

## AGENDA

### HOUSING AND HEALTH COMMITTEE MEETING

Date: Tuesday, 8 November 2022

Time: 7.00 pm

Venue: The Pippin Room, The Appleyard, Avenue of Remembrance, Sittingbourne, Kent, ME10 4DE

Membership:

Councillors Alastair Gould, Ann Hampshire, Angela Harrison (Vice-Chair), Ken Ingleton, Carole Jackson, Elliott Jayes, Ben J Martin (Chair), Lee McCall, Pete Neal, Richard Palmer, Ken Pugh, Ken Rowles, Bill Tatton, Ghlin Whelan and Mike Whiting.

Quorum = 5

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Pages

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Aside from disclosable interests, where a fair-minded and informed observer would think there was a real possibility that a Member might be biased or predetermined on an item, the Member should declare this and leave the room while that item is considered.

Members who are in any doubt about interests, bias or predetermination should contact the monitoring officer for advice prior to the meeting.

4. Minutes

To approve the [Minutes](#) of the Meeting held on 5 July 2022 (Minute Nos. 165 - 171) as a correct record.

**Part B reports for the Housing and Health Committee to decide**

- |    |   |         |
|----|---|---------|
| 5. | Presentation from Medway NHS Foundation Trust - New Community Diagnostic Centre and health hub roll-out | 5 - 10  |
| 6. | Housing, Homelessness and Rough Sleeping Strategy   | 11 - 48 |
| 7. | Forward Decisions Plan  | 49 - 50 |

**Issued on Monday, 31 October 2022**

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**Chief Executive, Swale Borough Council,  
Swale House, East Street, Sittingbourne, Kent, ME10 3HT**

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<b>Title of Report</b>	<b>Medway and Swale Health and Care Partnership, Community Diagnostic Centre briefing</b>	<b>Agenda Item</b>	
<b>Lead Director</b>	Name: Nikki Teesdale Role: Director of Delivery, Medway & Swale Health and Care Partnership,		
<b>Report Author</b>	Nikki Teesdale – Director of Delivery Medway and Swale Health and Care Partnership		
<b>Executive Summary</b>	<p>The Community Diagnostic Centre briefing sets out plans to develop community diagnostic centres in Medway and Swale. The plans are to establish a hub, based at Sheppey Community Hospital and a spoke, based at Rochester Healthy Living Centre. The provision of imaging, physiological measurement and pathology tests and scans at these sites, over the next three years will deliver significant additional diagnostic capacity in the system, which will help to support COVID 19 recovery plans as well as future growth in demand. Increased diagnostic provision in the community will utilise existing NHS estates and improve access particularly for communities facing the highest level of health inequalities.</p>		
<b>Links to strategy and regulations</b>	Aligned to Health and Care Partnership strategic plan, local and national priorities		
<b>Committees or Groups at which the paper has been submitted</b>	None to date		
<b>Legal Implications/Regulatory Requirements and FOI status:</b>	<ul style="list-style-type: none"> <li>This paper is disclosable under the FOI Act</li> </ul>		
<b>Recommendation/ Actions required</b>	The Committee is asked to note the paper for information.		
	<b>Approval</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Discussion</b> <input checked="" type="checkbox"/>
			<b>Noting</b> <input checked="" type="checkbox"/>

In October 2020 Professor Sir Mike Richards published *Diagnostics: Recovery and Renewal* which identified a number of recommendations including the development of Community Diagnostic Centres (CDCs) to significantly increase extra diagnostic capacity and to separate diagnostic settings for elective and non-elective patients/ pathways.

The recommendations have been accepted by NHS England and a national programme is in place to award funding to Systems and thereafter support the development of CDCs. CDCs will provide a broad range of elective diagnostic services away from acute settings, providing easier and quicker access to tests and greater convenience to patients, as well as relieving pressure on acute sites by reducing outpatient referrals and attendances.

The Kent & Medway Imaging Network was formed in line with the Long-Term Plan and the release of the Richard's Review. As part of this new governance structure, CDCs were included within the remit of the Kent & Medway Imaging Network, clearly recognizing the alignment to the core modalities and the need to connect to the wider diagnostics.

On the 13<sup>th</sup> October 2022, the Medway and Swale Health and Care Partnership were informed that a bid to support additional diagnostic capacity across the locality had been successful. Whilst there is flexibility in the how we as a system design the clinical pathways at a local level there is strict criteria with regards to what constitutes a CDC and therefore what we have to deliver in order to obtain the national funding.

Each CDC in England must:

- Be a digitally connected, multi-diagnostic facility that can where appropriate, be combined with mobile / temporary units. CDC provision should be located separately from the main acute hospital facilities and sited in locations that are more easily accessible, and closer to patients' homes.
- Contribute to six primary aims – improve population health outcomes, increase diagnostic capacity; improve productivity and efficiency; reduce health inequalities; improve patient experience; and support the integration of primary, community and secondary care.
- Deliver a minimum set of diagnostic tests
- Receive referrals from a range of healthcare professionals across the system, book and prepare patients; deliver coordinated testing and provide timely reporting.

By redesigning the clinical pathways, the CDCs will be expected to increase and optimise diagnostic capacity, improve efficiency, and improve patient outcomes assuring accessible sustainable pathways for our local population. The approval for funding in the Medway and Swale locality follows the early adopter Hubs situated in West Kent and East Kent. Through the CDC pathway design cross border working is a requirement in order that all areas benefit from the additional capacity.

The development of CDCs will further support the recovery of elective and diagnostic services that were impacted during the pandemic, which will in turn reduce waiting times and diagnostic backlogs. There will not be a reduction in activity at the acute hospital site, the CDC will provide additional activity to support both recovery of services and unmet demand.

Current diagnostic provision in Medway and Swale in the main is largely provided by Medway NHS Foundation Trust (MFT) on the acute hospital site. Due to the impact of COVID-19, however, there has been a shortfall in diagnostic provision across the Medway and Swale health system which is still significant. Over the last couple of years compliance with national standards and diagnostic waiting times at MFT have fluctuated considerably due to the COVID-19 pandemic.

In order to support recovery additional sustainable diagnostic provision is required in Medway and Swale to address the backlogs and the future projected demand.

A Medway and Swale CDC Working Group was established with representatives from key stakeholder organizations including: Medway NHS Foundation Trust, Medway Council, Kent County Council, Swale Borough Council, Medway Community Healthcare, HCRG and the Integrated Care Board (ICB). Key work stream leads were identified including Workforce, Estates, IT, Health Inequalities, Communications and Finance. The focus for all leads was to support the development of the business case and work collaboratively to deliver a local CDC plan.

A phased approach has been agreed based on the areas experiencing the greatest inequalities, with the roll out of services planned to span a three-year period before the CDC is fully operational. To inform the direction of travel for the Medway and Swale CDC model, a stakeholder workshop was held which focused on key local issues for consideration. Subsequent design meetings using a Logic model approach helped to refine and finalise the model. Approval of the model followed Health and Care Partnership governance processes.

The preferred option for the Medway and Swale CDC is a two-site hub and spoke model. This model has been chosen as a result of stakeholder engagement, and is the favoured model for a number of reasons. Firstly, Medway and Swale are a large geographical area covering a population of about 427,000 people. Some areas such as Chatham and Gillingham are very densely populated, and others such as the Hoo peninsula and Sheppey by contrast, are quite remote with access to services often difficult for patients; therefore, having a single site was not seen as a viable solution.

In addition, Medway and Swale has some of the highest levels of deprivation in the UK with some wards being in the 20 per cent most deprived areas in the country. Twenty-three per cent more people have an unplanned admission for a chronic condition that could be managed out of hospital, compared to the national average and one-year cancer survival rates are five per cent lower than the national average.

The following information taken from the Medway and Swale H&CP profile and Swale's Dominant strategy, demonstrates wider determinants and poor health outcomes;

- The rate of adults (aged 18+) classified as overweight or obese in Medway and Swale is worse (70%) than England (63%).
- The percentage of physically inactive adults in Medway and Swale is worse (25%) than England (23%).
- Deaths from all cancers in Medway and Swale under 75 years is worse than England. Although rates for screening in Medway and Swale appear to be in line with England, there are still areas with low take up for cancer screening i.e. Medway Central.
- For every mile travelled between Sittingbourne (Woodstock Ward) and Sheppey (Sheppey West Ward), the life expectancy reduces by 255 days. This results in 8.3 years difference in life expectancy between the two areas.
- 48.8% of people in Sheppey are economically inactive compared to the UK national average of 21%. Economically inactive means that people (aged 16-64) are not involved in the labour market – they are neither working or actively seeking employment. For example, includes long term sick, caring for family, early retirement, students etc.
- Across Sheppey, the percentage of people having 'very good health' is lower than the national average. Only 34.6% people have very good health in Sheppey East Ward, and 38.9% in Sheerness Ward, compared with the national average of 53%
- In some schools, 90% of students are leaving without sufficient Level 3 skills (grade 5 or above in English and Maths GCSEs)
- By 2038, 25.3% of homes in Swale will require an adaption to deal with health and care demands

The proposal to establish a two-site hub and spoke model therefore, will provide more equitable access to diagnostic services in a greater number of areas and will reduce travel time for patients. The hub and spoke

model will offer a central hub providing full range of co-ordinated services for patients that require multiple diagnostic testing with the spoke offering additional capacity, similar to the hub to meet the needs and requirements of the local population

Options for estates considerations have been reviewed with working group members as well as estates leads. There are a number of community sites across Medway and Swale that would lend themselves to potential CDC sites but following review many were discounted as not meeting the CDC requirements. In addition, a number of the existing estates (both Healthy Living Centres and community hospitals) have limited scope for internal redevelopment and reconfiguration, as there is minimal void space to use as most centres are heavily utilised by the community providers.

The Public Health Primary Care Network profiles and the diagnostic services data gathered to date has been informative in relation to helping pin point areas of greatest deprivation and areas of need. The two areas in Medway and Swale that are consistently identified as being the most deprived areas (lowest 20% of the Index of Multiple Deprivation) are Medway Central and Sheppey. These two areas see a number of poor health outcomes for people living there.

The public health inequalities data collated to date, alongside other estates intelligence has been considered as part of an early feasibility exercise; which concluded that Sheppey Community Hospital should be the hub location for the Medway and Swale CDC. With regards to this site, an options appraisal was undertaken with stakeholders whereby all possibilities were considered and worked through for example, access to car parking if additional activity is to be delivered at this site, availability of clinic space and potential space for locating mobile units such as cancer screening (i.e. lung, cervical and/or breast) as well as imaging units (i.e. MRI or CT) on site.

Public Health profile data identified Chatham as one of the areas having the greatest levels of deprivation but activity for some diagnostic services although high, was not as high as expected. Reasons for this were thought to be due to:

- Patients have difficulty accessing primary care services and not being referred to diagnostic services
- Unlike other deprived areas of Medway, there is no local Healthy Living Centre or community clinic facility in the Chatham central area for patients to easily access. Patients from one of the most deprived areas therefore, have to travel either to Rochester or Gillingham to access services which could impact service uptake.

The agreed CDC hub at the Sheppey Community Hospital site will provide accessible services to populations that have high levels of deprivation and issues with access due to a combined lack of access to own transport, poor public transport or financial constraints. These services will be combined with a strategy collaboratively developed with partners to target inequalities experienced by communities who do not access services or present very late. The site also represents good use of existing NHS sites, and is co-located with other services including primary care, a planned Urgent Treatment Centre, community, and acute outreach activity offering excellent opportunities to Make Every Contact Count (MECC). In addition, a spoke will be created at Rochester Healthy Living Centre (RHLC). This site was considered the most feasible option for the location of an MRI scanner because it already has pads on site which are utilized by the breast screening service for three months of the year. The site is centrally located with good access to public transport, parking and is the nearest feasible and most accessible site to central Medway which has the population facing the greatest health inequality. The longer-term priorities for this site are also the same as the hub site.

## Phase 1

The immediate priority is to extend MRI capacity to support MFT to achieve diagnostic compliance and elective recovery (post Covid-19) during 2022/23. Whilst application for temporary MRI units that are managed and therefore not impact on existing MFT workforce were requested at both sites, funding for 22/23 was only agreed



for the Sheppey site due to national cuts in the funding and the inequalities identified in Sheppey. Funding for permanent MRI scanners going forward has been agreed for both sites.

## Phase 2

Longer term, the plan is to reconfigure both Sheppey and RHLC to deliver diagnostic services according to local need. During 2023/24 and 2024/25, a phased approach will be taken to commence diagnostic provision at both sites.

At Sheppey, work will include reconfiguration of current space to build a new static MRI and CT suite, as well as redesign and upgrade the existing diagnostic services already located in this area. The diagnostics available in Sheppey will be extended to include a wide range of services as prescribed by the national team for inclusion in a hub in the second and third year of mobilization.

Within RHLC work will take place to reconfigure existing space to accommodate a static MRI and a mobile CT suite along with a wide range of diagnostics as identified in the local area needs assessment. Whilst RHLC has been identified as the most feasible option for a spoke site due the central location and public access routes, the planning teams are aware of current access and parking restraints. Mobilization plans will include exploring the wider infrastructure including land owned by property services that is currently not utilized.

