011, <http://www.ons.gov.uk/census/2011census/2011censusdata>

⁶ 'Private rented sector licensing proposals', Cabinet report, Ealing Council, 15th December 2015 - <http://ealing.cmis.uk.com/ealing/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1282/Committee/3/SelectedTab/Documents/Default.aspx>

Figure 2

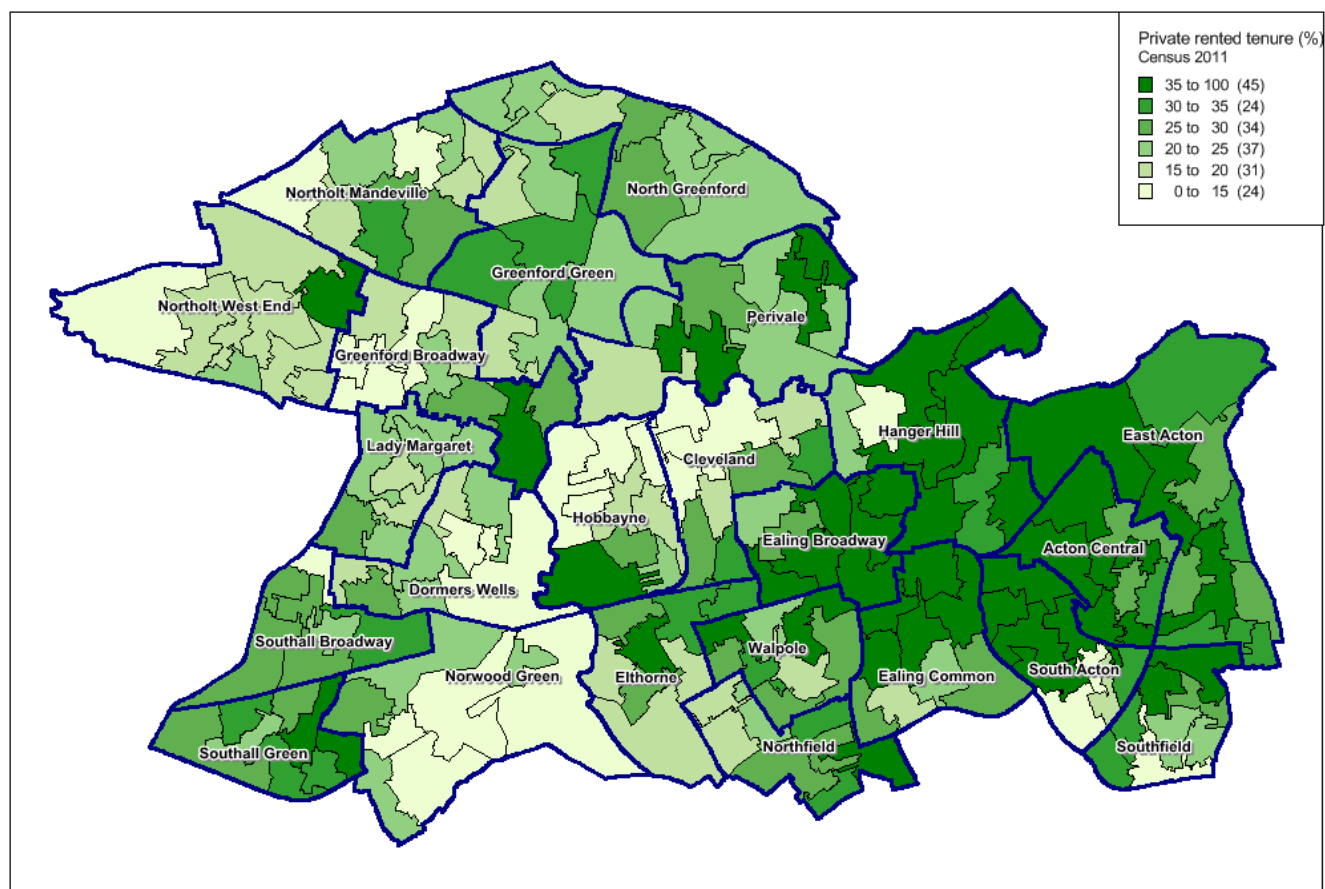
Proportion of socially rented households by Lower Super Output Area



