

HEALTH AND WELLBEING BOARD			
Report Title	Housing and Health in Lewisham		
Contributors	Head of Housing, Deputy Director of Public Health.	Item No.	5
Class	Part 1	Date:	3 July 2014
Strategic Context	Please see the body of the report.		

1. Purpose

- 1.1. In the autumn of 2013 the Health and Wellbeing Board received an update on the development of new models of housing for older residents.
- 1.2. This report sets out the wider relationship between housing and health and wellbeing. It summarises Lewisham's housing context and highlights the areas in which housing issues impact on residents' health and wellbeing, under three broad categories of the quality and conditions of homes, the provision of new housing, and the management of homelessness. This section of the report draws on an extensive literature review that has been undertaken jointly by housing and public health staff.
- 1.3. The report also sets out how services currently work together to effect change and support residents, and subsequently makes recommendations that might enable further joint working between housing, health and social care services in support of the Health and Wellbeing agenda.

2. Recommendation/s

The Health and Wellbeing Board is recommended to:

- 2.1. Note the three main areas in which housing impacts on resident's health and wellbeing, and the work that is currently being carried out in each;
- 2.2. Consider and discuss the recommendations made in this report which are intended to further support integrated working across housing, health and social care, which are:
 - a. To further expand the current focus on prevention, in particular in relation to the provision of aids, adaptations, grants and other support such as the handypersons service, including by considering

how these interventions can be best targeted where they will have the greatest impact;

- b. That partner agencies should work more closely together to share intelligence about demand for specialised (or other) housing, including in situations where a lack of appropriate housing is leading to poorer outcomes for residents and/or higher costs for partner agencies. Such closer working would enable housing services to better shape their new provision to the needs of health and care partners;
- c. To pilot the provision of a housing advice service in health settings, which might include in working with local integrated services, in order to better sign post residents through the housing system, identify more quickly when a housing intervention or other provision will be required to assist a resident's recovery, and to enable faster resolution of housing issues;'
- d. To continue to support the Warm Homes Healthy People Project and where possible help to secure greater engagement and buy in from local healthcare providers.

3. Strategic Context

- 3.1. Lewisham's Health and Wellbeing Strategy recognises that health and wellbeing is influenced by wider social and economic determinants such as housing. It identifies the need to create physical and social environments that encourage healthy habits, choices and actions
- 3.2. Addressing issues relating to the quality and quantity of housing stock in the borough relates directly to the Council's Sustainable Communities Strategy (clean, green and liveable) and to the Council's corporate priorities (decent homes for all).

4. Summary

- 4.1. Both improving the quality and increasing the availability of housing play a key role in promoting health and wellbeing. The health of homeless people is among the poorest in our communities. Hundreds of studies have investigated the health of populations and their housing conditions, resulting in a body of evidence that reveals strong associations between poor health and poor housing.
- 4.2. The WHO Commission on the Social Determinants of Health has highlighted the need to create healthy housing and healthy neighbourhoods for future health. Within public health more generally, housing policy is regularly cited as a determinant of health and health inequalities as well as having the potential to tackle health inequalities. The well-established associations between poor housing and poor

health suggest that housing improvement may well be justified on health grounds alone.

- 4.3. Poor quality housing is linked with a wide range of conditions, including respiratory problems, trips and falls and excess winter deaths. Lewisham Council and partners are working to improve the quality of existing housing in the borough and will continue to do so through the Decent Homes Programme, the Grants Team, the Home Improvement Agency and the Private Rented Sector Unit. This report recommends that this focus on prevention should be further expanded and prioritised in order to help residents to continue to live safely in their own homes.
- 4.4. Increasing the supply of housing is another way in which the Council and partners are contributing to improving quality and availability of housing. New build homes are constructed to modern standards which promote health and wellbeing. The Council, alongside partners, is developing a wide range of housing of all tenures and types, to help meet local demand.
- 4.5. The Council also plays a role in prioritising the allocation of existing housing in the borough to those most in need. Through the allocations process there are opportunities to reduce overcrowding and the negative outcomes for health and wellbeing associated with overcrowded housing.
- 4.6. Reducing homelessness reduces the negative impact of homelessness on health and wellbeing. This should not be considered to be limited to work with rough sleepers and single homeless people. Whilst there are specific health issues which are more prevalent in these populations, there are also negative health impacts for homeless families and those households in temporary accommodation.
- 4.7. There are opportunities for housing, health and social care services to work more closely together within the integrated neighbourhood model that is being progressed through the Adult Integration Programme. The provision of timely information and advice to residents on their housing options, from within a health setting is one way that this could be achieved. For instance, a housing advice officer located either within a new neighbourhood team, or based out of a hospital or other health setting, might enable the provision of better housing advice and support at an earlier stage than is currently possible. This is a project that could be funded on a pilot basis by the housing service in the first instance, and therefore it is recommended that the Board considers and approves a pilot scheme of this nature.
- 4.8. In the sections that follow this report first explores in more detail the specific housing context in Lewisham and London, and then explores the main areas of interaction between housing and health, namely the quality and conditions of homes, the provision of new housing, and the management of homelessness. The evidence that is contained in these

sections is drawn from a recently completed, and extensive, literature and evidence review which demonstrates why these areas of interaction are particularly relevant, and why the recommendations set out above have been made to the Board.

