

# TONBRIDGE & MALLING BOROUGH COUNCIL



## EXECUTIVE SERVICES

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### Chief Executive

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**NB - This agenda contains proposals, recommendations and options. These do not represent Council policy or decisions until they have received proper consideration through the full decision making process.**

Contact: Committee Services  
[committee.services@tmbc.gov.uk](mailto:committee.services@tmbc.gov.uk)

4 November 2016

To: MEMBERS OF THE COMMUNITIES AND HOUSING ADVISORY BOARD  
(Copies to all Members of the Council)

Dear Sir/Madam

Your attendance is requested at a meeting of the Communities and Housing Advisory Board to be held in the Civic Suite, Gibson Building, Kings Hill, West Malling on Monday, 14th November, 2016 commencing at 7.30 pm

Yours faithfully

JULIE BEILBY

Chief Executive

## A G E N D A

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The Chairman to move that the press and public be excluded from the remainder of the meeting during consideration of any items the publication of which would disclose exempt information.

**PART 2 - PRIVATE**

19. Urgent Items

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Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

## **MEMBERSHIP**

Cllr P J Montague (Chairman)  
Cllr Mrs B A Brown (Vice-Chairman)

Cllr Mrs J A Anderson  
Cllr O C Baldock  
Cllr Mrs S M Barker  
Cllr Mrs P A Bates  
Cllr Mrs S Bell  
Cllr V M C Branson  
Cllr S M Hammond

Cllr D Keeley  
Cllr Mrs S L Luck  
Cllr Mrs A S Oakley  
Cllr L J O'Toole  
Cllr M Parry-Waller  
Cllr T B Shaw  
Cllr Ms S V Spence

Apologies for absence

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Declarations of interest

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## TONBRIDGE AND MALLING BOROUGH COUNCIL

### COMMUNITIES AND HOUSING ADVISORY BOARD

Monday, 25th July, 2016

**Present:** Cllr P J Montague (Chairman), Cllr Mrs B A Brown (Vice-Chairman), Cllr Mrs J A Anderson, Cllr Mrs S M Barker, Cllr Mrs P A Bates, Cllr V M C Branson, Cllr S M Hammond, Cllr D Keeley, Cllr L J O'Toole, Cllr M Parry-Waller and Cllr T B Shaw

Councillors P F Bolt, D J Cure, Mrs M F Heslop, N J Heslop, M R Rhodes and Miss S O Shrubsole were also present pursuant to Council Procedure Rule No 15.21.

Apologies for absence were received from Councillors O C Baldock, Mrs S Bell, Mrs S L Luck, Mrs A S Oakley and Ms S V Spence

#### PART 1 - PUBLIC

##### **CH 16/11 DECLARATIONS OF INTEREST**

There were no declarations of interest made in accordance with the Code of Conduct.

##### **CH 16/12 MINUTES**

**RESOLVED:** That the notes of the meeting of the Communities and Health Advisory Board held on 8 June 2016 be approved as a correct record and signed by the Chairman.

#### MATTERS FOR RECOMMENDATION TO THE CABINET

##### **CH 16/13 REVIEW OF HOUSING ASSISTANCE POLICY**

The report of the Director of Planning, Housing and Environmental Health outlined the results of the recent review of the Housing Assistance Policy to ensure that it met corporate priorities and reflected current budgetary pressures. The report set out details of proposed amendments to the eligibility criteria and the level of budget provided by the Borough Council and made particular reference to the implications this would have on the administration of Disabled Facilities Grants (DFGs) by allowing the introduction of additional discretionary grants from the increase in funding for the DFG element of the Better Care Fund.

**RECOMMENDED:** That the Council be asked to

- (1) approve the proposed amendments to the Housing Assistance Policy and associated budget adjustments;

- (2) approve the proposed amendments to the Disabled Facilities Grants Policy and associated budget adjustments; and
- (3) agree that a budgetary provision of up to £10,000 be set aside in each of the next three years, fully funded from the Housing Assistance Reserve, in order to modernise the Housing Service.

\* **Referred to Cabinet**

#### **CH 16/14 CAPITAL PLAN - POST IMPLEMENTATION REVIEWS**

Decision Notice D160058MEM

The report of the Director of Street Scene, Leisure and Technical Services brought forward the Capital Plan Post Implementation Reviews in respect of Tonbridge Swimming Pool – Changing Village Floor; Leisure Centres – Energy Saving Measures Phase 3; Tonbridge Racecourse Sportsground – Floodlighting and Haysden Country Park – Improvements. It was noted that all of the schemes had been within or below budget.

**RECOMMENDED:** That the Post Implementation Reviews outlined in the report be endorsed.

#### **MATTERS SUBMITTED FOR INFORMATION**

#### **CH 16/15 ACTIVE PEOPLE SURVEY 10**

The report of the Director of Street Scene, Leisure and Technical Services provided details of the results of the latest Active People Survey undertaken by Sport England to measure sports participation rates across all local authority areas within the UK. The report highlighted the position within Kent and provided examples of a number of sports initiatives within the Borough.

#### **CH 16/16 AFFORDABLE HOUSING UPDATE**

The report of the Director of Planning, Housing and Environmental Health provided an update on affordable housing provision within the Borough. Members' attention was drawn to the current challenges facing the Strategic Housing Authority and the Board noted that a letter encapsulating these challenges and highlighting the Borough Council's concerns would be sent from the Leader of the Council and the Cabinet Member for Housing to the local Members of Parliament.

#### **CH 16/17 EXCLUSION OF PRESS AND PUBLIC**

There were no items considered in private.

The meeting ended at 8.30 pm

**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Street Scene, Leisure & Technical Services**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 LEISURE FACILITIES – LEISURE TRUST UPDATE**

**Summary**

**1.1 The report reviews the recent performance of the Tonbridge and Malling Leisure Trust and updates Members on a review of the existing Service Fee. The Trust's Chief Executive will be in attendance at the meeting to present a review of the last year and answer questions from Members.**

**1.2 Background**

1.2.1 Members will be aware that the Tonbridge and Malling Leisure Trust (Trust) has been operating independently from the Council since 1 November 2013. The Trust manages the Council's main leisure facilities that include the Angel Centre, Tonbridge, Larkfield Leisure Centre, Tonbridge Swimming Pool and Poult Wood Golf Centre.

1.2.2 Regular communication between the Council and the Trust has continued to take place since the transfer, supported by quarterly liaison meetings. The Trust supplies the Council with a set of monitoring reports and Key Performance Indicators, as detailed in the Management Agreement, with a key document being the Annual Service Delivery Plan. The Annual Service Delivery Plan incorporates the relevant Key Priorities of the Council, including the Local Environment, Health and Wellbeing, Children and Young People and Community Safety.

**1.3 Review of Performance**

1.3.1 The latest Annual Service Delivery Plan - Cumulative Quarterly Monitoring Report shown at **[Annex 1]** includes Quarter 1 covering the period 1 April to 30 June 2016.

1.3.2 The details shown in the annex have been limited to those directly related to the Council's Agreed Service Outcome measures. Full copies of the Monitoring Report are available upon request.

1.3.3 Overall satisfaction remains high with 91% at Larkfield Leisure Centre, 98% at Angel Centre and 99% at Tonbridge Swimming Pool. Levels of customer

satisfaction with cleanliness were 89% for Larkfield Leisure Centre, 93% for Angel Centre and 98% for Tonbridge Swimming Pool against a target of 80%.

- 1.3.4 Direct debit and annual memberships have continued to increase compared to the previous year by 14.8%, a growth of 699 members. Attrition rates also compare favourably with industry averages. Poult Wood Golf Centre has also seen membership grow by 20 members compared to last year, an increase of 12.3%.
- 1.3.5 Overall attendance at the 3 leisure centres has increased by 8.6% (over 23,000 visits) compared to last year. Larkfield Leisure Centre increased by 16% (over 22,000 visits), Angel Centre increased by 0.4% (over 250 visits), Tonbridge Swimming Pool increased by 1.2% (over 800 visits). Poult Wood Golf Centre attendance increased by 17% (nearly 2,500 visits).
- 1.3.6 There were 3 fewer Excel junior members (11-18 year olds) a decrease of 0.42% compared to last year. Kickstart membership (0-10 year olds) increased by 15 members or 4.7% compared to last year.
- 1.3.7 Dryside course attendance has improved by 32 students or 5% on the previous quarter and 52 students or 9% year on year. Swimming course attendance has maintained its position from the previous quarter with only a fluctuation of 2 students. This continues to show a slight year on year growth of 15 students or 0.7%.
- 1.3.8 The number of adult referrals onto the GP referral scheme was 127 with 73 new referrals at the Angel Centre and 54 at Larkfield Leisure Centre. Although this is down against last year by 14 or 10% it is still an encouraging number engaged and work is ongoing to increase uptake in liaison with the Council's Chief Environmental Health Officer.
- 1.3.9 The overall number of accidents per 100,000 in Quarter 1 was 65 which was 3% lower than last year and 58% lower than the previous quarter. There was only a single RIDDOR report submitted in the Quarter.
- 1.3.10 Customer comment cards from all sites have not highlighted any serious complaints for the quarter with positive feedback again representing over 35% of comments received.

#### **1.4 Tonbridge Swimming Pool**

- 1.4.1 During recent programmed works to repair/replace a section of Tonbridge Pool roof it was found that the extent of works required were beyond those initially anticipated. Whilst initially all works were due to be undertaken externally it was unfortunately identified that a closure of the fitness pool was required for internal scaffolding/works.
- 1.4.2 The additional internal works are programmed to take approximately 8 weeks in total including refilling and recommissioning the swimming pool with an anticipated

reopening in early December. Whilst the Fitness Pool is closed the Toddler/Teaching Pool, Café and Health Suite remain open to the public.

- 1.4.3 The Trust has advised that they have put measures in place to address customer concerns regarding the closure and have made arrangements with a neighbouring Leisure Trust in order that members can access their facilities free of charge. Direct debit memberships will also not be taken during this period and annual Members will have their memberships extended accordingly.
- 1.4.4 Discussions are also currently being undertaken with the Trust to re-programme scheduled works during this closure that would normally take place over an extended Christmas Closure period. This may then allow the Trust to extend opening opens over the Christmas Holiday period.
- 1.4.5 The closure will result in a loss of income claim, which subject to review by Council's Officers, will be reported as part of the draft revenue estimates.

## **1.5 Quest Result**

- 1.5.1 Quest is a national quality assessment scheme for the sport and leisure industry and used as a tool for benchmarking and continuous improvement. I am sure Members will be pleased to note that following assessment in October, Larkfield Leisure Centre achieved the mark of 'Outstanding'. For context there are currently 652 assessed sites in the UK and only 10 have received the accolade of Outstanding, with one of those being Tonbridge Swimming Pool, which was assessed earlier this year. This is an exceptional outcome and reflects on both the performance of the Trust and the emphasis on service quality within the Management Agreement.

## **1.6 Review of Management Fee**

- 1.6.1 Schedule 11 of the Management Agreement sets out the projected Service Fee payable by the Council to the Trust for the first 5 year period through until March 2018. The Service Fee is adjusted by CPI on an annual basis and includes a 5% efficiency taper from year 3, reducing the overall base cost to the Council. For the current financial year (2016/17) the Service Fee is established at a payment from the Council to the Trust of £156,417.
- 1.6.2 The Management Agreement states that the Service Fee shall be reviewed and, if agreed, adjusted at the commencement of each 5 year period. Initial discussions are already taking place between the Council and the Trust regarding a renegotiated Service Fee to be agreed by no later than the 1 March 2017.
- 1.6.3 In accordance with the Council's Savings and Transformation Strategy the negotiations are focussing on generating a financial saving to the Council, whilst retaining service quality and maintaining the long-term financial sustainability of the Trust.

- 1.6.4 Initial discussions have focussed on a number of areas that may influence the revised Service Fee including the possibility of a phased approach, the authorisation of fees and charges, existing protection clauses including pensions and utilities and investment opportunities. The Trust will consider potential new areas of income and future cost pressures including pension contributions and the National Minimum Wage.
- 1.6.5 Following discussions it is the intention to bring the proposed Service Fee and associated Business Plan to a meeting of this Board for consideration and approval.

## **1.7 Lease Arrangements**

- 1.7.1 The current lease to the Trust for the Angel Centre expires on 31st October 2018. This lease was for 5 years and prepared when the proposals for the town centre redevelopment with Sainsburys were still active. The lease contains a provision regarding redevelopment, should these plans not proceed there is provision to grant a new lease in line with the contract term on similar terms and conditions as the current lease. As the proposals with Sainsburys have fallen away it is the intention to grant a new lease to the Trust as provided in the overall agreement.
- 1.7.2 The Trust also lease 1 – 5 Martin Square from the Borough Council as their office premises. The current lease expires on 1 April 2018. It is proposed that 6 months prior to the lease expiry terms and conditions for a new lease of these premises will be negotiated with the Trust and a report made to Members of the Finance, Innovation & Property Advisory Board.

## **1.8 Capital Investment**

- 1.8.1 The Trust is restricted by the Management Agreement to reinvestment of its funds into the Council's Leisure Facilities, and this has already taken place with a financial contribution from the Trust to the recent refurbishment of the Health Suite at Larkfield Leisure Centre.
- 1.8.2 The Trust has recently offered to fully fund the installation of new flooring and the refurbishment of cubicles within the wet-change area and adjoining toilets at Larkfield Leisure Centre. The works have been brought forward in response to customer complaints. It is proposed that these works be undertaken alongside improvements planned by the Council to the ventilation system in the wet-change toilets and the potential replacement of the lockers.

## **1.9 IT Support**

- 1.9.1 As reported to the Finance, Innovation and Property Advisory Board (FIPAB) meeting on 21 September 2016 the Trust is to take responsibility for its own IT support arrangements and replacement of IT equipment in the future. The Council generating a relatively small net revenue saving from this change in

responsibility as well as other advantages that are difficult to quantify as detailed in the report to the FIPAB.

- 1.9.2 With the termination of the IT Service Level Agreement, the Trust will be fully independent in the day to day management of these facilities from the Council following the termination of previous agreements, including Financial, Personnel and Legal Services.

## **1.10 Financial and Value for Money Considerations**

- 1.10.1 The transfer to the Leisure Trust has made a significant contribution to the Council's savings. Additional savings will be secured through the revised arrangements for IT support/hardware and further savings are anticipated from the current review of the Service Fee. The financial performance of the Trust continues to be positive.

## **1.11 Risk Assessment**

- 1.11.1 Health and safety arrangements are outlined in the Management Agreement with the Trust and are monitored through Key Performance Indicators. Regular site inspections are undertaken with spot checks and independent audits.

## **1.12 Equality Impact Assessment**

- 1.12.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

## **1.13 Policy Considerations**

- 1.13.1 Asset Management, Community, Healthy Lifestyles, Young People

## **1.14 Recommendations**

- 1.14.1 It is **RECOMMENDED TO CABINET** that the outcome of negotiations with the Trust on the revised Service Fee and Business Plan for 2018-2023 be reported to a future meeting of this Board for consideration and approval.

The Director of Street Scene, Leisure and Technical Services confirms that the proposals contained in the recommendation (s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Stephen Gregg

Nil

Robert Styles

Director of Street Scene, Leisure & Technical Services

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# Annual Service Delivery Plan Cumulative Quarterly Monitoring Report 1 April 2016 to 30 June 2016

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## Annual Service Delivery Plan Outcomes and Targets – 1 April 2016 to 30 June 2016

■ denotes a Council Agreed Service Outcome measure

### PARTICIPATION

KEY OUTCOME: Improved physical activity through greater participation at the leisure centres				
Aim	Measure	Lead Officer	Timescale	Progress
Improve customer retention through utilisation of The Retention People software and 70% effective interaction targets	■ %age of Gym customers at high risk of leaving who are encouraged to stay and do stay (KPI 833)	Head of Operations	Monthly	<p>Q1 High Risk Interactions LLC – 65.9% This is an increase of 11% on Q1 15/16</p> <p>Q1 High Risk Interactions AC – 75.9% This is a decrease of 6.4% on Q1 15/16</p> <p>Q1 Effective Interactions LLC – 73.2% This is an increase of 1.2% on Q1 15/16.</p> <p>Q1 Effective Interactions AC – 70.5% This is a decrease of 0.4% on Q1 15/16</p>
Increase overall DD/Annual membership totals by 8%	■ Direct debit/annual members across all categories	Head of Business Development	Monthly	<p>DD/Annual Health &amp; Fitness and Swim &amp; Spa membership across all categories all three sites excluding Excel and Kickstart.</p> <p>Q1 LLC H&amp;F members – 2354. This is a reduction of 211 or 8% Q4 2015/16 and an increase of 114 or 5% on Q1 2015/16</p> <p>LLC S&amp;S members – 514. This is an increase of 53 or 11.5% on Q4 2015/16 and an increase of 196 or 61.5% on Q1 2015/16</p> <p>AC H&amp;F members – 1457. This is a decrease of 107 or 6.8% on Q4 2015/16 and an increase of 111 or 8.2%</p>

				<p>on Q1 2015/16</p> <p>TSP S&amp;S members – 1082. This is an increase of 3 or 0.25% on Q4 2015/16 and an increase of 278 or 34.5% on Q1 2015/16</p> <p>Overall membership totals for Q1 are 5407. which is a decrease of 262 or 4.6% Q4 2015/16 and an increase of 699 or 14.8% on Q1 2015/16</p>
Reduce attrition to below 2.5%	■ Attrition rates	Head of Operations	Monthly	<p>LLC Q1 Average - 2.2%</p> <p>This compares to attrition to the end of Q1 2015/16 of 2%.</p> <p>AC Q1 Average – 1.7%</p> <p>This compares to attrition to the end of Q1 2015/16 of 0.45%.</p>
Increase overall attendance by 2.5%	■ Attendance at leisure centres	Head of Business Development	Monthly	<p>Overall usage Q1 2016/17 as follows;</p> <p>LLC Q1 – 161,777 This compares to 139,522 to the end of Q1 2015/16. This is an increase of 22,255 or 16%</p> <p>AC Q1 – 62,551 This compares to 62,289 to the end of Q1 2015/16. This is an increase of 262 or 0.4%.</p> <p>TSP Q1 – 69,886 This compares to 69,040 to the end of Q1 2015/16. This is an increase of 846 or 1.2%.</p> <p>PWGC Q1 – 16,886 This compares to 14,397 to the end of Q1 2015/16. This is an increase of 2,489 or 17%.</p>

				<p>Total Attendance Q1 – 311,100 This compares to 285,248 to the end of Q1 2015/16. This is an increase of 25,852 of 9%.</p>
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**KEY OUTCOME: Improved access to coaching and talent development for sports**

Aim	Measure	Lead Officer	Timescale	Progress
Increase number of Swim School customers by 5%	<p>■ Average number of customers enrolled in Swim School (KPI 840)</p>	Head of Operations	Quarterly	<p>LLC Q1 - 1045 This is an increase of 22 or 2% on Q1 2015/16 and a static position on Q4 2015/16</p> <p>TSP Q1 - 990 This is a decrease of 7 or 0.7% on Q1 2015/16 and a decrease of 2 or 0.2% on Q4 2015/16</p> <p>Total Q1 2035 This is an increase of 15 or 0.7% on Q1 2015/16 and a decrease of 2 or 0.09% on Q 4 2015/16</p>

**KEY OUTCOME: Increased participation in the facilities by children and young people (both in absolute terms and relative measures, such as percentage)**

Aim	Measure	Lead Officer	Timescale	Progress
Increase Excel membership by 5%	<p>■ Average number of Excel members age 11-18 (KPI 835)</p>	Head of Business Development	Monthly	<p>LLC Q1 376 This is an increase of 3 or 0.8% on Q4 and an increase of 2 or 0.5% on Q1 2015/16</p> <p>AC/TSP Q1 323 This is a decrease of 5 or 1.5% on Q4 and Q1 2015/16</p> <p>Total Q1 699 This is a decrease of 2 or 0.3% on Q4 2015/16 a decrease of 3 or 0.42% on Q1 2015/16</p>

Increase KickStart membership by 5%	<p>■ Average number of KickStart members age 0-10 (KPI 836)</p>	Head of Business Development	Monthly	<p>LLC Q1 135 This is a decrease of 1 or 0.7% on Q4 and a decrease of 5 or 3.5% on Q1 2015/16</p> <p>AC/TSP Q1 200 This is a decrease of 3 or 1.5% on Q4 and an increase of 20 or 11% on Q1 2015/16</p> <p>Total Q1 335 This is a decrease of 4 or 0.3% on Q4 and an increase of 15 or 4.7% on Q1 2015/16</p>
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**KEY OUTCOME: Increased participation in referral and healthy living programmes to result in reduced obesity and improved health**

Measure	Measure	Lead Officer	Timescale	Progress
Achieve approved NHS target of 150 customers enrolled on Weight Management Programme	■ Number of adult referrals onto weight management programme (KPI 326)	Head of Business Development	Quarterly	29 joined the scheme in Q1
Increase number of referrals by 5%	■ Number of referrals	Head of Business Development	Quarterly	127 new referrals have joined the GP referral scheme during the quarter. This is a decrease on total to the end of Q1 in 2015/16 of 14 or 10%.
Increase number of Weight Management referrals upgrading to DD option by 25%	■ Number of Weight Management customers	Head of Business Development	Quarterly	Final format for collecting/collating this measure still to be finalised

**CUSTOMER SATISFACTION**

**KEY OUTCOME: Development of effective customer and community engagement processes through customer forums to enable additional input from the local community**

Aim	Measure	Lead Officer	Timescale	Progress
Development of customer engagement processes and development of positive local forums with relevant stakeholders	■ Residents satisfaction with facilities (KPI 829) / Net Promoter Score	Executive Management Team	Ongoing	Overall – 41%

**KEY OUTCOME: Improve customer satisfaction rates**

Aim	Measure	Lead Officer	Timescale	Progress
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Undertake 2 Mystery Visitor audits at each facility with target score of 85%	■ Mystery Visitor scores	Head of Operations	Annual	No mystery visits took place during the quarter
Achieve average overall satisfaction score of 4.0/5	■ Overall satisfaction (KPI 832)	Head of Operations	Monthly	<p>LLC Q1 – 91% / 4.2 This compares to 91% / 4.2 in 2015/16</p> <p>AC Q1 – 98% / 4.2 This compares to 100% / 4.3. in 2015/16</p> <p>TSP Q1 – 99% / 4.6 This compares to 100% / 4.7 in 2015/16</p>
Achieve average cleanliness score of 4.0/5	■ Satisfaction - Cleanliness	Head of Operations	Monthly	<p>LLC Q1 – 89% / 3.7 This compares to 89% / 3.7 in 2015/16</p> <p>AC Q1 – 93% / 4.1 This compares to 98% / 4.1 in 2015/16</p> <p>TSP Q1 – 98% 4.5 This compares to 100% / 4.3 in 2015/16</p>

## SOCIAL INCLUSION

KEY OUTCOME: Increased participation from underrepresented groups including ethnic minorities, disabled, women and those on income support				
Aim	Measure	Lead Officer	Timescale	Progress
Increase penetration of Leisure Pass into qualifying households	■ Number of Leisure Pass holders (KPI 834)/ Penetration levels	Head of Business Development	Quarterly	Q1 – 212 sold during Q1 which is a decrease of 9 or 4% on Q1 2015/16. Currently 661 holders.

KEY OUTCOME: Reduction in energy consumption				
Aim	Measure	Lead Officer	Timescale	Progress
Reduce overall consumption of gas,	■ Consumption of utilities	Head of	Quarterly	Electricity Consumption

<p>electricity and water by 5% per M<sup>2</sup> at each facility</p>		<p>Operations</p>	<p>LLC Q1 – 446,665 This is an increase of 37,167 or 9% on the previous quarter and an increase of 36,495 or 8.9% on Q1 2015/16</p> <p>AC Q1 – 118,906 This is an increase of 4,318 or 3.7% on the previous quarter and an increase of 2,188 or 1.8% on Q1 2015/16</p> <p>TSP Q1 – 261,642 This is an increase of 2,788 or 1.07% on the previous quarter and an increase of 3,005 or 1.16% on Q1 2015/16</p> <p>Gas Consumption LLC Q1 – 949, 840 This is a decrease of 114,676 or 10.7% on the previous quarter and a decrease of 918,367 or 49% on Q1 2015/16</p> <p>AC Q1 – 268,688 This is a decrease of 60,109 or 18.2% on the previous quarter and a decrease of 57,998 or 17.7% on Q1 2015/16</p> <p>TSP Q1 – 120,563 This is a decrease of 243,566 or 66.8% on the previous quarter and a decrease of 227,719 or 64% on Q1 2015/16</p> <p>All the figures quoted above are based on manual readings input to LASER's Systemlink software and</p>
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are not reflected exactly in billing records.

## QUALITY

### KEY OUTCOME: Improve performance through the National Benchmarking Survey

Aim	Measure	Lead Officer	Timescale	Progress
Undertake triennial National benchmarking Survey at each leisure centre on rolling basis	■ NBS scores	Head of Operations	Annual	Report has been received and action plan is in place

### KEY OUTCOME: Maintain and improve where possible Quest performance over the next five years

Aim	Measure	Lead Officer	Timescale	Progress
Maintain or improve where possible Quest banding at leisure centres on rolling basis	■ Quest scores	Head of Operations	Annual	PWGC has achieved Quest entry registration

### KEY OUTCOME: Ensure the facilities are operated safely

Aim	Measure	Lead Officer	Timescale	Progress
Reduce accidents per 100,000 visits at each site	■ Accidents per 100,000 visits	Head of Operations	Monthly	<p>Accidents per 100,000 customers as follows;</p> <p>LLC Q1 – 94</p> <p>This is an increase of 3 or 3% compared to Q1 in 2015/16, and an increase of 8 or 9% on the previous quarter.</p> <p>AC Q1 – 35</p> <p>This is a reduction of 26 or 42% compared to Q1 2015/16, and an increase of 13 or 60% on the previous quarter.</p> <p>TSP Q1 – 26</p> <p>This is an increase of 3 or 13% compared to Q1 2015/16, and a reduction of 22 or 45% on the</p>



				previous quarter.  Overall Q1 – 65  This is reduction of 2 or 3% on Q1 2015/16, and a reduction of 91 or 58% on the previous quarter.
Undertake biennial health and safety audit at each LLC and TSP and achieve increased score against previous report	■ External health and safety audit scores	Head of Operations	Annual	Leisuresafe Audits have now been undertaken at all facilities. All 4 facilities have gained accreditation
Reduce number of RIDDOR reportable accidents year on year at each site	■ Number of RIDDOR reportable accidents	Head of Operations	Monthly	Q1 – x 1 reportable accident. (Broken wrist at LLC). This compares to 1 in the previous quarter and 8 in Q1 2015/16
Respond to findings of LeisureSafe Audits	■ Action Plan completion	Head of Operations	31 March 2017	Full action plans in place at all 4 sites.

