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HEALTH & WELLBEING BOARD SUPPLEMENTARY AGENDA

26 January 2022

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

4 MINUTES (Pages 1 - 8)

Minutes attached for agreement

8 HOMELESSNESS REDUCTION REPORT (Pages 9 - 38)

Report an appendices attached

Zena Smith
Democratic and Election Services Manager

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MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD
Remote meeting
16 December 2021 (13:00-15:00)

Present:

Elected Members: Councillors Robert Benham, Jason Frost (Chairman) and Damian White (Leader, LBH)

Officers of the Council: Mark Ansell (Director of Public Health), Patrick Odling-Smee (Director of Housing Services)

North East London Clinical Commissioning Group: Dr Sarita Symon

Havering Primary Care Networks:

Other Organisations: Anne-Marie Dean (Healthwatch Havering)

Also Present:

Andrew Blake-Herbert (Chief Executive)
Kirsty Boettcher (Executive Director, BHRUT)
Ratidzo Chinyuku (Public Health Practitioner, LBH)
Viv Cleary
Christopher Cotton
Elaine Greenway
Joanne Guerin (NELFT)
Mehboob Khan (Non-Executive Director, BHRUT)
Osama Mahmoud
Barbara Nicholls (Director of Adult Services)
Parth Pillai
Paul Rose
Vickie Rowland
Tracy Rubery
Sarah See
Gurmeet Singh
Rebecca Smith
Robert South

Apologies were received for the absence of Nisha Patel.

All decisions were taken with no votes against.

21 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reminded Members of the action to be taken in an emergency.

22 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Nisha Patel, Neil Stubbings, Nick Kingham, Carol White (Joanne Guerin substituting) and Xuan Tang (Tracy Rubery substituting).

23 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

24 MINUTES

The minutes for the meeting held on 22 September were upheld and would be signed at the next meeting once the following amendments were made:

- Page 2 item 16 paragraph 6 change pleased to reassured;

25 MATTERS ARISING

The previous action point of following up on vaccinations for pregnant women had not been followed up with contact of the mid-wife association. Therefore this remains outstanding.

26 INTEGRATED CARE SYSTEMS ARRANGEMENTS

The Board was provided with an update on the Integrated Care Systems Arrangements.

The report briefed Members on the work being done across North East London to design and launch the new Integrated Care System (ICS).

In the report, Members could find details of all the work that was involved and what the role of the boroughs and the Health and Well Being Board (HWBB) would be.

A breakdown of categories of work were based around access, experience and outcomes of care were also set out in the report. The priorities of the North East London partners, which were separate from the statutory requirements, were as follows: long term plan submission, Covid recovery work and population health.

Members were reminded that from 1 April 2022, the CCG would be replaced with the new Integrated Care Board and that would mean design work was required in order to be creative and ambitious with the new plans. The role of place based partnerships, borough collaborative with broader leadership, and funding would change along with statutory changes.

A group of representatives from Havering were currently speaking to other boroughs within the group to see what decisions could be made at the

borough level, what resources were needed from the CCG, and what role the HWBB would play.

It was noted that the HWBB did not have any delegation for decision making and therefore any decisions needed to go through Cabinet. This would also mean that any decisions before 1 April would need to go through the Council cycle of meetings in February. Marie Price's team would be contacted to make sure there was a link with the Council's cycle of meetings for February.

Concern was raised over the mechanism of diversity and that Havering would need to be recognised, reported and represented at the ICS level. It was then pointed out that there were also substantial differences between inner and outer boroughs who had worked very well together and therefore it was not just a decision of South East London.

The Board **noted** the report.

27 **TRANSFORMATION BOARDS UPDATE**

The Board was provided with a Transformation Board Update.

The report stated that the BHR System Transformation Boards restarted from Q1 21/22, following the return to 'BAU' across the system.

As part of the re-start process, all schemes and initiatives under each Transformation Board were reviewed, in light of Covid, and the following assessments were made:

- Whether there were any changes to underlying assumptions of the initiatives that altered the activity and finance requirements/impact of the scheme.
- Whether schemes previously in development were still feasible for continued development.
- Revision of the 'start' dates for new schemes/schemes in development where appropriate and necessary.
- Were there any new opportunities/requirements which had arisen, due to Covid or Covid related impact that required development as a priority?

The report provided the Board an update on the progress made during 21/22 by each of the Transformation Boards, and the impact of the Transformational initiatives both generally and in respect of the BHR system Integrated Sustainability Plan (ISP).

Additionally, the report provided an update on the development of a proposal for ongoing collaboration across NEL, BHR and Place Based Partnerships as we move into the Integrated Care System (ICS) arrangements.

It was to be noted that pressures across both health and social care were immense and there were various things being done to try to alleviate this pressure. A winter investment plan that included new schemes to monitor the hospital system pressure, more hospital assessment officers, training for paramedics and community treatment teams, information collection for better management flow, and winter communications were implanted to alleviate this pressure.

It was confirmed that data sharing was in place between general practice and primary care. Any issues in regards to funding for hospital discharge assessment funding would be discussed at the BCF meeting in January due to concern being raised over the funding ending in April. An action plan was in place to improve referrals, and in terms of staffing, junior colleagues were being utilised and supervised by senior staff to help with shortages. Other opportunities and workforce models were being looking at.

Concern was raised around the communication of information, public expectations and patient engagement of the health care system. Assurances were provided that a budget had been assigned specifically for communications and it was agreed that improvement was required and that the impact of the recent communications would be analysed. It was also to be noted that Transformation Board communications and engagement were being examined so that all priorities would be tied together within all the various Boards, groups and committees.

The Board **noted** the report.

28 **BOROUGH PARTNERSHIP UPDATE**

The Board was provided with an update on the Borough Partnership.

It was explained that a brief had been established and regular meetings were being held with representation from the health and local authority sides both established. A Programme has been put in place on how to deliver a phased approach and the focus, at the moment, was on the governance and the operating model that Borough Partnership will follow.

Legal advisors were currently involved to set out the delegation from the ICS on how to establish a committee of the Integrated Care Board including the terms of reference. Joint Health and Wellbeing priorities have been established with mental health and social inclusion being examined to identify any gaps and issues.

A workshop was scheduled to take place in January on how to use patient engagement groups and how patients and residents could feed into the partnership. It was also confirmed that the time scales for the new Integrated Care Board and terms of reference for HWBB were being carefully considered for sign off by April 1 2022.

The Board **noted** the report.

29 BETTER CARE FUND SIGN OFF

The Board was provided with an update on sign off for the Better Care Fund.

The report considered that The Better Care Fund (BCF) was a means of encouraging integration of health and care services. The funding was dependent on developing joint plans with health and social care that would meet specified national conditions, report against defined performance indicators and detail how expenditure was distributed to support the local system.