5. The Housing Context in Lewisham

- 5.1. The 2011 Census found 116,100 households living in 117,651 dwellings in Lewisham. Projections based on previous Census data suggested that over the next 25 years the number of households in Lewisham will grow faster than the average rates in London and nationally. Lewisham will see particularly strong growth among households aged 35-55.
- 5.2. Of the 116,100 households in Lewisham nearly 45% are owner occupiers. The remaining 55 per cent rent, either from a social landlord or a private landlord. The number who rent privately doubled between 2001 and 2011, partly as a result of rising house prices.
- 5.3. Approximately 40 per cent of the social housing stock in the borough is owned by the Council, with Housing Associations owning and managing the other 60 per cent. There are more than 60 Housing Associations in the borough, but the majority of stock is owned by six associations.
- 5.4. In March 2014 the average price for a property in London was £414,000. In Lewisham it was £319,000. Average property prices have more than trebled in London (and Lewisham) since 1995. The median household income in 2014 is £30,357, and so the average home in Lewisham costs more than 13 times the median household income. Increasing purchase prices mean greater demand for rented accommodation, and a doubling of the private rented sector and as a consequence it is more difficult for the Council to source temporary homes for residents experiencing housing crisis.
- 5.5. The impact of insufficient supply across all tenures and rising house prices has contributed to a doubling in size of the private rented sector, which in turn is leading to increasing pressure on private sector rents. This is particularly apparent London-wide where rents increased by nearly 10 per cent in the year to March 2013. In Lewisham the annual increase was less steep but still considerably greater than inflation.
- 5.6. The implication of rising house prices, alongside welfare reforms such as the benefit cap, is increased “acute” demand as shown by increases in the number of households accepted as homeless by the Council and placed in temporary accommodation, and the number of people accepted onto the housing register (waiting list). In 2013/14 684 households were accepted as homeless by the Council, an increase of 20 per cent on the previous year. At the same time the number of properties available for letting decreased by 43 per cent further

increasing the need for the Council to use temporary accommodation. Currently the Council has no choice but to house more than 350 households in this form of accommodation, which is the highest it has ever been. This is a London-wide issue. London has 75 per cent of the country's total homeless households in temporary accommodation and the use of nightly paid accommodation is also rising. As of April 2014, there were 8,301 people on Lewisham's Housing Register.

- 5.7. While housing and health are closely related in all housing tenures, the Board is asked to note the higher prevalence of poor health and wellbeing in the social sector. In the owner occupier sector, health issues are most prevalent for older occupiers, and the Council and other partners lead interventions in that regard. Younger owner occupiers, though, are less likely to be represented among target groups considered by the board. In the private rented sector, again, residents tend to be younger. However it is in the social sector where health issues may be most prevalent. The Council's allocation policies afford priorities to residents who are accepted as homeless with additional health needs, and consequently it is likely that the greatest prevalence of residents with additional health needs will be in the social sector.

6. Housing Quality

- 6.1. Aspects of poor quality housing that impact on the greatest number of people include: air quality temperature, accidents (slips, trips, and falls), noise and fires. The health impacts for which there is the strongest evidence base include respiratory conditions, mental health, injury or death from accidents, cold related illness and general physical symptoms.
- 6.2. It is acknowledged that there are other factors which have a relationship with housing and impact on health, such as Radon and environmental smoke. Fortunately, Radon is not a problem in Lewisham, and the biggest contributor to poor air quality in the home in the UK is smoking, which is currently addressed within other Public Health initiatives.

7. Housing Quality: Cold and Damp

- 7.1. Cold conditions contribute towards the numbers of "Excess Winter Deaths" (EWD), defined as the additional number of deaths occurring during the winter season compared with the average of the non-winter seasons.
- 7.2. Evidence indicates that there is a strong association between excess winter deaths and cool household temperatures, with those living in the 25 per cent coldest households being around 20 per cent more likely to suffer an excess winter death than those in the warmest¹. A review of the evidence shows living in cold conditions is associated with poor

health outcomes and an increased risk of morbidity and mortality for all age groups². Separate from social care costs Age UK estimate an annual cost to the NHS in England of £1.36 billion³ due to the cold.

- 7.3. Lewisham had a higher than London average Excess Winter Mortality Index rating for the 2010/11 period, with a total of 90 excess winter deaths in Lewisham during that period.⁴
- 7.4. Cold homes also increase the risk of developing a wide range of health conditions including, influenza, asthma, pneumonia and accidental injury. As well as non-fatal cardiovascular and respiratory diseases, low indoor temperature also exacerbates existing conditions such as arthritis and rheumatism, increased blood pressure, heart disease and risk of stroke. A lack of adequate heating is also responsible for an increased incidence of hypothermia and heart disease particularly in older people.
- 7.5. The rates of admission for people with COPD and heart failure are higher in Lewisham than the England average⁵ There is clear evidence that living in cold housing is an underlying factor for circulatory and respiratory disease two of the three biggest killers in Lewisham⁶.
- 7.6. Damp is linked with inadequate heating and poor ventilation, leading to high humidity levels and condensation. Damp conditions predispose to bacteria and virus replication, increase proliferation of dust mites as well as mould and fungus formation which can affect respiratory health. The majority of research in this area relates to asthma, and evidence suggests that people with asthma are two to three times more likely to live in damp household conditions⁷.
- 7.7. A previous briefing on the impact of damp and mould on disease in Lewisham was compiled in 2011. It concluded that improvements in housing are likely to improve health for those living in cold damp or mouldy environments. It acknowledged the well established association between living in a damp building and various negative health outcomes and asthma in particular.
- 7.8. Although the sample size is small, mortality from asthma in Lewisham for people of all ages is not significantly different to the England or London averages from 2006-08. Damp and mouldy conditions however affect children more than they affect adults. This is of note considering standardised admissions for asthma in those 16 years of age or younger in Lewisham are significantly higher than the England admission rate. WHO reports that a considerable proportion of childhood asthma cases is attributable to exposure to indoor dampness and mould⁸. Irritations of the throat and eyes, allergies, rhino-conjunctivitis and eczema have also been observed repeatedly^{9 10 11 12}
- 7.9. Furthermore, specific groups may be both disproportionately exposed to and more vulnerable to the ill-effects of cold homes than others. In