## STAFF

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KEY OUTCOME: Maintain and improve staff satisfaction to deliver safe and secure services				
Aim	Measure	Lead Officer	Timescale	Progress
Maintain sickness and absence rate below 2%	■ Sickness and absence rates	Head of Operations	Quarterly	Overall Sickness Q1 – 2.24%  This compares to 3.66% in the previous quarter and 1.27% in Q1 2015/16

## FINANCIAL

KEY OUTCOME: Delivery of a reduced service fee over the term of the Agreement				
Aim	Measure	Lead Officer	Timescale	Progress
5% reduction in annual service fee net of CPI	■ Service fee reduction	Head of Finance	Annual	Revised service fee agreed, effective 1 April 2016

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Key Decision**

**1 HOUSE IN MULTIPLE OCCUPATION (HMO) AND CARAVAN SITE LICENSING**

**Summary**

**This report sets out the proposed fees and charges in respect of the mandatory licensing regime for Houses in Multiple Occupation and Caravan Sites for 2017/18.**

**1.1 Houses in Multiple Occupation (HMOs)**

- 1.1.1 The Housing Act 2004 introduced a licensing regime for HMOs of three storeys or more; occupied by five or more persons living in two or more households. There are currently 13 HMO properties licensed by the Council.
- 1.1.2 The aim of licensing is to improve the controls on HMOs and to raise the standard of some of the highest risk properties that are often occupied by some of the most vulnerable people, whilst maintaining an adequate supply of rented accommodation.
- 1.1.3 The licence is for a maximum of five years and cannot be transferred. The licence can end as a result of the passage of time, the death of the licence holder, the sale of the property or the revocation of the licence by the local authority. The licence is held on a public register maintained by the local authority.
- 1.1.4 Following a review of HMO licence fee charges no increase is proposed for 2017/18. The current charges and estimated income for 2017/18 are detailed in the table below:

<b>Service</b>	<b>Current Charge</b>	<b>Estimated Income Full Year 2017/18</b>
New HMO licence application fee	£480	£480 for one new licence application
Renewal of a HMO licence application fee	£360	£720 for two licence renewals due in this period.

- 1.1.5 The charge for a new HMO licence application fee is comparable to our neighbouring Kent authorities of Maidstone at £435, Tunbridge Wells at £420 and Sevenoaks at £593. Over the five year period the fee of £480 equates to a cost of £96 per annum and £8 per month.
- 1.1.6 The charge for the renewal of a HMO licence application is slightly lower than our neighbouring authorities of Maidstone at £385 and £420 for Tunbridge Wells.
- 1.1.7 This lower cost for renewal is attributed to it being less administratively burdensome to check licence details and determine priority for inspection. This data is already available and it is the case of checking the layout and amenities of the property have not changed since the last application.

## 1.2 Caravan Site Licensing

- 1.2.1 The Mobile Homes Act 2013 amended the Caravan Sites and Control of Development Act 1960 to allow local authorities from the 1 April 2014 to charge a fee for the licensing of residential mobile (park) home sites (“relevant protected sites”) and recover their costs in undertaking this function.
- 1.2.2 A caravan site must have planning consent for use as a caravan site before it can be licensed and once licensed it remains in perpetuity until a change of use or planning consent has expired.
- 1.2.3 Following a review of the caravan site licence fee charges for residential mobile (park) home sites no increase is proposed for 2017/18. The current charges and estimated income for 2017/18 are detailed in the table below:

<b>Service</b>	<b>Current Charge</b>	<b>Estimated Income Full Year 2017/18</b>
New caravan site licence application fee	£350	£350 for one new licence application
Transfer of a caravan site licence	£125	£125 based on the transfer of one caravan site licence.

- 1.2.4 The caravan site licence fee charges are comparable to our neighbouring authority of Tunbridge Wells, which from April 2017 will be £300 for a new licence and £175 for the transfer of a licence. Sevenoaks and Maidstone do not currently have a charging policy for the licensing of residential mobile (park) home sites.

## 1.3 Legal Implications

- 1.3.1 None arising from this report.

**1.4 Financial and Value for Money Considerations**

1.4.1 The proposed charges for the licences are based on the average Officer time in completing the required works.

**1.5 Risk Assessment**

1.5.1 None arising from this report.

**1.6 Recommendations**

1.6.1 It is therefore **RECOMMENDED TO CABINET** that:

- 1) The existing charges for licensing of Houses in Multiple Occupation and Caravan Sites as detailed above remain unchanged be **AGREED** with effect from 1 April 2017.

Background papers:

Nil

contact: Hazel Skinner,  
Satnam Kaur

Steve Humphrey

Director of Planning, Housing and Environmental Health

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Street Scene, Leisure & Technical Services and the  
Director of Finance & Transformation**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Key Decision**

**1 REVIEW OF CEMETERY CHARGES 2017/18**

**Summary**

**This report outlines charging proposals for 2017/18 in regard to Tonbridge Cemetery.**

**1.1 Introduction**

1.1.1 In bringing forward the charging proposals for Tonbridge Cemetery consideration has been given to the set of guiding principles for the setting of fees and charges approved by Members of the Finance, Innovation and Property Advisory Board and reproduced below for the benefit of the Board:

- 1) Fees and charges should reflect the Council's key priorities and other corporate aims and priorities recognising there may be trade-offs as these are not mutually exclusive.
- 2) Fees and charges should have due regard to the Council's Medium Term Financial Strategy.
- 3) If there is to be a subsidy from the council tax payer to the service user this should be a conscious choice.
- 4) The Council should look to maximise income subject to market conditions, opportunities and comparable charges elsewhere, in the context of its key priorities and other corporate aims and priorities.
- 5) Fees and charges should normally be reviewed at least annually (unless fixed by statute or some other body).
- 6) Fees and charges should not be used to provide a subsidy from the council tax payer to commercial operators.
- 7) There should be consistency between charges for similar services.

- 8) Concessions for services should follow a logical pattern so as not to preclude, where appropriate, access to Council services on the grounds of ability to pay.

1.1.2 In addition, Members will be fully aware of the Council's Savings & Transformation Strategy, which seeks to generate additional income to the Council, to help meet the Council's financial savings target.

## **1.2 Tonbridge Cemetery – Proposed Charges 2017/18**

1.2.1 In bringing forward the proposed charges for Tonbridge Cemetery a number of specific key principles have been taken into consideration:

- The Council's overall financial position. A number of themes will need to be considered to achieve the Council's savings target. One of these themes is to generate additional income from services the Council provides and levies a charge.
- The need to move towards a position of covering more of the costs associated with the management of the Cemetery.
- The need to compare costs with other cemeteries in Kent **[Annex 1]**. It should, however, be noted that direct comparison with other cemeteries is difficult as pricing brackets, services and available grave space differ.
- The need for the charging strategy to support the management of the remaining capacity in the Cemetery and take into account the decreasing availability of new graves.
- Members will also be aware of a fundamental review of these charges that took place last year.

1.2.2 The principles referred to above have been applied to the existing charges and are reflected in the proposed charges shown at **[Annex 2]**. It is proposed that all charges be increased, with the exception of the burial of stillborn to one year olds.

1.2.3 A general 1.5% increase is proposed in-line with predicted increases in Grounds Maintenance costs. This is with the exception of Memorial Permits that have been increased to reflect comparable charges elsewhere.

1.2.4 It is anticipated that these proposals will generate additional net income of approximately £1,800, which will be reflected in the draft 2017/18 revenue estimates.

## **1.3 Future Capacity**

1.3.1 Members will note from sub-section 1.2.1 that one of the key principles guiding charges is the remaining capacity within the Cemetery and the decreasing availability of new graves. A number of years ago a review of future capacity of



grave space at the Cemetery was undertaken, and it is proposed that this work be updated in the light of current demand. It is the intention for the review to be progressed early in the New Year with the outcome reported back to Members of this Board.

#### **1.4 Legal Implications**

- 1.4.1 The Council's Financial Rules require that all fees and charges must be reviewed at least once a year, and be reported to the appropriate Advisory Board.

#### **1.5 Financial and Value for Money Considerations**

- 1.5.1 The 2015/16 revenue budget (Provisional Outturn) for the management and maintenance of Tonbridge Cemetery was £142,751, with income from the same year totalling £68,012.

- 1.5.2 Charges for the Cemetery are exempt of VAT.

#### **1.6 Risk Assessment**

- 1.6.1 As highlighted in paragraph 1.1 to this report, the proposed charges take into account a range of factors.

#### **1.7 Equality Impact Assessment**

- 1.7.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users

#### **1.8 Policy Considerations**

- 1.8.1 Asset Management and Business Continuity/Resilience.

#### **1.9 Recommendation**

- 1.9.1 It is, therefore, **RECOMMENDED TO CABINET** that:

- 1) the proposed charges for Tonbridge Cemetery as detailed at **[Annex 2]** be agreed and implemented with effect from 1 April 2017;
- 2) a review of the future capacity of grave space at the Cemetery be progressed and reported back to a future meeting of this Board.

Background papers:

contact: Darren Lanes

Nil

Robert Styles  
Director of Street Scene, Leisure  
and Technical Services

Sharon Shelton  
Director of Finance & Transformation

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**TONBRIDGE CEMETERY PROPOSED CHARGES 2017/18  
COMPARISON WITH OTHER KENT DISTRICTS**

		Maidstone <sup>1</sup>	Medway <sup>1</sup>	Dover <sup>1</sup>	Gravesham <sup>1</sup>	TMBC <sup>1</sup> Current	TMBC <sup>2</sup> Proposed
<b>Purchase (£)</b>	Baby	0.00	0.00	0.00	0.00	1.00	1.00
	Child	N/A	*530.00	0.00	0.00	145.00	147.00
	Adult	1,560.00	*1255.00	640.00	920.00	950.00	964.00
Plot 23 (single)	Adult	1,560.00	750.00	N/A	460.00	490.00	497.00
<b>Interment (£)</b>	Baby	0.00	0.00	55.00	0.00	0.00	0.00
	Child	260.00	0.00	240.00	380.00	192.00	195.00
	Adult	655.00	675.00	910.00	910.00	625.00	634.00
Plot 23 (single)	Adult	545.00	675.00	795.00	760.00	625.00	634.00
<b>Combined Interment and Purchase (£)</b>	Baby	0.00	0.00	55.00	0.00	1.00	1.00
	Child	260.00	530.00	240.00	380.00	337.00	342.00
	Adult	2,215.00	1,930.00	1,550.00	1,830.00	1,575.00	1598.00
Plot 23 (single)	Adult	2,105.00	1,425.00	795.00	1,220.00	1,115.00	1131.00
<b>Period of Lease (years)</b>		+60 years	50 years	50 years	60 years	60 years	60 years
<b>Memorial Permit (£)</b>	Small	140.00	190.00	165.00	230.00	115.00	140.00
	Large	280.00	435.00	367.00	355.00	255.00	280.00
<b>Chapel (£)</b>		225.00	80.00	148.00	150.00	140.00	142.00
<b>Search Fees (£)</b>		£10 - £35	15.00 (per name)	40.00 (over 1hr)	20.00 (per name)	50.00 (per 5 names)	51.00 (per 5 names)
<b>Interment of Ashes (£)</b>		210.00	140.00	181.00	310.00	150.00	152.00
<b>Memorial Wall Plaque (£)</b>		N/A	N/A	86.50	N/A	150.00	152.00

<sup>1</sup> 2016/17 charges

<sup>2</sup> 2017/18 proposed charges

\* Price includes memorial permit

+Previously only 30 years

**NOTE:** Costs are based on comparable services where available. **All charges shown are exempt of VAT**

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**TONBRIDGE CEMETERY CHARGES**  
**PROPOSED CHARGES 2016/17**

- Please Note:**
1. For burials in graves at Tonbridge Cemetery the fee payable will normally be both Section 1 and Section 2 charges.
  2. All charges apply where the person to be buried or the person leasing the grave, etc., are residents of the Borough. Residents of the Borough who have moved into a home or hospital outside the Borough prior to death are charged as residents.
  3. All charges are doubled for non-residents.

<b>Section 1:</b>	<b>Exclusive right of burial in a grave for 60 years</b>	<b>Current (£)</b>	<b>Proposed (£)</b>
	(a) Stillborn – 1 year (inclusive) Children's Plot only	1.00	1.00
	(b) 2 – 12 years (inclusive) – Children's Plot only	145.00	147.00
	(c) Over 12 years	950.00	964.00
	(d) Plot 23 – single graves	490.00	497.00
<b>Section 2:</b>	<b>Interment</b> (including digging of grave)		
	(a) Stillborn – 1 year (inclusive)	NIL	NIL
	(b) 2 – 12 years (inclusive)	192.00	195.00
	(c) Over 12 years	625.00	634.00
	(d) Ashes (Memorial Wall or Grave, where exclusive right has been granted)	150.00	152.00

Please note: These charges apply to interments taking place between 0900 hours – 1500 hours (Monday – Thursday) and 0900 hours – 1300 hours (Friday). In other cases, the Council's additional costs may be payable. A fee of £50 per hour may be charged for late arrivals.

<b>Section 3:</b>	<b>Permits for Monuments, Memorials &amp; Inscriptions</b>	<b>Current (£)</b>	<b>Proposed (£)</b>
	(i) Memorial not exceeding 1 metre in height and occupying an area not exceeding 2' x 4'	115.00	140.00
	(ii) Memorial larger than specifications in (i)	255.00	280.00
	(iii) For each additional inscription after the first	90.00	91.00

Please note: Permits will only be approved in accordance with the Cemetery Regulations.

		<b>Current (£)</b>	<b>Proposed (£)</b>
<b>Section 4:</b>	<b>Memorial Garden</b>		
	(i) Memorial tablet and vase block (to include plaque, inscription, 20 year lease and scattering of ashes if required) <b>(Currently not available)</b>	520.00	528.00
	(ii) Double Underground Vault, Memorial Tablet and Vase Block. (To include plaque, inscription, 20 year lease and interment of up to 2 urns)	1000.00	1015.00
	(iii) Double Overground Vault, Memorial Tablet and Vase Block (To include plaque, inscription up to 80 letters, 20 year lease and interment of up to 2 urns)	980.00	995.00
	(iv) Additional Inscriptions	185.00	188.00
	(v) Sanctum Panorama Vault and Memorial Tablet (To include plaque, inscription up to 80 letters, 20 year lease and interment of up to 3 urns)	980.00	995.00
	Optional bronze vase container	33.00	34.00
	(vi) Photo plaque or design on plaque for Sanctum 2000 Overground Vault or Sanctum Panorama	Individually priced	
	(vii) Additional cost for inscriptions for Sanctum 2000 and Panorama over 80 letters	£1.50 per gilded letter	£1.50 per* gilded letter
<b>Section 5:</b>	<b>Chapel Area – Memorial Wall</b>		
	(i) Memorial Plaque. (Includes supply and installation of plaque, 20 year lease and scattering of ashes if required)	150.00	152.00
	(ii) Additional Inscription. (Includes new plaque, installation and scattering of ashes, if required)	150.00	152.00
<b>Section 6:</b>	<b>Miscellaneous</b>		
	(i) Use of Chapel	140.00	142.00
	(ii) Transfer of Burial Rights/admin fee	80.00	81.00
	(iii) Entry in Book of Remembrance	At Cost + Admin Fee	
	(iv) For up to and including five searches for names by one applicant	50.00	51.00
<b>Notes:</b>	(i) Other services/options may be available and charged on an “at cost” basis plus an administration fee. Please discuss any items with the Cemetery Registrar		
	(ii) A copy of the Cemetery Regulations is available free of charge from the Cemetery Registrar		

\* Price set by external contractor

- (iii) For the repurchase of burial rights for unused graves by T&MBC the Council will pay:  
The current purchase price times the remaining duration of the exclusive right less the Council's administration fee ruling at the time

**All charges shown are exempt of VAT**

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Street Scene, Leisure & Technical Services**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 CHILDREN'S HOLIDAY ACTIVITIES PROGRAMME**

**Summary**

**This report reviews the outcome of the revised Holiday Activities Programme following a recent review by the Overview and Scrutiny Committee.**

**1.1 Background**

- 1.1.1 Members will be aware of the recent review of the Council's Holiday Activities Programme undertaken by the Overview and Scrutiny Committee earlier this year. The review considered activities currently undertaken directly by the Borough Council including Easter/Summer Activate, Y2Crew and Summer Playscheme.
- 1.1.2 A full copy of the recommendations approved at Cabinet on 11 February 2016 can be found at **[Annex 1]**. In summary, the review recommended the Council withdraw from the direct provision of these activities, and work in partnership with external providers in their future delivery. Attendance by children from financially disadvantaged families was protected, with the Council funding concessions for Leisure Pass holders.
- 1.1.3 Discussions with potential external providers were positive and, in particular, a key partner (Premier Sport) was identified to deliver activities similar to the Summer Playscheme.

**1.2 Summer 2016 – Activities**

- 1.2.1 Following the implementation of the new arrangements over the Summer holidays a review has been undertaken to assess both financial savings to the Council and the provision of services to young people.
- 1.2.2 Summer Playscheme – The new arrangements provided 12 venues across the borough including the priority communities of Trench Tonbridge, East Malling and Snodland.

- 1.2.3 Extended provision was provided both in terms of additional weeks (the scheme ran across the whole school holiday period) and hours (venues operated from 9:00am to 3:30pm to mirror school hours).
- 1.2.4 The provision remained available to children aged from 4 to 11 years old at a value for money cost of £59 per week, with a Leisure Pass subsidy of 50%.
- 1.2.5 Attendance levels compared to the 2015 Summer Playscheme were as follows:-
- Overall bookings were 854 compared to 1,100 in 2015.
  - Individual children attending the scheme increased significantly from 649 in 2015 to 967 this year.
  - The majority of those attending took up the option of the full day.
  - Whilst places booked by Leisure Pass holder fell from 503 to 270 the number of individual Leisure Pass holders on the programme only fell from 231 to 192. Some sites saw an increase in Leisure Pass attendance including East Malling, Cage Green and Hillview.
- 1.2.6 Activate – External providers were contacted to market their activities in the Holiday Activities Programme. Parents booked direct with providers rather than with the Council. A wide range of activities were on offer with Leisure Pass discounts once again subsidised by the Borough Council.
- 1.2.7 Attendance levels compared to 2015 were as follows:-
- 81% of places on offer (590) were booked this year. This compares to 74% of places (667) booked in 2015.
  - Places booked by Leisure Pass holders fell slightly from 134 to 113.
  - Individual Leisure Pass holders fell slightly from 48 to 40.
- 1.2.8 Y2Crew – The Y2Crew programme was once again run in partnership with Kent County Council's Early Help & Preventative Services. Financial support was sought from the Community Safety Partnership, Parish Councils and voluntary groups. A full range of positive and engaging diversionary activities were provided from the funding received and Leisure Pass discounts applied.
- 1.2.9 Attendance levels compared to 2015 were as follows:-
- There were 143 bookings this year compared to 190 in 2015.
  - 55 young people in total were engaged this year compared to 67 in 2015
  - 16 young people took advantage of the Leisure pass rates compared to 22 in 2015.

### **1.3 Overview**

- 1.3.1 I am sure Members will be pleased to note that despite significant changes, including the transition to external providers, the holiday activity programme remained popular, and the objective of the Scrutiny Review has been met. It is the view of Officers that attendance levels were encouraging for the first year of the new arrangements and hopefully the partners can build on this success next year. No complaints over the new arrangements have been received and a number of compliments were made regarding the professional approach adapted by the providers.
- 1.3.2 Following the experience of this year, opportunities exist to refine and improve arrangements in the future, and it is hoped that the remaining costs to the Council, such as marketing, can be reduced further.

### **1.4 Leisure Pass Review**

- 1.4.1 Members will note from **[Annex 1]** that one recommendation arising from the Scrutiny Report was to review the level of support given to Leisure Pass holders in the light of the Council's current financial position.
- 1.4.2 In total £21,000 was allocated through the Scrutiny Review to provide a subsidy to Leisure Pass holders. Following the first year of operation this figure has been reduced and a revised figure of £11,000 has been reflected in the 2017/18 draft revenue estimates. It is proposed that the level of discount for activities in 2017 remains the same.

### **1.5 Financial and Value for Money Considerations**

- 1.5.1 Following implementation of the new arrangements agreed by the Overview and Scrutiny Committee, to date a saving (including savings from a proposed restructure of the Leisure Development Team to be reported to the General Purposes Committee in January 2017) in the order of £57,000 is reflected in the draft 2017/18 estimates.

### **1.6 Risk Assessment**

- 1.6.1 The health and safety, insurance and safeguarding procedures of all the external providers are checked by the Council in advance of the activities being provided.

### **1.7 Equality Impact Assessment**

- 1.7.1 The consideration of the Public Sector Equality Duty identified in the Overview and Scrutiny Committee was noted and financial provision made, as set out at paragraph 1.6.4 of the report, to mitigate any impact on children with disabilities who require 1-2-1 support. A review of the equality impact assessment will be

completed and reported to the Overview and Scrutiny Committee within one year of the report.

## **1.8 Policy Considerations**

1.8.1 Community, Healthy Lifestyles, Young People.

## **1.9 Recommendations**

1.9.1 It is **RECOMMENDED TO CABINET** that:

- 1) the positive financial and service delivery outcomes of the revised holiday activities programme for 2016 be noted and
- 2) the Leisure Pass subsidy rate for activities provided in 2017 be retained at current levels, with a revised budget of £11,000 being reflected in the 2017/18 draft revenue estimates.

The Director of Street Scene, Leisure and Technical Services confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Stephen Gregg

Nil

Robert Styles

Director of Street Scene, Leisure & Technical Services

**Decision details**  
**Recommendations from Overview and Scrutiny Committee: Holiday Activity Programmes**

**Consideration was given to the recommendations of the Overview and Scrutiny Committee at its meeting of 26 January 2016 on the outcome of a review of Holiday Activity Programmes.**

The Cabinet resolved that:

The recommendations of the Overview and Scrutiny Committee be agreed as follows:

- (1) the Borough Council withdraw from the direct provision of the Activate Programme but set aside a sum of £3,000 to provide support for leisure pass holders at the current rate to access programmes provided by other agencies;
- (2) the Borough Council's financial support for the Y2Crew programme be retained subject to other partners providing continued financial contributions;
- (3) the Borough Council withdraw from the direct provision of the Summer Playscheme from Summer 2016 and seek the support of external providers to take over these schemes subject to the following:
  - (a) Leisure Pass concessions for Playscheme attendance initially be amended to provide a 50% reduction per child per week;
  - (b) a sum of £18,000 be set aside to provide continued support for Leisure Pass holders to access schemes at the current 12 sites;
  - (c) a future review of the level of support given to leisure pass holders be undertaken in the light of the Council's current financial position;
  - (d) the retention of directly provided Playschemes in the priority communities of Trench, East Malling and Snodland for 2016 if other providers are unable to deliver these for that year; and
  - (e) if required, the Council offer administrative support to the private providers for the transitional period in 2016;
- (4) the consideration of the Public Sector Equality Duty be noted and financial provision be made, as set out at paragraph 1.6.4. of the report, to mitigate any impact on children with disabilities who require 1-2-1 support. A review of the equality impact assessment to be completed and reported to the Overview and Scrutiny Committee within one year.

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**TONBRIDGE & MALLING BOROUGH COUNCIL  
COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Chief Executive**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 SAFEGUARDING TRAINING UPDATE**

**To provide an update on safeguarding training and endorse further enhanced training for appropriate staff.**

**1.1 Background**

1.1.1 Members will be aware that the Council has a Safeguarding Policy and Reporting Procedure which aims to:

- Raise awareness of the duties and responsibilities for children, young people and adults at risk of harm
- Encourage good practice among staff, elected members, volunteers and contractors, to safeguard children and adults at risk who receive Council services
- Provide clear guidance on procedures to be adopted if it is suspected that an adult, young person or child may be at risk of harm

In order to fulfil these aims, a Safeguarding Task Group has been formed to address any safeguarding issues and work through the Safeguarding Action Plan.

**1.2 Training**

1.2.1 A key component within the Safeguarding Action Plan is to ensure that all staff are aware of our responsibilities with regard to safeguarding and are adequately trained to recognise and deal with any issues as they arise.

1.2.2 In addition to the Action Plan, the Council (as a key body covered by Section 11 of the Children Act) has a mandatory requirement to ensure staff have an understanding of their role and responsibilities, and those of other professionals and organisations in relation to safeguarding. This is essential for effective multi-agency collaboration. Agencies are encouraged, where appropriate, to enable

their staff to participate in training provided on an inter-agency basis as well as in single agency training provided by the agency itself.

- 1.2.3 It is recognised that training on safeguarding and promoting the welfare of children, young people and adults at risk, should be proportional and relevant to the roles and responsibilities of each staff member.
- 1.2.4 Currently, all staff receives basic online training on safeguarding, to include adults at risk, children and young people. This is monitored by Personnel to ensure staff complete the online courses. Any new staff recruited, will undertake the online training as part of their induction process.
- 1.2.5 Attached as **[Annex 1]** to this report is the Kent Safeguarding Children's Board (KSCB) "Safeguarding Training Tree". Nine members of staff have recently completed "Child Protection for Designated Staff" which is a half day course and will allow those trained to act as Designated Officer and Safeguarding Champions within their service. KSCB training is free of charge and it is suggested that these Designated Officers go on to complete the remaining core learning modules within the "Training Tree". There will also be additional key members of staff who would benefit from the "Child Protection Basic Awareness" course, which is being progressed and hopefully those staff will be trained by the end of the year.
- 1.2.6 In addition to the above, it is suggested that further training is sought for Designated Officers in relation to Adult Safeguarding. There is a nominal fee for this of between £25 - £50.
- 1.2.7 The Safeguarding Task Group will also be working to identify key contractors and those providing services for the Council, to ensure that they have safeguarding policies in place and appropriate training. Training for Council Members will also be progressed early in the New Year.

### **1.3 Legal Implications**

- 1.3.1 Section 11 of the Children Act places a statutory duty on key organisations to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

### **1.4 Financial and Value for Money Considerations**

- 1.4.1 There will be a training fee of approximately £25-£50 per person, for ten members of staff to receive additional Adult Safeguarding training.

### **1.5 Risk Assessment**

- 1.5.1 N/A



## **1.6 Equality Impact Assessment**

1.6.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

## **1.7 Recommendations**

1.7.1 That Members endorse additional training for key staff (those identified as Designated Officers), to complete all sections of the Core Learning within the KSCB “Safeguarding Training Tree”

1.7.2 That Members endorse additional training for key staff (those identified as Designated Officers), to complete further Adult Safeguarding training.

