



CABINET

7.30 pm	Wednesday 15 December 2021	Council Chamber - Town Hall
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Members 9: Quorum 3

Councillor Damian White (Leader of the Council), Chairman

Cabinet Member responsibility:

Councillor Dilip Patel

Deputy Cabinet Memembr for Business Recovery

Councillor Robert Benham

Cabinet Member for Education, Children & Families

Councillor Osman Dervish

Cabinet Member for Environment

Councillor Joshua Chapman

Cabinet Member for Housing

Councillor Jason Frost

Cabinet Member for Health & Adult Care Services

Councillor Roger Ramsey

Cabinet Member for Finance & Property

Councillor Viddy Persaud

Cabinet Member for Public Protection and Safety

Zena Smith
Democratic and Election Services Manager

For information about the meeting please contact:
Debra Marlow tel: 01708 433091
e-mail: debra.marlow@onesource.co.uk



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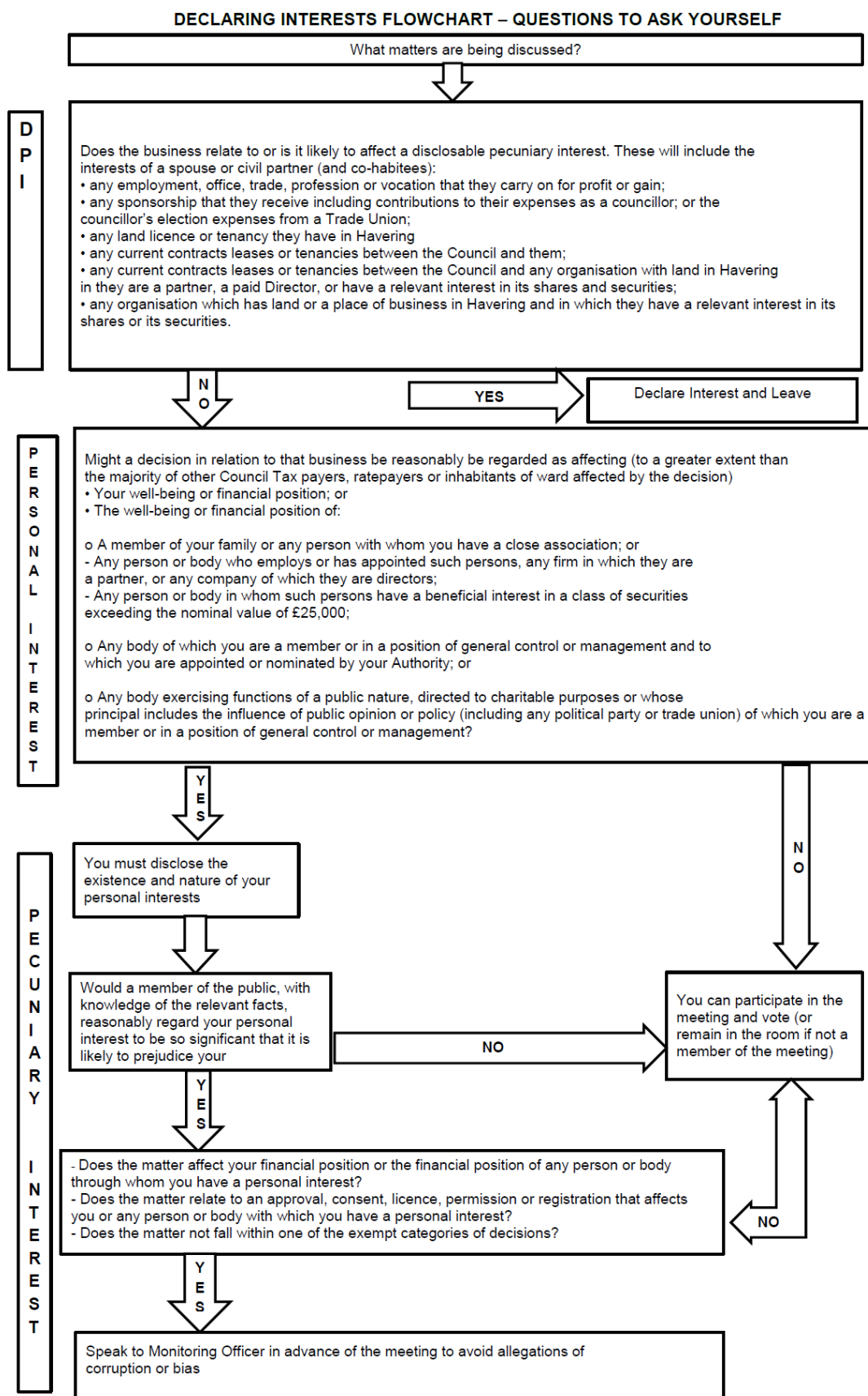
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Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.



AGENDA

1 ANNOUNCEMENTS

On behalf of the Chairman, there will be an announcement about the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE

(if any) - receive

3 DISCLOSURES OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

4 MINUTES

To approve as a correct record the minutes of the meeting held on ???????, and to authorise the Chairman to sign them.

5 LOCAL AREA COORDINATION EVALUATION REPORT (Pages 1 - 10)

Report attached

6 HOUSING RESIDENT ENGAGEMENT STRATEGY 2022-2025 (Pages 11 - 80)

Report and appendices attached

7 EXCLUSION OF THE PUBLIC

To consider whether the public should now be excluded from the remainder of the meeting on the grounds that it is likely that, in view of the nature of the business to be transacted or the nature of the proceedings, if members of the public were present during those items there would be disclosure to them of exempt information within the meaning of paragraph 3 of Schedule 12A to the Local Government Act 1972; and, if it is decided to exclude the public on those grounds, the Forum to resolve accordingly on the motion of the Chairman.

8 AWARD OF CONTRACT FOR HOUSING REPAIRS AND VOIDS (Pages 81 - 90)

Report and exempt appendix attached

CABINET

Subject Heading:

Local Area Coordination
Evaluation Report

Cabinet Member:

Councillor Jason Frost,
Cabinet Member for Health
and Adult Care Services

SLT Lead:

Barbara Nicholls, Director of
Adult Social Care

**Report Author and contact
details:**

Rebecca Smith,
Commissioning Programme
Manager

Rebecca.Smith2@havering.gov.uk

Policy context:

Local Area Coordination supports the Council to meet its Together and Communities Theme priorities outlined in the Corporate Plan. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.

Financial summary:

There are no financial implications. This report is a service update for note and discussion only.

Is this a Key Decision?

No. This report is for information only.

When should this matter be reviewed?

At the end of the two year pilot
(Q4 2022/23)

Reviewing OSC:

Health Overview and Scrutiny
Sub Committee

The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

SUMMARY

1.1 The Local Area Coordination (LAC) concept is being piloted in Havering, testing the approach in three areas initially. Local Area Coordinators (LACs) now work in Harold Hill, Rainham and South Hornchurch, Mawneys and Havering Park.

1.2 The pilot started in September 2020, and an evaluation of the first year of the pilot has recently been completed by an external academic researcher.

1.3 The key findings of the evaluation were as follows:

- LACs are able to intervene at crisis point, and prevent residents from reaching further crisis points
- LACs are delivering positive outcomes for residents, and enabling residents to make impactful life changes across a range of areas
- LACs display a range of positive attributes and they interact with residents in a meaningful way that is different from how services have interacted with them previously
- Residents who work with a LAC feel positive about their future and have aspirations that span across a range of areas
- LAC is making communities more resilient, is driving the Council's preventative agenda and leading the way in doing things differently
- LAC is starting to deliver some 'green shoots' of change and encouraging other services to work in a more strengths based way
- There are positive early signs that LAC intervention contributes to cost avoidance across the health and social care system

RECOMMENDATIONS

Cabinet is recommended to;

2.1. Note the evaluation findings

REPORT DETAIL

Background

- 3.1.** LAC, a community asset based approach that is strengths based, relationship based and focuses on the whole person is a different way of working with people in the community in a preventative way. It was agreed to pilot this approach, setting up two teams across 4 wards in Havering in late 2019. Funding was secured from CCG and the Council to test the approach over two years. This is to understand what could be achieved when we work to build connections around people and see the community as an asset, where support can be drawn around people. Focusing on the whole person and walking alongside them to achieve their vision of a good life enables them to approach and tackle complicated issues that they haven't felt able to approach on their own or resolve in the past.
- 3.2.** The LAC team was developed from September 2020 (as was delayed due to the pandemic) with two LACs for Harold Hill and a service lead. A third worker for Harold Hill and three workers for South Hornchurch and Rainham started in March 2021 and additional CCG funding was added through mental health funds, adding two additional workers in Mawneys and Havering Park Wards for one year starting in August and September 2021.
- 3.3.** Every LAC is recruited with members of the community. The staff are based in the community in key assets and the work involves walking alongside people, working intensively on a 1:1 basis with residents experiencing crisis. Each worker covers a patch of around 12,000 people and builds a good understanding of the area in order to work with the community and the people in it to drive the things they want to achieve.
- 3.4.** An evaluation of the first year of the pilot was completed by an external academic health and social care researcher, Dr Sandhya Duggal in September of this year. The evaluation covered three work packages:
 - Work package one: The impact of Local Area Coordination on residents
 - Qualitative interviews with 16 residents who had been supported by a LAC
 - Thematic analysis of the interview transcripts
 - Work package two: Local Area Coordination and the wider strategic fit

- Qualitative interviews with 18 stakeholders from across the system who have engaged with LAC
 - Thematic analysis of the interview transcripts
- Work package three: Demonstrating the financial impact of Local Area Coordination in Havering
 - Cost avoidance analysis on 8 case studies

Evaluation findings

3.5. The findings of work package one were as follows:

- At the time of their introduction to LAC, almost all of the residents were at or nearly at the point of crisis, which was characterised by a range of issues related to; mental health/physical health, poverty/financial crisis, social isolation, complex/combined needs, domestic violence/harassment, and housing. Unsurprisingly, these issues were causing significant distress for residents, and were negatively affecting their quality of life and wellbeing. One resident said;

“I was almost close to breakdown. I stopped eating, I would go into the bathroom and cried. I didn't talk to my family. And I had a social worker at the time and she would say to me ‘I am worried about your mental health’ If it wasn't for (name of LAC) I probably would have gone back (to domestic violent home). Either that or be in a mental hospital? I don't know. I don't even want to think about that.”

- When asked to describe their interactions with LACs, all of the residents spoke consistently about feeling supported and being heard/listened to in a way that had not occurred previously. The consistency and quality of their interactions with the LACs was also highly valued amongst residents. For many of the residents, they felt as though the LACs understood their experiences and whole life story. One resident said;

“The best thing I've found about it is feeling like I have support and someone to turn to because I haven't felt like that for a long time. And I feel like (name of LAC) has got my back and she wants to do the best for me and my kids to help me get my life back on track again. Yeah, so I think that's probably the best thing because normally I kind of feel a little bit empty and alone in my head, but I've not felt like that since I've had her”

- In some cases residents reported profound impacts from a LAC walking alongside them. One resident said;

“The most important thing is, if (name of LAC) hadn't helped, I would have killed myself. There's no two ways about it”

- Residents achieved a number of positive outcomes across a range of areas including; housing and mental health. One of the most prominent forms of support from the LACs came from active referrals into other parts of the system

(both internal and external to the local authority). Residents recognised and valued how the team always knew who to contact, what information was needed and were able to provide them with practical support that was not just signposting or information giving. A resident said;

"I was very negative about it all basically (sic LAC) and I thought this isn't going to go nowhere, and you know what, it did, she was really helpful. She got things done, because she had meetings with housing, she was in close contact with them and she managed to get me back on the housing list. She came up and met me with her manager, and she always returned calls - everything got done"

- When asked to describe their vision of the future following their interaction with LAC, all of the residents spoke positively about their future. It is apparent that the impact of LAC on people's lives is not singular (across health or housing for example) but across a wider life aspiration. One resident said;

"It's just made me think a bit more positive...maybe there is a bit of help out there. Whereas before, I didn't think there was no, I thought I was going to be stuck where I am. And there was going to be no help. But now, I feel like she's helped me with a lot of things ...confidence... trying to get me where I am, I wouldn't have been where I am if it wasn't for them"

3.6. The findings of work package two were as follows:

- Havering have been successful in the implementation of LAC and have achieved a significant amount of progress in a short time frame. These successes include; the embedding of LAC within the wider preventative approach, building on buy-in and support from key partners, the creation of a proactive Leadership Group who have been key in successfully integrating LAC at service level. A Service Manager said;

"(It) comes from the initial stages in terms of the planning...and that involvement of partners through the development, I think that's really embedded local area coordinators into services prior to them getting off the ground. So as they've come in, we've all really welcomed them, because we've been talking about it, thinking about it, thinking about how we're going to embed it"

- The successful implementation of LAC complements the delivery of the council's wider preventative strategy, such as the Better Living model in Adult Social Care, Face to Face in Children's social care, Open Dialogue in Mental Health and similar approaches employed within NELFT. These 'wins' reveal the extent to which Havering have been able to successfully achieve their strategic ambition for LAC. A senior stakeholder said;

“So I think it's building a really positive momentum about way that services delivered and could be delivered. It is very much linked to personalisation and working with people to find their own solutions and linked into strength based approaches. When people build on their own assets and they can come up with their own solutions, these are far more sustainable than those imposed by an organisation”

- As a result of the committed implementation work, there are now lots of ‘green shoots’ of change taking place in relation to systems change and service delivery. The data shows how Local Area Coordinators are providing challenge and reflection for statutory service delivery, which is inspiring changes and a possible move towards personalisation and strengths based ways of working across the system. A Service Manager said;

“I think what they do is that they hold up a mirror to our current service in the way that it is, and that mirror is sort of almost an opportunity to reflect on. Actually, and to think about the way we've always been doing things. I think it's also advantageous that they don't have the previous or legislative experience, because then they can just ask questions about why it works in that way - I think that's valuable. I love the challenges that they presented to me when we did our surgeries, because then that helps us to be a bit sharper”

3.7. The findings of work package three were as follows:

- 8 case studies of people who have been supported by a LAC were analysed to determine what would have happened if LAC had not been involved. The following were the typical events that were avoided:
 - Eviction from housing
 - Unplanned admission into hospital
 - Admissions related to mental health
 - Social care assessments
 - Continued excessive and inappropriate use of General Practice
- Cost avoidance analysis was carried out, based on the costs attached to each event avoided through LAC support. This estimated that for these 8 people, approximately £150k of costs could have been avoided across the system (including health, adult social care, children’s social care and housing). This gives a crude average of £18k per person.
- This cost avoidance per person can be viewed as a range of between £11k and £41k depending on whether you take an optimistic or pessimistic view of the journey the person would have taken without LAC
- These figures must be viewed with caution however;
 - The sample size is not large enough to make significant statistical claims
 - There are ‘outliers’ in the data which may skew the average
 - Cost avoidance will not occur evenly across all service provisions. Estimations about this could be made within a larger data set

3.8. The evaluation made the following observations:

- LACs should remain in their roles in order to help keep residents from reaching further points of crisis.
- More LACs are needed to reach more residents across the borough for greater service parity.
- The service should continue to work on how outcomes for residents are measured and reported, build on the early positive signs of systems change, and work with the system to unblock any issues experienced in service pathways

REASONS AND OPTIONS

Not applicable, this report is for information only

IMPLICATIONS AND RISKS

Financial implications and risks

The LAC Pilot Project will be funded through the following:

	2021/22	2022/23
	£'000	£'000
CCG - Better Care Fund	200	200
CCG - Prevention Fund	83	160
CCG - Mental Health	88	-
Underspend		
LBH – Public Health	50	25
LBH – Housing	42	43
LBH – Transformation	134	134
	597	562

The implementation of the Integrated Care System (ICS) will mean that the Council and health services generally will move into a new governance model from 1 April 2022, and Local Area Co-ordination (LAC) is a key building block of this new financial relationship. If funding continues to be made available from health sources the LAC scheme should continue beyond the current pilot stage.

The current Council Medium Term Financial Strategy includes a savings target of £0.500m against LAC in 2022/23, based on initial assumptions regarding the overall savings/cost avoidance which could be delivered through the Project.

The findings to date have demonstrated that the Project has not been able to deliver reductions in Council budgets but it is achieving savings in Health budgets and cost avoidance in both Health and Adult Social Care budgets. As a result the Council budgets in this area continue to be overspent.

The MTFS savings in the Council's budget relating to LAC will be replaced by savings from the reviews of high cost placements and an increase in Continuing Health Care (CHC) income from health in the next review of the MTFS.

Legal implications and risks

There are no apparent legal implications in noting the content of the Report.

Insofar as there is any Council expenditure involved this is empowered by:

- the general powers under s 1 Localism Act 2011 to do anything any individual can do in any way whatever, including—
 - (c) power to do it for, or otherwise than for, the benefit of the authority, its area or persons resident or present in its area.
- and under s 2 Care Act 2014 to prevent, reduce or delay the needs of its population for care and support
- and under s 3 Care Act 2014 to ensure the integration of care and support provision with health provision and health-related provision where it considers that this would—
 - (a) promote the well-being of adults in its area with needs for care and support and the well-being of carers in its area,
 - (b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support.

Human Resources implications and risks

There are no HR implications to this report, as the report is for information only and no decision is being sought regarding employment of Local Area Coordinators.

Equalities implications and risks

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;

(iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Monitoring takes place to assess how the service meets the needs of all users, including those from ethnic minority communities and the disabled.

Health and wellbeing implications and risks

Havering Council is committed to improving the health and well-being of all residents including those most vulnerable. This service has a positive impact on the health and well-being of people who access it. This service also tackles health inequalities and addresses the wider determinants of health.

Through the service, positive impact is achieved in all following areas:

- Promoting the independence of individuals to lead the life they wish
- Behaviour and lifestyle such as diet, exercise or self-care
- Mental health and wellbeing
- Access to and quality of education or other training opportunities
- Employment, income, opportunities for economic development
- Access to green space, sports facilities and opportunities to be active
- Opportunity to interact socially with other people, social isolation, community support networks and being able to live independently
- Ability to access health and social care services
- Transport, and connections to places within or between the Borough

BACKGROUND PAPERS

None

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CABINET

15th December 2021

Subject Heading:

Housing Resident Engagement Strategy 2022-2025

Cabinet Member:

Councillor Joshua Chapman, Lead Member for Housing

SLT Lead:

Patrick Odling-Smee, Director of Housing

Report Author and contact details:

Gill Butler, Head of Housing Strategy & Service Development 07811804498

Gill.Butler@havering.gov.uk

Susan Shepherd, Senior Strategy & Service Development Officer - 01708 433021

Susan.Shepherd@havering.gov.uk

Policy context:

This is a new strategy developed in response to changes in the social housing sector in recent years and to ensure the council's continued compliance with all current legislative and regulatory requirements.

