

# Agenda

## Housing and Health Committee Meeting

Date: Tuesday, 4 July 2023

Time 7.00 pm

Venue: Council Chamber, Swale House, East Street, Sittingbourne, ME10 3HT\*

Membership:

Councillors Hayden Brawn, Ann Cavanagh, Lloyd Chapman, Kieran Golding, Alastair Gould, Angela Harrison (Chair), Ken Ingleton, Peter Marchington, Ben J Martin, Pete Neal, Tom Nundy, Chris Palmer, Hannah Perkin, Angie Valls and Karen Watson (Vice-Chair).

Quorum = 5

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Pages

### Information about this meeting

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## 2. Apologies for Absence

## 3. Declarations of Interest

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The Chair will ask Members if they have any disclosable pecuniary interests (DPIs) or disclosable non-pecuniary interests (DNPis) to declare in respect of items on the agenda. Members with a DPI in an item must leave the room for that item and may not participate in the debate or vote.

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 7 March 2023 (Minute Nos. 765 - 772) as a correct record.

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| 5. | Forward Decisions Plans July 2023   | 5 - 6   |
| 6. | Medway and Swale Health and Care Partnership, Population Health Management Programme Update                         | 7 - 18  |
| 7. | Appointment of Swale Rainbow Homes Shareholder Committee and Training for Swale Rainbow Homes Shareholder Committee | 19 - 22 |

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| 8. | Housing, Homelessness and Rough Sleeping Strategy 2023 - 2027           | 23 - 78 |
| 9. | Member appointment to Integrated Care Partnership (ICP) Joint Committee | 79 - 82 |

**Issued on Monday 26 June, 2023**

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

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**Housing and Health Committee Forward Decisions Plan – July 2023**

<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>
Housing Assistant Policy	12 September 2023	Open	Charlotte Hudson
Nightly Let Procurement Award	TBC	Open	Charlotte Hudson
Deep dive into Temporary Accommodation spend	TBC	Open	Charlotte Hudson

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<b>Title of Report</b>	<b>Medway and Swale Health and Care Partnership, Population Health Management Programme Update</b>
<b>Purpose:</b>	<p>The purpose of this paper is to inform the Swale Health and Housing Committee of some of the programmes of work the Medway and Swale Health and Care Partnership are coordinating across the locality for the population.</p>
<b>Lead Director</b>	<p>Name <b>Nikki Teesdale</b>  <b>Director of Health and Care Integration and Improvement</b> – Medway and Swale Health and Care Partnership</p>
<b>Executive Summary</b>	<p>Medway and Swale Health and Care Partnership (HaCP) aims to put local people at the heart of the services we design and deliver, helping people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.</p> <p>The HaCP is committed to using population health management techniques and strategies to inform the prioritisation and development of its response to the NHS Long Term Plan, and future services transformation across the system. The HaCP has adopted a true partnership approach across the NHS and other public sector services including the voluntary sector and the public, all of which have a role to play in addressing the interdependent issues that affect people’s health and wellbeing.</p> <p>In Medway and Swale, the Community Diagnostic Centres (CDC) business case was approved in October 2022; work to mobilise plans to set up two CDC sites, as outlined in the business case is ongoing. Sheppey Community Hospital is the Swale (Hub) site and Rochester Healthy Living Centre the (Spoke) site. The two CDC sites are utilising existing NHS estates. Sheppey is the larger of the two sites and will offer more diagnostic services including: CT, MRI, DEXA, Ultrasound and X-ray. Lung Function testing (including spirometry and FeNo), sleep studies, ECHO, ECG and phlebotomy.</p> <p>Minster Frailty Ward opened at Sheppey Hospital January 2023. This followed a successful bid for £1.2 to fund the project in June 2022. The HaCP has worked to identify ways of providing care closer to home for frail patients, and to create increased capacity in Medway Maritime Hospital to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.</p> <p>As a system, the HaCP is committed to engaging with our communities The Community Health Catalyst programme seeks to engage with those who are seldom heard in the system and support the areas experiencing the highest levels of health inequalities.</p>
<b>Recommendation/ Actions required</b>	<p>The Committee is asked to:  <b>Note the content of this report as an update.</b></p>

## Medway and Swale Health and Care Partnership Vision

To put local people at the heart of the services we design and deliver, helping local people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.

- Listen to local people and our staff to design and develop responsive, effective, equitable evidence-based care pathways;
- Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health);
- Shifting the focus of care from treatment to prevention;
- Meeting constitutional standards, and a delivering sustainable financial position; and
- Making the best use of health and care resources (people, money, estate, IT infrastructure etc.)

### 1. Community Diagnostics Centres

Community Diagnostic Centres (CDC) are being implemented nationally, in response to Professor Sir Mike Richard's report, *Diagnostics: Recovery and Renewal* (2019). The report identified several recommendations including the development of CDCs to significantly increase extra diagnostic capacity and to separate diagnostic settings for elective and non-elective patients and pathways. By establishing CDCs in targeted areas, this will help to improve population health outcomes, reduce waiting times, address health inequalities, and improve productivity and efficiency, improve patient experience; and support the integration of primary, community and secondary care.

In Medway and Swale, the CDC business case was approved in October 2022; work to mobilise plans to set up two CDC sites, as outlined in the business case is ongoing. Sheppey Community Hospital is the Swale (Hub) site and Rochester Healthy Living Centre the (Spoke) site. The two CDC sites are utilising existing NHS estates. Sheppey is the larger of the two sites and will offer more diagnostic services including: CT, MRI, Dexa, Ultrasound and X-ray. Lung Function testing (including spirometry and Fe No), sleep studies, ECHO, ECG and phlebotomy.

Using public health inequalities data, alongside other estates intelligence, an early feasibility exercise concluded that given the high levels of deprivation on Sheppey and poor health outcomes experienced by the local population, (see below), Sheppey Community Hospital was the preferred hub location:

- 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%.
- By 2038, 25.3% of homes in Swale will require an adaption to deal with health and care demands.

A phased approach to mobilisation is being taken for the Sheppey CDC site; with the roll out of services planned to span a further two-year period before the CDC is fully operational.

Over the last year, productive working relationships with estates teams for the Sheppey sites have been established and a feasibility study has been completed. During the feasibility exercise extra requirements were identified and mitigation against those set out in the business case e.g., in addition to power upgrades at each site, new sub-stations were also required.

Due to the nature of the building work planned for the Sheppey site, preliminary meetings with Swale Borough Council have taken place. Detailed plans, surveys, and drawings to support planning applications have been commissioned. The full planning application was submitted to Swale Borough Council on 16th June 2023, to request approval to locate a pad for the CT scanner, a new substation to serve the increased power requirement for the CT and MRI scanners, and a new front door directly into the CDC, which will make the CDC a contained unit within the community hospital at Sheppey. The MRI scanner will be located within the courtyard in the hospital. The courtyard requires infilling, which has been approved under permitted development, so work on this area can begin without the planning application being approved; and is due to commence imminently.

With regards to workforce for the CDCs, a number of additional staff have been successfully recruited to work and rotate across the CDC sites and Medway Foundation Trust (MFT) including: Clinical Support Workers (CSWs), sonographers, MRI and CT radiographers. Due to some posts being more challenging to recruit to, MFT has introduced options to address this, i.e. upskilling in-house staff via the provision of training, as well as continuing to progress recruitment of qualified candidates and progress international recruitment options. Apprenticeship posts for both graduate and lower grade apprenticeships have been successfully recruited to, with commencement dates set for 23/24.

In conjunction with the mobilisation of the CDC programme, work has progressed with Kent and Medway Cancer Alliance to facilitate the roll out of Targeted Lung Health Checks (TLHCs) across Medway and Swale. These localities have been selected for the next phase of TLHC expansion given their high smoking rates, lung cancer incidence and mortality rates, as well as their demographic profile, including high rates of deprivation, health inequalities and poor health outcomes.

The Targeted Lung Health Checks (TLHCs) programme is a targeted screening programme, that allows for the earlier diagnosis of lung cancer in 55–74-year-old ever-smokers. The current early diagnosis rate is 28.9%, but evidence from other pilots across the country suggests this figure can be increased in the target population to around 75%. The current total ever smoker population for the two localities is 41,853. Patients who meet the TLHC criteria will be invited for a CT scan at either of the two CDC sites in Sheppey and Rochester. During the latter part of 22/23, links between the TLHCs programme and primary care were established to help identify and risk stratify at a primary care level those patients who are eligible for a screening test. This work is ongoing. Meetings have also taken place with the Medway and Swale Smoking Cessation services to work through the logistics of having a stop smoking advisor within each CT scanning site, to maximise uptake of stop smoking support for TLHC patients.

Confirmation of funding via NHSE is still awaited but it is estimated that the TLHCs programme will go live in the Autumn of 2023/24.

Pathway development for the CDC modalities started last year, with existing pathways for breathlessness being reviewed with GPs, community, and clinical colleagues across the system. In addition, discussions with acute providers are planned to discuss the establishment of a dementia diagnosis pathway to help increase dementia diagnosis and the fracture liaison service respectively, to reduce fragility fractures. To further support the link between frailty and CDC pathways, discussions are to be progressed regarding access to imaging for patients moved from MFT to Minster ward at Sheppey Community Hospital. The development of this pathway will support earlier discharge from MFT, as patients will not be delayed in MFT awaiting a diagnostic but instead can be booked into imaging and transferred to Minster Ward.

To further support CDC pathway development, a joint application between Medway and Swale HaCP, clinical leads from MFT and colleagues from the cancer alliance, was submitted to NHSE for CDC funding to support clinical pathways for CDCs in 23/24. The application was submitted and approved by the regional team on 13th June 2023 and is currently being reviewed by the national team. The funding will support a full-time project manager (for 6 months) to develop cancer surveillance pathways at MFT for liver, gynaecology, and Targeted Lung Health Checks, as well as a support to develop childhood asthma pathways.

## 2. Minister Frailty Ward

January 2023 saw Minister Frailty Ward opened at Sheppey Hospital. This followed a successful bid for £1.2 to fund the project in June 2022.

The HaCP has worked to identify ways of providing care closer to home for frail patients, and to create increased capacity in MFT to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.

A proposal was developed to utilise vacant space in Sheppey Community Hospital, creating a 22-bed frailty ward primarily for patients living in Swale, providing care closer to home for these patients. The ward is staffed by a clinical and support team employed by the Trust. Most patients who live in Medway and require care within a specialised frailty setting will continue to be looked after in MFT.

Creating beds in Sheppey Community Hospital has freed capacity within MFT, to enable the Trust to allocate a further 18 beds for elective services, meaning waiting times for surgery will be reduced and cancer patients will get treatment more quickly. These have been priorities for the Trust following the waits that arose because of the pandemic.

## 3. Population health management programme

The Medway and Swale Population Health Management Programme (PHM) was established in March 2021, as the HaCP committed to using population health management techniques and strategies to inform the prioritisation and development of its response to the NHS Long Term Plan, and future services transformation across the system. As a partnership approach across the NHS and other public sector services including the voluntary sector and the public, all of which have a role to play in addressing the interdependent issues that affect people's health and wellbeing. The continued aim is to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across an entire population, by working together as a system.

PHM provides the ability to understand variation through benchmarking both measurable quantitative, and the softer qualitative, data, and comparisons therein, to improve clinical outcomes. It helps to identify people who are currently well, but at risk of developing long-term conditions. This targeted approach works at two levels:

- individual (known individual risk factors)
- population (known risks in certain populations and communities).

This approach helps to prevent or delay the onset of long-term conditions, their functional consequences, and the progression of frailty. PHM therefore enables more people to benefit from early identification and treatment, personalised care planning, self-management support, medicines management, and secondary prevention services. The care model that PHM enables, supports improvements in people's knowledge, skills and confidence to self-manage, that will stop, or delay, progression of frailty and functional impairment or disability. Through the PHM programme, we are building shared purpose through meaningful enactment with voluntary services, communities, residents and patients to build strong resilient communities that are empowered to deliver positive impacts on health and wellbeing.

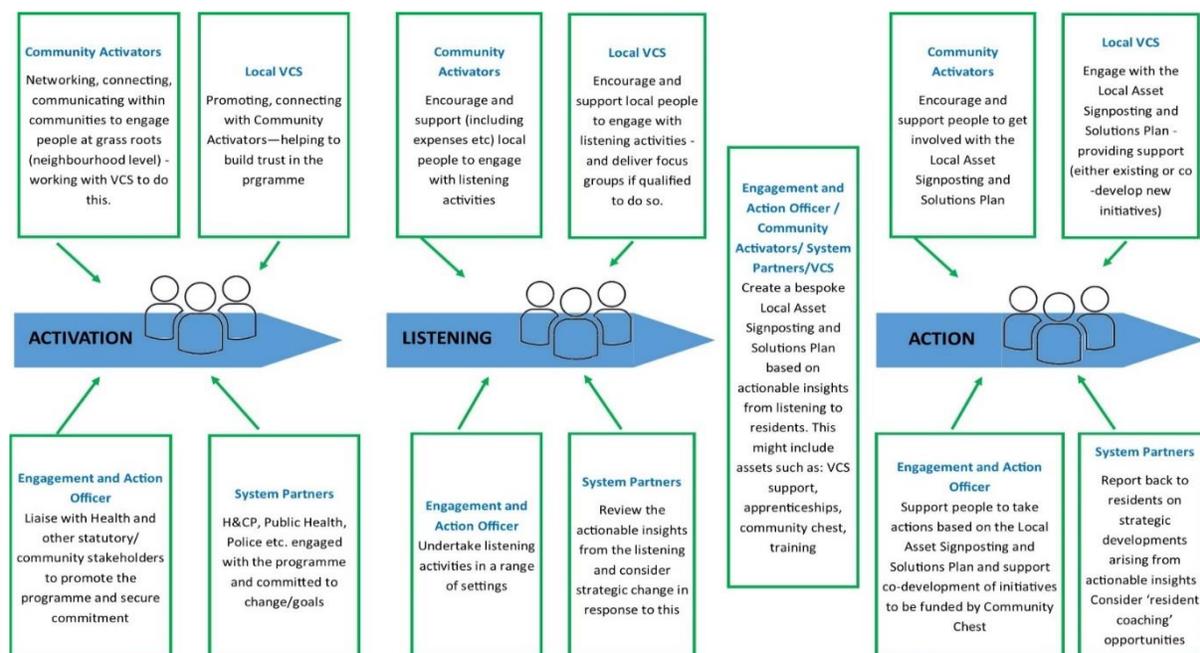
Our health is shaped by a range of factors outside of that traditionally considered by healthcare, and whilst we cannot be precise about the extent of the impact of each of these factors on health, there is clear evidence that the wider determinants of health have the most impact. These include factors such as lifestyle and health behaviours, smoking, alcohol, and recreational drug use, income and wealth, education, housing, our local community network, transport and leisure, and access to and the quality of, the health and care system. There is now greater recognition of the importance of the communities we live and work in, and the social networks we belong to. The Population Health Management programme enables systems and local teams to understand the wider picture, and to look for the best solutions to people’s needs – not just medically but also socially – focusing on the wider determinants of people’s health.

### 3.1. Health Inequalities:

Inequalities in health has been a priority for the PHM programme from the very beginning, and the national release of CORE20PLUS5 has further enhanced this. Health Inequalities are of particular importance in Medway and Swale, which see some of the poorest clinical outcomes, and some of the largest health inequalities within the country. Health Inequalities can be demonstrated by assessing life expectancy between areas, with a shocking 8.3 years difference in life expectancy within one locality in Swale. There is a clear difference in clinical outcomes dependent on the demographic of areas within Medway and Swale, and therefore localising and ensuring we are working with areas that are most deprived and with the poorest outcomes is essential to the success of the programme, and for the outcomes of local communities.