The ongoing reporting arrangements monitored plan delivery and approval of plans through the Health and Well Being board were a prerequisite of the plans going on to national scrutiny and endorsement.

It was to be noted that the planning guidance to follow for the BCF from the NHS for 21/22 was delayed and the plans as presented were representative of actions already underway for this financial year. There was a requirement for a narrative plan this year, something not required when the pandemic was at its height.

The BCF narrative plan was developed locally as a tri borough plan, with an associated S75 agreement in 2017. This narrative would continue as a tri borough plan and endorsement of the same narrative was being sought in both Redbridge and Barking and Dagenham.

The key priorities were touched on in other reports earlier, were implemented through various schemes and were as follows:

- Hospital Discharge planning support – safe and timely discharge from hospital and support a home first approach;
- Targeted out of hospital care – higher care needs to get people to as great level of independence as possible;
- Community support and independence – maximise independence and reduce admissions.

It was to be noted that the narrative of encouraging people to look after their own health would be the key to the success of these schemes and make the system sustainable.

The risk log on page 77 of the report was queried regarding increasing costs and it was explained that relationships with providers were positive and the system needed to continue to work better together with more active dialogue.

The Board **endorsed and agreed** the narrative, associated expenditure and performance template. However, formal ratification would have to be approved at a later date when the meeting could take place in person.

30 OBESITY STRATEGY REFRESH

The Board was provided with an update on the Obesity Strategy Refresh.

The report provided Members with an update on obesity workings and a proposed approach to future strategy development.

A presentation was delivered that gave the Board an overview of workings which took place since the last update on Havering's Obesity Prevention workings. An overview of a proposed approach for developing a new longer-term obesity strategy was provided.

Members were shown statistics on obesity prevalence, the government strategy with focus on 5 main areas and mapping clinical pathways. The underpinning of the strategy would ensure a Whole Systems Approach (WSA) with partners to work across the interacting causes of obesity was adopted.

Comments were made that any obesity refresh would need to be tied into other pathways including long term conditions transformation board, nutrition and dietetics, mental health provision and safe guarding issues in under 18s. The report presenter noted these and highlighted that mapping of the clinical pathway links into other relevant transformation boards.

A question was raised regarding which programs that patients could self-refer and which services can GPs refer patients to. The report presenter explained that a catch up off line would be best to discuss this.

It was to be noted that workshops were being set up with the first set out to map the local reality causes and linkages of obesity and the second workshop set out to identify opportunities for change. Adoption of the approach required agreement that obesity was a priority with change in approach acknowledged, partner acceptance of the WSA and provision of officer time, ownership and identification of opportunities of the WSA by partners and performance management of the approach and indicators through appropriate governance.

Comments were made around that this was a safeguarding issue from a children services perspective and that for the development of this plan it would need overlap in that area.

It was also felt that the WSA was something very tangible for the borough partnerships to have as part of their work plan and needed a system approach that would be driven at place and system. Another Member

suggested, positively, with the right engagement primary care would be on board with the WSA and further engagement with GP practices and their committees could be achieved.

The Board **endorsed and agreed** the approach to refresh the Havering Prevention of Obesity Strategy and to support a long-term Whole Systems Approach for the new Havering Obesity Strategy. However, formal ratification would have to be approved at a later date when the meeting could take place in person.

31 CLIMATE CHANGE ACTION PLAN

The Board was provided with an update on the Climate Change Action Plan.

Due to lack of time left in the meeting it was agreed that a continuation would be given at the next meeting.

The report and presentation provided Members with an overview of the impact of Climate Change on human health.

Changing climate was cited as one of the most challenging threats to health, in both the long and short term. Long term impacts of extreme weather included indirect harms, such as those that result from economic harm, as well as direct harms to health, such as a projected increase in heat related deaths; expected to triple by 2050. The shorter term impacts of extreme weather included those that arise as a result of flooding, including on mental health.

32 DATE OF NEXT MEETING

The next HWBB meeting would be on 26 January 2022 at 13:00. It was hoped that it would be an in person meeting so the outstanding decisions could be ratified.

Chairman

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HEALTH & WELLBEING BOARD

Subject Heading:	Housing and Homelessness 2022
Board Lead:	
Report Author and contact details:	Darren Alexander, Assistant Director Housing Demand Darren.Alexander@havering.gov.uk 01708 43 3751

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

☐	The wider determinants of health • Increase employment of people with health problems or disabilities • Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do. • Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.
☐	Lifestyles and behaviours • The prevention of obesity • Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups • Strengthen early years providers, schools and colleges as health improving settings
☐	The communities and places we live in • Realising the benefits of regeneration for the health of local residents and the health and social care services available to them • Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.
☒	Local health and social care services • Development of integrated health, housing and social care services at locality level.
☒	BHR Integrated Care Partnership Board Transformation Board • Older people and frailty and end of life • Long term conditions • Children and young people • Mental health • Planned Care Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board

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SUMMARY

COVID 19 and the impact on housing demand

In our last briefing we identified the impact COVID 19 had on homelessness demand. We highlighted that in 2020 between August and November we experienced an increase of 29% to 63% in homeless approaches on the previous year leading to inflated expenditure in our Find-Your-Own (FYO) rent deposit scheme where our highest spend at that time reached £118,000 in a single month.

We advised that we envisaged a continuation of this upward trend in homelessness approaches for the foreseeable future that could lead to additional cost pressures to place in temporary accommodation and risk to the current rate of prevention of homelessness and these numbers continue to follow that trend ***(see background papers *Homeless approaches in numbers Jan22)***

It was outlined then that it was imperative we continue to develop the service and provide as many pathways to appropriate and suitable accommodation as possible. The position now, since that report is that the homeless challenge has become even more acute particularly for single people with complex needs.