The Chief Executive confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Gill Fox

Nil

Julie Beilby  
Chief Executive

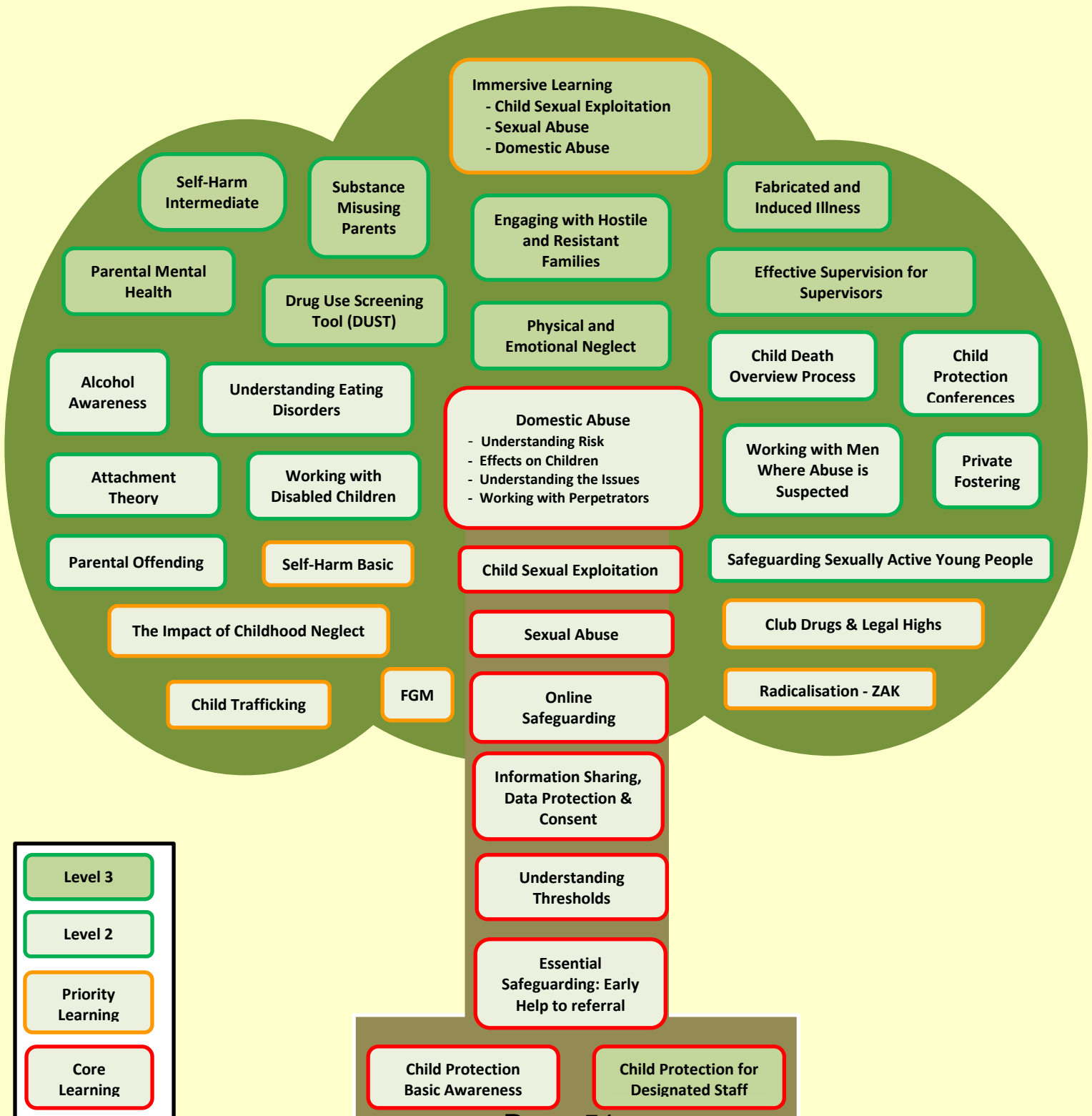
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# KSCB 'Safeguarding Training Tree' 2016

KSCB offers a range of free multi-agency training courses.

The 'Training Tree' has been designed to reflect the range of our training offered and to make it easy to understand which courses are core learning, which are priority areas and how the Level 2 and 3 courses follow on.

To find out more go to [www.kscb.org.uk](http://www.kscb.org.uk) or to book a place directly go to: [www.kentcpdonline.org.uk](http://www.kentcpdonline.org.uk).



## KSCB E-Learning Courses 2016 -18

- An Introduction to FGM, Forced Marriage, Spirit Possession and Honour Based Violence
- An Introduction to Integrated Working (The Early Help Assessment/ Lead Professional/ Information Sharing)
- An Introduction to Safeguarding Children
- Awareness of Child Abuse and Neglect (Core Version)
- Awareness of Child Abuse and Neglect (Foundation Version)
- Awareness of Child Abuse and Neglect (Police Version)
- Awareness of Child Abuse and Neglect (Young People Version)
- Awareness of Domestic Abuse and Violence including the Impact on Children, Young People and Adults at Risk
- Child Accident Prevention
- Child Development
- Collaborative Working: A Whole Family Approach
- Common Core of Skills and Knowledge
- Communication in Health, Social Care or Children's and Young People's Settings
- Dementia Awareness
- Dignity in Care
- Duty of Care in Health, Social Care or Children's and Young People's Settings
- Early Child Development
- Equality and Inclusion in Health, Social Care or Children's and Young People's Settings
- E-Safety: Guidance for Practitioners Working with Children
- Falls and Fractures Prevention in Older People
- Hate Crime
- Health and Safety in Health, Social Care or Children's and Young People's Settings
- Hidden Harm
- Information Sharing- Level 2
- Introducing Telecare and Telehealth
- Medication Awareness
- Mental Capacity Act
- Moving and Handling Objects and People
- Parental Mental Health
- Personal Development in Health, Social Care or Children's and Young People's Settings
- Person- Centred Approaches in adult Social Care Settings
- Radicalisation
- Risk Taking Behaviour
- Safe Sleeping for Babies: Reducing the Risk of SIDS
- Safeguarding Adults
- Safeguarding and Leadership
- Safeguarding Children from Abuse by Sexual Exploitation
- Safeguarding Children Refresher Training
- Safeguarding Children with Disabilities
- Safeguarding Everyone- Protecting Children, Young People, and Adults at Risk
- Safer Recruitment
- Safer Working Practices
- Self-Care
- Self-Harm and Suicidal Thoughts in Children and Young People
- Short Breaks for Disabled Children
- Strategic Managers Integrated Working
- Supervision and Appraisal in Early Years Settings
- Teenage Pregnancy
- The Assessment and Management of Urinary Incontinence and Bladder Dysfunction in Adults
- The Deprivation of Liberty Safeguards
- The Management of Urinary Catheterisation in Adults
- The Role of the Health and Social Care Worker
- Think Safe, Be Safe, Stay Safe
- Tissue Viability
- Trafficking, Exploitation and Modern Slavery
- Understanding Pathways to Extremism and the Prevent Programme
- Wellbeing in Sexual Health

**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 DEVOLUTION OF PUBLIC HEALTH (PREVENTATIVE SERVICES)**

**Summary**

**This report sets out proposed arrangements for an integrated approach towards public health (preventative services) across West Kent between Kent County Council, this Council and Sevenoaks and Tunbridge Wells Councils.**

**1.1 Background**

- 1.1.1 Kent County Council has a statutory duty to deliver the Public Health function, in partnership with others, to improve the health and wellbeing of Kent residents and reduce health inequalities. All Councils have a duty to plan for the health and wellbeing of the residents they serve. District and Borough Councils have a role to play in delivering health protection, health improvement and key services to address the wider determinants of health.
- 1.1.2 The 2015 King's Fund report 'The District Council Contribution to Public Health: a time of challenge and opportunity' looked at the opportunities for District and County Councils to work together holistically to deliver the public health agenda. The report demonstrates that 'district councils are in a good position to influence many factors of good health through their key functions' and describes a 'radical upgrade in prevention'.
- 1.1.3 Earlier this year, the three district councils developed a West Kent Health Deal, setting out a vision for the three Councils' roles in health going forward. This is attached at **[Annex 1]**.
- 1.1.4 The County Council's new countywide preventative service strategy is to offer seamless support to individuals who need to make change, to help motivate change, make the change and then maintain the change. Their aim is to do this through a service based around the individual and this approach is supported by the district and borough councils.

- 1.1.5 The County Council's public health team propose to start the procurement process, for the County-wide service in Autumn 2016. A report to the County Council's Adult Social Care and Health Cabinet Committee on 12th July 2016 sought endorsement of re-commissioning and the competitive tendering of a new model.
- 1.1.6 The report said 'There is clear scope for partners (including health commissioners and district /borough councils) to work in partnership to drive better integration of services that contribute to improving Public Health outcomes. This transformation and re-commissioning will support this work to improve the health of Kent residents and reduce health inequalities.'
- 1.1.7 'Work with Districts: District Councils play a significant role in delivering core public health outcomes and understand local communities' needs. Work is being developed across the County and there is a specific programme of work in West Kent to re-model our approach with stronger working and better utilisation of resource across the County Council and three District Councils. This closer collaborative working will make better use of the diminishing preventative resources collectively and inform the development of the model more widely across the County.'

## **1.2 West Kent Integration Board**

- 1.2.1 The West Kent Integration Board is made up of the leaders of the four Councils, (Kent, Sevenoaks, Tonbridge & Malling and Tunbridge Wells). Meetings are also attended by the three Chief Executives and Officers from the County Council.
- 1.2.2 The Board aims to retain the individual sovereignty of the four councils in developing structures that enable services to be provided, co-commissioned, delegated or devolved as appropriate to deliver more efficient services.
- 1.2.3 The Board is currently operating in shadow format and has set up a range of working groups focussing on different issues where it is thought that better integrated working and collaboration between the two tiers of government could have local benefits in service quality. One of the groups was set up to focus on arrangements for public health (preventative services) which is the subject of this report. Another group is considering Housing Related Support services and is quite closely related to the Health work

## **1.3 The Proposed Model for West Kent**

### **APPROACH**

- 1.3.1 In response to the West Kent Integration Board's intention to work together on Public Health (Preventative Services) an Officer Working Group was set up. Through the group the following approach has been developed:

- Transparency of spend – with all parties sharing the detail of £2m current spend (£1m KCC, £1m district spend) and developing a 3 stage model to structure more efficient and effective delivery. The 3 stages that the collaboration will focus on, are :
    - Motivate change
    - Make/support change
    - Maintain change
  - The development of the West Kent “district deal” outlines how districts can more systematically integrate health into all their work including through all of their policies and their wider service provision.
  - An intelligence led approach ensuring that there is a focus in the districts on those communities in which there are the highest health inequalities. This will mean a more local approach, focusing the resource in particular wards where there are high rates, or local intelligence that suggests high prevalence of core health issues e.g. smoking/mental health issues/high levels of alcohol or drug misuse or higher levels of obesity.
  - A co-commissioning approach - a county procurement for a new adult health improvement service was delayed for 6 months to give time for this work to be developed and approved. Part of the focus of the work in West Kent has been to reshape the connection between this procurement and the new devolved new model. This has resulted in a bespoke model for the West Kent which will mean that one of the key roles for the districts/boroughs will be to provide the function of accepting referrals and assessing individual’s needs, followed by signposting to the most appropriate service.
- 1.3.2 The advantage of this approach is that it will ensure a more holistic assessment of need, particularly picking up where there are connected issues with health such as debt, unemployment or housing related issues. This is a potentially an important and wide ranging model offering the opportunity to integrate all sorts of assessment functions over time and to support a shared intelligence lead approach to directing resource which supports people to change by improving their health and wellbeing. In short it should lead to much sharper and more relevant assistance for those who need it.
- 1.3.3 The model also means that people may not need to go to the adult health improvement service, but instead could directly access leisure provision, other district provision and technology based solutions and enjoy a more sustainable level of support.

## PRINCIPLES

- 1.3.4 The proposed West Kent Health Improvement Model is informed by the King's Fund report and the West Kent Health Deal. The model provides for the four councils to manage their collective resources in a way that not only generates best value for money and delivers against outcomes but also provides a platform for further integrated working that delivers longer-term health solutions.
- 1.3.5 The West Kent Integration Board, made up of the four councils, should be the decision-making body for the County Council's health preventative services budget in West Kent through a co-commissioning process. The Board should agree the budget, outcomes and principles, set out in a Partnership Agreement, details of which to be agreed.
- 1.3.6 District and Borough Council resources that currently have the potential to have a positive impact on local health and wellbeing should, wherever possible, be used in a way that complements the agreed outcomes, consistent with the West Kent Health Deal approach. These resources are set out in **[Annex 2]**.
- 1.3.7 It is envisaged that a Health Improvement Partnership Board should be established to oversee delivery arrangements and make recommendations to the West Kent Integration Board. The Partnership Board could work to ensure that maximum value for money and effectiveness is provided. Where it is jointly agreed that a service should be externally procured, all four councils will play an equal role in the specification and evaluation processes.
- 1.3.8 The Board will work to see if further efficiencies can be made over the next three to five years.
- 1.3.9 The agreed health outcomes should relate to the health priorities of all four councils and may change over time as local needs change.
- 1.3.10 District and Borough Councils will, through a local hub model, play a full role in the co-ordination and delivery of the local public health (preventative services) provision, ensuring that services address local needs and are co-ordinated with other local delivery;
- 1.3.11 It is envisaged that there should be one single referral point for the three Districts that feeds into a Local Hub for each district or borough. This may not be a physical hub but enables a holistic assessment of individual needs and considers the wider determinants of health such as debt, housing and community provision. Co-location of locally procured services within the District and Borough Council offices will enable the integration of this new assessment function and make for efficiencies in delivery and better outcomes for the customer.
- 1.3.12 District, Borough and County Councils should work together to bring the necessary range of skills and experience together to maximise health outcomes.



The delivery model should provide for arrangements to be responsive to changing needs.

### **THE DISTRICT/BOROUGH ROLE**

1.3.13 The proposed West Kent model provides for the three district/borough councils to play a major role by:

- Forming a health hub in each district that is the focus of co-ordinated health activity in the community;
- Managing referrals and signposting to local opportunities and services;
- Understanding local need, gaps and resources, working with local organisations and communities to address those needs;
- Co-ordinating local promotion through community events, communicating health messages, through campaigns and social media;
- Setting up local opportunities such as health walks, sports development and community activity;
- Boosting capacity through training and community networks;
- Improving use of local community provision;
- Influencing through Council policy;
- Using our core services to influence the wider determinants of health, eg through housing, planning, environmental health, community safety and others;
- Using our existing core and externally funded programmes to have an impact on the agreed health outcomes. For example, by training officers in “Making Every Contact Count” so they recognise when signposting to health services is appropriate; targeting sports development activity towards areas of highest health inequality; ensuring that community safety activity makes appropriate drugs and alcohol referrals; ensuring that our grants to voluntary organisations support those working to improve health;
- Working with KCC to decide which specialist health improvement services should be procured and to jointly procure those services;
- Where specialist services are procured, ensuring that they are part of the health hub and are linked in to community and GP services, and

1.3.4 In addition, the County Council’s countywide strategy is to offer seamless support to individuals who need to make change, to help motivate change, make the change and then maintain the change. Their aim is to do this through a service based around the individual, accessed via a website linked to the

national One You campaign. Their approach is to offer a more holistic service around the individual rather than providing services in silos. How this service is provided is the subject of current consideration by the 4 councils' health officers, including how this will link to the local health hub and how this will be managed locally.

## **1.4 Legal Implications**

- 1.4.1 The current working arrangements rely on a strong partnership approach developed with the West Kent Integration Board which will be supported by subject based Partnership Boards. Governance arrangements will be the subject of further work to establish detailed terms and responsibilities.

## **1.5 Financial and Value for Money Considerations**

- 1.5.1 The three West Kent districts/boroughs spend about £1million per year in total on activity that can have a positive impact on health. The new integrated arrangements offer scope to enhance the work that this Council funds to ensure that maximum benefit and value for money is obtained to make the funding work harder and smarter.
- 1.5.2 There is no commitment to any additional funding on the part of the District Councils as part of these arrangements.
- 1.5.3 Currently, KCC spends about £1million each year on public health preventative services. This includes £121,000 which is paid to Tonbridge & Malling Borough Council to deliver health improvement work. Similar sums are paid to Sevenoaks and Tunbridge Wells. KCC also spend £9,250 per year on the Kent Healthy Business Award, £25,000 on Winter Warmth, delivered through the Private Sector Housing team. These sums have reduced over time.
- 1.5.4 KCC also procures services such as smoking cessation, health trainers, campaigns and postural stability from other providers.
- 1.5.5 The KCC funding arrangements will end early next year and it is envisaged that these will be replaced by Partnership Agreements between the County Council and District Councils.
- 1.5.6 Value for Money will be provided through:
- A saving of 7.5% already made in the KCC public health (preventative services) budget with no corresponding reduction in outcomes;
  - The three West Kent districts/boroughs also spend at least £1million per year in total on activity that can have a positive impact on health. This includes, for example, Disabled Facilities Grants, grants to voluntary organisations, health promotion through local publicity and campaigns, debt advice, community safety schemes aimed at the vulnerable or those with

dementia, domestic abuse and other small projects. Budgets for most of these services are determined annually by the district/borough councils. It is proposed that these budgets continue to fund such community activity but that a focus on health improvement is prioritised alongside the priorities of the individual schemes in order to help deliver the agreed health outcomes. These budgets may reduce over time but should continue at least at a level that match funds the County Council public health preventative services budget for West Kent. The new integrated arrangements offer scope to enhance this work to ensure that maximum benefit and value for money is obtained, to make the funding work harder and smarter and ensure linkages with the three local Health Hubs.

- Additional District/Borough activity is undertaken, as set out in the West Kent Health Deal, focussed on health improvements.
- By adopting the proposed model the overall financial contribution to public health preventative services can be reduced over time whilst at the same time significantly increasing the impact of the funding.

## **1.6 Risk Assessment**

- 1.6.1 Kent County Council has the statutory responsibility for health. Any procurement that takes place will be a joint decision but the arrangements will be the responsibility of the County Council.

## **1.7 Equality Impact Assessment**

- 1.7.1 Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper directly impact on end users.
- 1.7.2 The proposed devolution arrangements will provide improvements on existing services that target health inequalities that will offer more opportunities for residents to access services. Where age restrictions apply to certain activities offered, residents can be signposted to alternative services. Some restrictions may apply to those who are pregnant. In these cases, medical advice would be sought and alternative services found. Events and activities are open to all and where restrictions apply, due to the nature of the services provided, we will direct people to alternative services to meet their needs.

## 1.8 Recommendations

1.8.1 It is **RECOMMENDED** that:

- The approach, principles and district council's role in the West Kent Public Health Preventative Services devolution model set out in in this report be endorsed;
- A partnership agreement between Kent County Council, Tonbridge and Malling and Tunbridge Wells Borough Councils and Sevenoaks District Council be developed as a basis to work together to deliver the West Kent Public Health Preventative Services devolution model over the three years 2017/18 to 2019/20;
- The principle of the governance arrangements set out in this report be endorsed and the approval of detailed matters (including a partnership agreement) be delegated to the Leader and the Cabinet Members for Finance, Innovation and Property and Communities.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and policy Framework.

Background papers

Kings Fund Report – Districts councils contribution to Public Health

[https://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/district-council-contribution-to-public-health-nov15.pdf](https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf)

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Steve Humphrey  
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# West Kent

## District Health Deal



## The Future of Health at the Local Level

The West Kent Integration Board

July 2016

# West Kent Districts Health Deal

## 1. Introduction

District and Borough Councils are in a unique position to help the County Council's Public Health team to deliver the health agenda. We are close enough to our communities to understand how they work and how best to reach and support them. We are also close enough to community groups, other commissioned services and a whole range of agencies to provide a co-ordinated community network to deliver health holistically. We have the health improvement, community development and project management skills necessary to bring about and monitor change and the communication tools to make sure that we reach our communities in appropriate ways. We work in close partnership with the County Council, the Clinical Commissioning Groups and Health & Wellbeing Boards.

District and Borough Councils have a range of statutory duties that are essential to health and wellbeing. Because of their work in areas such as Housing, Planning, Environmental Health, Leisure and Recreation, Community Safety, Licensing and Economic Development, they are able to bring to the table vital components of a local population health offer with measurable return on investment that demonstrates benefits to health. Details of all the current services delivered by this Council, how they address the wider determinants of health and link to key health themes outlined by Public Health are set out in the table at Appendix A.

The West Kent District and Borough Councils are able to go beyond their standard core services and offer enhancements and added value that can really address the wider determinants of health. Some examples of this work that is already taking place and which could be enhanced through the West Kent District Health Deal can be found in Section 3.

We believe that by using our statutory tools and powers together as one strategy, complemented by various health programmes we can start making real in roads into the health issues of the area. We would like to work as a full and equal partner with the County Council and CCGs in a seamless manner - pooling our tools and resources to make a real difference to the health of our residents.

There are many more examples of how the shared priority of County, District and CCG to improve the health and wellbeing of residents can be delivered going forward through a co-ordinated partnership agreement between Kent County Council, Sevenoaks District Council, and Tonbridge & Malling and Tunbridge Wells Borough Councils.

## The District/Borough Offer

The recent Kings Fund report looks at the opportunities for District and County Councils, working together holistically, to deliver the public health agenda. It states *'District Councils are in a good position to influence many factors of good health through their key functions'*. It describes a *'radical upgrade in prevention'* which is also detailed within the NHS Five Year Forward View.

*As set out in The King's Fund report*, in West Kent we understand the opportunity for all of our services to be enhanced by County and District functions working in closer partnership to deliver:

### The King's Fund - County and District shared priorities:

- Ensure our actions have a positive effect on public health;
- Ensure we are cost-effective and work together to demonstrate a positive return on investment;
- Take on a more enabling role in improving the health and wellbeing of our communities, and
- Deliver innovative services.

The West Kent Districts and Boroughs already have in place the community and partner infrastructure to influence others and work with communities, the voluntary sector and local GPs to impact positively on areas as identified in *The King's Fund Report* and *Public Health England's 'Healthy People, Healthy Places'* report:

### PHE 'Healthy People, Healthy Places':

- Regulatory - Healthy Food, Alcohol Control and Infection Control;
- Active and Safe Travel;
- Good Jobs and Stay in Work;
- Warmer and Safer Homes;
- Access to Green Space and Leisure;
- Preventative Health and Wellbeing;
- Spatial Environment Planning.

In West Kent we can contribute to the overarching Public Health Outcomes Framework indicators as well as contributing to the wider health determinants and health improvement indicators set by Public Health England. Some of the key indicators that are currently under-performing for Kent compared to the England average that we can assist with relate to:

#### Public Health Outcome Framework Indicators:

- Emergency Admissions to Hospitals
- Smoking prevalence
- Excess Weight in Adults
- Percentage of physically active and inactive adults
- Percentage of eligible population offered a NHS Health Check
- Injuries due to falls in people aged 65 and over
- First time entrants to the Youth Justice System
- Domestic abuse
- Sickness absence
- Statutory homelessness
- Social isolation percentage of adult carers who have as much social contact as they would like
- Utilisation of outdoor space for exercise/health conditions
- Suicide rates

In West Kent we already have key priorities to *improve the health and wellbeing of residents* and *reduce health inequalities*. We have an excellent track record of working in partnership with KCC and other partners to deliver these priorities as set out in our *Health Inequalities Action Plans*. Our local priorities have also been identified as priorities by local people taking part in community consultations.

#### West Kent's Key Health Priorities:

- Tackling the rise in obesity;
- Supporting mental wellbeing;
- Ageing well, supporting older people and those with dementia
- Staying safe

The shared priorities set out in this West Kent Health Deal can be delivered through enhancement of our existing core functions. We believe that we can



demonstrate the *lifestyle, social, environmental and economic* impact that this will have on the wider health agenda and which will *improve health longer term*.

## 2. The Opportunities

There are many examples of District and Borough Councils playing a greater role in delivering health. Examples include not only activities to deliver targeted and universal health improvement services to reduce the risk of people becoming ill, but also to address the *wider determinants of health to achieve much longer term impact* and thereby *reducing the cost to public health and NHS services*.

The West Kent Councils understand the need to invest in prevention now in order to generate considerable savings for health commissioners in the future. We are already committed to working with the County Council to make best use of our core services to improve health. In many cases these could be enhanced to deliver greater impact on health and wellbeing. Some examples of where this could be further enhanced through the District Health Deal include:

- In *Housing*, Sevenoaks District Council offers a holistic approach to wellbeing through its HERO programme. It encourages retraining for employment and debt reduction to avoid eviction and improve quality of life. At the same time, the project advises on affordable warmth to reduce fuel poverty. Using a *surgey approach, our advisers provide 1:1 support* in outreach settings.

There are opportunities to enhance our housing offer using new schemes to provide more appropriate sized housing through downsizing, combating overcrowding and insulated homes and energy efficiency to keep people healthier by providing warm and safe homes. These schemes can be targeted at those in greatest need.

- *Planning* can encourage active travel through the provision of green space and cycle lanes, it can also ensure an adequate supply of affordable and appropriate housing and access to green space. Accessing green spaces is increasingly recognised to be as important to mental health as physical health.
- *Planning and Licensing policy* can restrict access to unhealthy food outlets and impose restrictions on traffic whilst positively impacting the local economy by creating new local business and job opportunities.
- Whilst there is no statutory duty to provide *leisure facilities*, the three West Kent councils are mindful of the health benefits of this that not only addresses physical inactivity and reduces sedentary behaviour but provides community facilities which positively impact on mental wellbeing and community

cohesion. Access to leisure services provides *up to £23 in value for every £1 invested*<sup>1</sup>.

- District Councils have no core function to address *dementia friendly* principles. However the three West Kent councils support a dementia friendly approach. Initiatives that have already taken place include a stakeholder consultation to find out how services can better serve people affected by dementia and as a direct result training has been provided for over 200 staff and Members as dementia friends. Physical changes to council offices have served to support people, not only with dementia, but also other impairments so that people can more easily access services. We are also instrumental in supporting the new memory cafes and engaging with partners through DF Forums. A number of positive changes have been made within communities to help people to access local services to gain the necessary support to enable people to live well with dementia.

We are only able to do this *because the investment made by KCC Public Health in our healthy lifestyles work* has given us the capability to undertake this work.