In addition, through a work programme aligned to the Cancer Alliance, we have had funding agreed for an additional CT scanner for which we intend to commence Targeted Lung Health Checks (TLHCs) for early lung cancer detection from spring 2023, which further enhances the diagnostic and screening provision. The Cancer Alliance funded CT scanner will be located at the Sheppey site and a mobile CT scanner not funded by Cancer Alliance, will be located in Rochester with the intention of rotating staff and services as appropriate or where access is more difficult.

Workforce and staffing capacity have been flagged as the biggest risk to the CDC programme and plans are in development for a variety of workforce initiatives, including international recruitment for which we have had recent success and rotating apprenticeship schemes.

In summary, this scheme will deliver:

- Two community diagnostic center sites - A CDC hub site located at Sheppey Community Hospital.
- A CDC spoke site located at Rochester Healthy living Centre.
- In the first year (2022/23) additional capacity via rented and staffed mobile MRI scanning facilities will be delivered at the Sheppey site, creating more space at MFT to support recovery of the backlog. The mobile unit will be in place whilst the transition to the longer-term hub and spoke site is developed and implemented (i.e., built, staffed, pathways implemented etc.)
- The CT scanner procured through the Cancer Alliance will also support the delivery of additional activity outside of the days/hours allocated to TLHC.
- Dedicated resource for delivering the community diagnostic programme, including clinical time, project management, business intelligence, communications and engagement, workforce planning etc. which will not remove capacity from existing diagnostic services.
- Efficient use of void spaces available within existing NHS estates at hub and spoke locations.
- Robust workforce plan, linked into the system diagnostics workforce strategy, for key staff groups required to deliver CDCs.
- Digital operability across the local infrastructure



Medway and Swale  
Health and Care Partnership

Work will begin in the autumn of 2022 with a phased roll out of increased diagnostic provision at both sites, working towards achieving a seven-day service over a 12-hour period by 2025.

*The start date for the particular diagnostic modalities is dependent upon recruitment, completion of building works and lead in times for equipment delivery.*

<b>Housing and Health Committee</b>	
<b>Meeting Date</b>	8 <sup>th</sup> November 2022
<b>Report Title</b>	<b>Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027 – Consultation Draft</b>
<b>EMT Lead</b>	Emma Wiggins, Director of Regeneration and Neighbourhoods
<b>Head of Service</b>	Charlotte Hudson, Head of Housing and Communities
<b>Lead Officer</b>	Charlotte Hudson, Head of Housing and Communities
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	<p>The committee is recommended to:</p> <ol style="list-style-type: none"> <li>1. To approve the draft Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027 to go out for consultation.</li> <li>2. That a consultation is undertaken for 12 weeks.</li> </ol>

## 1 Purpose of Report and Executive Summary

- 1.1 This report asks the Housing and Health committee to consider the draft Housing, Homelessness and Rough Sleeping Strategy 2023 – 27.

## 2 Background

- 2.1 The current Housing, Homelessness and Rough Sleeping Strategy was adopted in 2019. The full strategy can be found at [Housing-and-Homelessness-Strategy-2019-2023.pdf \(swale.gov.uk\)](https://www.swale.gov.uk/sites/default/files/2019-12/2019-2023%20Housing%20and%20Homelessness%20Strategy.pdf) the strategy has four strategic priorities which are:
1. Preventing homelessness
  2. Reduce the need for emergency and temporary accommodation
  3. Delivering the right homes in the right places
  4. Improve conditions in existing homes
- 2.2 The current strategy is coming to the end of its life and therefore a review of progress against the current strategy, analysis of service data has helped inform and shape a revised strategy. Under the Homelessness Act 2002, all housing authorities must carry out a review of homelessness in their area and publish a homelessness strategy which sets out what it plans to do to prevent homelessness and rough sleeping.
- 2.3 The draft strategy sets out the Council's priorities to tackle Housing, Homelessness and Rough Sleeping in Swale between 2023 – 2027. It looks to build on the foundations set out in the previous strategy and looks to address the changing and more complex needs of residents in our borough who need to access housing services.

- 2.4 The Strategy sets out our aims to run a strong housing service, that is the safety net for those most vulnerable in society and enables us to meet our statutory obligations set out in housing legislation. It recognises the need to work with our partner agencies across all sectors to ensure we provide an appropriate service for our residents.
- 2.5 The revised proposed priorities are:
- Delivering Affordable Homes
  - Preventing Homelessness
  - Developing a more efficient housing options service
  - Improve conditions in existing homes
- 2.6 It is now proposed that the draft strategy goes out to public consultation for 12 weeks, to ensure that partner agencies, the voluntary sector and our residents have an opportunity to provide feedback.

### **3 Proposals**

- 3.1 To approve the draft Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027 to go out for consultation.
- 3.2 To agree that the draft Housing, Homelessness and Rough Sleeping Strategy is consulted on for 12 weeks.

### **4 Alternative Options**

- 4.1 That the strategy is not consulted on and adopted now, this is not recommended as there may be other views and information which can inform the strategy and should be considered.

### **5 Consultation Undertaken or Proposed**

- 5.1 This report is proposing to carry out a 12-week consultation.

## 6 Implications

Issue	Implications
Corporate Plan	<p>Priority 1: Building the right homes in the right places and supporting quality jobs for all</p> <p>Priority 3: Tackling deprivation and creating equal opportunities for everyone</p>
Financial, Resource and Property	<p>The current revenue budget for Housing Services is £361,010 (Private Sector Housing), £2,124,030 (Housing Options) and £67,230 (Affordable Housing). Currently, there is a significant projected overspend in year for temporary accommodation c. £1m.</p> <p>In addition to the Council net revenue budget. A range of grants are received by the Council.</p> <p>Housing Prevention Grant = £662,077 in 2022/23 RSI Grant = £1,937,632 in 2022/25 (3-year settlement). Staying Put Grant = £57k</p> <p>In addition, the Council also receives a Capital Grant to provide Disable Facilities Grants through the Better Care Fund £2,917,102 in 2022/23.</p>
Legal, Statutory and Procurement	<p>Under the Homelessness Act 2002, all housing authorities must carry out a review of homelessness in their area and publish a homelessness strategy which sets out what it plans to do to prevent homelessness and rough sleeping.</p>
Crime and Disorder	<p>The housing service works closely with the Community Safety Partnership in managing clients that have an offending background. Having stable and affordable housing, can assist in breaking the re-offending cycle.</p>
Environment and Climate/Ecological Emergency	<p>Grants promoted by the Private Sector Housing Scheme can assist with improvements with EPC ratings.</p>
Health and Wellbeing	<p>Housing is a wider determinant of health and having secure and decent homes significantly improves the health and wellbeing on residents.</p>
Safeguarding of Children, Young People and Vulnerable Adults	<p>The housing service undertakes the most Safeguarding referrals than any other department in the Council, the nature and circumstances of some of the clients mean they are very vulnerable and therefore support is required from partner agencies.</p>

Risk Management and Health and Safety	The provision and affordability of Temporary Accommodation continues to be a corporate risk.
Equality and Diversity	An initial Community Impact Assessment has been conducted. The consultation will also seek feedback from those groups with protected characteristics and review any data to ensure the service is compliant with its Equality Duties. CIA document.
Privacy and Data Protection	No implications identified at this stage.

## **7 Appendices**

7.1 None

## **8 Background Papers**

8.1 There are no background papers.

# Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027



DRAFT



## Introduction

This strategy sets out the Council's priorities to tackle Housing, Homelessness and Rough Sleeping in Swale between 2023 – 2027. This strategy builds on the foundations set out in the previous strategy and looks to address the changing and more complex needs of residents in our borough who need to access housing services.

Since the implementation of the previous strategy, the country and therefore the borough has seen significant change, the pandemic has had a significant impact on individuals' circumstances and more globally an impact on the construction industry. This coupled with impacts of Brexit and the current war in Ukraine and other fiscal changes has caused significant issues to the economy, not only in the provision of new homes but impacting the cost of living and therefore affordability to a growing proportion of the population.

This Strategy sets out our aims to run a strong housing service, that is the safety net for those most vulnerable in society and enables us to meet our statutory obligations set out in housing legislation. We are just one part of the system and our work with our partner agencies across all sectors needs to be strengthened to ensure we provide an appropriate service for our residents.

This strategy for consultation has been drafted utilising service data and trend information as well as seeking support from experts on interventions, that can address issues that Swale is experiencing. We have reviewed our performance against other Kent authorities and are seeking best practice. We have also held a session with our partners through the Strategic Housing Needs meeting to gather their views. We are now at the stage where we want to consult more widely to ensure the Strategy is addressing the needs in the borough, although this needs to be both within legislative and budgetary constraints.

## Background

There are a range of national strategies and drivers that determine or effect how housing services are delivered in Swale. The main legislation is set out below:

**Homeless Reduction Act 2017** was one of the biggest changes of rights to homeless people in England for over fifteen years and introduced two new duties, the Duty to prevent homelessness and the Duty to relieve homelessness. This legislation was implemented on the 3rd April 2018 and placed new legal duties on local housing authorities which builds on existing legislation.

**Care Act 2014 and Better Care Fund** signified the most significant reform of care and support, including providing people and their carers with control over their care and support; a greater emphasis upon prevention; protection for the most vulnerable people in society and provision of clear advice and support by local authorities. Underpinned by the Better Care Fund, a programme that links both the NHS and local authorities to join-up health and social care services. The Disabled Facilities Grant is funded through the Better Care Fund.

The **Levelling Up and Regeneration Bill** is very broad and is likely to have impacts on housing services. It aims to make significant changes to the planning system and

in particular the Community Infrastructure Levy, which could have significant impacts on how we secure affordable housing in the borough. The Bill also sets out proposals to introduce wider legislation around planning and housing addressing issues such as land banking, second homes and empty homes.

**First Homes** is a new government initiative to provide discounted homes to first time buyers in England on new developments. A first homes policy is being drafted as part of the Local Plan process which will set out eligibility criteria.

The government have just published an ambitious **Rough Sleeping Strategy** with the aim to end rough sleeping for good. This has also come with significant funding; Swale has been allocated funding as part of this strategy.

The causal link between **poor housing conditions and poor health outcomes** is long established. The independent **Marmot Review (2010)** said housing is a “social determinant of health” meaning it can affect physical and mental health inequalities throughout life.

In addition to these drivers the delivery of this strategy, sits within the context of other Swale and Kent Strategies. The most closely aligned ones are shown in the diagram below.

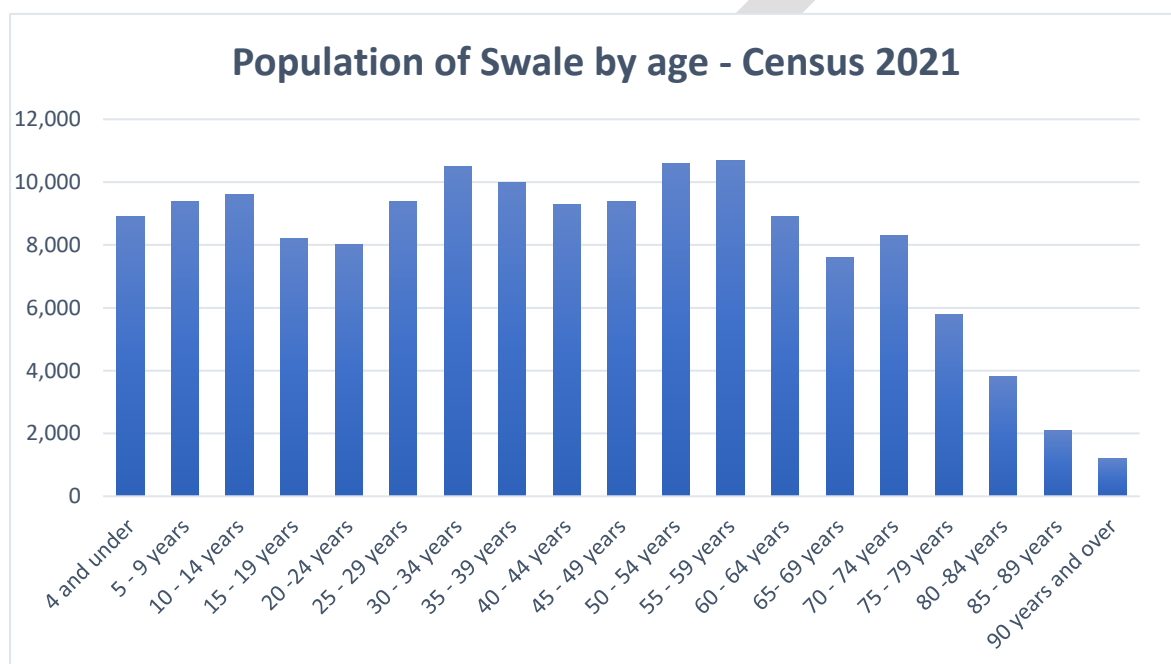


## The borough of Swale

Swale is one of 12 districts (boroughs and cities) which make up the county of Kent. Located on the county's northern coast, the borough sits between Medway, Maidstone and Canterbury, around 60km from central London in one direction and 40km from the Channel tunnel in the other. The borough covers an area of 360km<sup>2</sup>, roughly one-tenth of Kent, and is home to 151,700 people.

