**Kent Housing Group’s Housing, Health and Social Sub Group Meeting**

**Monday 14 March 2022**

**Held via Microsoft Teams**

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| Cathy McCarthy | West Kent Housing Association (Chair) |
| Julie Terry | West Kent Housing Association |
| Niki Melville | Town and Country Housing |
| Duncan Wilson | West Kent Housing Association |
| Zach Evans | Swale Borough Council |
| Mark Cummings | KCHFT |
| Mike Williams | Dartford Borough Council |
| Louise Taylor | Dover City Council |
| Kimba Layton | Folkestone and Hythe District Council |
| Abigail Agba | Sevenoaks District Council |
| Jane Miller | Adult Social Care, KCC |
| Emma Saunders | Adult Social Care, KCC |
| Rachel Hardy | Adult Social Care, KCC |
| Ashley James | Thanet District Council |
| Jody Bulman | Gravesham Borough Council |
| Ellenor Poole | Canterbury City Council |
| Ian Long | MHS Homes |
| Jade Bennet | Clarion Housing Group |
| Helen Miller | KHG |
| Sarah Hague | Intervention Alliance |
| Mel Anthony | KCC |
| Max Guest | KCC |
| Stafford Corbett-Smith | Mental Health Social Work Team Manager |
| Brenda Tutani-Wason | Practice Advisor |
| Kirstie Willerton | Area Referral Management Service Manager |
| Sarah Tickner | Kent Housing Group (notes) |

**Apologies:**

Helen Charles Town and Country HA (Vice Chair)

