

## HOUSING & HEALTH ADVISORY COMMITTEE

Minutes of the meeting held on 10 October 2017 commencing at 7.00 pm

Present: Cllr. Horwood (Chairman)

Cllr. Parkin (Vice Chairman)

Cllrs. Mrs. Bosley, Dr. Canet, Dyball, Eyre, Lowe, Parson, Pearsall, Scott and Miss. Stack

An apology for absence was received from Cllr. Gaywood.

### 15. Election of Vice Chairman for 2017/18

Resolved: That Cllr. Parkin be appointed as Vice Chairman of the Advisory Committee for the remainder of the municipal year 2017/18.

### 16. Minutes

Resolved: That the Minutes of the meeting of the Advisory Committee held on 20 June 2017 be approved and signed by the Chairman as a correct record.

### 17. Declarations of Interest

For reasons of transparency, Cllr. Parkin declared an interest in agenda item 9 (Minute 23) in that her husband was applying for a Disabled Facility Grant (DFG) which was a mandatory grant and not affected by the proposed policy.

### 18. Actions from Previous Meetings

The Chairman advised that he would circulate an email he had received from Building Control concerning the cladding used at Tubbs Hill, Sevenoaks and Horizon House, Swanley.

### 19. Update from Portfolio Holder

Members' noted the Portfolio Holder's update.

### 20. Referrals from Cabinet or the Audit Committee

There were none.

21. Kent & Medway (Sustainability and Transformation Plan)

The Chairman welcomed Ian Ayres, the Accountable Officer for West Kent Clinical Commissioning Group. Kent and Medway STP. He advised that it had been called the Kent and Medway Sustainability and Transformation Plan (STP) but was now to be known as Sustainability and Transformation Partnership. He stated that this was a key shift. The NHS as it was operating was not sustainable without transformation, and partnerships would be key to delivery.

He advised that the three main problems to tackle were: inequalities within the population; health care quality, which was good but had had plateaued; and financial resources. Beneath this was a whole other set of issues such as not enough resources spent keeping people well which could only be done through partnerships and investment. There also needed to be more work on community care and support.

Centralisation of services was proven to be more efficient and there needed to be more.

In West Kent within the next 12 months there would be more work on integrating community development and the shared responsibility to keep people healthy; more on health estate management - what services were needed what services were in the area and whether resources/buildings be pooled/shared; the question of how to help individuals - signposting etc.; efficiencies in the running of the 7 hospital sites. By Spring next year there would be consultation on where to centralise the stroke service.

In response to a question concerning potential redevelopment of the Sevenoaks Hospital site he replied that what services should be provided from their sites, potentially additional or shared services, would be something to be looked at but they were not quite there yet. At the moment it was a case of looking at existing services and estates. Any redevelopment would require access to capital, and to meet any criteria they would have to prove all other options had been fully investigated first.

In response to question on Primary Care, he explained that in aggregate there was capacity at GP surgeries, however the space was not necessarily in the places needed. Buildings often hindered capacity too. Work was ongoing looking at population growth, demand and what needed to be done to any existing buildings to support.

In response to a Member's question, with regard to any proposed retirement village and whether a satellite surgery would be helpful, it was hard to answer, it could be an inefficient use of a building for example but would depend on circumstances. Early engagement in any discussions would help.

A Member pointed out that for older rural communities, centralisation caused a number of issues and the user rather than just the financial expediency, needed to be put first. She also added that it was difficult to measure outcomes of public health preventive actions.

Members suggested the potential use of libraries, which Mr. Ayres thought was an interesting idea that had not come forward before.

A Member asked whether there was anything additional that the District Council could do to be of help and Mr Ayres responded that as District Council colleagues were ahead of CCG and other health colleagues in working in partnership.

In response to questions he also advised that more part time GPs was a national trend and there was a workforce shortage. Uncertainties with BREXIT meant that at the moment they were struggling to keep the same level of recruitment from Europe.