The population in Swale has grown by 11.7% between the 2011 and 2021 census, this is at a higher rate than the South-east which grew 7.5% during the same period.

The chart below shows the distribution of the population by age, which shows that Swale has a largely young population and in particular households with children.



There are 60,500 households in the borough, this is an increase of 8.8% since the 2011 census.

The borough is a remarkably diverse place, including the historic market town of Faversham, the traditional seaside resort of Sheerness, the more industrial market town of Sittingbourne and rural villages. The urban centres are connected both physically and culturally by the borough's extensive and important rural areas, accounting for around a quarter of the population.

Swale's demographic make-up is no less diverse than its geography, including a mix of affluent and less affluent communities, but in general the area is less well-off than is typical for the south-east, and there are some concentrated pockets of severe socioeconomic disadvantage to be found in locations across the borough. While the causes of this are deep-rooted and complex, the outcome is that a proportion of our residents suffer from entrenched inequality and a lack of opportunities which the council needs to do what it can to address.

The indices of multiple deprivation are calculated by government based on a range of measures of poverty and associated disadvantage and were last published in 2019. Compared to the previous time the figures were calculated in 2015, Swale's

overall position on the indices deteriorated relative to other places, with the borough now the 69th most disadvantaged of 317 shire districts in England, and the second most disadvantaged in Kent.

Over recent decades, Swale has seen a successful diversification of its economy, which now has key strengths in manufacturing and distribution, as well as high-skilled activities including cutting-edge technology and life sciences. However, it remains the case that much of the borough's employment, is at the lower end of the skills spectrum. The table below shows the average weekly earnings in Swale, which is significantly below the region and national averages.

<b>Earnings by place of residence (2021)</b>			
	<b>Swale</b>	<b>South East</b>	<b>Great Britain</b>
	<b>(Pounds)</b>	<b>(Pounds)</b>	<b>(Pounds)</b>
<b>Gross Weekly Pay</b>			
<b>Full-Time Workers</b>	580.2	660.1	613.1
<b>Male Full-Time Workers</b>	584.5	709.1	655.5
<b>Female Full-Time Workers</b>	556	584.6	558.1
<b>Hourly Pay - Excluding Overtime</b>			
<b>Full-Time Workers</b>	14.34	16.97	15.65
<b>Male Full-Time Workers</b>	14.28	17.91	16.26
<b>Female Full-Time Workers</b>	14.54	15.65	14.86

## **The Housing Market in Swale**

As part of the Local Plan review process a Strategic Housing Market Assessment (SHMA) was undertaken in May 2022. This document provides a detailed analysis of the current housing market and provides rich information and predictions on future needs for the borough. The key findings relevant for this strategy are:

- The housing market profile in Swale is distinct and the borough can clearly be viewed as its own housing market.
- The population in the borough is younger than the national average, with more family household's resident. Swale is moderately affluent area with household incomes notably slightly below County equivalents.
- Market accommodation in Swale is more expensive than regional equivalents, the affordability remains an issue in the borough.
- There is a notable gap between the cost of Affordable Rent and entry-level market housing which could potentially be filled by intermediate products.
- The Affordable Housing model utilised in the SHMA has identified a requirement of 352 affordable dwellings per year

The table below shows the average property prices in Swale compared to regional and national averages. Despite being lower than the region and national averages, due to low wage levels this makes the properties out of reach to many and is more attractive to those currently residing in more expensive areas.

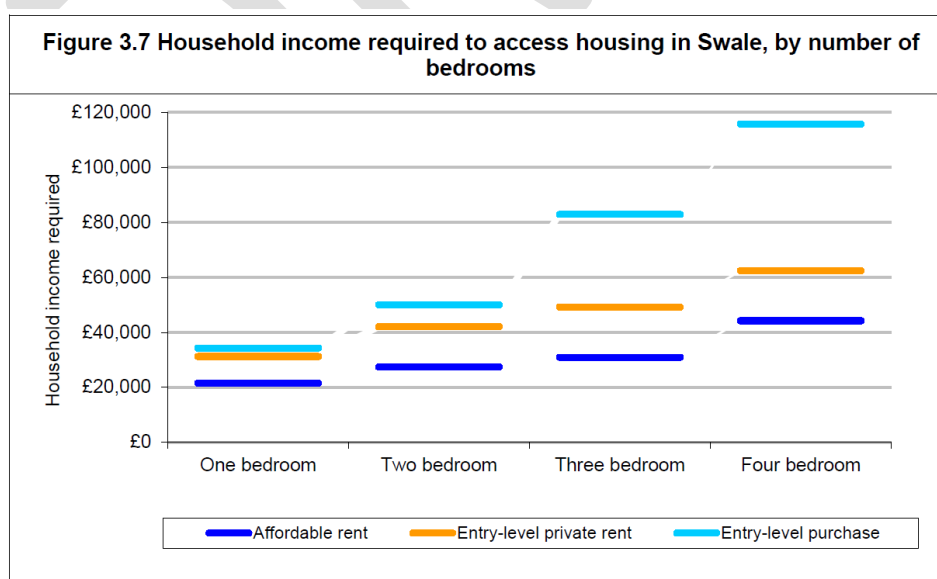
Dwelling type	Swale		South East		England	
	Average price	% of sales	Average price	% of sales	Average price	% of sales
Detached	£447,833	27.7%	£678,330	28.8%	£490,345	26.7%
Semi-detached	£295,295	28.2%	£408,457	27.3%	£303,948	29.3%
Terraced	£247,821	36.1%	£338,596	26.8%	£290,886	28.7%
Flats	£170,838	8.0%	£243,392	17.1%	£310,468	15.3%
Overall average price	£310,560	100.0%	£439,379	100.0%	£351,048	100.0%
Mixed adjusted overall average price	£303,473	-	£435,395	-	£351,048	-

Source: Land Registry, 2021

The table below shows the profile of the rent levels across the social, affordable, and private sector. Also shown in the table are the Local Housing Allowance (LHA) rates for different parts of the borough. Sittingbourne and Sheppey fall within the Medway and Swale area, Faversham falls within the Canterbury area. There is a significant gap between LHA cap and renting within the private sector.

Bedrooms	Social Rent	Affordable Rent	Private Rent	LHA (Medway and Swale)	LHA (Canterbury)
One	363	448	661	593	593
Two	418	570	828	748	793
Three	467	644	979	848	972
Four	528	921	1406	1197	1247

The Chart below shows household incomes required to access housing in the borough.



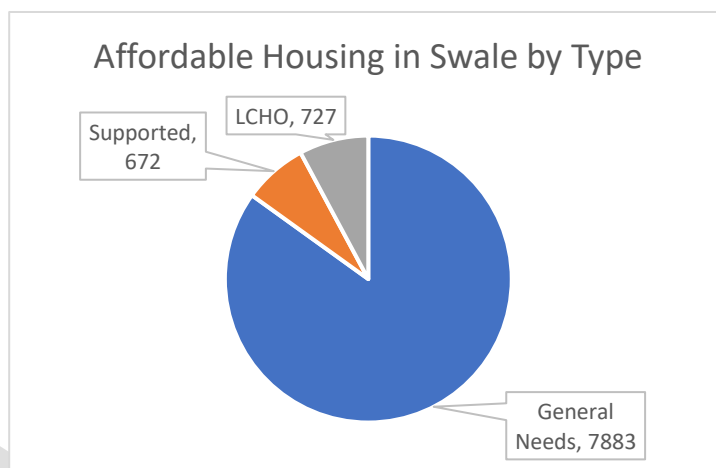
Source: Online survey of property prices April 2022; Regulator of Social Housing's Statistical Data Return 2021

## Affordable Housing

Affordable housing, as defined by the National Planning Policy Framework, is **housing for sale or rent for those whose needs are not met by** the market. Products take the form of social rent, affordable rent and other Low-Cost Home Ownership products such as shared ownership and the new policy on First Homes.

### Affordable Tenure in Swale

There are 25 registered providers that hold stock and operate in Swale, owning a total of 7,883 general needs properties and 672 supported housing/older people accommodation and 727 Low-Cost Home Ownership (LCHO) properties.



Swale does not own its own stock following a stock transfer in the early 1990's, following several mergers over the years, Optivo are the Registered Provider who hold the Council's former transferred stock and therefore hold the largest amount of social stock in the borough. The table below provides details of the largest registered providers operating in the area.

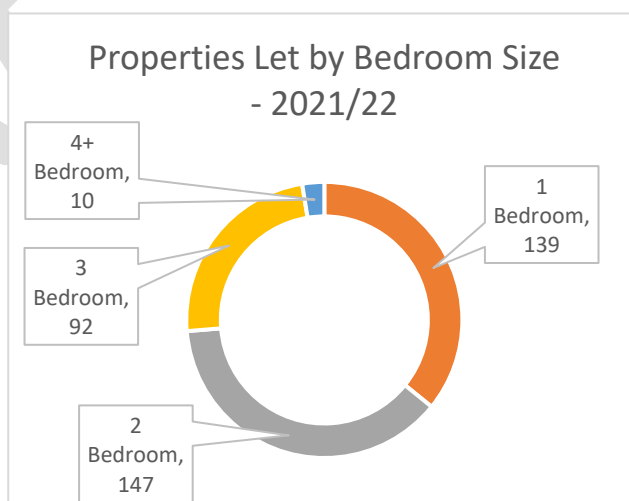
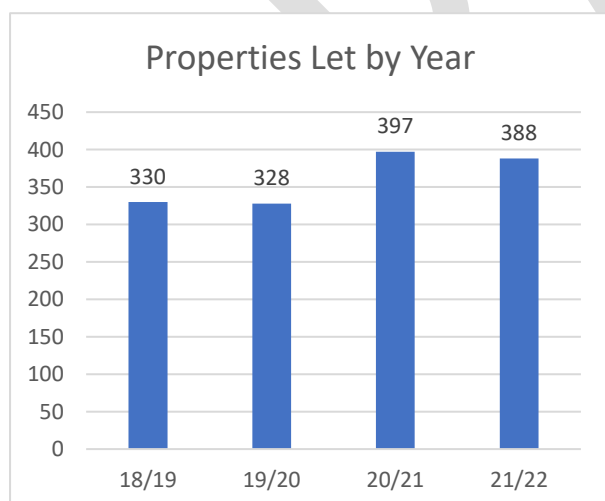
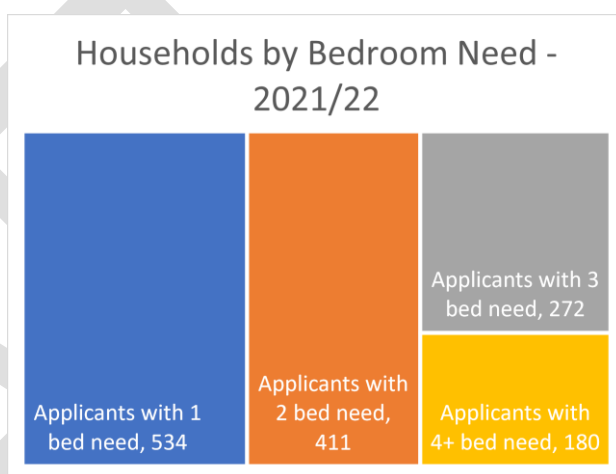
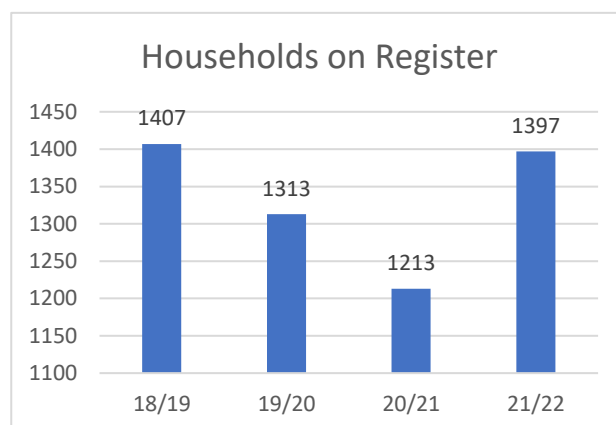
### Stock by registered provider.

Registered Provider	Social Stock	% of Total in Swale
<b>Optivo</b>	6,803	73.3%
<b>Moat Homes Limited</b>	1,034	11.1%
<b>Hyde Housing Association Limited</b>	351	3.8%
<b>The Riverside Group Limited</b>	291	3.1%
<b>Golding Homes Limited</b>	106	1.1%
<b>Places for People Homes Limited</b>	87	0.9%
<b>West Kent Housing Association</b>	82	0.9%
<b>Clarion Housing Association Limited</b>	76	0.8%
<b>Anchor Hanover Group</b>	72	0.8%
<b>The Faversham Municipal Charities</b>	69	0.7%
<b>2010</b>		

## Housing Register

Social housing in Swale is operated through Choice Based Lettings. To qualify for a social home residents will need to meet the qualifying criteria that is set out in the Housing Allocations Policy. The policy operates on a need basis and if residents qualify for the register, they will be placed in a banding category and will be informed of the type and size of property they can bid on. The Charts to the right show the numbers of households on the housing register per year and the current bedroom need of those residents on the housing register.

The Charts below show the number of properties let over the past four financial years, showing a regular turnover of stock as well as new housing becoming available. The second chart shows the bedroom size requirement of the properties let during 2021/22.