the case of older people or infants for example this may be due, in part, to being more likely to spend longer periods of time in the home and/or being less physically active. The groups which may be disproportionately affected by the ill-effects of cold homes are:

Children and young people

- A study into the effect of poor housing conditions (including cold living conditions) on children, found that children growing up in poor housing conditions were more likely to suffer from mental health problems, such as depression and anxiety, experience slower physical growth and cognitive development, as well as other negative outcomes, such as respiratory problems, long term ill health and disability¹³
- Cold homes have been found to affect the educational performance of children, increasing rates of sickness and absence from school¹⁴

People with long term conditions

- In 2011, 14 per cent of individuals in Lewisham reported having a long-standing health condition or disability that limited their day to day activities. Existing medical conditions have been found to be exacerbated by cold conditions, including diabetes, certain types of ulcers and musculoskeletal pains¹⁵. Cold homes can increase the severity of the condition and limits mobility.

Older people

- Research suggests that blood pressure rises in older people with exposure to low temperatures increasing the risk of health and strokes¹⁶
- Cold houses can affect mobility and increase risks of falls and accidental injuries, negatively affecting strength and dexterity, particularly amongst older people¹⁷
- A population based study looking at vulnerability to winter mortality in elderly people in Britain found around a 30 per cent increase in mortality in winter amongst people 75 years or older¹⁸
- Amongst people aged 75 and over the number of households with poor energy efficiency was at 5 per cent in 2011 significantly higher than the 3 per cent across all households.¹⁹

8. Housing Quality: Reducing incidence of Cold and Damp

- 8.1. One reason for damp and associated mould is related to the design and construction of buildings. Good design and proper construction can help to prevent problems from occurring. Timely maintenance, including speedy response to flooding are important as well as the need to make occupiers aware of how to use their homes in a healthy manner, for instance, education about how and when moisture is generated and the value of ventilation.

- 8.2. This paper echoes The World Health Organization's view that housing improvements that ensure the provision of affordable warmth may have the greatest potential to reduce the adverse effects of poor housing and that reducing exposure to damp and mould would be extremely beneficial to public health and prevent or reduce a large proportion of asthma among adolescents and adults
- 8.3. In February 2013 a report was submitted to the Health and Wellbeing Board which summarised the evidence on the health impacts of fuel poverty and link between cold homes and 'excess winter deaths'. It found that 11.2 per cent of households in Lewisham are classified as being in fuel poverty when defined as needing to spend more than 10 per cent of household income to achieve adequate warmth. The report also describes the benefits of actions to help those at risk of fuel poverty and called for the Health and Wellbeing Board's support for ongoing action in Lewisham on fuel poverty as part of the wider health agenda. This report supports the recommendations to reduce fuel poverty in the borough
- 8.4. Lewisham's Warm Homes Healthy People (WHHP) project is a Council led initiative part-funded by Public Health. For three years it has provided help for those identified as vulnerable and at risk to the cold, helping them to stay warm and healthy during the colder months. The scheme helps to reduce hospital admissions and seasonal deaths locally. Some of the services provided include:
- A package of support for residents identified as potentially at risk from the cold which includes a winter warm pack, practical advice on keeping warm, advice on switching energy tariff and access to other relevant voluntary sector services.
 - Installation of insulation, draught proofing, heating upgrades and repairs; and emergency heating.
 - The project also supports community-led fuel poverty events that aim to raise awareness among vulnerable residents about the health risks associated with cold housing and promote locally available sources of support. The project also delivers fuel poverty training to local frontline staff across social services, health, housing teams and voluntary organisations.
- 8.5. Some key achievements of the 2013/14 WHHP project:
- 437 vulnerable households received a home visit and winter warm pack
 - 4300 free measures were provided to vulnerable households to keep warm and reduce fuel bills
 - 160 front line professionals received training on fuel poverty and health awareness
 - 16 vulnerable households received heating improvements and/or insulation, bringing in £10,500 external funding
 - 195 vulnerable households also received smoke alarms and CO detector

- 872 vulnerable households have accessed the service since it began in 2011/12,
- 8.6. The WHHP project seeks to ensure the support available reaches those most in need. Two key vulnerable groups that the service has had limited success in reaching are low income families and individuals with a health condition, which is a reflection of the low number of referrals received from the health sector.
 - 8.7. Costs to the NHS of treating the illnesses caused and exacerbated by cold homes are in the region of £1.36 billion per year.²⁰ A cost-benefit analysis by Professor Christine Liddell identified that investing £1 in improving affordable warmth delivered a 42 pence saving in health costs for the NHS.²¹
 - 8.8. The WHHP compliments patient care by preventing illness that can be triggered by a cold/damp home environment. Health professionals have an important role to play in referring patients who may be at risk to the cold to the WHHP project and greater engagement with the local health sector is critical to the success of the WHHP project going forward. It is recommended that the Health and Wellbeing Board continues to support the WHHP initiative and where possible takes steps to secure greater engagement and buy in from local healthcare providers.
 - 8.9. The BRE/CIEH Model HHSRS Cost calculator was used in 2010 to estimate the total cost to the NHS to remedy excess cold and damp to the NHS, compared to the costs to the Council. The annual cost to the NHS of remedying excess cold was estimated to be £4.38million, whereas the cost to LBL was estimated to be £1.28million. The annual cost to the NHS of damp was estimated to be in the region of £78,000, and costs to LBL were estimated to be in the region of £1.7million.