RECOMMENDATIONS

- To inform the Joint Strategic Needs Assessment (JSNA) of the homeless challenges

REPORT DETAIL

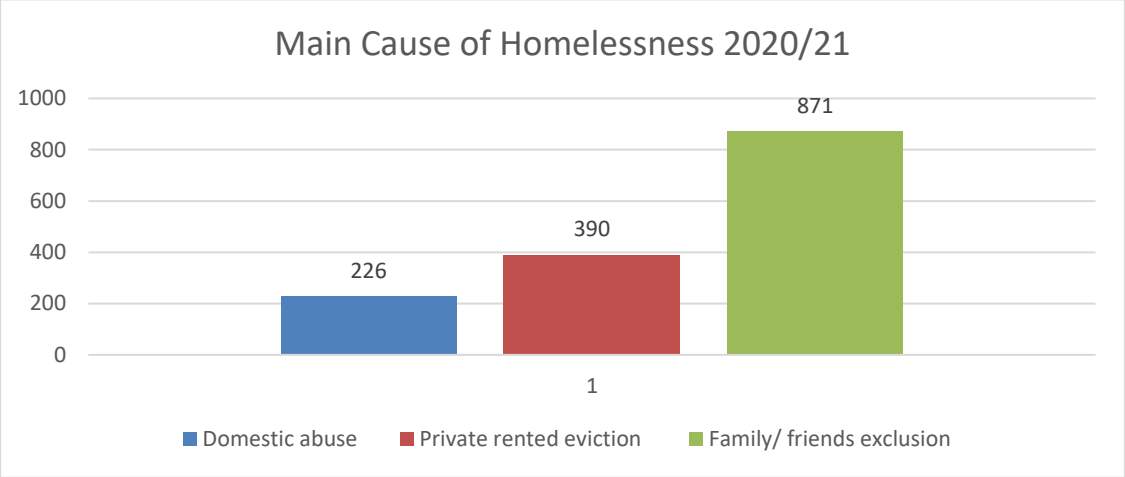
Main causes of homelessness

The service continues to effectively address homelessness by supporting households to remain in their accommodation or find somewhere to live before they hit a crisis point and face bailiff eviction. They are provided with financial support, debt advice or signposted to other statutory and voluntary agencies for assistance.

Family and friend exclusion remains the main cause of homelessness in Havering, however, during the pandemic we have seen higher rates of exclusions of single people, now understood and categorised as the hidden homeless population. We are learning that households are evicting their adult children as they are no longer able to cope due to extended time spent in the home as a result of the lockdown restrictions and this has heightened tensions and exacerbated mental health and substance misuse.

The chart below ***(see also table 2 attached in background papers *Homeless approaches in numbers***) illustrates the 3 main reason for loss of accommodation in 2020/21.

Graph 1: Top 3 main causes of homelessness



Havering Domestic Abuse Demand Data

The housing pressures on domestic abuse households in London have perhaps never been higher. This pressure has also increased as a result of COVID-19 where Table 2 and 3 ***(attached in background papers *Homeless approaches in numbers)*** highlights 2020/21 domestic abuse approaches over the last year with the trend in the previous year included for context.

In summary:

- Homeless approaches as a result of domestic abuse has risen from 77 in 2019/20 to 226 in 2020/21
- A 194% increase on the previous year
- Domestic abuse is the third highest cause of homelessness
- Pressure to deliver high quality casework has increased
- MARAC referrals have gone up

IMPLICATIONS AND RISKS

Financial implications and risks:

Every Housing London borough has received new burdens funding from MHCLG (Now Department for Levelling Up, Housing and Communities DLUHC) to assist them to meet their new duties in 2021/22. These grants relate specifically to the Homelessness Prevention and more specifically Part 4 duty of the Domestic Abuse Act.

In order to meet the objectives of the Prevention of Homelessness and Rough Sleeping Strategy and to reduce the costs of temporary accommodation and homelessness prevention, it is anticipated that Homeless Prevention Grants will be available in 2022/23 and provide a similar level of funding to this year.

This will ensure the Housing Solutions Support Team continues to provide effective and efficient administration and reception support to the Housing Solutions Service and to provide help and assistance to personal callers to the Service.

The provision of Find Your Own is one of the Housing's existing high cost areas, The team aims to avoid the use of comparatively higher cost Bed and Breakfast (B&B) or other nightly charged temporary accommodation.

The Council spent £639k 2019/20 and £850k 2020/21 on rent deposit, advance and incentives to prevent homelessness by enabling households move on into the private rented sector and a 2021/22 spend to date of £511k.

Other financial risks

The suggestion from DLUHC is that although Homeless Prevention Grant is available in 2021/22 and a central government spending review is underway next summer the continuation of this funding is less certain in subsequent years and seizure of this funding will have significant ramifications on the current service delivery.

High cost high intensive complex needs supported accommodation

The council are currently exploring the procurement of a range of 24hr intensively managed supported housing to meet the growing numbers of people identified to have acute mental illnesses as well as long standing addictions to drugs and alcohol.

We anticipate the costs for these services to be over and above the enhanced housing benefit provision and hope to broker partnerships with statutory agencies to find solutions to meeting the needs in the local community.

For instance we sampled only 8 people in our caseload who have been sectioned under the mental health act who have now spent 522 days combined on a mental health ward.

We believe that cases such as these could be met in the community in supported housing with high intensive support.

BACKGROUND PAPERS

Homeless approaches in numbe

6206 Homelessness poster A3 V1 (003) (0

Homelessness Demand - Health and

Table 1 Homeless Approaches

The number of homeless approaches has consistently peaked above 220 approaches whereas in 2019 we saw this occur on a single occasion. In this financial year of 2021/22 so far the number of approaches have almost doubled on the previous year.

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2019-20	155	186	160	195	177	165	187	174	111	233	160	129	**2032**
2020-21	114	141	165	166	228	269	236	256	175	239	255	292	**2536**
% diff	-26%	-24%	3%	-15%	29%	63%	26%	47%	58%	3%	59%	126%	25%
2021-22	235	268	315	246	273	302	262	280					
% diff	106%	90%	91%	48%	20%	12%	11%	9%					

% Significant Increase	Negligible % change	% Significant decrease

Table 2: The 3 top Main Reason for homelessness

2020/21	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Domestic abuse	8	12	9	12	29	19	24	29	15	22	18	29	**226**
Private rented eviction	15	28	29	17	41	31	41	41	27	27	36	57	**390**
Family/ friends exclusion	52	55	78	64	71	99	77	87	51	75	84	78	**871**

Table 3 Domestic Abuse Approaches

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	7	5	7	7	5	7	12	9	2	7	4	5	**77**
2020/21	8	12	9	12	29	19	24	29	15	22	18	29	**226**
% difference	14%	140%	29%	71%	480%	171%	100%	222%	650%	214%	350%	480%	194%

Table 4 Homeless Approaches incl. Temporary Accommodation and PRS Placements.

In the fourth table we are looking at how the number of approaches translates into the number of placements into emergency temporary accommodation as well as the number of private rented sector (PRS) placements via Capital Letters and our Find Your Own (FYO) scheme.

