

HEALTH & WELLBEING BOARD

Subject Heading:	Housing and Homelessness 2022
Board Lead:	
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The subject matter of this report deals wi and Wellbeing Strategy	th the following themes of the Health
 maximise the health and wellbeing bendered. Prevent homelessness and minimise the sleepers and consequent impacts on the sleepers and behaviours The prevention of obesity Further reduce the prevalence of smoking disadvantaged communities and by vulnes. Strengthen early years providers, schools. The communities and places we live Realising the benefits of regeneration for 	enchor institutions that consciously seek to effit to residents of everything they do. The harm caused to those affected, particularly rough e health and social care system. The property of the property o
	people who, because of their life experiences, range of statutory services that are unable to fully
Local health and social care services • Development of integrated health, house	sing and social care services at locality level.
 BHR Integrated Care Partnership Box Older people and frailty and end of life Long term conditions Children and young people Mental health Planned Care 	Cancer Primary Care Accident and Emergency Delivery Board Transforming Care Programme Board



SUMMARY

COVID 19 and the impact on housing demand

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

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

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

RECOMMENDATIONS

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

REPORT DETAIL

Main causes of homelessness

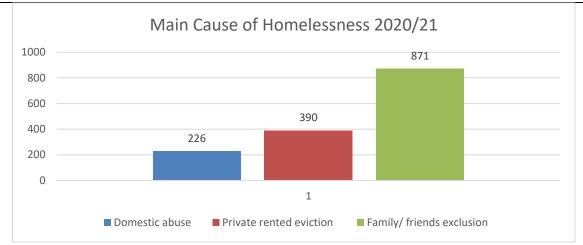
The service continues to effectively address homelessness by supporting households to remain in their accommodation or find somewhere to live before they hit a crisis point and face bailiff eviction. They are provided with financial support, debt advice or signposted to other statutory and voluntary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

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

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

Graph 1: Top 3 main causes of homelessness





Havering Domestic Abuse Demand Data

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

In summary:

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

IMPLICATIONS AND RISKS

Financial implications and risks:

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

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

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



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

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

Other financial risks

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

High cost high intensive complex needs supported accommodation

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

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

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

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

BACKGROUND PAPERS







Homeless approaches in numbe

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