9. Housing Quality: Trips, Falls and Accidents

- 9.1. There are well known difficulties in establishing exact accident rate statistics arising from the home. Typically data is only gathered at the point of medical intervention and thus many accidents are never acknowledged. Furthermore, the accuracy and consistency of reporting is variable.
- 9.2. ONS identified home accident deaths as a continually growing problem with approximately 5,000 in 2009 and the WHO (2005, cited in CIEH 2005) produced similar estimates of 4,100 deaths in the home and 270,000 injuries annually. Home and leisure fatal accident rates are twice that of road accidents.
- 9.3. Under-14s and over-65s have been found to be most at risk of trips and falls, and this paper focuses on evidence available for these two groups.

- 9.4. Annually, UK ambulance services respond to 700,000 calls from older people who have fallen. About 60 per cent of these cases are taken to hospital²². Hip fractures are the most serious fall-related injury in older people, with 15 per cent dying in hospital and a third not surviving beyond one year afterward of those older people that survive approximately half are never functional walkers again.
- 9.5. In Lewisham approximately 1,000 people aged over 65 present to the Accident and Emergency department with a fall each year. There are also approximately 200 hip fractures each year, which cost just over £1m in total.
- 9.6. Around 60,000 fractured neck of femurs occur each year in the UK, resulting in up to 14,000 deaths and a cost to the NHS of approximately £1.7 billion.²³ In 2009/10 Lewisham's rate of fractured neck of femurs was not significantly different from any other borough in South East London, nor from England overall but was higher than that of London overall.
- 9.7. The South West Public Health Observatory injury profile identifies that hospital admissions and hospital stays more than three days due to unintentional injury were significantly higher in Lewisham than the national average. The two areas greater than the national average by the biggest margin related to hospital admissions related to injury in the over 75's and admissions due to falls in the over 65's. Although the specific breakdown of the nature of falls and whether they occurred in the home is not specified it is reasonable to assume on the basis that the elderly spend up to 90 per cent of their time in the home that this is where a significant amount of these accidents and falls arose.
- 9.8. Emergency admissions for falls injuries in persons aged 65-79 years was higher than the national average (Lewisham JSNA).
- 9.9. Kannus et al (2005) estimate that between 30-60 per cent of the over 65 population fall each year. They go on to highlight that 20 per cent of these injuries require medical intervention and are the major cause of functional impairment, disability and death.²⁴ Falls and resultant fractures in people aged 65 or over account for over 4 million bed days each year in England alone and are the leading cause of accidental mortality in older people²⁵.
- 9.10. 77 per cent of all home injuries among small children (up to five years) are due to falls (Bauer and Steiner, 2009)²⁶, but in childhood, falls are seldom lethal and typically result in only minor injuries. In adolescence and adulthood, falls more commonly lead to hospitalization²⁷. Among older people, falls have the most severe health outcomes

- 9.11. The Health Protection Agency estimate 882,500 accidents led to under 14s attending Accident and Emergency departments as a result of home accidents mostly due to falls or being struck by a static object.²⁸
- 9.12. Falls also result in loss of confidence, continued fear of falling, activity restriction, reduced functional ability, loss of independence, social isolation and thus increased dependency on carers and services.
- 9.13. The Council and Registered Provider partners provide a range of support to residents which contributes to the prevention of falls. Within the Council these include the provision of aids, adaptations, grants and other support such as the handypersons service. Housing association partners also administer their own aids and adaptations programmes for the same purposes. All of these services provide the opportunity to modify residents' homes in order to make them safer and to reduce the risks of slips, trips and falls, with the cost of intervening in this way very often substantially lower than the cost of supporting residents' to return to health and mobility after a fall.
- 9.14. The BRE/CIEH Model HHSRS Cost calculator was used in 2010 to estimate the total cost to the NHS of trips and falls on a level and on the stairs. The estimated costs of Falls on the level was estimated to costs the NHS £1.162million, compared to the cost to LBL of £174,000. The estimated costs of falls on stairs was £640,000 to the NHS and £86,000 to LBL. This suggests that there is an opportunity to do more preventative work in this area to reduce costs to the NHS.

10. Housing Quality: Overcrowding

- 10.1. Under the Housing Act 1985 there are two legal standards that determine if a property is overcrowded. The first is known as the room standard, and the second is known as the space standard. The 'room' standard requires that that no male and female aged 12, or over, should have to sleep in the same room, unless they are partners. The 'space' standard specifies the maximum number of people who can sleep in any room considered suitable for use as a sleeping room dependent on floor area.
- 10.2. New household formation and children growing up are typical reasons for overcrowding. Another common reason for overcrowding is the presence of individuals who for a variety of reasons, perhaps due to relationship breakdown or recent release from prison, are unable to secure their own housing and are staying with family or friends as a result.
- 10.3. Findings from the English Housing Survey indicate that the rate of overcrowding in England during 2011/12 was 3 per cent, amounting to 643,000 households living in overcrowded conditions. This is a slight increase from 2 per cent in 2002/03. 2011 Census data for Lewisham shows that 25,722 (22.2 per cent) of households are overcrowded by at

least one room, and 14,387 (12.4 per cent) are overcrowded by at least two bedrooms.