### Health Catalyst

The Community Health Catalyst Programme has been running in Medway and Swale since October 2022 through 22/23 Health Inequalities funding. This programme has been funded to continue in 23/24. The programme seeks to engage with those who are seldom heard in the system and support the areas experiencing the highest levels of health inequalities, Sheppey and Medway Central. The programme comprises of three key areas as below:



During the month of April, the Health Catalyst Community Activators have made the progress in Sheppey as below:

Core 20+5	People Engaged with	Difference this month
BAME	4	+2
Coastal Communities	108	
Drug and Alcohol Dependence	3	
Homelessness	10	
Learning Disabilities	34	
LGBTQ+	11	+6
Mental Health	72	+2
Multi Morbidities	9	+1
Vulnerable Migrants	4	+2
<b>Totals</b>	<b>256</b>	<b>+13</b>

The HaCP has engaged Kent Community Foundation to distribute the funding to the voluntary sector to support interventions that build community resilience.

### Childhood Asthma

Childhood Asthma has been identified as a priority area through both the National CORE20PLUS5 for children, but also as a local priority, with numbers of A&E attendance for Children and Young People (CYP) in Medway and Swale being higher than the national average.

Health Inequalities funding has been granted for the programme to:

- Fund a CYP Asthma Clinical Lead to:
  - Support PCNs with training for Asthma Reviews and management
  - Support the roll out of Asthma Friendly Schools and Asthma Friendly Sports Clubs – with mobilisation in Sheppey as the pilot site
  - Conduct Asthma Reviews in the community with those experiencing the highest levels of health inequalities
  - Effectively engage with CYP using the VCSE as catalysts to support this
- Co-design of an **Asthma App** for CYP to engage with their Asthma Management

### Social Prescribing

Social prescribing is a key component of personalised care, connecting people to help and support in their community, based on what matters to them and their individual strengths and needs.

A key risk identified during the mobilisation phase of social prescribing services is the capacity of the voluntary sector to provide activities or services that residents can be prescribed to. Medway and Swale were successful with a bid for Health Inequalities funding for 2023/24 which will enable a small fee to follow a social prescription together with a seed funding element to mitigate this risk and thus supporting the growth of the VCS.

Progress so far includes:

### 3.2. PHM VCSE Framework Mobilisation

At the beginning of the programme, all HaCP statutory providers and voluntary and community organisations within our locality signed a memorandum of understanding (MoU), which predominantly set out our commitment as a system to work differently with our VCSE partners and we described how we as a system would develop a framework that we would all sign up to, to really allow us to radically rethink how we support our communities health and wellbeing through an authentic commitment to working together. Through the process as a system, we committed to build capacity and resilience in our communities matched by mechanisms that ensure effective delivery.



MS MOU Final  
Sept21 - MASTER.pdf

This was followed by the VCSE & Statutory Framework being signed by these same partner organisations in April 2022. The framework was led with an aim to support effective working relationships between the statutory and public sectors and the voluntary, community and social enterprise sectors (VCSE) at a time of decreasing resources. It was agreed as essential by the Medway and Swale HaCP that the skills and capacities of the VCSE are recognised and supported in order that VCSE organisations are acknowledged as having distinct features which enable it to make contributions to health and wellbeing within the local communities. The Framework puts the thoughts and wishes of the MoU into actions.



Medway and Swale  
VCS Framework\_Final

This framework was designed collaboratively with input from a wide range of stakeholders across all organisations within our locality. Our aim, through designing this together, was to create a document that is authentic in its delivery and has the ability to stand alone within our system regardless of political and organisational structural changes. The framework will be owned by the Medway and Swale HaCP, so by the locality for the locality, with monitoring taking place through the Medway and Swale PHM programme.

After presenting the Framework at the PHM Steering Group in May 2022, 4 working groups were established to progress the deliverables and priorities within the Framework. These working groups included all relevant statutory bodies, as well as ensuring the VCSE were well represented. These groups are:

- VCSE Framework Priorities.
- Volunteering and statutory/mandatory training.
- To measure the effectiveness of the change in working culture and how to work more effectively.
- Data linkage and analytical support, and outcome measures.

#### **Statutory & mandatory training**

A successful output of Framework has been a matrix document has been created, that links the VCSE sector in with training opportunities for free. This document includes core training such as equality and diversity and safeguarding training, to more bespoke and optional training such as Making Every Contact Count (MECC). Where statutory and mandatory training usually comes at cost, which can be a relatively high proportion of the

budget for smaller charities and organisations, the aim of this is to free up funding that can be budgeted towards their collective good causes instead.

This is an outcome of a collaborative approach from all partners to ensure VCSE have access to this free training, drawing on resources including e-Learning for Healthcare, Medway Voluntary Action (MVA), Kent Safeguarding Training, A Better Medway, Open University. This progression shows a real commitment to delivering on the principles of the Framework and will allow those organisations to thrive further.

### **Volunteering**

There is also work progressing on how the HaCP can support volunteering, and in particular, youth volunteering. The aim for youth volunteering is to support young people to get involved in understanding how the NHS works in different capacities by offering volunteering opportunities across a wide range of services provided. The HaCP are working with the Oasis Academy on the Isle of Sheppey to support students with careers, and have started by attending a careers fair to showcase the range of career opportunities. As this relationship and work progresses, further volunteering opportunities will be explored and will look to support students volunteering in health settings, with the difference being providing opportunity for health to “give back” to the students for their voluntary work, for example, letting students shadow potentially interesting parts of the service such as the labs.

Due to the complexity of volunteering within health and the commitment required, the operational side of this initiative is still being worked through. Though there are ideas among provider organisations who could offer experiences for students and young people with an interest in a health career.

In Swale, the community health provider HCRG have confirmed 280 staff to be released for one day per year to carry out volunteering. This is going to be coordinated effectively to give voluntary organisations the consistency they need.

Additionally, work is progressing with Tempo Time Credits to increase the number of organisations, and designing this to suit the needs of young people. Tempo Time Credits support by offering credits for those who undertake volunteering among registered organisations. These credits can then be redeemed with other organisations as a reward. The HaCP are working with Tempo to increase the number of organisations to support people into volunteering, but working to ensure there are organisations that credits can be redeemed with that appeal to younger people. Tempo Time Credits is available in Medway and Swale and there is work to progress the number of organisations that use the service, particularly in Swale whereby there are a limited number of organisations signed up.

### **Examples of Budgetary Support from the Framework**

- Opportunity to use the Apprenticeship Levy, to allow it to be an accessible fund that VCSE organisations can apply for. Support will be offered to organisations to apply for this, and enable the VCSE to put employees/volunteers through training courses at no additional cost
- Developing an estates strategy utilising all assets within the locality.
- Working with statutory organisations on the release of IT equipment to support organisations
- Exploring joint funding applications between statutory and VCSE sectors.

### **Other**

- Placements for Nursing Cadet Programme have been sourced and students will begin placements in June/July
- NHS England filmed in April the HaCP journey so far and the work that has come as a result of the Framework and new ways of working. The film demonstrates how organisations are working together,

and how the work that is being done has a positive impact on our population and is striving to reduce the gap in health inequalities; final version is expected in the coming days.

- Further conversations are being had around estates and there are a number of VCSE organisations who are looking for estates. This is being progressed through the estates workstream, a meeting to discuss utilisation of HaCP estates is due to held beginning of June.

## Oasis Academy Youth Work

The PHM team have been working alongside the Oasis Academy in Sheppey. Only 10% of students at the Oasis Academy leave with the national standard of GCSEs, and it is known through engagement with the community that the aspirations are low amongst students.

To support the Academy with careers and aspirations, organisations and members of the HaCP teams attended the careers fair in March 2023. The aim of which was to promote entry-level careers and apprenticeships, as well as raising aspirations of those looking to pursue careers in the Health and Care sector. The team spoke to many students, and explored the different career options for them, and provided information and support. The event was successful, and further exploration will take place in 23/24.

In addition, initial conversations have been had with organisations around supporting students from the Oasis Academy with health ambassadors within the school to act as role models. Whilst supporting with Careers Events proves beneficial, it does not support the students in the long term, and therefore the idea of taking professionals from Health to the school for either year groups or subject areas has been suggested to support students as positive role models. Early indications from organisations are positive, and it is the aspiration for this to be mobilised in 23/24.

## PSHE workstream

Following engagement through meetings with key staff from the Sheppey Oasis Academy, a workstream has been developed around the co-design of PSHE sessions by children for children. The output of this will be shared across schools and other youth forums in both Medway and Swale.

Workshops with the children at various key stages have been progressed throughout April and May and consist of the following focus areas:

- Your Childhood choice & effects of these
- Focused session – Health conditions that individuals have no control over and those associated with lifestyle choices
- How to be active
- Reflection and evaluation

### 3.3. Implementing CORE20PLUS5 to reduce Health Inequalities

#### Cancer Inequalities

The PHM team have been working to understand the health inequalities that exist within Medway and Swale for Cancer outcomes. During the year, data has been collated to analyse areas of poor screening uptake for Breast, Cervical and Bowel, which has highlighted areas within Medway and Swale who are experiencing the highest health inequalities. Data has also shown areas where there are late presentations of Cancer, and therefore

worse outcomes. A funding bid has been put forward to the Kent and Medway Cancer Alliance (KMCA) to undertake an early diagnosis project, to support areas experiencing the worst inequalities.

KMCA have been running a series of awareness events, and covered Skin Cancer and Ovarian Cancer over the last year. Though the KMCA priorities are coastal communities, work has been undertaken through the HaCP to localise this to Medway and Swale. The Skin Cancer Awareness Campaign during the Summer of 2022 was successful, and plans are beginning to run the campaign again for Summer 2023. For the Summer 2023 events, plans are underway to cover Medway and Swale locations, to support understanding of Skin Cancer within our areas of poorest outcomes and worse health inequalities.

### **Pulmonary Rehab**

- The funding stream associated with this service has been approved, and steps are being put in place to enable mobilisation and associated reporting requirements.

### **3.4. Tier 3 Weight Management**

The proposal for funding to support a pilot Tier 3 Children's Weight Management service in Medway and Swale has been approved.

The aim of the pilot is to support 124 children in the 98<sup>th</sup> percentile or above and their families to lose weight, eat healthily and move regularly. The intervention also aims to have a positive impact on anxiety, wellbeing levels, school attendance and family relationships.

Plans to support mobilisation of the pilot are currently in progress – a provider has been identified and specification for the service has been drafted.

Currently developing outcome measures, ensuring that these contribute to addressing health inequalities as well as mechanisms to encourage families to complete the programme in full / looking at reasons why families may drop out and how we can accommodate these issues.

### **3.5. Clinical Variation**

Cardiovascular Disease (CVD) causes a quarter of all deaths in the UK and is a major driver of health inequalities, accounting for a quarter of the life expectancy gap between deprived and affluent communities. The PHM team have been pro-actively working with GP practices to implement systems to reduce referrals and admissions to the trust for secondary intervention and mitigate risk to patients.

Long Term Conditions (LTC) including Diabetes, high blood pressure and high cholesterol are leading risk factors that drive mortality and morbidity from CVD. Around 30% of people with hypertension are unaware of their condition, and pre-pandemic Quality and Outcomes Framework (QOF) data showed that around 1/3 of people with diagnosed hypertension are not treated to target. Most recent QOF data (2021-22) shows that optimisation rates have deteriorated substantially during the pandemic as patients' access to healthcare has been disrupted.

Increasing prevalence of CVD LTC's and the identification of high-risk patients has been the main focus during 2022-23 with priority given to areas of high deprivation in Medway and Swale. In addition, CVD costs the NHS an estimated £7.4 billion a year and economy around £15.8 billion annually.

Fundamental to achieving savings associated with long term conditions is the need to achieve reductions in the gap in avoidable CVD mortality and morbidity between the most and least deprived. CVD is one of the conditions

most strongly associated with health inequalities. If you live in England's most deprived areas, you are almost 4 times more likely to die prematurely than someone in the least deprived. In Medway and Swale, the most deprived PCN areas have been identified as Medway Central and Sheppey, this is where the PHM programme has focused activity. By prioritising GP practice visits in these areas, patients who have an LTC and are high risk have been identified using a series of risk stratified searches which categorise patients into high, medium and low groups and include e.g. BAME, Social Complexity, Insulin or Injectables, Heart Failure into the criteria. GP Practices will be able to use these searches to ensure high risk patients are reviewed according to Risk. This approach will help practices to prioritise patient care to those who are at highest risk to help minimise exacerbations leading to secondary care. This approach will be rolled out to all other areas in our locality.

Furthermore, CVD is more common where a person is male, older, has a severe mental illness or ethnicity is South Asian or African Caribbean. By targeting optimisation of blood pressure and cholesterol in this high-risk cohort we will prevent large numbers of heart attacks and strokes in a short time frame.

### **Clinical Variation Key Achievements 2022-23:**

#### Sheppey

- 184 Diabetes patients identified to be reviewed/added to registers.
- 610 Hypertension patients identified to be reviewed/added to registers.
- 1379 High risk Diabetes patients identified.
- 2145 High risk Hypertension patients identified.
- 697 High risk COPD patients identified.
- 1413 High Cholesterol High risk of Stroke patients identified.
- 223 patients identified for referral to Healthy Lifestyle Programmes.

## **4. Urgent Treatment Centres**

One of the key priorities in the HaCP delivery plan for 23/24 is the reviewing of all 3 UTCs across Medway and Swale.

The aim of the review is to support the re-modelling to deliver three UTCs across Medway and Swale to enable delivery in line with national UTC principles and standards. This should ensure that patients in Medway and Swale are receiving an equitable service across the locality, the best and most appropriate care in the right place, the first time, avoiding unnecessary presentations at Emergency Departments when acute care is not required to enable emergency medicine specialists to focus on higher acuity need patients within the Emergency Department setting.

UTCs are expected to:

- Open 7 days a week 12 hours a day as a minimum.
- See both booked and walk-in patients.
- See both minor injuries and minor ailments.
- See patients of all ages.
- Have a named senior clinical leader supported by an appropriate workforce (MDT).
- Have a basic consistent investigative/diagnostic offering on-site (with clear protocols if not on-site).
- Accept appropriate ambulance conveyance.
- Have access to patient records.



An external Audit of Medway and Swale UTC/MIU provision has been commissioned by Medway and Swale HaCP. Outcome and Recommendations Report to be completed by mid-August 2023, alongside a Kent and Medway ICB Review of UTC/MIUs, both reviews will support strategic direction of improvement and development.

<b>Housing and Health Committee</b>	
<b>Meeting Date</b>	5 <sup>th</sup> July 2022
<b>Report Title</b>	<b>Appointment of Swale Rainbow Homes Shareholder Committee and Training for Swale Rainbow Homes Shareholder Committee</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. Appoint 7 members to the sub-committee.</li> <li>2. Appoint a Chair and Vice Chair</li> <li>3. Approve to make Shareholder Training mandatory for all members on the committee.</li> <li>4. Agree to open up the training to all members of the Housing and Health Committee should they substitute for members on the Committee.</li> </ol>

## **1 Purpose of Report and Executive Summary**

- 1.1 This report asks the Housing and Health committee to appoint members of the committee to the Swale Rainbow Homes Shareholder Panel, appoint chair and vice chair and consider the training for those appointed to the Swale Rainbow Homes Shareholder Committee.