## Delivery of new Affordable Homes

New affordable homes are delivered through three main methods:

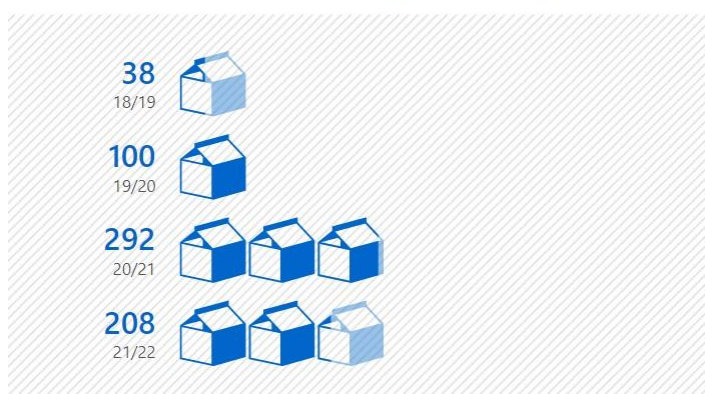
- Planning led delivery principally through s106 developer contributions. This is where the developer provides a % of affordable homes from their development, and contracts with a registered provider who take on ownership



and management of the S.106 properties. The requirements for developers are set out in the Local Plan but are subject to viability considerations and securing a registered provider. On occasions commuted sums can be provided rather than homes. Currently the % required varies by geographic area within the borough.

- Use of grant or other investment to deliver affordable homes. Homes England have a range of grant schemes, including the Affordable Homes Programme (AHP) that provides grant to registered providers through an application process, and the Strategic Partnership Programme (HESP) that enables specific providers access to larger grant amounts to bolster additional supply of affordable homes outside of s106 requirements. Hyde Housing Association have that status; and are significantly developing in Swale to bring new homes forward using these funding streams. We are also seeing the emergence of institutional investors looking to operate in the affordable housing market and this provides new opportunities in the borough.
- Direct intervention – Increasingly Councils who transferred their stock previously are looking to get directly involved in the provision of affordable housing through the establishment of Local Housing Companies. It was agreed in October 2020 that Swale would establish a Local Housing Company and therefore Swale Rainbow Homes has been established and is progressing with the design and feasibility on three initial sites.

## Affordable Housing Delivery



The chart opposites show the numbers of new affordable homes delivered in Swale over the past 4 years. Despite delays during the pandemic significant progress has been made in delivery of new affordable homes.

There are also many homes in the current pipeline of delivery with granted planning permission, developers on site and RPs contracted that together will

deliver 534 homes upon completions. Additional sites with firm RP agreements in place and planning permission granted mean that we can assume a future strong pipeline of 496 new affordable homes.

Rainbow Homes is progressing with the detailed design of their schemes, and it is likely that the three schemes will bring forward at least 185 homes. The design has focused on 1 bed and 2 bed properties to address the highest need on the housing register.



## Progress against priorities in 2019-2023 Strategy

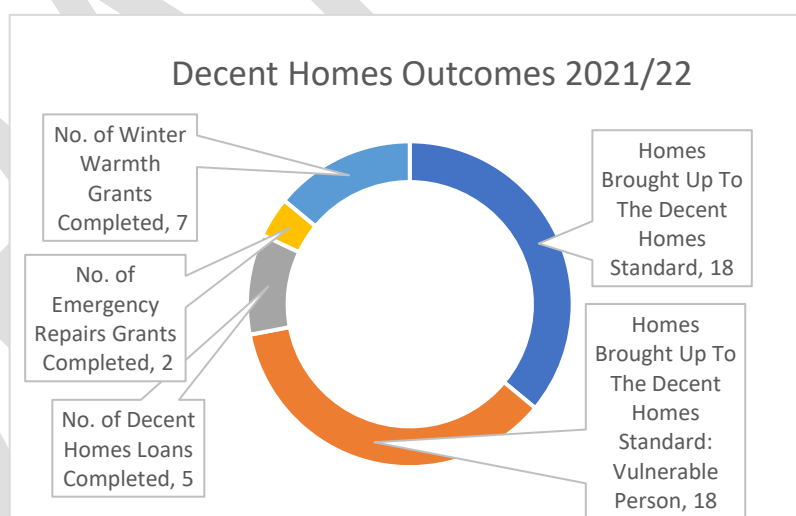
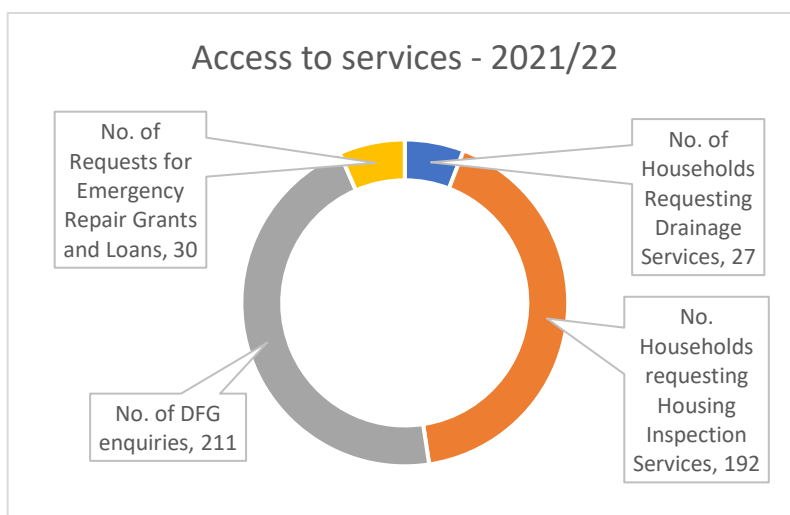
Action	Progress	Status
Seek opportunities where the Council can intervene in the market to increase affordable housing in the borough.	The creation of Swale Rainbow Homes (LHC) is providing an opportunity to develop out affordable homes on council owned land and sites.	Green
Develop the housing offer in Swale by delivering a range of affordable homes that meet a range of incomes and needs.	Affordable rented and low-cost homeownership homes continue to be delivered across the borough, and opportunities to deliver First Homes through Homes England's pilot programme are being explored with developers currently working on schemes in Swale.	Green
Maximise opportunities for Swale through Homes England Strategic partnerships and Housing Infrastructure Funding.	Hyde housing have utilised Strategic Partnership grant in borough to deliver significantly more affordable homes on two sites located on the outskirts of Sittingbourne town.	Green
Work proactively with KCC, RP's, developers and planning to deliver schemes to support its Accommodation Strategy for older people and other 'groups' (LD, Mental Health etc.) to ensure need is met. On-going dialogue to feed into KCC schemes.	This work is predominantly led by KCC the social care provider for Swale, and the ability to secure a provider which in the current climate is challenging.	Red / Amber
Support initiatives emanating from the Community Led Housing Fund in our rural communities.	Opportunities continue to be explored with local community land trusts and housing co-operatives, and partnership working with the Kent Community Housing Hub.	Green
Work with owners to bring back into use long-term empty properties.	Work has been on-going to promote KCC No Use Empty scheme which has seen successful results in Swale. Regular contact has been made with owners to encourage properties to be brought back into use. Due to not being able to recruit into the Empty Homes officer role since it has been vacant, more proactive work has not been possible.	Amber

## Private Sector Housing

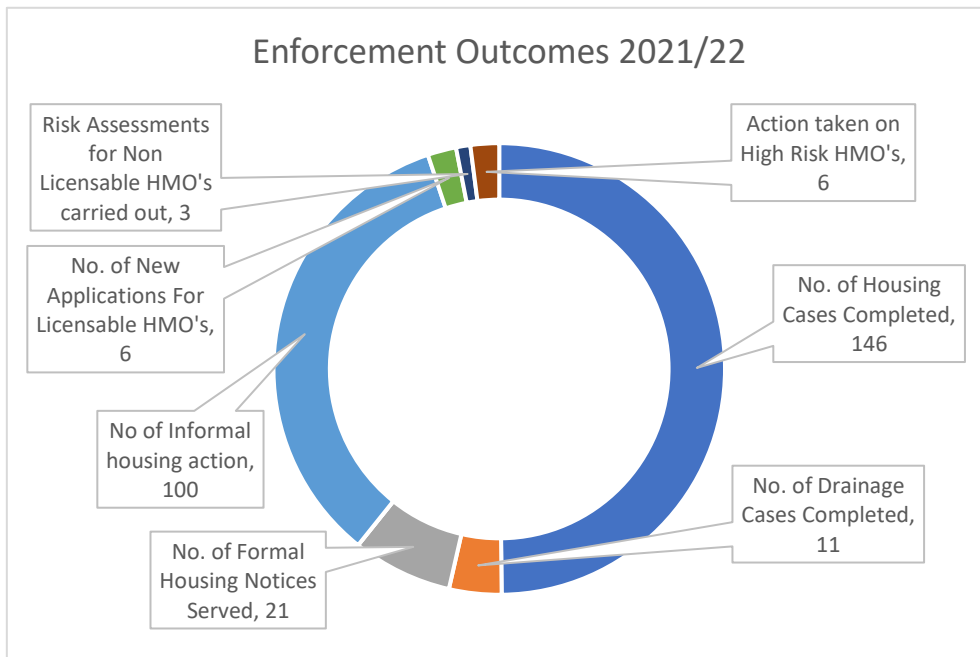
The Private sector housing market makes up most of the housing stock in Swale. The majority of which is home ownership. The private rented sector which is a growing sector and is an area that many of our residents rely on securing accommodation. The Council has a range of responsibilities to work with the private housing sector and these can take the form of licencing, enforcement, grants for environmental improvements and allocation of the better care fund (disabled facilities grant).

The services accessed by residents are shown in the Chart opposite, the majority of enquires are for disabled facilities grants and those requesting housing inspections.

Poor housing conditions have a detrimental impact on health outcomes and there is a need for ongoing work to tackle category 1 hazards (excess cold, falls on stairs, falls on levels, damp and mould) in the private rented sector and owner-occupied sector, especially where these homes are occupied by older or vulnerable people. The Chart opposite shows the outcomes achieved in 2021/22 in bringing homes up to a decent standard.

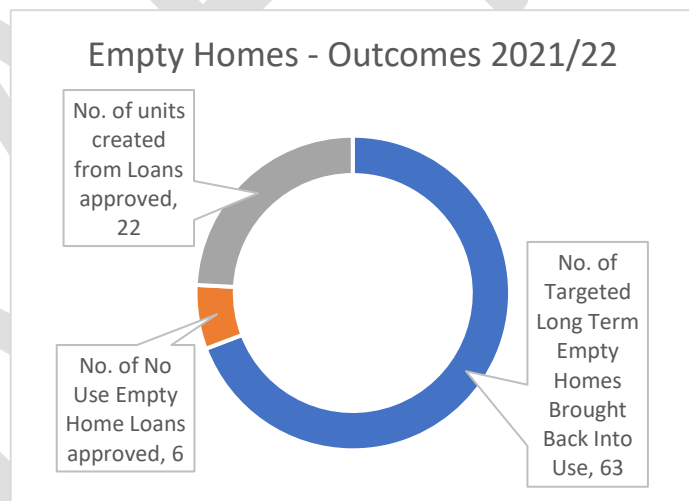


Most of the work undertaken by the team is reactive and is identified through reports made to the service, reports are made by tenants, landlords or members of the public who have concerns about conditions of the property. It is always encouraged to try and resolve issues before enforcement action is taken, as per our enforcement policy. However, some hazards require immediate attention and where there is non-engagement then enforcement action will be necessary. The chart on the next pages shows the Outcomes from enforcement and inspection activity.



## Empty Homes

The Council works with KCC on the No Use Empty Scheme and promotes this in the borough. Empty properties are identified on a regular basis and owners written to, to encourage properties to be brought back into use. Most empty properties tend to be subject to probate and the intention is that the property will be utilised or sold. The long-term empty properties are a more significant problem, currently there



are 229 long-term empty properties (over 18 months) in Swale. This requires more in-depth work and can involve complex case and legal work. Due to difficulty in recruiting to our Empty Homes Officer additional work has not been undertaken to target these properties. That said through the promotional work 63 properties were brought back into use during 2021/22 and over £1m of loans has been invested in empty homes in the borough through the KCC scheme.

