

# RCGP response to Social Housing Allocation Reform consultation

## **Background**

The Department of Levelling up, Housing and Community have opened a consultation to inform reformations within the current social housing allocation processes (deadline 26<sup>th</sup> of March 2024). The purpose of the consultation is to seek views on the proposed changes to the social housing allocation system, and proposals relating to existing tenants.

**Note:** The clinical adviser's network was consulted to help support this response. We have also had a meeting with colleagues from DLUHC who want a specific steer from GPs on their ability to contribute towards any future medical exemption processes.

## **Response (to relevant questions)**

**The government is considering whether exemptions to the anti-social behaviour test should be made for victims of domestic abuse; or those with a condition or disability that was a relevant contributing factor to the anti-social behaviour. Are there any additional groups that should be considered for an exemption from this test?**

*Yes (there was no other answer available which allowed for free text)*

*Free text box*

It is the RCGP's view that there needs to be clearer guidelines on which medical conditions/disabilities are associated with anti-social behaviour that would allow (in the view of the local authorities) for medical exemption. This has the potential to become very broad including all mental health conditions, stress due to other medical or social issues, bereavement etc. In addition, there are no objective tests available which leaves decision making down to medical judgement. Further clarification is needed on this to ensure the right people get the support they need.

Currently, GPs do not formally contribute towards social housing applications. Regardless of the way in which any such exemption is implemented, the RCGP believes GPs should not be asked to provide medical evidence as part of this process. Given existing, extreme workload pressures, any additional requirement of GPs would likely reduce time available for the provision of medical care to patients.

GPs do currently receive frequent requests for medical letters and reports in support of housing applications from a variety of sources - local authorities, housing associations, directly from patients and from patients via Citizens Advice. We recognise that housing

has a massive impact on the overall health of our patients, and GPs seek to provide letters where feasible within current pressures and where we consider it is likely to be beneficial. However, given the wide range of health conditions which could affect a housing application, it is often the case that every applicant on a waiting list could request a letter from their GP, thus making the letters irrelevant.

Given the challenges facing our patients, we support government intervention to improve overall accessibility to quality and affordable homes.

**Do you think there are any circumstances where a minimum income threshold to determine who should be allocated a social home is appropriate, for example to incentivise being in work or to ensure that the household can afford the property?**

*Other (Free text box)*

Income assessment, as well as any other kind of assessment to prioritise social housing allocation, currently, do not require GP involvement. The RCGP does not have a view on whether income data should be assessed at household or individual level. It is the RCGP's view that GPs should not determine any threshold requirements as this would be beyond the scope and expertise of GPs. There is a significant need to reduce unnecessary bureaucracy and administrative burden on GPs to free them up to spend more time with patients and focus on delivering holistic, person-centred care. Any reformations made to social housing allocations policy should continue to remove GPs from the administrative processes to prevent any further increases in bureaucracy and workload pressure.

**Do you expect that any of the policies affecting social housing applicants would have a particular impact on those with a particular protected characteristic? If so, please give further detail on the relevant policy and its impact.**

Yes

It is the RCGP's view that any decisions made regarding social housing must be substantiated with robust evidence. Research suggests that BAME communities face more barriers to accessing social housing for a multitude of reasons (such as poor access to the right services). In addition, BAME households are more likely to be allocated homes with the lowest quality which may negatively impact their health (Kowalewska et al, 2018).

Each suggested reform should include specific ways in which protected characteristics such as ethnicity will be considered across every level of testing. The RCGP is committed to reducing health inequalities and urges any reforms to ensure bias and discrimination are prevented.

As stated previously, GPs do not formally contribute towards social housing applications, which we believe should be continuing to be the case.

**Do you expect that any of the policies affecting social housing tenants would have a particular impact on those with a particular protected characteristic? If so, please give further detail on the relevant policy and its impact.**

Yes

The RCGP recognises that many current tenants of social housing are facing issues regarding the quality of their homes. Research conducted by the Citizens Advice has shown that 77% of non-health related GP appointments are taken up by housing issues. It is estimated to cost the NHS £1.4 billion per year to treat those who are affected by poor housing (conditions caused by damp and coldness). Cold homes are associated with respiratory conditions, and an increased risk of hypertension, heart attacks and stroke, as well as with mental health problems in adolescents and adults, slower weight gain in infants, and higher risk of developing asthma and hospital admissions in young children (Faculty of Public Health). It is the RCGP's view that whilst any improvement in the housing allocation process is welcome, improvements to the quality of social homes must also be prioritised. As well as improving living conditions and health for residents, this will reduce the number of patients seeking GP advice for housing, increasing capacity for practices to provide medical care.