The Chairman thanked Mr. Ayres on behalf of the Committee and hoped to see him again at future meetings.

### 22. Budget 2018/19: Service Dashboards and Service Change Impact Assessments (SCIAS)

The Chief Finance Officer presented the report which set out updates to the 2018/19 budget within the existing framework of the 10-year budget and savings plan. The report presented proposals that had been identified and needed to be considered, together with further suggestions made by the Advisory Committees, before finalising the budget for 2018/19.

Informed by the latest information from Government and discussions with Cabinet, it was proposed that the Council continued to set a revenue budget which assumed no funding from Government through the Revenue Support Grant or New Homes Bonus. This would result in the Council continuing to be financially self-sufficient as set out in its Corporate Plan.

To achieve this aim and to ensure a balanced budget position over the next 10-year period, whilst also increasing the Council's ability to be sustainable beyond that time, a savings requirement of £100,000 per annum was included. Other pressures may come out later in the budget process, such as when the Government publishes its Autumn Budget on 22 November or when the Local Government Finance Settlement is announced in December. There may therefore be a requirement for further savings. Officers would continue to monitor these pressures and report the latest position to Cabinet in December.

No new growth and savings items had been proposed in the report for services applicable to this Advisory Committee. Members were given the opportunity to discuss and put forward any growth and savings suggestions. Members discussed potentially reducing the cost of the Leisure contract.

### Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

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Resolved: That Cabinet be advised that

- a) no growth and savings proposals had been identified in Appendix D to the report; and
- b) the suggestion of a reduction in the cost of the leisure contract be put forward to Cabinet.

### 23. Housing Assistance Policy

The Housing Standards Team Leader presented the report which sought approval from Council of the Housing Assistance Policy. The Policy set out the way in which the funding provided by the Better Care Fund for mandatory disabled facilities grant and discretionary assistance for improved collaboration with Health and Social care services was administered; along with the Councils own discretionary assistance.

He advised that further to writing the report it had become apparent that the repair or buying of furniture would also be useful to add to the Hospital Discharge Grant and this would include within Registered Social Landlord properties.

In response to questions he advised that going forward the majority of grant applications would go through an accelerated process and this meant applicants were not being means tested.

#### Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That it be recommended to Cabinet to recommend to Council, to approve, subject to amendments to the Hospital Discharge Grant (HDG) to include 'the repair or buying of furniture' which would include within Registered Social Landlord properties, the proposed Housing Assistance Policy in order to ensure increased funding provided via the Better Care Fund is delivered to those who have not previously been able to obtain financial assistance; and to update the criteria for the Councils own discretionary financial assistance.

### 24. B.R.E Stock Modelling

The Housing Standards Team Leader presented the report. The Building Research Establishment (B.R.E) had undertaken a stock model assessment to identify the condition of the private housing stock within the District. Unfortunately it had not been possible to analyse the data yet so more comprehensive a report would be brought back to the next meeting.

Resolved: That the report be noted.

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### 25. West Kent Homelessness Strategy

The Housing & Health Manager presented the report. A new West Kent Homelessness Strategy had been developed by the three West Kent Councils and the report sought adoption, by Council, of the Strategy.

#### Public Sector Equality Duty

Members noted that consideration had been given to impacts under the Public Sector Equality Duty.

Resolved: That it be recommended to Cabinet to recommend to Council, adoption of the West Kent Homelessness Strategy.

### 26. Work Plan

The work plan was noted and the following amendments made:

#### 28 November 2017

- B.R.E Stock modelling report
- Update on implementation of the Sevenoaks District Syrian Vulnerable Persons Relocation Scheme to be removed and updated as part of the Portfolio Holder's update
- Sports development update

#### 27 February 2018

- Update on temporary accommodation and emergency planning provision
- Performance indicators on Housing Strategy
- West Kent Housing Association (WKHA) presentation on social housing provisions and the Emerald scheme
- SDC Health activity update

THE MEETING WAS CONCLUDED AT 8.37 PM

CHAIRMAN