Financial summary:

It is anticipated that the implementation of this strategy will not have any direct financial implications, other than what is already set out within other Housing related strategies, e.g. Housing Asset Management Strategy.

Is this a Key Decision?

No. This report is for noting only

When should this matter be reviewed?

This is a 3 year strategy to 2025, however implementation of the commitments in this strategy should be monitored and reviewed annually to ensure delivery.

Reviewing OSC:

Towns and Communities

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

[x]
[x]
[x]
[x]

SUMMARY

Respecting our residents

Havering Housing Resident Engagement Strategy 2022-2025

Cleaner, Safer, Prouder Together

1. Background

- 1.1 The housing directorate has been developing a new strategy that sets out how we want to improve communication and engagement with our residents - Council Tenants and Leaseholders, over the next 3 years.
- 1.2 Following the sad events of the Grenfell Tower fire in June 2017, and the subsequent public enquiry, in November 2020, the Government published their '**Charter for Social Housing Residents' (White Paper)**. This document sets out seven key priorities for providers of social housing and new powers for the Regulator for Social Housing (RSH) and Housing Ombudsman, to hold social landlords to account.
- 1.3 A cornerstone of the Housing White Paper is changing the culture of housing providers and how they interact with their tenants and leaseholders. The focus is on health and safety, accountability and transparency, and tenant empowerment.
- 1.4 The White Paper sets out what every social housing resident should expect from their provider: ***"To be safe in your home; To have your complaints dealt with promptly and fairly; To have a good quality home and neighbourhood to live in; To be supported to take your first step to ownership; To know how your landlord is performing."***
- 1.5 Commitment four specifically states residents should expect:- ***"To be treated with respect, backed by a strong consumer regulator and improved consumer standards for tenants."***
- 1.6 Commitment five states:- ***"To have your voice heard by your landlord, for example through regular meetings, scrutiny panels or being on its Board. The Government will provide help, if you want it, to give you the tools to ensure your landlord listens."***
- 1.7 Alongside a review of the Consumer Standards, the RSH will consult on the introduction of a national set of '**Tenant Satisfaction Measures**' to be introduced in summer 2022 with first year of collection commencing in April 2023. Local Authority and ALMO landlords are being treated the same as any other Registered Housing Provider in meeting the required regulatory standards and a new inspection regime is expected at least every four years.

*Jane Everton, Deputy Director of Social Housing at MHCLG - speaking at last year's HQN conference said: "Government is re-booting consumer regulation to ensure landlords adopt the right behaviours and can be held to account for their actions by tenants. **This is the heart of the White Paper**".*

RECOMMENDATIONS

2. It is proposed that Cabinet note the content of the proposed Havering Housing Resident Engagement Strategy attached to this report, (*Appendix 1*) along with the approach, timescales and rationale set out within this report and in our proposed action plan.

REPORT DETAIL

3. Resident Engagement Strategy – methodology used

Consultation

- 3.1 Havering Housing Services is committed to not only meeting, but exceeding, the ***Charter for Social Housing Residents*** and associated compliance around engaging effectively with our tenants and leaseholders.
- 3.2 Housing Services already carries out extensive consultation with residents and stakeholders to ensure we listen to what they are telling us about our service, and act upon this feedback.
 - A satisfaction survey (STAR) of tenants and leaseholders in summer 2020 was commissioned to learn more about how satisfied customers are with housing services. Over 3,000 council tenants and leaseholders responded to this survey. Analysis of the findings and trends gave us some key areas of focus for improvements to the existing council housing service.
 - These included improving – *“listening to residents views and acting on them”*. – Although 58% of residents said they *“consider Havering to be good at keeping residents informed”*, this isn’t a high enough figure, so there is room for improvement.
 - Whilst 72% of residents told us they “are satisfied with the service they received the last time they used the repairs service” overall satisfaction was lower. So as part of the new repairs of maintenance contract the Property Services team are currently developing new ways of working that will increase our engagement with residents. This will include more detailed satisfaction surveys and a systematic approach to gathering and recording resident feedback. In this strategy we are also looking to develop service specific resident panels as a sub group of the Resident Participation Panel, that will monitor the contractor performance. We are confident that this approach will lead to improved resident satisfaction.
- 3.3 Before commencing development of the Resident Engagement Strategy, we presented the vision and draft aims, along with proposed consultation questions to: -

- Elected Members at Theme Board 28 July 2021
- Senior Leadership Team (SLT) 30 July 2021

Following findings from the consultation, strategy development with: -

- Housing SMT 28 October 2021
 - Housing Resident Participation Panel workshop meeting on 23 November 2021.
- Full statutory public consultation was undertaken on the vision and draft aims of this Resident Engagement Strategy between 03 August 2021 to 05 October 2021.
 - Staff workshops and resident focus groups were undertaken to better inform development of the strategy. In total we received direct feedback from 234 tenants and leaseholders who completed the online survey. In addition during the summer Housing Community Engagement roadshows were carried out we visited a number of estates and spoke residents about resident engagement. In all approx. 300 residents have contributed to the development of this strategy.
- 3.4 Analysis of the outcomes from the consultation took place in November 2021 and this overwhelmingly confirmed that the four aims of the strategy were the right ones for council housing services to focus on over the next three years: -
- *To develop a collaborative resident engagement culture within Housing*
 - *To engage and involve residents to help us improve services*
 - *To deliver a right first time service*
 - *To embrace digital communication and engagement.*
- 3.5 This customer, stakeholder and staff feedback has shaped the direction of new Resident Engagement Strategy, particularly in relation to the opportunities offered for residents to get involved with Havering Housing Services as their landlord.
- 3.6 There is a significant groundswell of residents that say they would engage and 'get involved' if the opportunity and support were available, (**197** residents expressed they want to see regular updates of the engagement opportunities available to them. **73** residents would like to be involved with Housing Services activities with 105 saying *maybe*.)
- 3.7 This is especially true when we offer the option of ways to input into service delivery using digital engagement as the table below shows: -

Top 5 activities residents told us they would like to participate in.	Percentage of respondents
Occasional short surveys following a completion of a service (transactional – online)	73.9
Complete postal / online questionnaires	53.42
Focus Groups on specific service areas (virtual, face to face or hybrid)	32.5
Service improvement workshops to guide future service planning	29
Mystery Shopping	25
Online Mystery Shopping	21

- 3.8 Timescale – pending any amendments to this draft Resident Engagement Strategy, we hope to be in a position to publish the document in January 2022.
- 3.9 A comprehensive action plan is attached to this report at *Appendix 2*.

REASONS AND OPTIONS

- 4 **Reasons for the decision:** Havering Housing Services is a registered social housing landlord and is therefore required to meet all relevant government legislation in delivery of a housing service.
- 4.1 Relevant policies to the new Housing Strategy include: -
- Building Safety Bill 2021
 - **Charter for Social Housing Residents White Paper** * (November 2020) - changes to the Regulator for Social Housing (RSH) and Housing Ombudsman.
* (See notes in background section)
- 4.2 Alongside a review of the current Consumer Standards, the RSH are consulting on the introduction of a national set of '**Tenant Satisfaction Measures**' to be introduced in summer 2022 with first year of collection commencing in April 2023.
- 4.3 Publishing a Housing Resident Engagement Strategy that sets out how Havering Housing Services will work in partnership with tenants and leaseholders, and the communities they live in, to improve the housing service, making a positive difference to all residents and the wider community, will put the council in a good position when the new RSH inspection regime is announced.

IMPLICATIONS AND RISKS

Financial implications and risks: There is no expected additional financial expenditure arising from this strategy. Resident Engagement team budget will support the delivery of the action plan, where there is service related spend this has been already taken into account.

Legal implications and risks: There are existing statutory duties to consult with leaseholders and secure tenants pursuant to section 20 Landlord and Tenant Act for leaseholders (where there are to be major works or qualifying long terms contractual agreements entered into where a certain financial threshold is met) and section 105 Housing Act 1985 for secure tenants (where there is a matter of housing management they will be substantially impacted by). The resident engagement strategy aims to go beyond these statutory requirements to create a broader meaningful consultation culture with collaborative resident engagement. However, officers should ensure that where the requirements for statutory consultation are met that the consultation is compliant with those statutory requirements. It is noted that the Charter for Social Housing is a Government White Paper and that regulatory changes are proposed arising from this. Any changes to Regulations/ introduction of new Regulations should

be monitored so that the Council's Strategy can be varied as necessary once Regulations are implemented to ensure compliance.

Human Resources implications and risks: The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the council or its workforce.

Equalities implications and risks: A comprehensive EQHIA has been completed, No negative impacts have been identified. ([Appendix 3](#))

Health and Wellbeing implications and Risks: Havering council is committed to improving the health and wellbeing of its residents. The provision of good quality and affordable housing is an important determinant of health and wellbeing as housing impacts both our physical and mental health and wellbeing.

The Housing Resident Engagement strategy and its action plan will provide increased opportunities for residents to receive guidance and support on various issues including on health and wellbeing concerns. The action plan sets out how the housing service will work with communities to tackle loneliness, employability and provided targeted engagement opportunities for hard to reach groups such as young people. Our local neighbourhood initiatives such as Estate or community roadshows will ensure that Residents can access support easily, particularly for those who may be digitally excluded. We will ensure that we work with partner agencies such as public health and social care to support initiatives that look to improve both physical and mental wellbeing for residents, e.g. enabling early identification of issues that might impact negatively on health & wellbeing and putting place mitigation measures. Housing service are already supporting residents visiting the community hubs, as part of the strategy we would look to build on this by offering training to residents, advice on managing debt and signposting them to how to access support from other areas of the council.

BACKGROUND PAPERS

Appendix 1 –Housing Resident Engagement Strategy 2022-2025

Appendix 2 –Action Plan

Appendix 3 –EQHIA

London Borough of Havering Housing Services Respecting our Residents

Resident Engagement Strategy 2022-25



Foreword



Havering Council understands the importance of openness and accountability when engaging with our residents and communities.

We want to demonstrate the highest standards of resident engagement and, as a borough, our commitment to being Cleaner - Safer - Prouder - *Together* will help us to achieve this.

Our housing team provides housing management service to residents living in our 9,200 homes, as well as approximately 2,000 homes owned by leaseholders.

I believe that the residents living in council homes have the best insight into what they need from their housing service.

Through this strategy, we are therefore committing to offer a range of opportunities for residents to share their knowledge and experiences with us.

Our aim is to work in partnership with tenants and leaseholders, and the communities they live in, to improve the housing service, making a positive difference to you, your neighbourhood and the wider community.

A handwritten signature in black ink, reading "Joshua Chapman". The signature is fluid and cursive.

Councillor Joshua Chapman

Cabinet Member for Housing



I feel that this new Resident Engagement Strategy will encourage more residents of all ages to get involved. This will provide residents and leaseholders with a clearer journey on the roadway to effective participation. All residents will benefit from the wide range of involvement options available to them.

Communication is key to engaging residents in worthwhile involvement. So, the website needs to be clearer and user friendly to enable residents to access this important document supporting the aims of the government's White Paper.

Shane Marshall, Chair of Resident Participation Panel

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Introduction

This 2022-2025 Resident Engagement Strategy sets out how Havering Housing Services intends to communicate, engage with, and involve its tenants and leaseholders, (collectively known as residents), living in council managed homes and estates within the borough. We want to put our residents at the heart of everything we do.

In this strategy, our vision is:

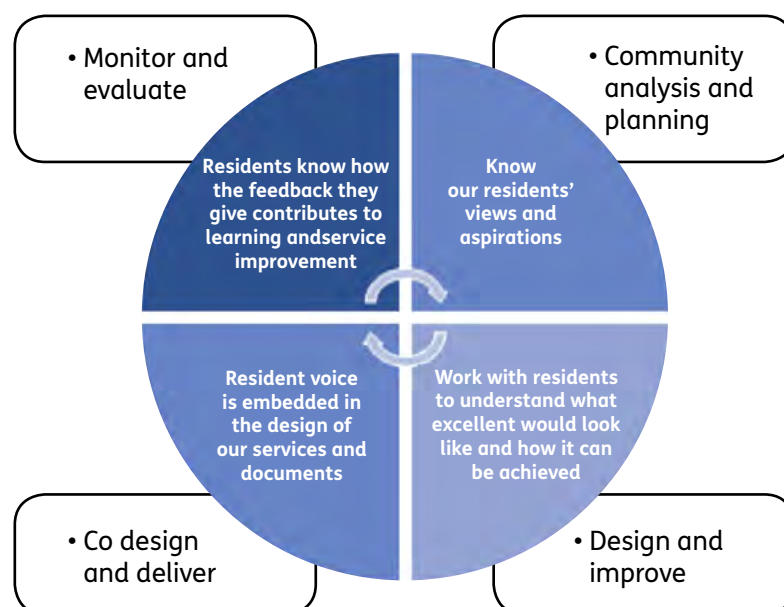
“That all residents feel satisfied that they are respected by the Council Housing Service.”

So, our commitment to you is that we will promote a culture of mutual respect, that establishes a level of excellence in customer service and ensures this level of service is consistently delivered by us through innovation and improvement.

Understanding the changing needs and aspirations of our residents is vital if we are to deliver a truly excellent housing service. The Council has developed this strategy jointly with residents to ensure that the variety of opportunities created for genuine engagement include things that interest them, are accessible to all, and take into account different lifestyles and availability to participate.

We hope as many residents as possible will want to take up the engagement opportunities on offer in this strategy and ensure the residents' voice is heard, understood and acted upon. It is essential that we enable residents' access in several ways, to influence our services to ensure that they are fit for purpose and tailored to their needs. It is essential that residents can dip in and out of 'getting involved' with us and that they are able to participate in a variety of ways, with varying degrees of time and personal commitment. All our engagement with residents in some way influences and steers the front-line housing services available to

Cycle of mutual respect



This three-year Havering Housing Resident Engagement Strategy has been developed to fulfil the current and future regulatory requirements of social housing providers, and whilst it seeks to ensure compliance with the regulatory standards, the primary purpose looks to go further than this. We want to demonstrate that we recognise the powerful and crucial role that the voice of 'lived experience' has in delivering our vision for building strong communities and helping to improve our neighbourhoods.

Section 1

National Policy

The Housing Act 1985 (Section 105), sets out the legal obligations of a Local Housing Authority for consulting with tenants on 'matters of housing management'. This is supplemented by the government's 2017 'Tenant Involvement and Empowerment Standard', which is one of four consumer standards that all social housing providers need to meet.

The Consumer Standards cover three required outcomes, and these underpin the commitments made in this strategy:

- Customer service, choice and complaints
- Involvement and empowerment
- Understanding and responding to the diverse needs of tenants



Charter for Social Housing Residents (White Paper)

On 17 November 2020, the then MHCLG (Ministry of Housing Communities and Local Government), published its Charter for Social Housing Residents, setting out what every social housing resident should be able to expect from their landlord.

It makes it clear that effective and authentic tenant engagement and empowerment is expected and widely recognised as the only way to ensure tenant experiences are embedded across policies, plans and services. The

Charter sets out the following expectations: -

- ✓ *To be safe in your home*
- ✓ *To know how your landlord is performing*
- ✓ *To have your complaints dealt with promptly and fairly*
- ✓ *To be treated with respect*
- ✓ *To have your voice heard by your landlord*
- ✓ *To have a good quality home and neighbourhood to live in*
- ✓ *To be supported to take your first step to ownership*

Section 1



Local Context

The Regulator of Social Housing (RSH) is the body that is responsible for ensuring compliance with legislation.

The Government's Charter for Social Housing Residents (White Paper) recognises that: -

“Residents should be treated with respect – the voice of your residents should be at the centre of everything you do.”

The Charter states that social landlords need to: -

“Listen to residents through effective engagement – be transparent about their performance and decision-making – so that residents and the regulator can hold them to account.”

and

“Put things right when they go wrong.”

Section 1



The Charter not only strengthens the existing formal standards against which landlords are regulated, but it creates new powers that ensure residents get the best possible service from their housing service. The Regulator will be introducing new 'Tenant Satisfaction Measures' or key performance indicators that have to be met.

For Havering Council, this presents an opportunity to work closer with our residents to ensure we are open and accountable. It is essential that we focus on the resident experience. By directing service improvements that will increase resident satisfaction with the service, this will help drive improved performance.

Havering Council homes and estates

Havering Council has around 11,200 homes occupied by tenants and leaseholder. Whilst this is all considered to be 'social' or 'affordable' housing, a large proportion of our council managed homes are 'Supported' or 'Sheltered' housing. Supported housing is a property where housing, support, and sometimes care services, are provided as an integrated or associated package and Sheltered housing which is usually only available to those aged 55 and over.

Havering Housing Services is responsible for providing a housing management service to all residents, which includes communicating, engaging and involving everyone in the way that their estate and neighbourhood is managed and maintained regardless of the type of home they live in.

Tenant Management Organisations (TMOs), directly involve the tenants that live in a particular area or estate in all aspects of managing their homes, taking responsibility for day-to-day management and repairs. The council still retains ownership of the properties and tenants keep their secure tenancy.

We have three TMOs in the borough: - BETRA (Barnstaple Estate Tenants and Residents Association); DELTA (Durham and Elvet Avenue Tenant Management Organisation); and PETRA (Parkhill Estate Tenants and Residents' Association). We work closely with these TMOs and their residents as they are part of the wider estates and communities that Housing Services manages directly.

