**KHOG Teams Call Summary Meeting Notes – 21st January 2021**

**Attending** – Stuart Clifton, Chair & Maidstone BC; Lora McCourt, Vice Chair & Canterbury CC; Rav Kensrey, Sevenoaks DC; Max Guest, Hazel South, Sam Spiller, KCC; Lee Georgiou, Gravesham BC; Victoria May, Thanet DC; Roxanne Sheppard, Swale BC; Vicky Hodson, Kent Homechoice; Elly Toye, Dover DC; Marie Gerald & Zsofia Imre, MHCLG; Sophie Valentine, TWBC; Toni Carter, Dartford BC; Claire Keeling, TMBC; Joanne Thorpe, Medway Council; Lin Guo, Kent Public Health; Mark Foster, KSS CRC; Mark Damiral, Folkestone & Hythe DC; Hannah Gaston, Maidstone BC; John Littlemore, KHOG Mentor & Maidstone BC; Louise Scott, NPS; Sarah Barlow, CCG; Ray O’Shea, Ashford BC; Rebecca Smith, KHG

**Apologies** – Jane Lang, Tunbridge Wells BC; Christy Holden, KCC; Cynthia Allen, KSS CRC; Kellie Pettet-Steele, Rachel Westlake, Robin Cahill, KCC; Pam Millington, Dover DC

**Actions & Key Points from 10th December 2020**

Page Four – Las to make contact with Tim Berry at KCC regarding referrals and rent in advance information for Care Leavers.

Prison Data for MG regarding Duty to Refers – if people wish to know more about data please contact MG.

VH to take back to Locata about changes to HCLIC – emails have been circulated already on this matter.

Page 5 – YP Protocol – launch event now confirmed – **18th March 2021 at 10.00am**

**MHCLG Update**

£10m Protect Plus fund to support lockdown restrictions, applications by 4th Feb but to be paid retrospectively, colleagues urged to think about how to support the vaccine rollout in due course. ZI is RSI advisor for Kent, happy to take questions from colleagues. MHCLG are currently considering how to claim the cold weather fund and this funding together.

Series of letters sent out, one including RSI year 4 – interventions funded for the first quarter, ZI will work with colleagues on this, usually this will have been notified of outcomes for RSI hence the funding envelope and interventions for the first quarter. Start thinking about 2021-22, will you want the same interventions? Changes or new interventions may go through a moderation process and therefore take more time around decisions. Put together spreadsheet to include what to keep, lose or add to help to identify the key priorities for the bidding process. The Protect Plus Funding is general recognition to recognise and reassure that there is funding available for the first quarter, and that there remains work to be undertaken.

Homelessness Prevention Grant – not to be confused with the former HPG – the new HPG should have received an uplift on this grant, allocated on a formula basis, with uplift will come accountability will have to an element of design to the service, with a focus to eliminate use of Bed and Breakfast for families and single homeless, MG to share more when known.

NSAP Capital Works – for 2021-22 interested in any slippage n meeting deadline of 31st march, let MG know ASAP and she can support. Funding for next few years, not confirmed application process currently but worth thinking about the potential to bid for capital funding from April 2021 onwards. Where you are buying properties has lockdown impacted the purchases by 31st March 2021?

Vaccinations and plans for implementing this for rough sleepers, MHCLG keen to hear how this planning is going. Vaccinations for staff, there has been an increase in Covid cases in staff since Christmas, keep ZI and MG updated with plans or any issues with vaccination rollouts and outbreaks and can then seek support from health colleagues.

SC advised that this issue was raised through the KRF Vulnerable persons Cell meeting this week, SB on the call to discuss. (Project Manager at CCG in WK) – SB has read the paper which has been shared with KHOG colleagues, this was handed to the Primary Care Team but they didn’t have capacity to attend today. What support do colleagues need for vaccinations, testing etc? The paper has to go through a small stage of Governance, including financial, timescales for this is outstanding. JL is happy to work with SB as first point of contact as worked with James Ransom on this before he left, this is about how we establish points of contact between local authorities, CCG’s and Public Health is established to share all the messages and assistance is replicated in Kent. **ACTION** – JL to liaise with SB on this piece of work and act as point of contact.

Are there any local arrangements working well that can be shared with all colleagues for replication? **ACTION** – colleagues to feedback via email.

LG advised working in Kent Public Health for substance misuse and mental health, really keen to have homelessness households and rough sleepers to be able to register and access with a GP, there are examples of specialist clinics for this cohort nationally. How can we break down these barriers for Kent? **ACTION** – LG to make contact with SB.