### 3. The Evidence - Current Return on Investment

*The West Kent District and Borough Councils have a proven track record of delivering externally funded interventions and partnership working.* Since 2007, health improvement services have been delivered by the councils, commissioned by KCC Public Health (and previously by West Kent PCT). In addition to delivering the commissioned services, we have utilised the specialist Officer resource to add value and contribute to the health agenda, even though these are not directly requested within the SLA. Some of these include:

- Dementia friendly communities projects
- PPG and GP targeted events for patients
- Health MOT events in libraries
- Co-ordinating the Teenage Pregnancy Local Implementation Group
- Providing health improvement information at town and parish Council events
- Awareness raising articles in Council magazines and promotional materials
- Assisting the Children Centre Steering Group to identify and deliver health priorities
- Working with groups of people with disabilities to deliver inclusive sporting activities.

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<sup>1</sup> The Kings Fund - The District Councils Contribution to Public Health, 2015

We have monitored and evaluated the outcomes of these programmes to demonstrate initial and ongoing changes in levels of physical activity, weight loss, positive mental wellbeing and reduction in social isolation. In just one of the district council areas, outcomes include:

- An extra 77,738 minutes of exercise are done each week as a result of Why Weight in one year. *This equates to over 4 million minutes of additional exercise per year.* It is estimated that that every £1 invested could save £2.55 through treating physical inactivity-related illnesses<sup>2</sup>.
- An extra 697 portions of fruit and 730 portions of vegetables are consumed by participants every two days. That works out at an *extra 260,427 five-a-day portions per year.*
- Those who attended Why Weight reduced their intake of fried food, high fat dairy and unhealthy snacks by 641 portions every two days. *This works out as 116,982 fewer portions per year.*
- Our health walks have contributed an extra 6,928 hours of exercise per annum. It is estimated that for *every £1 invested in Health Walks, £8 of benefits are generated for society*<sup>3</sup>. KCC funding invests £500 per annum to pay for health walks, so an *estimated ROI of £8,000 per year over six years.*
- We have used the NICE ‘Return on Investment tool summary for Physical Activity’ to assess the exercise element of our Adult Weight Management Programmes. In one district alone, over a five year period we have worked with over 1.4% of the population. In the short term (first 2 years), compared to the baseline (i.e. no service provision), *with an investment of approximately £96,000, these programmes generated benefits valued at a total of approximately £1.3m. This investment resulted* in a gain of 71, 72, 73 and 80 QALYs over 2 years, 5 years, 10 years and lifetime respectively, equating to a *return of £14.77, £14.91, £15.35 and £17.22 for each pound spent* on implementing the package, if both healthcare cost savings and the value of health gains are considered.

In housing, the quality of someone’s home has a substantial impact on health; a warm, dry and secure home is associated with better health.<sup>4</sup> *Poor housing conditions have a detrimental impact on health, costing the NHS at least £600 million per year.*<sup>5</sup> Figures calculated by using the Housing Health<sup>6</sup> and Safety Rating System Costs Calculator<sup>7</sup> suggest that:

<sup>2</sup> The Kings Fund (2015)

<sup>3</sup> Glasgow Health Walks – SROI Analysis Summary Report (July 2013)

<sup>4</sup> Houses of Parliament Briefing: Housing and Health (2011)

<sup>5</sup> Nicol, S. et al., Quantifying the cost of poor housing, BRE press (2010)

<sup>6</sup> Inside Housing (2010)

- Every £1 spent adapting 100,000 homes where a serious fall is likely to otherwise occur could *save the NHS £69.37 over 10 years*. The estimated ROI for Home Adaptations Programmes yielding a saving of around £7.50 per every £1 invested<sup>8</sup>.
- Every £1 spent improving 100,000 homes where residents are otherwise likely to require treatment due to issues of excess cold could *save the NHS £34.19 over 10 years*.
- Every £1 spent dealing with overcrowding in 100,000 homes that is otherwise likely to lead to health problems could *save the NHS £6.71 over 10 years*.
- National evaluation of handyman services reported that the benefits *outweigh the costs by around 13 per cent*, with social care costs being the biggest costs avoided. The report described these services as delivering *‘a relatively high volume of preventive activity at a relatively low cost’*<sup>9</sup>.

#### 4. Future Return on Investment

We are now in an excellent position to demonstrate and deliver greater return on investments through sustained lifestyle and behaviour changes in the longer term as well as *addressing ‘the cause of the cause’* through delivering truly preventative health programmes as part of our key services.

Housing is an important area where small investments can bring significant returns. The quickest wins relating to health and housing can be from *improvements to excess cold, reducing falls and improving housing standards*. There is good evidence of the positive health impact of home improvement programmes demonstrating that *improving the standard of homes pays back quickly*. The West Kent District and Borough Councils deliver a range of home improvement programmes in-house including the *HERO service, home adaptations and winter warmth*, all of which could be enhanced through the West Kent Health Deal.

By working in partnership with CCGs and KCC, we are not only looking directly at lifestyle changes and reducing risk-taking behaviour, but also at the impacts other key factors such as *social, environmental and economic* can have.

Within a partnership agreement we can demonstrate a long term ROI and cost-efficiency saving by having a positive *impact on people’s housing, access to green space, active travel, financial security, back into work and business support*.

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<sup>7</sup> Chartered Institute of Environmental Health and Buildings Research Establishment (2008)

<sup>8</sup> Wales Rapid Response Adaptations Programme (Institute of Public Care 2011)

<sup>9</sup> Croucher et al 2012, p 3

## 5. The West Kent Health Deal

The District and Borough Councils have the ability to deliver targeted and universal services co-ordinated and delivered by the Councils and through a range of key local partners. This will ensure they are only reaching those in greatest need but are *providing a true preventative role in sustaining longer term health improvement* through promotion, campaigns, awareness raising and events.

There are further opportunities to enhance our services to help assess health and wellbeing needs of the individuals to ensure that we are taking a truly holistic approach to the needs of the individual.

Kent Public Health has expressed a need to redesign current commissioned services based on *'drivers for change'*. We understand that these drivers are shared at both county and district level and can positively impact on improved access to services and reducing risk factors of ill health. Some of these shared drivers for change include the need to:

### Shared 'Drivers for Change':

- Tackle health inequalities ;
- Address a growing, ageing and diversifying population;
- Prevent escalation of care needs;
- Deliver equal access to services for all.

## The West Kent Deal - a Ten Point Enhancement Plan

The following *Ten Point Enhancement Plan* shows some of the ways in which we can enhance our current work to have a great holistic approach to the health agenda and form part of a new Partnership Agreement:

1. **Co-ordination and delivery** of a targeted, **person-centred health improvement model**. Co-ordination and delivery of targeted and universal programmes with local partners to target those in greatest need and to prevent population ill health. This includes triage, motivational interviewing, health checks, physical activity and other interventions that address a range of priority outcomes - delivered to meet local needs.
2. **Policy review** - A review of our key service policies such as housing, planning and licensing to factor in guidance for 'designing in good health'. This could include conditions applied to licensed premises, health impact assessments on planning applications and restrictions on applications that may have a negative impact on health, such as fast food outlets.
3. Using our expert **communications and campaign tools** to get important health messages to people who live and work in West Kent as well as to our partner organisations, voluntary groups and communities who are all essential to a holistic approach to health and well-being.
4. **HERO Advice & Support Service** - Build on the existing service which supports the most vulnerable individuals and families with housing and debt advice, to incorporate health and wellbeing assessments and signposting into the Local Health Hub, as detailed in point 2.
5. **GP partnership** - To continue the excellent work with local GPs and Patient Participation Groups. This relationship has taken many years to build. It is now in place and working well across West Kent. We can deliver referral interventions relating to physical activity, social prescribing, streamlined Phase 4 rehab for cardiac and other long term conditions, weight management programmes and targeted health promotion events for identified patients.
6. An assessment of the **wider determinants of health affecting small areas of our District**, perhaps based on GP surgery catchment areas, putting in place appropriate prevention and related Council services, looking at housing needs, promoting energy efficiency, debt advice, active lifestyles and leisure opportunities, community safety and other initiatives in order to reduce identified health inequalities to ensure that those areas are healthy places.

7. Using our contacts with businesses to ensure that people who work in the District have access to *healthy workplaces* and opportunities to access active lifestyles and health advice and information.
8. Promoting the *use of green spaces, active travel and cycling*. Ensuring best use of green spaces in built up areas and access to the countryside, through area-based mapping.
9. *Making Every Contact Count* - working with and training front line staff and key partners including Fire Service, Kent Police housing associations and voluntary organisations such as CAB, Age UK, Carers First, West Kent Mind and many more. This would include a central referral process to assess all risks, health, social and housing needs to make sure 'Every Contact Counts'. This would have an impact on reducing hospital admissions by providing preventative measures to support people to remain independent and in their own homes, whilst living and ageing well.
10. Accessing *other sources of external funding* such as Sport England, National Lottery, Awards for All, Sportivate etc. that will complement other preventative health work and target specific areas in West Kent to deliver interventions based on need. There has already been considerable success in attracting other external funding to add value to existing work to deliver community based interventions particularly in deprived or rurally isolated communities.

The West Kent Districts and Boroughs are the best-placed partners to deliver the Ten Point Enhancement Plan. We have:

- Trusted relationships with GPs and PPGs with existing referral pathways in place and working;
- Ability to build on statutory provision to address the wider determinants of health
- Tried and tested health improvement, community development and project management skills in place
- Close partnership working with town & parish Councils, the voluntary and community sector;
- Excellent communications tools aimed at every sector of our community;
- Excellent working relationship with social housing providers, private landlords and land owners;
- Understanding of our communities and their needs from extensive community consultations.

Further details regarding these new opportunities are given in Table 1 below.



## Delivering the ‘Ten Point Enhancement Plan’

As part of a West Kent District Health Deal we propose to use all our tools to run alongside various commissioned and universal health improvement services to achieve shared health objectives that are both achievable and measurable. The details of the Ten Point Enhancement Plan are detailed below:

Table 1

SERVICE ENHANCEMENT	DESCRIPTION	CONTRIBUTION TO PUBLIC HEALTH AGENDA
<ul style="list-style-type: none"> <li>Enhanced ‘HERO’ Advice and Support Service</li> </ul>	<p>Provide health and wellbeing assessments to vulnerable adults and families with signposting to Adult Health Improvement Services. One holistic professional advice service with health and housing.</p>	<ul style="list-style-type: none"> <li>– Good Jobs and Stay in Work</li> <li>– Warmer and Safer Homes</li> <li>– Preventative Health and Wellbeing</li> <li>– Spatial Environment Planning</li> <li>– Supporting older people</li> <li>– Support mental health</li> <li>– Homelessness</li> <li>– Social isolation for carers</li> <li>– Smoking</li> </ul>
<ul style="list-style-type: none"> <li>Co-ordinated local hub model</li> </ul>	<p>Co-ordination and delivery of targeted and universal programmes with local partners to target those in greatest need and to prevent population ill health.</p>	<ul style="list-style-type: none"> <li>– Access to Green Space and Leisure</li> <li>– Preventative Health and Wellbeing</li> <li>– % of NHS Health Checks</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– % pf physically inactive</li> <li>– Adult excess weight</li> <li>– Injuries due to falls</li> <li>– Support ageing well</li> </ul>
<ul style="list-style-type: none"> <li>Policy Review and Training</li> </ul>	<p>Review of our key service policies such as housing, planning and licensing to factor in guidance for ‘designing in good health’. Training of frontline workers including benefits, licensing, planning, leisure centres in health awareness.</p>	<ul style="list-style-type: none"> <li>– Good Jobs and Stay in Work</li> <li>– Warmer and Safer Homes</li> <li>– Preventative Health and Wellbeing</li> <li>– Spatial Environment Planning</li> <li>– Supporting older people</li> <li>– Support mental health</li> <li>– Homelessness</li> <li>– Social isolation for carers</li> </ul>

SERVICE ENHANCEMENT	DESCRIPTION	CONTRIBUTION TO PUBLIC HEALTH AGENDA
<ul style="list-style-type: none"> <li>• Communications and campaign tools               <ul style="list-style-type: none"> <li>– In- Shape Magazine to all households and businesses</li> <li>– Website and social media</li> <li>– Access to parish and partner newsletters</li> </ul> </li> </ul>	<p>Targeted health messages to those in greatest need with local partners. To raise awareness and educate residents on reducing risk factors and supporting national health campaigns.</p>	<ul style="list-style-type: none"> <li>– Access to Green Space and Leisure</li> <li>– Preventative Health and Wellbeing</li> <li>– % of NHS Health Checks</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– % pf physically inactive</li> <li>– Adult excess weight</li> <li>– Injuries due to falls</li> <li>– Support ageing well</li> </ul>
<ul style="list-style-type: none"> <li>• GP Partnership</li> </ul>	<p>To deliver referral interventions relating to physical activity, social prescribing, streamlined Phase 4 rehab for cardiac and other long term conditions, weight management programmes and targeted health promotion events.</p>	<ul style="list-style-type: none"> <li>– Access to Green Space and Leisure</li> <li>– Preventative Health and Wellbeing</li> <li>– % of NHS Health Checks</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– % pf physically inactive</li> <li>– Adult excess weight</li> <li>– Injuries due to falls</li> <li>– Support ageing well</li> </ul>
<ul style="list-style-type: none"> <li>• Targeted assessments of health determinants and delivery of risk factor education and awareness programmes</li> </ul>	<p>Based on GP surgery catchment areas, putting in place appropriate prevention and related Council services to reduce identified health inequalities. Targeting pockets of deprivation. Working with GPs, Practice Managers, nurses, PPGs and the voluntary sector.</p>	<ul style="list-style-type: none"> <li>– Preventative Health and Wellbeing</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– % of physically inactive</li> <li>– Adult excess weight</li> <li>– Injuries due to falls</li> <li>– Support ageing well</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy workplaces</li> </ul>	<p>Working with businesses to access healthy workplace initiatives</p>	<ul style="list-style-type: none"> <li>– Active and Safe Travel</li> <li>– Good Jobs and Stay in Work</li> <li>– Warmer and Safer Homes</li> <li>– Access to Green Space and Leisure</li> </ul>

SERVICE ENHANCEMENT	DESCRIPTION	CONTRIBUTION TO PUBLIC HEALTH AGENDA
		<ul style="list-style-type: none"> <li>– Spatial Environment Planning</li> <li>– Preventative health and wellbeing</li> <li>– Supporting mental wellbeing</li> <li>– Reducing obesity</li> <li>– % of physically inactive</li> </ul>
<ul style="list-style-type: none"> <li>• Natural Ways to Wellbeing</li> </ul>	<p>Promotion of the use of green and open spaces through targeted interventions including walking, cycling and active travel</p>	<ul style="list-style-type: none"> <li>– Active and Safe Travel</li> <li>– Access to Green Space and Leisure</li> <li>– Spatial Environment Planning</li> <li>– Preventative health and wellbeing</li> <li>– Supporting mental wellbeing</li> <li>– Reducing obesity</li> <li>– % pf physically inactive</li> </ul>
<ul style="list-style-type: none"> <li>• Every Contact Counts</li> </ul>	<p>Work with GPs, HERO and voluntary sector to assess independent living needs of vulnerable and older people</p>	<ul style="list-style-type: none"> <li>– Preventative Health and Wellbeing</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– Injuries due to falls</li> <li>– Support ageing well</li> </ul>
<ul style="list-style-type: none"> <li>• Sourcing other External Funding</li> </ul>	<p>Accessing other sources of external funding to complement preventative health work. Delivery of targeted interventions based on needs</p>	<ul style="list-style-type: none"> <li>– Preventative Health and Wellbeing</li> <li>– Reducing health inequalities</li> <li>– Improving health and wellbeing of residents</li> <li>– Support ageing well</li> <li>– Access to Green Space and Leisure</li> <li>– Supporting mental wellbeing</li> <li>– Reducing obesity</li> <li>– % of physically inactive</li> </ul>

## 6. Conclusion and Summary

The three West Kent district and borough councils work closely with the County Council, Clinical Commissioning Groups and Health and Wellbeing Boards. We would like to *be a full and equal partner with Kent County Council* and the CCGs in contributing to the preventative health agenda that will keep people to become fitter and healthier whilst remaining independent in their own homes. A West Kent Health Deal delivered through a signed Partnership Agreement would help the health service and Social Care Services *met their current and future budgetary challenges*.

In times when budgets are reducing, there is greater need for budgets to work harder and smarter and in a more co-ordinated way. The West Kent Health Deal would help to deliver long term and sustainable services through a partnership arrangement leading to reduced health inequalities, improving long term health and wellbeing of residents and contributing to financial efficiencies of future health services. Part of the Ten Point Enhancement Plan is to look for additional funding elsewhere to continue and build on the work.



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## DISTRICT AND BOROUGH CONTRIBUTION TO HEALTH

2016/17	SDC	T&MBC	TWBC	TOTAL
Voluntary Sector Infrastructure & grants	£130,000	£123,800	£200,000	<b>£453,800</b>
Campaigns, Information and Advice – West Kent	£8,000	£4,000		<b>£12,000</b>
Youth Projects	£18,000	£8,000	£48,000	<b>£74,000</b>
Community Development	£38,000	£15,000	£28,000	<b>£81,000</b>
Housing Assistance	£45,000	£60,000		<b>£105,000</b>
Targeted Sport & Leisure	£50,000	£5,000	£10,000	<b>£65,000</b>
Rapid discharge scheme	£30,000	£30,000	£30,000	<b>£90,000</b>
Active travel				<b>£6,000</b>
Domestic Abuse	£16,000	£12,200	£18,000	<b>£46,200</b>
<b>TOTAL</b>	<b>£335,000</b>	<b>£258,000</b>	<b>£334,000</b>	<b>£933,000</b>
DFGs	£889,000	£917,000	£981,000	<b>£2,787,000</b>
<b>TOTAL ADDING IN DFGs</b>	<b>£1,224,000</b>	<b>£1,175,000</b>	<b>£1,315,000</b>	<b>£4,653,000</b>

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 DOCUMENT IMAGING SYSTEM FOR HOUSING SERVICES**

**The report seeks Cabinet approval to expand the existing Revenue and Benefits Document Imaging Processing (DIP) Capital Plan scheme to include the Housing Service.**

**1.1 Introduction**

- 1.1.1 There are currently two Document Image Processing (DIP) systems used by the Council, which are IDOX and Northgate Information@Work.
- 1.1.2 An evaluation of the IDOX DIP system has deemed it unsuitable for the Housing section's business needs, primarily due to the document workflow solution.
- 1.1.3 In February 2015 Council approved a DIP scheme for the Revenue and Benefits Section as part of the budget setting process, enabling the procurement of the Northgate Information@Work DIP system. It was anticipated that subject to successful implementation the system would be rolled out across the Housing Service. This system was implemented by Revenue and Benefits in December 2015 and has helped the section run more efficiently, providing greater flexibility in terms of how work is automatically allocated and/or manually distributed, which has resulted in work being processed in a timelier manner. The system has enhanced security features enabling controls/ restrictions to be set based on document types and staff permissions.
- 1.1.4 Revenues and benefits have been pleased with the level of support provided by the software supplier. This gives greater confidence that should any problems arise, they will be resolved quickly.
- 1.1.5 In order to continue with the modernisation of the Housing Service and achieve further efficiencies following the redesign of the Service it is proposed to now roll out the Information@Work to include the Housing Service.
- 1.1.6 The Housing Service uses paper based files to store information relating to our customers applications for housing assistance and advice. For the housing register alone there are approximately 10,000 files held by the Council containing

personal, and in some cases sensitive information, which at present must be manually maintained in various locations within the Council offices. This outdated method of storing customer records is costly in terms of both manual labour and the physical space required to store these records, as well as increasing the Council's exposure to risks associated with holding such information.

- 1.1.7 Housing Services share a similar customer base with the Revenue and Benefits section and it is beneficial for both services to use the same system for the purpose of storing and sharing customers' documents and associated information. The security model inherent within Information@Work allows the physical enablement of information sharing protocols. This benefits customers and reduces inefficiencies by using the same documents across services wherever possible.

## **1.2 Legal Implications**

- 1.2.1 Improved compliance with Data Protection, Freedom of Information and other legal obligations. The systematic management of information and particularly personal data through the robust application of retention and disposal policies could dramatically reduce risk of fines by the Information Commissioners.
- 1.2.2 Improved compliance with Section 8 of the National Archives Record management code.

## **1.3 Financial and Value for Money Considerations**

- 1.3.1 The total cost of the expansion is estimated at £40,000 and comprises:

- Licenses and Support - £4,000
- Implementation costs - £24,500
- Hardware/ Ancillary - £3,000
- Interface with Housing system (Locata) - £7,000
- Contingency - £1,500

- 1.3.2 The expansion is to be funded by way of virement from existing Capital Plan schemes as follows:

- £8,000 from the existing Revenues and Benefits DIP scheme
- £16,000 from Housing Renewable Energy Schemes
- £16,000 from the 2015/16 underspend on Housing Disabled Facility Grants (DFG)

1.3.3 There will be an additional annual support and maintenance charge of £675 per annum based on 18 licences (users).

1.3.4 Members will be aware from previous reports to the Board that the virement from the Disabled Facility Grants budgets does not diminish expenditure for DFG use as we have seen an increase of 87 per cent in government grant funding for 2016/17.

#### **1.4 Risk Assessment**

1.4.1 Reduced risk of lost or misplaced documents through the use of an electronic document management system. We are required to hold documents & records for many years and there is a risk that some may be irretrievably lost if steps are not taken to protect them.

1.4.2 Improved adhesion of document retention and disposal policies.

#### **1.5 Equality Impact Assessment**

1.5.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

#### **1.6 Policy Considerations**

1.6.1 Procurement.

#### **1.7 Recommendations**

1.7.1 It is **RECOMMENDED** that Cabinet approve to expand the existing Revenue and Benefits DIP Capital Plan scheme to include the Housing and that the expansion is funded by way of virement from Capital Plan schemes as set out in section 1.3 of the report.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Jason Wheble  
Satnam Kaur

Nil

Steve Humphrey  
Director of Planning, Housing and Environmental Health

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**CAPITAL PLAN LIST C – EVALUATIONS**

	<b>Project</b>	Housing Document Management System	
	1	<b>Specification:</b>	
		(i)	<b>Purpose of the scheme</b> Housing requires a system to manage documents and records digitally. An evaluation of the IDOX document image processing (DIP) system has deemed it unsuitable for their business needs. An alternative system (Information@Work) has been identified as the best solution.
		(ii)	<b>Relevance to National / Council's Strategic Objectives</b> (a) National: None. (b) Council: Key priority 1a (Improving efficiency and resilience of services).
		(iii)	<b>Targets for judging success</b> (a) Implementation of a document management system for Housing.
	2	<b>Description of Project / Design Issues:</b> In accordance with our transformation strategy it is necessary for Housing to implement a new fully-functional, PSN compliant document management system. In February 2015 Council approved a DIP scheme for Revenue and Benefits as part of the budget setting process, enabling the procurement of the Information@Work DIP system. This system is now fully implemented. Housing proposes to expand this original scheme.  Housing work closely with Revenue and Benefits and it is beneficial for both services to use the same system for the purpose of storing and sharing customers' documents and information. This benefits customers and reduces inefficiencies by using the same documents provided across departments wherever possible.	
	3	<b>Consultation:</b> IDOX Northgate (supplier of the Information@Work system) Revenue and Benefits	
	4	<b>Capital Cost:</b> The total cost of the project is estimated at £40,000, consisting of the following: <ul style="list-style-type: none"> <li>• Licenses and Support - £4,000</li> <li>• Implementation costs - £24,500</li> <li>• Hardware/Ancillary - £3,000</li> <li>• Locata Interface - £7,000</li> <li>• Contingency - £1,500</li> </ul> To be funded in full by virement from the following Capital Plan schemes: £8,000 from Revenue and Benefits DIP scheme <ul style="list-style-type: none"> <li>• £16,000 from Housing Renewable Energy Scheme</li> <li>• £16,000 from the 2015/16 underspend on Housing Disabled Facility Grants</li> </ul>	

**CAPITAL PLAN LIST C – EVALUATIONS**

5	<b>Profiling of Expenditure</b>					
	<b>2015/16 (£'000)</b>	<b>2016/17 (£'000)</b>	<b>2017/18 (£'000)</b>	<b>2018/19 (£'000)</b>	<b>2019/20 (£'000)</b>	<b>2020/21 (£'000)</b>
		<b>£40,000</b>				
6	<b>Capital Renewals Impact:</b> None.					
7	<b>Revenue Impact:</b> Additional annual support and maintenance charge of £675 per annum based on 18 licences.					
8	<b>Partnership Funding:</b> Not applicable.					
9	<b>Post Implementation Review:</b> Twelve months after completion of the project.					
10	<b>Screening for equality impacts:</b>					
	<b>Question</b>			<b>Answer</b>	<b>Explanation of impacts</b>	
	a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community?			No		
	b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality?			No		
c. What steps are you taking to mitigate, reduce, avoid or minimise the impacts identified above?			N/A			
11	<b>Recommendation:</b> Amend the Capital Plan List A to include Housing DIP funded in full by virement as outlined above.					

**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Recommendation to Cabinet - Non-Key Decision (Decision may be taken by the Cabinet Member)**

**1 ENERGY EFFICIENCY UPDATE**

**Summary**

**This report seeks Members endorsement of the Kent wide Fuel Poverty Strategy. It also updates Members on the Energy Deal collective switching scheme initiative and seeks support to continue the initiative.**

**1.1 Fuel Poverty**

- 1.1.1 Living in fuel poverty is where a household has fuel costs which are above average and were they to spend the amount required to heat their home adequately they would be left with a residual income below the official poverty line. This model of fuel poverty is known as the Low Income High Cost model.
- 1.1.2 The average level of fuel poverty across the Tonbridge & Malling borough is 7.3 percent, which is lower than the Kent average of 8.6 percent and the South East average of 8.1 percent (DECC Fuel Poverty Statistics 2013).
- 1.1.3 The main causes of fuel poverty include poor energy efficiency of dwellings, low income households and the high cost of fuel.
- 1.1.4 Levels of fuel poverty across an area may vary for a number of different reasons including higher proportions of households on a low income, higher proportions of older housing, higher proportions of rural housing or more homes off the mains gas network. Rural properties are often older with solid wall construction and more difficult to insulate resulting in the property having poor energy efficiency.
- 1.1.5 Those most vulnerable to fuel poverty and the impacts of having a cold, energy inefficient home are:
- Older people, particularly those living on their own or in a large family home
  - Lone parents with dependent children
  - Families who are unemployed or on low incomes

- Children and young people
- People with a disability
- People with an existing illness and long term health condition (physical and mental)
- Single unemployed people

1.1.6 Living in a cold home can have a negative impact on the health of the occupants and can increase demand on the National Health Service. Living in fuel poverty can also lead to social isolation and may reduce children's educational attainment. Tackling fuel poverty and cold-related health problems is important for improving health outcomes and reducing health inequalities in Kent.

