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| **The Housing Board****Cambridgeshire | Peterborough | West Suffolk**Friday 7th February 2020Swansley Room, South Cambridgeshire Hall, Cambourne**Meeting Notes** |
| **1. Present, apologies and previous notes** |
| *Present** Sarah Ferguson (SF), Cambs County/P’Brgh ***Chair***
* Sue Beecroft (SB), Housing Board
* Jon Collen (JC), Hunts DC
* Iain Green (IG), Cambs County/Peterborough
* David Greening (DG), Cambridge City
* Dan Horn (DH), Fenland DC
* Anne Keogh (AK), Peterborough
 | * Karen Mayhew (KM), Homes for Cambridgeshire & Peterborough (H4C&P)
* Lee Price (LP), West Suffolk
* Lisa Sparks (LS), Cambs County
* Heather Wood (HW), South Cambs
* Elaine Field (EF), South Cambs DC ***Notes***
* Dr Vasiliki Kyriakidou (VK), Public Health Specialist Registrar, Cambs County
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| *Apologies** Azma Ahmad-Pearce, Julie Baird, Sally Bonnett, Sean Evans, Julie Fletcher, Suzanne Hemingway, Nigel Howlett, David Greening, Carol Pilson and Helen Reed.
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| *Previous Notes*Draft notes of January 2020 were approved and are available at: [https://cambridgeshire*insight*.org.uk/housingBoard/](https://cambridgeshireinsight.org.uk/housingboard/) A review of previous actions is at the end of this document. |
| **2. Update on progress of Tuberculosis JSNA** |
| Dr Vasiliki Kyriakidou, Public Health Specialist Registrar at Cambridgeshire County Council discussed the TB Health Needs Assessment presentation slides. The objective is to get the commissioning right and see what the Housing Board think of implications for Housing. Discussion:* Local TB incidence trends, and risk factors 2015–2019, prison, homelessness, alcohol misuse, drug use, etc., who lives where, and where they were treated. 11% of TB cases in Cambridgeshire and Peterborough recorded a risk factor (7.5% Peterborough, 4.1% Cambs). Being in prison is the most common risk factor.
* Addenbrooke’s, Peterborough City, Hinchingbrooke and Papworth Hospitals have submitted notifications of TB patients since 2010, with Addenbrooke’s experiencing a marked increase in 2019.
* VK discussed a Case Study of a man in his 40’s employed as a builder, homeless and alcohol misuse, contracted TB and admitted to Peterborough City Hospital. No recourse for public funds. Completed initial treatment in the acute setting but consultant would not discharge patient unless accommodation was to be provided, although he was clinically stable and fit for discharge. Patient remained in hospital for a further 4 months which caused problems for nursing staff and other patients, therefore, patient was then discharged without accommodation. Created a public health risk that the patient would fail to complete the Directly Observed Treatment (DoT) in the community pharmacy.
* National guidelines are: NICE - 1.8.11 Accommodation during treatment: 1.8.11.3 Local government and clinical commissioning groups should fund accommodation for homeless people diagnosed with active TB who are otherwise ineligible for state funded accommodation. Use health and public health resources, in line with the Care Act 2014. [2012, amended 2016]

Q&ACan you be cured? Or could it come back? Active TB, if the patient didn’t complete DoT (Directory Observed Treatment) can develop into drug resistant TB and can transfer to others. Infection can lie dormant, called latent TB.Can it relapse after being treated? Difficult to relapse if treated. Treatment takes 24 months, thereafter, operate as a normal person. Secure housing would help.Do these people fit into a different vulnerability group? If homeless, has TB and is being treated, they will be eligible for homeless status (priority need). If active TB, they would be vulnerable, also if sleeping on streets. If latent TB, would have to look at their history and health. Would need to look at immigration status, need to pass that first. National Care Act cannot provide social housing to these.Is there any funding attached to this? To help with settled status, etc. Would need to discuss with patient if they are working on the black market, help needed to become proper employee. Some don’t disclose status due to fear. VK discussed examples. One person worked until seriously ill and collapsed, didn’t go to GP because wanted to work etc, history of drug and alcohol abuse.Is Public Health doing work with the skills and business sector? This is a complex life, of people with many needs? Is this A Counting Every Adult team approach, a MEAM approach? Need to ensure medical evidence comes with Housing applications. There is