Sian Harris Clarion

Sonia Bramley Clarion

Richard Stanford-Beale KFRS

Mark Breathwick Medway Council

John Littlemore Maidstone Borough Council

Tim Woolmer KCC

Sarah Martin KCHFT

Linda Hibbs Tonbridge and Malling Borough Council

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| **1.** | **Welcome**  CM, Chair of the Housing, Health and Social Care sub group welcomed everyone to the meeting.  CM ran through the agenda for the meeting and explained that today’s theme of this meeting is mental health, which is a known priority for this group. |  |
| **2.** | **Minutes and Matters Arising**  Minutes and matters agreed as correct.  ST gave a call to action for members. She requested that members get in touch with an update (including evidence) on how they have managed to progress the smoking campaign work emailed out to everyone in November and January. This is so we can report back on this action, with evidence, to Kent Public Health. | All |
| **3.** | **Mental Health Occupational Therapists**  **by Jane Miller, Emma Saunders and Rachel Hardy from KCC**  As OT’s we work in the more physical field in social care dealing with housing and the provision of equipment in their homes to keep people living as independently as possible for as long as possible. We have recently branched out and are now delivering occupational therapy interventions in our mental health teams under social care as well. Emma and Rachel are leading this project.  Emma and Rachel presented the project to this meeting. This presentation is titled *‘Occupational Therapy - Mental Health Social Care*’ and it accompanies these meeting notes.  Following the presentation members asked the following questions:  Q – When will this excellent project be coming across Kent?  A – There are plans to expand the service following this pilot.  Q – Where does the funding for cleaning homes and replacing furniture come from?  A – Furniture just went in the back of cars and we took it to the recycling. Between us, we find and source things amongst us and once you have done the job for long enough you end up keeping things realising it could be of use to someone else.  During the trial, we made applications for funding of the deep cleans to the team manager. But we also delivered some deep cleaning ourselves which meant we could teach those skills and equip the person with the ability not to fall back into this area of need.  Q – What is the expectation long term of client’s progress or would they come back into the service?  A – No limit on the number of times someone requires enablement if a genuine need. The key thing is to try to establish as many ongoing community support avenues so clients always have support around them.  Q – How would engage the client and build trust if there was an issue in this regard with the client?  A – We find within the service that there are a lot of clients who struggle to engage and it may take time to build that rapport with that person. We have a client like this at the moment. It just takes time, support and reassurance. We reassess her goals to accommodate this part of her progress. |  |
| **4.** | **Adult Front Door Service – an exploration of the service through case study examples**  Joining HHSC for this item today are:  - Julie Terry, Head of Housing at West Kent Housing Association,  - Niki Melville, Project Officer - Tenancy Sustainment at Town & Country Housing,  - Stafford Corbett-Smith, Mental Health Social Work Team Manager,  - Brenda Tutsi-Wason, Practice Advisor,  - Kirstie Willerton, Area Referral Management Service Manager.  We have set up this conversation up today with two case studies (case study 1 from West Kent and case study 2 from Town and Country). We have team members from Adult Social Care with us to talk through each case study, discuss points of learning and to tell us more about the service they can provide and how us as referrers and service users can get the best out of the service to support our tenants.  Presentations accompanying these notes are:   * *Case Study 1* * *Case Study 2* * *Adult Social Care Referrals*   We learnt:  Referrals-   * Professionals can make a referral online at [www.kent.gov.uk/adultreferral](http://www.kent.gov.uk/adultreferral) * The whole form is to be complete and referrer is to provide as much details as possible. * The key point when referring is the consent of the person. * Ensure you have the consent of the person, unless it is considered safeguarding. * Safeguarding referrals can be made here: <https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/adult-protection-forms> * If all the information has been provided then the referral can be ‘fast tracked’ to the relevant team in 3 working days * The allocated worker will make contact with both the referrer and the client.   The Care Act 2014 –   * When assessing need two questions are asked:   - Q: Do they have a care and support need as a result of a physical or mental condition?  - Q The because of those needs can they not achieve two or more of the outcomes (listed within act)?   * They hold solution focussed meeting with a multi-agency partnership approach. * Would like to believe that most social workers would invite housing/the referrer to these meetings.   Social Care v. Health? -   * How do you separate out Social Care and Health? For social care and mental health, they use the Care Act 2014 to support people’s needs because of their mental health condition. While the actual condition in itself is supported by Health. .   What if a person does not engage?   * With mental health, some people do struggle to engage. * Building a rapport is key * Communication with the person and their involvement in the process is the first choice of approach. They could visit their home, perhaps involve the referrer and could work alongside Health colleagues. * The law is also an option as a last resort. * Street homeless is challenging in a sense of finding them and the complexity of their cases but will take the referral on and will try to engage.   We agreed:   * That if you have not heard back from a referral made or wish to follow up with a practitioner before they have contact you, you can email the Area Referral Management Service (ARMS). Your enquiry will be directed from there to the team who have received your referral so they can feedback to you:   - [ARMSWK@kent.gov.uk](mailto:ARMSWK@kent.gov.uk)  - [ARMSNK@kent.gov.uk](mailto:ARMSNK@kent.gov.uk)  - [ARMSAC@kent.gov.uk](mailto:ARMSAC@kent.gov.uk)  - [ARMSTSKC@kent.gov.uk](mailto:ARMSTSKC@kent.gov.uk)   * That our feedback about asking for Social Work’s earlier communication with the housing provider/referrer about the client be taken back to the Mental Health Managers Group for consideration. * That communication and working together earlier in the process is the key area of improvement between services. * Recommended that we refer to Health (KMPT) and the same time as we refer a person to Adult Social Care: * To refer to KMPT complete the ‘SPOA’ form (shared with these notes and email to [KAMNASCPT.spoa@nhs.net](mailto:KAMNASCPT.spoa@nhs.net) * Invite KMPT to attend a HHSC meeting. * Kirstie Willerton offered to host a Q&A session with housing to understand both our sectors and the issues faced. * Upcoming service review means the possibility of District level working meetings. * Kirstie agreed to pass us a contact after the meeting who we would liaise with on the consultation process for the services restructure. We would like to share thoughts the processes and what would help in terms of communication. |  |
| **5.** | **Kent Homeless Connect Contract Update**  **by Melanie Anthony, Senior Commissioning Manager at Kent County Council**  The presentation for this item accompanies these notes.  MA stressed that the decision to review this service is not commentary on how the service is viewed.  MA explains that it is immensely sad to find themselves in this position but it is a marker of the severity of the financial position the KCC find themselves in.  Q – Consultation is being delivered after the decision has been made, so kind of in the wrong order. What difference can the consultation make?  A – You are right, is it is back to front. If we had planned to do this then everyone would have been spoken to a year ago prior to the end of the contract. But this absolutely and categorically was not on the cards. On receipt of settlement on 17 December, really very late, that is when it became obvious that the saving plans were insufficient.  That said, the consultation is a genuine one and there will be a consultation report. The District and Borough Chief Execs have requested to see it prior to publication and KCC have agreed with that. It will be the Cabinet Member who will have to consider all the information and make a final decision.  Contact ends on 30 September 2022 and currently looking at what other vehicles can be used to make sure the money set aside in reserves can go out to those providers who will continue to provide support to individuals during a transition period. |  |
| **6.** | **Hot Topics**  Joint Kent Chief Exec’s are consulting on what we think the priorities should be post pandemic:   1. How do we integrate what we do across the wider local public sector? Are there particular priority areas you think we should focus on together? 2. How do we collaborate on procurement where there is an impact on social outcomes? Are there areas of overlap or gaps in provision that you are concerned about? 3. How do we improve community cohesion and resilience? Are there things we can do to maintain that community capacity that was so vital in the pandemic response?   Members provided the following response to the consultation:  A1 - We believe mental health and wellbeing to be a priority area, as well as an area where collaboration is essential. Would like to focus on and find solutions to how we connect and communicate better.  A2 - We wonder why there is a focus on the procurement rather than the commissioning? Would like to see wider collaboration on designing stuff rather than just the buying of stuff.  A3 - Providing insight rather than answers – we can see that people are not going out as much, there is increased loneliness and people are missing community. There is a recognition of their own behaviours within this and a lot of this is as a consequence of the last couple of years.  End. |  |