MF interested to know how can support this report and prison releases who report as No Fixed Abode (NFA) - how can we link to enable access support through GP’s whilst in prison and going through the Through the Gate process?

JL raised the recent letter from Kelly Tolhurst MP and next steps, expectations in other areas and Maidstone BC are taking to their Members to consider. Is RSI funding still not allowed to be used to support ineligible people? ZI advised that should not be using RSI funding to support these people but have local powers, JL advised that cant assist under the Localism Act powers because there are other substantive legal powers. **ACTION** – JL to feed this back to MHCLG colleagues for them to gather feedback on this issue. ZI advised if you have a particular case that is not assisted through MHCLG to seek legal advice.

MG encouraged colleagues to continue to feedback any examples or issues about eligibility to them so that this can be shared further in MHCLG.

Hospital discharges – are these impacting front line services? Who is securing units for hospital discharges, as in other areas the upper tier is taking this role. Mental health discharges are impacting on services in other regions, what is the picture in Kent? Jo Beck interested to use RSI funding to support hospital discharges as well, one to think about for any RSI bids submitted. **ACTION** – colleagues to feedback any examples to MHCLG colleagues. RS to note for agenda if significant issue for a number of districts/boroughs.

SC asked about knowledge or enquiries with DWP about the process for EA nationals who do not apply to the scheme by 30th June, there isn’t much information coming out of the DWP in terms of how to manage this process and assess claimants. **ACTION** – MG to explore and feedback

**Safer Renting’s Housing Rights Partnership**

Specialists in rouge landlord services, as well other areas of homelessness. Not for profit Community Interest Company working in partnership with local authorities licencing and enforcement teams, went operational in April 2016, offer Hybrid Tenancy Relations Officer Service. Hybrid – this is protection from eviction and also defending possession proceedings in court, claiming deposit protection penalties amongst other elements.

Published a report in September 2020, recommendations being considered by the drafters of the Renters Reform Bill at MHCLG. Not just acting for the client but can provide advice for local authority partners. Lockdown has not impacted the services, the biggest barrier is the closure of courts and virtual hearings, now considering services outside of London, worked with F&HDC recently. All partnerships are bespoke, average case time hours are between 4 to 5 hours, others longer. To advance cases there are data sharing protocols with partners to ensure cases are able to move forward. Recently taken on a Series Fraud Investigator to compliment the services provided. JL advised MBC experienced an increasing issue with property guardians, some companies put in a lead tenant and then start harassing the other residents. Property Guardians are a growing problem.

Contact details for Ben included in the slide deck.

**Protocols Update**

YP Protocol – finalised and launch taking place on 18th March at 10am via Teams, agenda and former appointment to be shared in the next week.

The Health and Safety Guide suggestion by RK – a guide to be used by all practitioners with working practices were good, having a tool/guide about how to deliver an assessment or service for vulnerable groups with a pandemic situation in mind. **ACTION** – if want to be in a group to contact RK or RS.

IH Protocol – **ACTION** RS to follow up action to set up T&FG for this protocol review.

**PRS Sector and Arrears**

This report and issue has come from the KRF VPC meeting, with a suggestion to raise within in KHOG, link shared in the agenda to the report. JL provided feedback on the delays in the courts, MBC have only just got a date for hearings submitted in summer which will be heard in Mid-February – these were for TA proceedings.

RS to feedback that no representative from the VPC call and no immediate feedback from the discussion at the meeting. **ACTION** - Colleagues to feedback any additional thoughts to RS by Monday 25th January.

**Commissioning Updates (Adults, YP and Domestic Abuse)**

**Domestic Abuse** – No Update from Rachel today.

**Adults Homelessness** – MG to share a written update over the next few weeks. MG has been undertaking an impact assessment for Kent Homelessness Connect, is it achieving aims and investment, this will include a survey of key stakeholders, will share with colleagues through KHOG a link to the survey for completion. The KHC website is undergoing final testing, will provide advice and information for professionals and service users, an eligibility checker for service users and would like to advertise widely through all colleagues. Please report any faults or issues back to MG.

**YP Services** – HS advised that starting work on the local offer information for the website to make sure all correct; the USAC numbers are high once again; the housing panels have changed Chairs who are learning their roles; those requiring move on have been given their notices, have been notifying LA’s 6 months in advance even though only need 56 days’ notice. Have secured a young person to speak at the launch of the protocol.

