

3 More and Better Homes

The long-term aspiration for Sandwell is to create good quality and accessible homes. Housing also has an important role to play in health, well-being and the delivery of health and adult social care services.

The role of housing becomes pivotal where services to an individual with complex long-term needs are involved. Such service delivery is often dependent on the accessibility and/or adaptability of the individual's home. Issues such as dampness or cold rooms, uneven floors or loose flooring, a lack of support rails or floors that are slippery when wet can all make it difficult for the occupant to maintain good health and well-being.¹

At the time of the 2001 census Sandwell had 115,426 households (ONS estimate for 2004, an increase to 117,000). The tenure of these can be seen in table 3:1

Table 3:1 Tenure of Sandwell households

	Sandwell	England
Owner occupied	60.4%	68.7%
Rented from Council	26.6%	13.2%
Rented from registered social landlord	3.8%	6.1%
Rented from other	9.3%	12%

The housing stock type of Sandwell and England can be seen in table 3:2

Table 3:2 House types in Sandwell

	Sandwell	England
Flats and maisonettes	17.6%	19.7%
Terraced houses	26.9%	25.8%
Houses and bungalows	55.4%	54.1%

Source: ONS 2001 Census

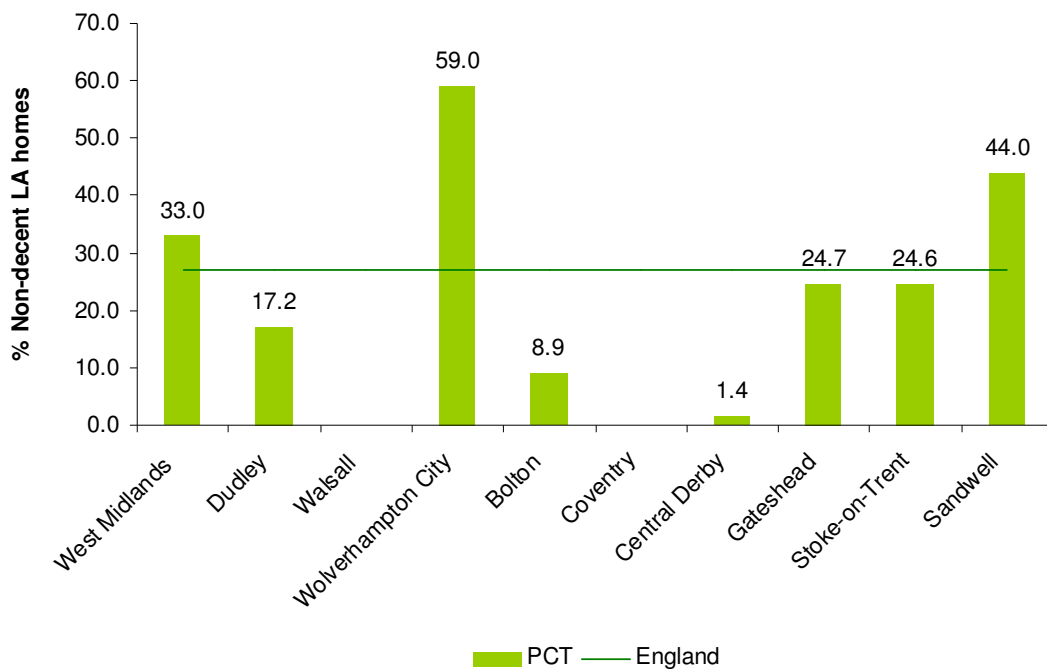
¹ <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Housing/index.htm>]

3.1 Decent Homes

1. Decent homes are essential for health and wellbeing.
2. Decency standards include a Housing Health and Safety Rating System which is a new risk assessment tool used to assess potential risks to the health and safety of occupants in residential properties

The percentage of non-decent local authority homes in Sandwell can be seen in Figure 3:1