a cluster in Peterborough of Eastern European workers. Lack of accommodation contributed to contracting TB. Is there any more in-depth work that can help with housing these? There is no stated process, just case by case review. Trying to work with CCG. DH mentioned Trailblazer work and hospital discharge development. There is a day hub in Fenland for rough sleepers, is it worth NHS staff coming into that for relevant training? Groups are coming up with ideas to discuss, and work with Arc4. Health partners need linkages into housing systems. TB champions, Trailblazers etc. Lettings policy review (public health priorities). Generic Health Assessment Lettings Policy is already there. Do we need more medical training for staff, awareness training, discharge part? The Gap between discharge staff and understanding where the person goes to (discharge persons housing knowledge). Pathway work regards discharge.VK added that 2020 figures will be worse. What is the implication for housing? It is a community risk, not just housing. Breakdown is 1/3 white, 1/3 Indian, 1/3 Bangladeshi in Cambridge City (similar in Peterborough). How could VK deliver awareness? Is there a TB vaccine? VK - there is one, 60% effective. A preventative measure is stable accommodation.JSNA to be published late May, early June.* **Workforce development opportunity around TB and hospital discharge. Could use champions in Housing Options Teams to raise awareness, can all Housing Authorities identify a person. (DH action)**
* **Pick up link with arc4 work (LS)**
* **Specific work Cambridge city and Peterborough. Conversations with Housing leads and CCG to get details of issues regards what we may need to accelerate. To do this, VK to feed back to Laurence Gibson, contact Sean Evans and David Greening about this, and CCG lead. (SF overall lead)**
* **Just had RSI funding agreed - could reflect TB issues. Actions forward asap for City & Peterborough, not forgetting others (SF)**
* **Housing Board to help with recommendations / actions in the JSNA**
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| **3. Rough Sleepers Initiative funding** |
| The Board discussed success on Rough Sleepers Initiative bids. Suggest we focus on Housing First at a future session. Ministry happy for us to extend. Our bid for January, February and March, got three months across East Cambs, South Cambs and Hunts, for street outreach. 8 – 10 rough sleepers across the three areas on one night. Majority in towns. 12 referrals in. Big area in South Cambs and getting some referrals though. HW thanked JC for setting this up, really helpful. P3 is the supplier. Cambs and Peterborough leading on how we set up street services, particularly around TB.Fenland £340,000 provision of day hub. Issue with street drinking in Wisbech. And support for night shelter clients, support for rough sleepers, coordinator post that started this financial year.two migrant outreach workers, and a third post. Personalised budget linked to these.Cambs City, £386,000. Extra funding to boost street outreach teams. Funding for targeted street based mental health services. For former rough sleepers and housing first strategy. Expansion of social housing policy. Creation of new innovative and mentoring schemes.Peterborough, £700. Two rough sleeper Officers. Continuation of crash beds. Extending the winter night shelter. Single persons sustainable work. Drug and alcohol support worker.Joint HDC, ECDC and SCDC (?) outreach services continuation. Land incentive scheme continuation. Community based officer linked to alcohol and substance abuse. Community resettlement Officer. Green pathway activity, etc.County Council submitted a bid. £230,000 bid based around enhanced navigators i.e. resources to deliver support element of housing first. 4.5 posts to sit under Counting Every Adult Team, admin support within that.SF and JC - housing first solutions possibly. DG has carried out work setting up infrastructure, getting support right, but sourcing of accommodation is a challenge for City, i.e. one bed accommodation, temporary accommodation costs are increasing particularly in one bed. Rough sleeping still high in the City. The Board discussed. Need to keep eyes open regards bid opportunities, to be ready to respond as a group.LS mentioned housing first and an offer from HF England for them to come and give a presentation. LS arranging, waiting for dates. Need to think about when where and who, Members? Perhaps two sessions, Officer focused then Member focussed. More likely located at Hunts / twilight session. Indicate what we are trying to do, what it is, what we need, what are the challenges. |
