**DRAFT MINUTES – KENT HOUSING GROUP - PRIVATE SECTOR HOUSING SUB GROUP**

**5th September 2016 - T & M BC OFFICES**

**Present:** Linda Hibbs, Chair and Tonbridge & Malling BC; Marion Money, Chair & NLA; Sarah Robson, Shepway DC & KPSHG Mentor; Rebecca Smith, KHG; John Chilcott, Canterbury City Council; Amanda Martin & Robin Kennedy, Dover District Council; Nick Silvester, Kent Fire & Rescue Service; Kerry Petts, Shepway DC; Dave Farmer, Thanet DC; Donna Crozier, Family Mosaic; Martin Churches, Sevenoaks DC; Rachel Evans, Dartford BC; Hazel Skinner, TMBC; Steve O’Shea, Gravesham BC

**Apologies:** Jill Pells, KHG; Lesley Clay, Kent Joint Policy and Planning Board; Lenka Trent, Medway Council; Richard Hopkins, Thanet DC; Karen Hardy, KCC Public Health; Peter Littlewood, Southern Landlords; Jane Miller Everest, KCC; Mark Hogan, KCC; Jenny Zaluska, Amicus Horizon Limited; Dipna Pattni, Gravesham BC; Karen Leslie, Family Mosaic

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| **Item** | **Notes** | **Action** |
| **Introductions & Apologies** | Introductions and apologies noted. |  |
| **Minutes and Matters arising** | June 2016 minutes agreed with the following matters arising:  Page 2 – MM advised that she has contacted SDC but not yet had a reply. LH advised that she gave details of the HHCC at the July JPPB Meeting.  Page 3 - YHYH roll out, there is no update but there should be one available at the next meeting.  Page 4 – RS to check with EM about the progress of the DFG Agreement and whether this is on hold while the IHHSC Project is taking place. RK commented that more and more providers are dropping out of this, SR to pick up at the KHG meeting next week.  Page 5 – there was a Falls Strategic Meeting in July that LH attended, LH and SR are due to meet with Karen Shaw to discuss this further, hoping to meet by the end of September.  Page 5 - In relation to point 3 of AOB action from the meeting minutes, the contact information for Lee-Ann Perkins from the SHS project (who is offering co-controls and Radfans to residents in fuel poverty) is: lee-ann.perkins@betterliving.org.uk. (Samantha Simmons) | **RS & SR to note Feedback**  **LH & SR to Feedback** |
| **Action Plan** | The updated Action Plan was shared ahead of the meeting.  **Aim 1a** – There is now access to EPC data available from KCC; you can identify properties that are F or G from this data. You have to sign a Data Sharing Protocol to access the free data from KCC. The aim was to identify the numbers and then set targets for reduction, different targets for different areas. MM questioned whether you can break down the data into tenure type?  Compliance with Smoke & Carbon Monoxide Alarm – this is on- going. MM confirmed that Swale has recently sent out an email to PRS landlords about enforcement of this action and agents not complying with Ombudsman Schemes. KP advised that all authorities should have published their enforcement information with regards to non-compliance.  **Aim 1b** – Engagement with Hidden Private Sector Landlord – MM advised that landlords can become an associate member at no cost and access information useful to them, such as tenancy agreements and notices. NLA are encouraging local authorities to have a gateway account with the NLA to see what landlords are signed up to this and then can become accredited and share the link for the associated membership. There are some Data Protection compliance elements to go through between the NLA and the local authorities to undertake this. Ashford BC has recently targeted landlords to advise them of this associate membership opportunity.  Aim 2 – Falls Prevention Pathway, the meeting with Karen Shaw will be crucial in moving this action point forward. Influencing the BCF, there was a paper that went to the West Kent HWWB but it hasn’t been shared more widely, LH to follow up.  Aim 3 – RS provided an overview of the first IHHSC Project Board meeting.  Aim 4 – this is now completed and with the Communications Team to get this published. The final version should be ready to share in due course. There will be a session set up in early November to go through the implementation of the actions from the Strategy.  Aim 5 – LH and Nigel have discussed this and will move forward for the next meeting of this group. | **LH to develop & share a spreadsheet for data collection**  **MM to share more details about this membership with colleagues via email**  **LH to action**  **RS to share the minutes fro the IHHS Project Board**  **LH & Nigel to take forward** |
| **Shared Data Set** | Tom Bourne, KCC presented on the Kent Integrated Data Set (KIDS), the following summary points were noted:   * Huge person level data set linking all data sets across the County with an established link between housing health and social care. * TB shared examples of questions asked currently; those shared are examples from Thanet DC. * KIDS – the key to this is the NHS number and linking the contact points anywhere in the Health Care system. Personal data is anonymised so you can never trace or identify a person. * A flow of data was shared with colleagues, including details of where data sets can come from and go into the Data Warehouse (this is hosted by Maidstone and Tunbridge Wells NHS Trust). * KIDS started in April 2014; the data set does include Medway data and is updated monthly. The scope is