- 10.4. Although there is data available and recent trends indicate that it has been on the rise, particularly in London and the South much overcrowding is not reported and remains hidden from view.²⁹ As such the problem may be bigger than estimated.
- 10.5. Overcrowding is associated with a range of negative outcomes, including poorer child development, communicable diseases, respiratory problems and mental health issues.^{30 31} Numerous epidemiological studies have demonstrated the existence of a significant association between overcrowding and the prevalence of certain infectious diseases.³² Overcrowding may have a direct effect by facilitating the spread of infectious diseases such as tuberculosis, rheumatic fever and meningococcal disease.³³
- 10.6. The Building Research Establishment estimates that the cost of overcrowding on the NHS is £21,815,546 per year³⁴.
- 10.7. Overcrowding is also associated with mental health problems. A study conducted in north-west England found an association between overcrowding and the prevalence of psychiatric morbidity in the adult population.³⁵
- 10.8. Several studies have also demonstrated that housing quality constitutes a good predictor of psychological issues and that overcrowding in particular is significantly associated with children's mental health.^{36 37} There is research evidence to show that overcrowding significantly increases levels of stress within families and can lead to interpersonal conflicts and has a negative impact on children's education and development^{38 39}.
- 10.9. As is the case with some of the previously reviewed aspects of poor housing, overcrowding has a greater impact on the health and wellbeing of those who spend the most time at home, typically children, and individuals with chronic health conditions, the mobility impaired and their carers.
- 10.10. National research into overcrowding has concluded that overcrowding disproportionately affects black and minority ethnic communities.⁴⁰ Households headed by ethnic minorities were more likely to experience overcrowding (12 per cent) when compared with households headed by white counterparts.⁴¹ In this respect it is significant that tuberculosis also disproportionately affects black and minority ethnic households.
- 10.11. The Council operates a number of schemes to support social tenants to move, and to create vacancies in larger properties which can subsequently be let to larger families. In the medium term the development of specialised new housing for older residents is

intended, in part, to act as an incentive to older tenants to downsize to attractive new accommodation, thereby releasing family homes.

10.12. In addition, and in the shorter term, a number of Council schemes have been developed to support moves. A good example is “Trading Places”, a project that has been launched over the past year in response to the welfare reform agenda and to support residents to move where they choose to do so. The project, which has drawn funding and staffing support from housing association partners, has successfully supported 40 such moves already, having been in operation for only five months.

11. Housing Quality: Improving the quality of Social Housing in Lewisham

11.1. Increasing the quality of homes is a Council priority. The Council has pursued a mixed approach to securing quality within the Social Housing Sector (measured by the Decent Homes Standard), pursuing stock transfers where residents preferred that, and setting Lewisham Homes to improve the remainder of homes. This programme will have delivered the Decent Homes standard to all homes by the end of March 2016, at which time more than £100m will have been invested in bringing the retained Council housing up to the decent homes standard.

12. Housing Quality: Improving the quality of owner-occupied housing

12.1. Lewisham has a number of services which aim to support people to carry out works in their own homes to improve quality and maintain independence.

12.2. The very popular Lewisham Handyperson Service works across all tenures carrying out small jobs such as fitting grab rails, changing light bulbs and fitting smoke alarms for people who cannot manage themselves. People are charged for materials but not labour. Gardening and decorating are not provided although anecdotally there is a demand for both. The service is advertised through leaflets and posters in venues such as hospitals and GP surgeries. The Handyperson Service carries out approximately 2,000 jobs a year, over half of which are for falls prevention. There is a lack of referrals from health, with the majority of people accessing the service via self-referrals. It is proposed that health and social care colleagues could make better use of this resource and this would maximise the benefit of the service to health and wellbeing.

12.3. The Council’s Grants Team provides grants to deal with property that is non-decent and manages the mandatory Disabled Facilities Grants (DFGs), which is available to disabled people across all housing tenures. The Grants Team also informs people where there are other

government improvement grants which may be of benefit to them. The three grants which the grants team administers are:

- DFGs are available to a maximum of £30,000; they are means tested (except where a disabled child is involved) and require the recommendation of an occupational therapist. A discretionary interest-free top-up loan of £15,000 is available in certain circumstances. The majority of the work involves stair-lifts and bathroom alterations.
- Home-repair grants of £3,000 are available to homeowners and tenants with a repairing responsibility with a top-up of a £27,000 interest-free loan to bring properties up to the Decent Homes Standard. These are repayable through a charge on the property.
- There is also a smaller repairs grant of up to £2,000 for homeowners who are in receipt of a qualifying benefit for carrying out emergency works where the home owner is at imminent risk of harm.

12.4. In 2013/14 there were 71 DFGs carried out in Lewisham, at an average cost of £8,090. These adaptations included bathroom adaptations, installation of stair lifts and hoists, all of which contribute to promoting independence.