Data source: Census 2011

Figure 3

Proportion of privately rented households by Lower Super Output Area

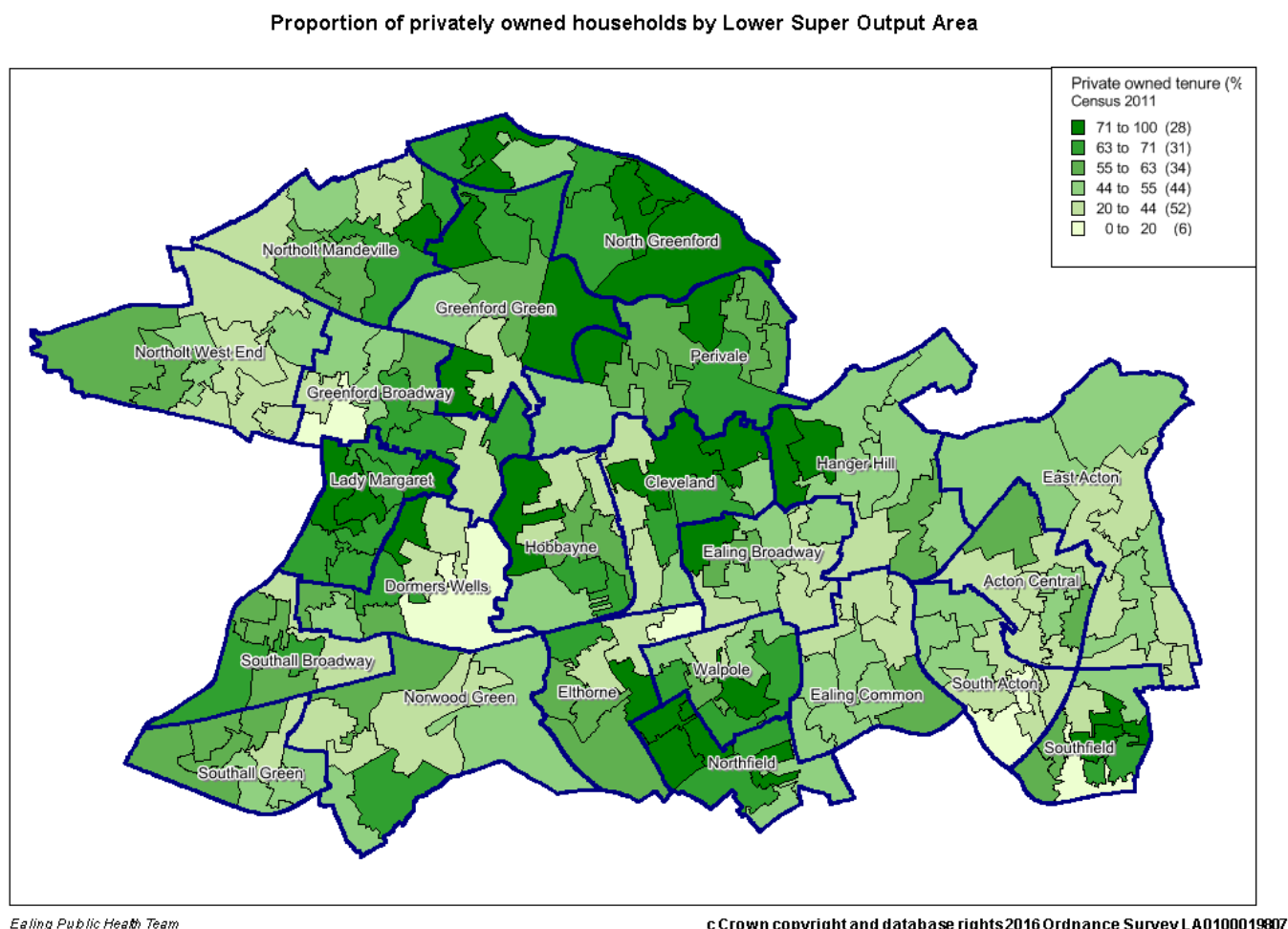


Ealing Public Health Team

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Data source: Census 2011

Figure 4



Data source: Census 2011

Private sector housing and non-decent dwellings

Results from the Ealing Council Private Sector House Condition Survey 2010⁷ indicate that the worst conditions are to be found in the private rented sector where Housing in Multiple Occupation (overcrowded housing) referred to as HMOs form a considerable proportion of the private sector stock. An estimated 5.3% of dwellings are HMOs (5370 buildings) whereas the national average for HMOs is approximately 2%. Survey of HMO properties showed that 20.1% communal areas were not in a reasonable condition; 91.9% did not have heat detectors in shared parts and 88.3% did not have landlord/agent details displayed. Only 10.9% of properties had an electrical safety certificate available and 15.6% had a gas safety certificate. The survey has also found that 39% of private housing stock in Ealing are non-decent dwellings, while this figure rises to 51.7% in HMO properties. Overcrowding remains a problem in the borough as a consequence of a lack of affordable housing. 23.6% of all households in Ealing were overcrowded in the 2011 census, making it the 14th most overcrowded local authority in London. The London average was 21.7% and England's 8.7%. When the occupancy rating is estimated using the bedroom standard, according to the 2011 Census, 13.9% of households were overcrowded in Ealing. This was higher than London (11.3%) and England (4.6%).

⁷ http://www.ealing.gov.uk/downloads/file/3774/private_sector_house_condition_survey-ealing-2010

Ealing's 2010 House Condition Survey estimated, using the bedroom standard, that 11.1% of households were overcrowded with the Southall sub area having 19.1%, which was the highest rate in the borough. It was also estimated that there were 1,600 HMOs found to be overcrowded that were not licensable. The report states that there were issues around the sample size inspected and it therefore only provided basic information on the estimated level of overcrowding. Under the statutory minimum standard for housing⁸ the 2010 House Condition Survey found that 24.5% properties in the private rented sector had more serious hazards where the council has a statutory duty to take action. The main hazards found were falling on stairs, excessive cold and falling on level surfaces. The use of illegally occupied outhouses is a growing problem in the borough.⁹

Need and supply: all affordable housing

Both private renting and home ownership is unaffordable to the majority of lower income families in Ealing. Lack of affordability is most acute for families needing larger (3 bedroomed plus) sized properties¹⁰.

Homes in Ealing sold for an average price of £457,397 (as of July 2015) which is more expensive than neighbouring Hounslow and Hillingdon, but cheaper than Hammersmith and Fulham. Ealing straddles both inner and outer London, resulting in a large variation in the price of housing across the borough. Most property sales in Ealing involved flats, which sold for an average of £360,993. Terraced properties sold for an average price of £463,242, while semi-detached properties sold for an average of £539,504.

Table 2: House Prices in West London Boroughs as of July 2015

London Borough	Average House Price	Annual Increase
Ealing	£ 457,397	8.5%
Kensington and Chelsea	£ 1,351,645	2.11%
Brent	£ 435,379	10.3%
Hounslow	£ 377,973	12.5%
Hammersmith and Fulham	£ 776,967	1.5%
Hillingdon	£ 347,963	15.4%
Harrow	£ 392,045	15.0%

Source: Land Registry

During 2015, sold prices in Ealing were 8.5% up on the previous year and this is expected to continue. Research report by Savills estimate that house prices will increase by 24.4% over the next five years to 2019¹¹. Equity rich housing markets are expected to outperform those more dependent on mortgage finance. This indicates that higher than average increases will continue placing continued pressure on affordability.

Housing Register

The number of people on Ealing Council's housing register in April 2015 was 10,607. Almost 70% of the households on waiting list require 1 or 2 bedrooms.