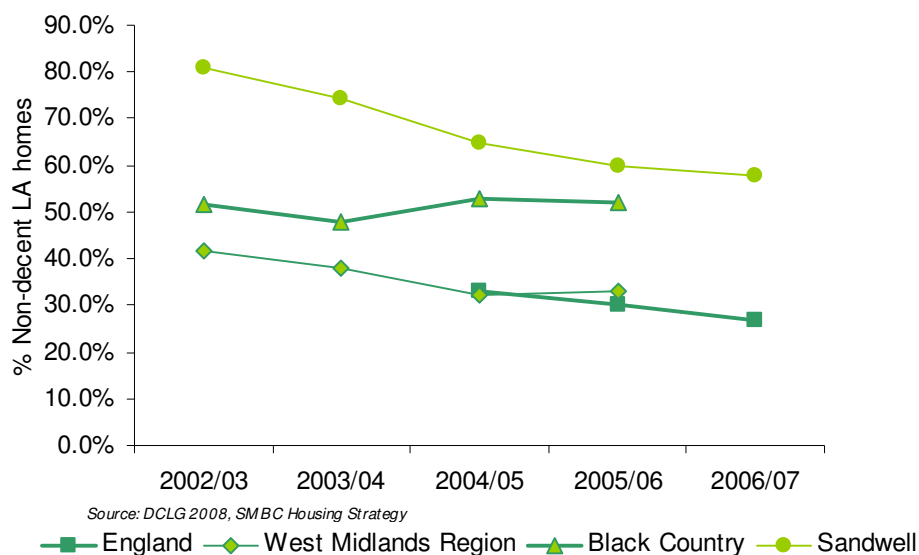
Figure 3:1 Local Authority homes which are non-decent 2006/07



Source DCLG 2008. No data for Walsall and Coventry.

Sandwell has the second highest percentage out of the Peer group, with 44% of council stock being classified as non-decent (this is the end of year figure for 2006/07, whereas the figure reported in the time trend below is for the start of the year). Over the past 5 years, however we can see how the proportion of non-decent council stock has greatly decreased (Figure 3:2)

Figure 3:2 Non-decent LA homes , 2002/03 – 2006/07



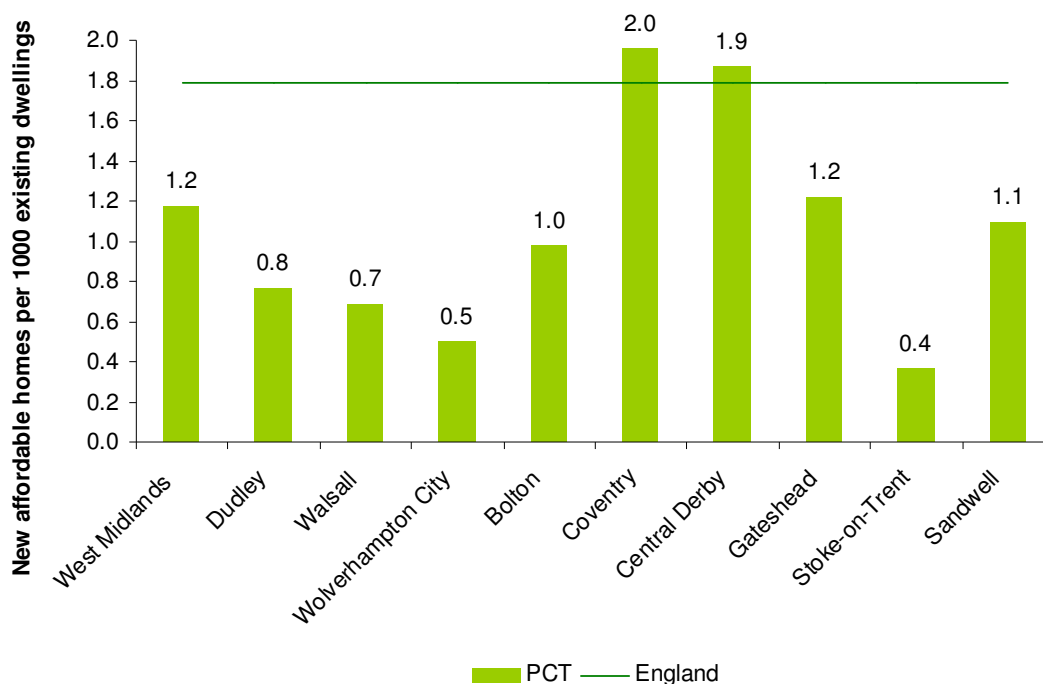
In 2006, it was estimated that 11,400 vulnerable people were in non-decent private sector housing. The target is to reduce this to 6,000 by 2010. Within the Sandwell private sector rented properties are more likely to be non-decent. A high proportion of owner-occupied homes within the Borough have been classified by the Housing Condition Survey as 'defective' and therefore are at risk of descending into unfitness.