	2020-21	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
	No of approaches	114	141	165	166	228	269	236	256	175	239	255	292	**235**	**268**	**315**	**2850**
Temporary Accommodation (TA) Placements	New hotel placements for single people	7	12	12	1	4	5	14	13	18	19	15	3	10	8	7	**148**
	New placements into Hostel	7	5	11	15	11	13	7	18	19	13	12	16	18	16	15	**196**
	New direct placements into PSL	1	2	2	1	3	1	0	1	1	1	3	7	4	8	1	**36**
	New Direct placements into Shortlife	4	0	6	1	1	0	3	0	0	1	4	3	3	4	5	**35**
	New placements into HMO	1	0	3	4	5	2	2	0	0	0	1	1	0	7	6	**32**
	Total new TA placements	**20**	**19**	**34**	**22**	**24**	**21**	**26**	**32**	**38**	**34**	**35**	**30**	**35**	**43**	**34**	**447**
PRS Placements	Capital Letters	0	0	0	0	0	0	0	0	0	0	0	6	6	8	5	**25**
	PRS Placements	0	0	0	0	0	0	0	0	0	2	2	2	6	12	7	**31**
	FYO placements	12	6	24	43	34	36	29	44	33	27	20	17	17	15	15	**372**
	Total new PRS placements	**12**	**6**	**24**	**43**	**34**	**36**	**29**	**44**	**33**	**29**	**22**	**25**	**27**	**33**	**23**	**428**

	TOTAL Combined Placements	**32**	**25**	**58**	**65**	**58**	**57**	**55**	**76**	**71**	**63**	**57**	**55**	**62**	**76**	**57**	**867**

Prevention of Homelessness and Rough Sleeping Strategy 2020-25

The Homelessness and Rough Sleeping Strategy's priorities are aligned with the Council's vision which is to make Havering an even better borough that is Cleaner, Safer, Prouder Together. As a result, the Corporate Plan reflects our desire to work as teams across the council and beyond to make the borough an even better place to live, work and do business.

The plan focuses on four fundamentals which are all linked around economic growth, investment in infrastructure, improving our neighbourhoods and helping people achieve under the following themes:

1. End long-term rough sleeping

We will achieve this by:

Coordinating services for rough sleepers	• Provide an integrated outreach team to engage and build relationships with rough sleepers with mental health and psychological support needs
	• Provide safe environments supporting the emotional and psychological needs of the individuals using them
	• Provide healthcare and pathway navigators to plan appropriate services
	• Work with NHS to improve the hospital discharge process
	• Empower staff to build effective relationships with rough sleepers
Developing specialised support and housing solutions	• Develop a long-term housing solution for Havering's long-term rough sleepers as part of the COVID-19 restart and recovery plans
	• Develop a flexible tenure scheme to allow housing flexibility those who are at risk of homelessness
	• Enhance our cold weather provision
	• Commission supported housing for rough sleepers who have mental health and substance misuse issues
Bringing together all community support	• Promote volunteering and support schemes
	• Discourage begging through CPN and alternative donation schemes
	• Support EU nationals to obtain settled status
	• Develop a homeless charter for local businesses

3. Supporting people who become homeless

We will achieve this by:

Developing & providing specialist supported housing options.	• Build a high-quality new welcome and assessment centre for families, whilst phasing out our existing hostel provision
	• Provide on-site, specialist support & suitable accommodation to meet all needs
	• Work with hospital discharge teams to help people move into appropriate accommodation
Improving the quality of existing temporary accommodation	• Support Children and Adults services to provide higher quality and better value accommodation for some of the most vulnerable in society
Increasing the supply of quality accommodation	• Develop a sophisticated and nuanced supply and demand model to better predict and provide appropriate temporary accommodation where necessary
	• Procure accommodation of a higher quality and value standard to meet variations in need

2. Reducing the number of people in temporary accommodation

We will achieve this by:

Reviewing the Housing Allocation Scheme to ensure that it supports the prevention of homelessness	• Utilise under-occupations to free up family size properties
	• Developing an enhanced tenant incentive scheme to support tenants who may be under-occupying their property to move
	• Incentivise households to remain in private sector accommodation
Providing clear pathways into affordable housing, council properties or supported housing	• Offer long-term, sustainable alternatives to those in temporary accommodation
	• Provide housing, training flats and second chances for care leavers
	• Offer pre-tenancy training for tenants, both face-to-face and online
Improving relations with landlords	• Work with landlords to ensure more high-quality homes are available to rent
	• Improve energy efficiency and reduce costs for tenants
	• Develop a landlords' forum to improve the quality of housing management in the private sector and reduce evictions
Improving homelessness prevention by:	• Work with schools to identify families at risk of homelessness and educate teenagers about their housing options
	• Provide free Wi-Fi in temporary accommodation
	• Enhance the "Find Your Own" scheme
	• Develop Tenancy forums to develop support networks and inform those in temporary accommodation of relevant changes to legislation
	• Support prevention through outreach with health services, community hubs and landlord liaison services
	• Develop an evictions protocol with social landlords and offer early financial assistance
Building and buying more affordable housing	• Develop more affordable build-to-rent homes to support our temporary and permanent accommodation provision as part of our country-leading regeneration programme
	• Make sure we are getting our full allocation of nominations from Housing Associations, and more, to maximise the number of homes available to residents
	• Lobby for changes to LHA rates and a level playing field between private sector and TA subsidy
	• Negotiate better and earlier on S106 affordable housing agreements

4. Provide good value, integrated services that deliver excellent customer care

We will achieve this by:

Intelligent business practices and better coordinated working with partners	• Enhance the protocols for joint working with colleagues in children's services, adult social care, mental health, and the learning disabilities services
	• Utilise a comprehensive 360-degree customer feedback process to develop services for people with lived experience of homelessness
	• Implement systems that support intelligence-led practices to help us to know what is happening across Havering
	• Enable enhanced system functionality to support online access and case monitoring
Ensuring we have well-trained, knowledgeable housing staff building valuable relationships with rough sleepers	• Staff provide trauma-informed care using motivational interviewing techniques and strength-based approaches
	• Staff should be curious, compassionate, creative and constructive in providing solutions
	• Propose our duty to refer scheme to ensure people get an effective response
Ensuring we fully receive and utilise income streams	• Disabled Facilities Grants (DFG), and better care funds to prevent homelessness
	• Ensure that we collect all income due in temporary accommodation
	• Review recharges to tenants and landlords post property inspection.
	• Review the standard lease agreement to make it fit for the future
Providing high-quality properties	• Drive up the standard and quality of private sector leased homes
	• Develop incentives for residents who care for their property
	• Enhance the management of maintenance contractors to improve their performance
	• Fully utilise income streams such as the Disabled Facilities Grant (DFG) and better care funds to improve the standard of properties