⁸ Housing Health and Safety Rating System

⁹ http://www.ealing.gov.uk/site/scripts/google_results.php?q=housing+condition+survey

¹⁰ Source: Housing and Homelessness Strategy Evidence Base Report, Ealing Housing Department, 2014

¹¹ Source: Savills, <http://www.savills.co.uk/resources/5-year-forecast/>

Table 3: Waiting List April 2015 –Bedroom requirement

Number of bedrooms	Number of people
1 bed	4,098
2 bed	3,268
3 bed	2,429
More than 3 bed	812

Demand for council housing is high and stock turnover is extremely low. One and two bedroom properties make up 72.6% of Ealing Council's housing stock. Most households (7,366; X%) are waiting for a 1 or 2 bedroom property. There is an average wait of 14 years for a one bedroom property and 21 years for a 2 bedroom property. For larger 3 and 4 bedroom properties, the council stock turnover is less frequent and the wait to be housed is much longer.

Table 4: Council Rented Stock, Waiting List Need and Turnover

Number of bedrooms	Total Stock	%	Council Stock Turnover	%	Waiting List (November 2013)	Average time to be housed
1 bedroom	4,910	39.2	278	5.6%	3,988	14 years
2 bedrooms	4,196	33.4	140	3.3%	3,044	21 years
3 bedrooms	3,127	24.9	71	2.3%	2,153	30 years
4+ bedrooms	311	2.5	12	3.8%	1,008	84 years
Total	12,544	100	501	4%	10,193	

Source: Ealing SHMA 2013

Homelessness

The housing and homelessness strategy 2014-2019 emphasises the importance of the private rented sector in the provision of accommodation. Given the pressures on housing need across the country, the level of reliance on the private rented sector is likely to continue.¹²

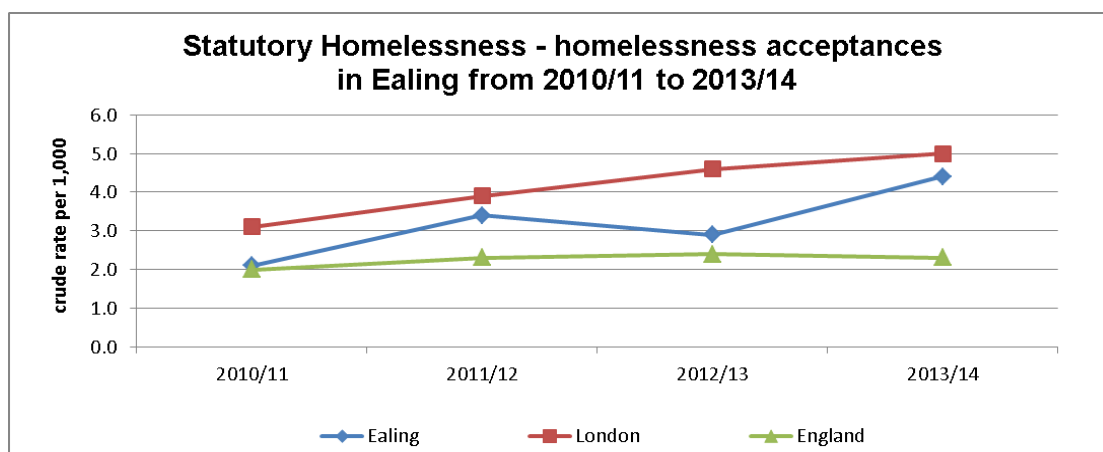
Homeless acceptances

The Council has a duty under the homelessness provisions of the Housing Act 1996 to provide appropriate accommodation for families or individuals who have been made homeless unintentionally and are in priority need. During 2014/15, the Council dealt with 2,158 households, of which 926 (43%) households were eligible, unintentionally homeless and in priority need.

¹² http://www.ealing.gov.uk/downloads/download/3001/ealing_housing_and_homelessness_strategy_2014-19

Statutory homelessness - homelessness acceptances

Figure 5: Statutory homelessness acceptances trend data

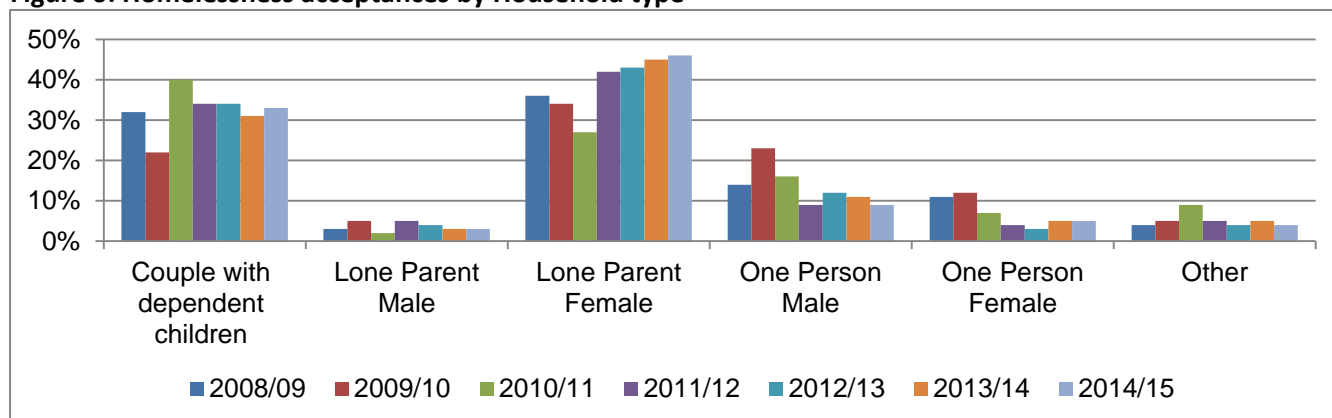


Source: Department for Communities and Local Government (PHOF, 2014)

Acceptances – Household type

The main type of household accepted as homeless is lone female parents followed by couples with dependent children.