## **2 Background**

- 4.1 In October 2020 it was resolved to create a Local Housing Company (LHC) Swale Rainbow Homes. Swale Rainbow Homes was constituted in April 2021 and directors appointed to operate the Company. The Council is the sole shareholder of the company.
- 4.2 To provide appropriate oversight and scrutiny a Shareholder Panel was established, and a Shareholder agreement drafted setting out the roles and responsibilities, reporting mechanisms and decisions that need to be raised to the Shareholder Panel.
- 4.3 The Shareholder Panel is a sub-committee of the Housing and Health Committee and must be made up of members from that committee, political balance is not required. The previous Shareholder Committee had 7 members. The Shareholder Panel cannot include anyone who is a director of Swale Rainbow Homes Ltd.

- 4.4 It is extremely important that members of the Swale Rainbow Homes Shareholder Committee, understand their role and do not act as 'shadow directors' of the company. Therefore, training is being arranged and will be delivered by Trowers and Hamlin LLP.
- 4.5 The Housing and Health Committee are asked to consider if this training should be made mandatory for the members that sit on the Shareholder Committee and if the training should be opened to other members of the Housing and Health Committee to assist with increased knowledge and if any members are substituted at the Committee.

### **3 Proposals**

- 3.1 To appoint members to the Swale Rainbow Homes Shareholder Panel.
- 3.2 To appoint a Chair and Vice Chair of the sub-committee
- 3.3 *To make Shareholder Training **mandatory** for all those that sit on the Swale Rainbow Homes Shareholder Panel.*
- 3.2 *To open the training to all committee members that sit on the Housing and health Committee.*

### **4 Alternative Options**

- 4.1 The sub-committee needs to be in place and therefore there are no alternative options. The training could be optional or not deliver the training, this is not recommended as committee members need to understand their role and responsibility.

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

- 5.1 None.

## 6 Implications

Issue	Implications
Corporate Plan	This supports objective 1 of the corporate plan. Building the right homes in the right places.
Financial, Resource and Property	The training will cost around £1k and funding has been secured for this.
Legal, Statutory and Procurement	The training will cover the legal responsibilities of the Shareholder Panel.
Crime and Disorder	No implications identified at this stage.
Environment and Climate/Ecological Emergency	No implications identified at this stage.
Health and Wellbeing	No implications identified at this stage.
Safeguarding of Children, Young People and Vulnerable Adults	No implications identified at this stage.
Risk Management and Health and Safety	The training will manage the risk of Shareholder Panels acting outside of their remit.
Equality and Diversity	No implications identified at this stage.
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.

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<b>Housing and Health Committee</b>	
<b>Meeting Date</b>	4 <sup>th</sup> July 2023
<b>Report Title</b>	<b>Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027</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>	The committee is recommended to: 1. To approve the Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027

## 1 Purpose of Report and Executive Summary

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

## 2 Background

- 1.1 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
- 1.2 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.
- 1.3 The revised 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.
- 1.4 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.

1.5 The revised proposed priorities are:

- Delivering Affordable Homes
- Preventing Homelessness
- Developing a more efficient housing options service
- Improve conditions in existing homes

1.6 The Strategy came before the Housing and Health Committee in November 2022 and then was subject to a 12-week consultation period. The summary of results from the consultation can be found in Appendix I and a summary of comments with responses in Appendix II. The main concerns highlighted relate to housing delivery that is covered by the Local Plan and is out of scope for this strategy. There is also a focus on park homes and camper vans, which again fall outside of the scope of this policy as would fall within planning legislation.

1.7 During the consultation period the Renters Reform Bill 2023 was introduced in Parliament. The strategy has been updated to reflect this and we will ensure when the final Act is introduced the responsibilities and impacts relating to the Council are fully reviewed and implemented.

### **3 Proposals**

3.1 To approve the Housing, Homelessness and Rough Sleeping Strategy 2023 – 2027.

### **4 Alternative Options**

4.1 That the strategy is not adopted, this is not recommended as there needs to be a clear strategy of delivery housing services in Swale.

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

5.1 This strategy was subject to 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 £463,140 (Private Sector Housing), £3,366,660 (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 = £730,343 in 2023/24 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 2023/24.</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> <p>The Renters Reform Bill 2023 has just been introduced in parliament and is likely to have impacts on Council Services.</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</p>

	the Council, the nature and circumstances of some of the clients mean they are very vulnerable and therefore support is required from partner agencies.
Risk Management and Health and Safety	The provision and affordability of Temporary Accommodation continues to be a corporate risk.
Equality and Diversity	A Community Impact Assessment has been conducted. The consultation also sought details on protected characteristics of responders. Due to the legislation and individual policies taken account of Equality and Diversity issues no further action was identified as part of this strategy. The Council's Equalities Strategy is being refreshed and should any new information be found from this, we would look to update the relevant strategies and policies.
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



Forward

Introducing our Strategy on Housing, Homelessness and Rough Sleeping 2023-2027.

In the last 5 year Strategy, the Chair wrote –

“We are currently in the midst of a national housing crisis, a housing crisis which is becoming an emergency, with demand outstripping supply, making it difficult for some members of our communities to find and afford a place to live.”

Well, the situation has not improved; in fact it has got worse.

Every member of our community deserves warm, safe, decent housing that they can afford. This is why tackling homelessness and accelerating affordable housing delivery are at the heart of our priorities.

Will we ever have enough “affordable” housing for those on our waiting list? I think not. We are taking 20/30% of residents off our housing waiting list each year, because that is the number of properties which become available. But more are joining the end of the list every day. Which is why we try and encourage residents into the private rented sector.

We have some very good private sector landlords who try and maintain their properties to a decent standard. But there are many properties in the PRS which suffer from damp and mould problems which are not being dealt with, and we know that this can kill, young Awaab Ishak is a case in point which, has pushed the Government into making damp and mould problems in properties a priority for local authorities to take action on – those same local authorities whose budgets, and therefore staffing resources, have been cut to the bone over the last 13 years.

This strategy will steer our resources and response to housing so we are focusing on the issues that will have the biggest impact for our residents, whilst we continue to lobby central government on the key policy issues that need to be addressed. This strategy alone won't solve the issues overnight and should be viewed as a first step towards providing a proactive response to the housing and homelessness crisis that affects too many families and individuals across our area.

Cllr. Angela Harrison  
Chair – Housing & Health Committee

## 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.

**Renters Reform Bill 2023** sets out improvements to the private rented sector and includes improvements in tenancy management, introduction of a Private Rented Sector Ombudsman, Private Rented Property Portal, and rights with Renting with Pets.

**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.

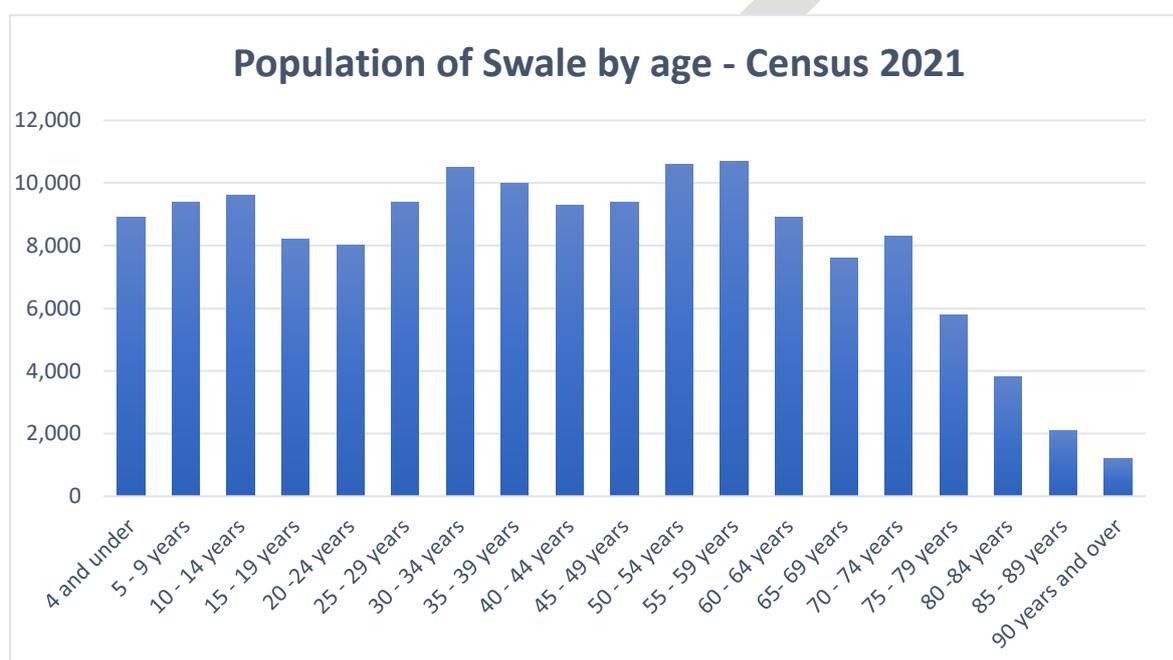


## The borough of Swale

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.

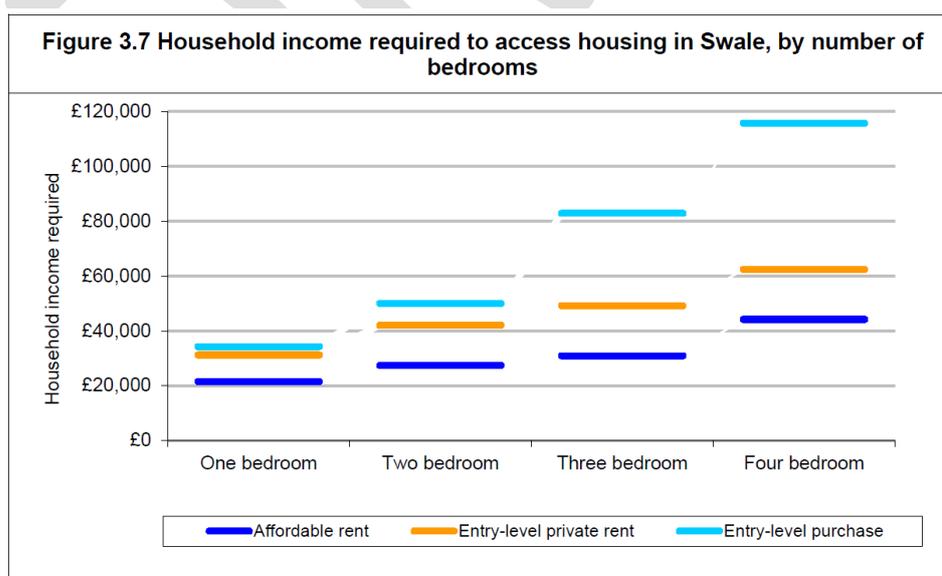
Dwelling type	Swale		South East		England	
	Average price	% of sales	Average price	% of sales	Average price	% of sales
Detached	£447,833	27.7%	£678,330	28.8%	£490,345	26.7%
Semi-detached	£295,295	28.2%	£408,457	27.3%	£303,948	29.3%
Terraced	£247,821	36.1%	£338,596	26.8%	£290,886	28.7%
Flats	£170,838	8.0%	£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.



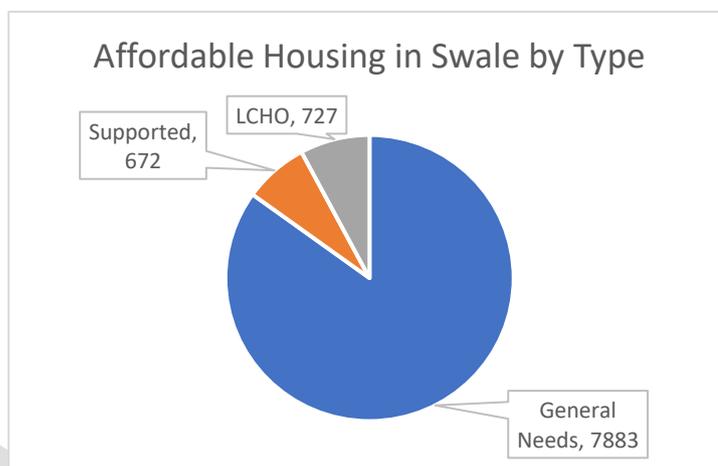
Source: Online survey of property prices April 2022; Regulator of Social Housing's Statistical Data Return 2021

## 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, Southern Housing 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.

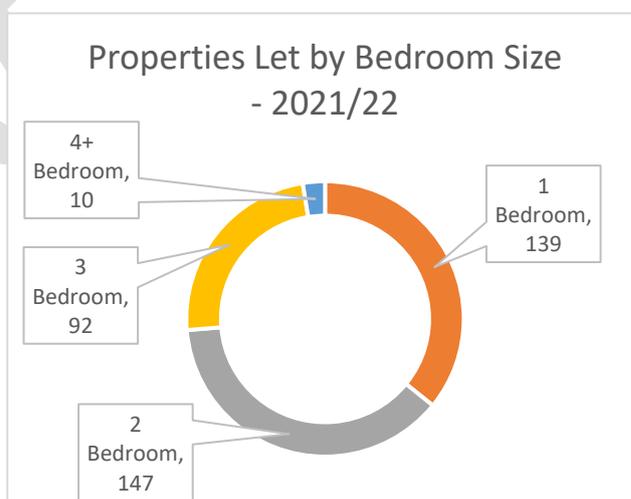
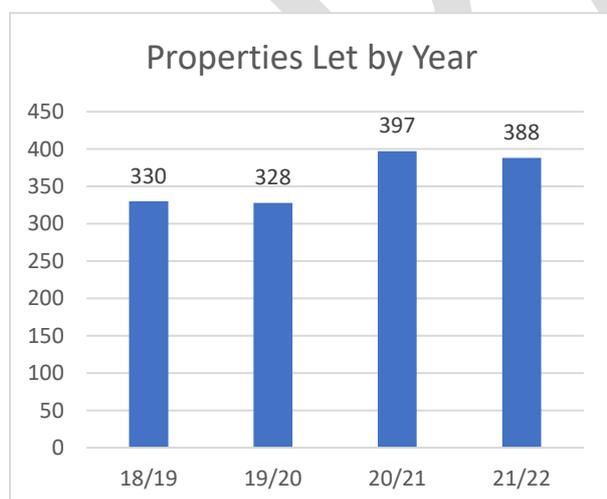
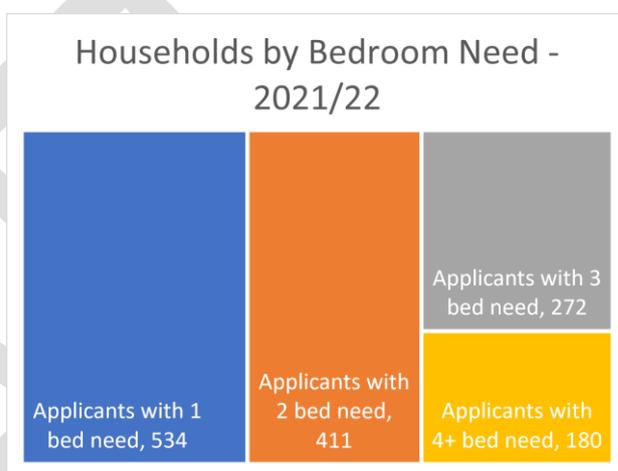
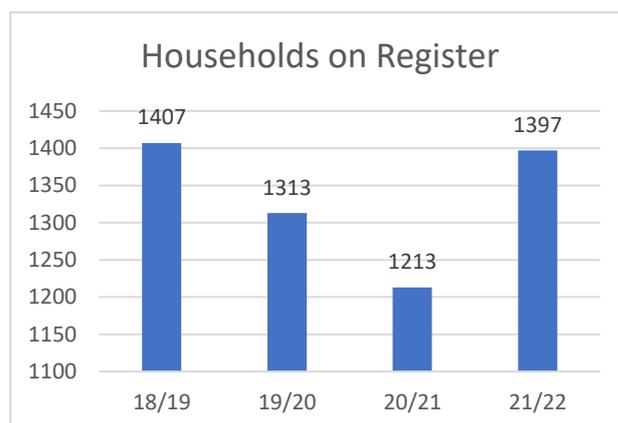
### Stock by registered provider.