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Cleaner, Safer, Prouder *Together*

www.havering.gov.uk

Health and Well-Being Board
Homeless Reduction Act (HRA) 2017 Update

2020-21 Impact of COVID19

Darren Alexander, Assistant Director Housing Demand

Areas of focus

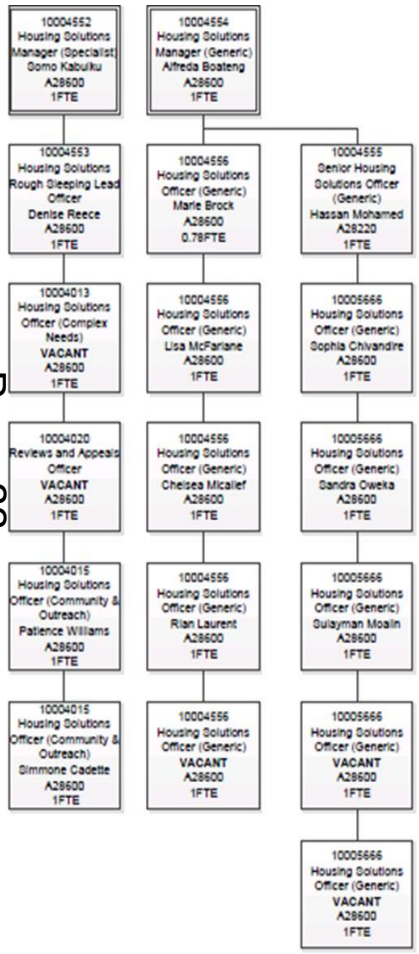
1. Achievements so far
2. Additional Duties – New Burdens and Flexible Housing Support Grant
3. Homeless Demand – comparison with previous years
4. Analysis of prevention, relief and main duty decisions/acceptances outcomes
5. Use of temporary accommodation
6. Support needs and duty to refer
7. Tackling rough sleeping
8. Areas for improvement
9. Current Projects

Achievements

- Delivery of a Homelessness and Rough Sleeping Strategy 2020-25 and Allocations Policy
  - On track to deliver 2nd objective to end long term rough sleeping in Havering
- 90% of Total number of preventions and Relief outcomes 2019/20
- 86% of Total Number of preventions and relief outcomes for 2020/21
- Opened first 24hr high complex needs 5 bedroom property at Masefield Crescent
- Seen a significant increase in DUTY TO REFER referrals 235 in 20/21 vs 87 the previous year
- Joint working protocols with Probation, Havering Women's Aid, Childrens Services
- New Membership with Capital Letters to deliver affordable private sector housing
- Approval for Mercury Land Holdings to purchase good quality and affordable housing
- Approved New Allocations Policy
- Implemented our first Housing First Board
- Rough Sleeper snapshot count has reduced from 22 to 2 in the last 5 years

