Review Committee - 8 November 2016

Minutes of the meeting of the **Review Committee** held on **8 November 2016** when there were present:

Chairman: Cllr J C Burton Vice-Chairman: Cllr B T Hazlewood

Cllr R R Dray
Cllr Mrs J R Gooding
Cllr M Hoy
Cllr M J Lucas-Gill
Cllr Mrs C M Mason
Cllr A L Williams

ALSO PRESENT

S Hardy, Chief Executive, Southend University Hospital NHS Foundation Trust I Stidston, Castle Point and Rochford CCG Accountable Officer

OFFICERS PRESENT

L Moss - Assistant Director, Community & Housing Services
A Badger - Housing Options, Allocations & Enabling Officer

J Hurrell - Housing Options Team Leader
P Gowers - Overview and Scrutiny Officer
M Power - Committee Administrator

241 MINUTES

The Minutes of the meeting held on 6 September 2016 were agreed as a correct record and signed by the Chairman.

242 DECLARATIONS OF INTEREST

Cllr R R Dray declared a non-pecuniary interest in Item 5 of the Agenda by virtue of his wife being employed by a doctor's surgery in the District.

243 SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

The Committee received a presentation from Sue Hardy, Chief Executive of the Southend University Hospital NHS Foundation Trust and I Stidston, Castle Point and Rochford CCG Accountable Officer on how Southend Hospital serves the residents of the Rochford District.

In response to questions from Members, the following was noted:

 The plan to reduce the Mid and South Essex spend on agency staff, which is higher than the national average, is to replace agency staff with permanent staff. A number of qualified nurses and doctors have been recruited from overseas to commence employment in January 2017.

- Non-availability of beds for patients is generally due to low staffing levels and delayed discharge from the hospital. Although no wards had been closed, sometimes the small 6-bed wards had to be closed because of insufficient levels of staffing.
- Caring for a patient in the community is cheaper than caring for them in hospital. A key aim is to design services around the patients and have interventions in the community wherever possible so patients do not need to be admitted to hospital in the first place.
- Currently there is insufficient capacity to cater for the present and future demand for both elective surgery and emergency treatment. Demand on the health service grows year by year and because there is a finite amount of funding available, a more efficient way of delivering the service needs to be found in order for the service to be sustainable in the future. The proposals will allow for specialist staff to be available in each of the three acute facilities within Mid & South Essex.
- In respect of the higher than average rise in emergency attendances in Mid and South Essex, surveys have been commissioned to ask patients in Accident & Emergency (A&E) why they have come to A&E rather than go to their GP. The findings will be analysed to see if this figure can be reduced by interventions and education. Cases that need emergency treatment will be seen in A&E; other patients are sometimes directed away from A&E and towards their GP. Age profiling has shown that it is more likely to be the younger population who use A&E in this way. Access to GP practices has been increased by providing additional booked appointments at weekends.
- Despite the distances involved and congestion on the roads, ambulances on a 'blue light' will be able to get to each of the three hospitals in the group within the targeted time. In practice, patients are currently taken to the hospital that has the appropriate specialist team. The proposals will provide patients with specialist care where the expertise is concentrated. Even in cases of acute emergency, patients will be treated in the hospital with the appropriate specialism, even if this is further away; patients will be stabilised before being transferred to the appropriate hospital.
- There is a recruitment strategy and work force plan covering all three hospitals, which will include the employment of locally sourced staff. Anglian Ruskin University is due to open a new medical school, which it is hoped will train local doctors who will choose to remain in the local area when they are qualified.
- An audit of all GP practices in Castle Point and Rochford showed that during the course of a particular week there were 430 DNA (Did Not

Attend) appointments. Some GP practices contact patients in this respect but many do not. Patient participation groups within practices can be asked for suggestions as to how best patients can be informed of the waste of resources that this issue results in, with a view to reducing the problem.

 Members suggested that there could be opportunities for the Trust to use the District's leisure centres for some of the rehabilitation services it provides to patients. The Hospital Trust could contact the leisure centres direct.

The Committee thanked the presenters for a very informative presentation.

244 HOMELESS STRATEGY UPDATE

The Committee considered the report of the Assistant Director, Community & Housing Services, which provided an update on the Council's Homeless Strategy 2016-2021.

The Assistant Director advised on the introduction on 7 November of the Benefit Cap and the Homelessness Reduction Bill, which had just had its second reading in the House of Commons, and the anticipated impact for Local Authorities. The Local Government Association has been asked by the Government to review the funding implications for Local Authorities.