included in the presentation slides. * Slides confirm the data fields that are held within KIDS and also the parties to the KID. Typical users are Commissioners (CCG’s). * There are International and National legal compliances for KIDS – including Data Protection Act and the Health and Social Care Act, along with other enabling legislation for Public Health. (More details in slides). * TB confirmed that you cannot use the data set for targeted campaigns or surveys; this is more a planning tool in respect of using the data collected. * There are approximately 200 HISbi agreements signed to ensure that all data collected remains secure. All data less than 5 people is aggregated and suppressed so you cannot identify any individual once data is published and shared. * Utility of the KID – a slide demonstrates how data is shared and used. * The proposal for housing data slide identifies how using a UPRN (Unique Property Reference Number) or Post Code can ensure linkage of data sets across housing and health. TB confirmed that the UPRN is not unique within a property system used by an organisation, it’s a national number owned by ONS so there would be no duplication of UPRN across Kent. * RK posed the question about whether KIDS can be used to identify disabled households and their income levels to ensure equitable funding across the districts, which TB advised this could be done and the Public Health Observatory (PHO) would also work on this. To enable this all housing data would need to be shared and put in a work request to the PHO and they have 10 days to turn around this work request. * Actions for Data Controllers for those agreeing to use KIDS – two slides identify what responsibility there is for a Data Controller, including compliance with the DP Act and Governance.   **Discussion Session**:  RS confirmed that she is the Project Lead for the Integrated Housing Health and Social Care Project, that there will be a future conversation with KIDS colleagues about data sharing and what can be shared to assist the project will be agreed. Abraham George, KCC Public Health is on the Project Board for the IHHSC Project.    With regards to collection data and the Data Protection Act – organisations need to mindful that the agreement collected is not incompatible with the original purpose. KCC Public Health has the right over the shared data to use for greater public good. The KIDS Warehouse would anonymous the data and collect this monthly from those agreed to sharing data, the burden upon the organisation sharing would be minimal.  LH advised that local authorities have agreements with the BRE about stock condition data and so it’s unclear if this could be shared. RE confirmed that EPC data is now available to view and this could be included in the data sets.  TB confirmed that Thanet DC is on the verge of signing an agreement for this data collection and should others have an interest to take this forward individual discussions could take place. It was agreed that proposed data sets discussions could be undertaken at a group level, with those authorities who are interested in taking this forward, with a more detailed presentation of data. AM confirmed that this would be very helpful to assist with the monitoring of the Fuel Poverty Strategy recently completed. TB provided examples of how you can monitor the impact of new integrated services and whether better health and financial incomes have been achieved as a result. | **RS to share the presentation with colleagues when minutes shared**  **It was agreed that those who are keen to understand more about KIDS will agree to meet with TB and KCC PH colleagues** |
| **Hospital Discharge Schemes** | LH advised that there is movement to implement a Hospital Discharge Scheme in West Kent. This is about having a coordinator within the West Kent hospitals who is involved in all discharge meetings, linking to a handy person service with rapid response to undertake minimal work to allow the patient to go home, with a potential follow up visit for long term living arrangements. This post would be funded via the DFG budget. Swale BC already has this set up through their in house HIA. DC advised that in East Kent there is going to be a similar set up, but within the East Kent Hospitals there are Care Navigators who will link to the handy person service (only for Shepway DC residents – cross tenure), working to provide a responsive service and looking at reactive work, talking to Health and Social Care colleagues who undertake home visits and prevent hospital admissions. KP advised that a report went to CMT to agree this scheme; LH advised that they have amended their Housing Assistance Policy and it’s now very flexible. DC advised that this Shepway Scheme is for those 50 years and over and the individual must be chronically sick and disabled to be eligible or targeted for this scheme and assistance, a flyer has been developed to share with Health and Social care colleagues, there will not be any self-referrals accepted.  SO’S updated that Gravesham BC are going to use DFG funding to fund an OT post to work in house within Gravesham BC and it was agreed that SO’S would share correspondence developed to enable this to go ahead. SO’S commented that this should be included within a Housing Assistance Policy.  