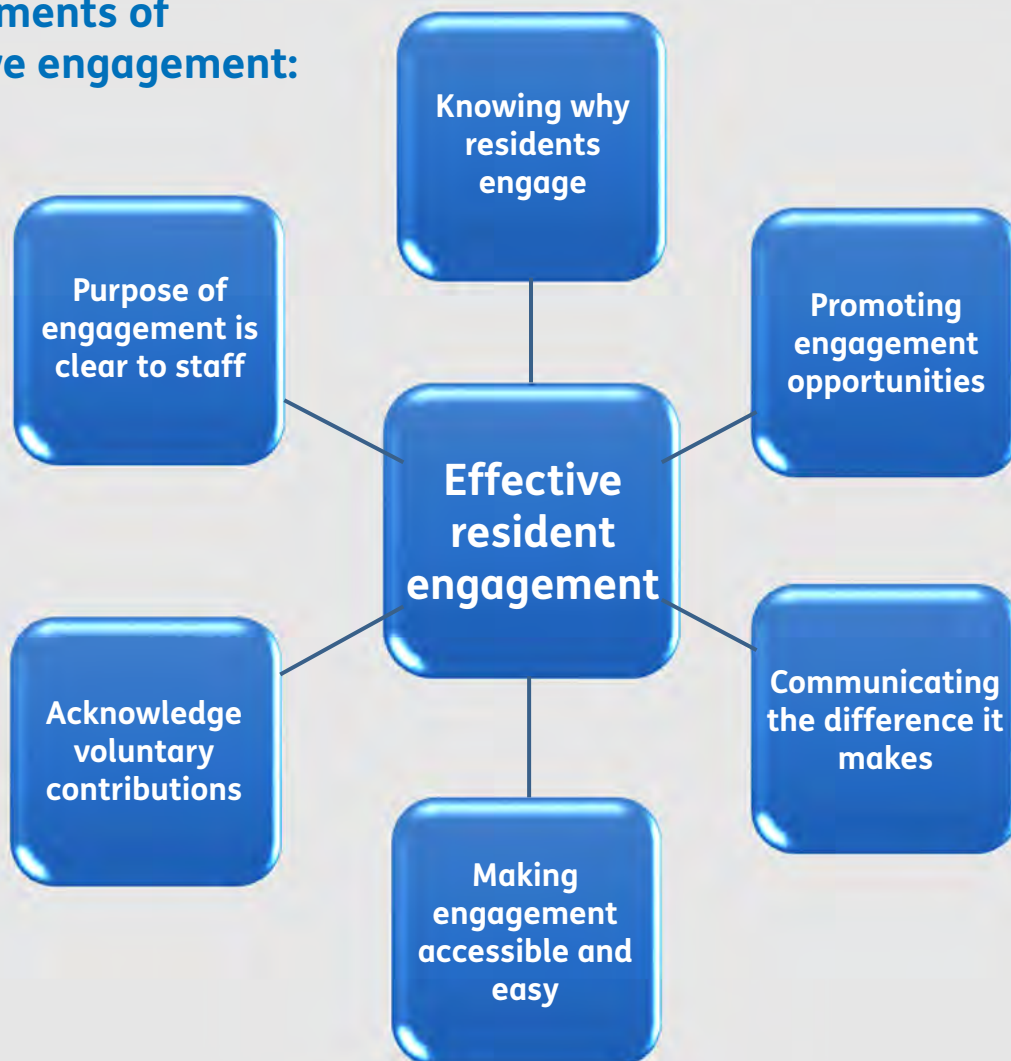
Section 2

Resident Engagement in Housing

Resident engagement is a term used to cover many different activities through which residents can contribute to how the housing service is delivered. It is our responsibility to ensure that residents are provided with a range of flexible options for involvement and engagement at different levels, which include both formal and informal settings in person and online, (referred to in this strategy as digital engagement).



Key elements of effective engagement:



Section 2

Who supports Resident Engagement?



Resident Engagement is everyone's responsibility. The value of engaging with residents is embedded in the work of every housing team. The culture of partnership and collaboration with tenants and leaseholders across all of housing is vital in the successful delivery of this strategy.

Havering Housing Services has a dedicated Resident Engagement Team whose work is specifically aimed at actively promoting community and resident engagement.

The team adopts a collaborative relationship between residents and housing services, supporting tenants and leaseholders to develop and get involved.

If you are interested in contacting them, their email is: getinvolved@havering.gov.uk

Who is involved? – formal engagement opportunities



There are currently a small number of valued and dedicated tenants and leaseholders who are actively involved in working with the council at a strategic level on improving housing management and service delivery.

Our foremost resident-led group is the Resident Participation Panel. These residents work hard and give a great deal of their time to being part of formal engagement, for which we are very grateful. We are keen to 'spread the load' and identify more residents to be involved in both our Resident Participation Panel and service specific panels or focus groups, so more residents can have a say in decisions affecting their homes and communities.

If you're interested in this, please do contact us. We welcome your knowledge and experience and are happy to help you learn, by offering training and support to get involved at this level if you wish to do so.

Current engagement activities



Officers have met with residents to share with them the feedback from our resident engagement consultation. The group discussed different activities which they felt would increase opportunities for resident engagement as well as their own experiences of being involved.

Some groups have previously been involved in reviewing policies and strategies that the Council has produced as well as attending meetings to hear how the Council is responding to complaints. Two of our residents have also spent some time reviewing bids and taking part in interviews with contractors in preparation for new repairs contracts to be awarded.

Section 2

Who is involved? - informal engagement opportunities

Some residents prefer to get involved in a less formal way and so we currently offer a variety of methods for residents to give us their opinion and contribute to service improvement.

All our residents have a unique insight into what it's like living in a council managed home and community, so we want to hear about your experience. We are aiming to build up a 'pool' of residents that would like to 'dip in and out' of different types of engagement. See Section 4 for more information about 'Your Choice' for getting involved.

Currently Housing Services has a range of ways in which residents can quickly give us their views without having to attend a formal meeting. This includes surveys and face to face events.

During the summer, residents had the opportunity to attend community days, which were held on local estates across Havering. At these events residents were able to take part in our engagement consultation, meet with contractors and learn how to do simple repairs. Residents were also able to receive guidance about managing debt or returning to employment. Our staff have previously taken their mobile unit to visit residents across the borough to hear about the types of improvements that would want to see on their estate.



Section 3 - Communication and Consultation



Communication

High quality communication is key to keeping residents informed, and to developing a landlord/tenant relationship that encourages feedback and engagement. The quality and effectiveness of our communications can be measured in terms of the style, frequency and content.

As part of this strategy the council Housing Services will: -

- ✓ ***Publish a regular housing newsletter/bulletin to inform residents of important aspects of the housing service and provide guidance for residents (currently called 'At the heart')***
- ✓ ***Produce key performance information, outcomes and actions to improve services***
- ✓ ***Ensure all consultation documents and housing correspondence are produced in a clear and accessible style – and establish a readers panel so that we work with residents to agree the style and content***
- ✓ ***Maintain an accessible and up to date housing section of the council's website***
- ✓ ***Maintain a regular and up to date presence on social media***

Section 3 - Communication and Consultation

Consultation

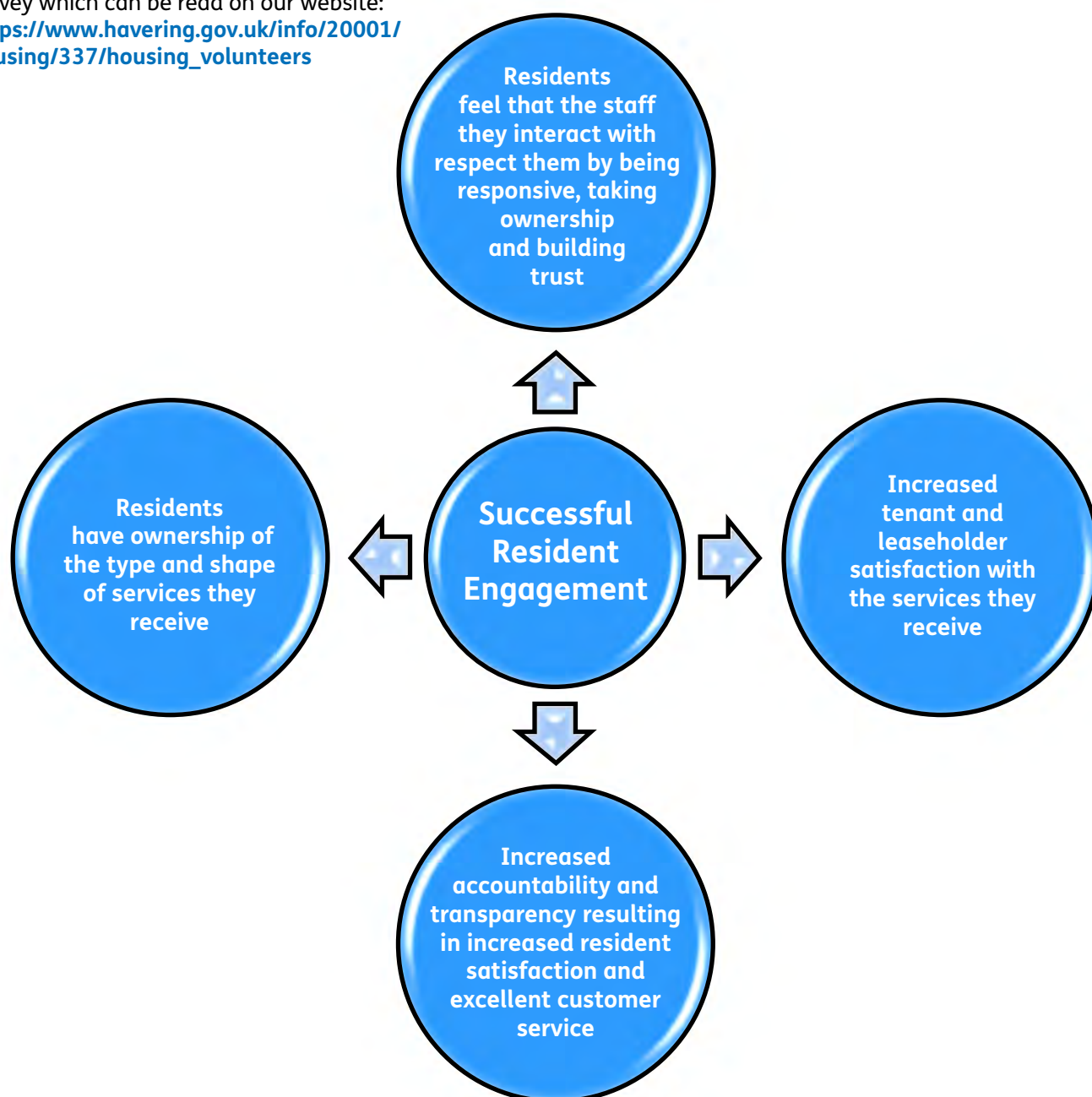
Tenant and Leaseholder Satisfaction Survey 2020

Havering Housing Services has a good track record of communicating and engaging meaningfully with residents. We regularly carry out extensive consultation exercises to determine how residents are feeling about our service delivery.

In 2020, we commissioned a broad ranging survey of all tenants and leaseholders. At the end of the data collection period, a total of 3,059 responses were received, with many residents giving us some really good feedback. We published the results from this survey which can be read on our website:

https://www.havering.gov.uk/info/20001/housing/337/housing_volunteers

So in the context of a challenging year, although residents told us that we are performing well in many areas, overall residents told us that whilst we are performing well in many areas, overall resident satisfaction wasn't as high as we would have wished. It was clear that some work was needed to ensure that, as a 'social housing landlord', we need to not only listen to residents' views but also *"act upon them"*.



Section 3 - Communication and Consultation

Consultation on the Resident Engagement Strategy – what residents have told us?

It was important to us to find out whether Havering residents and stakeholders thought the four aims were the right ones, and what other information they would like to see in this Resident Engagement Strategy.

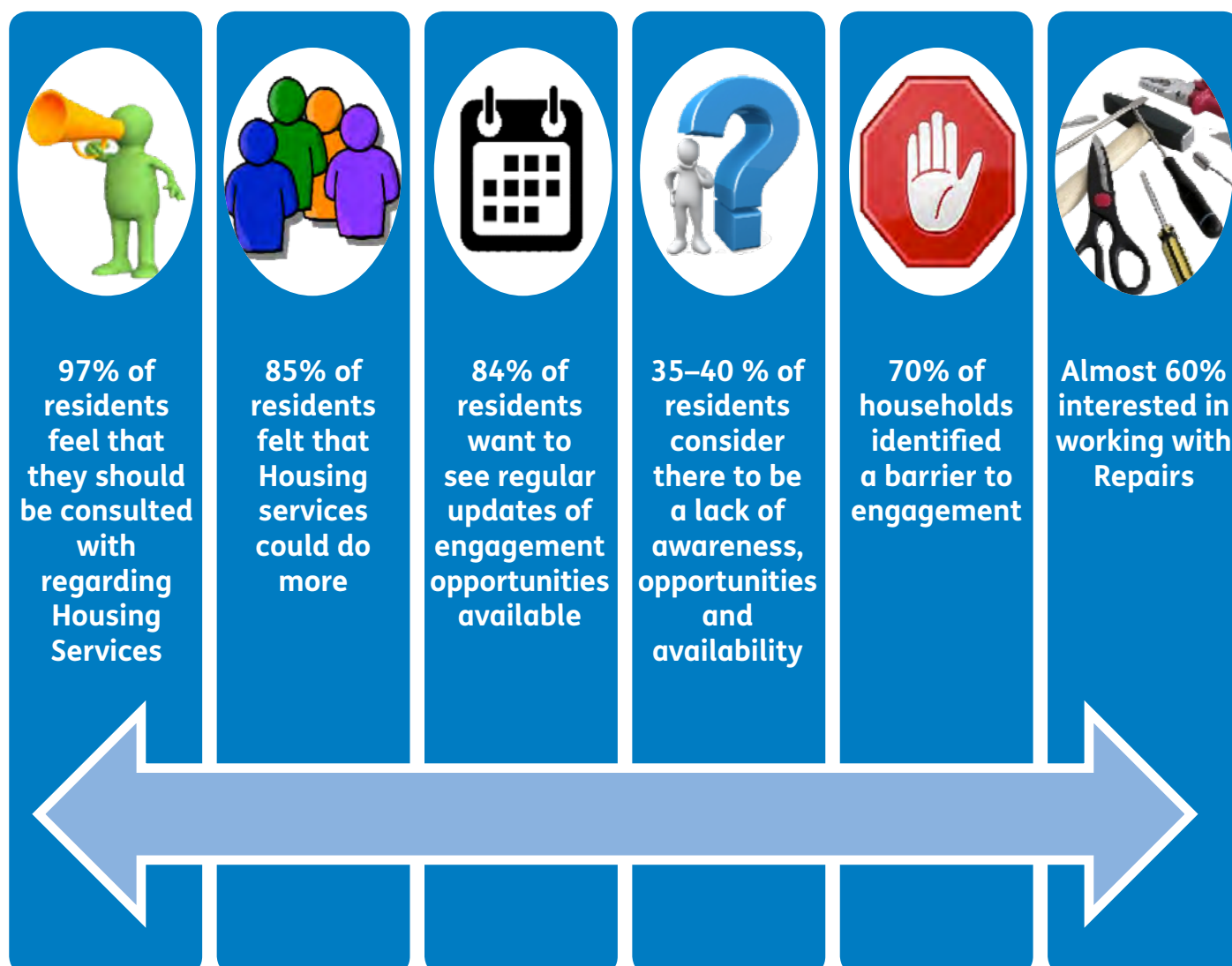
Therefore a nine-week consultation was completed online between August to October 2021, using the Council's Citizen Space consultation platform. 234 tenants and leaseholders responded. This was facilitated by workshops with council staff and focus groups with a variety of residents and community groups.

In total, over 300 stakeholders have been involved in the creation of this strategy, which brought about lots of promising ideas about how to develop the strategy with clear priorities.

Respondents agreed overwhelmingly that the four aims were the right ones for the Council's Housing Services to focus on. The feedback we gathered has been useful in developing the commitments we have made in this strategy.

Key findings

What became clear from the consultation is that residents do want more consultation and involvement with Housing Services. However, residents did highlight that there was apparently a lack of availability of engagement options at all levels.



Section 3 - Communication and Consultation



When asked further about what would encourage residents to engage, and at what level interests lie, most residents want to be able to 'dip in and out' of the engagement process. Most residents showed an interest in the short online surveys before, during and after a service, as well as completing questionnaires.

Residents preferred activities

Occasional short surveys following a completion of a service (transactional – online)

Complete postal / online questionnaires

Focus Groups on specific service areas (virtual, face to face or hybrid)

Service improvement workshops to guide future service planning

Mystery Shopping / online Mystery Shopping

A positive finding from the consultation was that when asked, "Would you like to get involved with the Housing Service?" 76 per cent said yes or maybe.

When asked about the barriers to getting involved, 99 respondents said the main barrier was that they 'did not know what they can get involved in' and 92 residents said they 'did not know how to get involved'.

When asked specifically about barriers to digital engagement the top three digital barriers were:

- Confidence in using online services
- Access to services such as Skype or Zoom
- Not being aware of the digital channels available

We have listened to this feedback and in Section 5 of this strategy under each of the four key aims, we set out some of the ways that we will improve our service.

Section 4 – ‘Your choice’ engagement

Following the consultation, we have developed several options for our residents to ensure that, should they wish to, they can get involved at the level of their choosing.

So, if they want to give us their views, or contribute on a one-off basis they could choose:

Inform and contribute

Or, if they want to get more involved and perhaps collaborate with us on improving services, they could choose:

Involve and collaborate

It's important that we aim to remove any barriers to engaging with us in whatever way suits residents, so below we have broken down a list of some of the activities they could choose to get involved with. These are separated both in terms of the level of commitment required and possible training needed to fully understand the role and be as effective as possible in your engagement.