Supporting independence, particularly in older people, is covered in chapter 5. The capacity to achieve independent living is inextricably related to the availability of housing in a decent condition. Of the 19,800 privately-owned dwellings in Sandwell occupied by a vulnerable household only 42% are estimated to be decent.

3.2 Affordability

The number of affordable homes delivered via intermediate and social rented stock is the usual way of measuring how affordability is being addressed. In order to compare Sandwell is a sensible way to the comparator areas; a rate per 1000 existing dwellings has been calculated. Figure 3:3 shows that in 2006/07 the rate of affordable homes creation in Sandwell was 1.1 per 1000 dwellings (representing 137 actual homes) compared to 1.8 per 1,000 nationally.

Figure 3:3 New affordable homes per 1,000 existing dwelling, 2006/07



The Sandwell Housing Needs and Demand Study ² highlighted affordability (along with the level of concealed households) as the most important issue coming out of the study.

² Sandwell Housing Strategy, 2007.

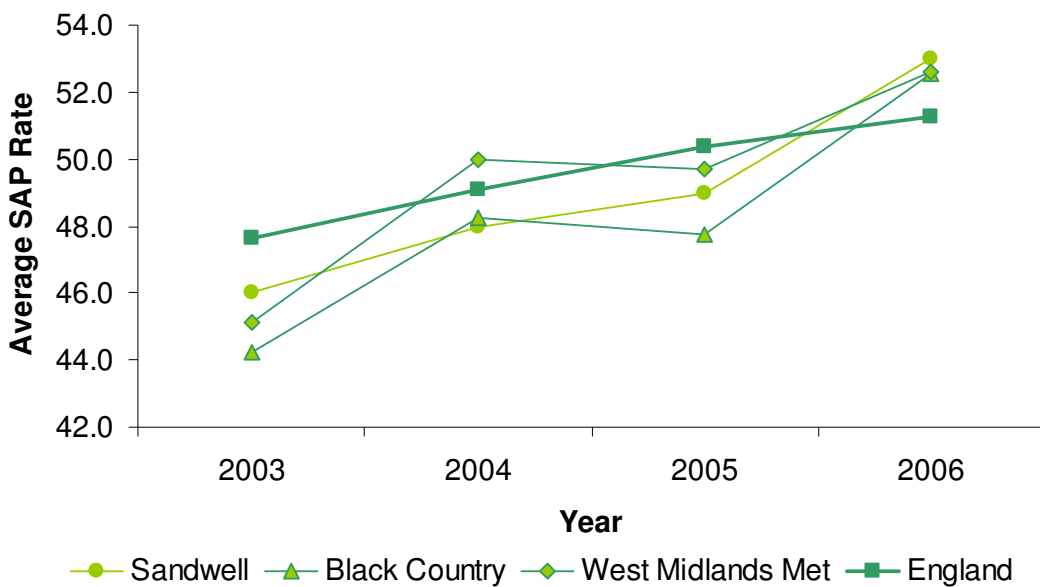
3.3 Fuel poverty

Fuel poverty occurs when a household needs to spend more than 10% of its income on fuel to maintain satisfactory heating and other energy services.

It is difficult to measure fuel poverty for smaller areas such as a local authority. National indicators are relying on using data pertaining to the number of people receiving income based benefits living in homes with a low energy efficiency rating. However a full data set is unavailable in Sandwell, where a proxy measure related to energy efficiency is being used; namely the average SAP (standard assessment procedure) rating for private sector housing.

