

Housing and Health

Housing conditions and the private rented sector

Southwark's Joint Strategic Needs Assessment

Health Improvement & Place Section

Southwark Public Health

December 2017

GATEWAY INFORMATION

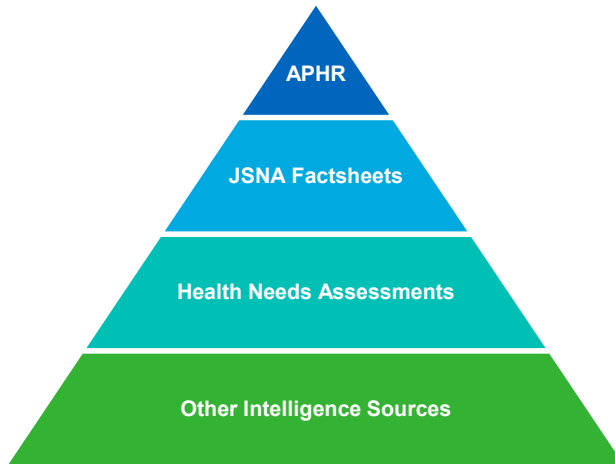
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.



Tier II: JSNA Factsheets provide a short overview of health issues in the borough.



Tier III: Health Needs Assessments provide an in-depth review of specific issues.



Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

This Health Needs Assessment provides an overview of the impact of housing on health in Southwark

AIMS & OBJECTIVES

This report forms part of the Joint Strategic Needs Assessment (JSNA) for Southwark and aims to provide an overview of where housing can impact on health. It also identifies key strands of the Southwark Housing Strategy where we might seek to maximise opportunities for the improvement of health.

This JSNA looks to make specific recommendations on:

- Future development of the Council's HMO (Houses in Multiple Occupation) licensing scheme to improve the health of more vulnerable communities in the borough.
- Cross agency/departmental collaboration to improving housing conditions for those in greater need.
- Addressing gaps in data / evidence to inform best practice

In recognition of the broad nature of housing, future supplements to this JSNA will explore other key areas of housing in further detail.

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- Against a backdrop of housing and welfare reforms, this JSNA helps to identify opportunities for improving health through the Southwark Housing Strategy.

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Housing is a significant determinant of both mental and physical health and wellbeing

INTRODUCTION

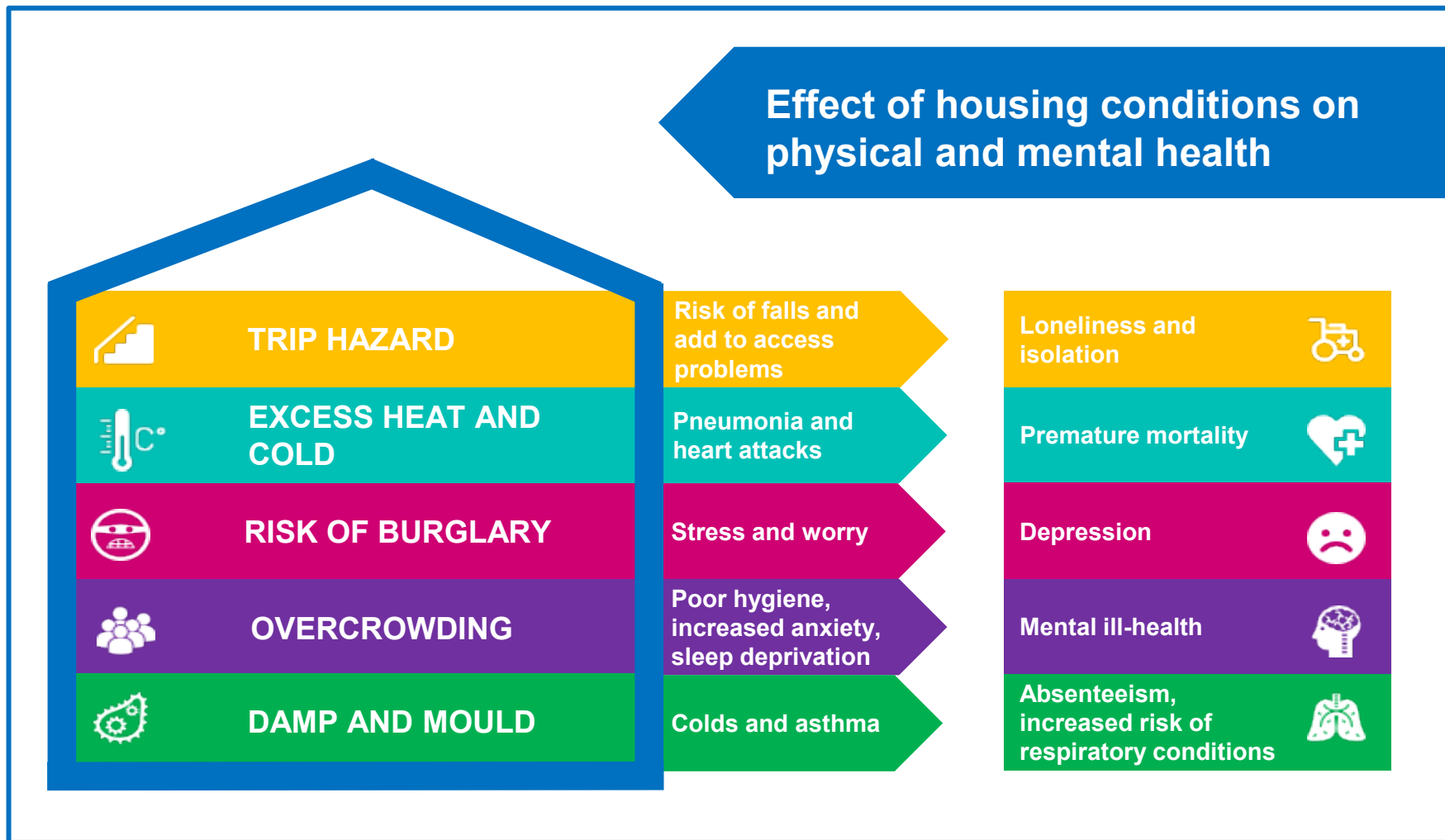
Housing is a significant determinant of both mental and physical health and wellbeing. Southwark, like London has faced significant housing challenges over recent years with rising house prices and significant changes in national housing policy and welfare reform. With an ageing and growing population understanding the health impact of housing is ever more important.