## Grants

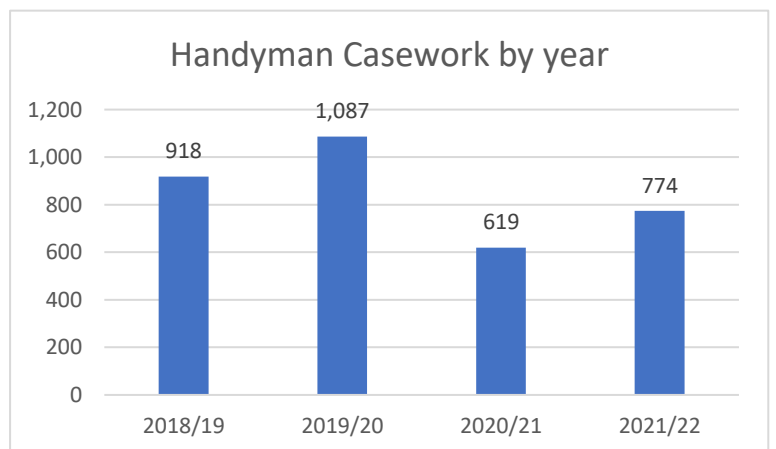
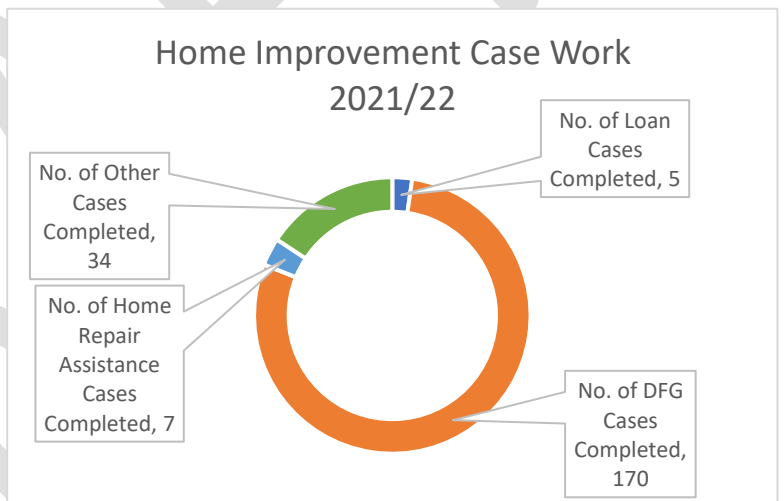
The team administer a range of grants, the most significant being Disabled Facilities Grants. During 2021/22 the service received 211 referrals for a DFG and 142 grants were administered during 2021/22 with a total committed spend of £2.25 million. The table below shows the level of grants administered during 2021/22.

Grant	Budget 21/22	Committed Spend 21/22
DFG	£2,525,500	£2,250,000
Emergency Repairs Grants	£20,000	£2,816
Decent Homes Loans	£80,000	£39,026
KCC No Use Empty Loans	N/A	£1,055,000
Winter Warmth Grants	N/A	£32,559

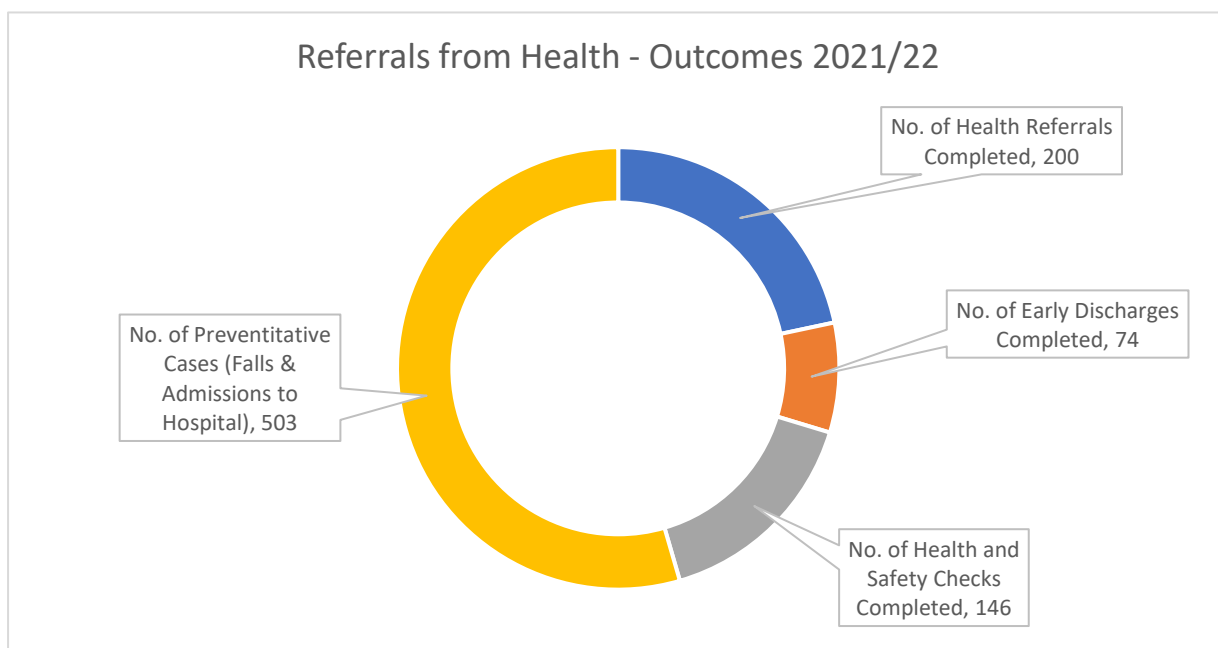
## Home Improvement Agency

The Staying Put services provide flexible and person-centred Home Improvement Agency Services. This low-level preventative work has a huge impact on people's quality of life and provides savings to health and social care budgets preventing or delaying the need for more institutional forms of care.

One of the key services is delivering the handyman service and a substantial number of residents are helped every year.



The Staying put service also receives funding to carry out work that directly relates to falls prevention and other activity that would prevent individuals going into hospital or assisting them leaving hospital. The chart below shows a breakdown in the outcomes from 2021/22.



**Progress against priorities in 2019-2023 Strategy**

Action	Progress	Status
Target enforcement action on the worst private rented sector properties and licensable HMOs to improve living conditions within the private rented sector	This is ongoing daily business for officers, and they will address and investigate issues that have been highlighted.	Green
Work in partnership to improve energy efficiency within homes	The Council has partnered with various hub providers over the life of the strategy to promote these schemes to residents in Swale. There have been significant problems with the roll out of these schemes and therefore limited impact on residents.	Amber
Promote the Landlord Forum in partnership with Housing Options, holding events twice a year	Due to the pandemic the landlord forum has been difficult to run in person. The Council has partnered with NALA and hosted several virtual landlord forums in partnership with Maidstone Borough Council.	Green

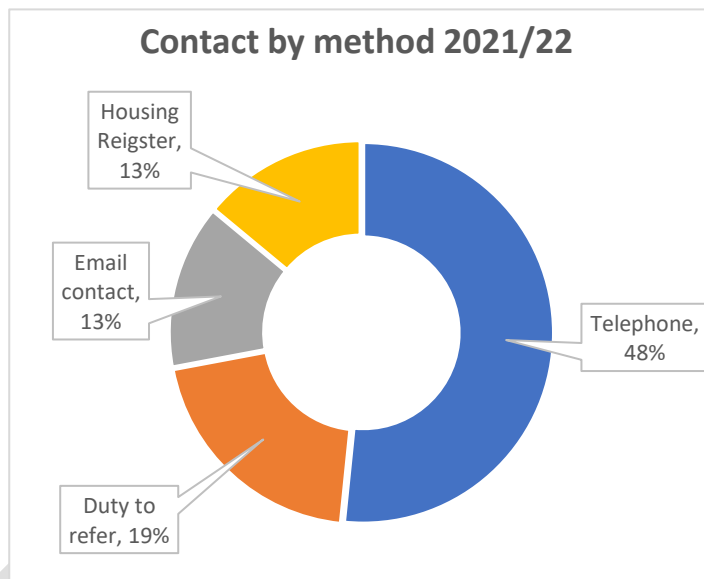
<p>Review use of Better Care Funding in relation to disabled grants to maximise its use</p>	<p>The Housing Assistance Policy is reviewed regularly to ensure it is up to date. There are regular referrals and enquiries to the scheme and the grant committed spend has continued to rise in line with allocations. The pandemic did create delays in progressing works and concern by vulnerable residents about allowing access to their properties.</p>	<p>Green</p>
<p>Promote Disabled Facilities Grants by working in partnership with agencies/ organisations to enable individuals to live independently in their own homes</p>	<p>The Disabled Facilities Grants are regularly promoted to professionals who are key referrers. There are monthly meetings with Occupational Therapists.</p>	<p>Green</p>
<p>Promote HIA, home safety checks, preventative work on falls preventions, hospital discharge and admissions</p>	<p>The Staying Put Service promotes their service regularly and has achieved good outcomes in relation to prevention of falls and assisting with hospital discharge.</p>	<p>Green</p>
<p>Explore selective licencing schemes in Swale</p>	<p>Not progressed due to staffing resources and legislative restrictions on its introduction</p>	<p>Red</p>

## Homelessness and Provision of Temporary Accommodation

The Council's Housing Options service is available to provide advice to all residents who are homeless or at-risk of homelessness; this is a statutory requirement. The focus of the service is providing good quality housing advice to enable service users to deal with their own housing situation, and the prevention of homelessness.

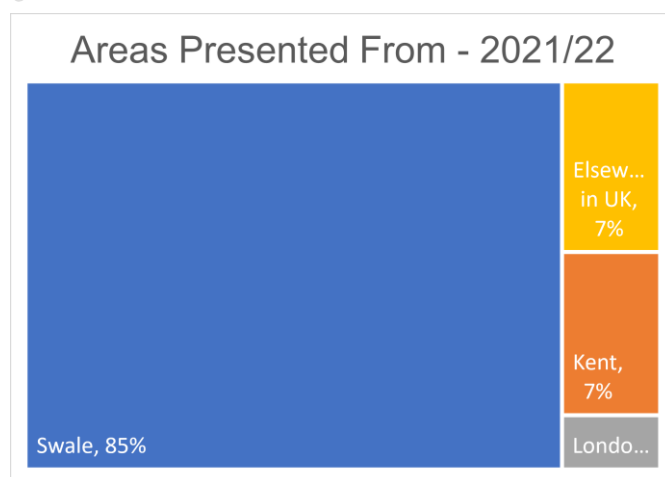
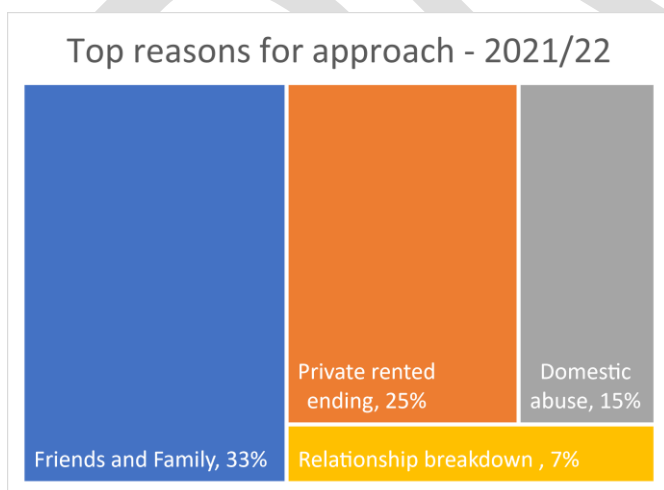
### Triage

The first point of contact within the team is into the triage service. The triage service will identify if someone is homeless or 'at-risk' of homelessness and will assess which service to refer service users to or if the resident does not meet the thresholds for the service. In 2021/22 the triage service handled 2,377 enquiries and 60% of enquiries were concluded at the triage stage. The chart above shows the main contact methods during 2021/22.



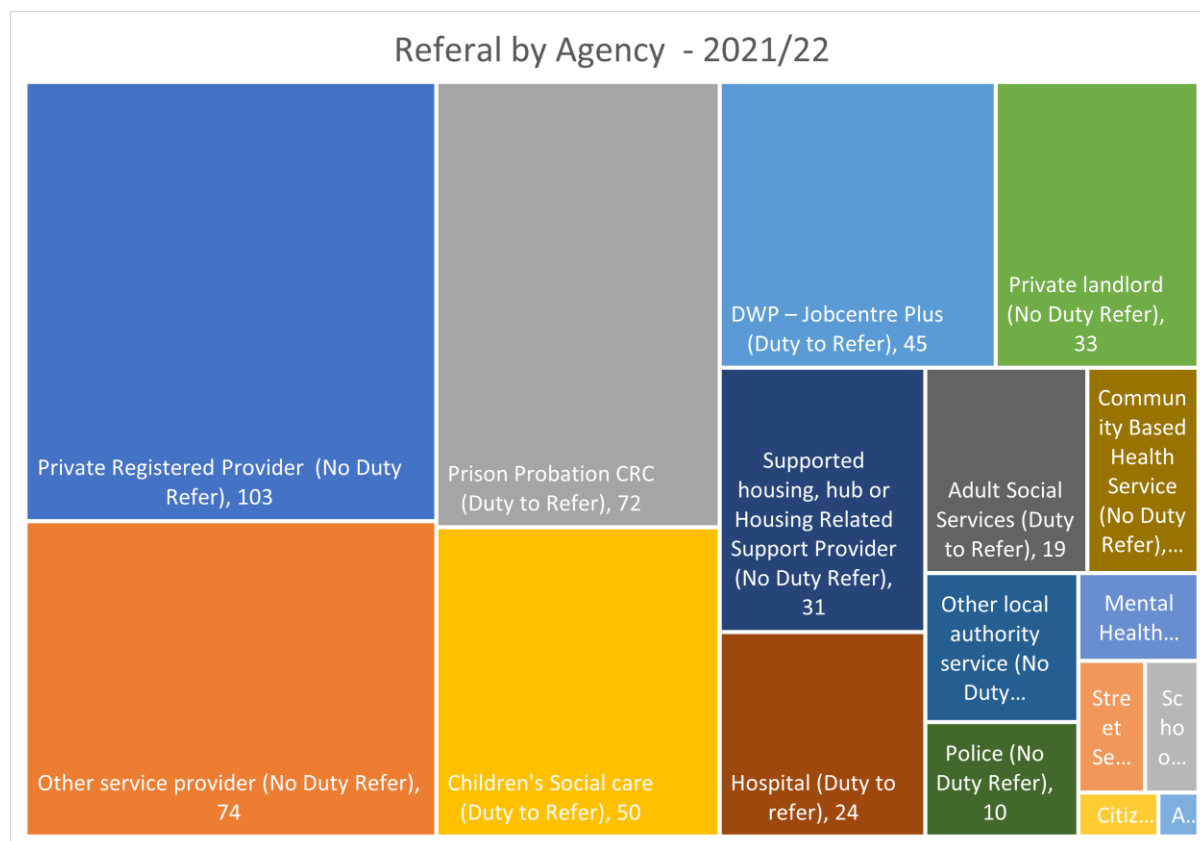
### Reasons for approach

There are many reasons why individuals become homeless or are at risk of homelessness, the main reasons for approach to the service in 2021/22 was Friends and Family evictions. The chart below shows the proportions of the top reasons for approach. We also capture the last settled location that the service user is from and in 85% of cases this is within Swale. The chart below shows the breakdown of area presented from.



