

5.4 Housing stock and decent homes

What we already know

The link between housing and health was first established in 1842, when Edwin Chadwick published a report titled 'The Sanitary Conditions of the Labouring Population', which established a link between the appalling living conditions of the poor and their ill health. The government commissioned Black Report (1980) placed particular emphasis on housing as a health inequality issue and saw decent housing as a prime requisite for health, considering that poor housing may pose a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption. More recently, the British Medical Association 2003 report Housing and Health drew attention to the vital importance of access to good quality housing for those in poor health.

Generally housing can play a key role in the health of people. The lack of supply or the difficulty in accessing good quality and affordable housing can contribute to poor health and mental well-being. Housing quality, density and design are contributing factors to poor mental health which account for 20% of GP consultations in the UK (NHS London Healthy Urban Development Unit)¹. In addition, the design of new housing with modern standards of insulation and ventilation and economic temperature control can contribute to reducing excess seasonal mortality. Recognition of the relationship between housing and health has resulted in a series of standards and criteria that support the development of healthy people and communities, including Building for Life, Code for Sustainable Homes, Lifetime Homes standards and Local Plan standards for internal and external amenity space, open space, and cycle parking standards². However many of these will be superseded in October 2015 by new national standards set by Government and controlled through building regulations. Homes that are energy inefficient can also have a detrimental effect on health and wellbeing with a close correlation between cold and damp living conditions and a whole range of conditions including respiratory and cardiovascular problems.

A further factor concerns the many homes that are unsuitable for people of limited mobility. People who live in homes that are not suitable for their needs can also be affected by a number of health, safety and wellbeing problems. It can be difficult for such people to move around their own home, risking falls and injuries, and they may not be able to get out and about. Unsuitable housing can also limit the ability to undertake everyday living tasks thereby diminishing a person's ability to live independently. Some people may need supported or specialised forms of housing in order to live independently. The lack of provision or supply of such housing can have dramatic consequences for independent living and can result in the need for more costly and institutional forms of housing and support.

Housing tenure is well recognised as a factor in the relationship between health and housing. People who live in homes that they own themselves have lower mortality rates than those who rent their homes. Poor quality housing contributes to

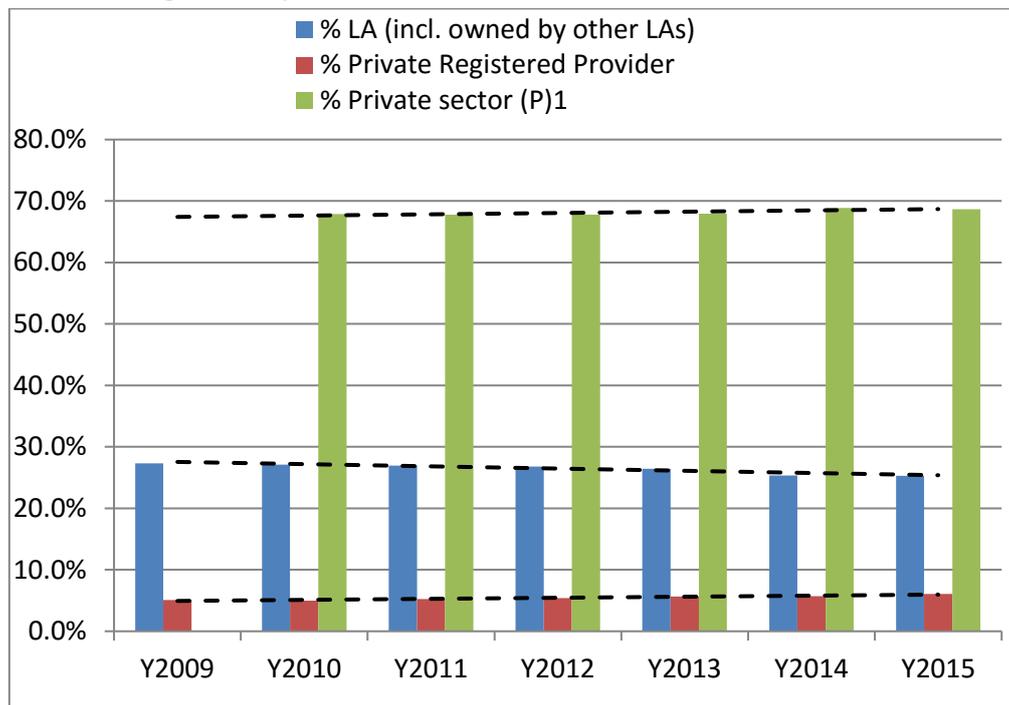
¹http://www.healthyurbandevelopment.nhs.uk/documents/integrating_health/HUDU_Delivering_Healthier_Communities.pdf