While good housing is important throughout life, the health effects of poor housing (as pictured overleaf) disproportionately affect vulnerable people. Outcomes of poor housing conditions – such as overcrowding, damp, indoor air pollutants and cold - have been shown to be associated with illnesses such as eczema, hypothermia and heart disease. They are also linked to increased incidence of infections, respiratory disease and asthma. Less easily assessed risk factors for poor health also include affordability, security of tenure, healthy and safe neighbourhoods, how well the building design and services support independence. These factors all form part of the wider relationship between health and housing.

Housing conditions in the private rented sector are featured in particular in this JSNA, with a focus on Houses in Multiple Occupation (HMOs) where standards relating to housing management and conditions are generally poorer than other sectors. A short definition of an HMO is a property occupied by at least 3 people in 2 or more households, but that share a kitchen or bathroom.*

* a full definition of house in multiple occupation can be found in section 254 of the Housing Act 2004

Housing is a significant determinant of both mental and physical health and wellbeing



References

1. Adapted from: Housing and Health Links, Building Research Establishment

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- Outlines key changes to national housing policy and welfare reform.

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National housing and welfare reforms have a clear impact on social and affordable housing

NATIONAL POLICY CONTEXT

Housing and Planning Act 2016

- Requires Councils to pay an additional levy based on selling off their high value vacant stock.
- Starter Homes included as Affordable Housing and may replace other forms of affordable housing
- The Right to Buy scheme is being extended to housing associations once piloted
- Councils will be required to introduce mandatory fixed-term tenancies for new tenants

Welfare Reform Act 2012 and Welfare Reform and Work Act 2016

- Introduced an integrated working-age benefit called Universal Credit
- Introduced and subsequently reduced the Benefit Cap to 23k in London.
- Mandatory 1% rent reductions to social housing for 2016-2020

Reforms to the Local Authority “Right To Buy” Scheme 2012

- Provided increased cash discounts for eligible tenants to buy their council homes

Supporting People

- Uncertainty over the future funding of supported housing

Research by Shelter describes how people on low incomes are increasingly unable to find a home and secure a tenancy in the private rented sector, mostly due to the shortfall between housing benefit and the cost of private renting, with current policy potentially exacerbating this situation.

References

1. Shelter (2017) Shut Out: Households at put at risk of homelessness by the housing benefit freeze

Southwark's Housing Strategy sets the framework for increasing the supply and quality of housing in the borough

LOCAL POLICY CONTEXT

Southwark Council has responded to this challenging time for housing with a long term [Southwark Housing Strategy](#) (to 2043) with four strategic themes of work with an emphasis on:

1. Delivering new homes
2. Improving housing quality
3. Empowering residents
4. Being more than a landlord

The housing strategy sets the overarching framework for increasing housing supply, transforming housing conditions in Southwark across all tenures, and responding to the borough's housing needs. This reflects extensive community conversations as well as learning from the Independent Housing Commission's report on the future of council housing in Southwark.

In summer 2016 the Council refreshed the [Council Plan](#), and reiterated a number of the targets included in the housing strategy that are referenced in this report.

The Housing Strategy is also influencing the development of the New [Southwark Plan](#) which sets out how we will deliver further regeneration and wider improvements for Southwark in the years to come. This includes the Private Rented Homes policy which sets out some quality standards and requirements that support affordable rents and secure tenancies within new developments. There is also a House in Multiple Occupation (HMO) policy which protects against overconcentration (including use of Article 4 Directions) as well as ensuring HMO standards are met to guard against poor quality and ensure basic facilities are provided.