Jane Miller Everest has spoken with Dartford and Gravesham Colleagues about Hospital Discharge schemes. There was a discussion about waiting lists within the West Kent areas; lack of DFG referrals coming forward and how to ensure spend of funding. New and differing priorities have impacted on the role of OT’s and this may have had an impact on the referrals going forward.  DC and KP are developing a good news story about DFG’s and to generate interest about the fund. This will be on the website and possibly also through local press.  Following the meeting RE shared the following information with RS:  As mentioned today, this is the information I received from DCLG on the way the BCF is calculated for circulation:  “Irrespective of the grant becoming part of the Better Care Fund in April 2015, the DFG allocations for 2016/17 have been made in the same way they have been made since 2011. The baseline funding of £169m in 2010 was used as a starting point and any uplifts in funding since 2010 has been allocated using the BRE model.  For each local authority area, in order to provide a relative needs weighted index, the model takes into account –    •           the number of disability related benefit claimants  •           the number of people on means tested benefit  •           the proportion of population over 60 years of age  •           the proportion of LA owned housing stock  The relative needs weighted index is then applied to the available budget to calculate allocations for each authority.  The source data for the above four categories is taken from the English Housing Survey.  Braking the model down into the component parts, it works as follows –    1.         The starting point for all the calculations is the 2010/11 DFG allocations for each authority  2.         The model then produces an “allowance indicator” by multiplying the totals from each of the above four categories.  3.         The allowance indicator is then multiplied by a “tender price index” of 0.92 to provide a provisional allowance for each authority.  4.         The provisional allowance is then multiplied by a “scaling factor” of .0172 to provide a final allocation.  The above tender price index and scaling factor are both taken from the English Housing Survey data.  The total allocation for DFG has risen year-on-year since 2010, with a 79% increase from £220m in 2015/16 to £394m in 2016/17.  All LAs received an increase in funding.” | **SO’S to share with colleagues**  **It was agreed broaden this agenda item & broaden to Better Care Fund to include Hospital Discharge.** |
| **Use of DFG Protocol Agreement** | Covered earlier in the meeting, SR to take to KHG on 14th September. | **SR to note** |
| **Update on Falls Prevention Work** | RK updated on Falls Prevention, there is now an expansion of the whole of East Kent from SKC CCG. RK passed on information to the group from the BRE (stairs and the impact on falls) and there was some interest about this. When RK mentioned the increase of money through the BCF for DFG’s but the hospital OT staff are not well versed on the DFG process. The outcome was for RK to provide a talk and raising awareness with hospital OT’s about DFG’s.  NS updated that the reporting system has changed and there is a requirement about how data is used. There is likely to be recruitment to assist and use the data sets. NS advised that data collated is about fire prevention, he doesn’t feel there is an issue with sharing data collected; hospital discharge has been discussed historically within KFRS. A referral is made from KFRS to PH but currently Housing is not part of the link of this data, SO’S suggested that designing an inclusive referral and link process between organisations could be included within the West Kent Hospital Discharge pilot that is currently in discussion. | **It was agreed that LH and SR would pick up with Karen Shaw, RK to attend if possible** |
| **TOR for Adoption** | The updated TOR was updated and shared ahead of the meeting. The Terms of Reference was agreed and will now be adopted and shared on the KHG Website. | **RS to upload to the KPSHG Sub Group Page.** |
| **KEEP Update** | AM confirmed that the Fuel Poverty is with communications at Dartford for final design. The key next stage is the implementation meeting of the action plan, which is taking place in Early November, with a professional facilitator. AM did advise that it’s hoped that all Kent local authorities will adopt the Fuel Poverty Strategy. | **AM to share the final document when available** |
| **JPPB Update** | LC was not able to attend the meeting. RS did advise that the JPPB meeting in October is going to be an Away Day. RS to contact LC about providing an update to supplement the minutes. | **LC to note and share an update** |
| **AOB** | MM advised that she is now the NLA liaison for Bexley Council as this area borders Kent. In discussions with Bexley Kent has been specifically mentioned with regards to housing Kent residents in Bexley. Bexley now have financial resources to purchase accommodation in Kent to house residents. RE advised that she has inspected the HMO’s that are being used and these are ok, there haven’t been any recent complaints from Single Households. MM advised that they are due to relaunch their PSL Scheme in October. The Bexley Selective Licencing consultation will commence in September/October. |  |

***Thanks noted to TMBC for hosting the meeting***