## **1.2 Kent Wide Fuel Poverty Strategy**

1.2.1 The Home Energy Conservation Act 1995, Warm Home Energy Conservation Act 2000 and the 'Cutting the cost of keeping warm: A fuel poverty strategy for England' published in 2015 place both a statutory duty on local authorities and an expectation to take action to reduce fuel poverty levels.

1.2.2 'Delivering Affordable Warmth - A Fuel Poverty strategy for Kent' has been developed by the Kent Energy Efficiency Partnership (KEEP) in partnership, for and on behalf of the Kent Private Sector Housing Group, and the Kent and Medway Sustainable Energy Partnership. A copy of this strategy is attached at **[Annex 1]**.

1.2.3 This strategy and the associated action plan outlines the key issues and sets out a series of objectives with the aim of reducing the negative impact of fuel poverty and cold homes on the health and well-being of Kent residents. It also sets out the important role the Council has in working in partnership with other statutory organisations and partner agencies across Kent in addressing fuel poverty.

1.2.4 The key priorities of the strategy are based on the need to fully understand who the vulnerable residents in fuel poverty are; to target them with interventions that address the three main causes of fuel poverty namely

- Improving energy efficiency of the home
- Reducing fuel costs
- Maximising income.

## **1.3 Energy Deal Collective Switching Scheme**

1.3.1 The Council joined the existing Energy Deal collective switching scheme partnership with Dartford District Council, Dover District Council, Gravesham Borough Council and Tunbridge Wells Borough Council in December 2014. A



collective switching scheme is where a third party negotiates a better energy tariff on behalf of a collective of residents. Such schemes enable residents to register an interest in participating in a 'reverse energy auction' and to subsequently receive a new energy tariff offer. The energy providers that offer the best deal on the auction day for the majority of residents will be selected. There is no obligation on registrants to accept the offer.

- 1.3.2 The benefit of collective switching schemes are they can help residents to obtain a saving on their energy costs, assist in maximising household income and help to alleviate fuel poverty. It should be noted that the amount of household savings are influenced by many variables including their existing energy tariff and their energy consumption. Savings also depend on the success of an individual 'reverse energy auction'. The Energy Deal scheme does not guarantee each resident will save on their current energy costs but it does enable residents without internet access to have the opportunity to register their interest in hearing about a cheaper energy tariff. Tariffs secured under the Energy Deal collective switching scheme are guaranteed for a one year period.
- 1.3.3 To date the Council has run two winter campaigns (Feb auctions) and taken part in a Spring and Autumn auction round each year. The table below shows the outcomes from each auction. We are awaiting final figures on the May 2016 and October 2016 auctions.

<b>Tonbridge &amp; Malling Energy Deal Collective Switching Scheme</b>					
<b>Auction date</b>	<b>No. of registrants</b>	<b>No. switching</b>	<b>Percentage switching rate</b>	<b>Sum of £ savings for those switching</b>	<b>Average saving per household of those who switched</b>
Feb 2015	263	114	43%	£33,135.75	£290.66
May 2015	65	16	25%	£3,805.78	£237.86
Oct 2015	63	27	43%	£6,497.49	£240.65
Feb 2016	475	223	47%	£68,784.17	£308.45

- 1.3.4 The table above demonstrates a total saving of £112,223.19 for Tonbridge & Malling residents for those who switched energy supplier under the Energy Deal scheme for the period when the Council joined the Energy Deal scheme until February 2016.

- 1.3.5 The scheme generates a fee per switch which is shared between the appointed third party, in this case the company iChoosr, and the Council in whose area the switch has occurred. This fee is re-invested in schemes and projects to help reduce fuel poverty across the borough.
- 1.3.6 The current Energy Deal agreement with iChoosr comes to an end on 24 November 2016 and those councils involved in the Energy Deal scheme will now need to procure a new intermediary to provide a collective switching scheme, via a full OJEU process. Dover District Council will continue to act as lead authority and undertake the procurement process.
- 1.3.7 In the interim to ensure continuity of the collective switching initiative while the procurement process takes place, Energy Deal authorities propose accessing East Riding of Yorkshire Council's (ERYC) contract with iChoosr.
- 1.3.8 In liaison with Legal Services each Energy Deal authority will enter into a Memorandum of Understanding (MOU) with East Riding of Yorkshire enabling them to access the contract. Also to enter into a new MOU/Participation agreement to confirm our continuing partnership working with Energy Deal councils and to reflect the new arrangements accessing East Riding & Yorkshire Council's contract.

#### **1.4 Legal Implications**

- 1.4.1 The Council has a statutory duty under the Home Energy Conservation Act 1995 and the Warm Home Energy Conservation Act 2000 to take action to reduce fuel poverty levels. Also an expectation by Government under the 'Cutting the cost of keeping warm: A fuel poverty strategy for England' published in 2015.

#### **1.5 Financial and Value for Money Considerations**

- 1.5.1 None arising from this report.

#### **1.6 Recommendations**

It is therefore **RECOMMENDED TO CABINET** that:

- 1.6.1 Members **ENDORSE** the new Kent Wide Fuel Poverty Strategy.
- 1.6.2 Members **ENDORSE** the approach being taken to ensure our residents can continue to benefit from the Energy Deal collective switching scheme initiative.

The Director of Planning, Housing and Environmental Health confirms that the proposals contained in the recommendation(s), if approved, will fall within the Council's Budget and Policy Framework.

Background papers:

contact: Lucy Hicks/Linda  
Hibbs

Nil

Satnam Kaur

Steve Humphrey  
Director of Planning, Housing and Environmental Health

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# Delivering Affordable Warmth

A FUEL POVERTY STRATEGY FOR KENT

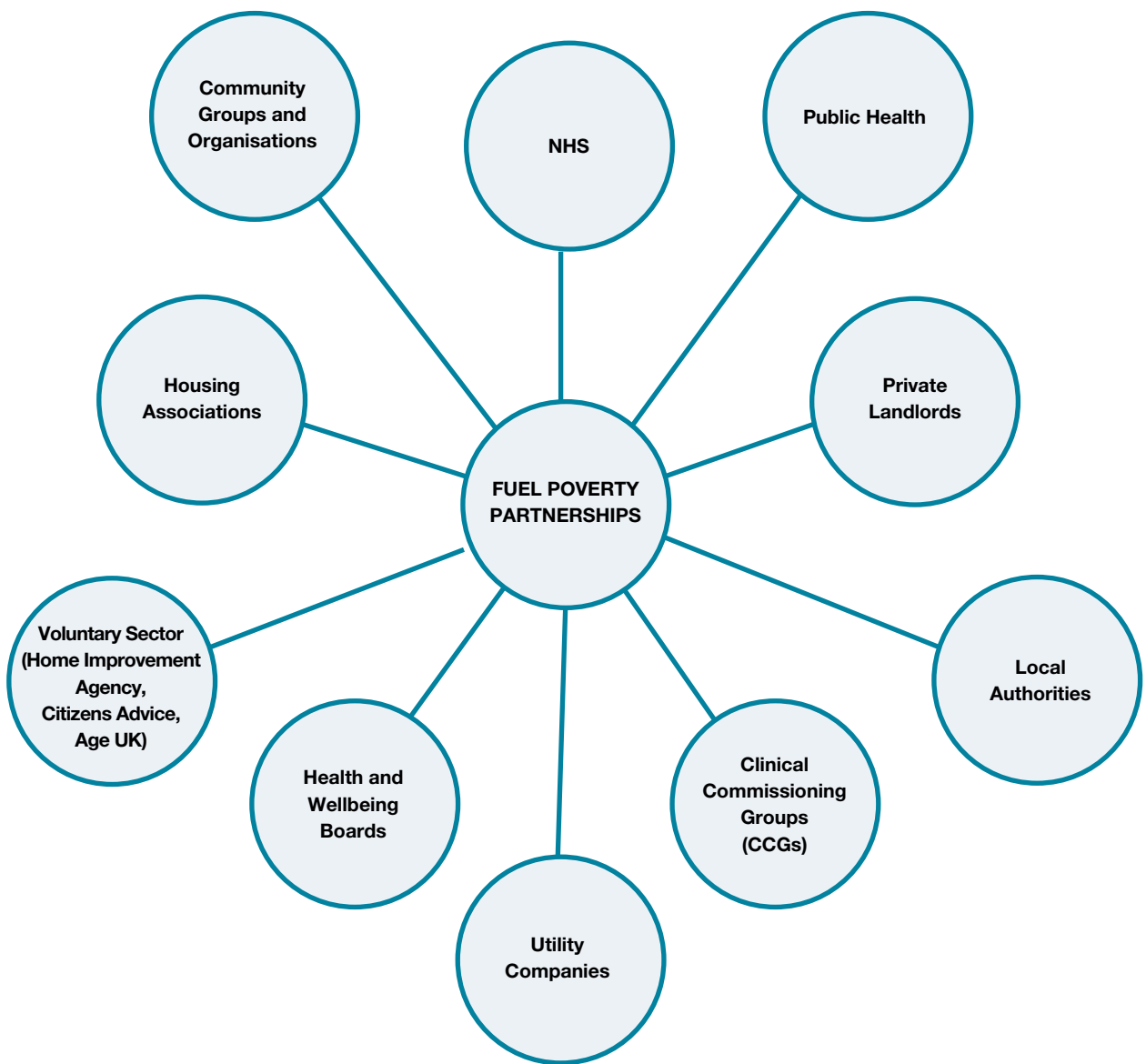


Developed by the  
**Kent Energy Efficiency Partnership  
(KEEP)**

For and on behalf of Kent Private Sector Housing Group and Kent and Medway Sustainable Energy Partnership

“Alone we can do so little:  
Together we can do so much”

**Helen Keller**



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## Foreword

The need to take effective action to reduce fuel poverty has never been more important. Fuel poverty and cold home-related health problems have been a long standing concern for national and local government. Fuel poverty is not just about poverty, but about the impact it has on health and the living environment.

Health inequalities have considerable detrimental effects on health and wellbeing, especially in those households that are most vulnerable. These include forced choices between heating or eating and not having a warm place to live, work and study.

Fuel poor households are more likely to live in energy inefficient homes and this is not tenure specific, it's a problem across all tenures that include social housing, private rented and owner occupied properties.

In 2013, just over 64,000 households in Kent/Medway were affected by fuel poverty. A fuel poverty strategy can offer a number of benefits to Kent residents with positive outcomes including better living standards and conditions for those people on low incomes; improved and more energy efficient housing stock; fewer winter deaths and reduced costs for the NHS.

All statutory organisations and partner agencies in Kent are committed to reduce the negative impact of fuel poverty and cold homes upon the health and well-being of the County's residents. By focusing targets based on evidence, a partnership working and effective interventions between all the relevant organisations, we will adopt clear policies from national and local fuel poverty frameworks and indicators. The actions that flow from these policies will ensure that unscheduled admissions and re-admissions to hospitals can be reduced and improve the lives of the County's residents.

This Strategy has been developed in line with Kent's first adopted strategy, Kent Health and Affordable Warmth Strategy in 2001, which was followed several years later by the 2nd edition of the strategy covering the period 2005 – 2008.

We would like to thank the Kent Energy Efficiency Partnership members in the development of this Strategy and to all those partner agencies who have contributed during the consultation and completion stage. We would like to thank National Energy Action for supporting the consultation on this document via a small amount of funding.



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## Executive Summary

Living in fuel poverty is defined as being on a lower income and living in a home which cannot be kept warm at reasonable cost. The number of households suffering from fuel poverty is rising and with the average fuel expenditure having increased from £694 to £1,338 (between 2003 and 2010), an increase of 90%, government targets to reduce the number of households living in fuel poverty are being challenged. At its worst fuel poverty means households are faced with a decision of whether to 'heat or eat'.

There are approximately 64,596 households in Kent and Medway (DECC Fuel Poverty Statistics, 2013) currently affected by fuel poverty. The average fuel poverty level in Kent is 8.6% and in Medway is 9.8%. These values compare favourably with the national average and with northern regions, but are high in comparison to the South East average. There are also a significant number of pockets of high levels of deprivation and high fuel poverty in Kent.

Living in a cold home has significant negative impacts on the health of the occupants and increases demand on the National Health Service (NHS). Fuel poverty can lead to social isolation of vulnerable groups and may reduce children's educational attainment. Tackling fuel poverty and cold home-related health problems is important for improving health outcomes and reducing inequalities in health in Kent.

The Home Energy Conservation Act (1995) (HECA), Warm Home Energy Conservation Act (2000) (WHECA) and 'Cutting the cost of keeping warm; A fuel poverty strategy for England' (published in March 2015) place both a statutory duty upon Local Authorities and the expectation that they will act to reduce fuel poverty levels.

Kent Energy Efficiency Partnership (KEEP) was tasked by the Kent Housing Group (via the Private Sector Housing sub-group) with developing a fuel poverty strategy for Kent. This strategy outlines the key issues and sets out a series of objectives with the aim of helping people in Kent out of fuel poverty and into affordable warmth. With input from a wide range of organisations it demonstrates a commitment to work in partnership to alleviate fuel poverty across Kent.

The Strategy highlights national targets and identifies local targets as set out in the revised Kent Environment Strategy and Climate Local Kent, which partners will work towards achieving. The Strategy and Action Plan aim to build on and increase partnership working across Kent, to broaden the evidence base and increase current levels of understanding of fuel poverty in Kent and to prioritise interventions, monitor and evaluate the effect of the strategy.

The Strategy demonstrates Kent is serious about its ambition to address fuel poverty which in itself will strengthen funding bids and make the county more attractive for future energy efficiency programmes/ funding.

The Strategy has identified four key priorities for Kent:

- Priority 1: Information gathering and sharing**
- Priority 2: Improving energy efficiency**
- Priority 3: Reducing fuel costs**
- Priority 4: Increase income – support vulnerable households to maximise income**

The associated Action Plan outlines the activities we will deliver to start to address these priorities.



## 1. Introduction to Fuel Poverty

Every year, millions of households throughout England will struggle to keep warm at home. This situation, known as ‘fuel poverty’, damages people’s quality of life and imposes wider costs on the community.

This strategy outlines the key issues and sets out a series of objectives with the aim of helping people in Kent out of fuel poverty and into affordable warmth. With input from a wide range of organisations it demonstrates a commitment to work in partnership to alleviate fuel poverty across Kent.

### New Definition of Fuel Poverty

In 2013, the government introduced a new definition of fuel poverty following recommendations made by John Hills in the Hills Fuel Poverty Review<sup>1</sup>.

#### Fuel Poverty Definition

The 2012 Hills Report provided a new definition of fuel poverty. This model considers a household to be in fuel poverty if:

- They have required fuel costs that are above average (the national median level).
- Were they to spend that amount they would be left with a residual income below the official poverty line.

This is known as the Low Income High Cost (LIHC) model and is referred to as fuel poverty (LIHC) in many documents.

Fuel poverty had previously been defined as when a household needed to spend 10% of their household income to heat their home adequately. This is now referred to as fuel poverty (10%) in many documents.

A key feature of the LIHC definition of fuel poverty is that it focuses on energy requirements, rather than actual energy spending. This is important because many low income households do not spend what is needed to provide adequate lighting, heating, hot water and household appliance use. Utilising this model enables us to ensure these vulnerable households are still considered to be in fuel poverty and are eligible for support.

The Hills Report definition of fuel poverty (LIHC) is less responsive to changes in fuel prices affecting the number of households in fuel poverty. Where fuel prices have a significant influence on fuel poverty there is a danger of it overshadowing the positive effect of energy efficiency programmes. The LIHC model allows government to assess how much money must be spent on the problem. It also enables government to work out how much lower a household’s fuel bill would need to be or how much higher their income would need to be to no longer be fuel poor, this is known as the fuel poverty gap.

Household composition has an impact on the likelihood of a household being in fuel poverty. The Hills Fuel Poverty Review provides useful figures that show the likely composition of a fuel poor household under this definition:

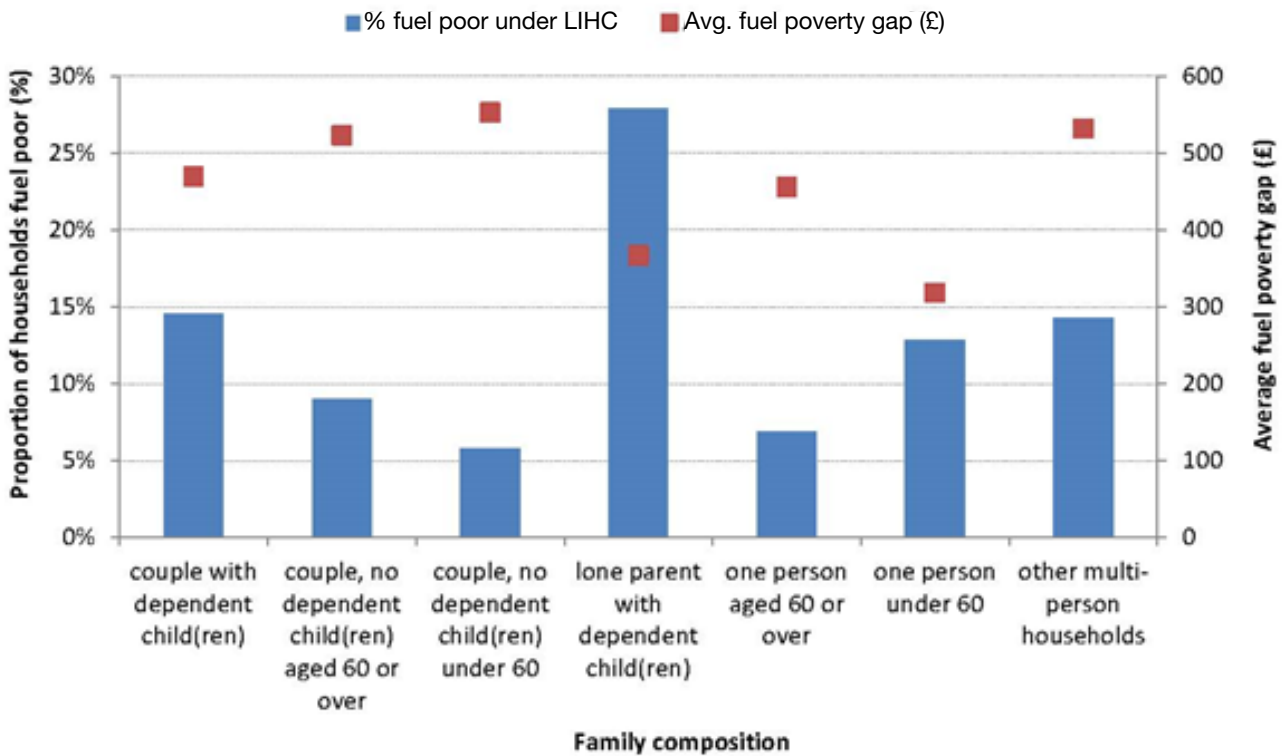
- 76% of fuel poor households live in a home which is not energy efficient and has an Energy Performance Certificate (EPC) rating of E to G (see Glossary for explanation).
- 20% of fuel poor households live in rural areas.
- 82% of fuel poor households live in houses not flats or bungalows.
- A third of fuel poor households are found in a fifth of the most deprived households.
- Fuel poverty is spread fairly evenly between regions including London.
- 34% of fuel poor households contain a person with a long term illness or disability.
- 10% of fuel poor households contain a person over the age of 75.
- 20% of fuel poor households contain a person under the age of five.

*Source: Hills Fuel Poverty Review – Getting the measure of fuel poverty, 2012 (various pages), available at: <https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review>*

The national average percentage of households in fuel poverty for England is 10.4%. But as we see from the figures above, some households are at a higher risk of being in fuel poverty than others. Figures 1.1, 1.2 and 1.3 below shows how percentage of households in fuel poverty (and the fuel poverty gap) changes for different household compositions, tenure and age groups.

<sup>1</sup> The final report of the Hills Review available at: <https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review>

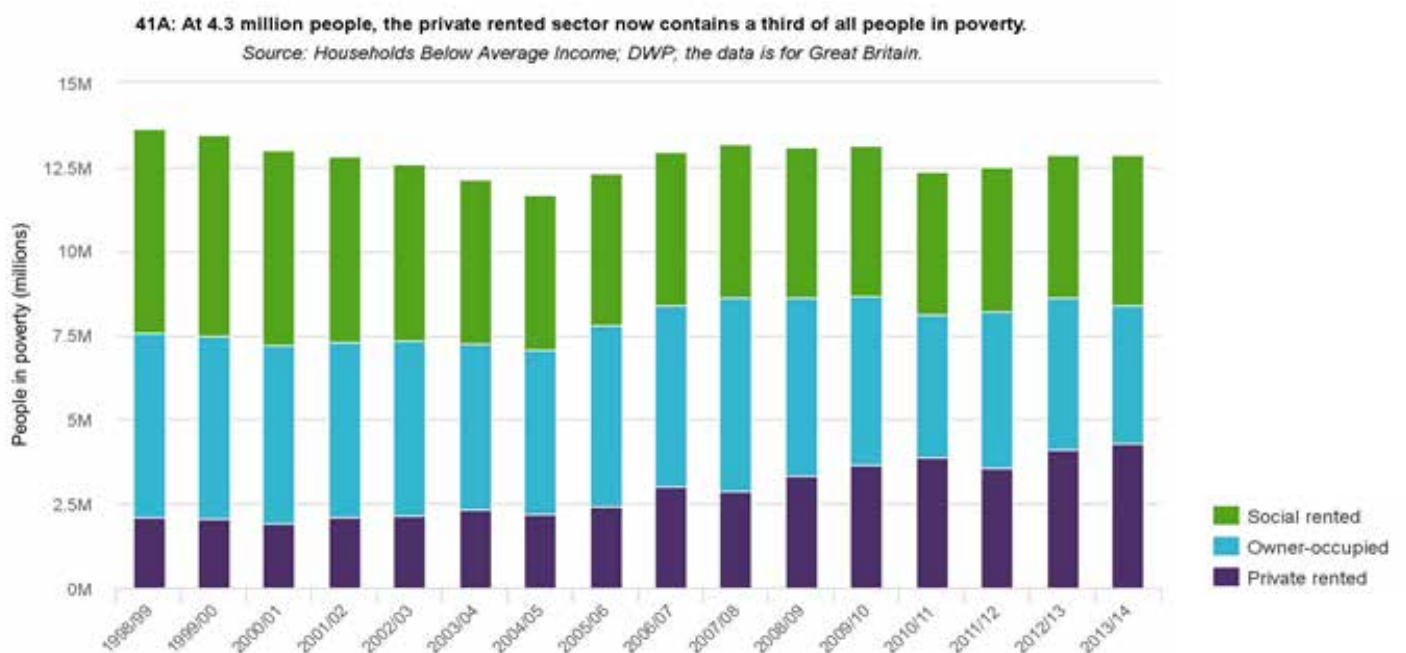
**Figure 1.1 - Fuel poverty and associated average fuel poverty gap by household composition, 2011.**



Source: Fuel poverty report 2013, DECC (p, 48) available at: <https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics>

The figure above shows that quarter of all lone parent households are in fuel poverty under the LIHC measure, 2011. The average fuel poverty gap for lone parent households is however one of the lowest (£367), and is slightly above that for young, single person households who generally tend to occupy smaller, more energy efficient properties.

**Figure 1.2 – Number of people in poverty by tenure from 1998 to 2014.**

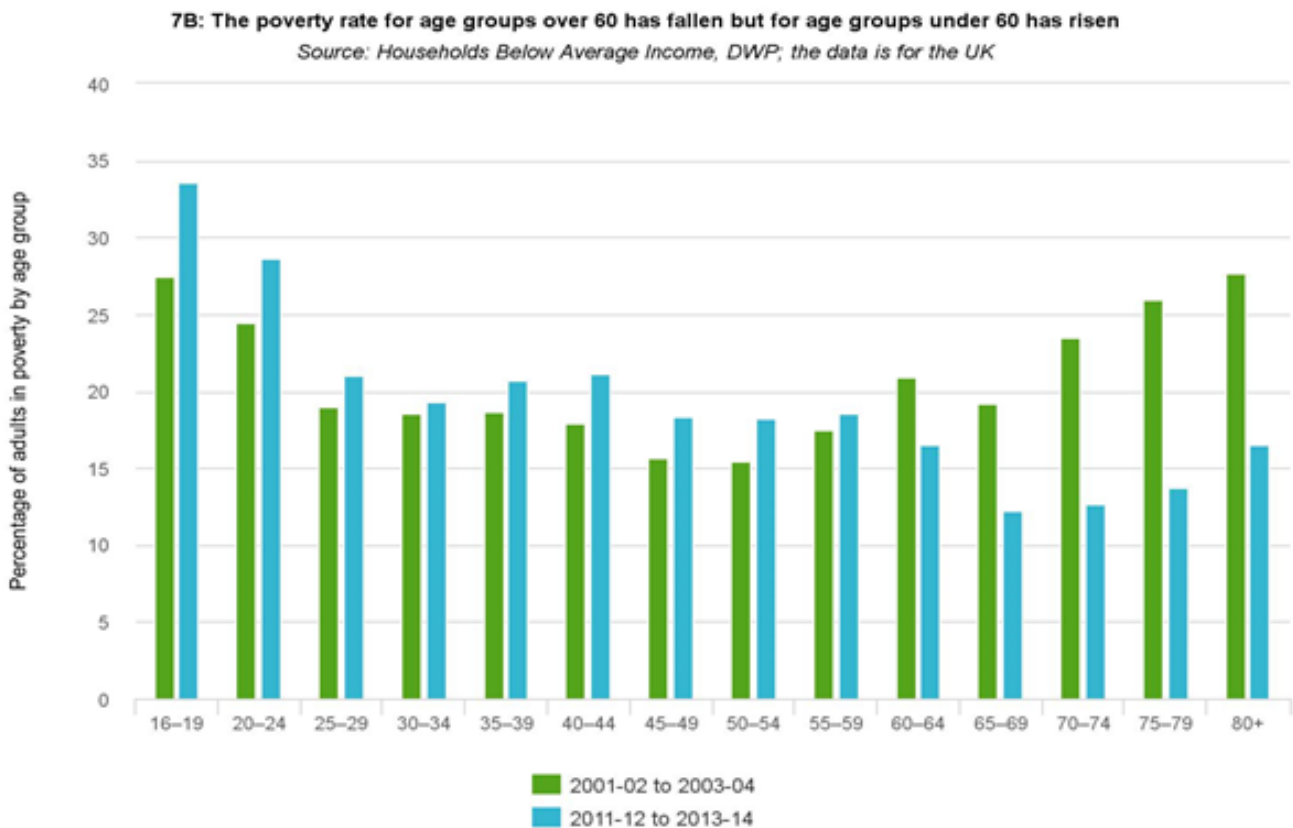


Source: Joseph Rowntree Foundation available at: <http://www.jrf.org.uk/data/people-poverty-tenure>

The level of poverty in the private rented sector has increased while it has decreased in the socially rented sector.