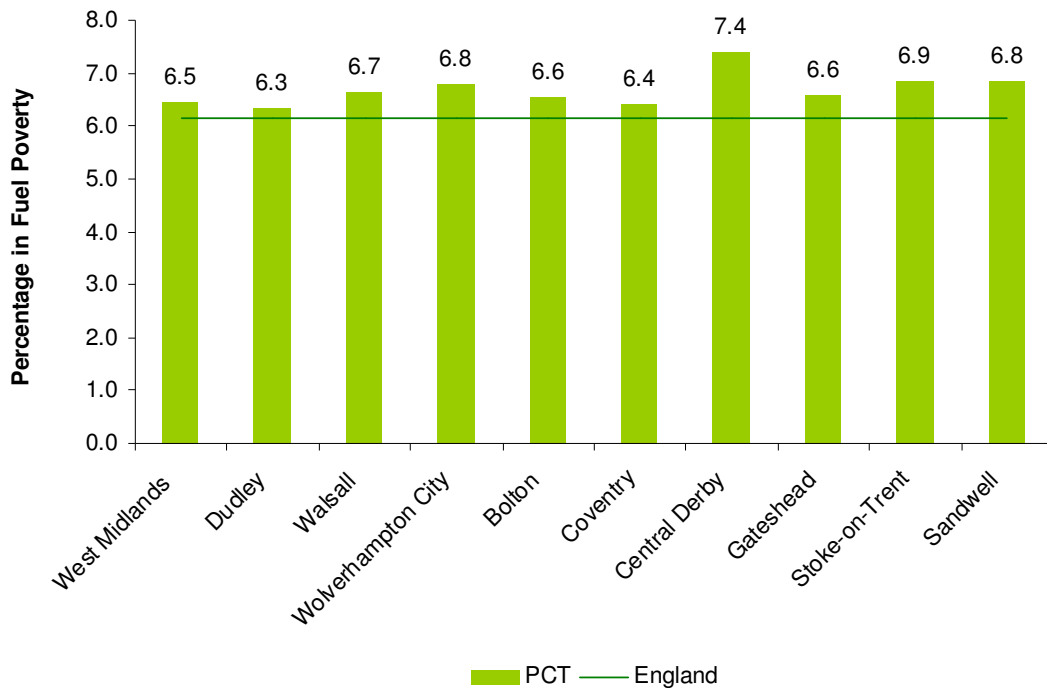
SAP ratings range from 1-100 with higher numbers indicating greater efficiency. Figure 3:4 shows the average Sandwell SAP rating for private sector housing improving over the last 4 years.

Figure 3:4 Average SAP rating for private sector housing



Source: DCLG(2008) HSSA Returns

The figures above only consider the energy efficiency side of fuel poverty. Although it is encouraging and beneficial to health that SAP ratings are increasing, the notion of how much a household's income is used to pay for energy is not understood here. The Centre for Sustainable Energy has attempted to estimate the levels of fuel poverty using statistical modelling on nationally available data that does pertain to all aspects of fuel poverty.

Figure 3:5 Households in fuel poverty

Source: Centre for Sustainable Energy Fuel Poverty Indicator 2003

The statistics in figure 3:5 are based on estimates rather than actual measurements made in homes. We can see that Sandwell has a higher percentage of households in fuel poverty than England; along with all the other comparator areas. Due to fuel price changes these figures will have changed, however Sandwell's position relative to other areas will have remained similar.

The over 60s age group make up 49% of all fuel poor households.

Main causes of fuel poverty

- Homes with poor energy efficiency
- Under-occupancy
- Low household incomes
- The price of fuel
- The temperature of the external environment