Figure 6: Homelessness acceptances by Household type

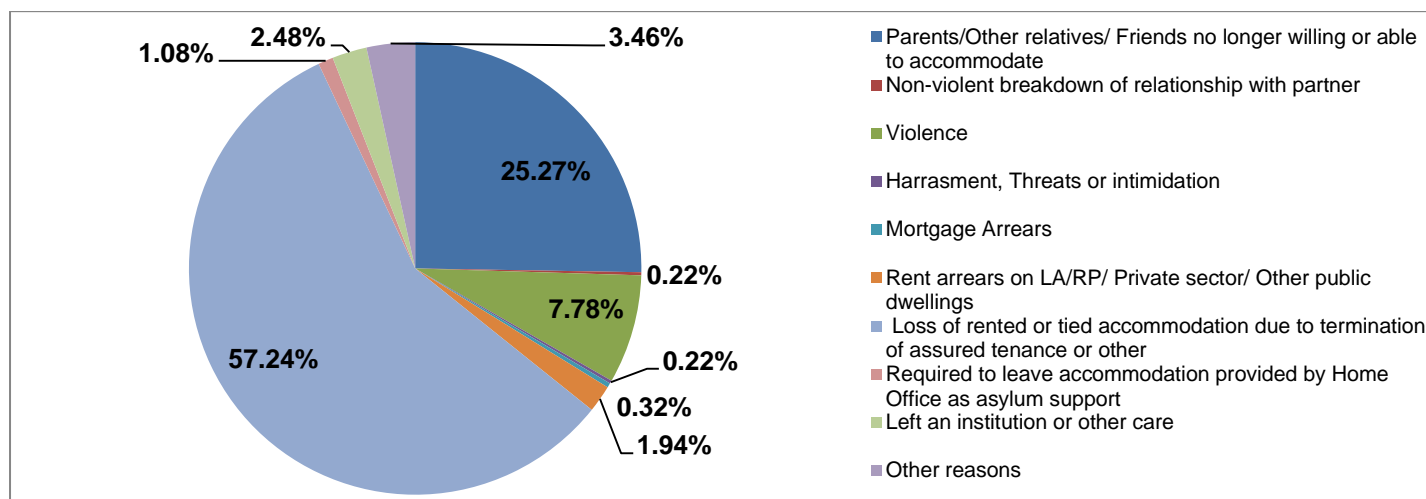


Source: P1E

Acceptances – Reasons for Homelessness

The most common reason in the year 2014-15 for losing the last settled accommodation is loss of rented or tied accommodation due to termination of assured tenancy or other (where the main reason is the ending of AST), followed by parents, relatives or friends no longer willing or able to accommodate.

Figure 7: Homelessness acceptances – Reason for homelessness 2014-15



Source: P1E

Temporary Accommodation

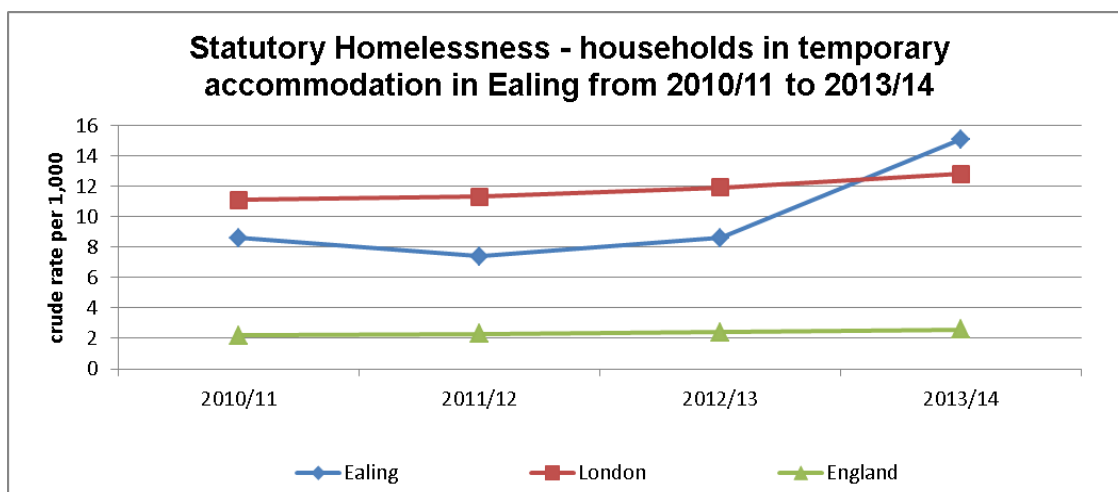
Temporary accommodation has grown in Ealing. As can be seen in table 5, temporary accommodation has increased in 2014/15 from 2008/9. 7% (181 of the 2433) of households in temporary accommodation were families with dependent children or expected babies (as at 31st March 2015). The number of people in temporary accommodation has grown in Ealing.

Table 5: Temporary Accommodation in Ealing, 2008/09 to 2014/15

Year	Temporary accommodation
2008/09	1,799
2009/10	1,437
2010/11	1,072
2011/12	917
2012/13	1,106
2013/14	1,931
2014/15	2,433

As well as the rise in temporary accommodation, those who are statutorily homeless and now housed in temporary accommodation has seen a sharp rise in Ealing. Figure 8 shows those households in temporary accommodation from 9 per 1000 (crude rate) in 2012/13, rising to 15 per 1000 (crude rate) in 2013/2014.

Figure 8: Statutory homelessness – households in temporary accommodation trend data



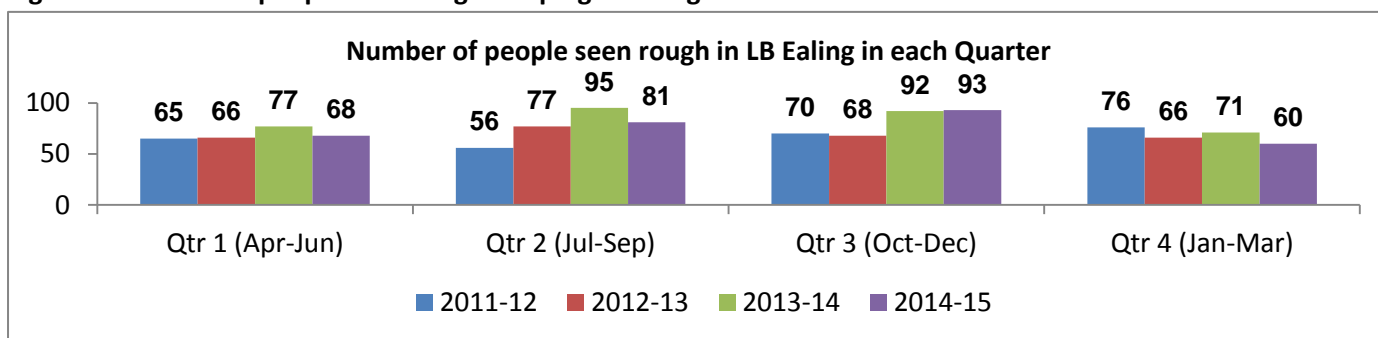
Source: Department for Communities and Local Government (PHOF, 2014)

There has been a dramatic decrease in Ealing of supported accommodation for prolific offenders; hostels and bed spaces previously used for offenders now are prioritised for families. This leaves the most vulnerable offenders unable to access sequential treatment to address their needs and offending.