**Figure 1.3 – Percentage of adult population in poverty by age group in 2001-2004 compared with 2011-2014.**



Source: Joseph Rowntree Foundation available at: <http://www.jrf.org.uk/data>

The green bars show that young adults and people over 70 were more likely to be in poverty between 2001-02 and 2003-04. However, the blue bars show that by 2013-14 the level of poverty has increased significantly in young adults and decreased significantly in adults aged 60 or more.

### Principle Causes of Fuel Poverty

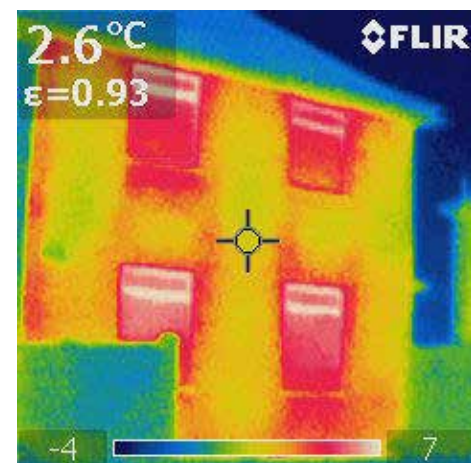
Fuel poverty is linked to general poverty but has further characteristics and causes.

#### Main causes of fuel poverty are:

- Poor energy efficiency of dwellings.
- Low household incomes.
- High cost of fuel.

#### Fuel poverty is also influenced by factors such as:

- Households in special circumstances (e.g. households with young children, elderly/retired may need heating for longer periods).
- Occupancy levels related to the size of property.
- Housing tenure.
- Attitudes to heating related expenditure.
- Cold related behaviours in the home.
- Access to mains gas.
- The external environment.



As poor housing is a major contributing factor to fuel poverty, energy efficiency has a clear role to play in assisting these households, insulating them from the cold as well helping to offset the effects of rising energy prices.

### Energy Inefficient Dwellings

The energy efficiency of the home is based on its original construction and, any measures to increase the insulation and the heating systems and its controls. Modern homes are built to be energy efficient but a large number of older homes are significantly less energy efficient. The UK has notoriously poor housing in terms of state of repair and energy efficiency. The Association for the Conservation of Energy's (ACE) briefing report, The Cold Man of Europe<sup>2</sup> compares the state of the UK housing stock and fuel poverty levels with 15 other European countries. It concludes that no other country of the 16 assessed performed as poorly overall as the UK across the range of indicators. Despite the fact that the UK is amongst the lowest for energy prices, it has among the highest rates of fuel poverty and one of the most energy inefficient housing stocks in Europe.

Thermal regulations were only introduced in the UK in 1965 and were only really effective from 1974. According to the English Housing Survey Headline report (2013 – 2014) 56.2% of English homes were built prior to the introduction of the first thermal regulations in 1965, with a fifth of the total English housing stock having been built before 1919. Kent has a high proportion of older properties.



**Table 1.1: Age of Kent housing stock by district.**

	<b>Pre 1900- 1918</b>	<b>1919- 1939</b>	<b>1945- 1972</b>	<b>1973- 1999</b>	<b>2000- 2014</b>	<b>Age unknown</b>	<b>Total</b>
Ashford	9340	4120	13720	14790	8670	710	51350
Canterbury	13030	9890	19590	14600	8190	500	65800
Dartford	6830	8510	12470	8060	5840	120	41830
Dover	16160	7490	13600	9520	2990	910	50670
Gravesham	8500	7310	16210	6520	3430	190	42160
Maidstone	12850	7910	20880	15460	9150	690	66940
Sevenoaks	9540	6770	16220	12330	3700	340	48900
Shepway	14560	6950	12900	10360	4110	650	49530
Swale	13040	6370	18880	13710	7880	800	60680
Thanet	22180	10420	17520	10630	4650	520	65920
Tonbridge and Malling	9510	4160	16820	12730	7300	410	50930
Tunbridge Wells	17340	4090	13080	9280	3450	600	47840
<b>Kent</b>	<b>152880</b>	<b>83990</b>	<b>191890</b>	<b>137990</b>	<b>69360</b>	<b>6440</b>	<b>642550</b>
Medway UA	23470	16280	37810	24700	9780	470	112510
South East	686730	490490	1163460	986980	390470	38970	3757100
England	5070910	3822090	6603640	5321660	2336430	232950	23387680

Source: Available at: [http://www.kent.gov.uk/\\_\\_data/assets/pdf\\_file/0018/7353/Housing-stock-by-age-of-property.pdf](http://www.kent.gov.uk/__data/assets/pdf_file/0018/7353/Housing-stock-by-age-of-property.pdf)

<sup>2</sup> The ACE report The Cold Man of Europe available at: <http://www.ukace.org/wp-content/uploads/2013/03/ACE-and-EBR-fact-file-2013-03-Cold-man-of-Europe.pdf>

Many older homes can be altered to become much more energy efficient by adding insulation to the structure and fitting more efficient heating systems. These alterations can significantly reduce the amount of energy needed to heat the home and so improve the energy rating of the home. The energy efficiency of a home is assessed through an Energy Performance Certificate (EPC) which provides an energy rating from A (most efficient) to G (least efficient). A minimum EPC rating of Band C is required to bring the majority (95%) of households out of fuel poverty and is the government's target for all fuel poor homes by 2030.

The ACE Cold Man of Europe report states that there are 26 million households in the UK and 21 million with a poor level of energy efficiency (Band D, E, F and G on an Energy Performance Certificate). The South East has a higher number of Band F or G properties than any other region. The average energy efficiency of a UK home is Band D which is not high enough to protect households from fuel poverty. The Fuel Poverty Strategy for England<sup>3</sup> shows that the average fuel poverty gap in a G rated home is £1,700, compared to £450 for an E rated home.

### Low Income

Low income households are less likely to have access to enough income to pay for adequate heating or capital to improve the energy efficiency. They include:

- Those relying on benefits.
- Those on low wages.
- Pensioner households.

Furthermore, evidence suggests that low income householders tend to occupy the least efficient dwellings, which cost more to heat. Residents on low income who rent in the private sector are increasingly at risk of being in fuel poverty. While residents in social housing may be on a low income, in general social housing stock is in a better state of repair as it must meet the Decent Homes Standard.

### High Cost of Fuel

Currently mains gas is the cheapest household fuel followed by oil, off peak electricity, LPG and on peak electricity<sup>4</sup>. Households using expensive fuels for heating, such as on oil or peak electricity, for heating find it harder to achieve affordable warmth. Fuel purchased through a pre-payment meter is usually more expensive than fuel bought on credit especially where a direct debit budget payment system is used. This can exacerbate incidents of fuel poverty as residents in fuel debt are often compulsorily

transferred to a pre-payment meter by their energy supplier or landlord which means that those on the lowest income are often forced to pay the highest prices per unit of energy.

Fuel prices can also vary widely between different providers. The government estimates that residents who have not switched their supplier for more than three years may be able to save up to £200 on their total energy bill if they switch to a cheaper provider.

Approximately 90% of residents have not switched suppliers/or tariff with their existing supplier in the last three years and so may be paying more than they need for their energy. Again those in fuel debt, and not using pre-payment meters, are often penalised by being unable to switch suppliers until their existing debt is repaid meaning they remain trapped on high tariffs.

According to recent government figures, the average fuel expenditure has increased from £694 to £1,338, an increase of 90% (between 2003 and 2010) (see Table 10.1 in Appendix 1 for more information on average fuel prices changes). With average income only rising by 24% in the same time period this means that households have needed to spend more on their fuel bills to achieve the same levels of thermal comfort.

### Households in Special Circumstances

In some households there may be specific reasons for energy bills to be higher, for example the heating may need to be on for longer because residents are at home longer, or be maintained at a higher temperature because residents are more susceptible to the cold.

Some groups that encounter these special circumstances are:

- Residents with a disability or long term illness may demand heating for longer hours or at a higher temperature.
- Households with pre-school age children may need heating for longer hours.
- Households where occupants are unemployed, elderly/retired and may be at home for longer may require additional heating.
- Sickness may demand higher levels of heating.

### Occupancy Levels Related to Size of Property/ Under Occupancy

Under occupancy occurs when the size of a dwelling is unnecessarily large for the inhabitants. Under occupiers are often low income single householders or couples living in a large family sized property. For

<sup>3</sup> A copy of Cutting the cost of keeping Warm: a new fuel poverty strategy for England available at: <https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm>

<sup>4</sup> Fuel bill calculations available at: <http://www.energy-saving-trust.org.uk/content/our-calculations>



example elderly couples who remain in the family home after children have left to live in homes of their own. Often the property is larger than is required and residents may only be on a small pension.

### **Housing Tenure**

Householders living in social housing will be helped by specific local authority/housing association home improvement programmes. However, there are still dwellings in this sector that cannot be adequately insulated because of their construction type. Many of the fuel poor are found in private rented and owner occupied sectors where improving standards of energy measures are more difficult. Achieving the implementation of measures will need the interest, acceptance, approval and often the cash investment of the owner occupier or landlord of the property.

Lower cost insulation measures such as cavity wall insulation and loft insulation provide an excellent return on investment and have been implemented in the large majority of British housing stock where they are relevant. There are however, many unfilled cavity walls and many properties do not have current levels of loft insulation. There are solutions for solid wall properties, but these are more costly and far fewer solid wall homes have been adequately insulated.

### **Attitudes to Heating Related Expenditure and Cold Related Behaviours in the Home**

Whilst making homes more energy efficient through insulation measures and more efficient heating systems is clearly a priority, significant reductions in the amount of energy a household uses can also be achieved through the behaviour change of residents. Providing residents with a greater understanding around efficient energy use can help them to save money and also to understand how to maintain a healthy environment at home.

### **Access to Mains Gas**

Households not connected to mains gas are more likely to experience fuel poverty. The Department of Energy and Climate Change (DECC) fuel poverty statistics for 2013 show that rates of fuel poverty for households without a connection to the gas grid are 15% compared with 10% for houses with a connection. This can be a significant issue for households in rural areas, where connection to the grid is difficult, but can also be an issue in blocks of flats in urban areas which are not connected to a gas supply.



*Photo: courtesy of Family Mosaic*



**Table 1.2: Number of households in Kent by heating type.**

	No central heating	Gas central heating	Electric (including storage heaters) central heating	Oil central heating	Solid fuel (for example wood, coal) central heating	Two or more types of central heating and other	Total
Ashford	874	34647	3272	5401	493	3100	47787
Canterbury	1329	50083	4827	1306	313	2913	60771
Dartford	1010	33655	3478	206	62	1670	40081
Dover	1171	39670	3036	1669	454	2310	48310
Gravesham	1003	33910	2551	857	129	1981	40431
Maidstone	1403	50584	4874	3094	362	3130	63447
Medway	3376	90959	6219	648	236	4771	106209
Sevenoaks	852	36269	3532	3685	312	2370	47020
Shepway	1574	36113	4293	2641	313	2445	47379
Swale	1598	46236	3331	1445	343	2632	55585
Thanet	1762	49895	5266	203	94	2293	59513
Tonbridge & Malling	982	40254	2895	1732	214	2063	48140
Tunbridge Wells	1201	34057	5109	4088	286	2433	47174
Kent	18,135	576,332	52,683	26,975	3,611	34,111	711,847

Source: 2011 Census (27 March) available at: <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

### The Effects of Fuel Poverty

The number of households suffering from fuel poverty is rising and with energy prices increasing at more than the rate of inflation, government targets to reduce the number of households living in fuel poverty are being challenged.

According to a report by the Marmot Review Team<sup>5</sup> living in fuel poverty has a negative impact on health. The risk and effects of ill health are increased by cold homes, with illnesses such as influenza, heart disease and strokes all exacerbated by the cold. Cold, badly ventilated homes, can also promote the growth of mould and numbers of house dust mites. The latter have been linked to conditions such as asthma and other allergic diseases and children are particularly prone to these conditions.

Fuel poverty and cold homes can contribute to excess winter deaths (EWD). Studies from the Marmot Review examined mortality trends that showed the frequency of death is higher in winter months than at other times of the year. Currently, cold homes can be one of the factors that contribute to 43,900 excess winter deaths in England (ONS, 2014/2015)<sup>6</sup>. This represented a significant increase in all age groups

compared with 2013/2014 and the highest since 1999/2000. After a mild winter in 2013/2014, the winter of 2014/2015 was colder in comparison. The South East has one of the highest levels in England. It is accepted that the figures for England, are poor in comparison with European nations which experience more severe winters than those in the UK. A major factor contributing to this is the inability of our housing stock and heating systems to maintain comfortable, affordable heating levels inside homes when outside temperatures fall.

For those living in fuel poverty, the consequences can also have wider impacts on health, such as stress or social isolation and affects their quality of life. Studies indicate that cold conditions can exacerbate existing medical conditions including diabetes, certain types of ulcers and musculoskeletal pain. They have also found an association between cold homes and the increased likelihood of developing symptoms of asthma and bronchitis which can develop into long term conditions. In addition, cold homes may slow down recovery, particularly following discharge from hospital.



### **Who is in Fuel Poverty?**

According to a report by the UK Health Forum (2014)<sup>7</sup> large numbers of people in the UK are living in conditions which are very cold in winter. Those most vulnerable to fuel poverty and the impacts of cold, damp homes are:

- Older people; particularly those living on their own and/or in larger family homes. Older people may be particularly vulnerable during cold periods.
- Lone parents with dependent children.
- Families who are unemployed or on low incomes.
- Children and young people; cold homes and poor housing conditions have been linked with a range of health problems in children.
- Disabled people.
- People with existing illness and long term conditions (physical and mental).
- Single unemployed people.



<sup>5</sup> The report on The Health Impacts of Cold Homes and Fuel Poverty available at: <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

<sup>6</sup> ONS Excess Winter mortality (EWM) in 2014/2015 by underlying cause of death available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/201415provisionaland201314final#excess-winter-mortality-ewm-in-201415-byunderlying-cause-of-death>

<sup>7</sup> How to improve health and wellbeing through action on affordable warmth available at: [http://www.fph.org.uk/uploads/UKHF-HP\\_fuel%20poverty\\_report.pdf](http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf)

## 2. The Effects of Fuel Poverty and Cold Homes on Health and Well-Being

Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems. Although these health risks apply to all people, the old, children and those who are disabled or have a long term illness are especially vulnerable. In 2010, the British Research Establishment (BRE) estimated that the cost to the NHS from addressing poor housing would save £1.4bn in the first year in treatment costs alone and further savings in years to follow (The Cost of Poor Housing to the NHS<sup>8</sup>).

The NHS would save an estimated £3,000 per year, through less GP and hospital visits per household by properly heating a home (BRE Housing Cost Calculator estimate).

If investments were applied to the 3.5 million poor homes in England, then the cost and benefits to the NHS from reducing Housing Health and Safety Rating System Category 1 hazards, in particular, excess cold, would pay for itself in just seven years and continue to accrue benefit into the future.

The South East region has a higher number of F and G rated properties than any other region and represents a higher cost to the NHS according to BRE figures.

**Table 2.1: Estimated number of dwellings with an energy efficiency rating of an F or G and associated health costs.**

Region	Total number of dwellings with an EER band F or G	Estimated costs to NHS using CIEH HHSRS Calculator
North East	115,027	£6,170,700
Yorkshire and The Humber	345,871	£18,493,700
North West	390,000	£20,814,600
East Midlands	379,351	£20,282,600
West Midlands	442,474	£23,634,000
South West	509,520	£27,190,400
East of England	437,767	£23,358,900
South East	580,537	£30,971,700
London	393,382	£20,988,000
Total	3,593,929	£191,887,600
Privately rented dwellings	655,810	£35,028,200

Source: *The Health cost of Cold Dwellings available at: [http://www.foe.co.uk/sites/default/files/downloads/warm\\_homes\\_nhs\\_costs.pdf](http://www.foe.co.uk/sites/default/files/downloads/warm_homes_nhs_costs.pdf)*

Households in fuel poverty must choose between living in a cold home or spending more than they can afford to heat their home to a healthy temperature. This can result in reduced spending on other necessities such as diet, hygiene or clothing. Every occupant of the household is affected by living in a cold home.

The temperature in the home does not need to drop very far before adverse impacts on health arise. Temperatures of lower than 16°C impair breathing and a little colder than this impairs the heart and circulatory systems. Cases of hypothermia are rare in people living in a home but do create the headlines.

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010 (The Marmot Review – Fair Society, Healthy Lives<sup>9</sup>). In May 2011 the same team published a report on The Health Impacts of Cold Homes and Fuel Poverty<sup>10</sup>.

This report made associated links between cold homes and excess winter deaths from conditions such as cardio-vascular and respiratory diseases. It also linked cold homes with respiratory diseases in children and with a negative impact on mental health. It highlighted a link with cold homes and fuel poverty on indirect health impacts through children's poor educational attainment and increased risk of falls. It determines that living in a cold home can impact on infants' weight gain, the severity and frequency of asthmatic symptoms in children, the mental health of adolescents and adults, and circulatory and breathing difficulties in adults.

Levels of mortality and morbidity increase in the winter months and particularly in cold weather. The Marmot Review states that countries with more energy efficient housing have lower levels of excess winter deaths and that low indoor temperatures and low SAP (Standard Assessment Procedure) ratings are linked to higher levels of excess winter deaths. SAP is the methodology used to assess and compare the energy and environmental performance of dwellings. Its purpose is to provide accurate and reliable assessments of the energy performance of dwellings needed to underpin energy and environmental policy initiatives.

As well as the direct health impacts there are indirect impacts on the whole household from caring for a person with poor health. Children living in cold homes tend to have higher levels of absence from school and adults have more sick-leave from work. Children living in cold homes tend to have lower educational attainment which may be related to the lack of a warm room to study in. Living in a cold

<sup>8</sup> The Cost of Poor Housing to the NHS available at: <http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

home can contribute to a cycle of health inequalities linked to lower educational attainment leading to lower and less reliable employment and so fewer housing choices.

**Table 2.2: The effect of living room temperatures on comfort and health:**

Indoor temperature	Effect
21°C	Comfortable temperature for all, including older people, in living rooms during the day
18°C	Minimum recommended night time temperature for those with no health risk, although older and sedentary people may feel cold
Under 16°C	Resistance to respiratory diseases may be diminished
9 – 12°C	Exposure to temperatures between 9 c and 12 c for more than two hours causes core body temperature to drop, blood pressure to rise and increased risk of cardiovascular disease
5°C	Significant increase in the risk of hypothermia

There is a substantial and growing body of evidence of the impact of fuel poverty and cold homes on the physical, mental health and wellbeing of young and older people. The physical health impacts most commonly experienced across the age range by those living in cold homes are circulatory diseases and respiratory illnesses. Blood pressure rises in older people when they are exposed to temperatures below 120C increasing their risk of heart attacks and strokes

The cold also reduces lung function which is a risk factor in triggering asthma attacks and chronic obstructive pulmonary diseases (COPD) such as emphysema and chronic bronchitis. It was estimated in 2004 that the direct healthcare costs related to asthma were around £1billion per annum. In 2002, the costs of GP prescriptions on cold related diseases on their own were estimated to be £600 million a year (Hall J and Mindell J (2011) Health Survey for England 2010<sup>11</sup>).

Source: Press V (2003) *Fuel Poverty and Health – a guide for primary care organisations and public health and primary care professionals*. London. National Heart Forum (former name of the UK Health Forum) available at: [http://www.fph.org.uk/uploads/UKHF-HP\\_fuel%20poverty\\_report.pdf](http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf)



<sup>9</sup> The Marmot Review report Fair Society, Health Lives available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>10</sup> The report on The Health Impacts of Cold Homes and Fuel Poverty available at: <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

<sup>11</sup> The Health survey for England available at: <http://digital.nhs.uk/pubs/hse10report>



### 3. The National Context

This chapter looks at a number of key pieces of legislation and policy documents that have had a direct or indirect impact on the approach that is taken towards tackling fuel poverty at the national level.

#### **Home Energy Conservation Act (1995) (HECA)<sup>12</sup>**

The Department of Energy and Climate Change (DECC) replaced existing statutory guidance on HECA 1995. All English authorities with housing responsibility are asked to prepare a report setting out “the local energy conservation measures that the authority – or group of authorities – consider practical, cost effective, and likely to significantly improve the energy efficiency of residential accommodation in its area.”

The guidance asked authorities to publish their first report by 31 March 2013 on their websites and to send a copy to the Secretary of State. Authorities were then requested to prepare a report on progress against their action plan for the Secretary of State every two years.

#### **Warm Homes and Energy Conservation Act (2000) (WHECA)<sup>13</sup>**

WHECA 2000 forms the current statutory basis for tackling fuel poverty at the national and local levels. It places a duty on authorities to prepare and publish a strategy for ensuring that as far as reasonably practicable persons do not live in fuel poverty.

#### **Decent Homes Standard**

In 2001 the Decent Homes Standard was introduced. It requires that all social housing should meet the minimum fitness standards as defined by the Housing Act 1985 (as amended); must be in a reasonable state of repair, have reasonably modern facilities and services, and provide a reasonable degree of thermal comfort. The standard was subsequently extended to the private rented sector where homes contained a vulnerable household.

#### **Housing Health and Safety Rating System (HHSRS)**

The Housing Act (2004) introduced the Housing Health and Safety Rating System (HHSRS), a risk based evaluation tool to help local authorities identify and protect against potential risks and hazards to

health and safety from any deficiencies identified in dwellings. Although tackling fuel poverty is not the primary role of HHSRS it can be used indirectly in relation for fuel poverty since ‘Excess Cold’ is one of the 29 hazards assessed for under the system.

Local Authorities are required to complete an annual Housing Statistics dataset which covers a wide range of housing related issues. Of particular relevance is Section F: Condition of dwelling stock which amongst other things requests: Total number of dwelling and number of private sector dwellings with category 1 HHSRS hazards. For Kent statistics, see Table 10.1 in Appendix 1.

#### **The Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015**

From 2016 these regulations will be amended to state that a landlord will not be able to refuse reasonable energy efficiency improvements to their properties, where financial support is available, such as the Energy Company Obligation (as explained below). From April 2018, any property that is let must reach a minimum energy efficiency rating of ‘E’. It will be unlawful to rent out a house that does not reach this minimum standard.

#### **The Health Impacts of Cold Homes and Fuel Poverty (published by the Marmot Review Team)**

The Marmot Review Team looked at the existing evidence of the direct and indirect health impacts suffered by those living in fuel poverty and cold housing. Published in 2011, it makes a strong case for aligning the environmental and health benefits of reducing fuel poverty and improving the thermal efficiency of the existing housing stock and emphasises improving the energy efficiency of housing stock which brings multiple health and environmental gains.

#### **Cold Weather Plans**

The Department of Health Cold Weather Plans for England published annually since 2011 raises both public and professional awareness of the effects of cold weather on health. The purpose of the plans is to enhance resilience in the event of severe cold weather. It is an important component of overall winter and emergency planning (and wider health promotion activity) and is closely linked to fuel poverty.

<sup>12</sup> The Home Energy Conservation Act 1995 available at: <http://www.legislation.gov.uk/ukpga/1995/10/contents>

<sup>13</sup> Warm Homes and Energy Conservation Act 2000 available at: <http://www.legislation.gov.uk/ukpga/2000/31/contents>

### **National Institute For Health and Care Excellence (NICE).<sup>14</sup>**

The National Institute For Health and Care Excellence (NICE) published guidelines in March 2015 “Excess Winter Deaths and Illness and the health risks associated with Cold Homes”. The guidelines are aimed at those with an interest in health and housing and make recommendations on how to reduce the risk of death and ill health associated with living in a cold home. It provides detailed information and advice based around the following 12 recommendations:

1. Develop a strategy.
2. Ensure there is a single point of contact health and housing referral service for people living in cold homes.
3. Provide tailored solutions via the single point of contact health and housing referral service for people living in cold homes.
4. Identify people at risk of ill health from living in a cold home.
5. Make every contact count by assessing the heating needs of people who use primary health and home care services.
6. Non-health and social care workers who visit people at home should assess their heating needs.
7. Discharge vulnerable people from health or social care settings to a warm home.
8. Train health and social care practitioners to help people whose homes may be too cold.
9. Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing.
10. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home.
11. Raise awareness among practitioners and the public about how to keep warm at home.
12. Ensure buildings meet ventilation and other building and trading standards.

As a thorough response to these guidelines will require a multi-agency response the Kent Joint Policy and Planning Board for Health, Housing and Social Care will explore the options for responding.

### **Integrated Care**

It has been recognised by central government that to fully address the health needs of the population services need to become more integrated and there needs to be better communication between different providers. Housing is a key aspect of this.

It is therefore essential that departments providing or regulating housing work with other council departments and health organisations are integrated and take full account of the needs of the individual.

### **Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies**

The JSNA and joint health and wellbeing strategies allow health and wellbeing boards to analyse the health needs of their local populations and to decide how to make best use of collective resources to achieve the priorities that are formed from these.

### **Public Health Outcomes Framework**

The Public Health Outcomes Framework “Healthy, lives, healthy people: Improving outcomes and supporting transparency” sets out desired outcomes for public health and how they will be measured. Many of the measurements have links to housing, some of the more relevant being:

- Falls and injuries in over 65’s.
- Fuel Poverty.
- Excess Winter Deaths.

### **Cutting the Cost of Keeping warm: A Fuel Poverty Strategy for England**

In March 2015, the government launched its new Fuel Poverty Strategy “Cutting the cost of keeping warm; a new fuel poverty strategy for England.” This strategy document is a requirement of the Warm Homes and Energy Conservation Act (2000) and is the first new national strategy for 13 years. Their new Fuel Poverty Strategy outlines the challenges and actions for the next 15 years to tackle fuel poverty and get help to those who need it most. It sets out the approach that will be taken in order to meet the government’s aim that all homes should be warm and comfortable and provide a healthy and welcoming environment that fosters well-being.

The strategy sets a new target for fuel poverty:

- To ensure that as many fuel poor homes as is reasonably practicable achieve a minimum standard of energy efficiency (Band C), by 2030.