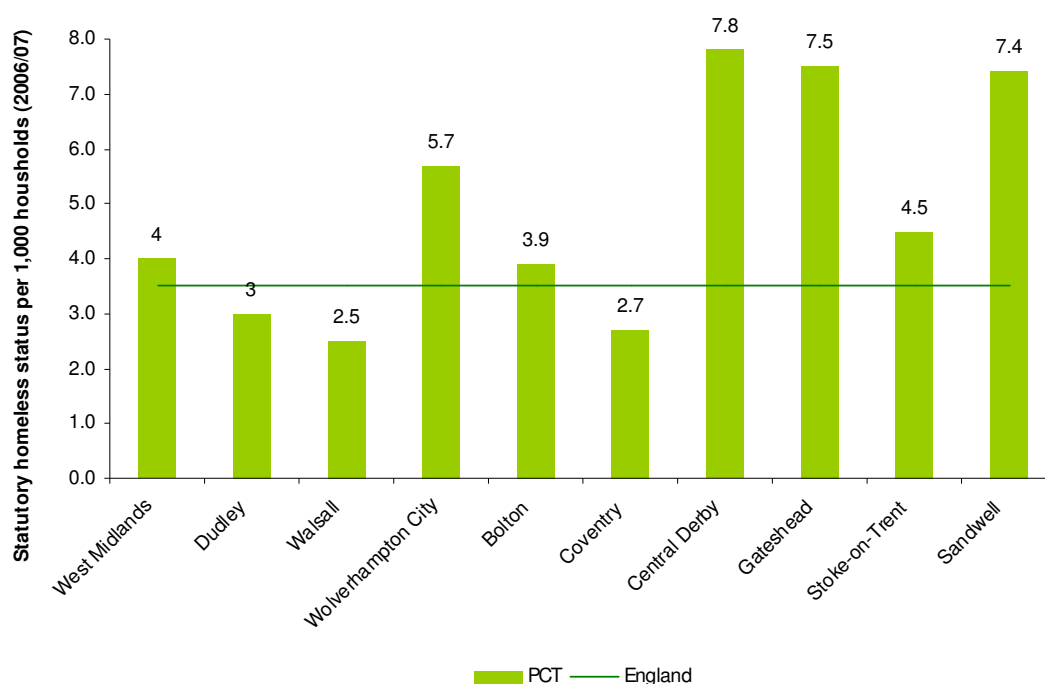
In 2004, there were around 1.2m households in fuel poverty in England. However, the Government estimates that fuel poverty doubled between 2004 and 2006, due to the rise in fuel prices over this period. The consequences of fuel poverty include cold, damp homes, reduced quality of life, poor health and debts. See CD for SOA FPI.

3.4 Homelessness

Addressing housing need adequately and preventing homelessness has shown to have positive health and social benefits. The need for accommodation by homeless households is very high in Sandwell. Figure 3:6 reveals a rate of 7.4 per 1,000 households receiving statutory homeless status in the year 2006/07. This represents 863 households. Vulnerable individuals in the following groups were more likely to receive statutory homeless status in Sandwell

- Looked after children
- Pregnant women
- Victims of domestic violence
- Those with healthcare needs

Figure 3:6 Statutory homeless status per 1,000 households (2006/07)

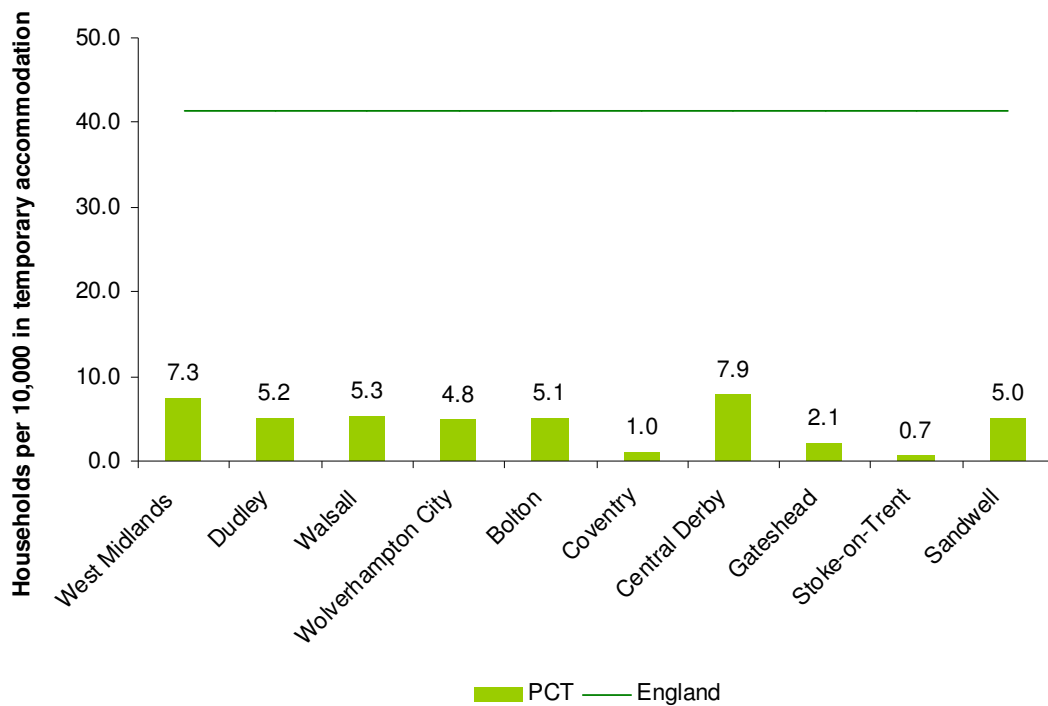


Source DCLG Housing Statistics

Sandwell's rate is over double that of England's (3.5) with the Peer's of Central Derby and Gateshead having similar if not greater rates that Sandwell.