Rough Sleepers

Over the year 2014-15 there has been a steady decrease in numbers of individuals seen rough sleeping compared to numbers in 2013-14. A significant amount of prevention work through Day Centres may be reducing numbers. Some of the following key statistics¹³ from St Mungo's show there were 218 rough sleepers seen in Ealing in 2014/15. Following a drop in rough sleepers in Quarter 4 of 2014/15, there was an overall decrease in rough sleeping of 10% compared to 2013/14 although 94 in 2014/15 (43%) had no known recourse to public funds.

Figure 9: Number of people seen rough sleeping in Ealing



Source: St Mungo's Broadway, Ealing Outreach Team, 2015

The most common age for the majority of rough sleepers encountered in the borough is 30-39 and a rising number for those aged 20-29 - a rise of 45%.

¹³ Source: St Mungo's Broadway, Ealing Outreach Team, 2015

There has been a significant growth in the number of Romanian nationals – now making up 9% of rough sleepers in the borough. In 2014/15 there were 18 rough sleepers ‘reconnected’ (sent back to their country or place of origin). The largest number of individuals being reconnected was to India. In some cases individuals have no recourse to public funds which becomes an issue if, namely for those in casual employment, they suffer ill-health and are subsequently unable to work, potentially adding to the pressure on hospitals through delayed transfers.

The health issues for the homeless and rough sleepers include drug and alcohol abuse, mental health issues, low uptake of TB, Hepatitis B, influenza and pneumococcus vaccinations and low rates of childhood immunisations in homeless families. There is an Out of Hospital Contract across North West London CCGs for providing services to homeless people. The service targets the following cohorts of people:

- People who are homeless, whether registered with a GP or not
- People who sleep on the streets (rough sleepers)
- People who live in hostels, refuge and night shelter residents
- Squatters
- People of no fixed abode who are staying temporarily with friends and relatives

Homelessness and mental health

The prevalence of people living with mental health issues in Ealing is about average for London. However, Ealing has higher than average numbers of people who also use drugs and alcohol and higher than average number of people living with complex trauma. Both these are associated with vulnerability to homelessness and with rough sleeping.

There is significant variation across the borough in terms of wellbeing and mental health, with some wards (Southall, Norwood Green, Northolt West End, Greenford Broadway) having very low wellbeing scores and high levels of deprivation, while others (Northfield, Walpole) have very high wellbeing scores and low levels of deprivation.

Homelessness is more prevalent amongst those who suffer from:

- Mental health issues
- Drugs and alcohol abuse
- Learning and physical difficulties and disabilities
- Autism

However, those who are homeless are also more likely to have or develop a mental health issue.

Many war veterans are amongst the homeless population in Ealing as elsewhere in London and the UK.

Accommodation needs for older population

Older person households in London

Revised figures on the number of older person households by borough have recently been issued by ONS based on the 2011 census¹⁴. This data predicts that the number of older person households will increase between 2015 and 2025, with households aged 65 and over increasing by 20%, of which the largest increase is in households aged 85 and over (41%). Table 6 shows the 65+ population age forecast across London, showing a 10% to 12% rise every five years. The largest increase is in the five year period to 2026 to 2031 (6,053 people - 12.1%).

¹⁴ DCLG household projections area 5 <https://www.gov.uk/government/statistical-data-sets/detailed-data-for-modelling-and-analytical-purposes>

The number of older person households varies significantly by borough. Boroughs where the number of older person households (aged 75 and over) is projected to exceed 15,000 in 2025 include Barnet, Bromley, Croydon, Ealing, Enfield, Harrow, Havering and Redbridge. Boroughs where there are fewer than 10,000 households aged 75 and over in 2025 include Barking and Dagenham, Hackney, Hammersmith and Fulham, Islington, Newham and Tower Hamlets.

Table 6: 65+ Population Age Forecast 2011 – 2035

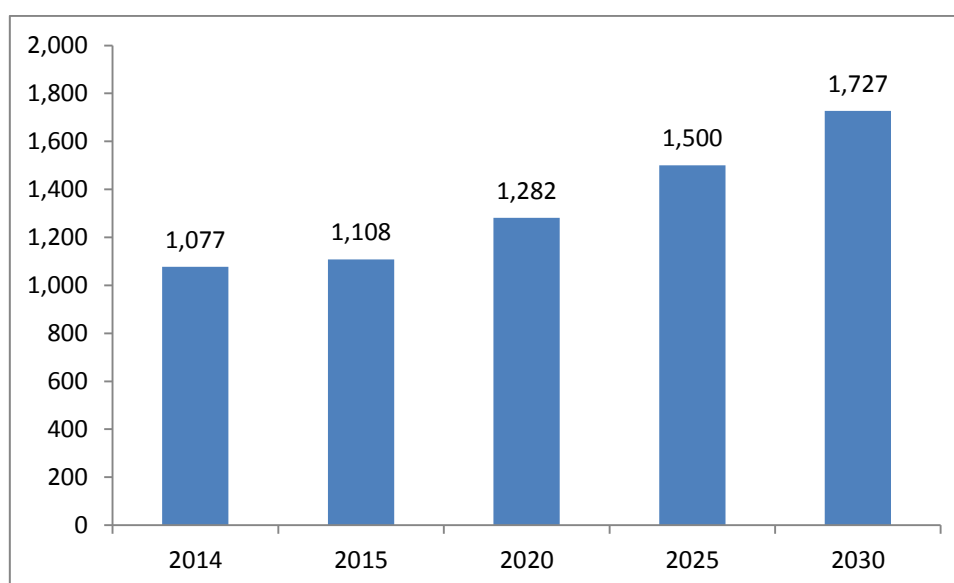
Age	2011	2016	2021	2026	2031	2035	Change
65+	36456	40261	45058	50534	57098	62237	
Change		+ 4,351	+ 4,250	+ 5,105	+ 6,053	+ 4,537	+ 24,296
% change		+ 11.9	+ 10.4	+ 11.3	+ 12.1	+ 8.1	+ 66.6

Source: Greater London Authority 2013, 2012 Round Demographic Projections

Older people in care homes

The chart below is a highlight of the number of people living in care homes across Ealing projected to 2030. This is projected to rise from 1108 in 2015 to 1727 in 2030.

