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|  | **JOINT POLICY AND PLANNING BOARD (HOUSING)**  Banner | |
|  | Date:  Time:  Location: | 7th July 2016  10am  Swale Borough Council |
| **Attendees:** | John Littlemore  Amber Christou  Lesley Clay  Rebecca Smith  Jennifer Shaw  Ashley Stacey  Kas Hardy  Marie Gerald  Virginia McClane  Jane Lang  Hayley Brook  Lora McCourt  Eileen Martin  Sue Willis  Ellie Kershaw  Linda Hibbs  Emma Kennard  Jo Gibbons  Nigel Bucklow  Susan Hughes  Kim Hellyer  Sarah Ward  Adrian Hammond  Julie Delahaye  Stephanie Line  Dawn Hallam  Rebecca Walker  Karen Leslie  Donna Crozier | Chair & Maidstone BC  Swale BC and Deputy Chair  JPPB  KHG  Ashford BC  Thanet DC  KCC  Dartford BC  KCC  Tunbridge Wells BC  Sevenoaks DC  Canterbury CC  Amicus Horizon  KSS CRC  Maidstone BC  T&MBC  KCC  KCC  MBC  Swale BC  KCC  MBC  Shepway DC  KMPT  Maidstone & Twells Trust  MTW & KCHFT  Swale BC  FamilyMosaic  FamilyMosaic |
| **Apologies:** | Christy Holden  Brian Horton  Satnam Kaur  Dipna Pattni  Richard Robinson  Jill Pells | KCC  KCC  TMBC  Gravesham BC  Ashford BC  KHG |

**MINUTES**

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|  |  | **ACTION** |
| **1** | **Minutes and Matters Arising**  LGBT costings in from AKT and Brook. Nothing from Metro. LC will send to board members with briefing for consideration. LC declared an interest in Brook as her daughter works there albeit in a different capacity so LC will not be part of any decision. | **LC to send out quotes and JPPB to consider and return comments by end July** |
| **2** | **Hospital to Home by Susan Hughes (Presentation attached)**  Staying put is Swale BC’s in house Home Improvement Agency. Home Improvement Agencies (HIAs) do visits for clients who need adaptions because they are frail, elderly or have long term conditions, or who need to be discharged from hospital.  HIAs do health and safety checks, clear clutter, fit ramps, rails and deal with larger adaptations, although majority of work now to get people home is dealing with clutter. Karen Leslie from Family Mosaic (the HIA in the rest of Kent), agreed that this is a problem across the County, however, this is a hand holding exercise for many clients and very time consuming. Some hoarding is a result of mental health problems.  KL – hard to reach customers will often interact with HIA handyman service as they don’t see them as ‘authority’.  Works are funded via grants, loans, disabled facilities grants and client money as well.  Sometimes, people don’t know where to start and just need a bit of help and family will continue to assist.  Case study of one lady with leg amputation who was in hospital for 3 months longer because of home needing adaptations, with an approx. cost of hospital stay of £27000. Adaptations were made to enable the customer to live downstairs for a while with a later follow up of a disabled facilities grant (DFG) to ensure access to upper floor of house.  HIAs continue to carry out health and safety checks for prevention work re falls etc.  The handyperson service will fix smaller adaptations such as rails etc which make a difference to the client.  The number of health referrals has increased but very few come from GPs.  AC and JL mentioned the small cost of some of these adaptations compared to the cost of being hospitalised. Districts now have money from DFGs to do adaptations much more quickly and there can be test beds going forward in the county to show how much can be saved and what will be worth funding.  DH – how long does it take for a response to requests? SH – small works about 6 days but larger work will take a bit longer – hopefully works can be done in real time.  PP – years ago, home visits used to be done by OTs but now have to rely on family and the person and the ambulance report. The report is shared on admittance and then goes to discharge team to be picked up. |  |
| **4** | **Home First- Kim Hellyer (Presentation attached)**  This is about getting people home so that they can be assessed in their own home environment to ascertain what their future needs might be. Working with Medway council and CCG. This is replicated across the County.  PP – there is a big banner in Medway hospital saying ‘Home First’ – gives a culture change and also relieves anxiety by patient that they won’t get home.  There is reduced mobility and muscle loss with patients who stay in bed for more than 48 hours.  JD –identifying discharge date as soon as possible at psychiatric hospital.  LH – if someone went in hospital after a fall and then says that they need no help, what would happen? AC – could offer a home safety visit anyway. KL – handyman could go in and form trust. |  |
| **5** | **Health and Housing Cost Calculator- Linda Hibbs (presentation attached)**  This tool measures cost savings to NHS and wider society – e.g. social care, crime (security issues) education – (children able to do homework) by looking at hazards in home and improvements to poor housing.  RS – mentioned that meetings were held at CE level re employing a consultant to review the DFG process and how best to go forward. The work has been to commissioned to KHG for RS to undertake. It’s about making the service better for the client from beginning to end. Also looking at procurement across the County and looking at savings and efficiency and reducing timescales. There will be a project board to oversee the work, headed by Satnam Kaur of Tonbridge & Malling. |  |
| **6** | **Hospital Discharge Pathways**  PP – there is a national expectation that discharge to assess will be done by all hospitals by 2017. It will involve a range of partners and Executive Decision Boards will probably take the lead.  KFRS are also doing safety checks in homes, but this is not connected. LH – has the impression that they may have pulled back slightly.  Your Home Your Health form used in Thanet proved very useful – work in SKC CCG resulted in reduced form from this which may be able to be used under Kent Homechoice. (attached)  AC – need to do some work around gaps between health and housing, so work needs to be done with frail elderly and engaging GPs for referrals and possibly some money can go in from DFG pot. DH- need to do work with community nurses as they are the ones who deal with these cases. The other gap is to get into the hospital early in order to get the client home rapidly.  JL suggested that we cover this in our away day.  KH – WK CCG – is looking at the social prescribing model – there is an on line referral form that GPs used for signposting etc. and housing is now included.  MG –we can look at homelessness side of referrals at Away Day. DH – there has been a shift in type of people who are presenting as homeless, eg. Eastern European workers. AC – the under35 client group is homeless due to the welfare reform so there will be a huge impact.  Suggestion to invite IDT leads to Away Day. | **LC to invite KFRS to next meeting and away day**  **DC to forward new form to LC to disseminate *(done)***  **All – to let LC know of any good practice by mid August.**  **PP to send names of IDT leads to LC *(done)*** |
| **7** | **AOB None** |  |
|  | **Next Meetings**  **6th October –Away Day am only 9-12.30 followed by lunch– Venue Maidstone Hilton** |  |

/o improve response rates.anything she can do to help nd LHAsAmicusHorizon have 6 dementia champions in their housing snd the fi