## Duty to Refer

The HRA placed a duty to refer to a range of agencies to identify and refer those that are at risk of homelessness to the Council. We also encourage other agencies to make appropriate referrals. We have seen a significant increase in partner referrals over the past few years. In 2021/22 we received 505 referrals, a 195% increase from 2019/20. The chart below shows the proportion of referrals by different agencies for 2021/22.



## Prevention

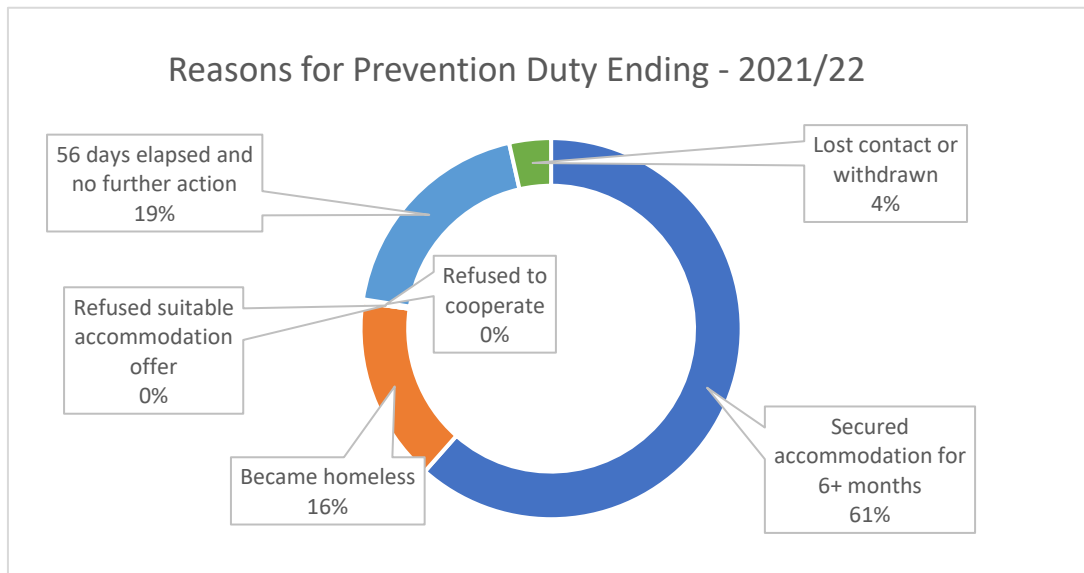
The prevention duty was introduced in the Homeless Reduction Act 2017 and placed a statutory duty on the Council to assist at the prevention stage, it is intended to help a service user find a solution to their housing situation. Prevention duty is accepted if a service user is facing homelessness within 56 days. This duty may end earlier if prevention is successful within this period or may be extended if they are able to stay in their accommodation for longer. If they are made homeless during this period, a relief duty will then be owed.

In 2021/22 the prevention team dealt with 405 cases; this was a 24% increase on the previous year. The Council works hard to prevent as many people as possible from becoming homeless. This means most service users will either be assisted to remain where they are living or helped to find a private rented tenancy. As each service user's circumstances are different the advice and support provided will vary, but the team have options to assist with rent deposits, discretionary housing payments and provide mediation support.

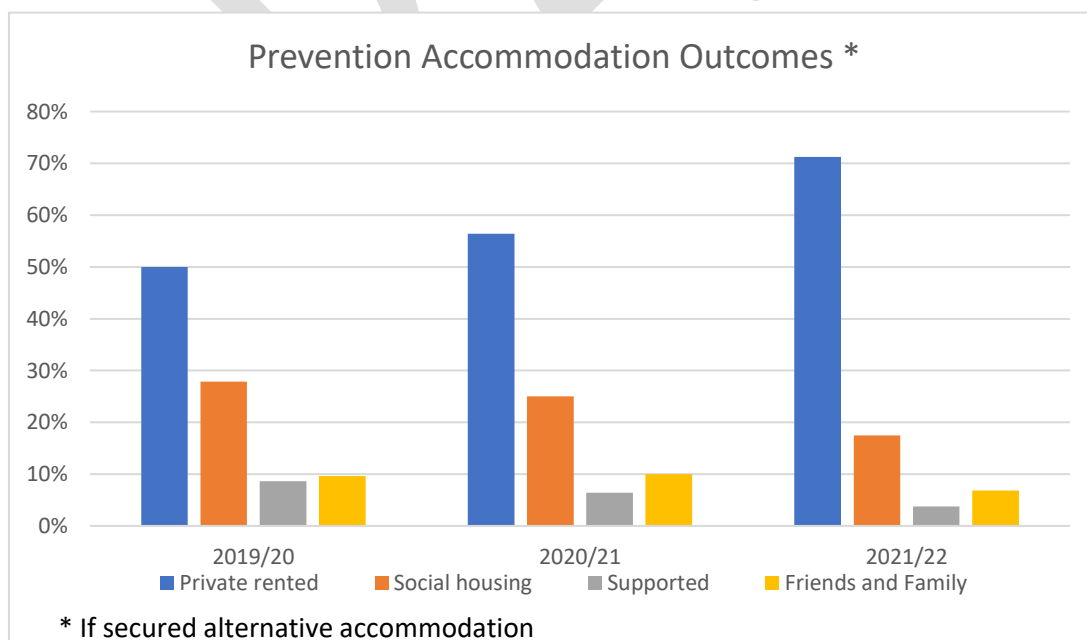


The team also have access to predictive analysis that will highlight households that may be at risk of homelessness, and they can inform them of the services the team offer. We have also recently launched a partnership with Beam who will assist our service users into employment and training and will also support with housing.

In 2021/22 the team assisted 61% to secure alternative accommodation. The chart below show the reasons for Prevention duty ending.



The Chart below shows the type of accommodation that has been secured, predominately this is within the Private Rented Sector (PRS).

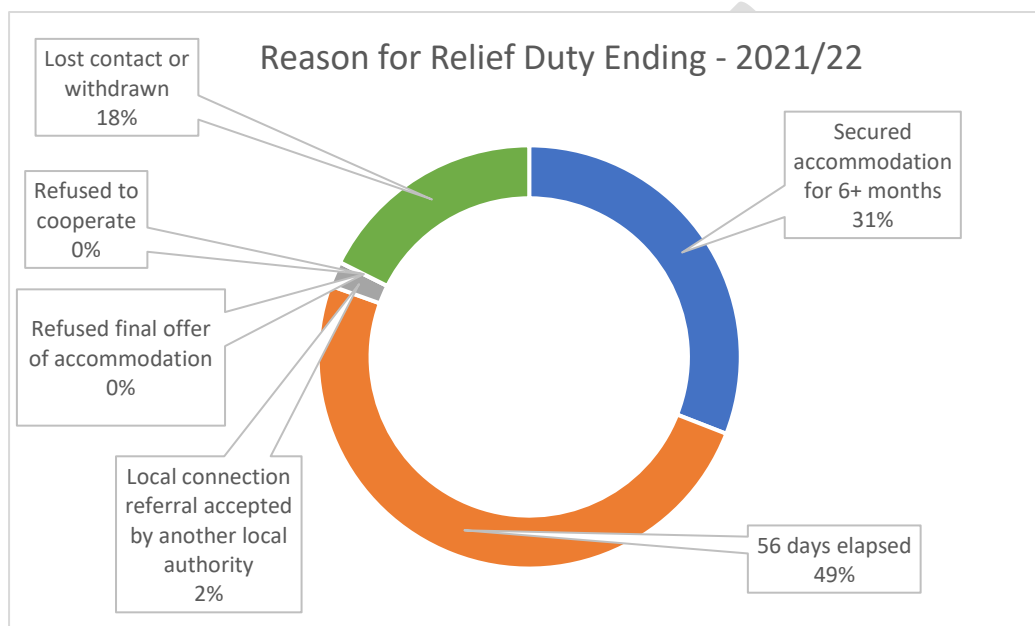


## Relief Duty

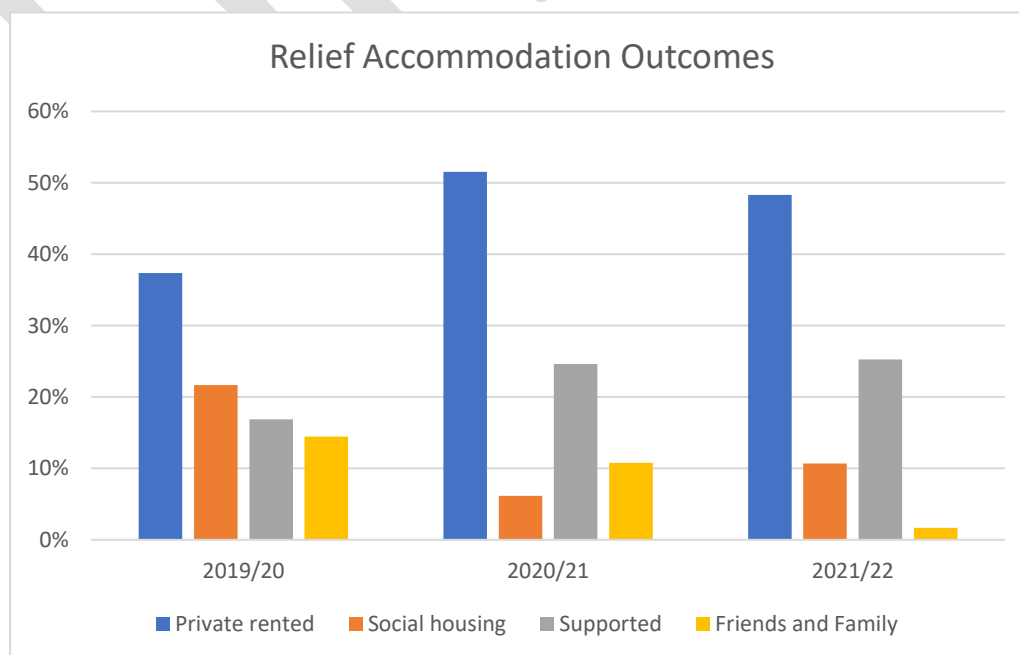
If a service user already has no accommodation, for example, they are sofa surfing, sleeping rough or all efforts to prevent homelessness during the 56-day prevention duty have failed, the Council owes them a 'relief duty' for the maximum of 56 days.

In 2021/22 the homelessness team dealt with 523 cases; this was a 5% increase on the previous year but 39% increase since 2018/19.

In 2021/22 the team assisted 31% to secure alternative accommodation. However, the majority of cases could not be relieved after the 56 days and progressed to main duty. The chart below shows the reason for relief duty ending in 2021/22.



The chart below shows the type of accommodation that has been secured, this again is predominately in the Private Rented Sector.