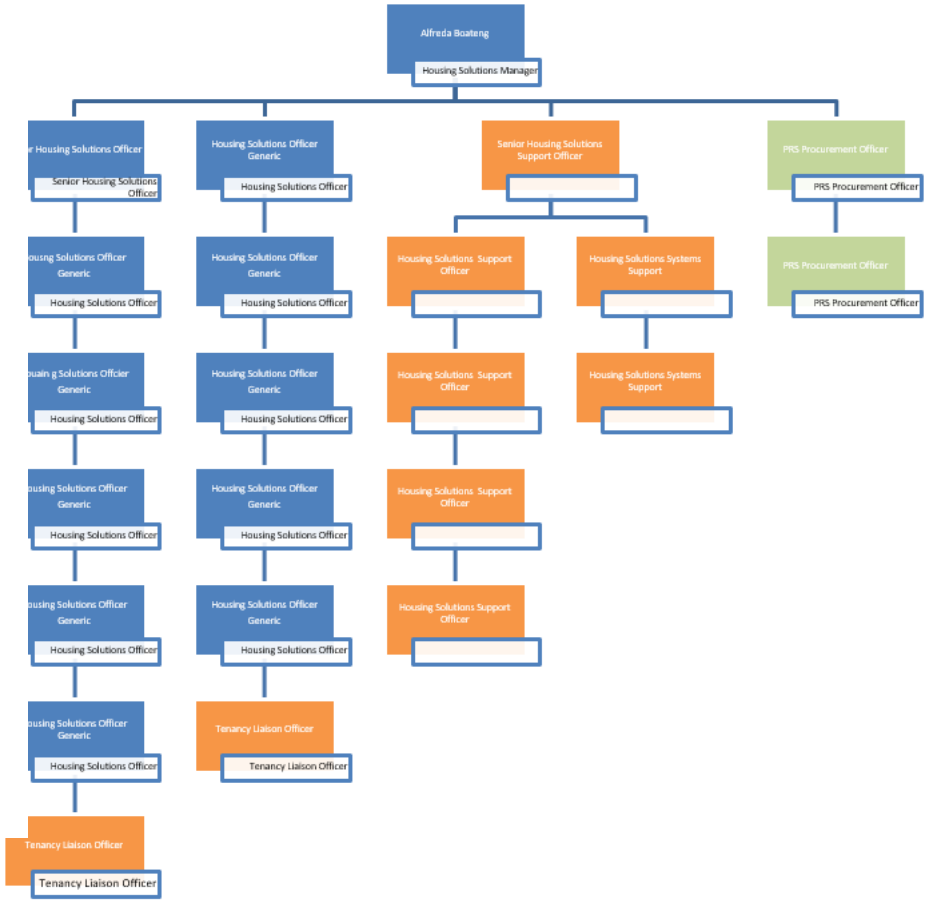
Structure at Implementation

Total 18 Posts



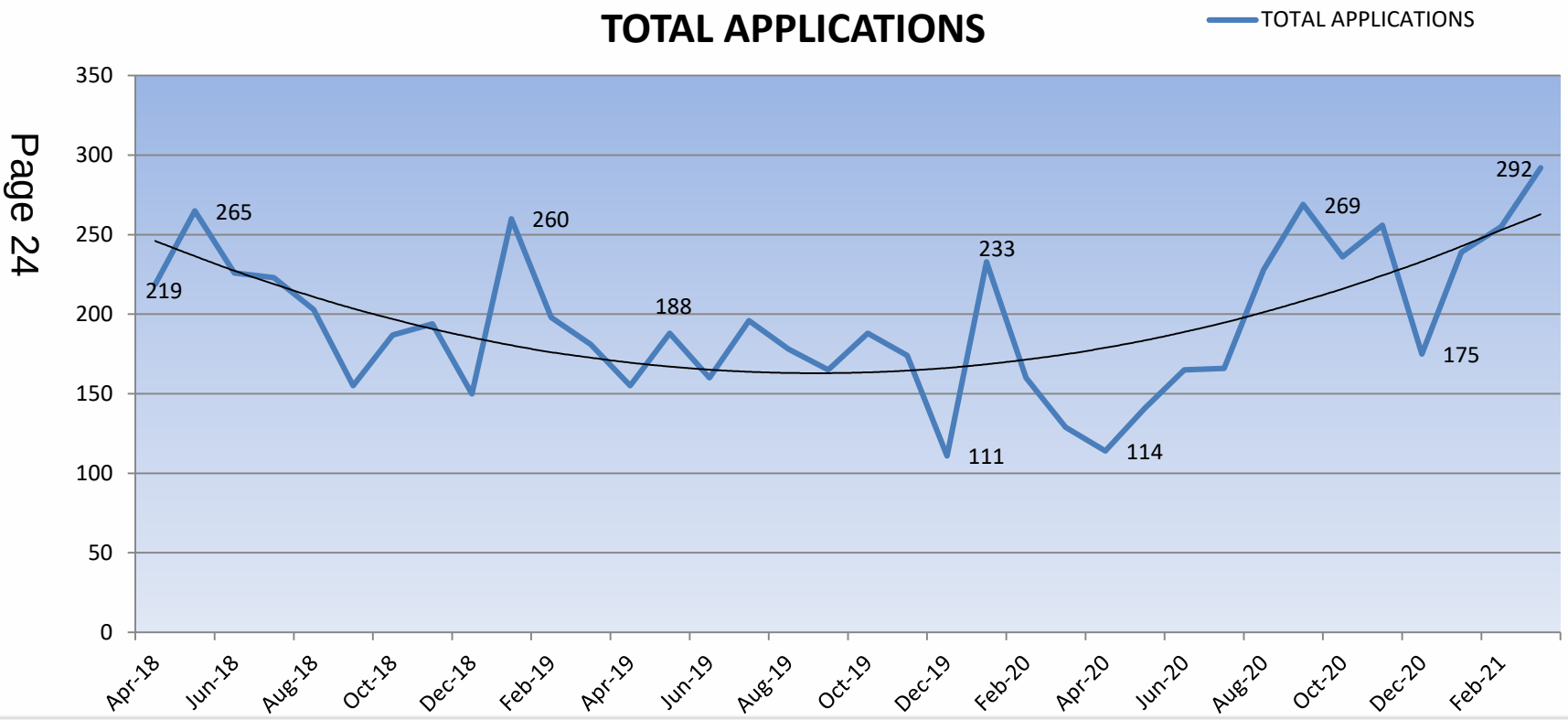
Current Structure 2 years On - Total 34 Posts

	Posts to be wholly grant funded
	Matrix managed by Housing Solutions Teams

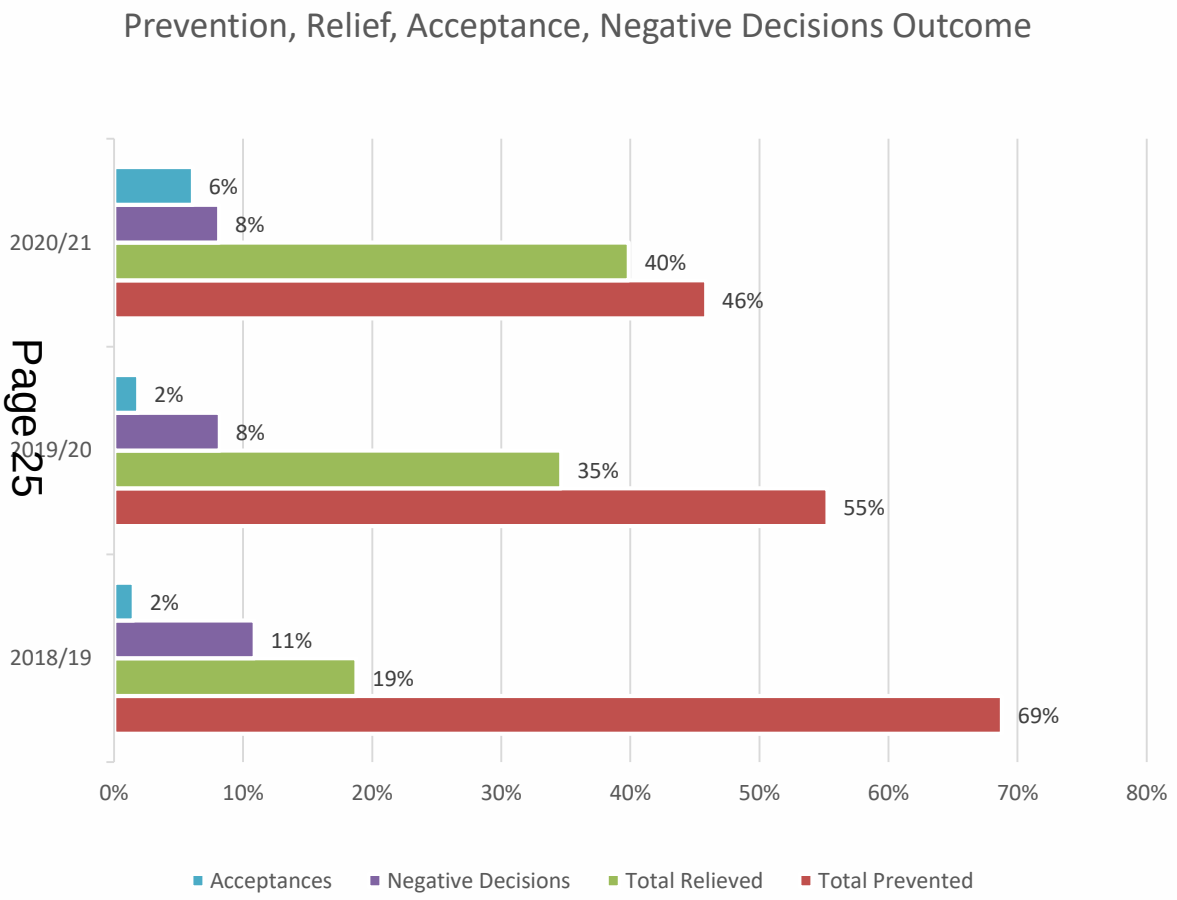


Homeless demand

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Average
2018-19	219	265	226	223	203	155	187	194	150	260	198	181	**2461**	**205**
2019-20	155	186	160	195	177	165	187	174	111	233	160	129	**2032**	**169**
2020-21	114	141	165	166	228	269	236	256	175	239	255	292	**2536**	**211**