² http://www.planningportal.gov.uk/uploads/code_for_sust_homes.pdf

respiratory and mental health problems, and may put people at greater risk of accidental injury and death. Households living in social housing also tend to do poorly on other determinants of health and wellbeing, for example education, income and employment.

The borough’s housing stock in 2016 comprises around 73,000 dwellings of which approximately 18,500 (25%) are Council rented (Figure 5.4.1). This is more than three times the average rate for England (7%). At 69%, private sector dwellings represent a much lower proportion of the housing stock than the average for England (82%), and at 6% the rate of private registered provider dwellings is also lower than the average for England (11%).

Figure 5.4.1 Dwelling Stock by Tenure, 2014



Source: Department for Communities and Local Government³

Barking and Dagenham Housing Strategies include a priority objective to bring 8,770 rented homes in the public sector up to the Government’s Decent Homes Standard. Additionally on the basis of the B&D Stock Options Appraisal, the Housing Strategy includes the objective of releasing 3,000 units for demolition and renewal under an Estates Renewal Programme together with 1,300 units (in 17 point blocks) to be redeveloped through private financing

Although in excess of some £120m has been invested in improving the borough’s public housing stock over the last eleven years, the amount of funding available for the improvement programme has been, for a number of reasons, approximately £30m below levels originally anticipated.

³ Table 100: number of dwellings by tenure and district, England, Department for Communities and Local Government 2015, Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants> Last accessed 7 July 2015

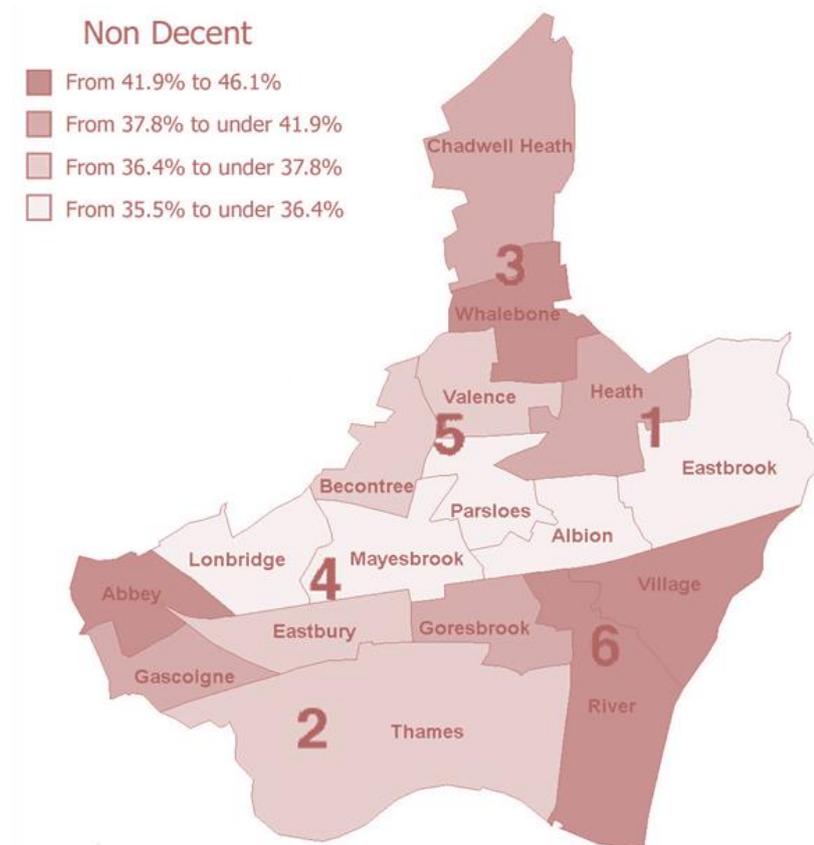
We also expect the numbers of older residents and residents with learning disabilities and significant mental health issues to increase over the next two decades. We will need to ensure the correct specialist accommodation and housing related support is in place to mitigate any impacts against health and wellbeing. Older people in general are particularly at risk from health problems relating to accidents and cold homes. The impact of loneliness and isolation can also contribute to dementia and cognitive decline.