| **4. Homelessness System Transformation and Housing Related Support Review update** |
| LS updated, mentioned a meeting with Arc4 this week and talked through data, identifying good practice in every area. Still waiting on data from East Cambs and Peterborough. Large number of people coming through services and presenting different support needs. LS discussed issues. Struggled to get data from probation, but much from engagement, CAB etc. HW asked if we can see some of that data, to look at the raw figures? SF added this should come out at District level.LS asked for views if this is the right approach. The Board asked what the detail actually means, what do you want to signal, need to make sure we are observing correct principles and to check. Is this joint commissioning, how do we decide need and what is governance? What is County Council’s vision on this? SF and JC discussed the vision, money input into pot and who is funding. Joint commissioning understanding. Right at beginning of Member discussion and how we commission jointly at District level.More about what you might expect from providers. Supporting customer through pathway etc, more about comm strategy. P3, and street to home principles, and continuity of support. Would like to see agencies have freedom to support people long term, but also taken to task about clients who are easy to deal with and should be off books. It’s about outcomes, support in helping them what to do is not reflected in the vision.Need to look at community budgets for areas. Joint budget discussion, housing related support is one element. Need to look at other public service partners. SF discussed how we join up conversations, would hope work coming out of Arc4 will help with this. IG mentioned that last week HDC did a place based estates work discussion with Oxmoor, need to link commissioning section with premises section, right services in the right place. DG asked if the Housing Board could get a think communities presentation on primary care networks? **Action for IG.****We need a discussion around think communities, homelessness, facilitation session, ask question of what think communities can contribute to this community? Invite someone to come to Housing Board to discuss think communities (April/May). SF will ask Adrian Chapman**. |
| **5. Update on Health and Wellbeing strategy** |
| IG updated that the consultation was delayed due to Purdah but hoping to go out today or Monday. Strategy has specific topics we would like Housing Board to lead. Need to change high level points into an action plan, need to focus on and discuss at board – homelessness, working closer with SDP and PCN’s, care pathway piece of work and NHS involvement. Liz Robin who attended Housing Board previously, is keen that the housing and homelessness piece of strategy is led by this Board (the Board agreed). SF - in March (if still within 30 days) major items on looking at what is in the strategy and plan, and what are the actions we need to put forward.IG discussed the ethos of this strategy, and that it can be used to put bids in, as is a corporate priority. Initial section about new homes (trying to include Planning), and next is about homelessness strategy. Is it better that it is a focus on new homes, **all to check first section**. **Agenda item for March/April.** |
| **6. AOB** |
| HW to meet with Sharon Lock, Home-Link Manager to agree draft to bring back to Housing Board next time. Update on allocation policy review for **April agenda action for HW**.SF is leaving her role and will be working until the end of March. The Board added that SF will be missed. LS mentioned work with Cambridge University science policy exchange project. Question putting forward is around how to work with Districts and other partners to better prevent homelessness, County’s role and what we can do. The Board discussed. Launch event on 26th February. SF - need to think about if there is a research question which might be useful for us to look at around homelessness. **LS to circulate what we have**JC provided a probation update, from last time, they will be commissioning accommodation services for offenders, originally at national level but looking at local level. Trying to decide at what level to provide these services. Building on good work which is already started.Future meeting dates - all at Swansley Room, South Cambridgeshire Hall, Cambourne:6 March, 3 April, 1 May 2020. Outlook appointment have now been sent. |

| # | Agenda item | Action & when added | Lead | To do | Doing | Done |
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| February 2020 |