Registered Provider	Social Stock	% of Total in Swale
<b>Southern Housing (Formerly 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%

## 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

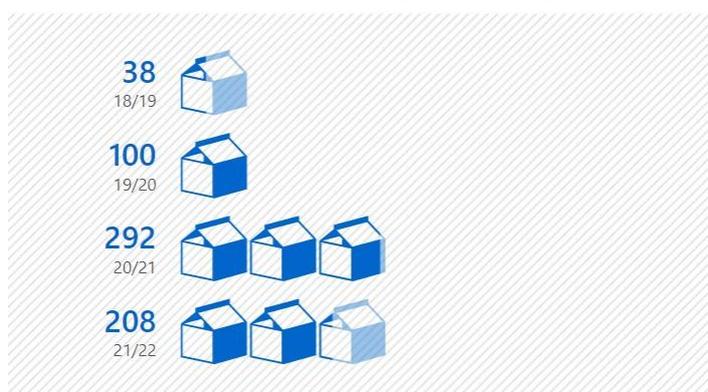
New affordable homes are delivered through three main methods:

- 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

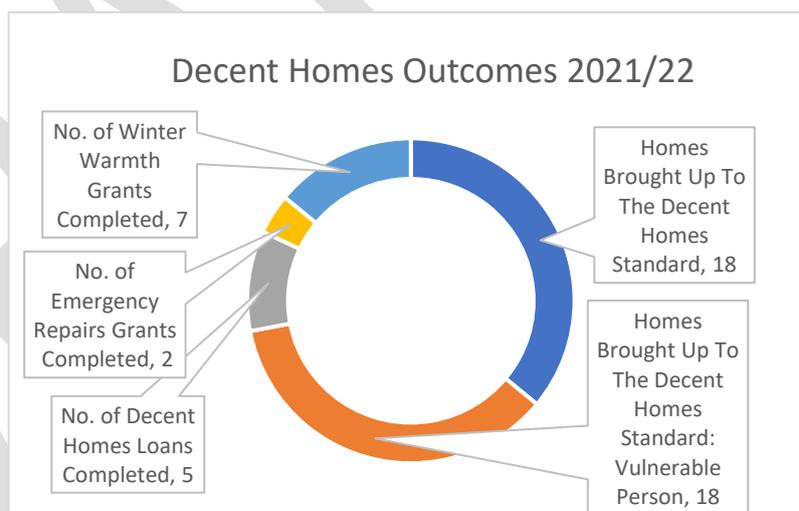
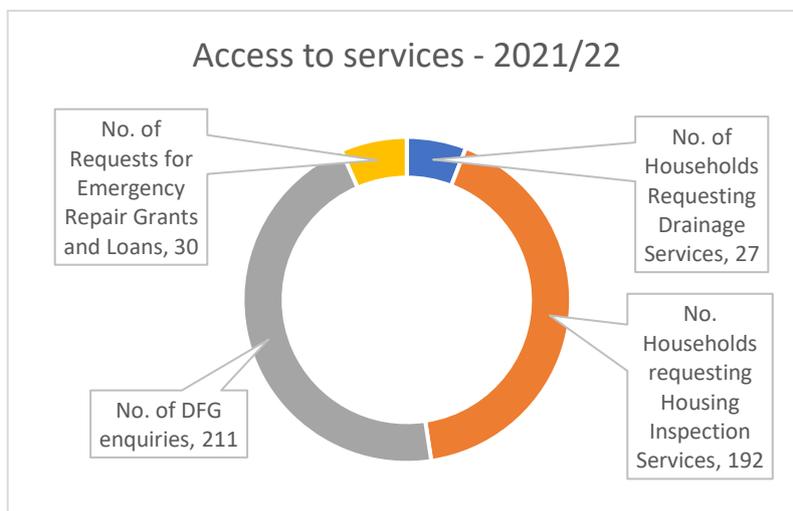
Action	Progress	Status
Seek opportunities where the Council can intervene in the market to increase affordable housing in the borough.	The creation of Swale Rainbow Homes (LHC) is providing an opportunity to develop out affordable homes on council owned land and sites.	Green
Develop the housing offer 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

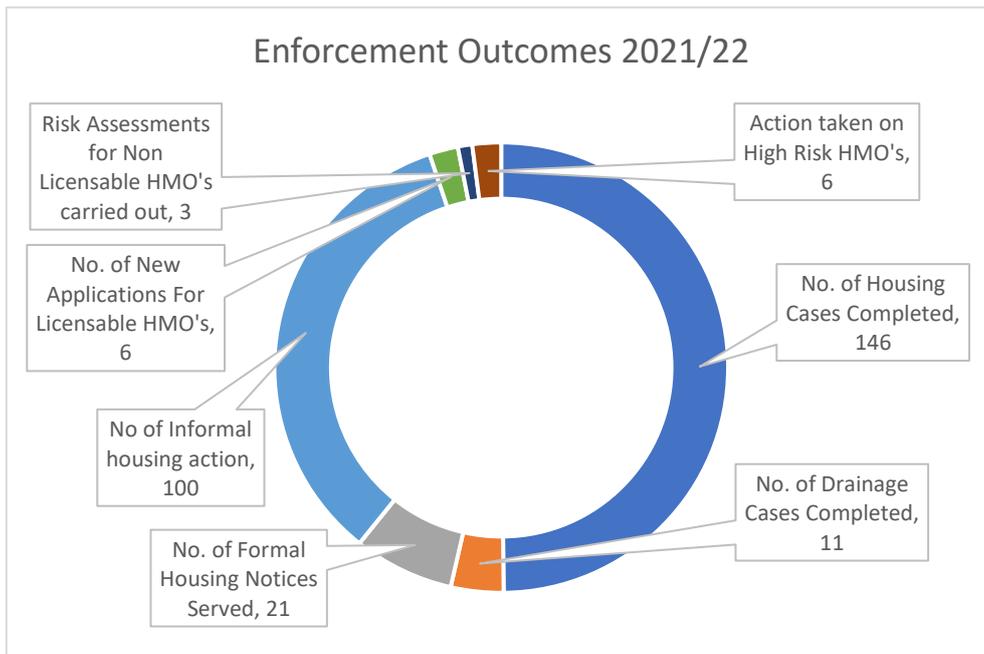
The Private sector housing market makes up most of the housing stock in Swale. The majority of which is home ownership. The private rented sector which is a growing sector and is an area that many of our residents rely on securing accommodation. The Council has a range of responsibilities to work with 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.

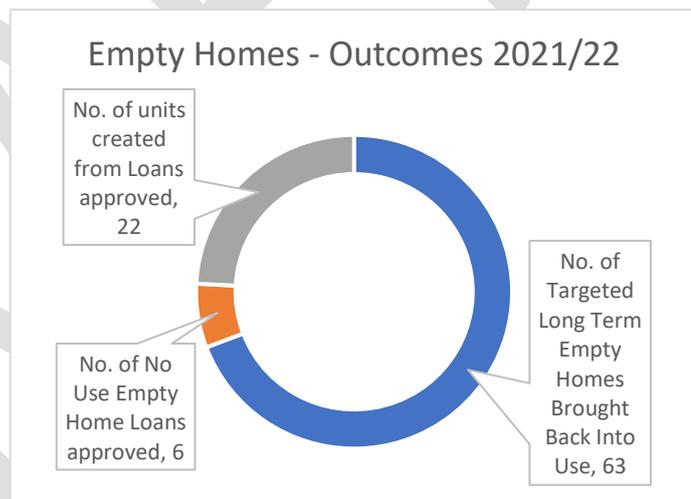


Most of the work undertaken by the team is reactive and is identified through reports made to the service, reports are made by tenants, landlords or members of the public who have concerns about conditions of the property. It is always encouraged to try and resolve issues before enforcement action is 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

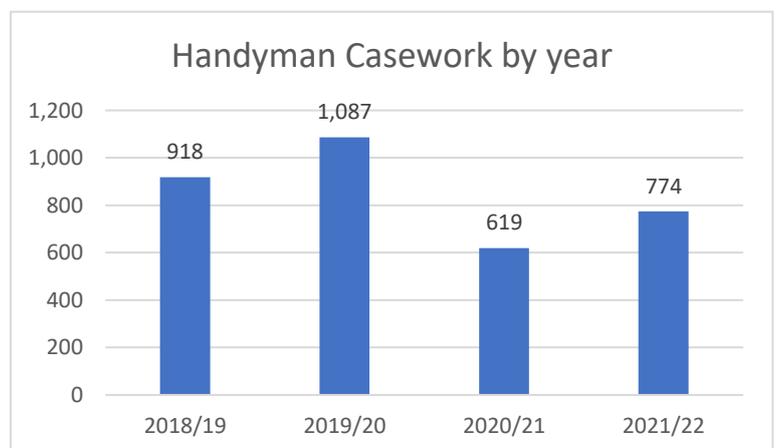
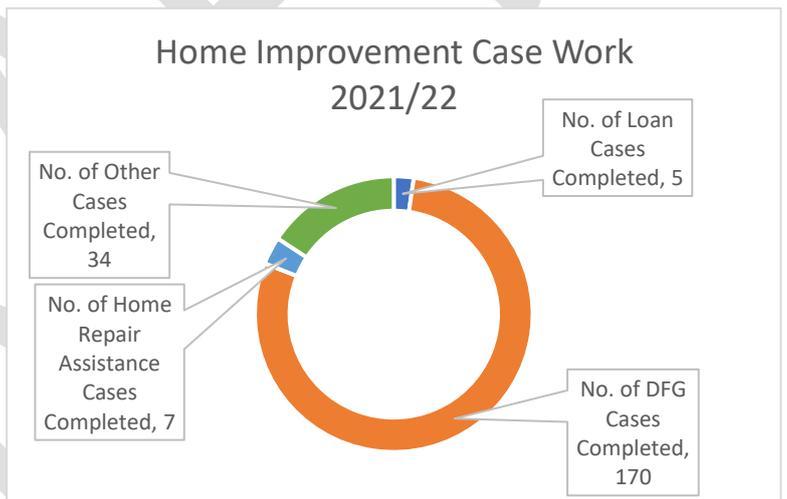
The team administer a range of grants, the most significant being Disabled Facilities Grants. During 2021/22 the service received 211 referrals for a DFG and 142 grants were administered during 2021/22 with a total committed spend of £2.25 million. The table below shows the level of grants administered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

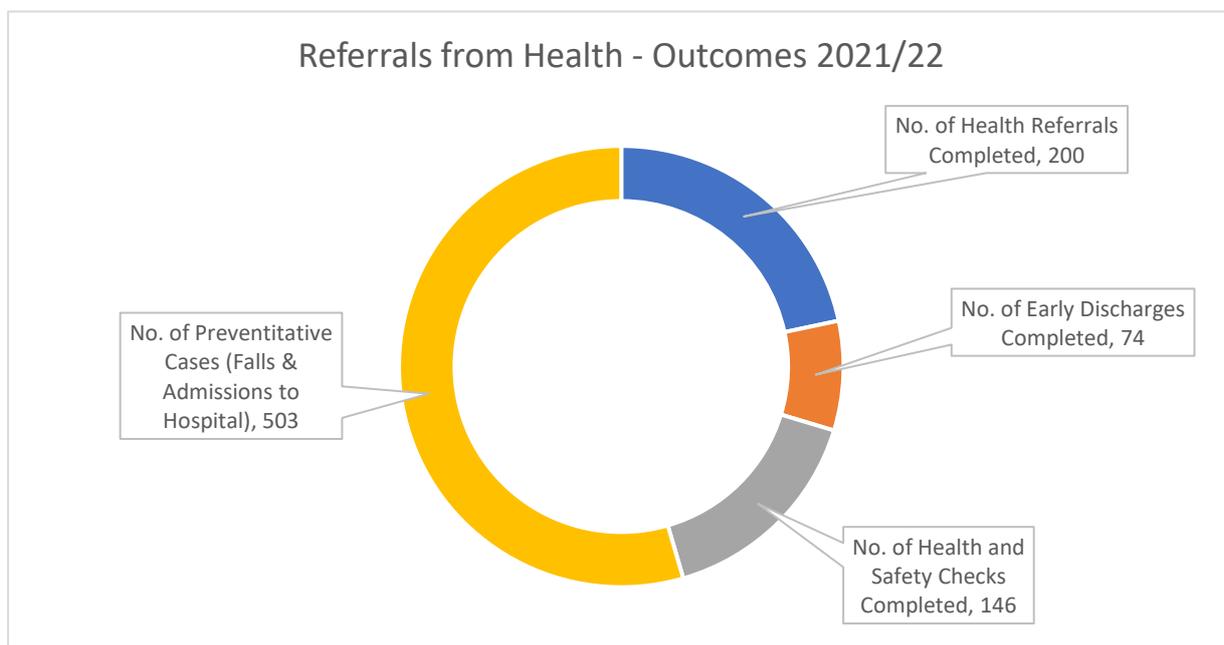
## Home Improvement Agency

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

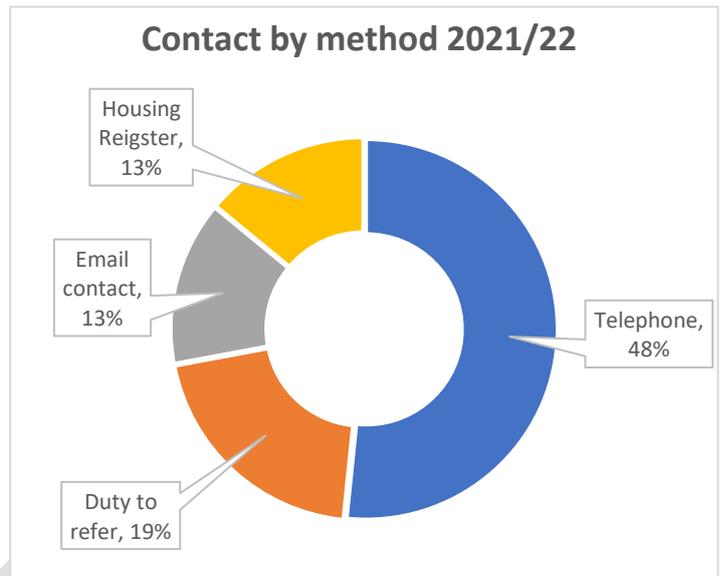
<p>Review use of Better Care Funding in relation to disabled grants to maximise its use</p>	<p>The Housing Assistance Policy is reviewed regularly to ensure it is up to date. There are regular referrals and enquiries to the scheme and the grant committed spend has continued to rise in line with allocations. 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.