The borough is currently undertaking a review of the Older Persons Housing Pathway in B&D. This review covers the entire spectrum of housing (including sheltered and extra care) and related services and will report in Autumn 2016.

Private sector housing

The Private Sector House Condition Survey 2009 established that 18,000 or 37.9% of private sector housing in the borough was non-decent largely driven by Category 1 hazards such as excess cold, falls on stairs and falling on level surfaces. Such hazards are strongly associated with older properties and the borough has a significant amount of housing dating from the inter war years.

Figure 5.4.2: Non decent dwellings, private sector housing, by sub-area



Source: BRE Housing Stock Models and 2009 House Condition Survey

The Government relaxed targets on achieving private sector housing decency in 2010 and the Council has since introduced a Private Rented Sector Licensing Scheme to tackle the worst housing conditions – which are found in the rental market

– and where the Council has the strongest powers to intervene. The scheme requires all landlords in the borough to be licensed with Barking and Dagenham and to meet minimum housing standards to be eligible to let their dwellings. This became fully operational in September 2014 with over 12,000 properties registered to date.

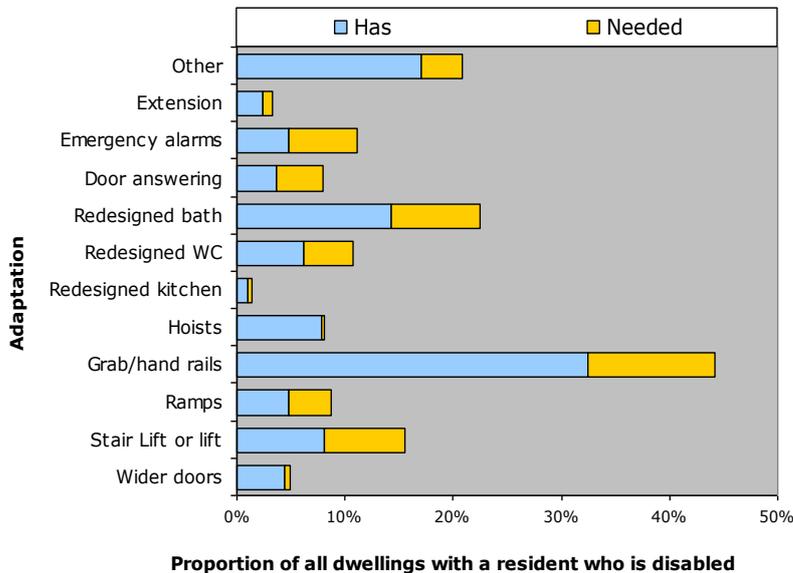
People with disabilities in private sector housing

The survey also estimated that 7,800, or 16.6%, of dwellings have at least one resident with a long term illness or disability. Initially it may seem that 16.6% is a relatively high proportion of households where at least one household member has a disability. The definition used, however, is very broad and 50% of people who responded stated that their disability was either walking using a frame or walking unaided, but unsteadily. The vast majority of these residents are frail elderly, but do represent people who are likely to have specific housing needs.