<sup>14</sup> NICE Guidelines available at: <https://www.nice.org.uk/guidance/ng6>

### The Energy Company Obligation (ECO)

The Energy Company Obligation (ECO) was originally designed to sit alongside the Green Deal in situations where additional financial support was required for householders. Whilst funding for the Green Deal and the Home Improvement Fund has recently been withdrawn (July 2015), the ECO will continue to run in its current form until March 2017. ECO requires energy companies to assist in the installation of energy efficiency measures in the UK to low income and vulnerable households. Under ECO, energy companies are obliged to meet targets (from 1 January 2013 – 31 March 2015 and recently extended to March 2017). The three ECO obligations are:

- Carbon Emissions Reduction obligation (CERO).
- Carbon Saving Community Obligation (CSCO).
- Home Heating Cost Reduction Obligation (HHCRO) or Affordable Warmth.

Understanding the ECO criteria is key to building a local authority strategy for levering in finance to improve the energy efficiency of the housing stock. Of particular interest are properties with Hard To Treat (HTT) cavities and their role in the Carbon Emissions Reduction Obligation. This type of cavity is a particular focus of energy companies due to their relatively low cost to install improvements compared to solid wall insulation which is the other key criteria for CERO eligibility.

The Energy Company Obligation is the latest scheme to provide an obligation on energy suppliers to support energy efficiency schemes. It replaces previous schemes such as CERT (Carbon Emissions

Reduction Target) and CESP (Community Energy Saving Programme) and sits alongside other programmes that support vulnerable residents to afford heating such as winter fuel payments and the Warm Homes Discount. ECO net spending on energy efficiency and fuel poverty schemes reduced from £4billion in 2010-11 to just under £3.2billion in 2013-14 (UK Fuel Poverty Monitor 2013/2015, NEA – further data is available in Table 10.2 in Appendix 1). This is a net drop of £865million, which raises a concern on just how successful the delivery of future programmes will be to alleviate fuel poverty. Local authorities are well placed to effectively utilise both funding and data to identify and target the most vulnerable residents, this should be remembered when delivering any programme to reduce fuel poverty.

In 2015 the government announced plans to release data in its new fuel poverty strategy. This data will show the location of homes that are not on the mains gas line and layering maps with other data sets to include:

- Index of multiple Deprivation (IMD) data at Lower Super Output Area (LSOA) level.
- Carbon saving community obligations (CSCO) at LSOA level.
- Energy efficiency measures.
- Rural urban classification census data.
- Main heating type.
- Benefit claimants.

When released, this information will enable organisations to effectively target those residents in need and to plan effective interventions. The government also plans to carry out research on the 'drivers' of fuel poverty for park home residents.



## 4. The Local Context in Kent

The need to take effective action to reduce fuel poverty has never been more important. This Strategy sets out the key priorities for Kent driven by national policy and also by local strategies and identification of need.

In Kent, the County Council has developed a set of commitments under Climate Local Kent, and many of the district and borough councils have adopted these commitments or developed their own ones based on localised issues. Kent County Council has reviewed the Kent Environment Strategy (KES) with the support of all local districts. Within the KES there are key priorities to reduce energy consumption and to work to alleviate fuel poverty that link directly to this Strategy.

Kent currently works in partnership through the Kent and Medway Sustainable Energy Partnership (KMSEP) and the Kent Energy Efficiency Partnership (KEEP) on a number of projects to deliver fuel poverty and carbon reduction programmes. We support the public health agenda on excess winter mortality rates, some of which can be prevented from cold/inefficient homes. By achieving affordable warmth through low/no cost measures and preventing and targeting cold homes, the aim is to create a healthier and better environment for residents.

It is important to raise an understanding of the links between fuel poverty and health outcomes, especially during cold weather. Public Health England has recently published its The Cold Weather Plan for England. Within this Plan are key positive recommendations from the NICE Guidance, associated with Excess Winter Deaths (EWD) and illnesses associated with cold homes.

This Strategy will link to outcomes and priorities in the Cold Weather Plan and will also link to the local Health and Wellbeing strategy and the refreshed Joint Strategic Needs Assessment (JSNA) chapter on Sustainability.

The Kent Housing Group's "Better Homes: localism, aspiration and choice" and the Joint Planning and Policy Board (JPPB) plan, Think Housing First, are currently under review and will link into the development of this Strategy.

Linking to our key local strategies/policies will improve partnership working across Kent, the evidence base and increase current levels of understanding, meet county wide and national targets on alleviating fuel poverty and improving health outcomes as well as lowering carbon emissions.

Kent's strong history of partnership working around this issue puts us in a good position to understand health inequalities and make a real difference to fuel poverty levels. Working with strategic partners and communities, we are able to prioritise interventions and demonstrate a commitment to monitor and evaluate the effects of the policies and our actions over time.

### Fuel Poverty Levels in Kent

Under the LIHC definition seven million people are living in fuel poverty in England. In the South East 8.1% of households (297,153 properties) are in fuel poverty, lower than the national average of 10.4% (2.3 million households). The average fuel poverty level in Kent is 8.6% and in Medway is 9.8%. These values compare favourably with the national average and with northern regions, but are high in comparison to the South East average.

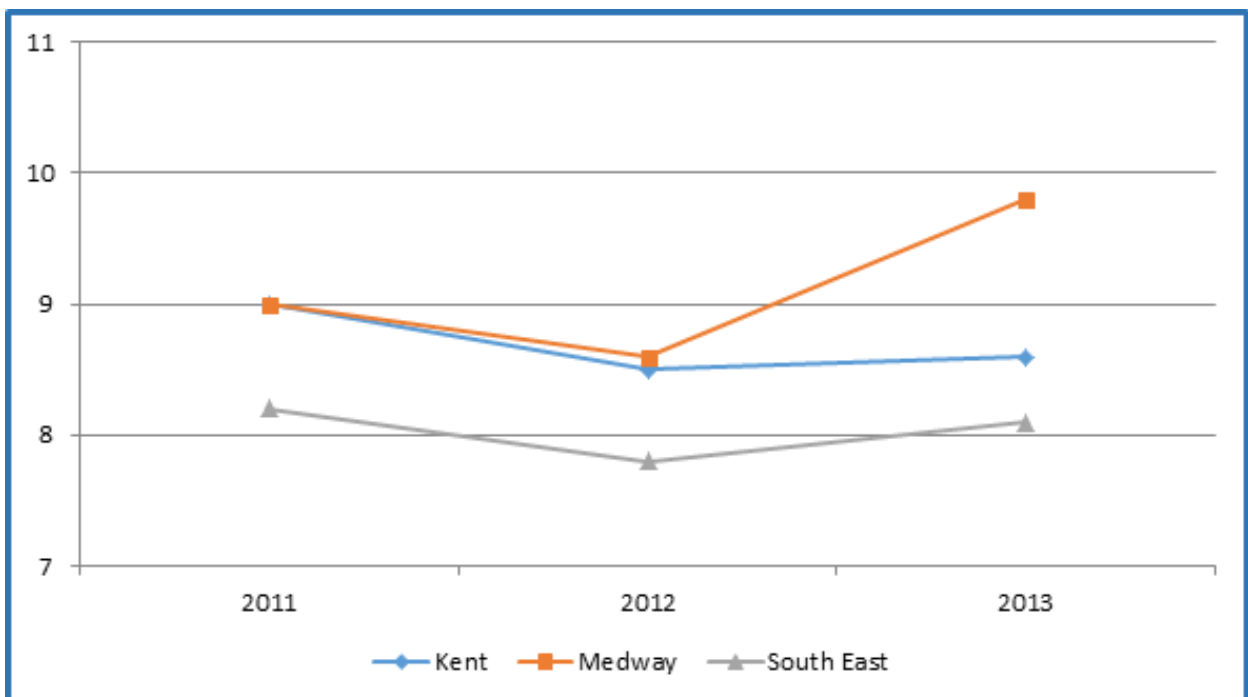
**Table 4.1: Fuel Poverty by Region in number of households and % of households.**

Region	Number of Households	Number of households in fuel poverty	Proportion of households fuel poverty %
East	2487000	217850	8.8
East Midlands	1933861	201405	10.4
London	3329846	326114	9.8
North East	1141717	134895	11.8
North West	3073362	334752	10.9
South East	3659355	297153	8.1
Kent	623097	53895	8.6
Medway	109312	10701	9.8
South West	2382480	274888	11.5
West Midlands	2303943	319997	13.9
Yorkshire and the Humber	2271181	239661	10.6
	22582745	2346715	10.4

Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: <https://www.gov.uk/government/collections/fuel-poverty-statistics>



**Figure 4.2: The percentage of properties in fuel poverty in Kent, Medway and the South East from 2011 to 2013, using the LIHC model.**

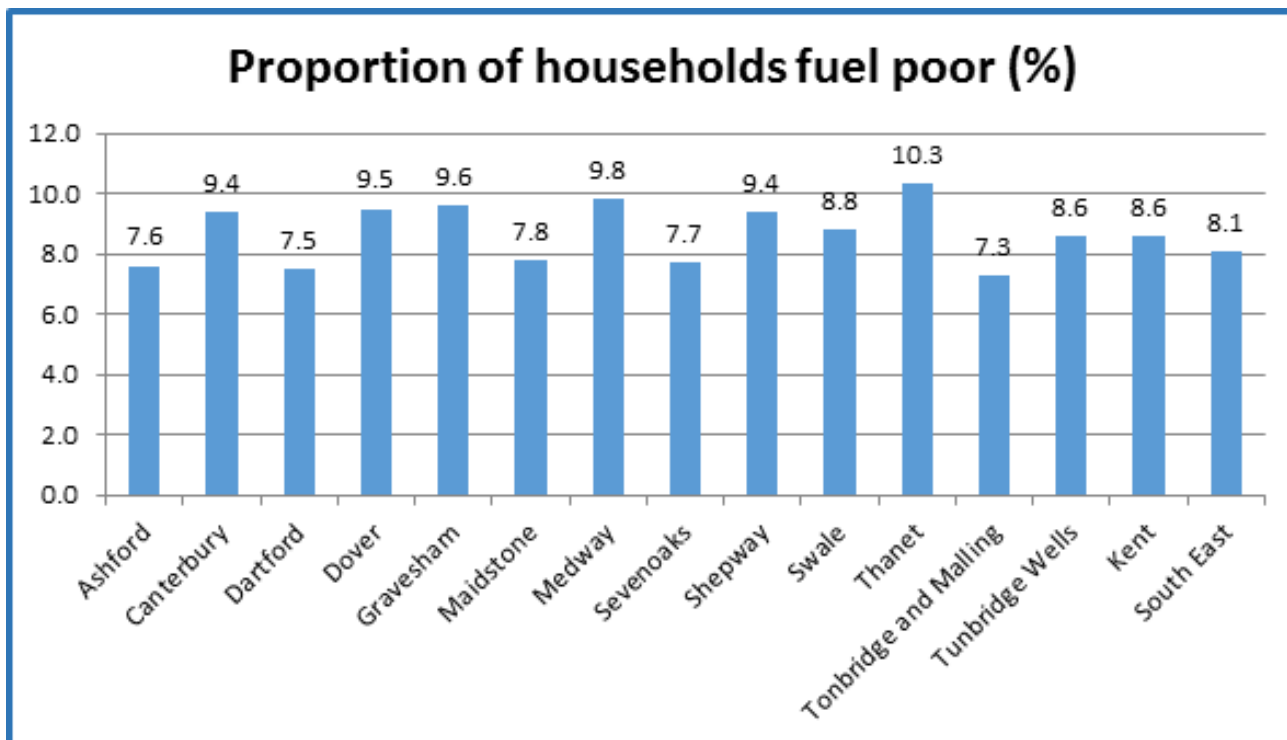


Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: <https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics>

Although the level of households living in fuel poverty in Kent is not as high as the national average there are some pockets of high levels of deprivation and fuel poverty. Fuel poverty across the districts in Kent ranges from 7.3% to 10.3% (2013) and there are 60 local super output areas (LSOAs) with fuel poverty levels of greater than 15% (See Table 10.3 in Appendix 1) for district level data on fuel poverty). There are 64,596 households across Kent and Medway where residents are living in fuel poverty.



Figure 4.3: **Proportion of fuel poor households (%)**



Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: <https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator>

The level of fuel poverty varies between districts for a number of different reasons. In some areas with high fuel poverty, such as Thanet, Medway, Gravesham and Dover, there is a link with areas of high deprivation and low income. In other areas the link with income and deprivation may not be as obvious and high rates of fuel poverty could be due a high proportion of older housing or more homes off the mains gas network. Rural properties may be older and more difficult to insulate and so have a lower EPC rating. For example Canterbury and Tunbridge Wells are generally more affluent areas than some of the other districts with high fuel poverty, but an analysis of SAP ratings shows they have a relatively high proportion of energy inefficient homes with EPC ratings of D-G.

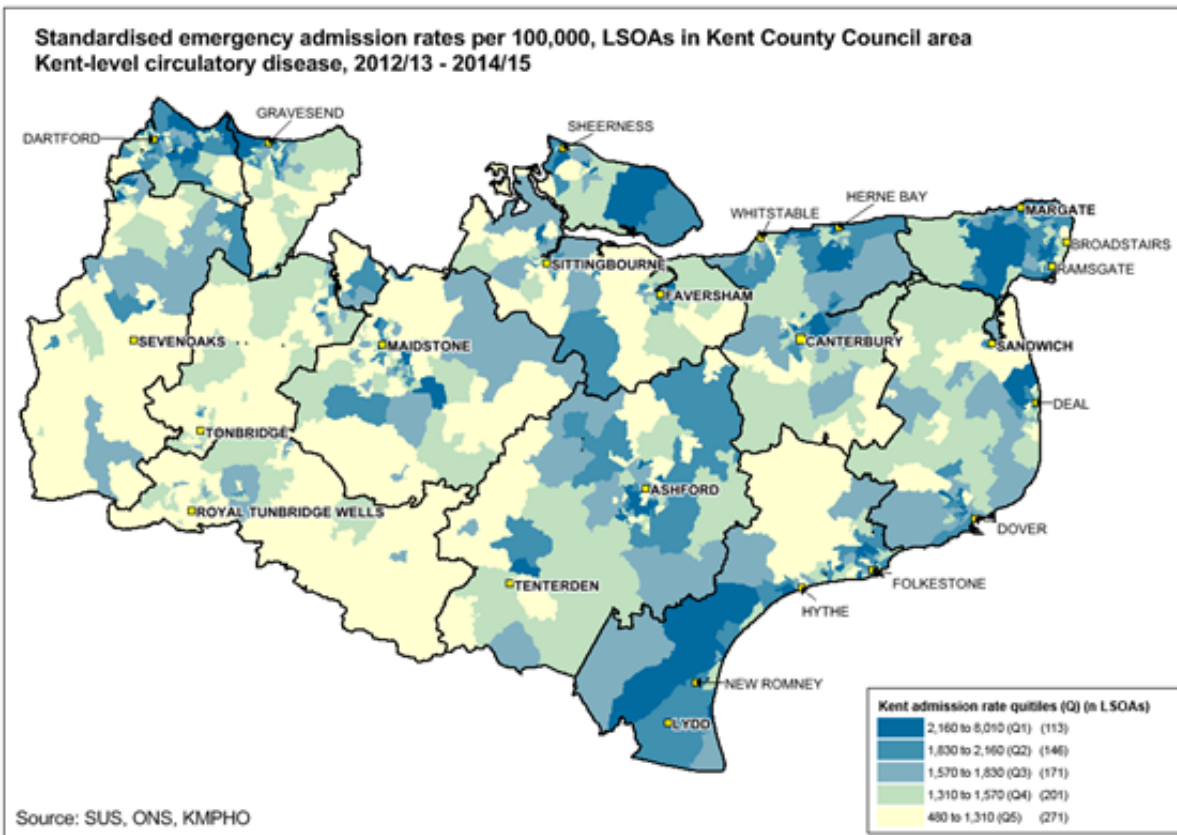
The English Indices of Multiple Deprivation (IMD) measures relative levels of deprivation in small areas of England called Lower Super Output Areas (LSOAs). This data is widely used by central government to focus programmes on the most deprived areas. An example of this is through the Energy Company Obligation (ECO). The Carbon Savings Community Obligation (CSCO) part of ECO focuses on the LSOA with the highest levels of deprivation. Locally, it could be used as evidence to develop strategies, to target interventions and in bids for funding, including ECO.

There are 283 electoral wards within Kent. Those ranked in positions 1 to 57 are based in the 20% most deprived wards and those ranked in positions 227 to 283 are based in the 20% least deprived wards. Within these wards there are 1065 LSOA areas. See Figure 4.4 overleaf.

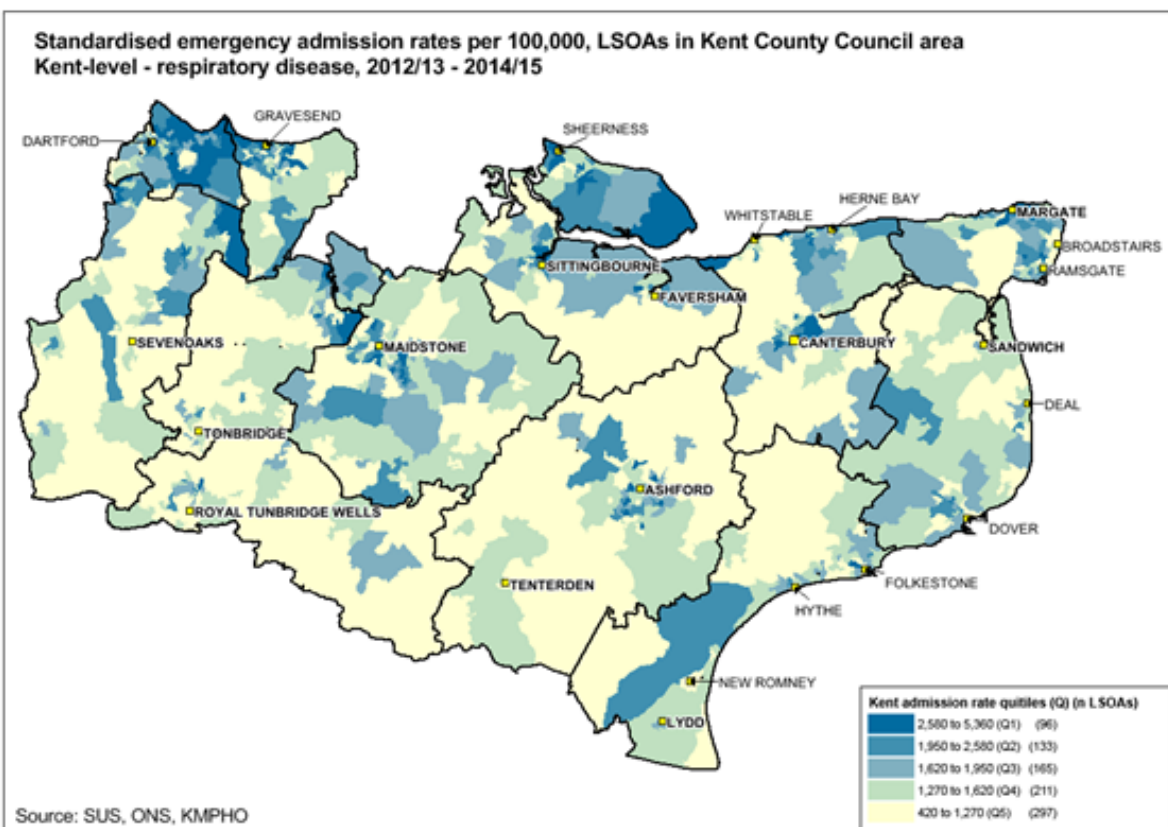


Figures 4.5 and 4.6 below demonstrate the emergency admission rates due to circulatory and respiratory disease at LSOA level.

**Figure 4.5: Emergency admission rates due to circulatory disease.**



**Figure 4.6: Emergency admission rates due to respiratory disease.**



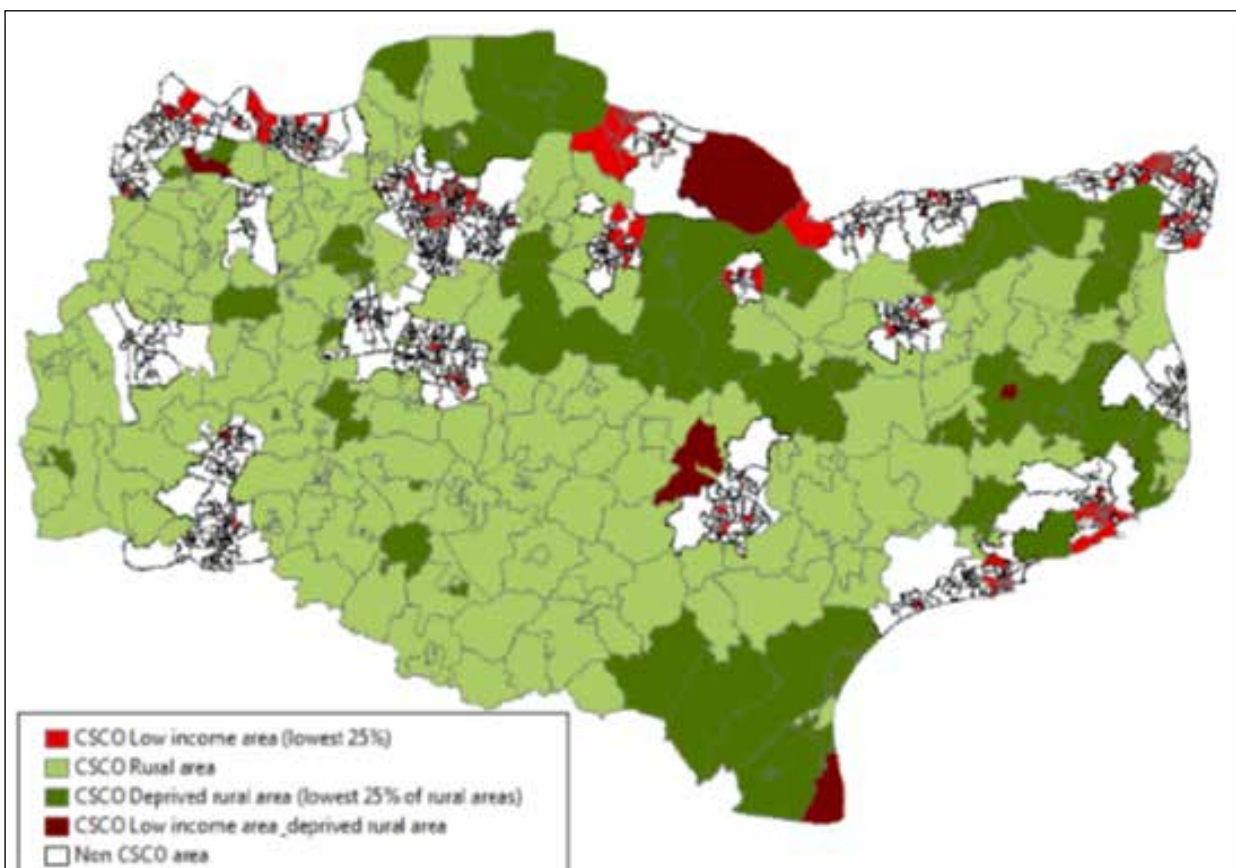


Whilst there is no comparable data analysis to link hospital admission rates with cold related illnesses and fuel poverty, there is for example, evidence of high emergency admissions in older people who live in areas of deprivation, where life expectancy is relatively low. It is important that Kent partners recognise areas of work to prevent such admissions and to help those vulnerable residents in the community. The proportion of people living with long term conditions is expected to increase as the population ages. The focus long term, for both partners and the residents, is to ensure the indoor environment is healthy and to reduce the financial burden on the health service.

People living in rural areas can often struggle to heat their homes because their properties tend to be more exposed to weather and are more expensive to heat. Often they are solid walled properties with a poorer thermal efficiency than cavity walls, are more expensive to insulate and are unlikely to be connected to the mains gas supplies. To ensure that rural areas of fuel poverty are able to benefit, we are committed to making sure that everyone has access to affordable warmth.

Rural initiatives could include actions for oil or non mains gas. They may include oil clubs and the Southern Gas Network scheme to heat homes. Public Health and the Health and Wellbeing Boards will need to play a key role in policy and delivery mechanisms. The map in Figure 4.7 below shows areas of Kent which are Carbon Saving Communities Obligation (CSCO) and CSCO rural areas. CSCOs are areas of Kent which are in the most deprived 15% of areas nationally when ranked by index of multiple deprivation (IMD). A high proportion of residents will be on low income or unemployed and so these areas are eligible for the Energy Company Obligation funding stream CSCO, which provides funding towards energy efficiency measures. CSCO rural areas have a population of less than 10,000 and CSCO rural deprived areas are areas classed as rural and deprived (in the top 15% of most deprived rural areas) and are also eligible for funding. Understanding where deprived areas are and where rural deprived areas are can support targeting rural specific programmes or ECO funded schemes.

**Figure 4.7: Map to show CSCO and CSCO Rural eligible LSOAs in Kent**



Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: <https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics>

## 5. Partners in Affordable Warmth and Fuel Poverty

Fuel poverty is a problem for all in society and a multi-agency approach is needed to address this issue. Helping those on low incomes who face the highest energy bills and live in the hardest to heat homes will require a more focused approach at local level by local authorities, housing and public health professionals.

Community groups also play a key role to effective partnership working to reach those vulnerable households who are hard to reach. Key partners and community groups that we will engage with:

- Government bodies/departments
- Local authority departments (Housing, Environmental Health)
- NHS, Public Health and CCGs
- Health and Wellbeing Boards (local authority and NHS)
- Clinical Commissioning Groups
- Housing Associations
- Voluntary sector (Home Improvement Agency, Citizen Advice, Age UK)
- Community groups/organisations
- Community energy champions
- Utility companies
- Businesses (contractors who install energy measures)
- Private Landlord Associations/Letting Agents
- Credit Unions/other regulated financial bodies

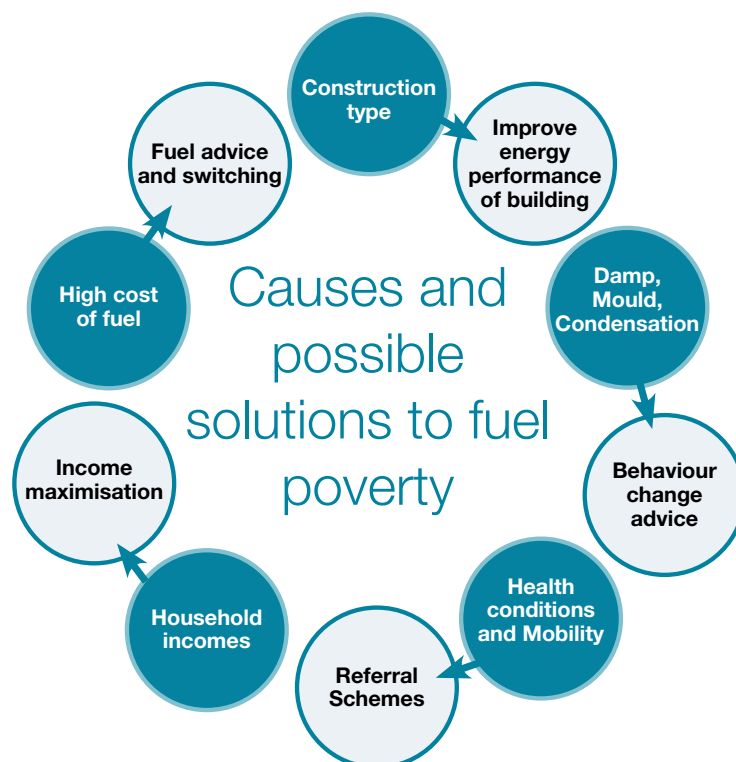
Kent authorities recognise that much can be achieved through resident participation to eliminate an unhealthy home environment. We already provide advice to residents on how they can reduce moisture within the home, thus lowering the risk of condensation, damp and mould occurrences. Behaviour change plays a key role to most interventions in energy efficiency. We will seek to increase opportunities for communities to get more involved in delivery of energy efficiency and will work with health professionals and other frontline staff to raise awareness of fuel poverty and how they can support the client groups they work with.