|  | T.B. and housing | Workforce development opportunity. TB and hospital discharge. Could use champions in Housing Options Teams to raise awareness, all Housing Authorities identify a person.  | DH lead | ✔ |  |  |
|  | T.B. and housing | Pick up link with arc4 work  | LS | ✔ |  |  |
|  | T.B. and housing | Specific work Cambridge city and Peterborough. Conversations with Housing leads and CCG to get details of issues regards what we may need to accelerate. To do this, VK to feed back to Laurence Gibson, contact Sean Evans and David Greening about this, and CCG lead. | SF lead | ✔ |  |  |
|  | T.B. and housing | Just had RSI funding agreed - could reflect TB issues. Actions for City & Peterborough to action asap, not forgetting others | SF | ✔ |  |  |
|  | T.B. and housing | Housing Board to help with recommendations / actions in the JSNA | All | ✔ |  |  |
|  | Homeless System Transformation | IG offered to bring a Think Communities presentation alongside primary care networks to the Housing Board | IG | ✔ |  |  |
|  | Homeless System Transformation | Need a discussion around think communities and homelessness. SF and SH facilitating a session, asking question of what think communities can contribute to this community. SF will ask Adrian Chapman in April or May. | SF | ✔ |  |  |
|  | Health and wellbeing strategy | All to check first section of HWBS (planners leading but we may want to contribute) and specifically look at second section we will be responsible to. Add to agenda item for March/April. | IG | ✔ |  |  |
|  | AOB | Update on allocation policy review for April agenda. | HW | ✔ |  |  |
|  | AOB | LS mentioned work with Cambridge University science policy exchange project - is there a research question which might be useful for us to look at around homelessness. LS to circ. | LS | ✔ |  |  |
| December 2019 |
|  | System Transformation | All Districts to help by sending Affordable Housing SPDs or link to them to SB. | All / SB |  | ✔ |  |
|  | Postcode project | Investigate whether information about activating postcodes could be a requirement at Planning consent stage. | SB |  |  | ✔ |
|  | Postcode project | In the New Year, publicise the report and share widely | SB |  |  | ✔ |
| November 2019 |
|  | Trailblazer | Investigate how much time we could extend the remaining team for. Keep on agenda: DH to report back. | DH |  | ✔ |  |
|  | Trailblazer | Karen M is taking the funding decision to the 5 December H4C&P meeting. | KM |  |  | ✔ |
|  | Trailblazer | JC discussed Trailblazer work and capacity in the team at present, Helen Brown will bring this to Trailblazer Board, to ascertain how we can deliver the priorities. | JC / HB |  |  | ✔ |
|  | Street Support  | Other Districts keen to consider being included, Chris to set up meeting with HDC, FDC and SCDC. | Chis Jenkin |  | ✔ |  |
|  | Homelessness review | SCDC happy to share their statement and brief diagram on how all groups fed together in the document. HW to circulate. | HW |  |  | ✔ |
|  | Homelessness review | Housing First representative to be invited to Housing Board SB to identify what, who and when. | LS and SB |  | ✔ |  |
|  | Homelessness review | Housing Benefit Plus model is the finance to secure the types of tenure etc; can we share evaluation coming out of that. SB to identify what, who and when. | SB to explore | ✔ |  |  |
|  | Winter pressures funding | Do we need to identify a lead for the Districts? IG for health. JC will find out who can make the bids. Then approach those who can make them, SF to find out who can lead on social care. | JC, SF | ✔ |  |  |
|  | TB JSNA | Put Tuberculosis clinics and screening on StreetSupport app. SB investigating with support from Public Health. | SB |  | ✔ |  |
| September 2019 |
|  | Victims of sexual exploitation | IG mentioned the ‘Improving Pathways’ trailblazer work issues may be the same. Could take the issue to Health and Wellbeing Board, with Helen and ensuring Cambs Constabulary are invited. Action for DH. | DH | ✔ |  |  |
|  | Victims of sexual exploitation | Bring progress on all back to Housing Board. Alice and Kate of Cambs Constabulary offered to come back if required. | All |  | ✔ |  |
| August 2019 |
|  | Joint Health and Wellbeing Strategy | NH to email LR on coroner’s 999 requirements – JET service is meant to address people who have fallen within 2 hours. LR will investigate. | NH / LR |  |  | ✔ |
|  | JSNA rough sleeping | Vicki Peacey (CCG) to circulate a draft of the JSNA when ready, and bring back to Housing Board. | VP |  | ✔ |  |
| July 2019 |
|  | Military covenant | Vikki to contact Board as and when we can help with the app including housing info, and refer people to the training.  | VB |  | ✔ |  |