12.5. Staying Put is Lewisham's home improvement agency. It helps older people and people with a disability to access grant or loan funding for adaptations or repairs. It provides support and advice in planning and arranging the work. The service tends to be used by vulnerable residents who would struggle to organise work themselves or through their family. There is an increasing demand for this service and with limited funds which can increase the time period taken before work can be agreed and completed for qualifying households.

12.6. The Special Duty Team is a small team within the Adult Social Care division which offers a service to vulnerable people living within a variety of tenures to keep their properties clean and free from clutter. The team, in the main, works with tenants with mental health issues who need support to manage their micro environment. An increasing number of referrals are made following a hospital admission, which prevents them returning home without assistance.

13. Housing Quality: Improving the quality of housing in the Private Rented Sector

13.1. The growth of the Private Rented Sector (PRS) has been accompanied by increasing challenges, all of which may impact on health and wellbeing:

- Affordability.
- Poor physical standards
- Rogue landlords

- Insecurity of tenure
- 13.2. The private rented sector accounts for 25 per cent of the housing market in Lewisham and more than doubled in size between the 2001 and 2011 according to census data. There are more than 30,000 units in the PRS and of those 10,500 are rented to households in receipt of housing benefit. In addition there are estimated to be 700 licensable Houses in Multi Occupation in the borough, of which 166 are licensed.
- 13.3. The DCLG English Housing Survey 2012/13 shows that:
- The PRS has the highest proportion of non-decent homes (33 per cent) in 2012, 13 per cent of total dwellings had a Category 1 hazard under the HHSRS, but this percentage was more prevalent in the PRS with 19 per cent of PRS dwellings failing the minimum safety standard, compared with 6 per cent of social rented sector dwellings
 - PRS dwellings are also more likely than social sector dwellings to fail the decent homes standard due to poor thermal comfort (15 per cent compared with 5 per cent) and disrepair (8 per cent compared with 3 per cent)
 - 9 per cent of private rented dwellings had some type of damp problem, compared with 5 per cent of social rented dwellings, partly because PRS dwellings are more likely to be older and have property defects
 - 6 per cent of households in the PRS are overcrowded (compared to 1 per cent in the owner occupied sector), and overcrowding is a problem likely to increase with welfare reform.
- 13.4. A survey of homes in the private rented sector in Lewisham which took place in 2011 estimated that more than 35 per cent of homes in the sector failed to meet the Government's Decent Homes Standard.
- 13.5. An estimated 3,700 landlords operating in the borough, of whom the majority are small landlords with a handful of properties. Many of these landlords do a good job for our citizens and provide good quality accommodation that is well managed and maintained. However, Lewisham, like other London Boroughs, has at the bottom end of the market a small group of rogue or criminal landlords who exploit residents, many of whom are vulnerable.
- 13.6. In the private rented sector the Council has less direct control over quality. However, Lewisham has developed an approach to drive up quality in the sector by specifically targeting rogue landlords and developing a Private Sector Housing Agency to bring together a number of teams who were working across different services dealing with the private sector.
- 13.7. Over the past year Lewisham has successfully prosecuted a number of landlords, mostly HMO landlords for failing to licence their properties. The Council's environmental health residential team of 4 staff respond

- to a range of enquiries and complaints, around 800 per annum, from private tenants relating to the condition of their properties.
- 13.8. This team also tackles non-decency in the private rented sector. The primary hazard failures are excess cold, damp and mould and hazards which lead to falls (uneven flooring, poorly constructed stairs etc). Most cases are resolved through support, advice and liaising with landlords. Where this does not result in improvement, enforcement action is taken.
- 13.9. The Private Sector Housing Agency also works to prevent homelessness and to find good quality accommodation in the private rented sector for homeless families and single people. These tenancies are not just securing supply for our customers but also support the Council's drive to improve standards, leading by example in how to procure, manage and maintain good quality homes for homeless households.
- 13.10. The PSHA also promotes the benefits to landlords of the Lewisham accreditation scheme to improve the professionalism of local landlords. Our accreditation scheme is part of the London scheme (LLAS). Currently Lewisham has 275 landlords accredited through LLAS but we hope this will substantially increase in tandem with the promotion of the London Rental Standard.
- 13.11. The London Rental Standard brings together seven landlord accreditation schemes, which will operate under a single framework. The badge will be awarded to all landlords and letting agents who meet a set of significant core commitments set by the Mayor. These outline a minimum level of service that renters should expect including transparent fees, better property conditions, better communication between landlords and tenants, improved response times for repairs and maintenance, and protected deposits.
- 13.12. As part of our ongoing commitment to tackle poor practice for the PRS, improve standards and protect vulnerable tenants we bid and secured £125K funding from DCLG to support a Rogue Landlord project. In addition the project secured £30k funding from Public Health as the homes of these landlords are very often in the poorest condition with high levels of overcrowding of vulnerable citizens and the resulting health impacts this creates.
- 13.13. This funding has been used to employ a dedicated enforcement co-ordinator in January 2014 who has worked hard to bring a range of Council services and external partners together (multi-taskforce agency) to co-ordinate all of the enforcements actions across the Council and partners to drive forward prosecutions where appropriate and to ensure all legal avenues are explored and utilised.
- 13.14. A multi-agency service has been established to bring together all of this activity and to focus enforcement action across the Council and public

sector partners to tackle the worst landlords. This work is also supported by voluntary and community organisations, such as St Mungo's, to ensure that where residents are displaced from poorly managed and maintained properties, they are supported into better homes rather than moving into properties of a similar nature. Given that the residents of properties managed in this way often have additional health or care needs, this activity is directly supporting vulnerable residents, by improving their housing situation.