It's 'YOUR CHOICE' to get involved in a way that suits you

INFORM AND CONSULT

– quick and no regular time commitment



**NO
TRAINING
NEEDED**

- ✓ **Online/Postal satisfaction surveys**
- ✓ **Telephone surveys/Text surveys** after a service has been completed – e.g., after a repair
- ✓ **Website or 'Webchat'**
- ✓ **Social Media** – e.g., Housing Twitter feed
- ✓ **Drop-in Housing surgery sessions** at Community Hubs
- ✓ **Attending Estate Inspections / Online input /or Contributing to Estate Improvements**
- ✓ **Events /or 'Hot Topic' meetings**
- ✓ **Reading 'At the Heart' Housing information Bulletins**

INVOLVE AND COLLABORATE

– we do need some of your time



**TRAINING
PROVIDED
(if required)**

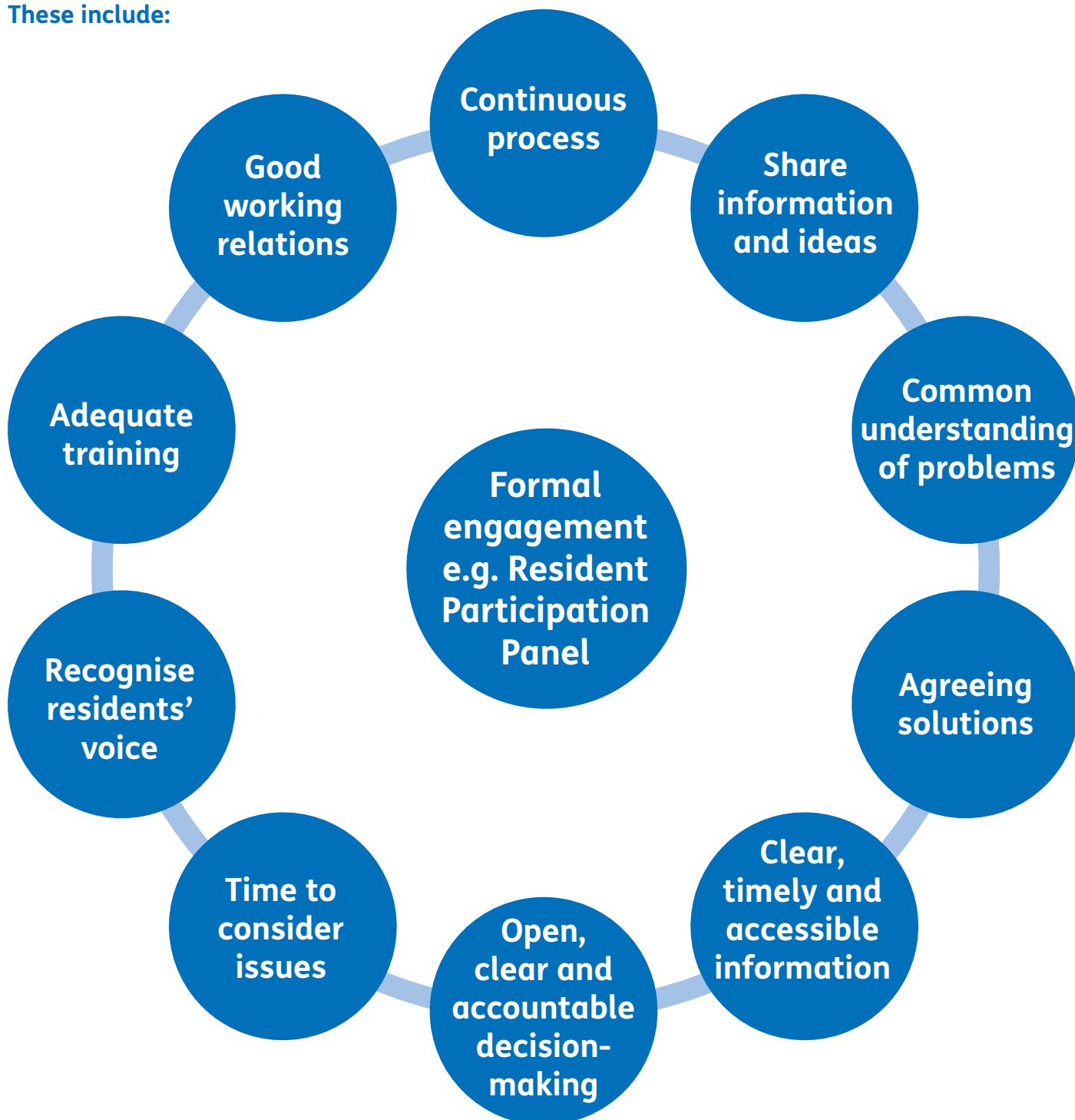
- ✓ **Resident Participation Panel (RPP)**– oversees performance at a strategic level and contribute to decision-making
- ✓ **Service Specific groups** – e.g., Monitoring Repairs performance
- ✓ **Task and finish' groups** – that are set up to work on a project in collaboration with staff and other residents
- ✓ **Focus groups** – e.g., to help us test out a new service or review solutions to a problem
- ✓ **Service Improvement workshops** – e.g., to develop new policies and strategies
- ✓ **Mystery Shopping/ Online Mystery Shopping** – to test our service as a user
- ✓ **Readers Panel** – to contribute to customer facing documents

Section 4 – ‘Your choice’ engagement

Formal engagement - Involve and collaborate

It is important that if residents agree to get involved and collaborate with housing services, in turn we need to set out the principles under which we will operate at the more formal level in terms of developing mutual respect.

These include:



Section 5 – Aims of the Resident Engagement Strategy

1. To develop a collaborative resident engagement culture within Housing

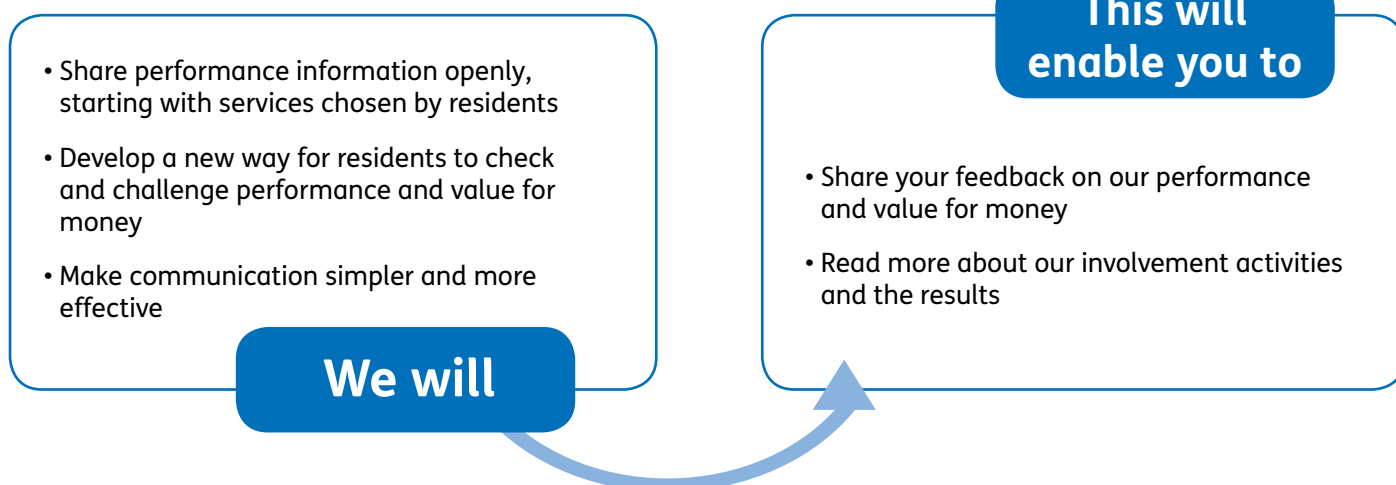
We recognise the value of residents' experiences, and we will listen and work together in partnership. Collaboration ideally needs to start from an early point, with residents being part of development of policies, plans and services.

We want all residents to have the opportunity to engage with us in whatever manner they choose. We value the diversity of our residents and promote equality and inclusion at all times.

We want to understand the needs of our residents

and to make sure our engagement activities are representative of our communities. We therefore want to promote initiatives that seek to inclusively engage with all residents and communities, including targeted activities for young or elderly residents.

The health and wellbeing of our residents is of vital importance to us. We are committed to doing everything we can to reach out to those residents that currently aren't able to engage with us for whatever reason and support them to do if they wish to.

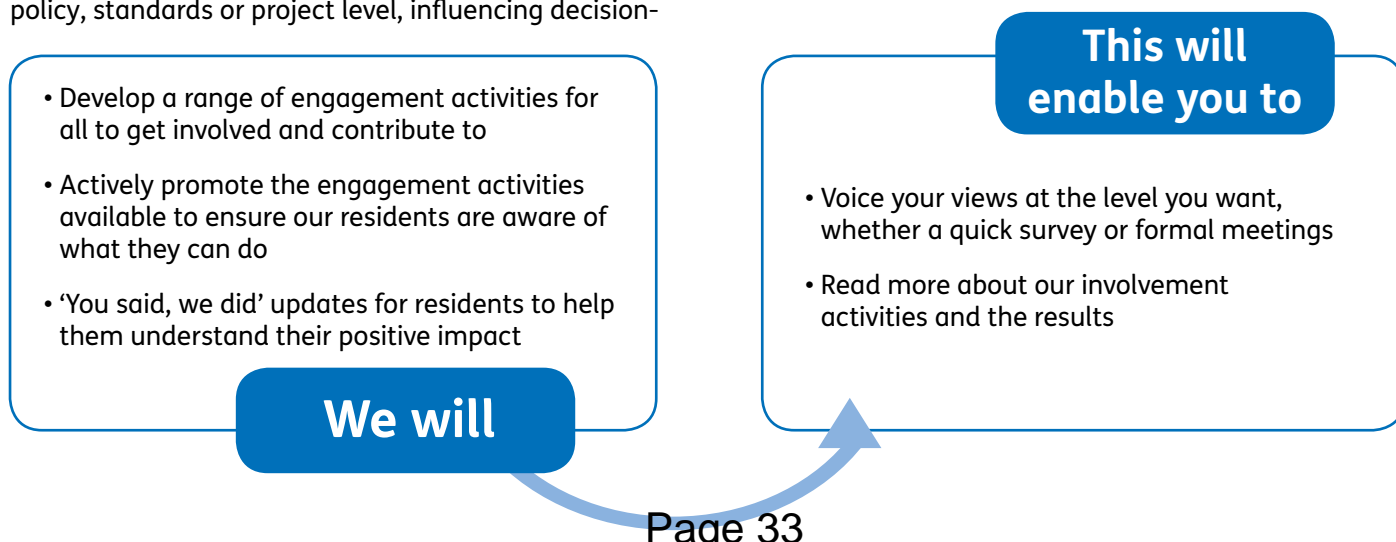


2. To engage and involve residents in helping us improve housing services

We want to get more residents involved in influencing, improving, and helping us design housing services. You told us that to do this we need to promote activities better, keep things simple and have something for everyone. We are committed to continuously improving the service we deliver to our residents.

So, whether residents want to be involved at a strategic, policy, standards or project level, influencing decision-

making, or whether they would rather be involved on an estate level, perhaps contributing to estate or scheme improvements, we will offer information and access to our engagement activities. We will offer training and guidance if required, to ensure participants are able to fulfil their potential in engaging with Havering Housing Services.



Section 5 – Aims of the Resident Engagement Strategy

3. To deliver a right first-time service

We will listen to and act on the views of our residents. We will provide information that gives assurance that the management of homes and communities is in safe hands. Residents told us that you want more opportunities to communicate and engage with us about services and issues that concern them, and that more needs to be done to get things right the first time.

We need to do this regularly and pro-actively using a variety of methods, including the option for face-to-face interaction when we can. We will ensure that our staff

and contractors understand the need to be open and transparent and we will publish performance, outcomes and actions to improve services.

Our Repairs team are currently developing new ways of working as part of the new repairs and maintenance contract. That will increase our engagement with residents. This will be through more detailed satisfaction surveys and a systematic approach to gathering and recording resident feedback. We are confident that this approach will lead to improved resident satisfaction.

- Share performance information openly, starting with services chosen by residents
- Develop a new way for residents to check and challenge performance and value for money
- Develop service specific resident panels e.g. Repairs panel to monitor contractor's performance

We will

This will enable you to

- Share your feedback on our performance and value for money
- Monitor our performance
- Read more about our involvement activities and the results

4. To embrace digital communication and engagement

Rapid developments in technology, social media, smart phones, and the increase in Wi-Fi availability have transformed how we communicate and engage with residents. The Council is committed to constantly improving our website and access to online self-serve via the My Havering <https://my.havering.gov.uk/pages/login.aspx> account and tenant portal.

Residents tell us that getting involved online and digitally is quick and easy, especially quick text feedback. However, not everyone has access to the Havering Council website and some residents may not

have the correct digital device to be able to engage with us in this way should they chose to do so. Therefore, we are committed to sharing best practice in digital innovation and taking advantage of initiatives that aim to tackle digital exclusion, achieving the best possible outcomes for all our residents.

As our resident engagement activities develop, we will ensure we offer the digital engagement option to everyone and support and assist those that need more help to get involved at whatever level of engagement they wish to participate in.

- Improve and promote our online presence
- Promote Digital Inclusion
- Commit to providing clear and concise digital communications

We will

This will enable you to

- Engage with Housing Services in a few clicks
- Develop your digital skills

Section 6 – Measuring Success

To capture the impact of the strategy, we will find the best ways to measure and promote our progress in meeting our objectives through: -

- ✓ *Establishing a system of recording and using resident and customer testimonials as part of the communication process, highlighting good news stories which may inspire others to get involved*
- ✓ *Reviewing involvement activities for impact, effectiveness, popularity, access and diversity and value for money*
- ✓ *Developing a database to capture engagement information – the number of residents and customers involved at various levels, and a profile broken down by the different diversity strands of our residents and customers*
- ✓ *Monitoring compliance against the Social Housing White Paper / ‘Tenant Satisfaction Measures’ and linked to Resident Standards*
- ✓ *Producing biannual reports for Resident Participation Panel and senior management, of key activities and progress made*
- ✓ *Reporting resident engagement programmes and impacts through social media, the website, through newsletters using the ‘you said – we did’ format*
- ✓ *Recognising and celebrating resident engagement outcomes and the contribution of involved residents in service improvements*
- ✓ *Monitoring against the Tpas* seven National Tenant Engagement Standards*

**Tpas – Tenant Participation Advisory Service*

Section 7– Equality and Diversity Statement



The Council will seek to ensure that this strategy is, at all times, applied fairly to all sections of the community.

We are committed to the promotion of a digital agenda but also, we will provide information in other formats when required. Residents will be invited to indicate if they wish to make use of the Council's translation and interpretation services, or if they require additional services to enable them to access or understand the strategy, to ensure that they are not disadvantaged in any way.

They will also be invited to provide details of their ethnic origin, sexuality, disability and other equalities information. Provision of this information is not obligatory; however, such information will help the Council to monitor the number and types of protected characteristics accessing this strategy and will help ensure that service improvements evolve in line with any changing local needs.

Equalities records will be kept and monitored to ensure they remain up to date. This strategy will be reviewed annually to ensure it is not operated in any way that could discriminate or disadvantage against any particular group of people.

Havering Council takes personal privacy very seriously and will never share a resident's personal data without their prior knowledge, unless required to do so by law. All information provided will be kept confidential and treated with respect at all times.

For full details about how the Council protects personal data, please visit [Havering Council Data Protection policy](#).

Section 8– Summary



Delivery of the commitments made in this Resident Engagement Strategy will be dependent on genuine, long-lasting partnership working between residents, stakeholders and council staff.

To achieve the Resident Engagement Strategy's vision: - ***"That all residents feel satisfied that they are respected by the Council Housing Service"***, it is vital that all staff and residents demonstrate the right behaviours that lead to mutual trust and respect.

Havering Housing Services is providing a good level of service to our residents; however, we want to make our services excellent. By adopting a resident-

focused culture and championing effective resident engagement with every member of staff throughout Housing Services, we are confident we will achieve our proposed outcomes.

This will require a comprehensive training programme to help develop the right culture within the Housing Service. This culture will be based on Havering Council's ICARE values that promote the behaviours of:

**Integrity - Creativity - Ambition
- Respect - Everyone.**

We hope that after reading this Resident Engagement Strategy, as a resident, you will feel inspired to contact us and get involved in some way in making a difference and helping the council to deliver an excellent housing service to each and every resident.

Contact us at - getinvolved@haverling.gov.uk

Website - https://www.haverling.gov.uk/info/20001/housing/337/housing_volunteers

Phone - **01708 432679**

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Appendix 2 - Respecting our Residents Strategy – objectives/ action plan

Objective	Actions	Timescales	Lead
Communication and information			
<p>• Communicate effectively with residents, respecting their right to be well informed about the services they receive from the Council.</p>	<p><i>We will provide accurate, up to date, information flow to residents by:</i></p> <ul style="list-style-type: none"> Improving and promoting our online presence - Highlight web pages, Housing E bulletin, ('At the heart') 'getinvolved' email and access to Community hubs. Providing 'Fact Sheets'/Website/Newsletters etc. increasing knowledge and understanding Housing Services. Providing clear and concise digital communications - enabling residents to access services how they wish – including via self-service and digital channels / social media – e.g. Housing Twitter posts. Ensuring high quality borough communications available to tenants & leaseholders e.g. via Tenant Portal. Ensure website has up to date relevant information. 	<p>Ongoing</p> <p>Ongoing</p> <p>Jan 2022</p> <p>Jan 2022 ongoing</p>	<p>Communications Team / Resident Engagement Team</p> <p>ADs/ Resident Engagement Team</p> <p>Communications Team/ Resident Engagement Team</p> <p>Communications Team/ Resident Engagement Team Service Improvement Team/ Communications Team</p>
<p>• Listen to tenants and leaseholders by carry out meaningful consultation and surveys that inform continuous service improvement, and publish the outcomes and actions.</p>	<p><i>We will ensure that consultation is meaningful by:</i></p> <ul style="list-style-type: none"> Developing a suite of transactional surveys, (contact after completion of a service) to gather customer experience data. Consulting as widely as possible on service changes. Reaching out to groups and communities as well as individuals to encourage more residents to get involved. Actively listening to what residents have to say and acting on resident feedback. Publishing consultation outcomes and what has changed as a result – e.g. STAR satisfaction survey findings published on website / Annual report / Bulletins. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Commencing April 2022 ongoing</p>	<p>Service Improvement Team /ADs</p> <p>Service Improvement Team /ADs Resident Engagement Team</p> <p>Service Improvement Team/ ADs</p> <p>Service Improvement Team/ ADs</p>

<ul style="list-style-type: none"> <i>Provide information that gives assurance that the management of homes and communities is in safe hands.</i> 	<p><i>We will do this by:</i></p> <ul style="list-style-type: none"> Promoting a culture of openness and transparency in housing performance and service delivery – reporting to Resident Participation Panel (RPP). Understanding and meeting customer expectations – building trust – e.g. learning from complaints. Prioritising safety in management of homes and involving residents in this work. Delivering value for money in the services we provide. Communicating and engaging at the earliest stage - with Housing applicants and other stakeholders. Work with partners and contractors to embed assurance by more detailed satisfaction surveys and a systematic approach to gathering and recording and reporting on resident feedback – develop a Resident Repairs monitoring group. 	<p>Ongoing</p> <p>Ongoing</p> <p>Procurement (e.g. R&M Apr.22)</p> <p>Ongoing</p> <p>April 2022</p>	<p>Director for Housing/ ADs/ Resident Engagement Team Director for Housing/ADs</p> <p>Garry Knights</p> <p>Director for Housing/ADs Darren Alexander</p> <p>Garry Knights / R&M contractors /Resident Engagement Team</p>
<p><i>Set standards and measure the quality standards for services we deliver to tenants and leaseholders.</i></p>	<ul style="list-style-type: none"> Work in co-production with residents to set standards for Housing Services and monitor them. Publish performance, outcomes and action plans. Give residents the opportunity to ‘score the standard’ of the repairs contract and estate cleanliness – use texting survey after repair carried out, estate inspections - Look to enhance ‘tenant portal’ to log comments. Benchmark with other Housing providers and carry out Peer Comparisons. 	<p>March 2022</p> <p>March 2022</p> <p>April 2022</p> <p>Ongoing</p>	<p>Director for Housing/ADs Service Improvement Team Service Improvement Team Garry Knights/Evonne Hudson/David Clifton</p> <p>Director for Housing/ADs</p>
<p>Engagement and involvement</p>			
<ul style="list-style-type: none"> <i>Offer tenants and leaseholders the opportunity to find out more about how Housing Services operates, and, if they chose to, get involved with shaping those services with continuous improvement in mind.</i> 	<ul style="list-style-type: none"> Offer ‘formal’ and ‘informal’ engagement avenues so that Tenants’ and Leaseholders’ can become involved with helping to shape specific services – e.g. Property Services, Leaseholder Forum, Older persons forum, Youth forum – with link to RPP as the overarching strategic resident-led group. Review TOR / Membership and levels of influence RPP / other groups – run ‘recruitment’ campaign. 	<p>March 2022</p> <p>Commencing Jan.2022</p>	<p>Resident Engagement Team Garry Knights/Evonne Hudson/Katri Wilson</p> <p>Resident Engagement Team</p>