Figure 10: Total population aged 65 and over living in a care home in Ealing– projected to 2030



Source: POPPI, 2014

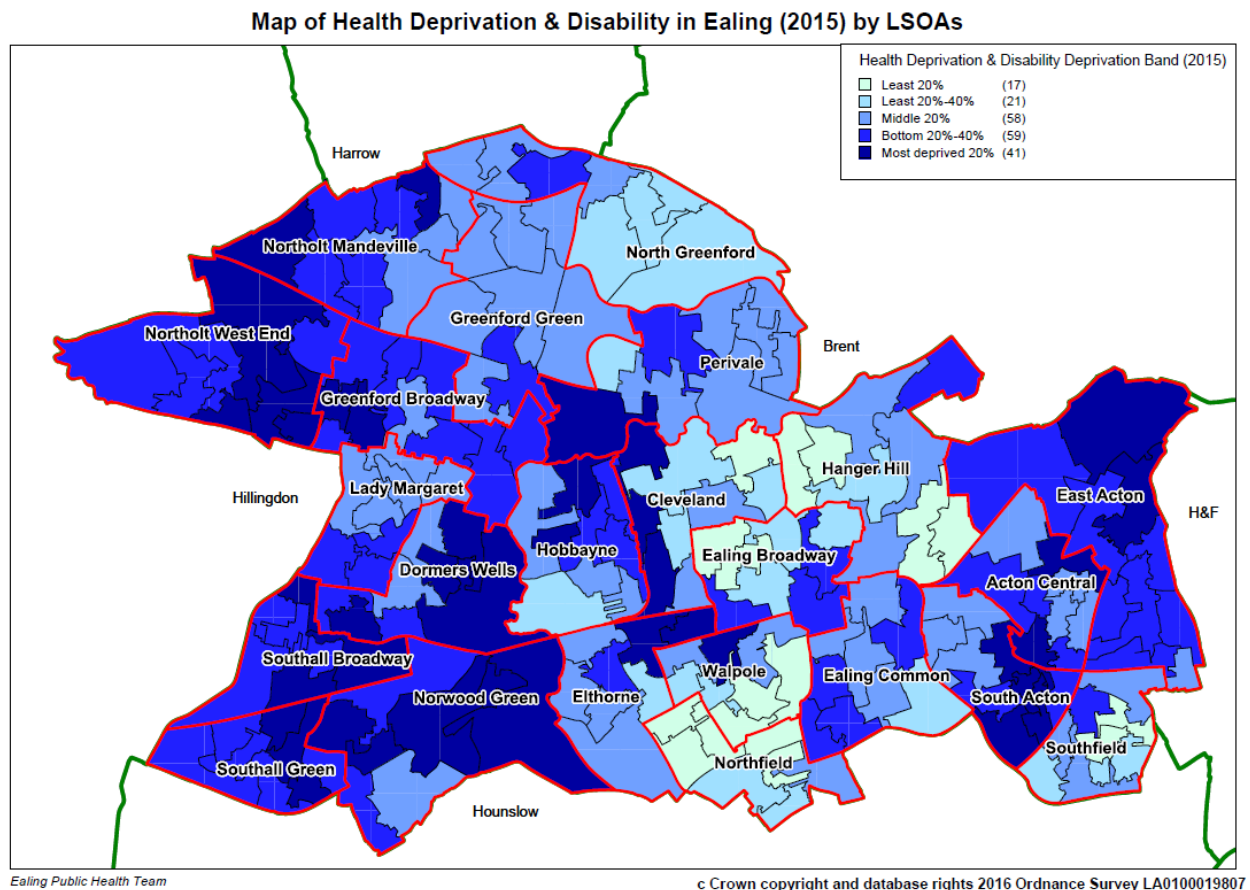
Note: Numbers have been calculated by applying the percentage of people living in care homes/nursing homes in 2011 to projected population figures.

With the number of care home places reducing across the borough, and a growing ageing population, more people are being supported in existing accommodation/ own home.

Impact of housing on health

Below, figure 11, is a map showing health deprivation and disability scores by LSOA for 2015. As with social rented housing in figure 2, there are large concentrations of health deprivation on the west side of Ealing with a large pocket East of Ealing. There are lower levels of deprivation along the central band of Ealing.