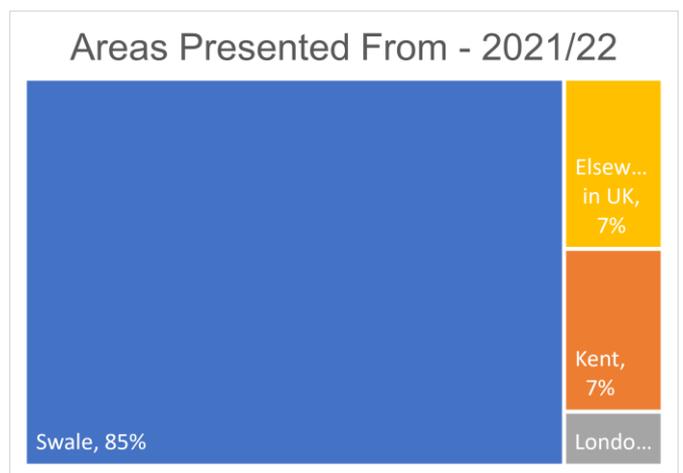
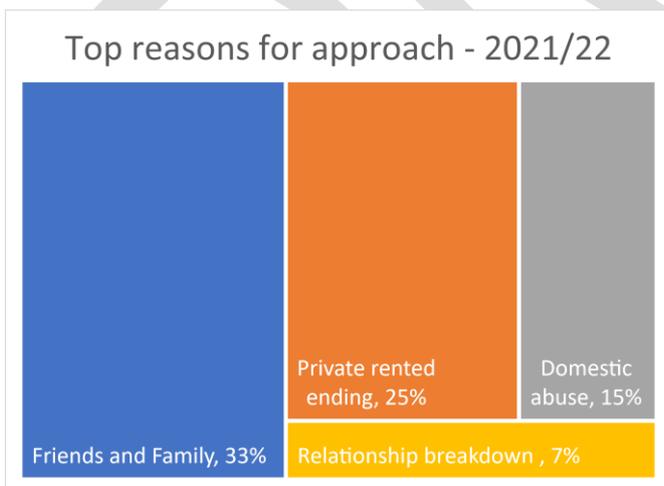
### Triage

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.



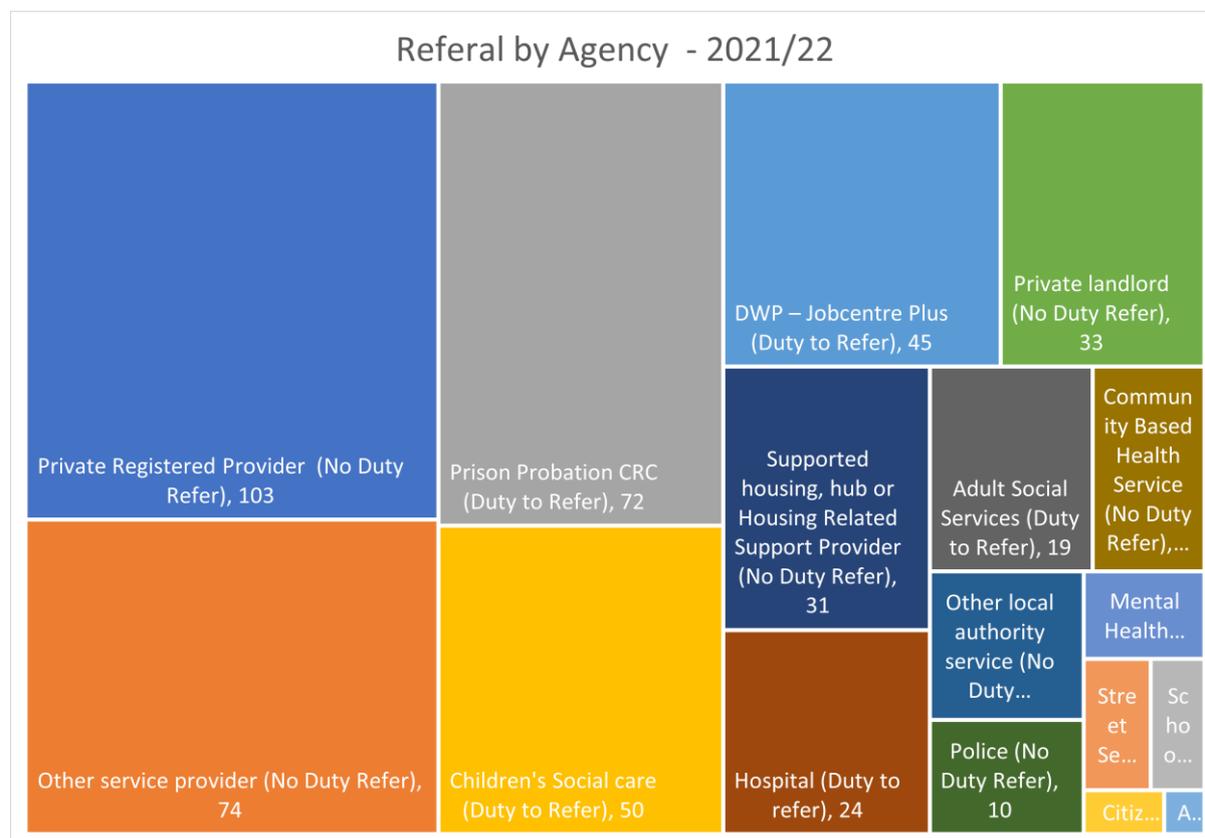
### Reasons for approach

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.



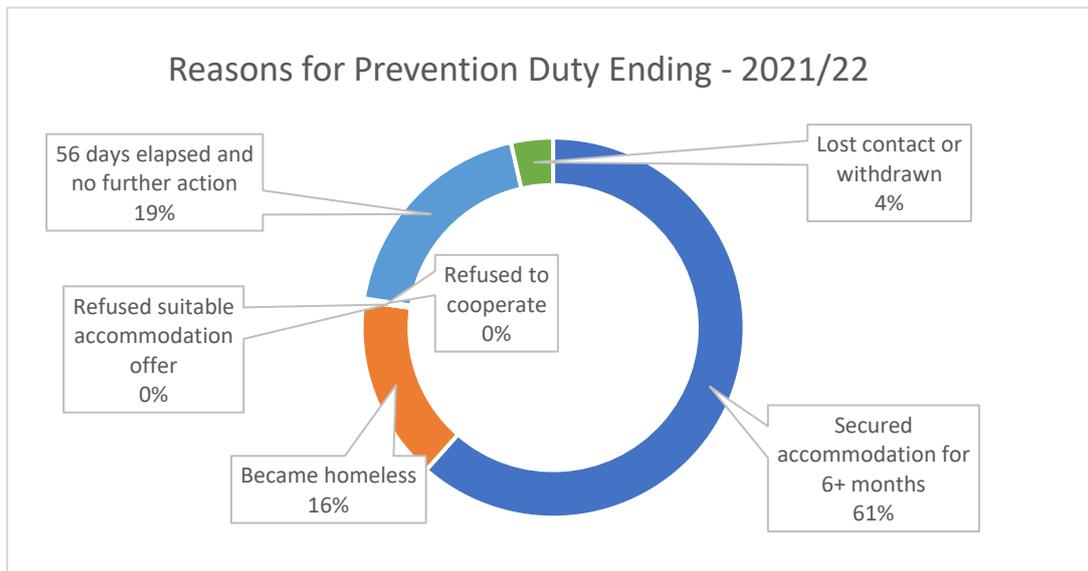
## Prevention

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.

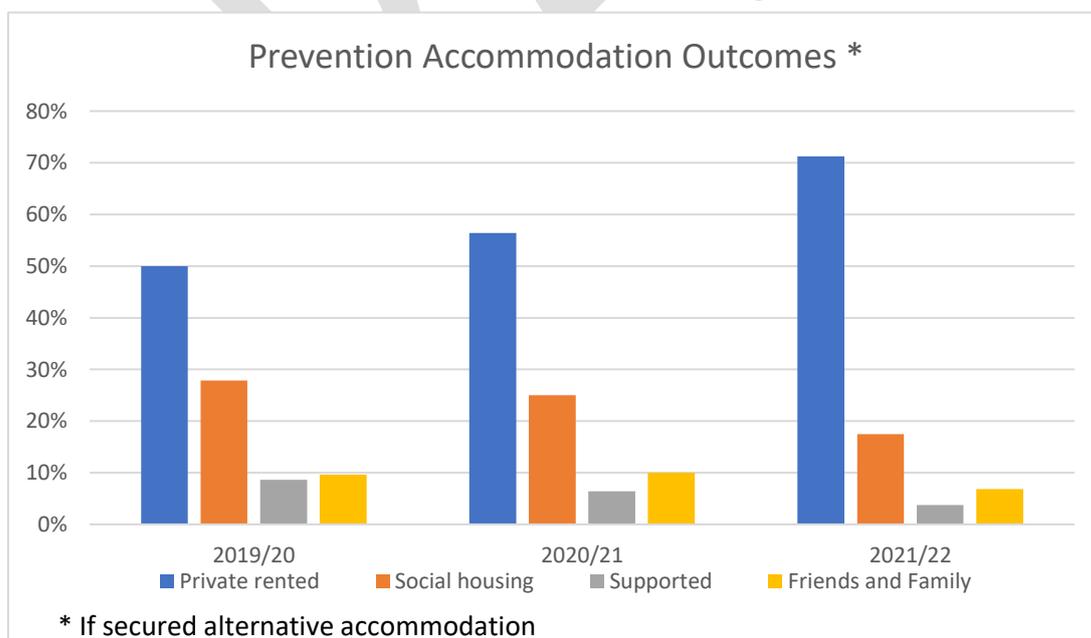
In 2021/22 the prevention team dealt with 405 cases; this was a 24% increase on the previous year. The Council works hard to prevent as many people as possible from becoming homeless. This means most service users will either be assisted to remain where they are living or helped to find a private rented 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).

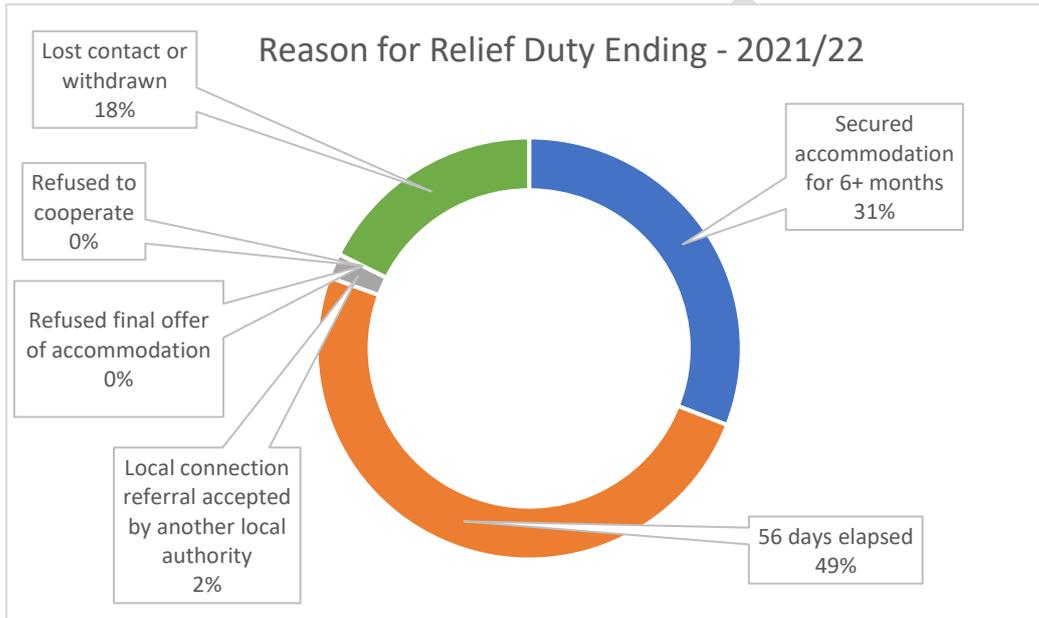


## Relief Duty

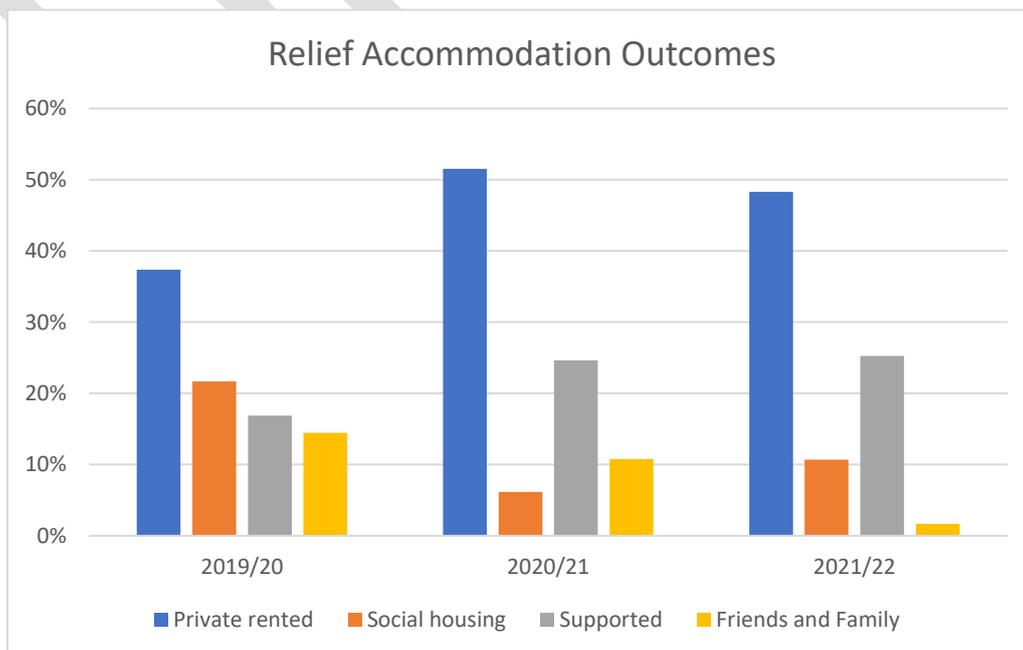
If a service user already has no accommodation, for example, they are sofa surfing, sleeping rough or all efforts to prevent homelessness during the 56-day prevention duty have failed, the Council owes them a 'relief duty' for the maximum of 56 days.

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.