	<ul style="list-style-type: none"> ▪ Offer support, training and networking opportunities to those residents who want to become formally involved in decision-making - to help build knowledge, skills and capacity to work in co-production with Council Officers to develop services. ▪ Focused training for Hostels and Sheltered housing residents. ▪ Set up a 'Bright Ideas' scheme where residents can suggest a one off improvements to either a service or the scheme they are in. 	Jan. 2022	Resident Engagement Team
		Jan.2022	Katri Wilson / Resident Engagement Team
		Jan.2022	Resident Engagement Team
<ul style="list-style-type: none"> • <i>Respect all residents by promoting diversity and inclusion - providing a range of different ways to get involved, through all communication channels, for residents to choose from.</i> 	<ul style="list-style-type: none"> ▪ Promote local neighbourhood initiatives / pop up events / housing 'surgeries' – providing/promoting service days, e.g. mobile unit and community centres / community hub – roadshows. 	Ongoing	ADs / Resident Engagement Team
	<ul style="list-style-type: none"> ▪ Embrace creativity - adding Social value – 'give back' days /volunteering in the community. 	April 2022	Resident Engagement Team
	<ul style="list-style-type: none"> ▪ Community engagement – helping to tackle loneliness & isolation / Employability - Partnership working for the benefit of council managed properties and communities - to help build communities. 	April 2022	Resident Engagement Team
	<ul style="list-style-type: none"> ▪ Champion Equality, diversity and inclusion - promoting wider and targeted engagement – e.g. youth engagement/ involvement, older people and community groups. 	Ongoing	ED&I Board for Housing/ ADs / Resident Engagement Team
	<ul style="list-style-type: none"> ▪ Support initiatives that look to improve health and wellbeing for residents, e.g. enabling early identification of issues that might impact negatively on health & wellbeing and taking prompt response measures to mitigate them. 		
	<ul style="list-style-type: none"> ▪ Ensure that all formal and informal engagement avenues and groups have E&D awareness and offer training to formal groups. 	April 2022 ongoing	Resident Engagement Team
	<ul style="list-style-type: none"> ▪ Promote digital Inclusion – ensuring connectivity access for residents. 	Jan.2022 ongoing	Service Improvement Team/ADs

	<ul style="list-style-type: none"> Support residents with assisted digital as required – training for involved residents as needed. 	Jan.2022 ongoing	Resident Engagement Team
Involvement - Influencing change			
<ul style="list-style-type: none"> <i>Tenants and leaseholders' voices will be listened to and their opinions taken into account in decisions about how we deliver housing services.</i> 	<ul style="list-style-type: none"> Develop an engagement framework that offers residents choice of how they want to be involved and in which service areas – 'Your choice'. Offer opportunities for residents to oversee decision-making processes and shape Housing services where relevant (through good governance and best practice) – Review TORs for RPP e.g. scorecards to monitor performance and reports to this group. Provide training to those residents who wish to be formally involved but want to gain additional skills to enable them to do this confidently – Identify relevant training opportunities e.g. Tpas or other courses offered by tenant support bodies. Consider offering various incentives or 'rewards' to encourage greater involvement, e.g. prize draw. Celebrate resident input – e.g. publish outcomes from RPP / resident-led groups 	<p>Jan.2022</p> <p>Jan 2022 ongoing</p> <p>Jan. 2022 ongoing</p> <p>April 2022</p> <p>March 2022</p> <p>April 2022 quarterly</p>	<p>Resident Engagement Team/All</p> <p>ADs/ Resident Engagement Team</p> <p>Resident Engagement Team</p> <p>Resident Engagement Team /Service Improvement Team</p> <p>Resident Engagement Team</p>
<ul style="list-style-type: none"> <i>Respect the landlord-tenant relationship, build trust and act with integrity to help us improve services for everyone.</i> 	<ul style="list-style-type: none"> Be compliant with all aspects of the Charter for Social Housing Residents White paper and Tenant Satisfaction Measures (TSMs) – reporting back to residents on performance. Respect time commitment – (how much time residents can commit to – consider reward/recognition schemes). Develop Mystery shopping exercises (scrutiny) to 'test out' service areas on the ground performance. Learning from complaints – taking responsibility and publishing performance, action and improvement plans. 	<p>April 2022 ongoing</p> <p>April 2022</p> <p>April 2022</p> <p>In progress</p>	<p>ADs/ Service Improvement Team</p> <p>Resident Engagement Team</p> <p>Service Improvement Team</p> <p>Sarah Birtles /ADs</p>

<ul style="list-style-type: none"> • <i>Embed a culture throughout the directorate that moves our customer service to 'excellent' and maintains this level of service through innovation and improvement.</i> 	<ul style="list-style-type: none"> ▪ Train housing staff on excellent 'customer services' / resident engagement and provide Service Standards for them to work too. Resident involvement in developing service standards. ▪ Understand area / resident needs better – (customer profiling). ▪ Provide resident-focused services based on customer experience. 	<p>Commencing April 2022</p> <p>April 2022 ongoing</p> <p>Jan 2022 ongoing</p>	<p>ADs / Business Support Manager to co-ordinate/ Resident Engagement Team</p> <p>Service Improvement Team</p> <p>ADs / Service Improvement Team</p>
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Housing Services Resident Engagement Strategy (2022 - 2025)

**Equality & Health Impact Assessment
(EqHIA)**

Document control

Title of activity:	EQHIA - Resident Engagement strategy
Lead officer:	Philip Dewar
Approved by:	Patrick Odling-Smee, Director of Housing
Date completed:	2 December 2021
Date for review:	2 December 2022

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Did you seek advice from the Public Health team?	Yes
Does this EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1. About this strategy

1	Title of strategy	Resident Engagement strategy	
2	Description of strategy	To assess the impact of this policy on all Havering Housing Services residents; in particular residents that may struggle to engage with the service as a result of a protected characteristic; i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.	
3	Scope of strategy	<p>Housing Services will seek to ensure that this strategy is, at all times, implemented in a manner that is fair to all sections of the local community. Accordingly, equalities records will be kept and monitored to ensure all accommodation is allocated fairly.</p> <p>This policy will be reviewed annually to ensure it is not operated in any way that could discriminate or disadvantage against any particular group of people.</p> <p>All personal information provided to Housing Services will be kept confidential and treated with respect at all times.</p>	
4a	Are you updating an existing, or introducing a new, strategy?	New	
4b	Does this strategy have the potential to impact upon people with a protected characteristic?	Yes	
4c	Does the strategy have the potential to impact upon any factors that determine people's health and wellbeing?	Yes	

Completed by:	Philip Dewar - Strategy & Policy Officer
Date:	2 December 2021

2. How will this policy impact on people?

Background/context:

Havering Housing Services have over 12000 tenants and leaseholders to manage and support, all of which have their own views which need to be heard to ensure that Havering Housing Services is meeting their demands and needs. This is in combination with the white paper, the Charter for Social Housing.

On 17 November 2020, the then MHCLG (Ministry of Housing Communities and Local Government) published the charter for social housing residents, setting out what every social housing resident should be able to expect. It makes it clear that effective and authentic tenant engagement is expected and widely recognised as the only way to ensure tenant experiences are embedded across policies, plans and services.

1. To be safe in your home
2. To know how your landlord is performing
3. To have your complaints dealt with promptly and fairly
4. To be treated with respect
5. To have your voice heard by your landlord
6. To have a good quality home and neighbourhood to live in
7. To be supported to take your first step to home ownership

A key priority for housing services is to deliver services in a resident and solution focused way, providing ease of access, responsiveness with engagement opportunities tailored to meet resident circumstances. As a result the following aims were developed for the strategy:

- *To develop a collaborative resident engagement culture within Housing*
- *To engage and involve residents to help us improve services*
- *To deliver a right first time service*
- *To embrace digital communication and engagement.*

Covid-19:

The effect of the Covid-19 pandemic cannot be ignored during the preparation of this assessment.

There is evidence indicating that people with protected characteristics in the UK have been disproportionately affected by Covid-19, directly and indirectly. Examples include a study carried at the peak of the pandemic which showed Black Asian Minority Ethnic (BAME) groups who constitute approximately 14% of the population accounted for 34% of critically ill Covid-19 patients and a similar percentage of all Covid-19 cases (Race Equality Foundation UK, 2020).

Age – specifically the over-60s – and those with a pre-existing medical condition are also considered to be particularly vulnerable to Covid-19.

In order to effectively assess and mitigate potential Covid-19 impact inequalities, a separate equality impact assessment focusing on the nine protected characteristics defined in the Equality Act has been prepared.

Who will be affected by the activity?
This policy will impact on all tenants and leaseholders of Havering Housing services.

Protected Characteristic - Age: Consider the full range of age groups		
Please tick (✓) the relevant box:		
Positive	✓	<p>This strategy will provide for a wider range of accessible routes for all age groups to find out about influencing services, funding, training, projects, events and activities. There are already projects targeting elderly residents, young people and families. For instance the event days held across five different areas of Havering the summer, with activities for all ages and support in completing the online consultation, with paper copies available</p> <p>As the website and written materials are reviewed, the use of plain English and easy to read style will continue to be used.</p> <p>By supporting the development of digital channels, all age groups will be able to more easily access information on services, influence service improvements and be more aware of support available to individuals. Younger households known for not engaging and development of this channels will enable more opportunity to change this.</p> <p>As highlighted in the consultation, concerns were raised in relation to the elderly and it has been proposed that support is sought in this regard from younger residents and local college students to support this. Written and face to face channels will remain available and promoted.</p> <p>Additionally almost half of the respondents to the consultation were over the age of 55.</p>
Neutral		
Negative		
Evidence: <p>The population of Havering is relatively old in comparison with the rest of London.</p> <p>As well as growing, the age profile of the Havering population is also projected to change with proportionally greater growth amongst older age groups. According to the ONS 2018</p>		

Mid-Year Population Estimates the number of people aged 85 and above living in Havering will increase by 2.4K (31%) from 7.6K in 2018 to 9.9K by 2030.

The Havering population is estimated to be **257,810** (ONS, 2018). The table below gives a breakdown by five-year age bands and gender.

Age Band (Years)	Male	Female	Persons
00-04	8,850	8,520	17,370
05-09	8,429	8,081	16,510
10-14	7,595	7,503	15,098
15-19	7,166	6,743	13,909
20-24	7,351	7,198	14,549
25-29	8,642	9,220	17,862
30-34	8,526	9,742	18,268
35-39	8,614	9,268	17,882
40-44	7,542	8,125	15,667
45-49	7,868	8,624	16,492
50-54	8,460	9,279	17,739
55-59	8,072	8,290	16,362
60-64	6,806	6,860	13,666
65-69	5,696	6,272	11,968
70-74	5,417	6,379	11,796
75-79	3,561	4,741	8,302
80-84	2,817	4,121	6,938
85-89	1,747	3,000	4,747
90+	719	1,966	2,685
All Ages	123,878	133,932	257,810

Havering has one of the oldest populations in London with a median age of **39** years. There are approximately **60,102** persons aged 65 and over in Havering. This is more than a fifth of the whole population (**23.3%**).

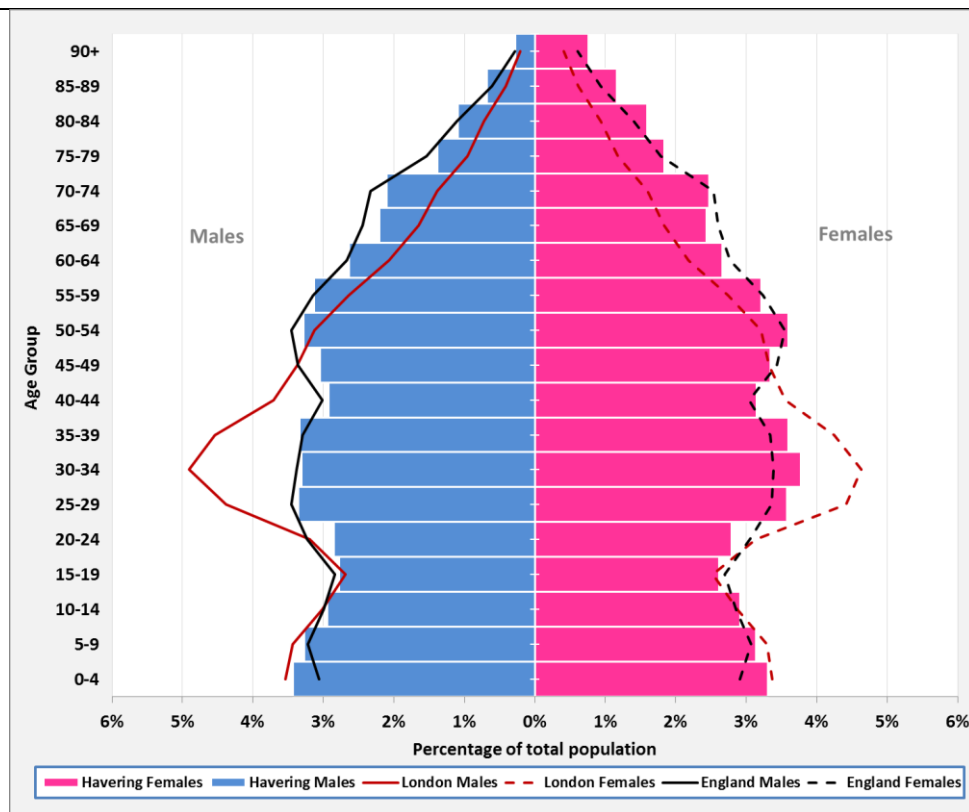
There is a nationally recognised shortage of housing options for older people. One UK study found that 58% of people aged over 60 would consider moving at some point in the future.

Good quality housing is well-recognised as a key factor in promoting health and wellbeing and supporting independent living, and by providing more integrated services with internal and external partners .

There are an estimated 1.2 million chronically lonely older people in the UK.

The prevalence of dementia nationally amongst over 65s is 4.4% in Havering, compared with 4.33% in England as a whole.

Figure 1 below shows a much older age structure for the population of Havering compared to London but similar to England.



Data source: ONS 2018 Mid-year population estimates.

Younger people are finding it increasingly difficult to get on the housing ladder, having to remain longer with parents or in expensive private rented accommodation. In 2006/07 18% of households aged 16-34 were owner occupiers, falling to 9% in 2016/17. Around a third of households in the private rented sector are headed by a 25-34 year old.

Increasing age is a major risk factor for developing severe complications and death from COVID-19. Other factors, including various co-morbidities are also important and these are more common in older people. People aged over 60 and especially those aged over 65 are at significantly higher risk of severe disease, requiring respiratory support, and death from Covid-19 than younger age groups.

Figure 2 and 3 show that there have been relatively more Covid-19 related deaths among older people as compared to other age groups.

Figure 2: Number of Covid-19 related deaths by age in Havering as of 28/05/2020

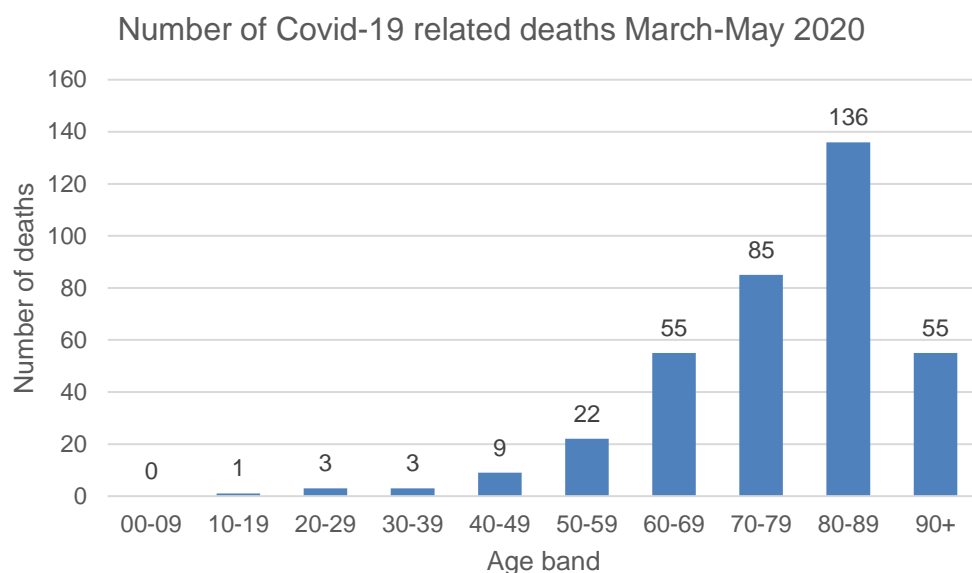
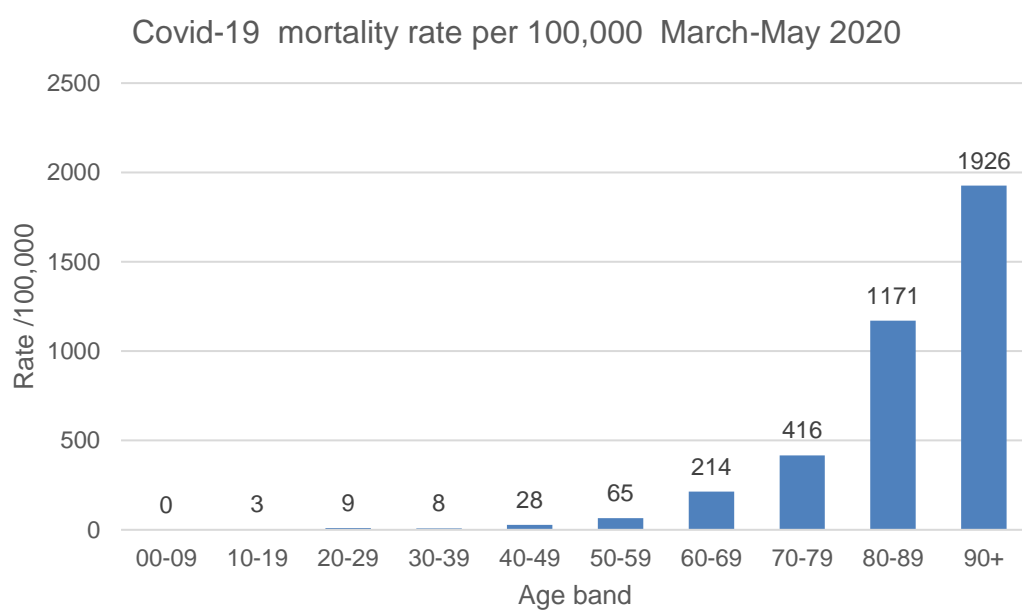


Figure 3: Covid-19 related mortality rate per 100,000 population by age in Havering as of 28/05/2020



Sources used:

- This is Havering 2019/20 version 4.4, Public Health Intelligence
- ONS 2018 Mid-year Population Estimates
- PHE Dementia Profile: Sep 2017
- Havering Deaths Registrar

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:

Positive ✓

Neutral

Negative

Overall impact: Positive

This strategy will continue to build on good practice by ensuring that residents with any physical or mental impairment have access to the services and the opportunity to influence this through the type of engagement that they prefer. Work may lead to specialist resident groups, such as for residents with disabilities and this will be completed in partnership with HAD and other agencies.