Figure 11



Data source: Department for Communities and Local Government

Fuel Poverty Prevalence

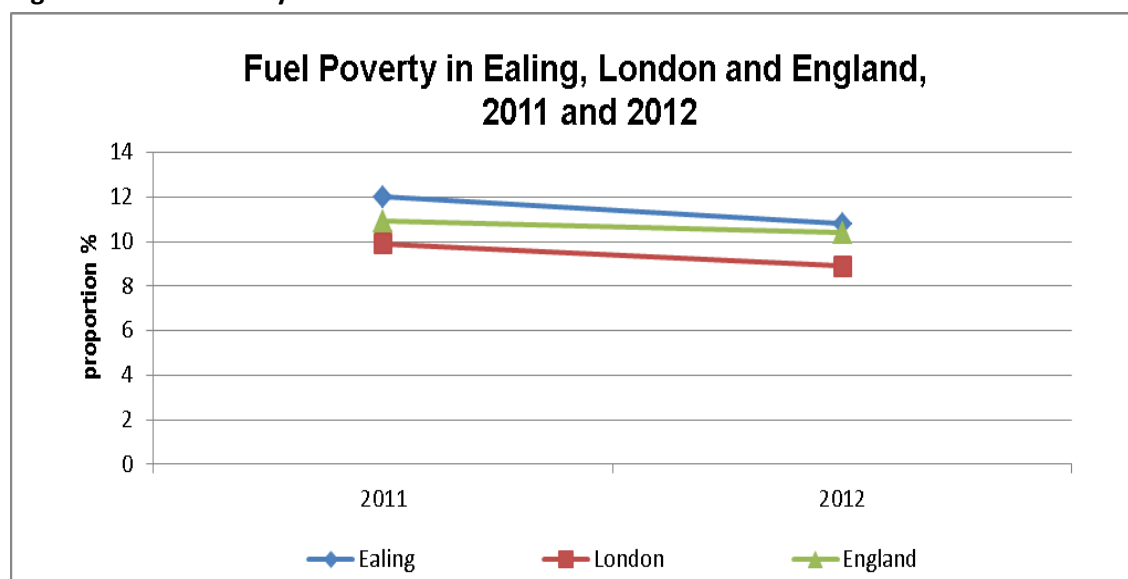
Fuel poverty is defined as a household which spends more than 10% of its income on all fuel use, including heating. In 2012, the number of households in fuel poverty in England was estimated at around 2.28 million¹⁵, representing approximately 10.4 per cent of all English households. This is a fall from 2.39 million households in 2011 (a reduction of almost 5%).

Almost one half (48%) of all fuel poor households contained someone over the age of 50 in 2012. In contrast, in around six per cent of all fuel poor households the oldest person was aged between 16 and 24.

There are currently fewer than 13,000 (11%) households in Ealing who are experiencing fuel poverty. This is higher than across London as a whole (8.9%), but it is similar to households in fuel poverty nationally (10.4%).

¹⁵ Source: Department of Energy and Climate Change, Annual Fuel Poverty Statistics Report, 2014

Figure 11: Fuel Poverty trend data



Source: Department of Energy and Climate Change (DECC) (PHOF, 2014)

How the cold affects health

In older people, a one degree lowering of living room temperature is associated with a rise of 1.3 mmHg blood pressure, due to cold extremities and lowered core body temperature. Increases in blood pressure, along with increased blood viscosity (caused by mild skin surface cooling), increase the risk of stroke and heart attack. Cold air affects the normal protective function of the respiratory tract, with increased broncho-constriction, mucus production and reduced mucus clearance. Cold, damp houses promote mould growth, which increases the risk of respiratory infections.

Ealing had a higher Excess Winter Deaths Index¹⁶ in 2011/12 at 26.4, whilst London scored 19.1 and England 16.1¹⁷. According to Census 2011, there were 1,886 dwellings in Ealing without central heating. There is some evidence to suggest that vulnerability to cold is greater in homes with inadequate insulation/inadequate home heating. In Britain, as in many countries, there is a large winter excess of deaths and morbidity, many of which (around 20,000 deaths a year) are attributable to the direct effects of cold.¹⁸

Deprivation and fuel poverty

Figure 12 below shows the map of levels of fuel poverty (2013) in each LSOA. From this we can see that fuel poverty is not limited to areas of high deprivation (see figure 11 for level of deprivation). For example, Greenford has higher levels of fuel poverty whilst having lower levels of deprivation than some areas. Greenford is also an area where

¹⁶ Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.

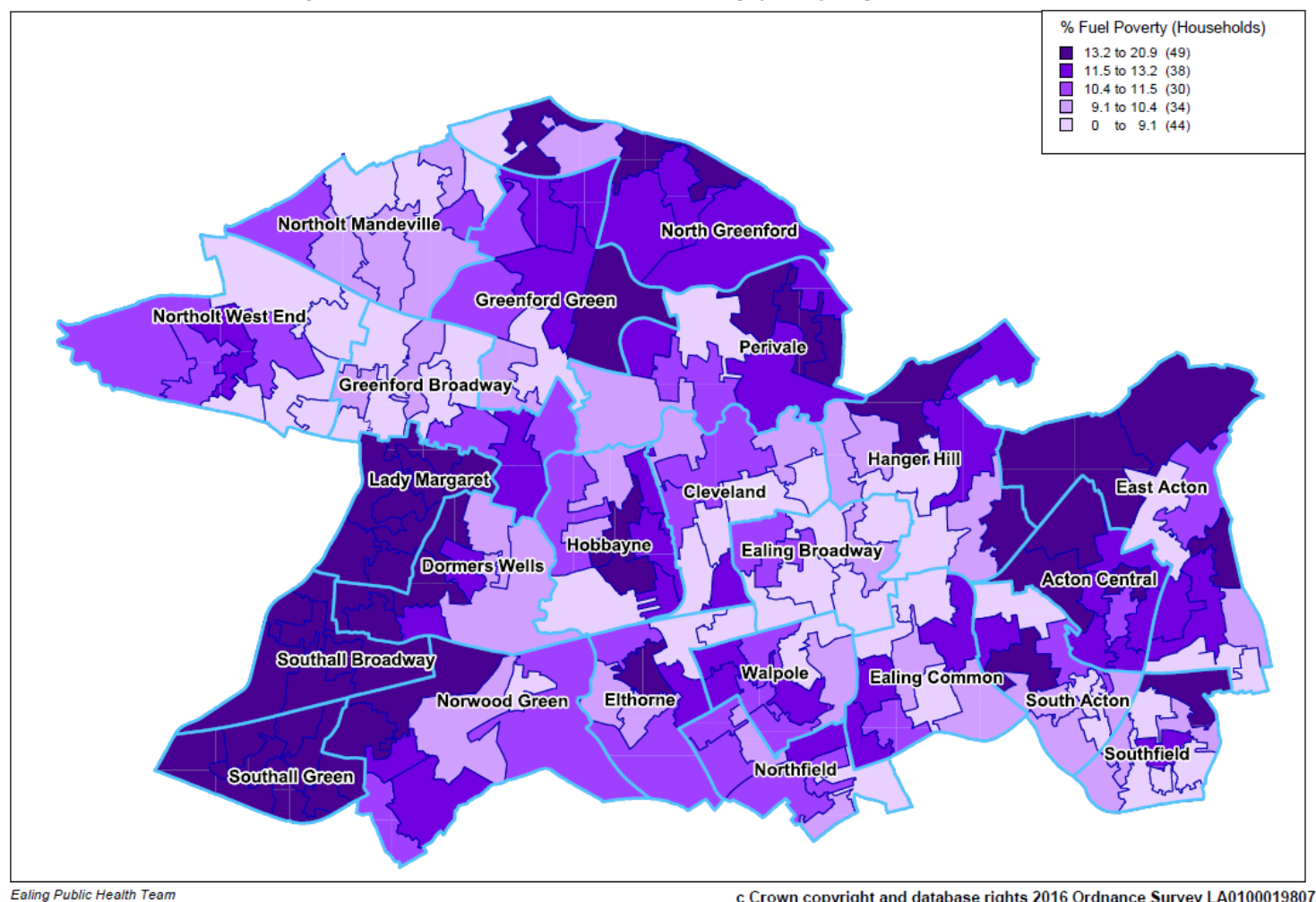
¹⁷ Source: PHOF, 2014 – Annual Health Mortality File provided by ONS