References

1. Southwark Council. Southwark Housing Strategy to 2043. www.southwark.gov.uk/housing/housing-strategy
2. Southwark Council. Council Plan 2014 to 2018. Summer 2016 refresh. www.2.southwark.gov.uk/downloads/download/4181/council_plan_2014-18

Southwark's Housing Strategy presents a number of opportunities to improve both housing and health

LOCAL POLICY CONTEXT

Co-benefits for housing and health have been identified within each of the four themes of the strategy. Priorities from the strategy that offer specific opportunities to support associated health outcomes are outlined below.

Strategy Themes	Actions	Co-benefits
Delivering new homes	<ul style="list-style-type: none"> ▪ Providing affordable housing ▪ Providing specialist housing ▪ Ensuring housing is built to decent, lifetime standards ▪ Ensuring accessible, well designed neighbourhoods 	Promoting a fair society and mitigating widening health inequalities
Improving housing quality	<ul style="list-style-type: none"> ▪ Tackling poor standards of housing through PRS licencing ▪ Tackling rogue landlords ▪ Succeeding the 'Warm, dry and safe' programme with the new Kitchen and Bathroom programme for Council homes 	Improving living conditions and reducing hazards to health
Empowering residents	<ul style="list-style-type: none"> ▪ Addressing anti-social behaviour ▪ Giving residents more control ▪ Encouraging health promoting housing associations 	Supporting social, mental and physical wellbeing
Being more than a landlord	<ul style="list-style-type: none"> ▪ Providing extra-care housing ▪ Improving co-ordination of multi-agency support ▪ Preventing homelessness 	Improving health, wellbeing and independence for vulnerable people

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- Provides an overview of challenges for housing and public health in Southwark given the context of projected population change, housing demand, and housing conditions.

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Over the next decade the population in Southwark is projected to increase by approximately 63,000 people

SOUTHWARK PICTURE

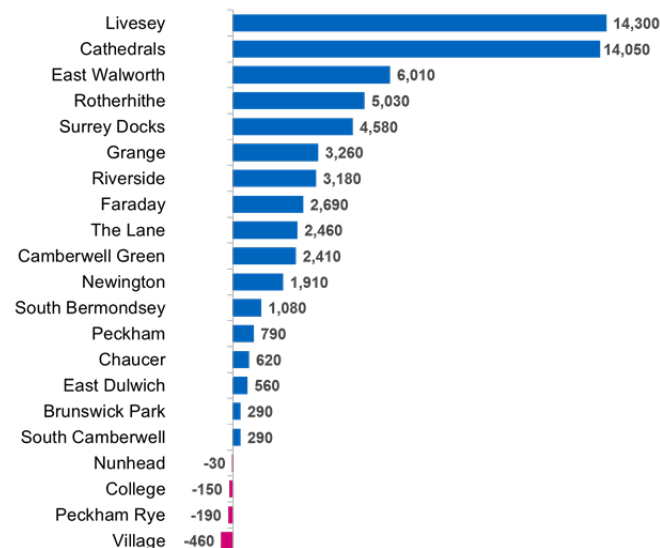
Southwark is one of the most densely populated boroughs in the country

- The population density in the borough is significantly higher than the London and national average
- In 2016 Southwark's population was estimated at around 313,000
- By 2026 population is predicted to grow by 20% to around 376,000
- The largest increase is predicted in Livesey and Cathedrals Wards; several wards are predicted to have less residents than in 2016

The population growth could be attributed to several factors including reduction in mortality, increase in life expectancy and immigration to the borough

- Natural change is the difference between the number of births and the number of deaths; it was the largest contributor to population growth in 2015 and is projected to remain such in 2025
- Net migration is the difference between population inflows and outflows; positive net migration indicating that population inflow is higher than outflow
- Net migration is predicted to fall between 2015 and 2025 with negative net migration projected for 2025
- Despite the fall in net migration, Southwark population will continue to increase due to natural change

Change in ward population between 2016 and 2026



Components of change 2015 to 2025

Year	Population	Births	Deaths	Natural change	Net migration	Net change
2015	309,600	4,600	1,300	3,400	3,000	6,400
2025	353,600	5,000	1,300	3,700	-300	3,400

References

1. Office for National Statistics mid-2016 population estimates
2. Greater London Authority interim 2015-based BPO population projections

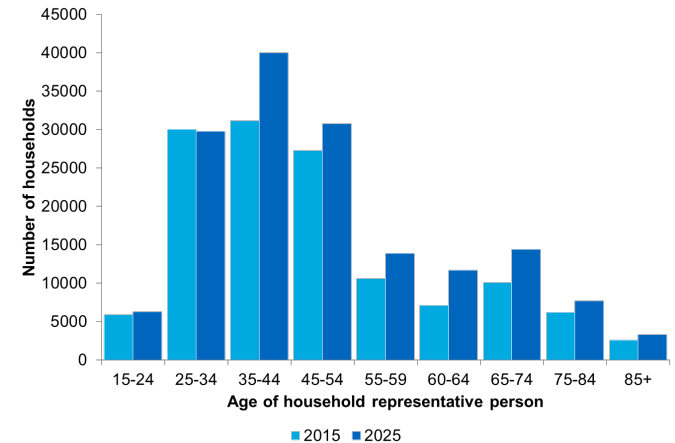
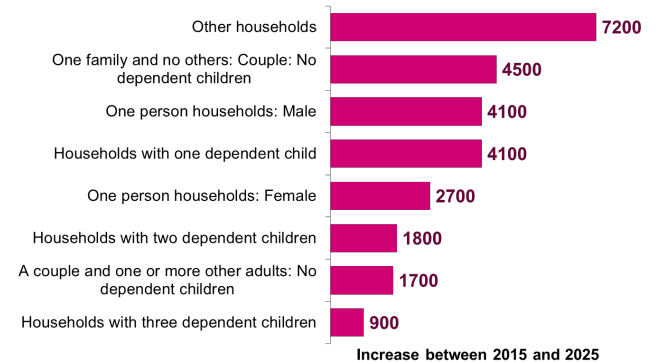
Between 2015 and 2025 there will be approximately 27,000 additional households in Southwark