14. Increasing Housing Supply

New homes of all types

- 14.1. The Council has long prioritised the delivery of new affordable homes for its residents, and has achieved success in enabling the construction of more new homes than most other authorities. In 2011/12 Lewisham built more new affordable homes than all but two local authorities in the country; in 2012/13 the total completions were the highest in London.
- 14.2. The Council's New Build Programme, which is being delivered by Lewisham Homes, will provide 500 new homes by 2017. 80% of these will be for rent at social rent levels and 20% will be for private sale. The first six new homes within the Council programme are now in construction at Mercator Road. A firm bid has been made to the GLA for 2015/16 (98 homes) and indicative bids for 2016/17, 2017/18 with a 100 homes each. Each bid should comply with the London Housing Design Guide.
- 14.3. Registered Providers of Social Housing are also actively developing new housing in the borough. There are approximately 500 new homes which will be completed this financial year, which will be for affordable rent and shared ownership.
- 14.4. Over the next four years the Council intends to see 2,000 new affordable homes developed in the borough, of which 500 will be Council homes and the remainder will be developed by registered provider partners. These will all be built to London design guide standards, which set minimum space and design parameters and which since their inception have been accepted as a de facto national guide to the specification of new housing. 10 per cent of these new homes will be designed to wheelchair accessible standards.
- 14.5. The delivery of these new homes will mean that the total stock of affordable housing in the borough will grow by more than 5 per cent, with all of these new homes meeting modern design and access standards. In combination with the decent homes programme, above, and the development of new specialist housing, as set out below, this will lead to a significant improvement in the quality (and quantity) of housing provision in the borough.

Specialist new homes

- 14.6. A report was brought to the Health and Wellbeing Board in November 2013 which outlined the development plans for new build extra care accommodation for older people.
- 14.7. To recap, a significant programme of development of new highly specialised housing for older residents is being progressed, and the first new homes as part of this will soon be available. 78 new units of extra care accommodation will be available at Conrad Court in Deptford in August this year. These will be of high quality and in themselves will help to improve provision. They will also offer alternative options to the residents of the Council's Kenton Court and Somerville extra care schemes, both of which are acknowledged to no longer meet modern standards, and which as a result may be redeveloped in the medium term.
- 14.8. Over the next three years a further 111 new units of modern extra care housing will be constructed, in two schemes which are being developed jointly by the Council and registered provider partners. Again these will add to the number of modern homes available for older residents, and are being designed to lead to a long term reduction in care costs, leading to benefits to health and social care services as well as residents.
- 14.9. Within the Adult Integrated Care Programme, there is a work stream which focuses specifically on securing wider partnerships, including housing partnerships. This work stream is developing models of supported housing which can support wider Health and Social Care commissioning intentions and deliver cost savings. Pathways into supported housing will also be reviewed to ensure that this resource is being used as efficiently as possible.
- 14.10. Officers have identified areas which could provide opportunities for housing to support wider commissioning intentions within Health and Social Care. The areas identified are: Learning Disability, Transition Groups, People with Autism, People with Mental Health conditions. For each of these areas, officers are gathering information, researching housing and support models, and working to better understand how these could be implemented locally. Proposals will then be developed for implementation.
- 14.11. The Health and Wellbeing Board is asked to consider how partner agencies can best support this work, combine intelligence, and come to a collective view on how specialised new housing can be commissioned to better meet residents' needs.

15. Homelessness

- 15.1. Homelessness is a widespread problem affecting many thousands of people each year. Accurately estimating numbers of homeless people and understanding their health needs is notoriously difficult. Data on those who are homeless often focuses on those in contact with services and so often underestimates the true number.
- 15.2. Not all long term homeless people sleep rough all the time, they may spend time as “hidden homeless”, with friends or in squats, in hostels or other short term accommodation.⁴² In Lewisham there are 1,441 households currently in hostels or temporary accommodation.
- 15.3. In 2013/2014, 9,798 households approached the Housing Options Centre, 1,041 Homeless Applications were made, and 711 Homeless Applications were accepted by Lewisham. Homelessness was prevented in 215 instances. 1,885 people approached the Single Homeless Intervention Project.
- 15.4. The homeless population is particularly vulnerable to Tuberculosis (TB) and the WHO has claimed that ‘TB rates can be up to 20 times higher than in the general population’.⁴³ This inequality exists due to a range of factors including ease of spread due to living environments, smoking, poor nutrition and alcohol consumption. Furthermore, homeless patients are likely to present much later with advanced disease and less likely to complete treatment once issued treatment.⁴⁴
- 15.5. Mental ill health should be considered to be both a cause and consequence of homelessness. In the homeless population depression, affective disorders, schizophrenia, psychosis and states of anxiety are common. The World Health Organisation (WHO) Europe found that 20 per cent of homeless people with mental ill-health are dually diagnosed with substance dependence⁴⁵. Less than one-third of homeless people with mental illness actually receive treatment. They are also 9 times more likely to commit suicide than the general population.
- 15.6. The homeless adolescent population is at increased risk of acquiring STI’s and Blood Borne Viruses (BBVs) compared with the general population⁴⁶. There is mounting evidence of unmet sexual health needs in the homeless population in terms of: the supply of information about, and testing for, sexually transmitted infections; condom supply and use; contraceptive advice; and cervical cytology^{47 48}
- 15.7. According to DCLG⁴⁹ and St Mungo’s⁵⁰
 - Rough sleeping has risen by 31 per cent from 2010-2012
 - 24 per cent of rough sleepers reported are in London, which was a total of 3472 in 2012