Premises in our management and used for engagement work have regular checks conducted, such as the sapphire community centre, with clear signs using inclusive language and appropriate images. There is an underfloor induction loop for people with hearing difficulties. Travel can also be provided for formal meetings. Provision of information in large print is offered and assistance can be provided to travel to and from meetings.

Evidence:

ONS Annual Population Survey (Jan 2014-Dec 2014) data suggests that around 18% of working age people living in Havering have disclosed that they have a disability or long term illness. This is a lower proportion to national figure of 22%.

The estimated number of people in Havering aged 18-64 living with moderate physical disabilities was 11,592 in 2015 – a rate of 7,779 per 100,000 population aged 18-64 years.

This rate is one of the highest among London local authorities. It is statistically similar to England but significantly higher than the London average (see Figure 1).

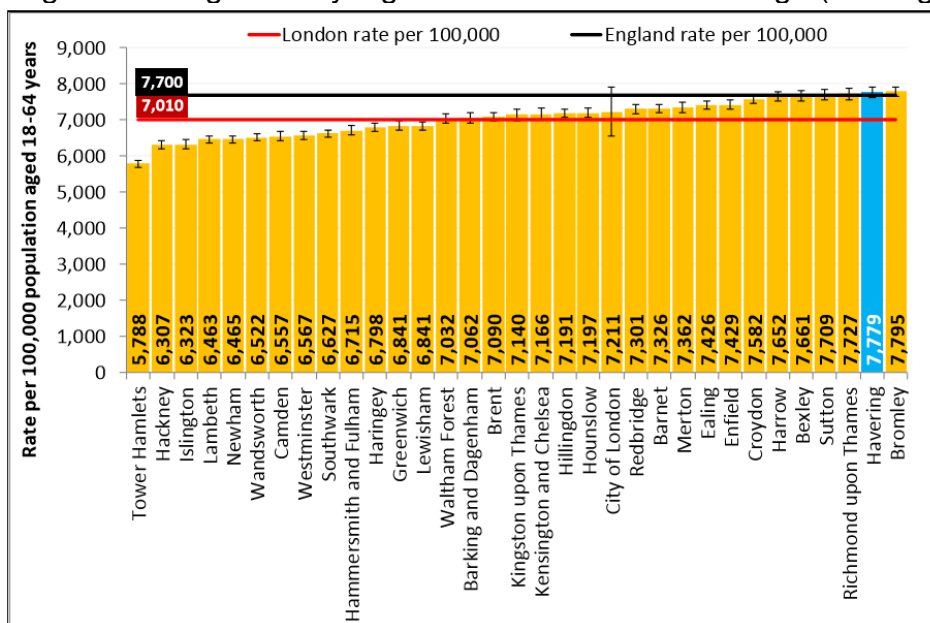


Figure 1: Estimated moderate physical disability rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2015

Of those who reported a disability, 24 per cent nationally reported a mental health impairment in 2016/17, up from 20 per cent in 2014/15. Mental health impairments were most prevalent amongst working age adults.

This is also reflected locally, with partners reporting an increase in the number of service users with mental health issues over recent years. For example: increasing numbers of rough sleepers with mental health problems, many of whom also have alcohol and substance misuse issues; and an increase in numbers of older people with dementia.

Mobility was the most prevalent impairment reported nationally.

There is a nationally recognised shortage of housing for people with disabilities. For example: around 2% of the UK population are wheelchair users, yet 84% of homes in England do not allow someone using a wheelchair to get to and through the front door without difficulty. Around 15% of households containing at least one wheelchair user feel that their current home is not suitable for their needs, and needs adaptations.

Appropriate housing adaptations and/or access to supported housing options can enable vulnerable residents to live independently for longer and facilitate timely discharge from hospital.

In 2011 around 26% of individuals living in social housing in Havering, had a long-term health problem or disability. This is similar to the national figure of 28% and nationally 50% of households in the social rented sector include someone with a long term illness or disability.

Mobility issues are most prevalent amongst those of state pension age.¹⁰

People in families with disabled members are more likely to be in poverty than those with no disabled person in the family.¹¹

Nationally, 8% of hate crime offences recorded during 2017/18 were disability related.¹²

Tables 1-4 show the prevalence of various disabilities in Havering (POPPI & PANSI 2020)

Table 1: Number of people aged 18-64 with disabilities in Havering by age band, 2020

Age band	Number with learning disability	Number with Impaired mobility	Number with serious visual impairment	Number with moderate or severe, or profound hearing impairment
18-24	519	192	12	347
25-34	911	366	24	791
35-44	882	1,790	23	1,652
45-54	792	1,685	22	4,271
55-64	721	4,438	21	8,143
18-64	3,824	8,471	102	15,204

Table 2: Number of people aged 18-64 with mental health problems in Havering, 2020

Mental health problem	Number
-----------------------	--------

Common mental disorder	29,906
Borderline personality disorder	3,796
Antisocial personality disorder	5,184
Psychotic disorder	1,100
Two or more psychiatric disorders	11,327

Table 3: Number of people aged 65 & over with disabilities in Havering, 2020

Age band	Number with learning disability	Number with moderate hearing loss	Number with Severe hearing loss	Number with learning disability	Number with moderate or severe visual impairment
	2020	2020	2020	2020	
65-74	531	11,492	742	531	1,366
75-84	318	11,552	1,668	318	
85+	148	7,444	1,777	148	
65 & Over	997	30,488	4,187	997	
75 and over					2,902

Table 4: Number of people aged 65 & over unable to manage at least one mobility activity on their own in Havering, 2020

Age band	Number
65-69	1,023
70-74	1,642
75-79	1,506
80-84	1,740
85 and over	3,410
65 and over	9,321

Poverty, unemployment, homelessness, relationship breakdown etc. predispose to mental health problems. With additional training, public facing housing staff in a wide range of services and in the community can encourage people experiencing disadvantage and personal problems to seek help, as well as identify and intervene where there is greater risk identified.

Emerging research on the impact of COVID-19 shows that the coronavirus pandemic has increased psychological distress both in the general population and among high-risk groups.

Behaviours such as physical distancing, as well as their social and economic impacts, are worsening mental health consequences. Research on the psychological impact of mass trauma (e.g., natural disasters, flu outbreaks) suggests that the pandemic might particularly harm the mental health of marginalized populations who have less access to socioeconomic resources and supportive social networks (Galea S, 2020).

There are unique stressors and challenges that could worsen mental health for people with disabilities during the COVID-19 crisis. Research on past pandemics shows that

disabled people find it harder to access critical medical supplies which can become even more challenging as resources become scarce (Goldmann E, 2014).

Some people with disabilities report higher levels of social isolation than their non-disabled counterparts. They may experience intensified feelings of loneliness in response to physical distancing measures.

Social isolation and loneliness have been associated with increases in heart disease, dementia and other health problems. Furthermore, policies around rationing of medical care can intensify discriminatory attitudes towards disabled individuals during times of crisis. This can understandably worsen anxiety about getting sick and needing to seek medical care (Galea S, 2020).

Tables 1-4 show the prevalence of various disabilities in Havering (POPPI & PANSI 2020)

Table 1: Number of people aged 18-64 with disabilities in Havering by age band, 2020

Sources used:

Galea, S., Merchant, R. M., Lurie N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Intern Med*. Published online April 10, 2020. <https://doi.org/10.1001/jamainternmed.2020.1562>

Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters, *Annual Review of Public Health*, 35, 169-183 <https://doi.org/10.1146/annurev-publhealth-032013-182435>

Lai, J., Ma, S., Wang, Y, et al. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*. 3(3):e203976. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>

Projecting Older People Population Information: <https://www.poppi.org.uk/index.php>

Projecting Adults Needs and Services Information: <https://www.pansi.org.uk/>

Family Resources Survey 2016/17

Disability in the United Kingdom 2016 – Papworth Trust
Census 2011

English Housing Survey 2016/17

Family Resources Survey 2016/17

JRF Poverty rates in families with a disabled person

Hate Crime England & Wales 2017/18 statistical bulletin

Protected Characteristic - Sex/gender: Consider both men and women		
Please tick (✓) the relevant box:		Overall impact: Neutral
Positive		<i>The strategy provides a wider choice for all genders, recognising time limitations of residents and ability to access engagement opportunities. For example providing both day time and evening meeting to ensure residents can find the best time for them to meet.</i> <i>Digital inclusion will be promoted regardless of gender.</i>
Neutral	✓	
Negative		

Evidence:

There are approximately 123,878 men (48%) and 133,932 women (52%) resident in Havering.

AGE BAND (YEARS)	MALE	FEMALE	PERSONS
0-4	8,273	7,893	16,166
5-9	7,720	7,450	15,170
10-14	7,021	6,863	13,884
15-19	7,485	7,244	14,729
20-24	7,616	7,414	15,030
25-29	8,119	8,877	16,996
30-34	7,974	8,734	16,708
35-39	7,504	8,247	15,751
40-44	7,554	8,040	15,594
45-49	8,297	9,108	17,405
50-54	8,423	9,094	17,517
55-59	7,779	7,647	15,426
60-64	6,248	6,602	12,850
65-69	6,423	7,049	13,472
70-74	4,460	5,377	9,837
75-79	3,654	4,892	8,546
80-84	2,791	4,209	7,000
85-89	1,608	2,946	4,554
90+	687	1,763	2,450
All Ages	119,636	129,449	249,085

Table 1: Estimated population of residents in Havering by gender and five-year age group

There remains a gender pay gap with women tending to earn less than men, and women are more likely than men to live in poverty. As a result, women are more likely to be eligible for social housing: 58% of social rented homes nationally are headed by a female Household Reference Person.

Lone parent households are also more likely to be headed by women, again many of whom are on low incomes. For example; 24% of social housing households in England are lone parent households.

Women are also considerably more likely to suffer from mental health issues. For example, nationally, around 1 in 5 women aged 18-64 reported symptoms of a common mental health disorder in 2014, compared with around 1 in 9 men; and 10% of women reported severe symptoms, compared with 6% of men.

Women are more likely to have experienced domestic abuse than men (7.5% compared with 4.3% across England and Wales in 2017).

Given that the COVID-19 crisis affects men and women in different ways, measures to resolve it must take gender into account. For women and girls, vulnerabilities in the home, on the front lines of health care, and in the labour market must be addressed.

Women bear most of the responsibility for holding societies together, be it at home, in health care, at school, or in caring for the elderly. In most cases women perform these tasks without pay. Yet even when the work is carried out by professionals, those professions tend to be dominated by women, and they tend to pay less than male-dominated professions (World Economic Forum, 2020).

Evidence shows that domestic, sexual, and gender-based violence increases during crises and disasters. Under conditions of quarantine or stay-at-home measures, women and children who live with violent and controlling men are exposed to considerably greater danger (URBACT, 2020).

Evidence also shows women rely more on public transport than men - to get to work, visit a doctor or do the grocery shopping. This puts women at greater risk of coming into contact with the virus. In many places public transport has been reduced or even shut down, but low-paid retail and care workers still need to travel (World Economic Forum, 2020).

The availability of essential sexual and reproductive health services may also be challenging during the crisis due to redirected resources and clinic closures/reduced operating hours. This can be a cause of anxiety and additional health risks for pregnant women who may as a result delay seeking help (URBACT, 2020).

In the UK men have been disproportionately affected by Covid-19 related mortality as compared to women. A recent report by ONS (May 2020) shows there were 41,220 deaths registered in England and Wales of which 23,108 were men and 18,112 women.

Men with COVID-19 in the UK (excluding Scotland) are three times more likely to be in critical care and to receive respiratory support. The reasons for the excess mortality burden on men are not yet fully understood. But the emerging consensus is that a mix of biological and behavioural factors are involved.

These include smoking, excessive alcohol consumption and underlying health conditions (RSPH, 2020).

Table 5: Number of Covid-19 related deaths in Havering by gender, March-May 2020

Gender	Number of deaths	Mortality rate/100,000
Female	152	110
Male	217	170

Sources used:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

<https://www.weforum.org/agenda/2020/05/what-the-covid-19-pandemic-tells-us-about-gender-equality/>

<https://urbact.eu/exploring-gendered-impacts-covid-19>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#coviddeaths>

<https://www.rsph.org.uk/about-us/news/covid-19-a-men-s-health-emergency.html>

[ONS 2018 Mid-year population estimates](#)

[National Housing Survey Social Housing Report 2016-17](#)

[Survey of Health and Wellbeing, England 2014](#)

[ONS Domestic abuse in England and Wales: year ending March 2017](#)

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Protected Characteristic - Ethnicity/race:	
Please tick (✓) the relevant box:	
Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: Neutral</p> <p><i>This strategy offers to provide a wider range of accessible routes to engage with housing services.</i></p> <p><i>There is an issue of awareness for all residents and work will be completed with specific community groups to promote involvement. This is highlighted by the promotion of the consultation via the Havering Asian Woman's Association.</i></p> <p><i>There is potential for those that were not confident in reading or speaking English to be excluded from the consultation. Steps already available include interpretation and translation. The profile of residents engaging will be monitored and analysed against the profile of residents, with any underrepresentation from different ethnic groups drilled down on to understand the reasons further and ultimately boost participation.</i></p> <p><i>Cultural difference could also exclude residents from being able to influence service delivery. As above, this will be monitored and work will be completed with the relevant local groups to help develop understanding and awareness for all.</i></p> <p><i>Ensuring that sufficient support is available for those at greatest risk by developing partnerships with appropriate organisations and identifying residents with vulnerabilities from communities that can be difficult to engage.</i></p>	

Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British in the 2011 census, higher than both London and England (see Figure 1).

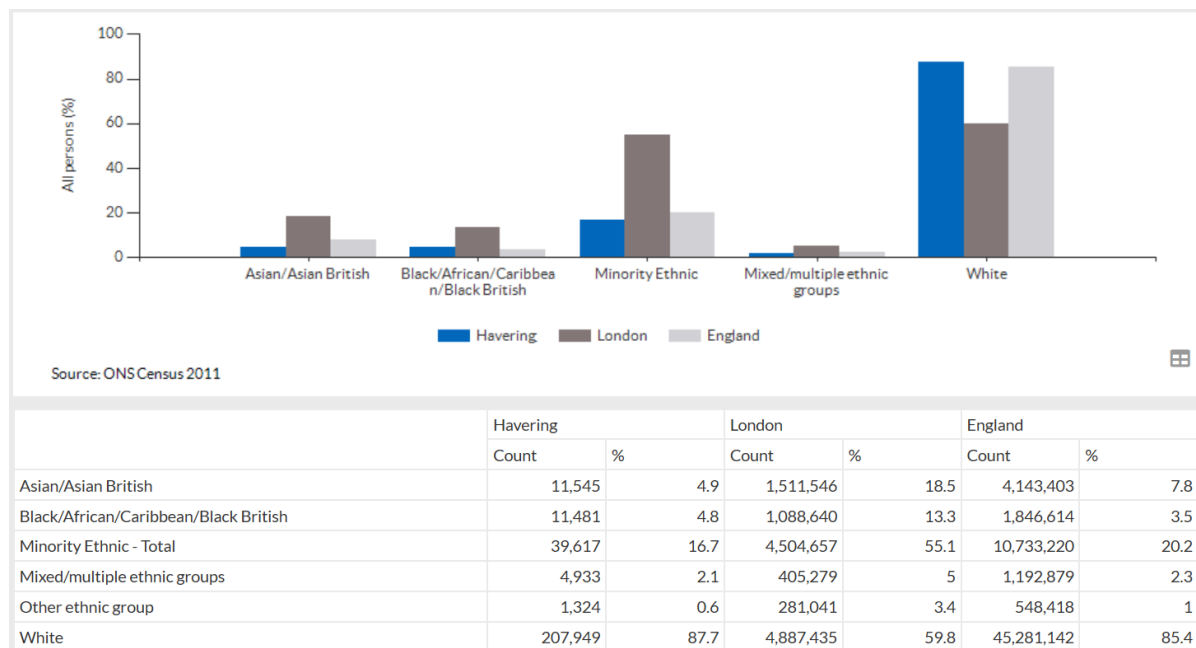


Figure 1: Population of Havering, London & England by ethnicity. 2011 UK census.

The number of black & minority ethnic group residents in the borough is expected to rise from 18% currently to 22% by 2032.

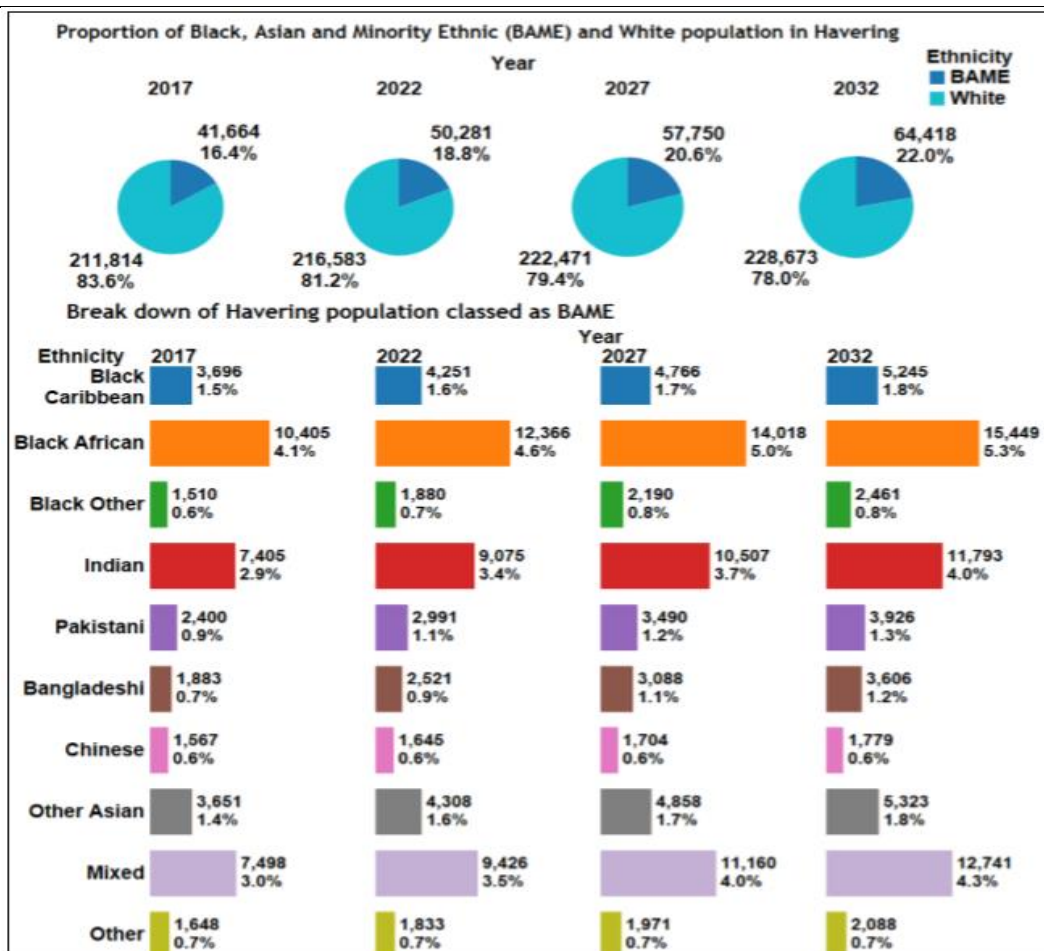


Figure 2: Projected proportion of Havering population by ethnicity

The UK poverty rate is twice as high for black & minority ethnic groups as for white groups.