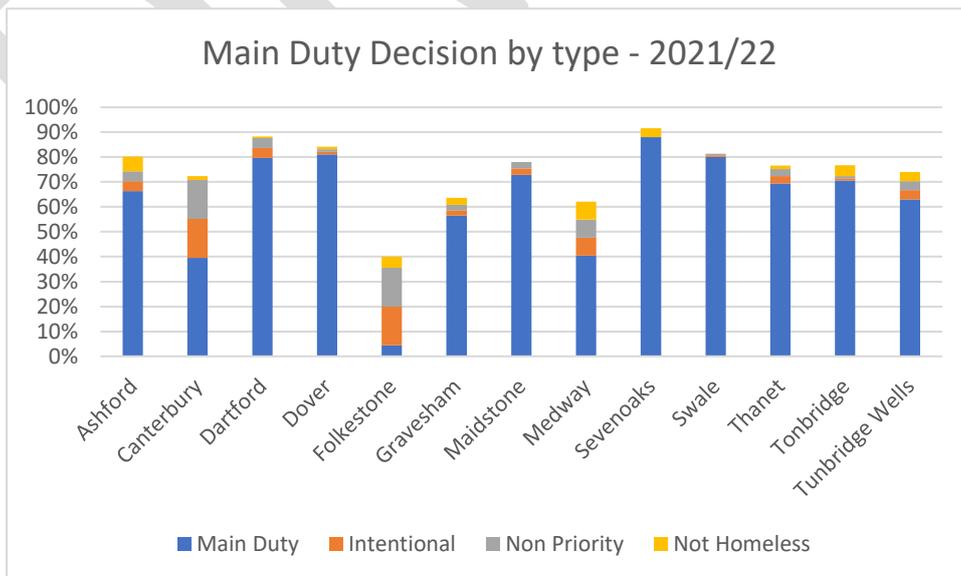
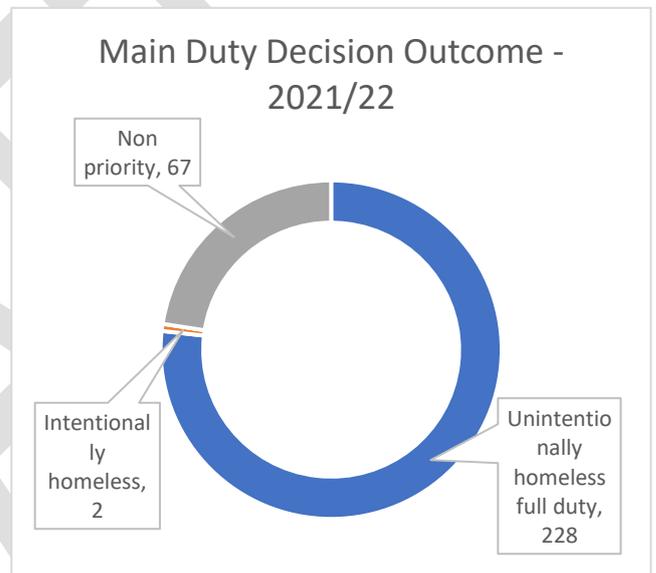
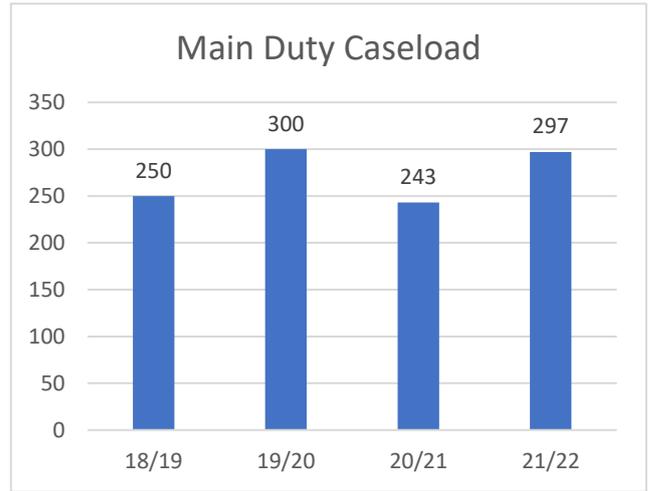
## Main Duty

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.



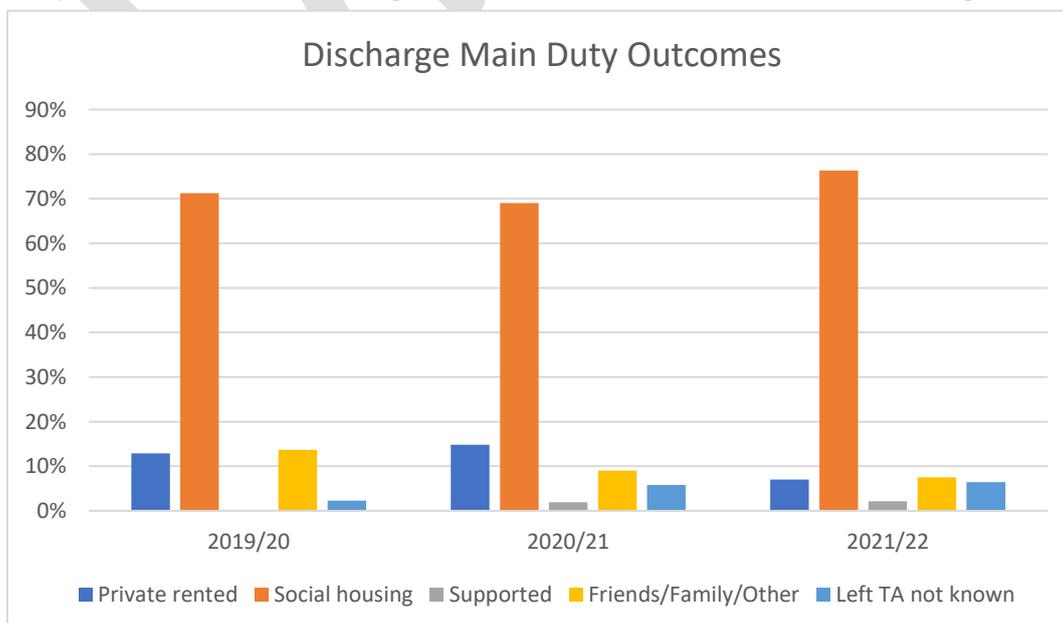
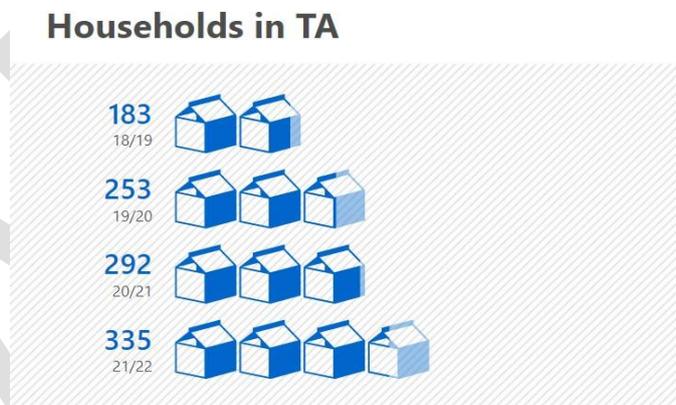
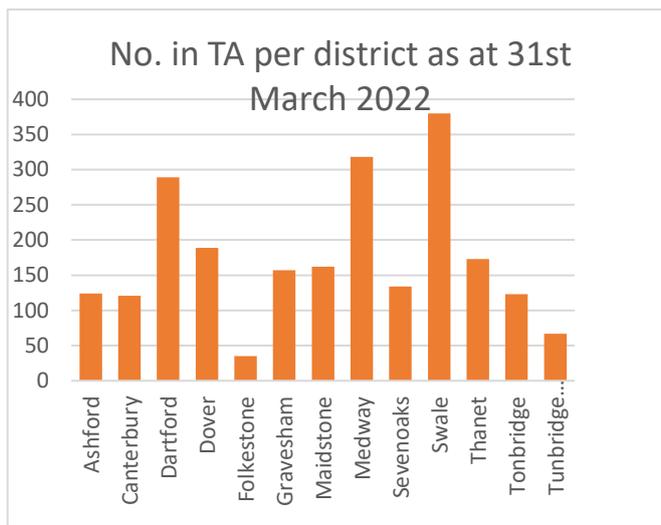
## Temporary Accommodation

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 Southern Housing 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.



## 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

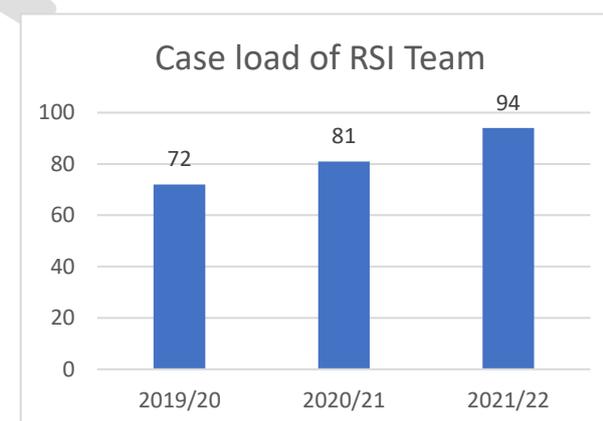
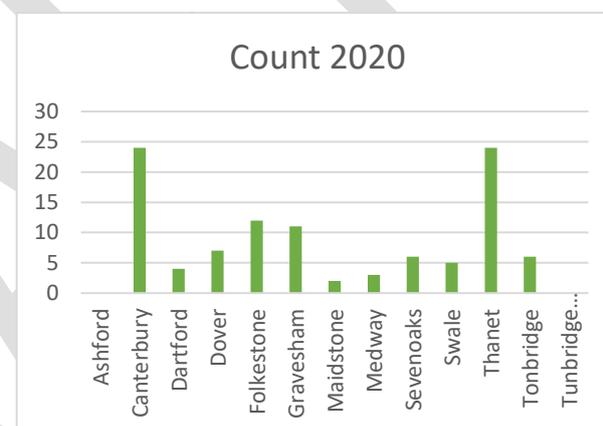
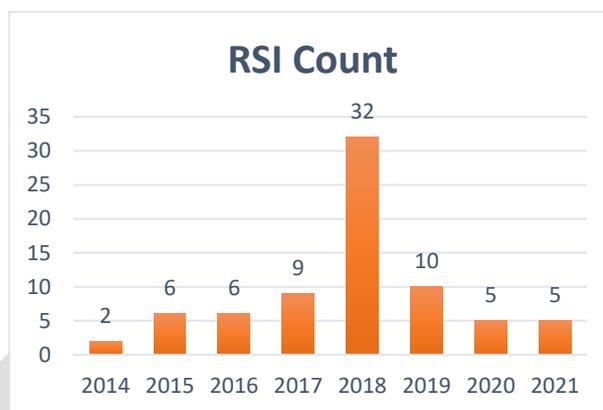
prevention is a priority with partner agencies.		
Work with the social housing sector to identify properties suitable for move-on accommodation for those in temporary accommodation	Well established relationships are embedded across the accommodation team to secure suitable properties in the social sector.	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

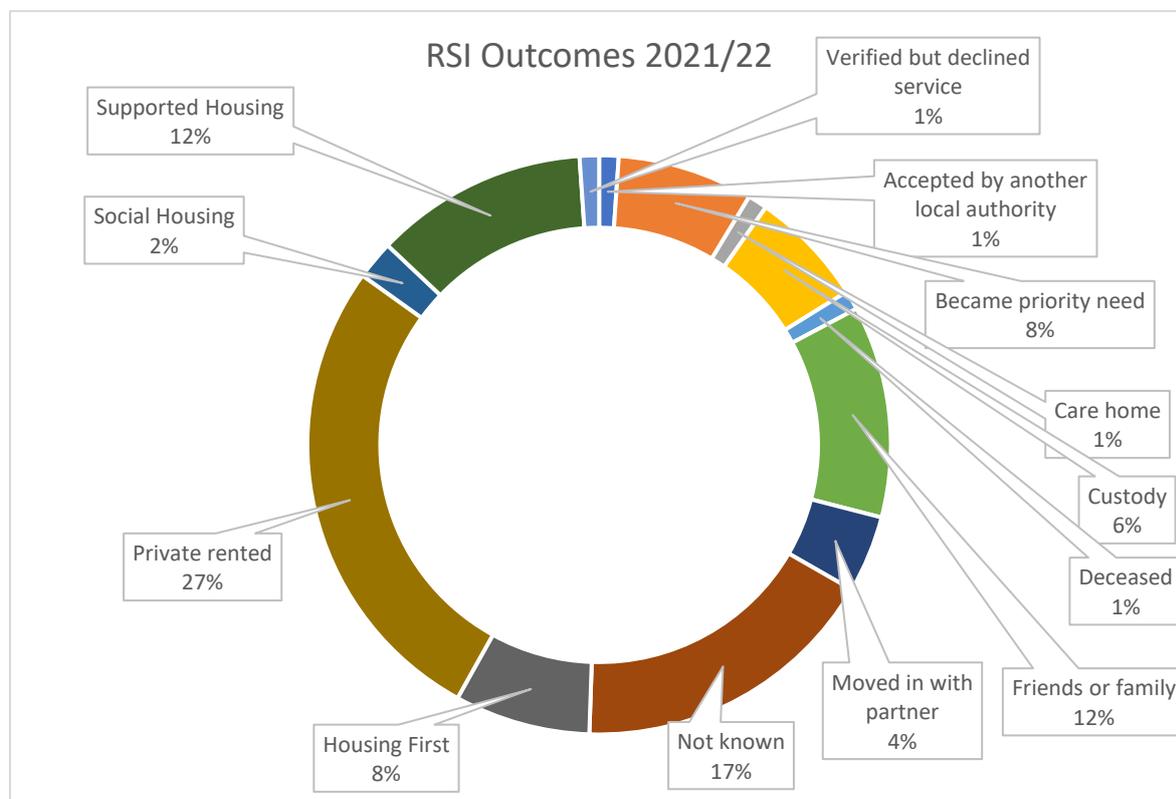
Rough sleeping is those who are street homeless and will fall outside of our statutory homeless provision. The Government launched its rough sleeping strategy in 2018 with RSI funding to support delivery. During the pandemic the government heightened its response to rough sleeping with the Everyone In 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 and Southern Housing.
- Launch of the first 10 units of Housing First in Swale in partnership with So.
- 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 borough.
- Work with Homes England, Registered Providers and institutional investors to secure additional affordable housing in the borough.
- Support Community Led Housing Schemes and other initiatives 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

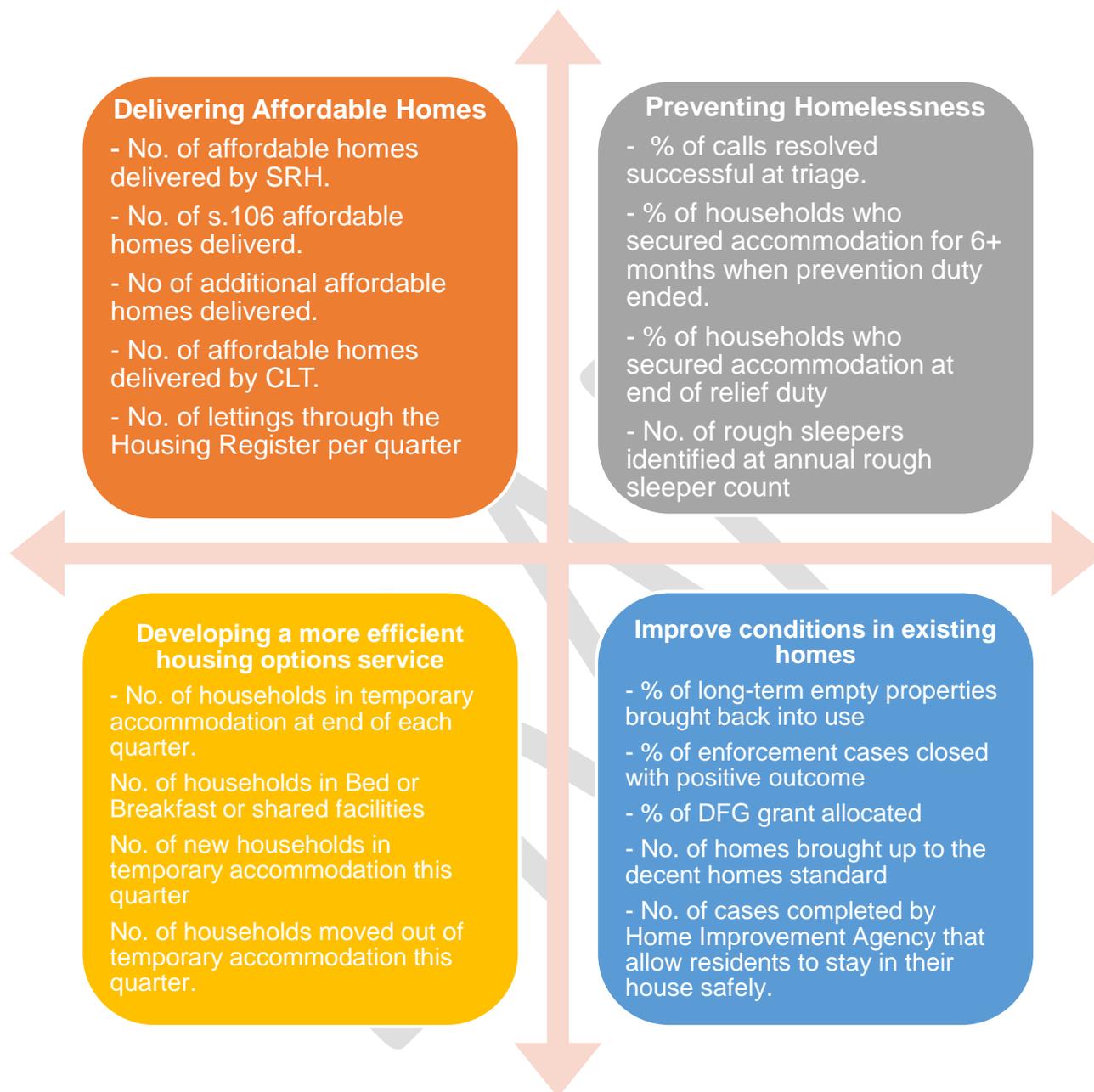
- Carry out a full service review of the relief and main duty process, to speed up decision times.
- Review the type and use of temporary accommodation to ensure value for money and effectiveness for clients.
- Review and monitor the Housing Allocations Policy to ensure those most in need access Affordable 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.
- Review and implement Council responsibilities in relation to Renters Reform Bill/Act.

