**Draft Kent Housing Group Housing Health and Social Care Sub Group 13 March 2023, Microsoft Teams Call**

DRAFT

**Present**: Alison Simmons Chair and Sevenoaks; Brian Horton, SELEP and interim Chair of KHG; John Littlemore, interim KHG Chair and Maidstone; Sarah Murphy, Kent Community Health Foundation Trust; Katie Allen, UK Health Security Agency; Kimba Layton, Folkestone and Hythe; Verity Johnson, Dover; Sonia Bramley, Clarion; Zach Evans, Swale; Marie Royle, Canterbury; Carol Cook, KCC; Duncan Wilson, WKHA; Bernadette McInally and Tammy Foster, KCC; Becky Ralph, KCC; Paul Stephen, KCC; Mike Williams, Dartford; Helen Miller, KHG:

**Apologies:** Jane Miller, KCC; Natalie Liddiard, KCC; Bob Platt, KCC; Linda Hibbs, TMBC; Ashley Jackson, Thanet; Stuart Clifton, TWBC; Rav Kensrey, Medway; Richard Stanford-Beale, KFRS; Mike Barrett, Porchlight; Mike Bailey, FHDC; Cathy McCarthy, WKHA; Rebecca Bowers, TWBC;

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| Reference | Minutes/Outcome | Who | Action/Decision |
| Welcome and Introductions | Alison Simmons, Head of Housing at Sevenoaks, is our new Chair. She welcomed all participants. |  |  |
| Matters Arising from December 2022 | Front door contact information to be circulated. The group needs a Vice Chair HM to send invitations out to be Vice Chair for the group.Updating the Housing with Care for Older people discussed and included in the Action Plan item. PS offered to provide update on Assistance Service please confirm if this is required. Notes signed off.  |  | Completed |
| TB in Kent  | Sarah Murphy and Katie Allen shared a presentation that will be circulated.TB is a bacterial infection that can be treated with antibiotics. It is transmissible when in the lungs are infected and the patient coughs. Social risk factors for TB are homelessness, seeking asylum, imprisonment, drug or alcohol misuse, mental health concerns etc. Many of those in Kent with TB have a social risk factor and complex lives. Prevention and early diagnosis give better outcomes. Members were asked that if they see signs of TB they encourage people to consult their GP. NICE guidance shows people in TB treatment need safe and secure housing for the whole of the duration of treatment period. KL There is a pilot of Kent, Pathways, for vulnerable homeless people to be assessed more quickly and liaise. with the housing options teams. It should be rolled out across Kent when they get a member of staff for them. All LAs should already have a contact for this project. JL There was a TB protocol developed by the JPPB many years ago. If this could be found it could be updated. Those with no resource to public funds will not follow the conventional housing route and we need to seek advice from KCC on how these people can be supported. KA said they have had to do part 2 orders and keep someone in a hospital bed to continue treatment and being in a home would have been better for them and cost less to the NHS. If the LA provide accommodation would the NHS fund as this would be cheaper than hospital stay? KA they would explore that and how to create the proper pathway. After two weeks of treatment the person isn’t infectious, but it they stop taking the daily medications they can become infectious again. KA all asylum seekers coming in should be screened for TB and no current cases in hotels in Kent. The KCHFT staff work with patients to support them to maintain the treatment regime but access to housing, benefits, etc. SM they work with organisations supporting people who are homeless and go to events when they can. They welcome invitations from these organisations.  | JLKAAll | Seek advice from KCC on how those with no recourse to public funds and TB can be supported. Explore whether NHS would fund or part fund accommodation where the person has no recourse to public funds Consider inviting Sarah Murphy (details in presentation) to events for homeless people. |
| Kent and Medway Housing [Strategy](https://www.kenthousinggroup.org.uk/protocols/kent-medway-housing-strategy-2020-2025-a-place-people-want-to-call-home/) 2020-25 | Alison showed a presentation to introduce the Kent and Medway Housing Strategy that will be circulated. All the sub groups help to deliver the strategy. There is a strong link between the health and wellbeing theme and this group but also elements of the other themes. There is an implementation group that BH Chairs and reports into the KHG Executive Board.  | HM | Circulate AS’s presentation |
| Setting the Action plan, themes and topics | AS asked the group what it would like to work on for the next 2 years. AS has received a few suggestions; * Bernadette McInally suggests a system approach to health weight. BM’s document was circulated before the meeting and she talked the meeting through it. She brings stakeholders together to tackle obesity from healthy eating to housing and planning to address the causes of the causes of obesity. This work covers from pre-conception to old age but different actions may be needed for different groups of people. AS there is already working going across Kent so we need to share what we are currently doing and share good practice. BH suggested we’d want to cover good practice in the KHG newsletter. May need to look at this properly when we have the project officer in post. BH Actions; suggested we need to engage with the Kent Chief Planning Officers Group and the Kent Housing and Development Group on this whole systems approach. The excellence awards could give an opportunity to celebrate innovation and good practice.
* JL highlighted the community larder that serves an area of Maidstone. The journey with the local community was useful in shaping the project. JL offered to give a presentation on this next time if needed.
* Dampness and mould has a big impacted on the occupants health and a joined up approach from housing and health could be useful. Action Neil D to be asked to attend to present on working together on addressing dampness and mould.
* The Housing with Care for Older People document was circulated with the papers. This was written in 2014 and needs reviewing. AS will meet Anya Harris and Ellen Schwartz to review the data. It needs updating on what works, what do older people aspire to now, what changes are needed and how to make it happen with our partners in social housing and market housing. Please volunteer to review this with AS. DW volunteered to join a group as he is working on demand, good design, etc. BH willing to help make connections with organisations and also becoming bid ready so can bid from HE, NHS, ICP, etc. DW we need an offer that is attractive to occupants and their current and future needs and aspirations. KL Older Womens Co-Housing Group in London [New Ground Housing](https://newgroundcohousing.uk/) is useful to look at to see what people want as they get older. Examples of details include having tea and coffee facilities in the laundry area to encourage people to stay and chat, not leave until the washing is done. Add any corrected names in the chat. Kimba also provided these links; [Bright Green Futures](https://www.brightgreenfutures.co.uk/projects/water-lilies/) are good example of developer led community led housing. [LILAC](https://www.lilac.coop/) - Low Impact Living Affordable Community
* JL believes there was a KHG TB protocol. Does this need revising?
* BH highlighted the review of the Fuel Poverty Strategy is not completed yet. ST did aim to coordinate this work with KEEP and the Strategic Domestic Retrofit Group and the governance of those will be reviewed. Living in a warm home is key to health.
* Financial inclusion probably brings many strands of fuel and food poverty but also insecurity and poverty more widely. This could be cost of living.
* Digital Inclusion, we can invite a suitable person to give an update, or perhaps on Financial Hardship more widely. Mike Williams, would like to discuss digital inclusion and the impact of financial abuse. He believes digital exclusion could make financial abuse easier.