Nationally, ethnic minority groups are more likely than white British households to spend a high proportion of income on rent, regardless of whether they live in social or private rented housing.

However, the housing they live in tends to be of lower quality, especially among households of Pakistani origin, and overcrowding is more common, particularly among households of Bangladeshi origin.

76% of hate crimes in 2017/18 were recorded as race hate crimes.

People from black & minority ethnic groups are less likely to engage with mental health services other than at a time of crisis. People of African/Caribbean descent are over-represented at all levels of the psychiatric process; in particular they are more likely to be treated as inpatients, be sectioned or access mental health services via a criminal justice system pathway.

Recent analysis by the ONS has shown that the risk of death from Covid-19 among some ethnic groups is significantly higher than that of those of White ethnicity. When taking into account age in the analysis, Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females.

People of Bangladeshi and Pakistani, Indian, and Mixed ethnicities also have a raised risk of death involving COVID-19 compared with those of White ethnicity. After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability, the risk of a COVID-19-related death for males and females of Black ethnicity reduces to 1.9 times more likely than those of White ethnicity.

Similarly, males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a COVID-19-related death than White males when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for females, the figure was 1.6 times more likely. These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances.

An analysis of latest Havering's deaths data shows that out of 369 deaths reported between March and May this year 29 were of persons from ethnic minority groups. Earlier studies examining hospital admissions also indicated that people from BAME backgrounds constitute approximately 14% of the population but account for 34% of critically ill Covid-19 patients and a similar percentage of all Covid-19 cases.

Evidence shows that particular BAME sub groups have higher rates of long term conditions associated with COVID19 fatalities, such as high blood pressure and diabetes. BAME persons are more likely to be key workers and/or work in occupations where they are at a higher risk of exposure (Race Equality Foundation, 2018).

Persons from the BAME community are more likely to be key workers and/or work in occupations where they are at a higher risk of exposure. These include cleaners, public transport (including taxis), shops, and NHS staff.

Bangladeshi men are four times as likely to work in shut-down sectors as white British men, due in large part to their concentration in the restaurant sector, and Pakistani nearly three times as likely, due in part to their concentration in taxi driving. Overall there are approximately 10,520 men and 1,530 women in Havering from BAME who work in sectors affected by lock down.

Sources used:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

<https://www.weforum.org/agenda/2020/05/what-the-covid-19-pandemic-tells-us-about-gender-equality/>

<https://urbact.eu/exploring-gendered-impacts-covid-19>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#coviddeaths>

<https://www.rsph.org.uk/about-us/news/covid-19-a-men-s-health-emergency.html>

Protected Characteristic - Religion/faith:		
Please tick (✓) the relevant box:		Overall impact: Neutral
Positive		<i>There will be a wider range of accessible routes to find out about engaging with housing services.</i>
Neutral	✓	<i>Lack of understanding could exclude tenants from being able to influence service delivery, particularly if engagement opportunities that require a resident's presence clash with a religious celebration. Work will continue with our partners to maximize the engagement opportunities for all and minimize any barriers present. The profile of resident engaging will be monitored against the profile of all our residents and develop methods of participation that encourage residents from underrepresented groups to get involved.</i>
Negative		<i>Individual tenants and leaseholders will be able to directly influence service delivery through a channel that best suits them.</i>

Evidence:

Most recent available data (Census 2011) shows the majority of Havering residents are Christians.

Table 7: Religion and Belief 2011 Census, Havering

Faith	Number	%
Christian	155,597	65.6%
Buddhist	760	0.3%
Hindu	2,963	1.2%
Jewish	1,159	0.5%
Muslim	4,829	2.0%
Sikh	1,928	0.8%
Other Religion	648	0.3%
No Religion	53,549	22.6%
No Response	15,799	6.7%
Totals	237,232	100%

Anecdotal evidence has listed some of the likely Covid-19 effects on religion as follows:

- The suspension of religious services means that people are unable to worship collectively or seek support from their religious community.
- Important dates on the religious calendar may be unable to happen
- People who follow a religion may be worried about whether they will be able to honour the funeral customs of their faith due to COVID-19.
- Due to the national restrictions in place to minimise the infection rate of COVID-19, it may not be possible to carry out some traditional practices.

- Marriages and other important civic ceremonies have tight restrictions, which may cause upset and anxiety.

Sources used:

<https://www.shoutoutuk.org/2020/04/24/religion-in-a-time-of-covid-19/>
<https://www.ons.gov.uk/census/2011census>

Protected Characteristic - Sexual orientation & Gender reassignment:

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact: Neutral

There will be a wider range of accessible routes to find out about engaging with housing services.

Efforts will be made to link with local community groups with Havering residents involved to further promote these opportunities.

The option will always be available to inform Housing Services of gender reassignment and sexual orientation, however this will remain optional

Transgender people are particularly likely to experience discrimination and be victims of hate crime; it is estimated that 2 in 5 trans people nationally have experienced a hate crime or incident because of their gender identity in the last 12 months.¹³

Transgender hate crime accounted for 2% of hate crimes recorded nationally in 2017/18.

People who are lesbian, gay, bisexual and trans (LGBT) have increased levels of common mental health problems.

Through our Strategy we are committed to tackling anti-social behaviour to promote health and wellbeing.

Although there is no evidence to suggest that LGBT people are inherently more likely to contract COVID-19 than other groups, a number of factors exist which may result in people from LGBT communities being more at risk of infection than the general population.

These include the following factors:

LGBT communities are disproportionately impacted by HIV. Without the right treatment, a compromised immune system is more susceptible to the effects of COVID-19. Those

people living with HIV who do not know their status or are not accessing treatment are therefore of particular concern.

LGBT people are more likely to smoke than the general population. Smoking has been linked as a factor that is 'highly likely' to increase the risk of coronavirus pneumonia.

LGBT communities may be more reluctant to access healthcare due to fears of encountering LGBTphobia. This may result in people with COVID-19 symptoms avoiding advice or care once these develop.

LGBT people are less likely to be active enough to benefit from the protective factors of exercise - resulting in a higher prevalence of long term conditions. Both of these have been linked as risk factors leading to people getting more seriously ill from COVID-19.

LGBT people are more likely to be homeless meaning that many may be unable to self-isolate effectively & may not have what they need if they do fall ill.

These factors mean that LGBT communities run the risk of being disproportionately vulnerable to COVID-19 infection.

Sources used:

Stonewall website: <https://www.stonewall.org.uk/lgbt-britain-hate-crime-and-discrimination>

Hate Crime England & Wales 2017/18 statistical bulletin

<https://lgbt.foundation/coronavirus/impact>

<https://www.gov.uk/government/publications/coronavirus-and-the-human-rights-of-lgbti-people-equal-rights-coalition-statement/equal-rights-coalitions-erc-statement-on-coronavirus-covid-19-and-the-human-rights-of-lgbti-persons>

Protected Characteristic - Marriage/civil partnership:

Please tick (✓)
the relevant box:

Positive

Neutral

Negative

Overall impact: Neutral

There will be a wider range of accessible routes to find out about engaging with housing services.

Evidence:

The Equality Act 2010 says employees must not be discriminated against in employment for being married or in a civil partnership.

In the Equality Act marriage and civil partnership means someone who is legally married or in a civil partnership. Marriage can either be between a man and a woman, or between partners of the same sex. Civil partnership is between partners of the same sex.

Marriages and registration of civil partnerships in the UK are currently suspended due to the COVID-19 pandemic.

Sources used:

<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>

Protected Characteristic - Pregnancy, maternity and paternity:

Please tick (✓)
the relevant box:

Positive

Overall impact: Neutral

There will be a wider range of accessible routes to find out about engaging with housing services.

Neutral

✓

The consultation showed that, whilst the least significant barrier to engagement overall was childcare, this correlated with households who identified as having child care responsibilities for dependent children. Low level forms of engagement will be available to residents to get their opinion across, such as community days with activities for children, text surveys and online consultations. For higher level involvement, such as focus groups that require meetings face to face, flexibility will be offered with the times of these. Other options are also being explored in relation to tapping in to mother and tots groups in Havering and combining with a focus group subject.

Negative

Evidence:

There were about 3,400 births to women resident in Havering in 2018.

The fertility rate in Havering (68/1000 women aged 15-44) is higher than the London (62.9) and national average (64.2).

Fertility rates in Havering appear to have now plateaued having increased steadily over the last decade. Notwithstanding any further changes in fertility rates, the number of pregnancies in Havering is likely to increase further in line with increases in the number of residents of childbearing age.

About 8,200 babies are born at Queens Hospital per year, making it one of the largest single site maternity units in the country.

Pregnancy, maternity and paternity rights should not change during the pandemic period. Guidance to all employers has been issued on dos and don'ts and can be accessed here: <https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers-your-duties-pregnancy-and-maternity>

All available evidence suggests that pregnant women are at no greater risk of becoming seriously unwell than other healthy adults if they develop Covid-19. The large majority of pregnant women experience only mild or moderate cold/flu-like symptoms.

Sources used:

BHR CCG 2018

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers-your-duties-pregnancy-and-maternity>

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#general>

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:

Positive

✓

Neutral

Negative

Overall impact: Positive

There will be a wider range of accessible routes to find out about engaging with housing services. This will include more flexible types of engagement as well as times to engage, in particular to attract young working families who may not be able to join during working hours and a cohort that need to have their voices heard.

Evidence:

Although Havering is among the least deprived boroughs in London, over 8,000 children are estimated to live in poverty. The map below shows deprivation patterns in Havering based on the IMD 2019 child poverty index by Lower Super Output Areas (LSOAs).

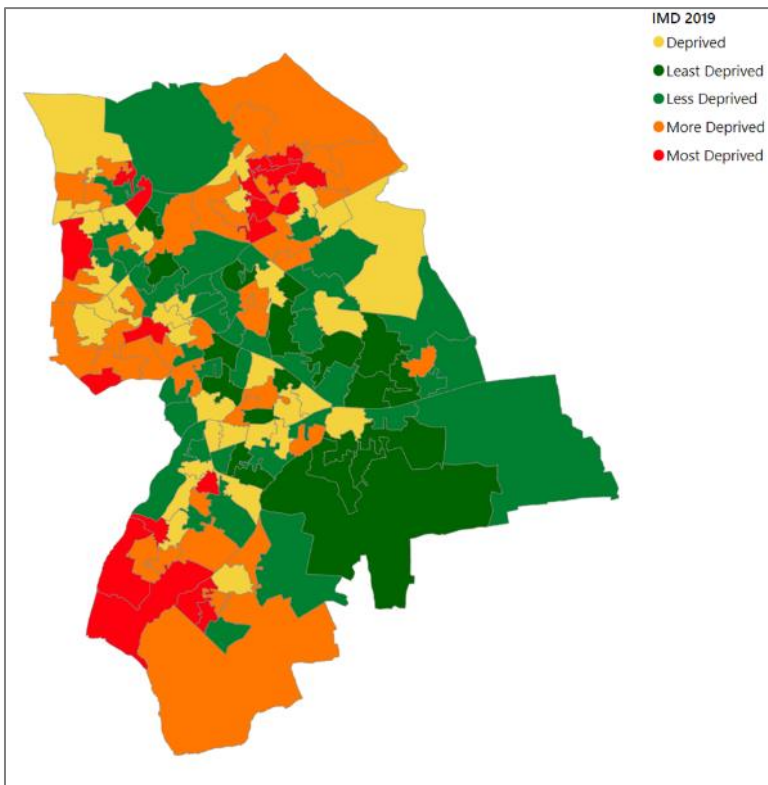
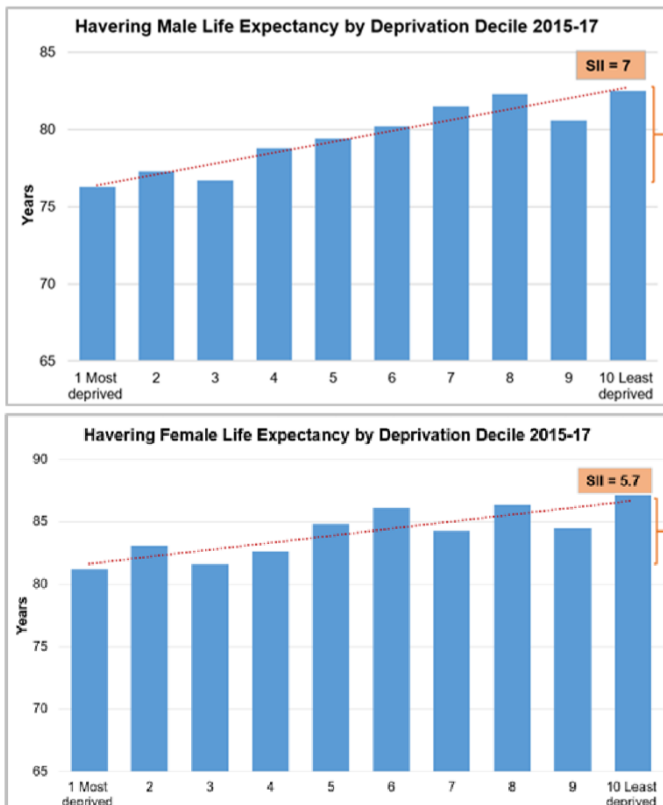


Figure 1: Deprivation Quintiles based on the Income Deprivation Affecting Children Index (IDACI), Havering LSOAs.

There is a significant social gradient in life expectancy such that residents living in the most disadvantaged decile of the borough have a significantly lower life expectancy (7 years for men and 5.7 years for women) than peers in the least deprived decile.⁷ As well as lower life expectancy, people living in disadvantage have proportionally less healthy life expectancy than less disadvantaged peers.



Figures 2 & 3. Havering Life expectancy by Deprivation Decile, 2015-17

For males, life expectancy at birth ranges from 76.6 years in the most deprived decile to 84.5 years in the least deprived decile (difference of 7.9 years). This is greater than the gap seen across London (difference of 6.7 years).

For females, life expectancy at birth ranges from 81.1 years in the most deprived decile to 86.6 years in the least deprived decile (difference of 5.5 years). This is greater than the gap seen across London (difference of 4.4 years).

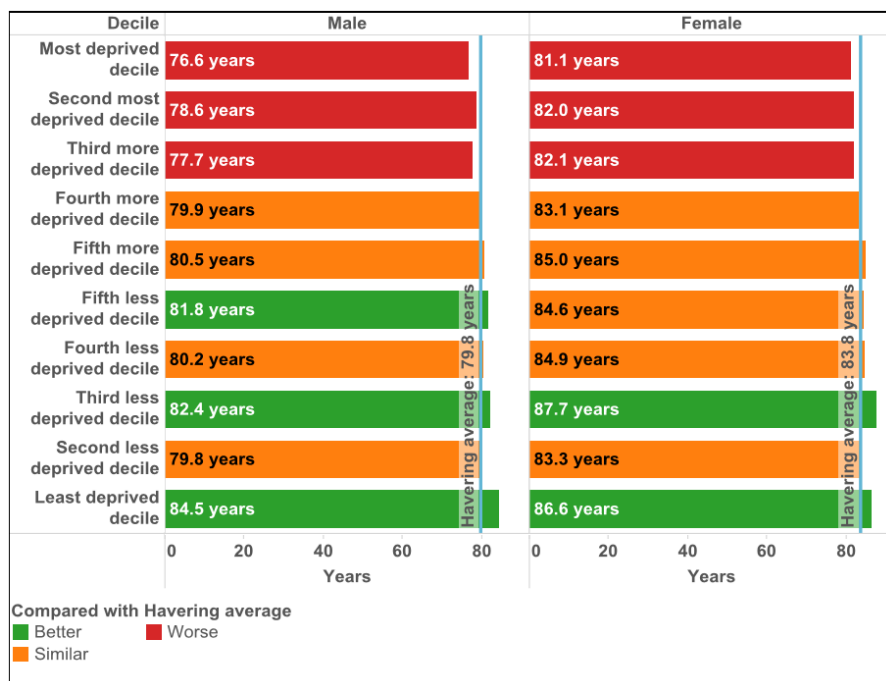
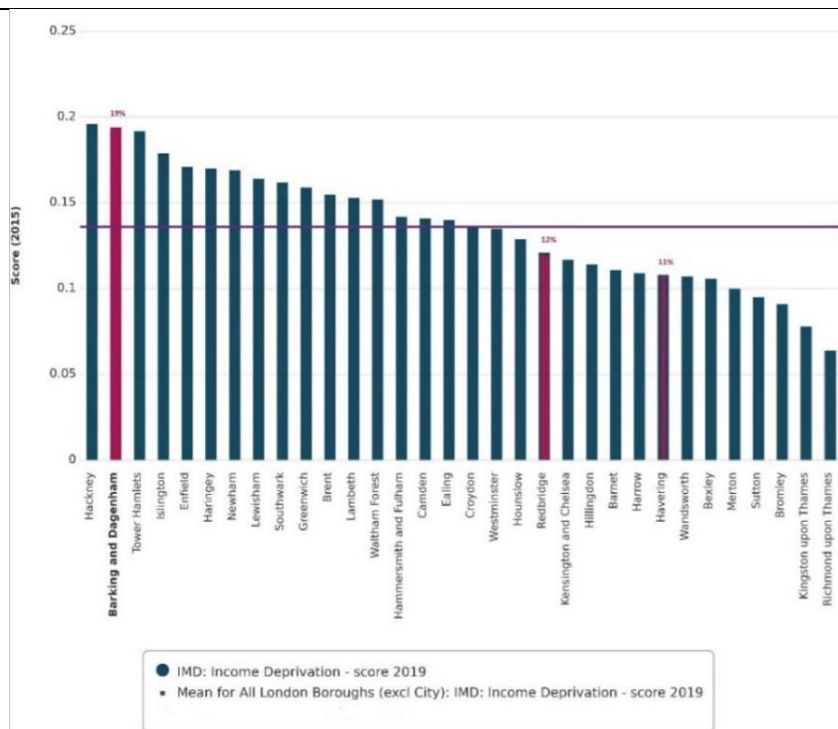


Figure 4: Life expectancy at birth by local deprivation decile with Havering average, by gender, 2012-14

Median annual household income in Havering (£36.7K) is well above that for England (£30.6K) – but below the London figure (£39.1K). Although incomes in Havering are not particularly high for London, the proportion of adults that are income deprived is relatively low. Nonetheless more than 1 in 10 adults in LBH are income deprived.