### Cross Cutting Partnership Working

## Performance Measures



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# Housing Strategy Consultation

12

Responses

06:30

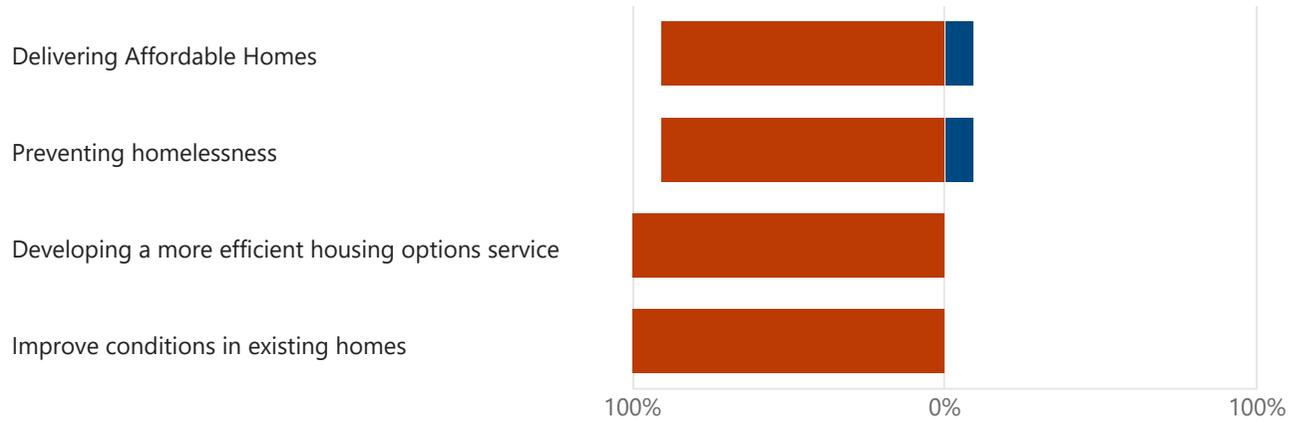
Average time to complete

Active

Status

1. Do you agree with the priorities set out in the housing strategy?

■ Yes ■ No



2. Do you have any further comments in relation to question 1?

4  
Responses

Latest Responses

*"Affordable housing such as park homes, given 12 months residency"*

3. Do you think any other priorities should be included within the housing strategy?

● Yes	6
● No	6



4. What other priorities do you think should be included?

6  
Responses

Latest Responses

*"Park homes for older and retired people given 12 months occupancy"*

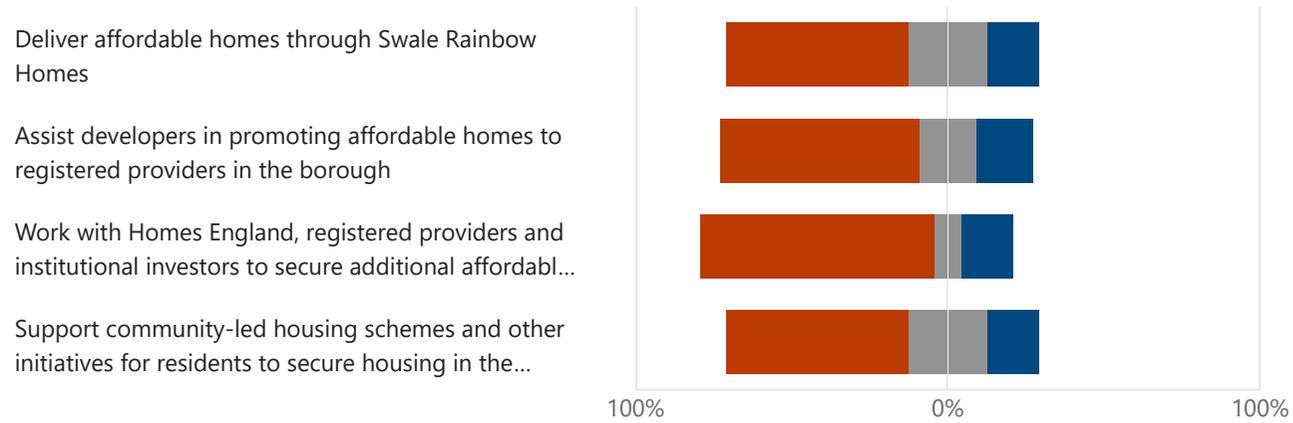
*"Site provision for van campers"*

2 respondents (33%) answered **sites** for this question.

**Park homes**      **Kent**      **Infrastructure**  
**new council sites**  
**homes that are affordable**  
**imbalance of population**      **tax incentives**

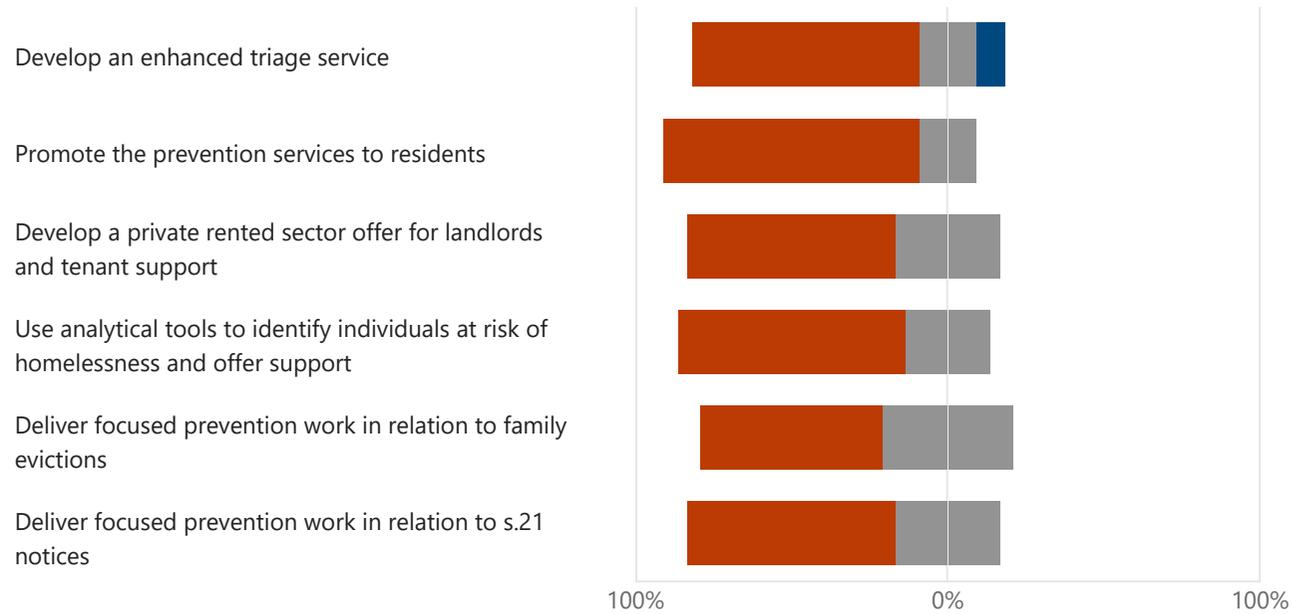
5. Do you agree with the actions set out in the strategy under the 'Delivering Affordable Homes' priority?

■ Agree   ■ Neither agree nor disagree   ■ Disagree



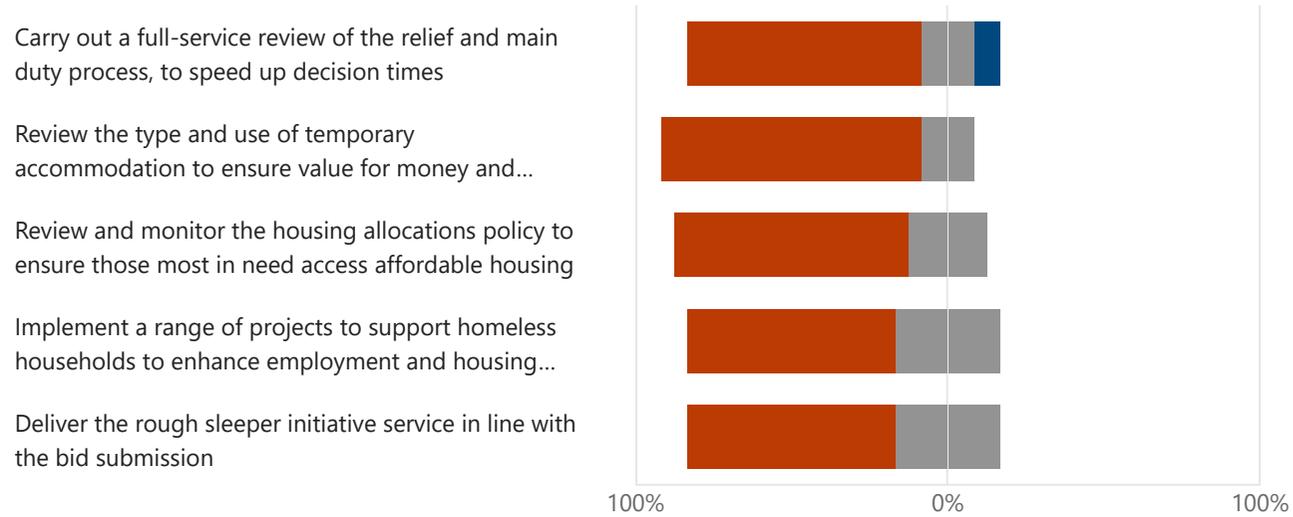
6. Do you agree with the actions set out in the strategy under the 'Preventing Homelessness' priority?

■ Agree   ■ Neither agree nor disagree   ■ Disagree



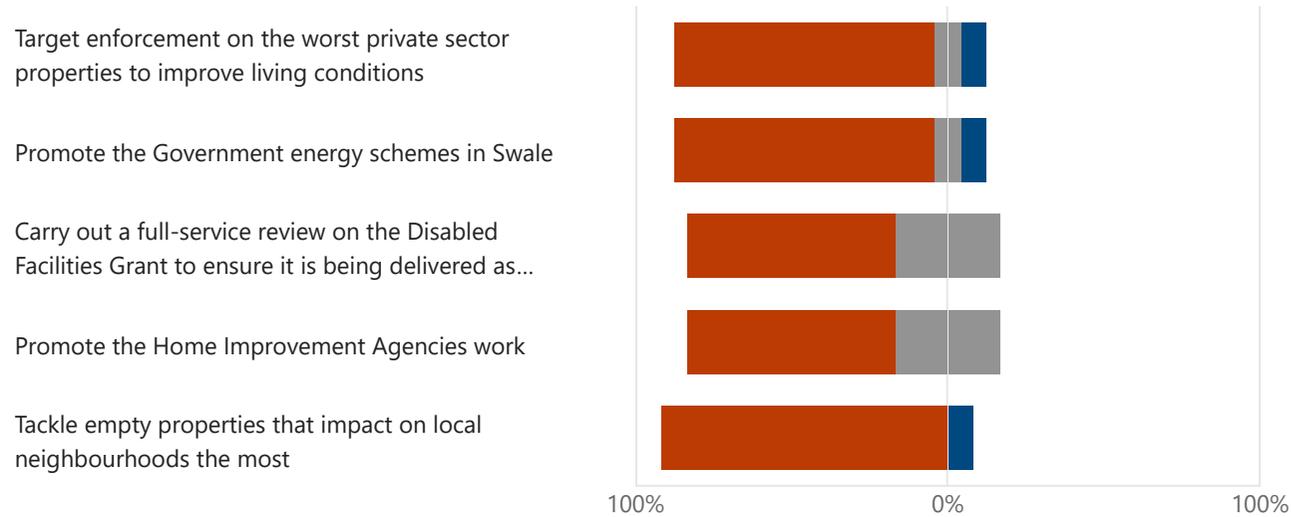
7. Do you agree with the actions set out in the strategy under the 'Developing a more efficient housing options service' priority?

■ Agree ■ Neither agree nor disagree ■ Disagree



8. Do you agree with the actions set out in the strategy under the 'Improve conditions in existing homes' priority?

■ Agree   
 ■ Neither agree nor disagree   
 ■ Disagree



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9. Do you have any comments about the housing strategy action in this section?

4  
Responses

Latest Responses

*"The government believe that Park homes are the way forward for older peo..."*

*"No mention of Van Dwellers"*

10. Have you personally used our housing services?

Yes	2
No	10



11. Do you have any feedback or thoughts about how we could do to improve the service?

0  
Responses

Latest Responses

12. Have you advocated for someone who was homeless that used our housing services?

Yes	2
No	10



13. Do you have any feedback or thoughts on how we could improve the service?

2  
Responses

Latest Responses

*"More people answering phones and a face to face initial triage service"*

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14. Are you a partner agency who works with people who have used our housing services?



15. Do you have any feedback or thoughts on how we could improve the service?

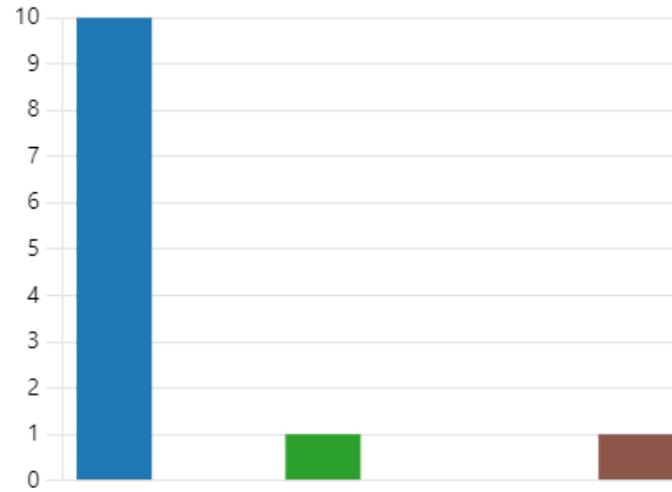
1  
Responses

Latest Responses

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16. Are you...