SOUTHWARK PICTURE

A household is defined as one person living alone; or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area

- The number of households in Southwark is predicted to rise by 21%: from around 130,900 in 2015 to around 157,800 in 2025
- The largest increase is predicted for the households categorised as “Other”; these are multi-person households, which contain the majority of adults living in house shares
- Furthermore, large increases are predicted for households with no dependent children and for one person households
- Trends in changing household compositions will impact on the average household size*, which is predicted to drop from 2.32 persons in 2015 to 2.20 persons in 2025
- With an exception of households in age group 25 to 34, the number of households of all ages is projected to rise between 2015 and 2025
- The largest absolute increase is predicted in the number of households age 35 to 44 (around 8,800), however the largest relative increase is predicted for households age 60 to 64 (around 65%)

Household types and age structure: change over time



References

1. Office for National Statistics mid-year population estimates, 2015
 2. Greater London Authority 2015-based housing led household projections, 2017
- *the average number of people within a private household (including children); calculated by dividing the household population by the number of households for a given geography

Southwark is a diverse borough with a variety of household types

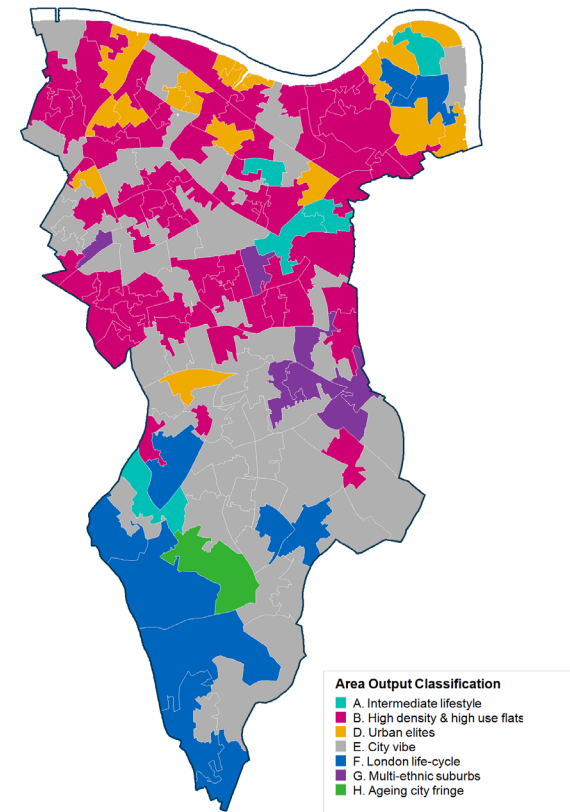
SOUTHWARK PICTURE

Clustering households by a number of similar characteristics can give a further insight into the predominant types of households across the borough. Parks and other unoccupied brown field sites are not shown.

Detailed characteristics of households by type

A. Intermediate lifestyles	Predominantly older households with few dependent children, many employed in intermediate occupations with employment rates similar to London average. Housing stock: mainly single family terraced or semi detached properties; rent from social rented sector.
B. High density & high use flats	Predominantly families with school age children. Employed in administration, accommodation and food services industries; high level of unemployment and part-time work.
D. Urban elites	Large number of students and young professionals, employed in science, technology, finance and insurance sectors. Housing stock mainly from private rented sector.
E. City vibe	Predominantly full time students and young, single professionals, employed in a range of professional, scientific and technical occupations. Housing stock from private sector, many households in shared accommodation.
F. London Life-Cycle	Households representing a full family life-cycle age spectrum. Predominantly employed in technical, scientific, finance, insurance and real estate industries with low level of unemployment.
G. Multi-Ethnic Suburbs	Large number of households with young children and people over 65. Mainly blue collar occupations with high level of unemployment. High prevalence of overcrowding; many households in social housing .
H. Ageing City Fringe	Many of the residents are over 45, and above state pensionable age. Those who are employed work in a range of sectors; level of unemployment is low. Housing stock comprises of many semi-detached and detached houses, residential density is low.