The provision of adaptations for disabled residents is mandatory under the Disabled Facilities Grants (DFG) scheme, and local authorities must consider this when assigning budgets to housing provision. There are two factors that mitigate this demand: firstly, DFGs are subject to means testing, and secondly an assessment by an Occupational Therapist who will decide whether an adaptation is necessary and appropriate.

Figure 5.4.3 illustrates the proportion of dwellings with residents who have existing adaptations and their perceived need for further adaptations; although it should be made clear that the following need data has not been included as a direct result of a formal assessment of need. The chart is broken down by adaptation type.

Figure 5.4.3: Disabled adaptations present and required



Source: 2009 House Condition Survey

The chart shows that grab/hand rails have the highest level of current provision, present in 32% of dwellings occupied by a resident with a disability, followed by 'other' adaptations at 17%. The most needed are again grab/hand rails at 12% followed by redesigned bathrooms (8%). When looking at the ratio of 'need' to 'have', the category of an emergency alarm has the highest rate followed by door answering.

Affordability

With the average house price at £309,000 (Land Registry March 2016) and average monthly rent for a two bedroom property at £1,171 per month (B&D Survey June 2016) Barking and Dagenham property and rental prices are amongst the lowest in London. Nevertheless the affordability of housing for local residents is a significant challenge with the average property costing over eleven times the average income for the borough, £26,926 (Nomis 2016).

Barking and Dagenham has seen a steep rise in the number of households on the Council's Housing Need Register (HNR), the "waiting list" for housing, from 2,157 in 2001 to over 15,000 in 2013. A review undertaken in 2016 reduced the number to around 8,500 households with a significant requirement for one and two bedroom properties.

The HNR cannot be assessed in isolation. The vast majority of households on the HNR have household incomes below £20,000 per annum, meaning they can not easily afford either home ownership or renting in the private sector. The indication of demand for affordable housing in Barking and Dagenham, highlighted by the HNR, is therefore considerable.

The Barking and Dagenham Strategic Housing Market Assessment 2011 further identifies a clear need for new affordable housing (Table 5.4.1). The survey states that an additional 1,333 affordable homes will be needed every year for the next five years to 2017:

Table 5.4.1 Need and supply: all affordable housing

	1 bedroom	2 bedroom	3 bedroom	4+ bedroom	Total
Total Need	354	674	1,180	295	2,503
Total Supply	381	491	285	13	1,170
Shortfall	-27	183	895	282	1,333
Supply: need ratio	1:0.9	1:1.4	1:4.1	1:22.7	1:2.1

Source: Ecorys Analysis 2011

The survey indicates a priority need for one, two and three bedroom properties, including social and intermediate housing. Evidence forming the basis for the components of housing need in the survey indicates that overcrowding was the biggest factor forming the housing needs of 'unsuitably housed' households.

Current delivery

Between 2009/10 and 2014/15 3,114 new homes were built of which 48% were categorised as 'affordable'. Delivery continues to fall short of forecast supply, but even if delivery remains at the current rate this will still result in some 10,000 new homes over the next twenty years, providing for an increased population of about 24,000. GLA data shows that the child yield from social housing is greater than from general market housing (Data Management and Analysis Group Briefing 2005/05 – GLA August 2005), so we can expect that this will contribute to the increase in the child population evident in the borough.