In response to questions, the following was noted:

- The Council has a duty to provide emergency accommodation when a homeless application is made and there is a reason to believe there is a priority need within the housing context.
- The legal responsibilities of the Council to secure accommodation for unintentionally homeless households who fall into a 'priority need' category are detailed in the Housing Act 1996. There is no duty to secure accommodation for all homeless people.
- Under Section 106 agreements developers are obliged to provide a specified number of affordable housing units. Current developments in the District are projected to provide 50-70 new affordable rented homes by early summer 2017; the timeframe will be dependent on the developer. A very small development in Great Wakering may provide up to ten affordable housing units.
- Officers are responsible for determining whether a homeless application is accepted or not. If the applicant receives a negative decision and disagrees with the decision, the applicant can ask for the case to be reviewed by the Review Officer. If the Review Officer upholds the original decision, the applicant is notified and may then take the case to the Appeals Committee of the Council.

- The test to determine whether a homeless applicant has a priority need to be housed due to being classed as vulnerable due to physical or mental disability is to establish whether the person would suffer more by being homeless than the next ordinary person.
- The Committee felt that paragraph 3.3 of the officer report could be worded differently to convey that the role of the two new Prevention Officers is to be proactive in preventing people becoming homeless, rather than just aiming to lower homeless acceptance rates, as implied by the wording in the report.
- The decision by Rochford Housing Association to no longer use Francis Cottee Lodge as sheltered accommodation units was due to the evidence showing a fall in demand for this specific accommodation unit and sheltered housing in general. Across the District there are 220 sheltered accommodation units for the over 55 age group. There is an increasing demand for independent living accommodation with care support.
- Rochford Housing Association is looking at various sites for development, and progress will be dependent on factors such as planning permission.
- If the Council becomes aware that tenants have been given a notice to quit, although legally at this point they are not regarded as homeless, the focus is on early intervention and prevention and the Council will work with both the tenant and landlord to try to save the tenancy.
- The Council monitors homelessness prevention figures and savings monthly. Although there are no specific targets the aim is to see a continuing increase in cases prevented from making a formal application. As detailed in the Housing Options Quarterly Report, appended to the officer report, to date, of the 674 families who have approached the Council for housing advice under the homeless prevention initiatives, only 86 have made homeless applications.
- The count of 'rough sleepers', which takes place across the District on a specified night each year between midnight and the early hours of the morning, is a Government survey and requirement. The Council does not have the resources to undertake the count itself, but and works with agencies, including Parish Councils, who have been contacted in respect of this year's count on 17 November. The Committee felt that the conclusion drawn in the strategy that there was not an issue with rough sleepers based on the one night survey was flawed. It was noted that people in the District are advised to go to the homeless shelters Southend and Basildon. It was requested that the issue be looked at as part of the review of the Strategy and that the Parish Councils be approached again for assistance in undertaking the count.

- When a person makes a homeless application and the Council has a reason to believe they have a priority need they will be allocated emergency accommodation the same day but only if they are homeless that day. A person may be entitled to Disability Living Allowance but may not be assessed as vulnerable in the housing context. When assessing a person's priority need, officers will liaise with the GP/hospital.
- The previous communication to neighbouring residents about Frances
 Cottee Lodge has been acknowledged by Rochford Housing
 Association and additional updated information is in the process of
 being circulated.
- There is no set amenity or space standard for emergency accommodation; however, all accommodation used by the Council is licensed by the home authority, including compliance with Housing Act standards.
- The Government funding for the 'no second night' initiative has been withdrawn and will be removed from the Strategy as part of the annual review.
- The primary reason for the increase in requests for housing advice from the Council reflects the increase in needs, and a greater awareness of the availability of this advice.

Officers confirmed that the Homelessness Strategy is a five-year strategy but will be reviewed annually to take into account changes in demand, needs and supply. The Committee invited officers to attend its February meeting with an update on the review. It was requested that a representative from Sanctuary Housing also attend this meeting to update on its development programme.

The Committee gave its thanks to the officers for the work undertaken on the Strategy.

Resolved

- (1) That work on the Homelessness Strategy and the ongoing need to demand manage the Service be noted.
- (2) That the Assistant Director, Community & Housing Services, the Portfolio Holder for Community and Sanctuary Housing be invited to attend the February meeting of the Review Committee to provide updates.

245 KEY DECISIONS DOCUMENT

The Committee considered the Key Decisions document and noted its contents.

It was suggested that the topic of 'Illegal advertisements and hoardings' be considered for the 2017/18 work plan.

246 WORK PLAN

The Committee considered its Work Plan and noted the following:

29/11/17 - the updates on Michelins Farm and Planning Enforcement would be removed from the work plan on the basis that the regular Planning Enforcement updates have recommenced. It was noted that these items can be added again to the work plan if the Committee is not satisfied with the monthly reports produced.

10/1/17 - Third Party Software. The Committee had concerns about the cost savings on the third party software used by the Council and requested an update.

7/2/17 - Homelessness. Sanctuary Housing would be asked to attend and provide an update.

The meeting closed at 9.55 pm.

Chairman	
Date	

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