¹⁸ Health Knowledge, 2011, the health problems associated with poor housing and home conditions, inadequate water supplies and sanitation.

there are higher levels of home ownership as shown in figure 4. In other areas such as Northolt, the opposite is true; in the main, there are lower levels of fuel poverty but higher levels of deprivation and also higher levels of socially rented housing (Figure 2). However, there are also significant areas of Ealing where there are high levels of fuel poverty and high levels of deprivation, namely Southall and parts of Acton.

Figure 12 Map of Fuel poverty (2013) by LSOA

Proportion of Households in Fuel Poverty (2013) - by LSOAs



Data source: Department for Communities and Local Government; ONS

3. Evidence of what works?

Environmental Health Practitioners (EHP) and their colleagues have developed a compendium of interventions based on local evidence of how and why health inequalities pivoting around housing are being tackled. They have worked closely with partners in health, social care and others EHPs to provide solutions to meet local need. Already Joint Strategic Needs Assessment are taking housing – including private sector housing – into account in delivering increasingly more effective strategies and interventions where health and wellbeing outcomes have been factored in from early design stages of strategic development which are demonstrably cost effective.¹⁹

¹⁹ Introduction, page 2, Effective Strategies and Interventions: environmental health and the private housing sector <http://www.cieh.org/assets/0/72/1126/1212/1216/1218/18e5b22f-3127-48de-a254-1c941748ad62.pdf>

4. Current Interventions & Assets

Older people's services

In addition to home care and residential care, Ealing Council also provides a number of services supporting older adults. Some services are free, and others require the user to pay a fee. Services include:

- Handyman services to support people to function in their own homes;
- Services to keep older people active, helping to prevent falls;
- Telecare (pendant alarm) service;
- Daycare services including day services for people with dementia;
- Supported and sheltered housing schemes.
- COSIE project - warmer homes project for older vulnerable people

Prevention & Rough Sleeper Advice Surgeries

St Mungo's Broadway Ealing Outreach Team has been commissioned by LBE Housing to deliver an assertive outreach service, targeting and engaging rough sleepers throughout Ealing and includes a qualified nurse. The focus of the service is to make lasting differences to the lives of vulnerable individuals and the community as a whole and to measure these outcomes. What is difficult to measure is the increase in quality of life of these individuals when health, immigration, family and housing needs are dealt with effectively and sustainably.

The Outreach team had contact with over 400 individuals in the first two quarters of 2014-15 – a mix of homelessness prevention and advice, and work with current or previous rough sleepers.

The team run three Rough Sleeper advice surgeries:

1. Emmaus House in Acton
2. Southall Baptist Church
3. St John's Church in West Ealing

These sessions are used to see new and existing clients, take on new cases or provide advice and signposting to more appropriate services or to reconnect clients to their local borough / city. In the first two quarters of 2014/15, 166 advice sessions took place.

Joint Working

The joint initiative, across SST, St Mungo's Broadway (Outreach & Broadway 65 Hostel), YMCA, Equinox and Sanctuary continues to improve the flow of individuals progressing through the housing pathway. The group discuss pending referrals and clients currently in supported housing, evaluating their situation and progress, and helping to move them through accommodation services – either 'stepping up', if support needs have increased and to prevent evictions, or 'step-downs' to free up beds for those waiting for supported housing.

Monthly meetings with the Young Physical Disabilities team in Social Services have also been set up to move forward joint cases and resolve any barriers in support. As a result, improvements have been very clear in the outcomes of some of our most vulnerable rough sleepers.

Furthermore, the Tasking & Targeting meeting with Safer Communities, Housing and Social Services (Hospital) continues on a monthly basis. The Area leads discuss and agree action plans for problematic hotspots and individuals.

5. Identified Gaps

- Limiting licencing schemes for HMOs and vulnerable families in private rented housing.
- Lack of supported housing for prolific offenders.
- Linked support between housing and health for older and vulnerable people of low level need.
- Lack of affordable housing.

6. Reference any current policies/strategies or action plans.

- Housing and Homelessness Strategy 2014-19
- UKHF – HP fuel poverty report
- Ealing Final SHMA Report
- ‘Private rented sector licensing proposals’, Cabinet report, Ealing Council, 15th December 2015 - <http://ealing.cmis.uk.com/ealing/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1282/Committee/3/SelectedTab/Documents/Default.aspx>

7. Recommendations for Commissioners

- Convene discussions between community safety, housing, social housing and Youth Justice Service to discuss how best can support those at home before getting to the ‘point of crisis’ Consider developing and Ealing ‘memorandum of Understanding’²⁰ between health and housing services and associated action plan²¹.
- Introduce borough wide additional licensing schemes for Houses in Multiple Occupation (HMOs) and a Selective Licensing Scheme for single family private rented properties in the five wards of Acton central, East Acton, South Acton, Southall Broadway and Southall Green.
- More support available for prolific offenders.
- Continue providing support through the COSIE project with Public Health Continue to support affordable housing schemes within the borough.

²⁰ <http://www.cieh-housing-and-health-resource.co.uk/phe-housing-and-health-strategy/>

²¹ <http://www.cieh-housing-and-health-resource.co.uk/mental-health-and-housing-conference/>