The Local Plan Core Strategy identifies a number of major housing regeneration sites in the borough with a combined capacity of 24,000 new homes by 2030 including 10,800 at Barking Riverside, 4,500 new homes at South Dagenham and 5,000 new homes in Barking Town Centre. The Local Plan identifies the need for health facilities to be planned as part and parcel of these schemes. Barking Riverside permission includes space for a new healthcare facility. The first Joint Strategic Needs Assessment identified Gascoigne and Thames wards as the most challenging but these are also the wards which will experience some of the most significant new house-building/estate renewal over the next fifteen years. An improved health centre is being planned as part of the Gascoigne Estate renewal project. The Council is currently reviewing its Local Plan and has an aspiration to build 35,000 new homes between 2015 to 2030. This increase is due to the potential to rezone industrial land for housing at Creekmouth, Thames Road, Chadwell Heath and the Ford Stamping Plant in Dagenham.

The Council is committed to ensuring that new homes meet modern standards. Of the major housing schemes completed in 2013/14, 95% achieved the Lifetime Home standard, and 97% of all the major residential schemes approved in 2013/14 achieved Lifetime Home standard. 40% of housing completed and 60% approved in 2013/14 met at least Code for Sustainable Home Level 4. To achieve Code for Sustainable Home Level 4 a high number of credits in the Health and Wellbeing category are required which includes sound insulation, private space and Lifetime Homes. All new homes provide cycle parking to Transport for London standards; 1 space for a two bed home, and 2 spaces for a three bed home. The new London Plan standards are now being applied which are 1 space per 1 bed home, and 2 spaces for 2 bed and larger.

Gaps in delivery or knowledge or practice

While the issues pertaining to housing and public health are not new to the Housing Strategy and housing services in Barking and Dagenham, we still need to do more around planning and monitoring the key linked outcomes and benefit realisation. We need to ensure that a detailed understanding and practice is embedded within the housing strategy and housing service, with public health outcomes and targets mainstreamed throughout the function.

In designing new neighbourhoods, account needs to be taken of the need to create communities and facilities that support people to lead a healthy lifestyle and maintain both physical and mental health and wellbeing. The principles of Lifetime Neighbourhoods as espoused by the London Plan need to be embodied in major new developments in Barking and Dagenham. New housing is likely to be

concentrated in the four key regeneration areas of Barking Town Centre, Barking Riverside, South Dagenham and Chadwell Heath. There is a need to ensure that these developments do not increase spatial health inequalities by increasing the disparity between new and existing housing and by understanding how the principles and standards embodied in these new communities can be transferred to the existing housing stock.

Generally more intelligence is needed on the health service needs of new households. These needs should be planned for in advance in terms of the physical infrastructure that will be required, so the likely, age, race and disability profile of new households should be predicted in advance. The Healthy Urban Development Unit model should be used to identify the health service needs of new development so early engagement can take place with the relevant provider to make sure the necessary facilities are planned and integrated within new developments. Health impact assessments of major development proposals should also be undertaken.

Recommendations for Commissioners and planning for the future

Development of new B&D Housing Strategy for 2017 onwards.

Health assessments of all major decent homes, regeneration and development proposals to be undertaken at initial planning stages by developing a “health by design” programme.

Continued targeting of fuel poverty and energy efficiency remediation works and programmes on vulnerable private sector housing residents. Continued programme of cavity wall installation to council stock. Second phase of fuel poverty assessments (for behaviour change programme) targeted on Barking and Marks Gate.

Continued implementation of the landlord licensing scheme to tackle poor conditions and poor management practice in the private rental housing sector. Development of new strategic approach to focus upon enforcement.

Completion of a fundamental review of older peoples housing and housing related services. Setting up of project team to plan and implement the findings in Autumn 2016.

Continued implementation of housing regeneration and new build schemes. Intelligent design applied to new schemes including provision of multi-use green space (potential for food growing). New neighbourhoods to employ the principles of Lifetime Neighbourhoods.

Housing to engage with local services which promote healthier lifestyles to improve health outcomes on estates. Estate based facilities to be used for promoting and education around healthier life-style choices including:

- smoking cessation sessions
- healthy cooking and eating
- fitness and physical activity
- after school activity