Small areas (LSOAs) by household types



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References

1. GLA, London Output Area Classification, 2014

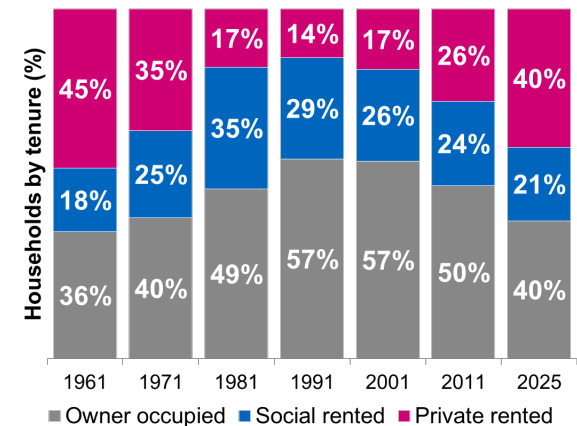
Half of private sector housing in Southwark is of a decent standard compared to less than 40% nationally

SOUTHWARK PICTURE

The number of Southwark households renting from private sector is likely to rise. The expansion of private rented sector prompts action to ensure that privately rented properties are of decent standard.

- London trends show an increase in privately rented properties since 2001 and it is predicted that the proportion of households in this tenure will grow to 40% by 2025
- In Southwark the social rented sector remains the most prevalent tenure type and the proportion of households renting from the council or a Housing Association is significantly higher compared to London average
- In 2017 around 41% of all tenures in the borough were social rent, around 33% were owner occupied and around 26% of tenures were private rent
- Local assessment shows that around 91% of all residential council properties were of decent standard in 2016
- A private housing condition survey, conducted in 2008, showed that only around a half of all privately owned or rented properties in Southwark were of decent standard; this was much higher compared to the national rate of around 38%

Changes in tenure over time in London



References

1. Housing in London report, GLA, 2017
2. Housing tenure of the population, ONS, 2008 - 2015
3. Unpublished data, Housing and Modernisation, Southwark Council, 2016
4. Southwark key housing data, Southwark Council, 2015

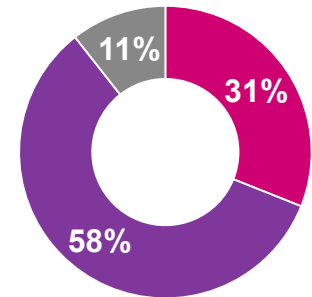
A third of HMO properties applying for a licence were found to have serious health hazards

SOUTHWARK PICTURE

Houses in multiple occupation (HMOs) have proliferated in recent years due to the demand for housing. HMOs often have among the poorest quality standards, which poses a risk to the physical and mental health of the residents.

- It is estimated, using Experian Mosaic data, census 2011 and housing conditions survey 2009 that there are approximately 10,000 HMOs in Southwark.
- Since 2006 Southwark Council has implemented a mandatory licensing scheme making it compulsory to register an HMO, which is three or more storeys high and has five or more people in two or more households
- Since 2016, a new licensing scheme made it compulsory to register all HMOs not included in the mandatory scheme
- As a part of the two licensing schemes 1,047 properties were risk assessed in the financial year 2016-17; the assessment included risk of falls, damp and cold, electrical, chemical and fire hazards as well as overcrowding
- The properties were rated using the Housing Health and Safety Rating System, with a category 1 hazard indicating a serious risk and category 2 indicating a significant risk of a poor health outcome
- Around a third (325) of inspected properties contained at least one category 1 hazard, classifying them as posing a serious risk to the occupiers
- About 60% of all inspected properties (611) had at least one category 2 hazard
- The most prevalent type of hazard was fire hazard with around 75% of licensing applications classified as category 1 or category 2 for fire hazard
- It is likely that these results are not representative of all the PRS housing stock, as more responsible landlords are more likely to apply for the license

Proportion of licence applications with at least one type of hazard, Southwark 2016-17



- Category 1
- Category 2
- No hazards

Properties containing category 1 and 2 fire hazard, Southwark 2016-17



- Category 1
- Category 2
- No fire hazard

References

* a full definition of house in multiple occupation can be found in section 254 of the Housing Act 2004

1. GOV.UK (9 May, 2017). House in multiple occupation licence. www.gov.uk/house-in-multiple-occupation-licence
2. Housing Act (2004). Housing Health and Safety Rating System
3. Unpublished data, Private Sector Housing Team, Southwark Council, 2017

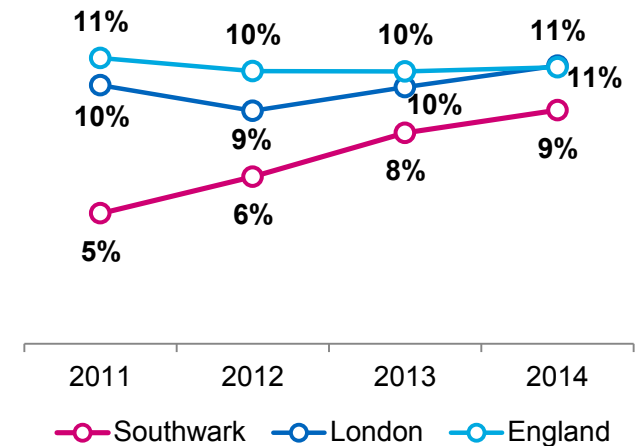
The number of Southwark households in fuel poverty has almost doubled in 4 years

SOUTHWARK PICTURE

Good quality of housing has a direct impact on health as it helps to prevent accidents in the home, reduces winter-related deaths and protects against ill mental health.