Resident	10
Agency	0
Voluntary & Community Sector ...	1
Swale Business	0
Prefer not to say	0
Other	1



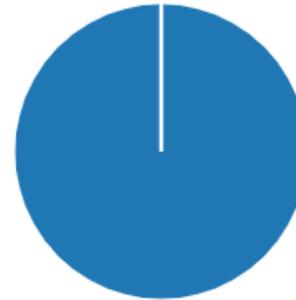
17. Are you...

Male	4
Female	8
Prefer not to say	0



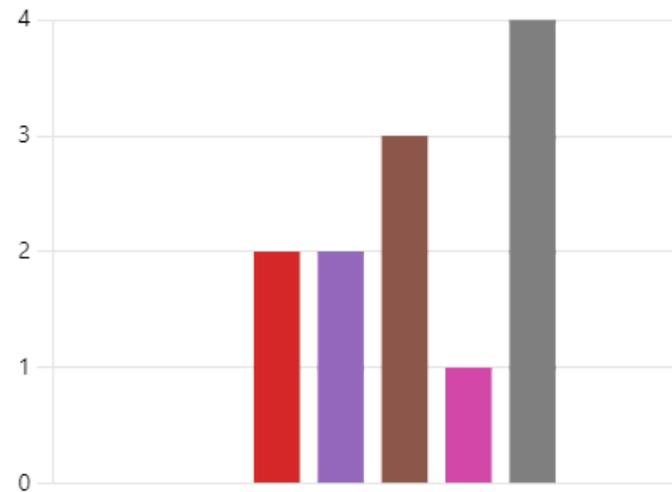
18. Is your gender the same as your birth?

● Yes	12
● No	0
● Prefer not to say	0



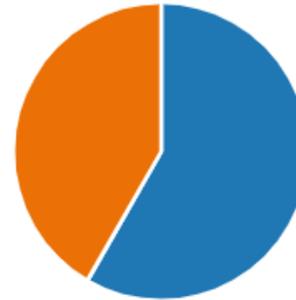
19. Which of these age groups applies to you?

● 0-15	0
● 16-24	0
● 25-34	0
● 34-49	2
● 50-59	2
● 60-64	3
● 65-74	1
● 75-84	4
● 85+	0
● Prefer not to say	0



20. Do you regard yourself as belonging to a particular religion or holding a belief?

● Yes	7
● No	5
● Prefer not to say	0



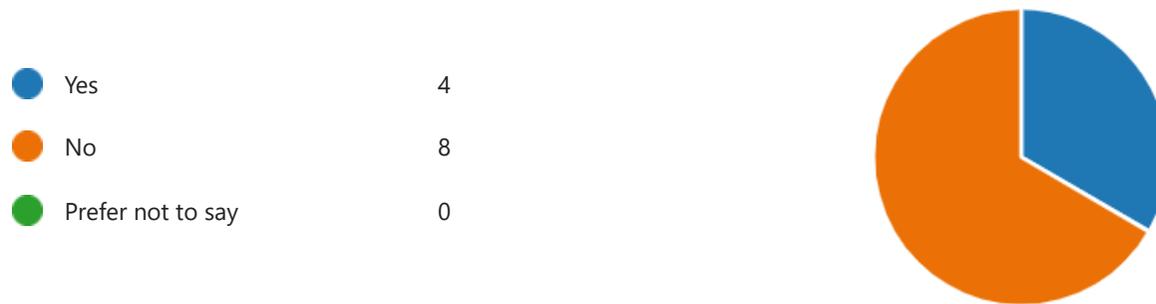
21. Would you describe yourself as:

● Christian	7
● Buddhist	0
● Hindu	0
● Jewish	0
● Muslim	0
● Sikh	0
● Prefer not to say	0
● Other	0



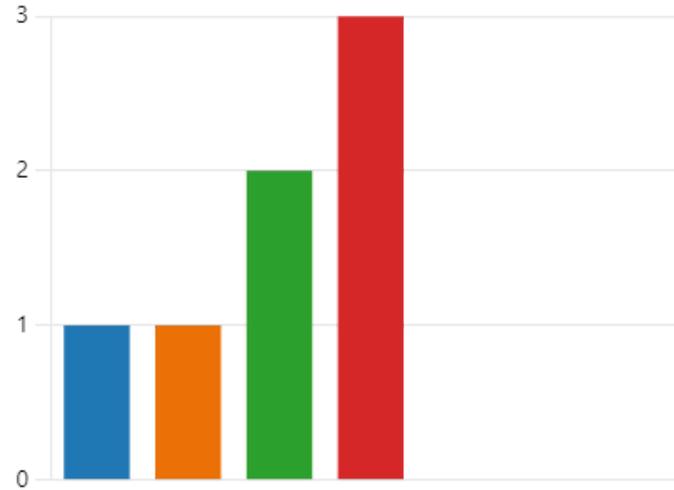
22. The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Do you consider yourself to be disabled as set out in the Equality Act 2010?



23. If you are willing, could you tell us the type of impairment that applies to you? You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.

<span style="color: blue;">●</span> Physical impairment	1
<span style="color: orange;">●</span> Sensory impairment (hearing, si...	1
<span style="color: green;">●</span> Longstanding illness or health c...	2
<span style="color: red;">●</span> Mental health condition	3
<span style="color: purple;">●</span> Learning disability	0
<span style="color: brown;">●</span> Prefer not to say	0
<span style="color: pink;">●</span> Other	0



24. A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

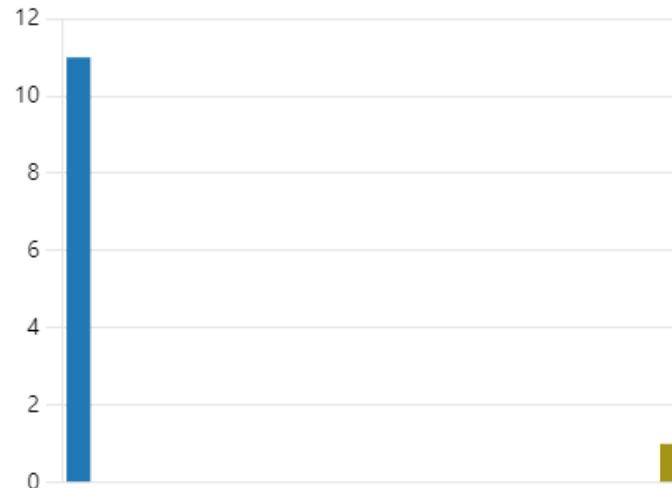
Are you a Carer?

<span style="color: blue;">●</span> Yes	2
<span style="color: orange;">●</span> No	10
<span style="color: green;">●</span> Prefer not to say	0



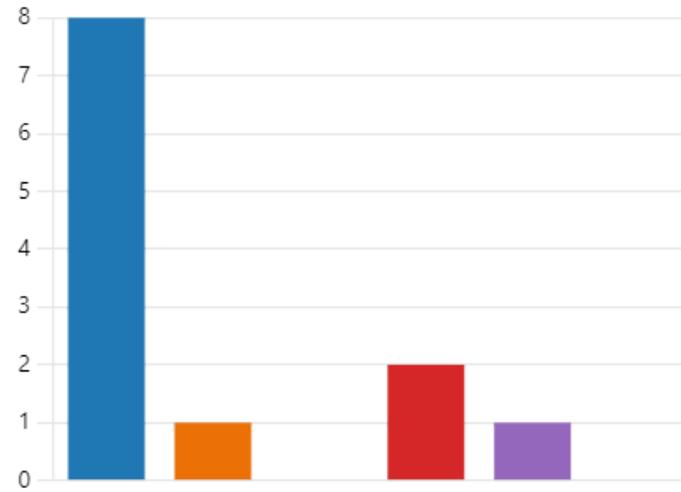
25. To which of these ethnic groups do you feel you belong? (Source 2011 Census)

White English	11
White Scottish	0
White Welsh	0
White Northern Irish	0
White Irish	0
White Gypsy/Roma	0
White Irish Traveller	0
Asian or Asian British Indian	0
Asian or Asian British Pakistani	0
Asian or Asian British Bangladeshi	0
Mixed White & Black Caribbean	0
Mixed White & Black African	0
Mixed White & Asian	0
Black or Black British Caribbean	0
Black or Black British African	0
Arab	0
Chinese	0
Prefer not to say	0
Other	1



26. Are you...

<span style="color: blue;">●</span> Heterosexual/Straight	8
<span style="color: orange;">●</span> Bi/Bisexual	1
<span style="color: green;">●</span> Gay man	0
<span style="color: red;">●</span> Gay woman/Lesbian	2
<span style="color: purple;">●</span> Prefer not to say	1
<span style="color: brown;">●</span> Other	0



## Housing Strategy Consultation - Written Comments and Responses

Q1. Do you agree with the priorities set out in the Strategy?	Response
The answers don't matter. You will build build build and there will be no infrastructure. Goodbye fields, hello gridlock.	The Housing Strategy doesn't control development, this relates to the Local Plan. Comment will be passed to the Planning Department.
Instead of huge housing estates being built to attract rich people from outside the area, and country, the focus should be on affordable housing for local families and young people from the area.	The Local Plan review has looked at housing need and this also incorporates the level of affordable housing. The Housing Allocations Policy looks at need and also includes residency criteria. Priority 1 - Delivering Affordable Housing is looking to maximise affordable housing in the borough.
It fails to tackle the core issue of uneven population growth into Kent.	This is outside of the control of the Council and the Housing Strategy.
Affordable housing such as park homes, given 12 months residency	This is a matter for planning, but licencing regulations would also needed to be considered.
Q4. What other priorities do you think should be included?	
For the council to build more council owed homes that are affordable. Where are the new council owned estates as in years gone by.	The Council's approach to this is covered in Priority 1 - Delivering Affordable Homes. However, due to financial and viability constraints there is a limited role for the Council in direct delivery. The creation of Swale Rainbow Homes Ltd is aimed at the Council delivery new homes in the borough.
Infrastructure, schools, police, health services, little things like that	This is the responsibility of the Local Plan not the Housing Strategy and these comments will be passed to the Planning Department.
To build on brownfield sites rather than on farms and countryside.	This would be determined through the planning system.
Norway had regional imbalance of population to the south like Kent solved by tax incentives for levelling up. Until that happens Kent will continue to be swamped and never able to rebalance resources and infrastructure to the resident population.	This is outside of the control of the Council.
Site provision for van campers	The Council has a regulation role for licencing but does not provide directly.
Park homes for older and retired people given 12 months occupancy	This is a matter for planning, but licencing regulations would also needed to be considered.
Q9. Do you have any comments about the housing strategy actions?	
It would be good to control the number of houses which are used as Airbnb and holiday lets; maybe tax landlords to discourage these properties which push up house prices and prevent local people from being able to buy.	This is outside of the control of the Council.
It is unfair on LAs in having to tackle problems that emigrate from a national failure to recognise the core problem best solved by a national solution without which a LA is likely to spend inordinate amount of time and limited resources with far less progress than can be mad3 by national intervention.	Noted.
No mention of Van Dwellers	The Council has a regulation role for licencing but does not provide directly.
The government believe that Park homes are the way forward for older people. Affordable bungalows which are not available on Sheppey. The whole of Kent has Park homes in community parks, why not Sheppey?	This is a matter for planning, but licencing regulations would also needed to be considered.
Service Improvement	
Offer an initial face to face triage service	This feedback is noted and will feed into the service review process.
More people answering phones and a face to face initial triage service	This feedback is noted and will feed into the service review process.

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<b>Housing and Health Committee</b>	
<b>Meeting Date</b>	4 July 2023
<b>Report Title</b>	<b>Member appointment to Integrated Care Partnership (ICP) Joint Committee</b>
<b>EMT Lead</b>	Lisa Fillery – Director of Resources
<b>Head of Service</b>	
<b>Lead Officer</b>	Jo Millard – Democratic Services Manager
<b>Classification</b>	<b>Open</b>
<b>Recommendations</b>	The committee is recommended to: 1. <b>Agree</b> which member should be appointed to the Integrated Care Partnership (ICP) Joint Committee.

## 1 Purpose of Report and Executive Summary

- 1.1 This report asks the Housing and Health committee to agree the council’s member representation for the municipal year 2023/24 on the Integrated Care Partnership (ICP) Joint Committee.

## 2 Background

- 2.1 A joint arrangement is one in which the council collaborates with other local authorities or agencies to provide services in partnership. Member appointments to the boards or committees exercising political control over such arrangements are distinct from nominations to outside bodies, in which members are asked to take on the role of directors or trustees of separate organisations, generally with a fiduciary duty to those organisations and not as representatives of the council.
- 2.2 In respect of joint arrangements, members are appointed to boards or committees with the express intention that they will represent Swale’s interests on those boards or committees. It is appropriate that these appointments are made by the service committee within whose remit the service in question falls.

## 3 Proposals

- 3.1 The Integrated Care Partnership (ICP) is a partnership between the NHS Integrated Care Board (ICB) and Kent and Medway Local Authorities. Membership will consist of:
- The Leader of KCC
  - The Leader of Medway Council
  - Chair of the Kent and Medway ICB

- Two additional local authority elected executive members from KCCC who hold an appropriate portfolio responsibility related to Joint Committee business
- Two additional local authority elected executive members from Medway Council, who hold an appropriate portfolio responsibility related to Joint Committee business
- One additional ICB Non-Executive Director
- An ICB Partner Member who can bring the perspective of primary care
- The Chairs of the four Kent and Medway Health and Care Partnerships
- An elected District Council representative from within the geographies of each of the four Kent and Medway Health and care Partnership.

3.2 The main purpose of the Joint Committee is to produce an Integrated Care Strategy, developed with respective system partners and stakeholders, which covers the needs of the whole population of Kent and Medway. The Joint Committee may from time to time have other responsibilities given to it by the local authorities and/or the ICB, subject to compatibility with legislation and compliance with the decision making process of the relevant body.

3.3 A nomination is sought for a member representation from Swale Borough Council to be appointed.

## 4 Alternative Options

4.1 The governance mechanisms for the joint arrangements require members to be appointed to these roles, so there are no alternative options.

## 5 Consultation Undertaken or Proposed

5.1 These are routine appointments to existing arrangements, so no consultation has been undertaken or is proposed.

## 6 Implications

Issue	Implications
Corporate Plan	The joint arrangements contribute to a number of corporate plan objectives, primarily but not exclusively under Priority 4, “renewing local democracy and making the council fit for the future”.
Financial, Resource and Property	One of the reasons for the existence of the joint arrangements is to provide necessary services more efficiently and hence produce savings for the councils. There are no specific financial implications in the appointment of members to the governance bodies.

Legal, Statutory and Procurement	The joint arrangements are established in contracts or other agreements between the partner councils, which include provision for members to be appointed to governance bodies.
Crime and Disorder	No implications identified at this stage.
Environment and Climate/Ecological Emergency	No implications identified at this stage.
Health and Wellbeing	No implications identified at this stage.
Safeguarding of Children, Young People and Vulnerable Adults	No implications identified at this stage.
Risk Management and Health and Safety	No implications identified at this stage.
Equality and Diversity	No implications identified at this stage.
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.

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