Case management outcome



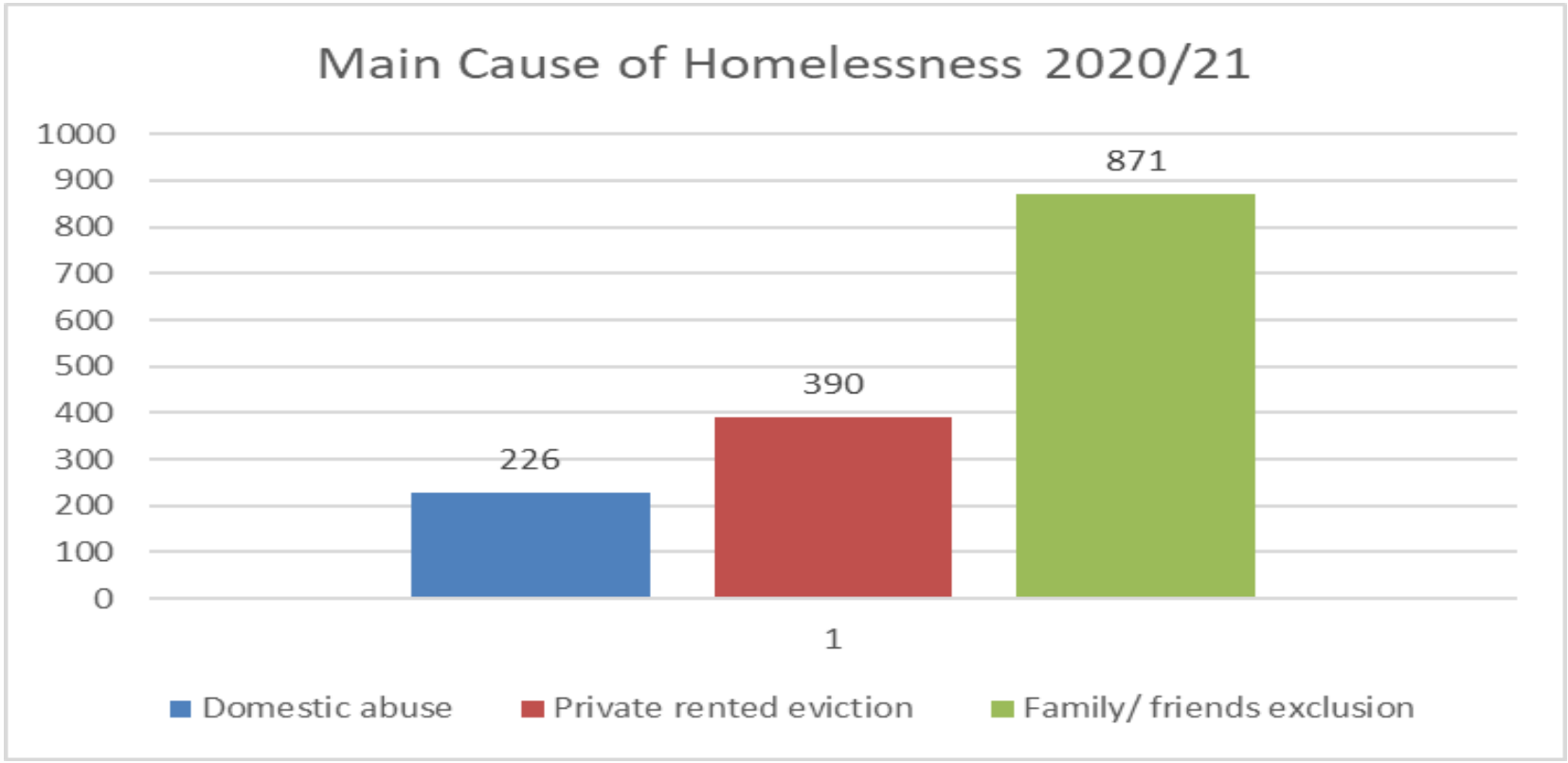
The trend shows that prevention outcome (homelessness resolved earlier) is reducing whilst relief outcome (help given to secure accommodation once a household is homeless) is increasing. Combined prevention and relief is 90% for 2019/20 and 86% in 202/21

This is because a lot more clients are coming already homeless especially during the pandemic. It also indicates that there may be a backlog of cases which needs to be addressed urgently in order to avoid an increase in temporary accommodation use.

Negative decision is 8% on average for both years.

Homeless acceptance has increased as more clients have complex need and requires support

3 Top Main reason for homelessness



Domestic Abuse Demand

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	7	5	7	7	5	7	12	9	2	7	4	5	77
2020/21	8	12	9	12	29	19	24	29	15	22	18	29	226
% difference	14%	140%	29%	71%	480%	171%	100%	222%	650%	214%	350%	480%	194%

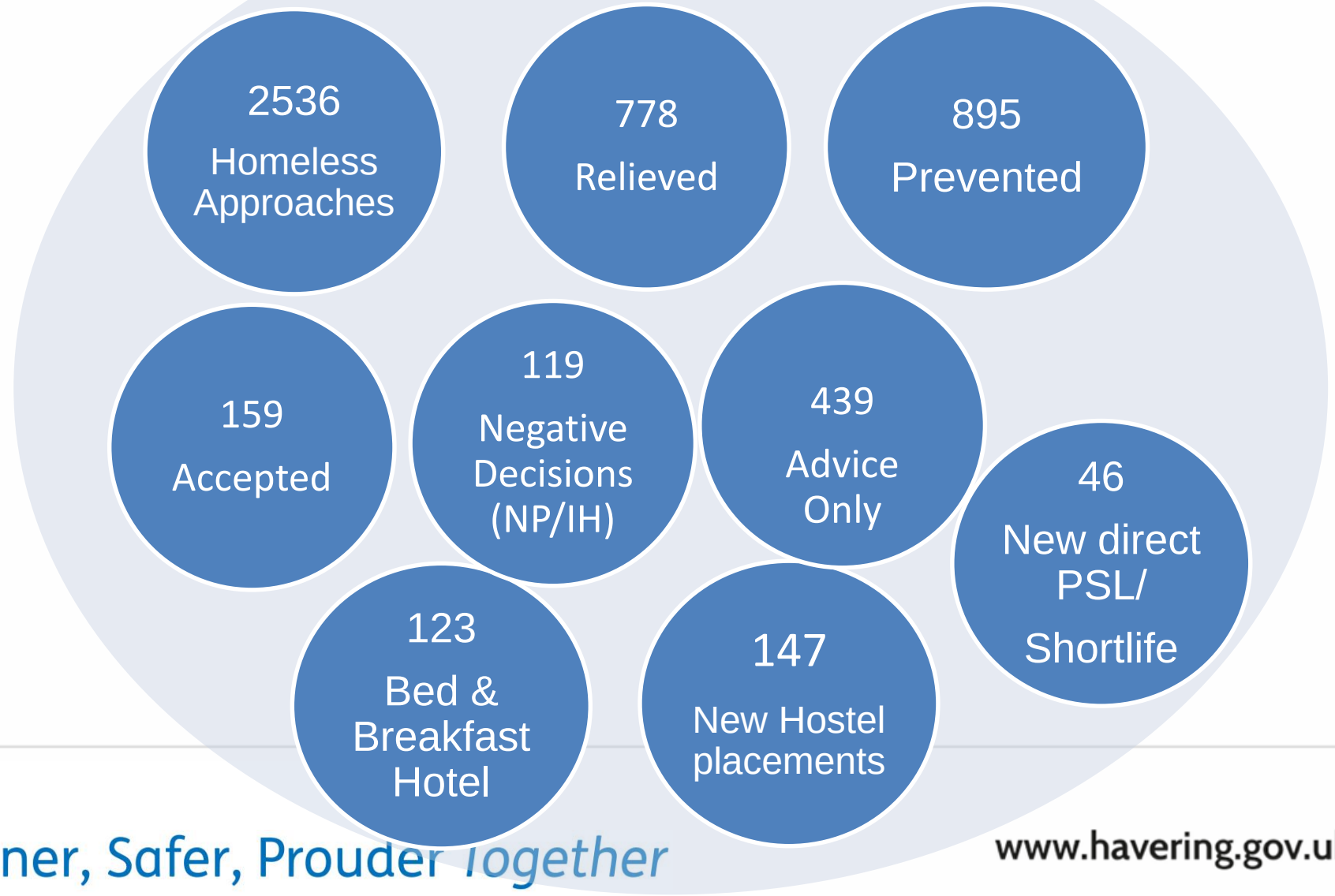
Find Your Own Scheme To assist households in finding a home in the private sector 2020-21