- The majority of rough sleepers are aged 26 - 49 years old, 73 per cent of rough sleepers in London are in this age group
 - 90 per cent of rough sleepers are men
 - 35 per cent of rough sleepers have diagnosed mental health problems
 - 49 per cent have an alcohol problem
 - 41 per cent have drug problems
 - 20 per cent start using drugs after becoming homeless
 - 23 per cent have dual diagnosis
 - The average life expectancy of rough sleepers is 42 compared to a national average of 74 for men and 79 for women
- 15.8. The average life expectancy of male rough sleepers is just 47 years, compared to 77 years for the general population. Life expectancy of female rough sleepers is even lower at just 43 years. This huge variation demonstrates both the increased health need, and the barriers to accessing health care faced by homeless people.
- 15.9. Two thirds of street homeless people cite drug or alcohol use as a reason for first becoming homeless and drug users are seven times more likely to become homeless than the general population.⁵¹ Several studies from the UK & Europe demonstrate a high prevalence of illicit drug use and alcohol dependence among the street homeless population.⁵² Substance misuse is a common cause of death amongst the homeless population and the physical and mental health consequences of drug and alcohol abuse are wide ranging and often serious. These include serious infectious diseases, respiratory problems, cardiovascular disease and mental health issues to name but a few.^{53 54}
- 15.10. Despite a considerable burden of health problems faced by the homeless, they are often unwilling or feel unable to seek help. Stigma, discrimination, inaccurate generalisations, genuine or perceived difficulty registering with a GP, an unsettled lifestyle and Homeless people themselves not prioritising their health or being unaware of where to go and what they are entitled to all contribute.^{55 56 57}
- 15.11. Despite the improving use of services at a primary level, the homeless population continue to use hospital services at a disproportionate rate to the general populations.⁵⁸ DoH in 2010 statistics identify toxicity, substance misuse and mental health problems as the commonest reasons for admission. It found that this group are high users of secondary care, with high rates of emergency admissions that subsequently result in longer times as a hospital inpatient.

16. Tackling homelessness

- 16.1. There are five priorities within Lewisham's current Homelessness Strategy, these are:

- Preventing homelessness arising where possible and promoting housing options
 - Providing long term and sustainable housing
 - Protecting and providing support for vulnerable adults and children who are homeless or faced with homelessness
 - Promoting opportunities and independence for people in housing need by improving access to childcare, health, education, training and employment
 - Reducing Youth Homelessness
- 16.2. Set out below are some of the key activities which relate to the delivery of this strategy:
- Preventing homelessness by carrying out more home visits, mediation, providing rent deposit incentive scheme for people to access the private rented sector
 - Establishing the Single Homeless Intervention & Prevention team as the central assessment and referral agency for single homeless people
 - Tackling overcrowding and under-occupation in housing to free up greatly needed family accommodation
 - Helping residents find 'in-situ' solutions to maintain independent living – Disabled Facilities Grants to provide aids and adaptations, the Handyperson Service, and other loans to deal with disrepair and alterations
 - Providing a flexible and broad range of housing options including the private rented sector, intermediate rent and shared ownership opportunities
 - Exploring sub-regional opportunities to provide greater housing choice and availability
- 16.3. Housing officers at the Housing Options Centre and Single Homeless Intervention and Prevention Team work with people who are homeless or who are at risk of becoming homeless to identify suitable housing for them, according to their needs and an assessment of priority.
- 16.4. The Private Rented Sector unit works with residents who present as homeless in the Housing Options Centre (HOC) or Single Homeless Intervention and Prevention Service (SHIP) to find them suitable, good quality accommodation in the private rented sector. This can be either as an accepted homeless case in our private sector leased accommodation or the Lewisham Landlord Letting Scheme, a comprehensive tenant finding service, which has both an incentive and bond offered to landlords who are willing to work with our customers.
- 16.5. Lewisham's Private Rented Sector Unit has two Tenancy Relations Officers (TROs) who support tenants who are being unlawfully evicted or harassed. Over the last year they have actively supported, through case work, negotiations and court appearances, approximately 75 tenants whose landlords were attempting to illegally evict without following due legal process, or harassing them.

17. Conclusion

- 17.1. Good quality housing plays an important role in promoting health and wellbeing. The Council and its partners are already working closely together to maximise the impact of investment in housing to support health outcomes.
- 17.2. As set out in this report, the evidence shows that there are three specific areas where further work would have an additional impact in supporting health and wellbeing, and in that regard the following are recommended for the Board to consider and discuss:
- A further expansion of the current focus on prevention through the provision of aids, adaptations, grants and other support such as the handypersons service;
 - A greater focus of partnership working to share intelligence about the demand for specialised housing, to better enable housing providers to build or commission new specialised homes;
 - To pilot the provision of a housing advice service in health settings, to enable faster resolution of housing issues for residents with additional health needs.
- 17.3. The Health and Wellbeing Board will be kept fully apprised of developments in this regard, and in relation to all of the current and planned initiatives set out in this report.

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If you would like any further information on this report please contact Genevieve Macklin, Head of Housing, London Borough of Lewisham, on 020 8314 6057

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