In order to alleviate homelessness Sandwell seeks to find temporary accommodation for those in need. The number of households per 10,000 living in temporary accommodation is shown in Figure 3:7.

Figure 3:7 Households in temporary accommodation under homelessness provisions 2006/07



Source:

The Sandwell rate of 5 per 10,000 represents 59 households. The number of households in 2003/04 was 6; much of the increase over time can be attributed to beginning to use private sector housing stock to alleviate the homelessness problem. The elevated rate for England is greatly influenced by high rates of households in temporary accommodation in the London boroughs.

3.5 Home accidents

Home accidents are a leading cause of injury and death, especially to children and the elderly. Accidents associated with (but not necessarily caused by) constructional and architectural features, for example stairs, account for over 400,000 accidents per annum nationally. The main cause of accidents to the elderly are falls, with risk increasing with age. Several other close correlations exist between accidental death and social class, fire incidence and housing and social indicators. However the relationship between housing characteristics and accidents can be clouded by other factors such as behaviour, supervision and state of health.

A UK Home Accident Surveillance Scheme, that was short lived and ended in 2002, is being re-commissioned in 2008. In the mean time very little home accidents information is available. Work commissioned by the Urban Living Housing Market Renewal Area ³(which covers part of East Sandwell) included an examination of *serious* home accidents. Hospital admissions involving a stay of more than 3 days constituted serious.

Table 3:3 Serious home accidents in Sandwell, 2000 - 2004

	Number	DSR*
Sandwell	1,323	77.1
Birmingham	3,826	70.5

*Directly Age Standardised Morbidity Rates (DSR) per 100,000 Residents All Ages: Hospital Provider Spells (Admissions)

Although the only comparator available is Birmingham, we can see that Sandwell has a higher rate.

³ Housing-Related Health Indicators for the Urban Living Housing Market Renewal Area: Baseline Update 2005. Sandwell PCT Public Health.

3.6 What are we doing to address the challenges we face

3.6.1 LAA Targets:

NI 154	Net additional homes provided (core Indicator)
NI 155	Number of affordable homes delivered (gross)*
NI 158	Percentage of decent council homes
NI 187	Tackling fuel poverty – Percentage of people receiving income based benefits living in homes with a low efficiency rating.

3.6.2 Key strategies and reports

- Research Sandwell Briefing Note of Affordability
- Sandwell Housing Needs and Demand Study
- SMBC Affordable Housing Strategy
- SMBC Homeless Update
- Sandwell Supporting People 5 year strategy 2004-09
- SMBC Housing Strategy 2005 – 2008
- Urban Living HMRA Annual Report

Sandwell Children and Young People's Plan 2007 - 2010

Action is taken to ensure that young people have decent housing (JAR

5.5) Our Commitment: - We will: -

- We will deliver a housing strategy to assist in delivering the ECM Outcomes
- Increase the proportion of vulnerable people living in decent Sandwell Private Sector accommodation to 100% by 2010.
- Increase the proportion of vulnerable ensure young people leaving care have suitable accommodation available to them the private sector including the partnership work with the PCT on developing repairs on prescription for asthmatic young people.
- We will ensure young people leaving care have suitable accommodation available to them
- Mainstream the housing single referral panel for homeless young people from 85% in 2006/07 to 92% by 2010.

3.7 What do we need to know?

1. Better measures of the National Indicator targets rather than the proxies currently used
2. A map of housing conditions and household health and wellbeing needs

3.8 Recommendations

1. Partnership Strategic Intelligence Board enable the data sharing protocols to create the household database/map of Sandwell
2. Partnership Strategic Intelligence Board oversees the creation of the database/map
3. Partnership Strategic Intelligence Board commissions a vulnerable persons housing needs assessment to enable the targeting of resources based on the household database/map
4. The PCT uses the JSNA to identify research questions for the CLAHRC initiative with the University of Birmingham.