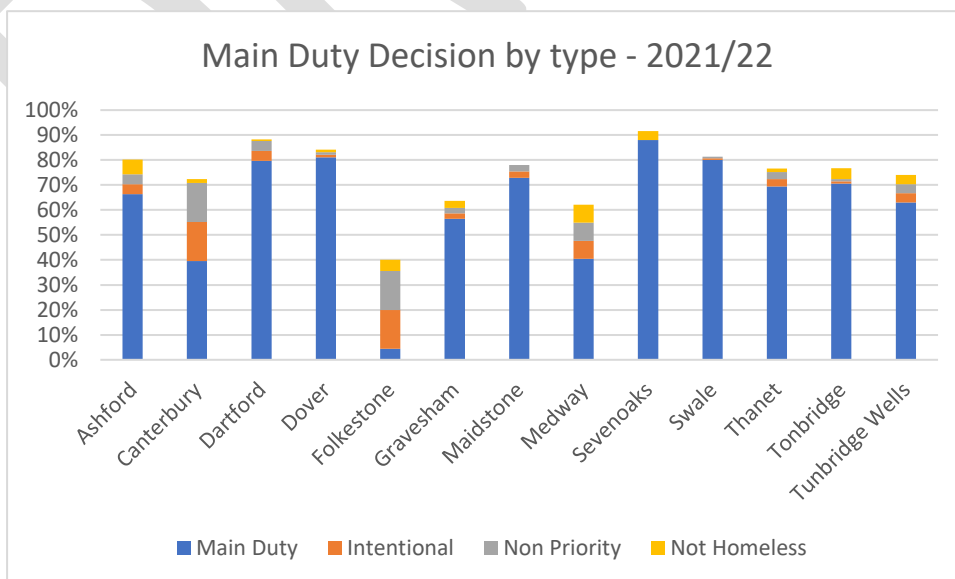
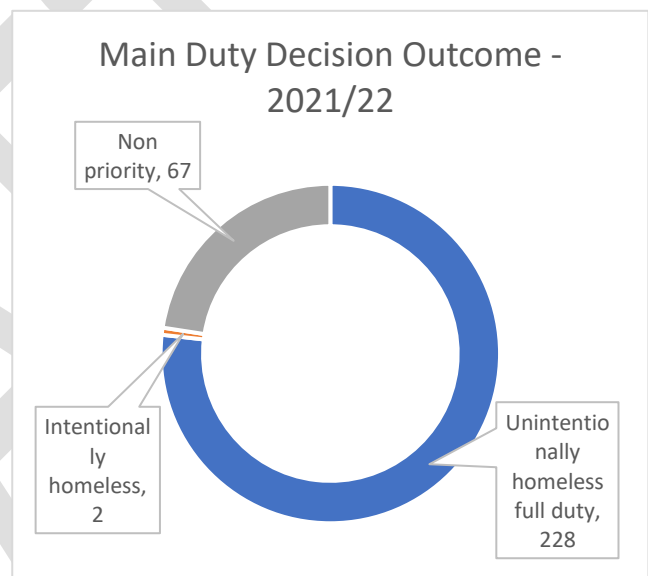
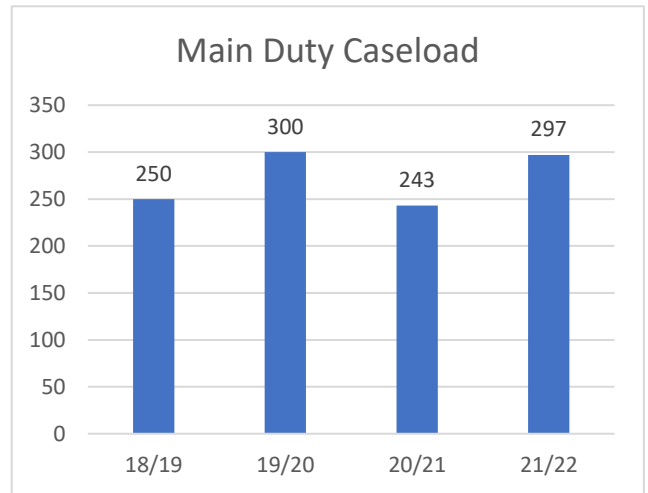
## Main Duty

At the end of the 56-day relief duty, if the Council decides a service user is in priority need and not intentionally homeless, the Council is likely to owe them the main housing duty. This decision would not be made until the relief duty ends after 56 days where all efforts to facilitate a housing solution have failed. The total number of cases at main duty has remained consistent over the past few years.

Over the past few years, the % of those found intentionally homeless has dropped significantly. In 2021/22 it was 1%, in the previous 2 years it was 7% and 12% respectively.

In 2021/22 Swale found 19% of individuals to not be in priority need, this was the same as the previous year but in 2019/20 it was 26%. Swale's non-priority decisions are lower than most other Kent Districts

The Chart below shows the accepted full duty decisions by each Kent District, Swale has an 80% full duty acceptance which is inline with other Kent authorities but higher than others with similar demographic backgrounds.



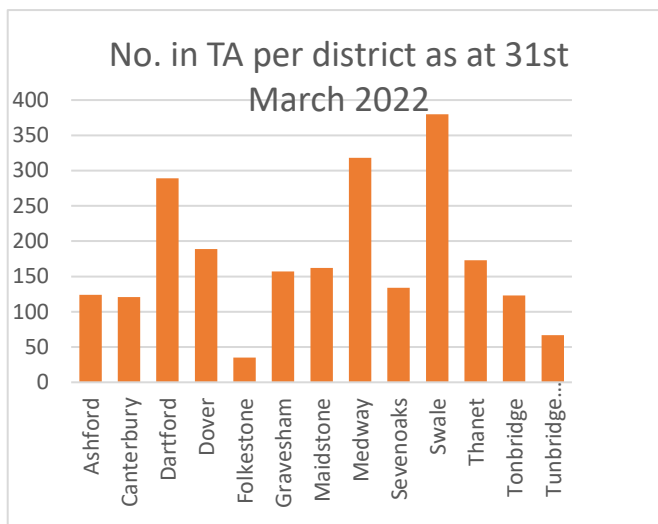
## Temporary Accommodation

There is a statutory responsibility for the Council to provide Temporary accommodation (TA) to service users if they are homeless and are in priority need or at the relief stage 'reason to believe' they are in priority need.

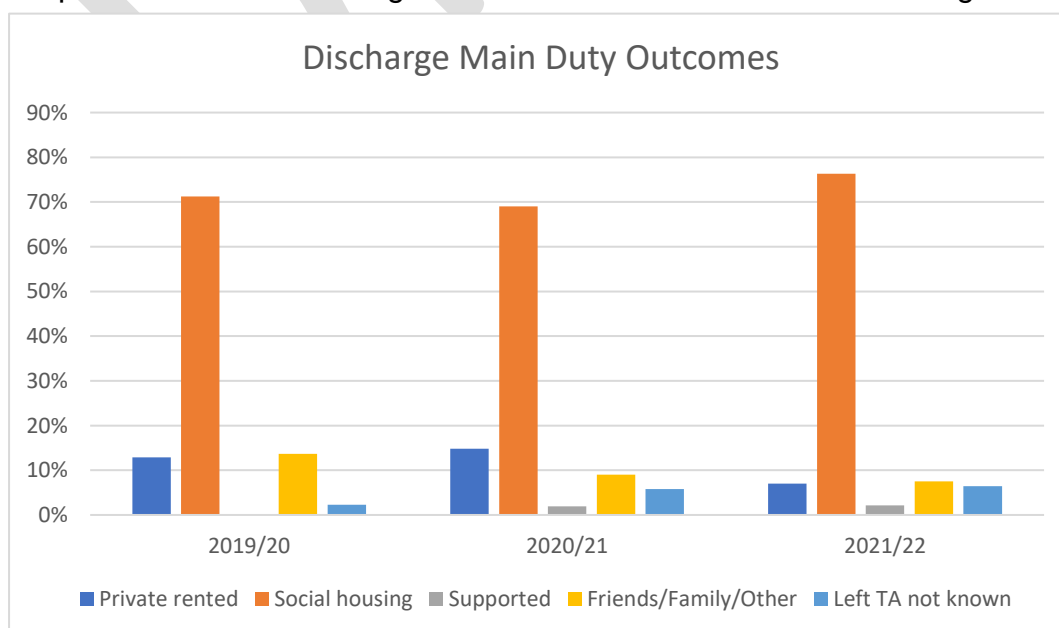
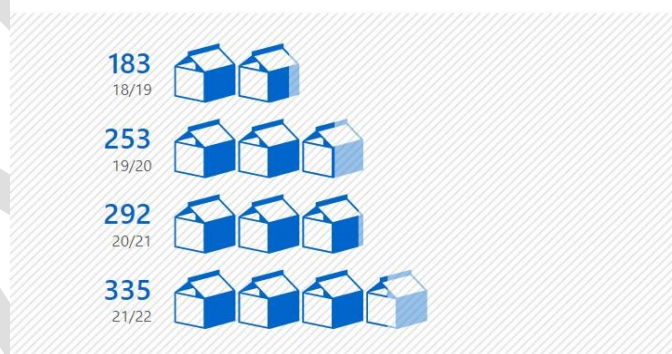
We have seen a significant increase in the number of households in Temporary accommodation with a 89% increase since 2019. Swale has the highest level of TA amongst Kent districts. A snapshot analysis showed that Swale had 5.92 cases per 1000 population in TA at the end of September 2022 where the south-east average is 2.83 per 1000 population.

The Council does not own its own social housing stock and therefore relies on procuring accommodation from other sources. We have partnered with Optivo who provide units for TA purposes, but the majority of TA is either Bed and Breakfast or Nightly Let Accommodation, which is the most expensive way to provide TA.

The Housing Allocations Policy was changed in 2019, this has enabled more of our homeless households to access affordable homes and for us to discharge our homeless duty. The Chart below shows the outcomes from the main duty outcomes, with the predominate route being found accommodation in social housing.



## Households in TA



## Progress against priorities in 2019-2023 Strategy

Action	Progress	Status
Promote the Housing Options service through the website and social media to encourage early access to the service.	The service is promoted to residents and partner agencies. We have significant contact and therefore it is clear that residents know how to access the service.	Green
Review the current customer process from end to end and ensure effective and consistent delivery (including effective use of Locata).	The customer process has been reviewed and Locata case management system is effectively used to manage cases.	Green
Explore co-location opportunities with partner agencies to improve access to the service for residents	This has not been progressed due to the pandemic.	Red
<p>Develop a prevention first approach within the Housing Options Team through:</p> <ul style="list-style-type: none"> <li>• Developing a prevention protocol</li> <li>• Developing a prevention toolkit, especially focusing on parental, end of tenancy evictions and caravan park homes.</li> <li>• Evaluate current pilot initiatives (e.g. Landlord Introduction Scheme)</li> </ul> <p>Create a dedicated prevention and outreach team</p>	A dedicated prevention team has been established and a range of prevention packs and tools have been developed for the team to utilise. The team have had successful results in preventing households becoming homeless and are developing innovative solutions to identify those at risk of homelessness.	Green
Establish a Housing Forum to enhance joint working on homelessness and rough sleeping projects.	The Swale Strategic Needs board has been established with strategic statutory partners to address issues of homelessness in the borough.	Green
Promote and monitor referrals through the duty to refer and commitment to refer mechanisms to ensure that homeless	The duty to refer mechanism has been promoted and we have seen a significant increase in referrals during the life of the strategy.	Green

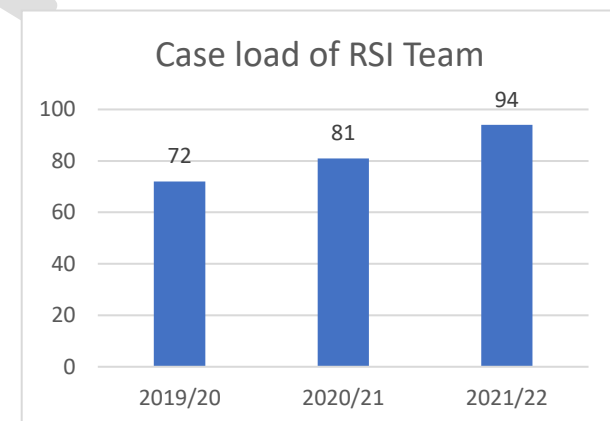
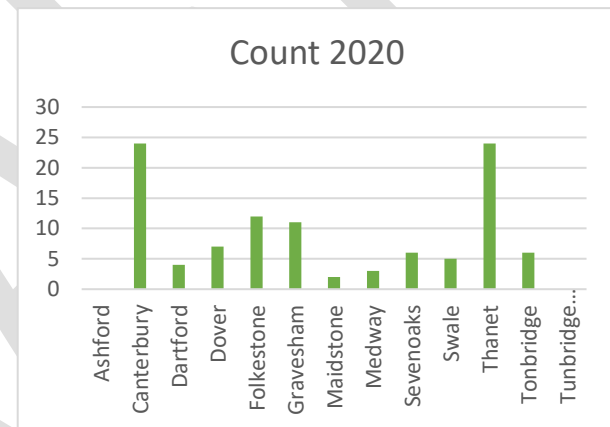
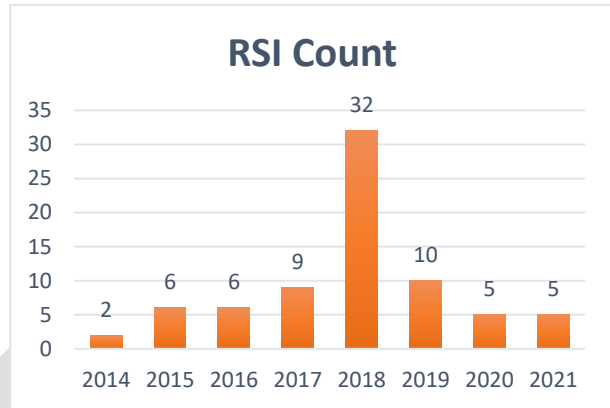
prevention is a priority with partner agencies.		
Work with the social housing sector to identify properties suitable for move-on accommodation for those in temporary accommodation	Well established relationships are embedded across the accommodation team to secure suitable properties in the social sector.	Green
Review the Housing Allocations Policy to ensure it maximises opportunities for those in most need to access social housing.	The Housing Allocations Policy has been reviewed and adopted. This has enabled those most in need to access affordable housing.	Green
Work with the private rented sector to overcome the barriers for residents to access their accommodation	The Landlord Liaison Officer works with a range of PRS landlords to provide support and advice.	Green
Review current arrangements for the provision of emergency and temporary accommodation in order to eradicate the use of B&B and Shared Accommodation for families by end of 2019.	The demand for TA across the county has restricted progress with this action, despite early progress, with only 1 household being accommodated in B&B at the end of 2019.	Red
Lobby to address the root cause and policy issues in relation to the housing market that are impacting on homelessness in Swale.	Members and Officers regularly meet with DHLUC to raise issues around housing issues in Swale.  Swale is also part of Kent Housing Group which looks to strategically address issues across the county. Members and officers have also lobbied other local authorities and KCC on housing issues including processes for those fleeing domestic abuse and the withdrawal of the Kent Homeless connect contract.	Green