- In Southwark the proportion of households suffering from fuel poverty* has increased from 5% (5,500 households) in 2011 to 8.9% (10,800 households) in 2014 – an increase of 94%
- Fuel poor households must choose either to spend more than 10% of their income on heating, which has a detrimental impact on other aspects of health and well-being, or to under-consume energy and live in a cold home to save money
- Fuel poverty is associated with excess winter deaths and older adults are particularly vulnerable.
- In 2015 around a quarter of all deaths in Southwark residents age 85 and over were attributable to excess winter deaths compared to 10% in the general population
- Cold homes can exacerbate pre-existing health conditions including cardiovascular, respiratory conditions and diabetes; low room temperatures are shown to contribute to mental health issues such as anxiety and depression in adults and young people
- Falls are one of the largest cause of emergency hospital admissions for older people

Proportion of households in fuel poverty



References

1. Public Health Outcomes Framework 2016

*A household is said to be in fuel poverty if its income is below the poverty line (taking into account the cost of energy) and its energy costs are higher than is typical for that household type

Identifying the location of the estimated 10,000 HMOs in Southwark is problematic

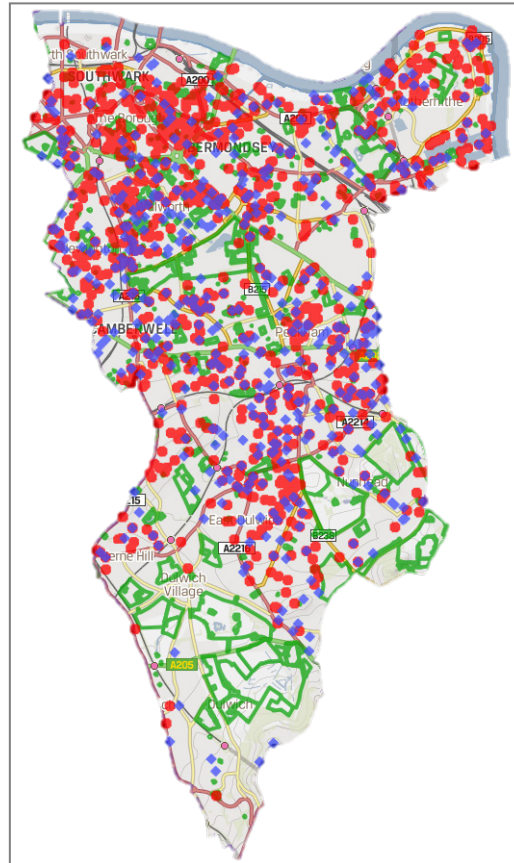
SOUTHWARK PICTURE

Many HMOs remain hidden in the Borough.

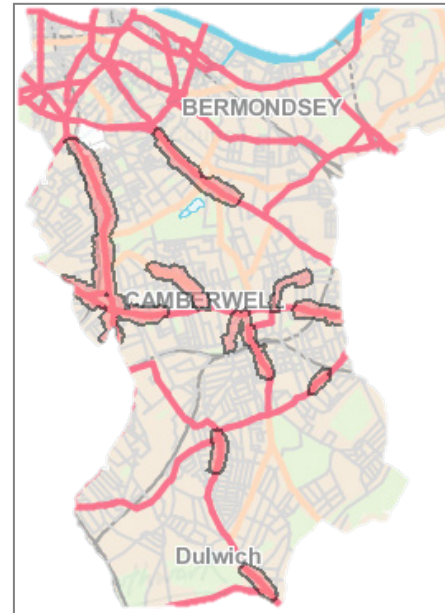
Less responsible landlords may not want their property to be identified as an HMO so deliberately avoid the licensing scheme and hide occupancy levels.

- 1,403 HMOs currently licenced
- 669 potential HMOs shown on Council Tax records

Licensed and possible HMOs in Southwark



2015 Selective Licensing areas



Licensing efforts have previously targeted several selective licensing zones.

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- Focuses on the role of environmental health in supporting improved housing conditions for Houses in Multiple Occupation.

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HMO licencing is an effective way to identify health risks from cold and damp, overcrowding and fire hazards

SOUTHWARK RESPONSE

- Southwark Council recognise the importance of improving housing conditions in the PRS. Southwark encourages education for landlords in the form of forums and promoting accreditation schemes and landlords associations, as well as enforcing against the irresponsible landlords.
- Southwark Council administers a statutory mandatory Licensing Scheme for larger HMOs (3+ storeys/5 people in 2+ households), and in 2016 become one of 14 London Boroughs to bring in an additional licensing scheme for other types of HMO. These require that all HMO landlords across the borough comply with minimum standards on housing safety, housing management and housing conditions and the Council will enforce the regulations if landlords are non-compliant.
- Around 70% of 1,047 properties inspected in 2016-17 contained at least one type 1 hazard, posing a serious risk to the occupiers. The most prevalent type of hazard found was fire hazard.
- In light of the Grenfell Tower tragedy the importance is emphasized of addressing fire hazards for HMOs that exist within larger blocks of flats (including Council blocks). HMOs pose an additional fire risk to family homes as people tend not to know each others whereabouts in the event of a fire.
- It is estimated from the last house condition survey and census data that only 20% of HMOs in the borough have been put forward for licensing to date and this is likely to be by the more responsible landlords. We expect in the remaining unlicensed stock, that there will be a much greater prevalence of cold, mold and damp hazards in addition to fire hazards, reflecting the trend nationally.