**Progress on Changing Futures Fund EOI**

RS advised that a few colleagues had a call with KPS from KCC regarding the countywide bid for the first stage EOI. Discussions included - Only 14 applications will be provided with funding; the prospectus identifies 5 areas of disadvantage; it’s designed to help the most vulnerable people in Kent, who ‘fall through the net’; person centred approach – how our existing systems/ways of working don’t help everyone. Some people need us to work in a more flexible way – we should start by asking the person what do they want- grown up conversation? No time limit to the support (also mentioned in the prospectus); Dual diagnosis – mental health and substance misuse – how can people get help with MH despite substance misuse? Domestic abuse – people expected to move away from their homes – Housing teams often reluctant to rehouse people in the same area, but this is where they feel safe; Ex-offenders – gap around people coming out of prison and having nowhere to live. Accommodation needed to address this; Better referral routes/joined up working between voluntary sector and other organisations also important, so people don’t lose out on support and KPS advised that during other discussions feedback included Housing First, Supported accommodation, access to mental health services and engagement.

The bid will be submitted by midnight today and the final bid document to be shared.

**Prison Release Protocol & Positive Covid Ex-Offenders**

MF advised that colleagues working in prison supporting the Through the Gate provision, which is limited currently due to Covid, also supporting those who have left prisons and have referrals from probation colleagues. Details about an extension of the current Homeless Prevent Fund for emergency accommodation for prison leavers will be shared as available, typically this has been covering the cost of temporary stays in hotel accommodation for up to 14 days. Prison release and positive testing results and the guidance from and with PHE is that they will support the service users to find TA for the period of isolation. In some counties a number of isolation pods have been secured, for those who leave before the end of the isolation could trigger a recall situation. The issue for prison release with positive testing results and whether there should be a protocol to cover this scenario was raised at Joint Kent Chiefs. IF a local authority is not able to assist with accommodation then CRC are asked to go back to PHE on this issue and if the person can be accommodated on a temporary basis. LM advised that CCC happy to have a conversation with KSS CRC about the local Canterbury based project, there have been some issues about communication due to the impact of Covid upon all services. Any cases of releases who have been released NFA or to self-isolate having tested positive? VM advised have provided TA for one positive release case, DBC also only one case with a positive and went into self-contained accommodation. MF advised that Covid numbers in prisons are slowly reducing. LG advised that KPH are working with prison colleagues as well as PHE on the Covid outbreaks.

**ACTION** – Agreed not a current need to explore a protocol for this issue.

**Kent Public Health Update**

Improving outcomes for patients with substance misuse co-occurring with severe mental illness / physical health issues in Maidstone, west Kent”. It has 25 patients in the pilot. The pilot will be monitored for about 12 months. We had a lot of engagement with KMPT, GP and MDT in the last 9-10 months. Four PCNs in Maidstone are involved in the pilot. A co-occurring conditions training was commissioned and delivered by Alcohol Change UK before Christmas, and received positive feedback from attendees including colleagues from Maidstone Borough Council (e.g. Housing, Community Safety, etc.)

The first patient will be referred from CGL to MDT at PCNs at w/c February 1. There is a post for this pilot to manage these patients. The role’s responsibility includes the components of patient advocacy, community development, accountability and partnership working. The funding is from CCG for 2 years. The job is currently advertised in KCC job website. We hope this post could be filled in asap.

In the meantime, we have been working with Kent Police, NPS & CRC to ensure they can join the MDT meetings and co-manage this cohort of patients when needed. We are also looking for further funding opportunities e.g. Changing Futures Programme Fund (Kellie and Max at KCC) and Prison Leavers Project-Local Leadership and Integration Fund (LLIF) (with Steve Barker from NPS), to commission more co-occurring conditions training for our colleagues.

The pilot will be evaluated, we will share the evaluation report including outcomes, experience and any lessons learnt with our colleagues.

**Any Urgent National Policy, Case Law Updates**

Public Sector Equality Duty – SC advised a Nearly Legal Update shared this recently. <https://nearlylegal.co.uk/2021/01/psed-breach-and-subsequent-compliance/>

LGe to referenced links (as per below) to colleagues about a recent case regarding pre settled status and claiming benefits. -

<https://www.bailii.org/ew/cases/EWCA/Civ/2020/1741.html>

<https://www.freemovement.org.uk/court-of-appeal-bombshell-eu-citizens-with-pre-settled-status-can-claim-benefits/>

**AOB**

A new S208 email, there is an issue that if you create TA on Locata and it’s after the person has moved on then the notification doesn’t have the address on it, this is because the trigger for the email to go has gone after the person has left TA.

LGe advised that he is leaving Gravesham BC, VM will be in the role moving forward.

**NEXT MEETING – 4th March 2021, 10am Microsoft Teams (FULL MEMBERSHIP CALL)**