Action, create a table and circulate for comments | HMBHHMAllAllHMHM | Circulate template for members to complete showing existing projectsEngage KCPOG and KH&DG on whole systems approachInvite ND to present to HHSC on dampness and mouldConsider volunteering, with BH and DW, to review this document.Please see if you have a copy of these TB protocol and forward to HM.Seek a speaker on digital inclusion to include financial abuseCreate a table of topics, actions and partners for all to amend |
| Preparing adult social care for CQC readiness | Becky Ralph from KCC shared her presentation which will be circulated. CQC assurance process will begin again and KCC is preparing for it and seeking partners’ views. KCC are gathering evidence ready for their desktop and actual inspections. BR posed the question do you have any good examples of the following; * Examples of Local Authorities and Partners working together to tackle homelessness in Kent.
* DFGs – examples of how this has helped in Kent in partnership with KCC
* Integrating Care and Support Services and working in partnership across Kent.

HM highlighted the East and West Kent DFG groups and it may be worth BR contacting them. JL What is the CQC expectation around homelessness, bearing in mind that the KHC contract is ending. What does CQC think counties view are? BR it’s around how we’re working with partners on homelessness. Mike Williams, finds getting the right support for vulnerable customers in adult social care in good time is a challenge. Kimba Layton, it’s hard to get support for vulnerable homeless people. Getting a Care Act assessment is very challenging. Getting help for those who cannot live independently is extremely challenging it does not feel that the customer is at the heart of the service. Paul Stephens, works in Adult Social Care commissioning and there are difficulties in recruitment and retention of staff. They cannot purchase as much care as they’d want to from the market. HM signposted BR to Luke Edwards and Max Guest at KCC about the Kent Homeless Connects service ending and invited BR to let her know if she also wished to attend KHOG, having attending main KHG in February.  |  |  |
| Hot topics | Date of next meeting is 12th June. HM, or a colleague, will send out a new Teams appointment as the existing ones cannot be accessed.  |  |  |