'Carrot and stick' approaches to Housing Enforcement include discounted fees and naming rogue landlords

SOUTHWARK RESPONSE

- Landlords must comply with the proposed action to remove the hazards and reduce the risk to residents health. If Landlords are found not to have the correct licence in place they could face criminal charges or a civil penalty notice of up to £30,000.
- Southwark landlords are encouraged to sign up to accreditation schemes which educate the landlords on their responsibilities and support alongside ongoing professional development. Southwark offers a 20% discount on licensing fees for landlords who are accredited through a recognised scheme.
- Rogue landlords in Southwark will be “named and shamed” on a new online database from autumn 2017, to be published on the London Mayor’s ‘Criminal Landlord and Agent’s Watch list’. Tenants will be able to check whether current or prospective landlords and letting agents have been prosecuted for housing offences.
- A large number of tenants who approach the council for housing, often presenting as homeless, are referred to the private rented sector. The Housing Enforcement team have trained temporary accommodation placement officers to ensure that suitable checks are in place to ensure that any PRS housing options offered are up to expected standards.
- There is currently little emphasis in the licensing scheme process on collecting data to understand the needs / vulnerabilities of tenants themselves, however there is an appreciation that some tenants are not appropriately housed in HMO accommodation e.g. due to mobility/disability issues. There could also be value in recording where tenants are migrants / non-English speakers who could be vulnerable in terms of understanding their housing rights.
- The Housing and Health Cost Calculator has been used to estimate the resulting savings for the NHS by improving conditions through housing enforcement. They estimate that for any one property, NHS savings can be made of £706/year for every excess cold hazard remedied, and £166/year for a level surface fall hazard removed.

References

1. BRE Housing and Health Cost Calculator www.bre.co.uk/housing-health-cost-calculator

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- Provides an overview of the views of Southwark residents relating to poor housing and health.

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Affordability, availability and quality are key concerns related to health and wellbeing

COMMUNITY VIEWS

Housing, and its impact on health, is regularly mentioned by residents as an important issue in Southwark. The main issues identified by local residents revolve around three key themes:

Affordability

- “[the] bedroom tax its making me ill because I can't pay £200 a month for it; I can't reduce my arrears, it's making me mentally ill and physically ill”
- “High rents cause stress and leave little money for anything else”
- “Cost of housing in Southwark is beyond most older people's finances”

Availability

- “There needs to be more housing around my area, would help reduce stress”
- “Too many elderly stuck in too large housing (they struggle to manage) because smaller accommodation isn't available within the community.”
- “Poor mix of housing. Need more privately rented or owned retirement housing. Older people looking to downsize in [their] area have very little choice”

Quality

- “one of the three things that stop Southwark from being a place where people can age well and live active lives is ...poor quality accommodation”

References

1. Southwark Council. Resident Survey, November 2015
2. Southwark Council. Ageing Well consultation, 2016

Residents have articulated their concerns over the relationship between housing and their mental health

COMMUNITY VIEWS

A quarter of Southwark residents surveyed mentioned housing or housing related issues in response to a question on how the Council can support their mental and physical wellbeing ¹ :

“I need help looking for housing. I have been hostelled since [I was] 16, now [I am] 23. I need some form of permanent accommodation to help with my depression and anxiety”

“My housing situation is overcrowded, with two kids living in a two bedroom home with my mum and one brother and myself. I’ve been sleeping on the living room floor for 3 years. I contacted Southwark housing to get help. [Good housing] would develop my parenting skills (keeping household clean, tidy, hygienic) and will help my mental and physical wellbeing.”

The link between housing and mental health is also cited in Southwark’s 1000 lives survey:

“While at home I felt isolated as my flat was in disrepair very badly. [...] The new GP who I joined has helped a lot and I have cognitive behaviour therapy at the moment. I’m not sure how I let my flat get to me. Therapy helped me to see that loads of things can sometimes get you down, but your home is where it starts. You must be comfortable. I hope to buy a house of my own, I’m working on it.” ²

References

1. Southwark Council Resident Survey, November 2015
2. Southwark Health and Wellbeing Board (2014) 1,000 Lives

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- Reflects on opportunities to improve health through HMO licencing.