Source: Ministry of Housing, Communities & Local Government
Figure 5: MHCLG IMD Scores 2019 London Boroughs

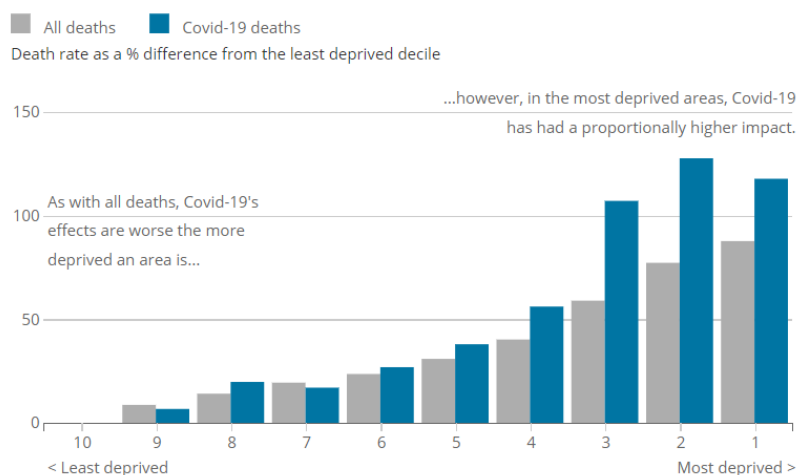
Homelessness directly impacts on the health of children and young people e.g. children in temporary accommodation have poorer social networks and higher rates of mental health problems. In addition, homelessness can interfere with a child's studies further affecting their life chances in the longer term. Rates of family homelessness in Havering (2.5/1000 households) is slightly higher than the national average (1.7/1000 households).

People who sleep on the streets have particularly complex social issues and are at high risk of both substance misuse and mental health problems and effective care requires specialist input for both problems. Locally, the percentage of people receiving treatment for substance misuse and in concurrent contact from mental health services is lower than England as a whole.

PHE estimate that 1 in 10 excess winter deaths are directly attributable to fuel poverty and that 1 in 10 households in Havering are affected by fuel poverty (9.9%).

Nationally COVID-19 has had a proportionally higher impact on the most deprived areas. Figure 6 shows age-standardised mortality rates, all deaths and Covid-19 related deaths by deprivation deciles for the period between 1 March and 17 April 2020

Age-standardised mortality rates, all deaths and deaths involving the coronavirus (COVID-19), Index of Multiple Deprivation, England, deaths occurring between 1 March and 17 April 2020



The chart shows that the rate for the least deprived area was 25.3 deaths per 100,000 population and the rate in the most deprived area was 55.1 deaths per 100,000 population; this is 118% higher than the least deprived area. In the least deprived area (decile 10), the age-standardised mortality rate for all deaths was 122.1 deaths per 100,000 population. In the most deprived area (decile one), the age-standardised mortality rate for all deaths was 88% higher than that of the least deprived, at 229.2 deaths per 100,000 population.

It is expected that the Housing strategy will have a positive impact for the borough and its residents as the Housing Strategy commits to significant amount of Regeneration of homes, communities, businesses and improvements to infrastructure that will offer opportunity to local people.

Sources used:

This is Havering 2019/20 v4.4, Public Health Intelligence

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april>

Indices of Multiple Deprivation, 2019 (IMD, 2019); Department for Communities and Local Government (DCLG).

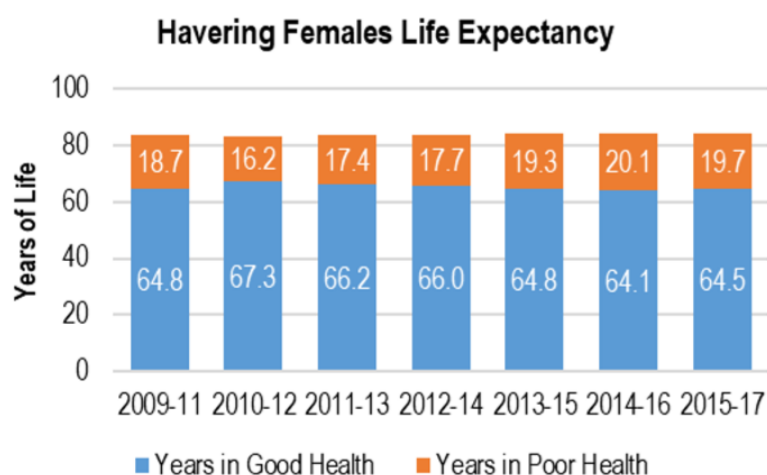
Public Health England

MHCLG – IMD - Income Deprivation - score - measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people who are out-of-work, and those who are in work but who have low earnings (and who satisfy the respective means test).

Public Health Outcomes Framework (PHOF - 0.1ii. Life expectancy at birth); Public Health England (PHE); Produced by Public Health Intelligence. Published on February 2016

Multigenerational Households:		
Please tick (✓) all the relevant boxes that apply:		Overall impact: Neutral
Positive		<i>There will be a wider range of accessible routes to find out about engaging with housing services.</i> Do you consider that a more in-depth HIA is required as a result of this brief assessment?
Neutral	✓	
Negative		
		<div style="text-align: right;"> Yes No ✓ </div>
<p>Evidence:</p> <p>Multigenerational households are defined as homes where there are two or more generations of the same family living together, often consisting of elderly parents and one or more adult children (over the age of 25). Nearly 7% of UK households are multigenerational, which is roughly equivalent to 1.8 million households. The number of multigenerational households in the UK has been increasing, driven by greater numbers of adult children (aged 25 or over) living in the parental homes.</p> <p>Four out of five multigenerational households in the UK are White British, although some ethnic groups (predominantly Asian families) are more likely than White British people to live in multigenerational households.</p> <p>Older people in multi-generational households are considered to be at a higher risk of Coronavirus infection. The proportion of over-70s in a local authority area who share a household with people of working-age is confirmed to be a significant factor in accounting for the variation in the number of Covid-19 cases across England – even when levels of local deprivation, the time since the area first recorded five cases and an additional, non-specific, “London effect” are taken into account.</p>		
<p>Sources used:</p> <p>https://www.cbre.co.uk/research-and-reports/our-cities/multi-generational-housing https://www.npi.org.uk/files/2115/8661/6941/20-04-11_Accounting_for_the_variation_in_Covid_cases_across_England.pdf https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Multigenerational-living-An-opportunity-for-UK-house-builders.pdf</p>		

Health & Wellbeing Impact:																										
Please tick (✓) all the relevant boxes that apply:		Overall impact: Neutral <i>There will be a wider range of accessible routes to find out about engaging with housing service.</i>																								
Positive		Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box <div style="text-align: right;"> Yes No ✓ </div>																								
Neutral	✓																									
Negative																										
Evidence: <p>Life expectancy in Havering is similar to the national average. As is the case nationally, life expectancy has increased steadily over recent decades but more recently, the rate of improvement has slowed if not stopped entirely.</p> <p>The additional years of life achieved in recent decades are impaired by ill health and disability resulting in poor quality of life and significant need for health and social care services.</p>																										
<div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Havering Males Life Expectancy</p> <table border="1"> <caption>Havering Males Life Expectancy Data</caption> <thead> <tr> <th>Period</th> <th>Years in Good Health</th> <th>Years in Poor Health</th> </tr> </thead> <tbody> <tr> <td>2009-11</td> <td>64.0</td> <td>14.9</td> </tr> <tr> <td>2010-12</td> <td>65.0</td> <td>14.2</td> </tr> <tr> <td>2011-13</td> <td>63.8</td> <td>15.9</td> </tr> <tr> <td>2012-14</td> <td>64.4</td> <td>15.7</td> </tr> <tr> <td>2013-15</td> <td>66.1</td> <td>14.2</td> </tr> <tr> <td>2014-16</td> <td>65.8</td> <td>14.3</td> </tr> <tr> <td>2015-17</td> <td>65.5</td> <td>14.0</td> </tr> </tbody> </table> </div>			Period	Years in Good Health	Years in Poor Health	2009-11	64.0	14.9	2010-12	65.0	14.2	2011-13	63.8	15.9	2012-14	64.4	15.7	2013-15	66.1	14.2	2014-16	65.8	14.3	2015-17	65.5	14.0
Period	Years in Good Health	Years in Poor Health																								
2009-11	64.0	14.9																								
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2014-16	65.8	14.3																								
2015-17	65.5	14.0																								



Figures 1 & 2. Havering Life expectancy 2009-11 to 2015-17

Previously obesity was associated with middle age. Now 1 in 10 children are obese by the age 5, rising to 1 in 5 by age 11. Type 2 diabetes is now a disease of childhood and very large numbers of residents will run the increased risk cancers, CVD, MSK etc. associated with excess weight for many more years of life.

The family home is by far the most important community for any child. A secure and loving family is the single best predictor of subsequent life chances and one that other agencies struggle to replicate. Nonetheless there is extensive evidence regarding the impact of negative factors experienced within the family home during childhood on later life. 'Adverse childhood experiences' is one way of describing these negative factors. UK studies have suggested a relationship between these experiences and negative outcomes.

Health and wellbeing behaviours	Social and community impact	Impact on services
Those with 4 ACEs + are:		
2x more likely to have a poor diet	2x more likely to binge drink	2.1 x more likely to have visited their GP in the last 12 months
3x more likely to smoke	7x more likely to be involved in recent violence	2.2 x more likely to have visited A&E in the last 12 months
5x more likely to have had sex under 16 years	11x more likely to have been incarcerated	2.5 x more likely to have stayed a night in hospital
6x more likely to have been pregnant or got someone accidentally pregnant under 18	11x more likely to have used heroin or crack	6.6 x more likely to have been diagnosed with an STD

Sources used:

Public Health England

Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population

3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

✓	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>	➔	Proceed with implementation of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>	➔	COMPLETE SECTION 4: Complete action plan and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	➔	Stop and remove the activity or revise the activity thoroughly . Complete an EqHIA on the revised proposal.

4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer

Add further rows as necessary

* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

5. Review

Scheduled date of review:

Lead Officer conducting the review:

Please submit the completed form via e-mail to EqHIA@haverling.gov.uk thank you.

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CABINET

PARTIALLY EXEMPT

Appendix 1 to this report is exempt by virtue of paragraph 3 and 5 of the Access to Information Procedure Rules set out in the Constitution pursuant to Schedule 12A Local Government Act 1972, as amended in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information); and information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

The public interest in maintaining the exemption outweighs the public interest in disclosing the information.

CABINET	15th December 2021
Subject Heading:	Award of Contract for Housing Repairs and Voids
Cabinet Member:	Councillor Chapman, lead member for Housing
SLT Lead:	Patrick Odling-Smee, Director of Housing
Report Author and contact details:	Garry Knights, AD of Housing Property Services Garry.knights@haverling.gov.uk 01708 432834
Policy context:	The statutory requirement to maintain our homes to a decent standard.
Financial summary:	The estimates cost of the contract will be annually £5.8million, £58million over the 10 year term.
Is this a Key Decision?	(a) Expenditure or saving (including anticipated income) of £500,000 or more (c) Significant effect on two or more Wards

When should this matter be reviewed?

The contract is for 10 years with annual reviews.

Reviewing OSC:

Town and Communities Overview and Scrutiny Sub Committee

The subject matter of this report deals with the following Council Objectives

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

☐
☒
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SUMMARY

1.

- 1.1. As part of the Council's responsibility as a landlord, the Council has a duty to undertake repairs and maintenance works to its HRA housing stock.
- 1.2. The existing contract with Breyer ends in the early part of 2022 and the Council has undertaken a procurement exercise to appoint a new contractor to carry out repair and voids works across the borough.
- 1.3. This report presents to Cabinet details of the procurement of the contract through which the service will be delivered.
- 1.4. Monies have been allocated within the HRA business plan and the General Fund to deliver the service.

RECOMMENDATIONS

2. For the reasons set out in the report and its appendices Cabinet is recommended to;
 - approve the award of a contract to Mears Ltd for a 10 year contract at the annual value of £5.8m to deliver the repairs, maintenance and voids works throughout the borough.

REPORT DETAIL

3. Background

- 3.1. A report to Cabinet made a decision to undertake a Public Contracts compliant exercise to procure a new 10 year contract for the provision of repairs, maintenance and voids works to our HRA Housing Stock and works to PSL properties, which is currently provided by Breyers and a number of smaller support contractors.
- 3.2. This exercise was due to have been completed in July 2021 with the new contract starting in November 2021, however due to reasons beyond the Councils control there have been some delays to the anticipated timetable.
- 3.3. The Council undertook the procurement through a staged procurement approach;
 - initial SQ stage (Selection Questionnaire) which was completed in December 2020, 15 bidders were reduced to 8 through our evaluation panel and Customers scoring their returns
 - a second ISDS Stage (invitation to submit detailed solution) which was completed in February 2021, 8 bidders were reduced to 4 through technical returns which was combined with cost proposals
 - a CD stage (competitive dialogue) at which the Council and contractors could discuss the project to determine areas which require clarification. This stage is not scored and did not affect the outcome. This was completed in July 2021
 - a final ISFT stage (invitation to submit final tender) which ended in October 2021
- 3.4. Further details on the procurement and scoring is contained in exempt Appendix 1.
- 3.5. The new contract includes a much clearer price per property (PPP) and price per void (PPV) model, with less areas of ambiguity and also includes a price per property approach for our Private Sector Leased (PSL) stock.

- 3.6. As part of the tender return the contractors were required to provide a detailed mobilisation plan. There is a significant work to complete which will require resource commitment from Havering, a project manager has been allocated from the corporate IT service.
- 3.7. The incumbent contractor, Breyer, have confirmed that a number of staff will transfer to Mears as part of a TUPE transfer on go live, the exact numbers will form part of the mobilisation and demobilisation of the contract. This has no impact on existing Council staff.
- 3.8. Officers anticipate contract commencement from January 2022 with go live from April 2022.

REASONS AND OPTIONS

4. Reasons for the decision:

- 4.1. The Council has a statutory and contractual obligation as a landlord to provide repairs and maintenance works to our properties, we therefore must have a provision in place to deliver this.
- 4.2. Following an option appraisal to determine the most suitable approach, which was presented to Cabinet in 2020, plus an extensive procurement exercise in accordance with the Public Contract Regulations 2015 (as amended) , supported and validated by external consultants, Mears were successful in their bid and approval is required to appoint.

5. Other options considered:

- 5.1. Extend the existing contract with Breyer – we have already utilised the extension periods given in the Breyer contract and therefore had no additional provision to extend, this option was therefore discounted.
- 5.2. Do nothing – given that we have a duty to provide a repairs service this was not a viable option and was discounted.
- 5.3. Procure works on a job by job basis – given the volume of repairs required this was not deemed a viable option and discounted.
- 5.4. An options appraisal was included in the report to Cabinet for pre procurement approval.

IMPLICATIONS AND RISKS

6. Financial implications and risks:

- 6.1. The contract will be funded from the HRA and General Fund from existing budgets and cost have been incorporated into the HRA business plan.
- 6.2. There are a small number of operatives who may be included in the TUPE transfer between providers and who had previously been direct employees of the council, and subject to previous TUPE transfer, there is a small ongoing pension liability which has been included in the HRA budgets.
- 6.3. Further financial implication are contained in exempt Appendix 1

7. Legal implications and risks:

- 7.1. This report seeks approval to award the contract for works on council housing properties throughout the Borough in the sum of £5.8m per annum. The value is above public procurement threshold for works, (£4,733,252). The scheme is fully funded from the HRA.
- 7.2. Officers have confirmed that the procurement complies with the Council's Contract Procedure Rules set out in the Council Constitution.
- 7.3. The Housing Revenue Account (HRA) specifically accounts for spending and income relating to the management and maintenance of council-owned housing stock. The services procured under this contract will cover various properties all located within the London Borough of Havering owned or managed through the HRA as set out in the section 74 of the Local Government and Housing Act 1989.
- 7.4. The Council has the general power of competence under section 1 of the Localism Act 2011 to do anything an individual may generally do subject to any statutory constraints. Together with the specific duty to maintain HRA assets the contract may be procured in accordance with these powers.
- 7.5. Due to the value and in accordance with the Councils Constitution the Contract will need to be sealed.
- 7.6. Further legal implication are contained in exempt Appendix 1

8. Human Resources implications and risks:

- 8.1. None.

9. Equalities implications and risks:

- 9.1. Under section 149 of the Equality Act 2010, the Council has a duty when exercising its functions. This includes outsourcing services by awarding a contract to an outside body, to have “due regard” to the need to eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act and advance equality of opportunity and foster good relations between persons who share a protected characteristic and persons who do not. This is the public sector equality duty. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.2. “Due regard” is the regard that is appropriate in all the circumstances. The weight to be attached to each need is a matter for the Council. As long as the council is properly aware of the effects and has taken them into account, the duty is discharged.
- 9.3. The awarding of this contract will enable the council to maintain its housing stock to a high standard and improve the quality of the customer services that the tenants receive. Tenants with protected characteristics are over-represented in social housing so this new contract will have a positive impact on their well-being.

10. Health and Well-being implications and Risks

- 10.1. Provision of an effective housing repairs service is essential to ensure residents are able to safely and comfortably use their homes, being provided with good quality services which support promote good health and wellbeing
- 10.2. Poor quality housing has been shown to have serious negative impacts on individual's health and wellbeing and a significant negative impact on communities
- 10.3. The council is responsible for improving and protecting health and wellbeing of local residents under the Health and Social Care Act 2012
- 10.4. This contract will support the aims and delivery of the Housing Asset Management Strategy ensuring that the Council provide the right homes for our resident which are affordable, safe and of high quality, provide good communities in which to live and work, whilst meeting the challenges of zero carbon and building safety across the estates.

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