## Rough Sleeping

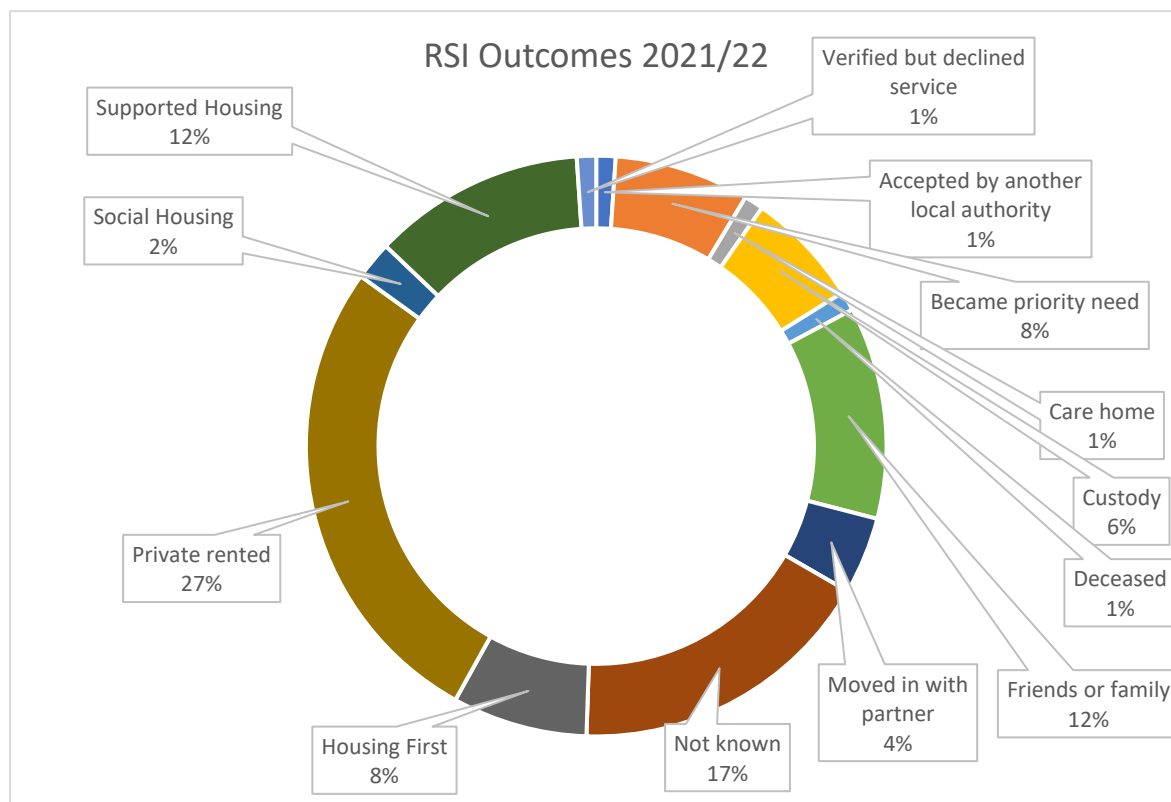
Rough sleeping is those who are street homeless and will fall outside of our statutory homeless provision. The Government launched its rough sleeping strategy in 2018 with RSI funding to support delivery. During the pandemic the government heightened its response to rough sleeping with the Everyone In initiative. In Sept 2022 the Government has published a further strategy which strengthens its aims to eradicate rough sleeping.

The level of rough sleeping is formally recorded annually with a rough sleeper count taking place in November and verified by homeless link. These counts can either be done by a physical count or professional estimation. It is strongly encouraged to do a physical count, but this can be complex in boroughs such as Swale due to extensive rural area. We therefore do a physical count and verification but are informed by further reports from partner agencies. The charts opposite show the rough sleeper count in Swale and the Kent comparison for 2020.

Since the inception of the team in 2019, the team has seen a steadily increasing caseload. Whilst a number of the cases are with entrenched rough sleepers, the team are increasingly seeing new entrants to rough sleeping and an increase demand on the service.



The outcomes achieved by the RSI team are shown in the chart below and are very varied but mostly positive with 66% securing secure accommodation. The service has developed significantly since its inception and tailoring the service and outcomes around the individual needs.



### Progress against priorities in 2019-2023 Strategy

Action	Progress	Status
Review response to SWEP.	SWEP has been reviewed and is activated when required. Due to enhanced working with this client group, effective contact and offers can be made to limited number who are rough sleeping during extreme weather.	Green
Bid to government for resources through the Rough Sleeping initiative.	A total of 4 funding applications have been submitted to RSI rounds 2 through 4. Swale has secured £1.9m for three years of funding through the funding round 2022 – 2025.	Green
Develop an enhanced outreach service.	Outreach team in place and conducts outreach at least weekly.	Green



Work with the voluntary sector to increase provision for night shelters and support.	The RSI funding has enabled the team to provide more than night shelter support. The team also work with a range of voluntary and statutory agencies to provide support to this client group.	Green
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Significant progress has been made in tackling rough sleeping in the borough and the progress against those actions outlined in the table above do not sufficiently evidence the significant progress that has been made in this service. Below is a summary of key progress within this service:

- Multi-disciplinary team in place, delivering both in-reach and out-reach services.
- Specialist drug and alcohol worker in place in partnership with Forward Trust.
- Psychological support service in place.
- Emergency accommodation in place.
- Tenancy sustainment and support in place.
- Successful application to the Next Steps Accommodation and 2 units of long-term accommodation in place in partnership with Riverside Housing.
- Launch of the first 10 units of Housing First in Swale in partnership with Optivo.
- Management of the Everyone In process during the pandemic and running specialist vaccine clinics.
- Secure funding to retain supported accommodation units following the cessation of the Kent Homeless Connect Contract.

## Working in partnership to support Vulnerable Groups

The complex nature of the service users that present for the various housing services, means that in most cases the need for a home is just part of the situation they find themselves in. Often there are significant root-causes or changed circumstances in their lives, which will require the service users to access support from other agencies and the voluntary and community sector. As a service we work with a range of agencies to address issues both at an operational and strategic level.



### Domestic Abuse

As already shown in the document around 15% of contacts are in relation to Domestic Abuse. There are strong procedures in place to ensure compliance with our statutory duties and we work in partnership with both statutory and voluntary sector agencies to ensure support and suitable accommodation is accessed. The Council is currently working towards the Domestic Abuse Housing Alliance (DAHA) accreditation to ensure that we are operating effectively in this area.

### Offender Management

The Council engages in a number of multi-agency forums to help affect the behaviour of offenders and address their needs. This ensures that any information we hold in relation to offenders can be taken into account in their management plans, along with

ensuring we understand any risk presented and consider this within any housing plan for them.

### **Substance Misuse**

The Council also works closely with partner agencies in relation to tackling substance misuse needs of those using our housing services. As part of the RSI funding we have a dedicated drug and alcohol worker to work with this client group, this has proved extremely successful to date and has helped individuals access treatment and enable them to maintain accommodation. We are also working closely through the Community Safety Partnership’s Pilot Complex Needs Project to determine new ways of working with those most complex customers that have substance misuse issues. A Kent wide substance misuse strategy is currently being compiled and we will seek to be an active partner in the delivery of this.

### **Safeguarding Referrals**

As a service Housing makes the most Safeguarding referrals corporately. Within the period April – end June 2022, Housing highlighted 56 safeguarding concerns to the safeguarding team which amounted to 73% of all concerns identified across the organisation that quarter. Safeguarding concerns have become more complex and across a wider spectrum of issues over the last 12 months, with concern for welfare and mental health being the highest two on average. An emerging concern from Housing over the last 12 months relates to unsafe hospital discharges.

### **Vulnerability Panel**

The multi-agency Vulnerability Panel, of which Housing are an active participant, seeks to problem solve cases for vulnerable adults where there are, or are likely to be a victim of crime/ASB; are or are at risk of self-neglect; and/or have disengaged from services. This panel provides a forum for Housing to refer in cases that require a greater level of multi-agency support or problem solving.

### **General Support**

The Voluntary and Community Sector have a vast range of services to support individuals from debt advice, food bank provision and mental health charities. The current issues around Cost of Living have seen an increasing demand for support from this sector. Where possible we work with the various organisations to provide support to our service users.

### **Progress against priorities in 2019-2023 Strategy**

Action	Progress	Status
Engage with the new providers of Adult and Young People KCC commissioned services for homelessness, to ensure integration with Swale Services	The new providers have been engaged with as part of the re-commission process. The young people’s service is now more focused on those young people open to social services, so the joint protocol is utilised but does limit options	Amber

	<p>where young people do not want to engage with social services.</p> <p>The Kent Homeless Connect contract for adults has now been decommissioned and we are currently in a transition phase, with additional funding provided by KCC. Through our rough sleeping bid we have secured funding to maintain the service, albeit in a remodel way due to reduced funding.</p>	
<p>Work with Social Services and Early Help to provide Housing advice and support to reduce homelessness for young people.</p>	<p>There is a strong working relationship with Social Services and Early Help and referrals are being made to the service. There are still challenges regarding meeting thresholds from various agencies which will be an on-going matter.</p>	<p>Green</p>
<p>Inform and engage with commissioned services for Substance misuse, Mental Health and Domestic abuse services to ensure our residents receive the right support.</p>	<p>Regular engagement and referrals to commissioned services. Feedback provided to commissioners regarding Swale's needs and requirements.</p>	<p>Green</p>
<p>Commit to the armed forces covenant to ensure that those who serve or who have served in the armed forces, and their families are treated fairly.</p>	<p>Armed Forces Covenant in place.</p>	<p>Green</p>

## Priorities 2023 – 2027

The table below sets out the main priorities for the 2023 – 2027 strategy. A detailed action plan will also be created, and an annual report will be provided to the Housing and Health Committee to monitor delivery of the Strategy.



## Objectives

### Delivering Affordable Homes

- Deliver affordable homes through Swale Rainbow Homes.
- Assist developers in promoting affordable homes to RPs in the brouough.
- Work with Homes England, Registered Providers and institutional investors to secure additional affordable housng in the borough.
- Support Community Led Housing Schemes and other intiaitves for residents to secure housing in the borough.

### Preventing Homelessness

- Develop an enhanced Triage Service
- Promote the prevention services to residents.
- Develop a PRS offer for landlords and tenant support.
- Use analytical tools to identify individuals at risk of homelessness and offer support.
- Deliver focused prevention work in relation to family evictions.
- Deliver focused prevention work in relation to s.21 notices.

### Developing a more efficient housing options service

- Carry out a full service review of the relief and main duty process, to speed up decision times.
- Review the type and use of temporary accommodation to ensure value for money and effectiveness for clients.
- Review and monitor the Housing Allocations Policy to ensure those most in need access Affordable Housing.
- Implement a range of projects to support homeless households to enhance employment and housing options and reduce time spent in TA.
- Deliver the RSI service in line with the bid submission.

### Improve conditions in existing homes

- Target enforcement on the worst private sector properties to improve living conditions.
- Promote the Government energy schemes in Swale.
- Carry out a full service review on the Disabled Facilities Grant to ensure it is being delivered as efficiently as possible.
- Promote the Home Improvement Agencies work
- Tackle empty properties that impact on local neighbourhoods the most.

**Cross Cutting Partnership Working**

## Performance Measures



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## Housing and Health Committee Forward Decisions Plan

<b>Report title, background information and recommendation(s)</b>	<b>Date of meeting</b>	<b>Open or exempt?</b>	<b>Lead Officer and report author</b>
Draft Housing, Homelessness and Rough Sleeping Strategy 2023/27	8 November 2022	Open	Charlotte Hudson
Temporary Accommodation Options	17 January 2023	Open	Charlotte Hudson
Contributions Policy	17 January 2023	Open	Charlotte Hudson
Housing Allocations Policy 2023/24	7 March 2023	Open	Charlotte Hudson
Health System	7 March 2023	Open	Charlotte Hudson

<b>Report title, background information and recommendation(s)</b>	<b>Date of meeting</b>	<b>Open or exempt?</b>	<b>Lead Officer and report author</b>
Safeguarding Policy	May 2023	Open	Charlotte Hudson
Temporary Accommodation Options	TBC	Open	Charlotte Hudson
Housing Assistance Policy	TBC	Open	Charlotte Hudson
Nightly Let Procurement Award	TBC	Open	Charlotte Hudson