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Improving conditions in HMOs is key to addressing health inequalities in Southwark's Housing market

SUMMARY & KEY FINDINGS

The Southwark Housing Strategy is well placed to support health outcomes through its four key themes:

- Promoting a fair society and mitigating widening health inequalities by: **Delivering new homes**
- Improving living conditions and reducing hazards to health by: **Improving housing quality**
- Supporting social, mental and physical wellbeing by: **Empowering residents**
- Better health, wellbeing and independence of vulnerable people by: **Being more than a landlord**

In Southwark the fastest growing tenure for households is the private rented sector which will comprise 40% of households by 2025. However, people on low incomes are increasingly unable to find a home and secure a tenancy in the private rented sector. In the PRS sector only half the homes meet the decent homes standards, which poses harm to physical and mental health including risks of falls, damp and cold, electrical, chemical and fire hazards as well as overcrowding. Within the PRS, HMOs are more likely to house vulnerable tenants on very low incomes, people with mental ill-health, BME groups and migrants. These people may need additional support to exercise their housing rights and also to connect with the wider community and services.

It is recommended that Southwark's borough wide licensing scheme which seeks to improve health by addressing poor housing conditions is continued with several areas strengthened to maximise health outcomes and impact on inequalities. The scheme could benefit in particular from:

- More formalised support from partners to help identify and engage currently unlicensed HMOs
- Support in capturing, sharing data and using data more effectively
- Establishing an enhanced offer of support to vulnerable tenants

It is also recognised that a more strategic partnership approach could help more facilitative encouraging ways to improve conditions as well as resident wellbeing.

References

1. DCLG (2011) English Housing Survey 2011a
2. Migration Observatory, 2011

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- Includes suggestions for where partnership working, data systems, and support for vulnerable groups may be strengthened.

Smarter use of data and partnerships will improve the identification of poor quality housing and unlicensed HMOs

RECOMMENDATIONS & NEXT STEPS

Promoting health opportunities through the licensing scheme and beyond

1. The success of this project is reliant on successfully renewing the HMO licensing scheme for 2021-2026 to continue improving housing conditions in HMO's. The income from the licensing scheme will fund the following actions.
2. Use the opportunity of evaluating the current scheme to consult on improvements to the future scheme.
3. Continuing to develop and increase uptake of the Landlord accreditation schemes with training and forums to support good practice.
4. Review data collection opportunities with a view to better understanding what vulnerable groups are associated with poor quality housing – this can help to prioritise action for improvements to be made. Consider staff training on identifying vulnerabilities and needs.
5. Include a question on smoking status within the risk assessment questionnaire which can support targeted promotion of stop smoking services that benefit individual's health as well as decreasing the primary risk of fires in the home. Consider promotion of 'smoke free homes' to landlords as an option for decreasing fire hazards.
6. Establish a mechanism to review the impact of licensing activity on the tenants (e.g. feeling safer / loss of tenure / warmer house). A follow-up tenant satisfaction survey after a licencing intervention could be a useful way to approach this.
7. Establish a multi-agency partnership to:
 - identify unlicensed HMOs using indications from ASB data including HMO council tax data as mapped/ litter and noise complaints / GP and fire service data on vulnerable people / estate agents lists of HMOs
 - explore more facilitative methods of improving housing conditions outside of enforcement action.
8. Use data better to describe the impact of the programme on health e.g. savings from avoidable harm.

A number of recommendations have also been identified to improve the experience of tenants in HMOs

RECOMMENDATIONS & NEXT STEPS

Improving the experience of tenants in HMOs:

9. For the Council to actively engage tenants in HMOs (where a license has been applied for) with:
 - A simple tenants' pack to including information on the licence, the complaints procedure, tenancy advice (such as how to claim back rent for period the property was unlicensed), and contact details for local support services (including TRA s if possible to extend their reach).
 - A tenant satisfaction survey, to allow the tenant to comment about the improvement of conditions and management of the property from their perspective.

10. Although the specific health needs and vulnerabilities of tenants in the PRS is not recorded locally, the English Housing Survey identified that private tenants who are poor or from an ethnic minority are twice as likely to live in a house needing major repairs than if they are social tenants or homeowners. Three quarters of migrants are likely to live in PRS and research suggests that they experience the worst conditions in terms of property condition, overcrowding, intimidation, affordability and exploitation.
 - It is recommended that the council acknowledge and address additional needs of residents from migrant communities, see example of good practice: [Hastings migrant housing toolkit](#)

11. Given the strong links between mental health and housing, the Council should recognise the importance of social connectedness and access to support services. Explore how to maximise signposting opportunities to mental health resources through PRS contacts.

References

1. DCLG (2011) English Housing Survey 2011a
2. Migration Observatory, 2011

A number of steps have been identified to take forward the recommendations from this needs assessment

NEXT STEPS

Setting up a process for agreeing actions and ownership:

1. Public Health and Housing Enforcement bring relevant partners together to decide on process.
2. Scope feasibility of taking forward recommendations identified in this need assessment.
3. Establish an action plan and a review mechanism.
4. Review through a Strategic Partnership Group.

While this needs assessment has focused on housing and health, a number of additional housing areas could be considered as part of the JSNA process in the future, including:

1. Homelessness
2. Extra Care Housing
3. Affordability

Find out more at
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