Prevention & Relief 2020-21	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Financial support (FYO)	12	6	19	38	33	41	30	47	32	27	20	17	322	**19%**
Without financial support	114	94	113	106	58	110	116	112	124	138	123	143	1351	**81%**
Total	**126**	**100**	**132**	**144**	**91**	**151**	**146**	**159**	**156**	**165**	**143**	**160**	**1673**	

Comparison Find Your Own Scheme

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	% out of P&R outcomes	Total P&R outocmes
2018/19	5	21	24	27	30	32	22	19	17	15	12	8	232	15%	1543
2019/20	10	13	19	20	25	24	22	19	12	23	27	26	240	14%	1723
2020/21	12	6	19	38	33	41	30	47	32	27	20	17	322	19%	1673

Homelessness Approaches, Prevention & Relief, Decisions and Temporary Accommodation 2020/21



Most recorded support needs

The HRA requires local authorities to assess the support needs of homeless households.

Below is the list of the most recorded support needs in 2019/20 and 2020/21. there are other support needs; old age, young persons under 21, young parent, Requires employment or training, care leaver, repeat homelessness etc.

Support need	2019/20	2020/21
History of mental health	129 (29%)	153 (29%)
Physical ill health & disability	141 (32%)	100 (19%)
Domestic abuse / Other abuse	36 (8%)	129 (24%)
Alcohol & drug dependency	21 (5%)	31 (6%)
Offending behaviour	20 (4%)	25 (5%)
Learning Disability	11 (2%)	13 (2%)
Total	**358**	**451**

‘Duty to refer’

- Other public authorities are required to play their part in helping homeless people. If working with someone they consider is ho threatened with homelessness, with the person’s permission, refer them

This part of the Act came into force in October 2018

- Duty to refer applies to other public authorities e.g. DWP, prisons, hospitals, jobcentres, probation.

235 referrals received during April 2020 - March 2021

	2019/20	2020/21
DWP	25	23
Hospital / Mental Health	20	44
Adult Secure estate (prison)	2	30
Other LA	12	18
Probation	9	38
Refuge/ Refuge Provider	6	14
Childrens Social Services	5	7
Street Services for Rough sleepers	2	7

‘Duty to refer’ April 2020 – March 2021

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Adult Social Services			1					2	2	4	3	3	8	**23**
Adult Secure Estate (prison)					2	4	1	4	6	7	2	1	3	**30**
CAB							1							**1**
Childrens Social Care		1						1		2		3		**7**
Community Rehabilitation Company		1			1				1					**3**
Community Safety									1					**1**
Jobcentre					1	3		1	1	5	1	4	7	**23**
Hospital		2	2	4	8	4	1	2	2	4	1	2	6	**38**
Housing related (floating) support			1	2								2		**5**
Mental Health Service Community based				1		1		1		1	1		1	**6**
NASS					1						1			**2**
Probation		2	6	2	1	2	1	2	2	4	6	2	8	**38**
Other Local Authority Service							1	2	2	4	1	5	3	**18**
Refuge Provider								1	1	1			2	**5**
Other		2	1			1		1	1	1	1		1	**9**
Police		1		1				1			1	2		**6**
Refuge			1		1						3	1	3	**9**
Street Services for rough sleepers					1				1	2	1	1	1	**7**
Supported Housing Provider										3				**3**
Local Connection referral									1					**1**
TOTALS		9	12	10	16	15	5	18	21	38	22	26	43	**235**

Tackling rough sleeping

- Total number of rough sleepers verified in Havering for 2020/21 was 58 compared to 53 of the previous year.
- There were 129 approaches who advised they were rough sleeping at time of approach.
- Severe Weather Provision at Hostel / hotel - 12 referrals were made; 9 were placed.
- In 2020/21, we placed 93 under the Everyone In scheme into hotels.

8 Housing First Properties

- We set an objective to deliver 8 self contained council properties for people who have lived on the streets and with a history of hospital admissions and offending
- 3 people have been housed

Rough Sleepers Initiative (RSI) Grant

- Additional funding made it possible to recruit an On-Street Officer, Intensive Tenancy Support and Healthcare Navigator. These officers would help provide support in accommodation and to sustain tenancies.

Areas for service improvements

- Improve access for single people to secure suitable and affordable accommodation in the private rented and temporary accommodation
- Increase the numbers of complex need supported housing provision – to meet the needs of people with drug and alcohol/ mental health
- Develop a complex needs strategy
- Develop our Private Sector Leased accommodation offer to landlords
- Build better partnerships with adults social care and mental health
- Improve the hospital discharge pathway

Other current projects

- Domestic Abuse Housing Alliance DAHA Accreditation
- Online Housing Register Application
- BEAM – Supporting clients into work
- Jigsaw – Customer Portal
- E-Learning – Home Connections
- Think Tank – In house innovation champions
- Capital Letters – London wide lettings agency
- Landlord Forum with PRS Team
- Mental Health Forum
- Joint Protocols with other Services / Organisations
- Mercury Land Holdings – purchase 25 properties a year

Questions?

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