The rising cost of energy is a concern for all; the government is working with the energy regulator Ofgem on a range of measures to give householders simpler choices, clearer information and fair treatment. Advice on securing the most appropriate fuel tariff and billing system is high on its agenda. Kent authorities and other voluntary and public sector organisations are helping residents through switching schemes. One scheme – “collective switching” works by getting as many residents as possible to register their interest in taking part. The more households that register, the stronger our bargaining power with the energy suppliers and the more competitive our ‘energy auction’ will be.

In addition to information and advice, long term sustainable improvements can be made by developing interventions to improve the fabric of buildings and to maximise the income of residents.

We will work with our network of partners across different public and private sector organisations and particularly within health professions to identify resources to enable us to develop a range of effective interventions and create opportunities to improve health outcomes. Closer working with health and other partners to develop effective data sets along with a data sharing protocol is essential and will enable us to improve targeting and engagement of the most vulnerable.

Across all districts in Kent we have already jointly procured a Warm Homes call centre to provide a single point of contact for all Warm Homes referrals and for residents seeking energy efficiency advice. We will work in partnership to ensure this principle is expanded into a single-point-of-contact health and housing referral service for people living in cold homes (Cold Weather Plan/NICE guidance).



## 6. Priorities for Kent – Aims and Objectives

The overall aims and objectives will be to provide warmer homes, lower energy bills, reducing fuel poverty across Kent. We accept that this is a considerable task, but by working in a broad partnership to achieve a number of key aims and objects achievements can be made.

Our priorities are outlined below and are based on a need to fully understand who vulnerable residents in fuel poverty are and to effectively target them with meaningful interventions that address the three main causes of fuel poverty:

### Priority 1: Information gathering and sharing

- To understand who and where our vulnerable residents are and how best to help them.
- To collate, map and share relevant data sets to enable us to clearly identify the most vulnerable residents who are at risk of fuel poverty and monitor progress.
- To work in partnership to identify resources to help us deliver programmes that tackle fuel poverty, starting with the most vulnerable residents (Resources include partners, staff time, funding etc.)
- To promote a better understanding of fuel poverty across partners and residents and the links to wider health outcomes.

### Priority 2: Improving energy efficiency

- To work towards achieving the national target of ensuring that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of band C, by 2030.
- To maximise the uptake of current energy efficiency programmes in all sectors of the community.
- To investigate additional resources to support energy efficiency programmes.

### Priority 3: Reducing fuel costs

- To develop and roll out existing collective switching schemes to maximise take up and the support they can offer to Kent residents.
- To promote the use of oil clubs to reduce costs for those residents that rely on tis source of fuel.
- To work with Southern Gas Network to help people get onto mains gas where practical.
- To provide a programme of advice and guidance to enable residents to understand and implement effective energy management solutions in the home.

### Priority 4: Increase income

- To support vulnerable households to maximise income by signposting to relevant services.
- To work with partners supporting people into employment.





## 7. Local Action Plan – Monitoring and Review

The successful implementation of this Strategy must rely on the efforts of a wide range of organisations and community groups outside the local authorities themselves. If these essential groups are present throughout the development process they will not only bring a wide range of expertise and experience to the process but also assist with partnership development.

The Action Plan has been developed by KEEP members (see Annex 1) and consists of key aims with their own objectives and tasks. This will be reviewed annually.

We will work in partnership, to identify where to target our fuel poverty activities by data analysis of existing poverty and health data, address matching and through developing pilot energy efficiency schemes.

Where feasible, we will adopt a whole-house approach to deliver a better outcome to those vulnerable households. Where possible, we will monitor a cross section of measures and household types to verify the actual outcomes.

An important area of work will involve monitoring and evaluation. We need to consider at a very early stage how projects and programmes will be monitored and evaluated and to gather the correct evidence in terms of energy measures, health well-being

and interventions, including those which are more complex. We will need to find better ways to obtain household information and improved reporting. Only then will we be able to evaluate fully and address the most vulnerable who are hard to reach.

Recognising health and well-being is forefront to indicators relating to fuel poor households. We will work with health partners and the health and well-being boards to identify and deliver better health outcomes for Kent residents.

Kent partners will continue to seek funding for Kent residents, to support work to reduce fuel poverty in Kent. Various schemes that have already been delivered have resulted from Kent wide bids to government and other funding sources, including the Department for Energy and Climate Change, National Energy Action, Southern Gas Network and energy companies.

### **CASE STUDIES**

Please see Appendix 2 on the following examples delivered in Kent:

**Keep Warm, Keep Well** (Kent)

**Winter Warmth** (Dartford)



## Annex 1 – Action plan

### Priority 1 Information gathering and sharing

Aim	Action	Milestones/ Timescale	Resources	Organisations involved	Outputs
1	Identify, collate and map existing non household identifiable data sets on fuel poverty and investigate where to provide the links on a website accessible to all. Fuel poverty information to include: <ul style="list-style-type: none"> <li>• Levels of fuel poverty</li> <li>• % of LSOA off and on mains gas</li> <li>• Indices Multiple Deprivation data</li> <li>• average property SAP data</li> </ul>	By October 2016		Local Authorities Kent County Council Public Health	Data provided by KEEP to LAs. LAs to provide link on their website  Link to the data to be posted on the Public Health Bulletin (to help get it to a wider audience)
2	Identify, collate and map health information where people are vulnerable to the cold and investigate where to post the data. Information to include: <ul style="list-style-type: none"> <li>• HHSRS Category 1 hazard – excess cold</li> <li>• Emergency admissions</li> <li>• Falls</li> <li>• Number of children claiming free school meals</li> </ul>	By October 2016		Public Health Kent County Council	Data provided by KEEP to LAs. LAs to provide link on their website  Link to the data to be posted on the Public Health Bulletin (to help get it to a wider audience)
3	To work with relevant partners to identify and explore new schemes, funding and any other opportunities that will tackle fuel poverty. This will target vulnerable households and other inefficient properties wherever possible	As opportunities arise		LAs, KEEP, KMSEP	Bids and shared bids for relevant funds.
4.	Develop promotional and training materials that all partners can utilise to promote a better understanding of fuel poverty to front line staff, voluntary groups, councillors and home improvement agencies etc., This should include easy to read versions	October 2016	A presentation, a briefing note for Cllrs, etc	KEEP	The presentation, the briefing note, universal leaflet
5	Encourage use of local media, relevant newsletters and social media to promote Warm Homes, Community Switching etc., via the development of a communication plan to aid relevant partner agencies	Messages to be updated and shared at least once a year. Development of Communication Plan June to November 2016	A pack of draft press releases, tweets and facebook messages that partners can adapt and use	LAs, Health KEEP	Communications pack produced
6.	Map social prescribing activities being developed across Kent via the CCG's to ensure health and housing issues are considered at early stages of activity development.	As opportunity arises		LAs, Health, KEEP	
7.	Consider joint activities with Local Pharmacies	As opportunity arises		LA, Health, Local Pharmaceutical Committees	



## Annex 1 – Action plan

### Priority 2 Improving Energy Efficiency

Aim Action	Milestones/ Timescale	Resources	Organisations involved	Outputs
1 Utilise datasets to identify vulnerable groups and key target areas for improvement.			LA, KMSEP, KEEP, Health	
2. Continue to develop the Warm Homes scheme and promote it by including it on websites, social media, mailshots, leaflets in receptions etc.,	Now to March 2017 when it may be updated in line with governments new ECO plan	Call centre, leaflets, banners	LAs KMSEP, KEEP	Data on number of referrals received at the Warm Homes Call Centre. Number of measures installed
3. Encourage each organisation to signpost to national schemes and initiatives on websites etc.,	October 2016	A template of data and links that organisations can adapt to their website	LAs	Presence of useful signposting on each LAs website
4. Develop and maintain a database of local initiatives and services to support vulnerable residents	October 2016	Database with links to relevant organisations	KEEP, CCGs, Health, Kent Private Sector Housing Group	Database presence of useful signposting on each LA website
5. Maintain the funding for the Warm Homes Call Centre and keep the centre up to date with current initiatives across Kent	April 2016		LAs with possible contributions from referral fees from installers	Warm Homes Call Centre is Maintained
6. Councils to continue to investigate and take suitable action around excess cold category 1 and low EPCS rated properties	Ongoing	Private Sector Housing Teams	LAs	Provide information on Kent Homechoice website
7 Target F and G rated properties in the `private rented sector that will become illegal to let from 2018	By March 2018	Letter for Landlord, private rented sector energy efficiency measure offer, topic at Landlord Forums, Presentations Providers to be contacted about paying for postal costs.	Private Sector Housing Group, KEEP, KCC, Landlord Forums, Landlords	Reduction in F and G Rated properties. Number of measures installed. Monitor number of landlords taking up scheme. Change letter and process until take up occurs
8 Produce one common information source for able to pay residents including information around suitable top tips, myth busters, heating controls etc., building on the Energy Saving Pack currently available	To update yearly		KEEP, KCC	Information posted on each LAs website
9 Investigate other agencies to link with to promote schemes ie energy champions and transition towns	Ongoing			
10 Continue to Use Winter Warmth funding when available and investigate the use of the health cost calculator	April 2016	Funding from Public Health. Referral management from HIA	KMSEP, Private Sector Housing	Grant moneys are used by target audience
11 Explore the use of the Better Care Fund to improve health particularly to target cold homes	As opportunity arises		Project Group, KEEP	Improvement of health of residents
12 Develop links with the Making Every Contact Count	As opportunity arises		Health commissioning groups, KCC Public Health, LA's	Data of number of referrals made

## Annex 1 – Action plan

### Priority 3 Reducing Fuel Costs

Aim	Action	Milestones/ Timescale	Resources	Organisations involved	Outputs
1	To offer support to other Local Authorities wishing to participate in the Collective Switching or Switch and Save schemes	review prior to contracts being renewed		LAs but could also be Housing Associations	Invite any organisations interested in considering a scheme to contact those with one. Share key documents to help new organisations re-use rather than re-invent
2	Encourage Local Authorities to promote the use of fuel clubs for example oil clubs and encourage people to consider using regulated debt advice services	Ongoing and updated yearly		LAs Credit Unions Local Oil Clubs Citizens Advice Parish Councils	All LAs providing useful info online
3	Encourage Local Authorities to promote the SGN Help to Heat Scheme on their website and mailshot relevant Parish Council with details of the scheme	Current scheme available the lifetime of this action plan		LAs Parish Councils	LAs providing useful info and signposting online
4	Provide information or sign posting around energy efficiency initiatives on Council websites		KEEP provide draft info for LAs to amend to their needs	KEEP LAs	LAs providing useful info and signposting online
5	Provide information regarding reducing fuel costs by being on the right meter and right tariff	Ongoing and updated yearly	KEEP provide draft info for LAs to amend	KEEP LAs	LAs providing useful info and signposting online

### Priority 4 Increasing household income

Aim	Action	Milestones/ Timescale	Resources	Organisations involved	Outputs
1	Signpost people towards information providing websites and benefit maximisation organisations	Ongoing as part of affordability advice and with discretionary housing payments	Well trained staff	Citizens Advice	Link to helpful websites on LA websites
2	Signpost people to Warm Homes Discount, Cold Weather Payment, Winter Warmth Payments and Priority Services Register etc., using LA websites and social media	Social media posts throughout year but clustered in October to December when info most relevant	A draft template LAs can use for website and social media messages to be adapted	LAs for all messages. Health may choose to signpost to some too	Information provided on the LAs websites

## Appendix 1 – Additional Data

Table 10.1: Local Authority Housing Statistics data on HHSRS – Category 1 Hazards.

### Local Authority Housing Statistics dataset, England 2013-14

DCLG code	Current ONS code	Authority Data	Total number of dwellings with category 1 hazards (HHSRS) owned by your Local Authority	Estimated cost (£ thousands) of removing category 1 hazards from all dwellings	Total number of dwellings in f5a, which are in your local authority area	Total number of ALL dwellings with category 1 hazards (HHSRS) in your Local Authority Area	Of which, owned by the private sector?	Estimated cost (£ thousands) of removing all category 1 hazards from the private sector dwellings	Total number of private sector dwellings in your Local Authority Area with Category 1 hazards which were made free from those hazards as a direct result of action by your Local Authority during 2013-14
<b>England</b>			<b>8,039</b>	<b>23,502</b>	<b>8,141</b>	<b>2,382,634</b>	<b>2,511,049</b>	<b>9,245,181</b>	<b>32,202</b>
<b>Unitary Authorities</b>			<b>1,572</b>	<b>4,103</b>	<b>1,572</b>	<b>528,806</b>	<b>598,931</b>	<b>2,340,605</b>	<b>6,881</b>
A2280	E06000035	Medway UA	0	0	0	0	0	0	285
<b>Shire Districts</b>			<b>3,099</b>	<b>4,081</b>	<b>3,201</b>	<b>979,842</b>	<b>1,042,525</b>	<b>3,620,076</b>	<b>12,941</b>
<b>Kent</b>	<b>E10000016</b>		<b>56</b>	<b>260</b>	<b>56</b>	<b>86,420</b>	<b>94,045</b>	<b>211,870</b>	<b>598</b>
E2205	E07000105	Ashford	0	0	0	4,496	4,496	7,000	7
J2210	E07000106	Canterbury	0	0	0	9,424	9,424	0	3
T2215	E07000107	Dartford	56	260	56	1,274	1,292	13,783	66
X2220	E07000108	Dover	0	0	0	0	10,500	37,000	142
K2230	E07000109	Gravesham	0	0	0	7,123	5,067	9,994	38
U2235	E07000110	Maidstone	0	0	0	8,642	8,642	20,498	20
G2245	E07000111	Sevenoaks	0	0	0	8,527	8,527	67,376	32
L2250	E07000112	Shepway	0	0	0	0	0	7,492	0
V2255	E07000113	Swale	0	0	0	9,739	9,739	20,410	48
Z2260	E07000114	Thanet	0	0	0	16,150	16,150	8,741	110
H2265	E07000115	Tonbridge and Malling	0	0	0	7,434	6,597	18,076	33
M2270	E07000116	Tunbridge Wells	0	0	0	13,611	13,611	1,500	99

These cells contain imputed data - this data should not be seen as an estimate for the individual authority but is given on an authority basis to allow custom totals to be constructed

These cells contain unfinalised data - local authorities have not signed off the figures, however they are the best estimate we have available.

Reference: Department for Communities and Local Government

<https://www.gov.uk/government/statistical-data-sets/local-authority-housing-statistics-data-returns-for-2013-to-2014>

**Table 10.2: Spending on fuel poverty and energy efficiency programmes in 2010/11 and 2013/14.**

<b>Programme</b>	<b>2010-11</b>	<b>2013-14</b>
Community Energy Savings Programme	£117 million	
Carbon Emissions Reduction Target – Priority Group	£654 million	
Energy Company Obligation – Affordable Warmth		£350 million
Energy Company Obligation – Carbon Saving Communities Obligation		£190 million
Winter Fuel Payments	£2.7 billion	£2.1 billion
Cold Weather Payments	£431 million	£265 million
Supplier voluntary agreement – Energy company	£150 million	
Warm Homes Discount		£282 million
<b>TOTAL Expenditure</b>	<b>£4,052,000,000</b>	<b>£3,187,000,000</b>
<b>£865 million deficiency funding for this period</b>		
<i>Source: UK Fuel Poverty Monitor 2013 by NEA <a href="http://www.nea.org.uk/wp-content/uploads/2015/07/Fuel-Poverty-Monitor-2013-FINAL.pdf">http://www.nea.org.uk/wp-content/uploads/2015/07/Fuel-Poverty-Monitor-2013-FINAL.pdf</a></i>		

**Table 10.3: Fuel Poverty by Kent District in number of households and % of households.**

<b>Region</b>	<b>Number of Households</b>	<b>Number of households in fuel poverty</b>	<b>Proportion of households fuel poverty %</b>
Ashford	49197	3730	7.6
Canterbury	62533	5878	9.4
Dartford	41256	3111	7.5
Dover	49641	4702	9.5
Gravesham	41623	3984	9.6
Maidstone	65267	5109	7.8
Medway	109312	10701	9.8
Sevenoaks	48390	3705	7.7
Shepway	48711	4589	9.4
Swale	57215	5022	8.8
Thanet	61219	6279	10.3
Tonbridge and Malling	49542	3629	7.3
Tunbridge Wells	48503	4157	8.6
<i>Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) (<a href="https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics">https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics</a>)</i>			

## Appendix 2 – Case Studies

### KEEP WARM, KEEP WELL (KENT)



**Lead organisation:** Kent County Council

**Scheme start date:** Dec-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** 1000-4999 households

**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

#### Services provided

Medium to high-cost energy efficiency	Low-cost energy efficiency measures	Energy- related advice	Referral to energy-related grants, support and advice	Referral to other services
✓	✓	✓	✓	✗

Other additional services provided: warm clothes, blankets, salt, etc.

#### Household profile

**Types of households scheme targets are:** health condition / disability, older person.

**Health conditions scheme targets are:** Circulatory disease: cardiovascular disease, heart disease, stroke, other  
Mental health conditions

**Disability:** limited mobility, other Long-term illnesses

**Respiratory disease:** asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

#### Health sector involvement

##### HEALTHCARE BODY / PROFESSIONAL

- Healthcare professional - pharmacist
- Healthcare professional - practice nurse
- Healthcare professional - district nurse
- Healthcare professional - other
- Clinical Commissioning Group (CCG)
- Other (social care professionals and multidisciplinary teams)

##### NATURE OF THEIR INVOLVEMENT

- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Contributing funding
- Identifying/referring/contacting target households

#### Health referrals

Scheme does not have a specific system to identify and target households with health problems

#### Other partners

##### ORGANISATION TYPE

- Service provider - local council

##### NATURE OF THEIR INVOLVEMENT

- Installing measures / Also tries to find match funding

#### Funding

ECO	Green Deal	ECO and Green Deal	Neither
✓	✗	✗	✗

##### FUNDING SOURCE

- Local authority - public health
- Health and/or social care body - Clinical Commissioning Group

##### FUNDING CONTRIBUTION

- Principal funder
- Contributor funder

### Data sharing

Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: NHS numbers and Social Care numbers do not match; NHS reluctant to share data; risk stratification groups not yet consistent across a very large county

### Challenges and successes

Challenges to implementing scheme: inconsistent / changing ECO funding. In addition ECO funding targets deprivation but not necessarily health conditions.

Key successes of scheme: partnership working and joint commissioning.

### Evaluation

Evaluated scheme? Yes

Outcomes measured and reported against:

Household: personal satisfaction (including with property, physical health and general wellbeing)

Details: would like to be able to evaluate impact on GP visits and hospital admissions but data sharing barriers makes this impossible.

## Appendix 2 – Case Studies

### WINTER WARMTH (DARTFORD)



**Lead organisation:** Dartford Borough Council

**Scheme start date:** Dec-13

**Geographic scope:** Local authority area

**Locality:** Part urban / part rural

**Estimated annual target reach:** Fewer than 100 households

**Proportion of annual target reach estimated to be households with health problems:** Unsure

### Services provided

Medium to high-cost energy efficiency	Low-cost energy efficiency measures	Energy- related advice	Referral to energy-related grants, support and advice	Referral to other services
✓	✗	✗	✓	✗

### Household profile

Types of households scheme targets are: health condition / disability, older person.

Health conditions scheme targets are:

**Circulatory disease:** cardiovascular disease, heart disease

**Respiratory disease:** asthma, bronchitis, chronic obstructive pulmonary disease (COPD),

### Health sector involvement

#### HEALTHCARE BODY / PROFESSIONAL

- Healthcare professional - GP
- Healthcare professional - pharmacist
- Healthcare professional - practice nurse
- Healthcare professional - district nurse
- Public Health England

#### NATURE OF THEIR INVOLVEMENT

- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Identifying/referring/contacting target households
- Contributing funding

**Health referrals**

Scheme does not have a specific system to identify and target households with health problems

**Other partners**

ORGANISATION TYPE	NATURE OF THEIR INVOLVEMENT
<ul style="list-style-type: none"> <li>• For-profit company - energy supplier</li> <li>• For-profit company - installer</li> <li>• Service provider - local council</li> </ul>	<ul style="list-style-type: none"> <li>• Contributing funding</li> <li>• Installing measures</li> <li>• Identifying/referring/contacting target households</li> </ul>

**Funding**

ECO	Green Deal	ECO and Green Deal	Neither
✓	✗	✗	✗

FUNDING SOURCE	FUNDING CONTRIBUTION
<ul style="list-style-type: none"> <li>• For-profit company - energy company</li> <li>• Local authority - public health</li> </ul>	<ul style="list-style-type: none"> <li>• Principal funder</li> <li>• Principal funder</li> </ul>

**Data sharing**

Data sharing to identify, target and/or refer households? Have not tried to share data

Data sharing difficulties: specific data was removed by scheme partner; making monitoring progress difficult.

**Challenges and successes**

Challenges to implementing scheme: funding issues including withdrawal, long approval times and inadequate monitoring of usage; limited information sharing regarding progress on individual referrals.

Key successes of scheme: agreement for Public Health funding to be held by local authority; streamlining process for referrals so households don't get lost in system.

**Evaluation**

Evaluated scheme? No

## Glossary of Terms and Abbreviations

<b>ACE</b>	Association for the Conservation of Energy – ACE aims to reduce overall energy demand and to ensure a safe and sustainable energy future.
<b>Affordable Warmth</b>	The ability to heat your home to an adequate level for household comfort and health, without developing a debt as a result.
<b>BRE</b>	British Research Establishment - BRE is a world leading multi-disciplinary building science centre with a mission to improve the built environment through research and knowledge generation.
<b>Carbon Emission Reduction Target (CERT)</b>	A five year obligation on gas and electricity suppliers to reduce carbon emissions in the household sector through energy efficiency improvements (April 2008 - December 2012).
<b>Carbon Emissions Reduction Obligation (CERO)</b>	One of the obligations under ECO. Under the Carbon Emissions Reduction Obligation, obligated suppliers must promote 'primary measures', including roof and wall insulation and connections to district heating systems. Other 'secondary measures', which improve the insulation of properties, can also be installed at the same premises as primary measures.
<b>Carbon Saving Community Obligation (CSCO)</b>	One of the obligations under ECO. Under the Carbon Saving Community Obligation, obligated suppliers must promote insulation measures and connections to district heating systems in areas of low income. The CSCO target has a sub-obligation, which requires that at least 15% of a supplier's CSCO must be achieved by promoting measures to low income and vulnerable households in rural areas or deprived rural areas.
<b>Clinical Commissioning Groups (CCGs)</b>	These are NHS organisations that deliver on health and social care and include General Practitioners.
<b>Community Energy Savings Programme (CESP)</b>	An obligation on large UK energy companies to deliver energy saving measures to low income households. The obligation came into force on 1 September 2009 and ran until 31 December 2012. CESP was designed as a pilot for an area based obligation.
<b>Cold Weather Plan (CWP)</b>	This document is focused around the impact of cold weather on health by Public Health England. The aim of the plan is to reduce excess winter deaths and address fuel poverty.
<b>Department of Energy and Climate Change (DECC)</b>	A government department that works to make sure the UK has secure, clean, affordable energy supplies and promote international action to mitigate climate change.
<b>Energy Company Obligation (ECO)</b>	A government scheme to obligate larger suppliers to deliver energy efficiency measures to domestic premises in Britain. Suppliers achieve their obligations by delivering through three obligations.
<b>Energy Efficiency</b>	Means using less energy to provide the same output of energy.
<b>Energy Performance Certificate (EPC)</b>	Provides a rating on the energy efficiency of households from A (most efficient) to G (least efficient) based on information about a property's energy use and typical energy costs. It also provides recommendations about how to reduce energy use and save money.
<b>English Housing Survey (EHC)</b>	The English housing survey is a national survey of people's housing circumstances and the condition and energy efficiency of housing in England.
<b>Excess Winter Deaths (EWD)</b>	The difference between the number of deaths which occurred in winter (December to March) and the average number of deaths during the preceding four months (August to November) and the subsequent four months (April to July). The data source is the General Registrar Office.
<b>Fuel Debt</b>	Residents who are unable to pay their fuel bills due to the high cost of energy, energy inefficient housing and reductions in household income, are classed as in fuel debt. More and more people are struggling to afford to keep their home warm and cannot pay their energy bills, therefore owe their energy suppliers money.
<b>Fuel Poverty</b>	The Warm Homes and Energy Conservation Act (2000) characterises fuel poverty as the problem of someone on a "lower income [living] in a home which cannot be kept warm at reasonable cost."
<b>Fuel Poverty (LIHC)</b>	The current model of assessing who is in fuel poverty based on household income and estimated energy costs for that dwelling type (Low Income, High Cost).



<b>Fuel Poverty (10%)</b>	A previous model for assessing who is in fuel poverty based on those spending more than 10% of their income to adequately heat and power their home.
<b>Fuel Poverty Gap</b>	A measure of how much lower a household's fuel bill would need to be or how much higher their income would need to be to no longer be fuel poor.
<b>Home Heat Cost Reduction Obligation (HHCRO)</b>	One of the obligations under ECO. Under the Home Heating Cost Reduction Obligation (also known as Affordable Warmth), obligated suppliers must promote measures which improve the ability of low income and vulnerable households (the 'affordable warmth group') to heat their homes. This includes actions that result in heating savings, such as the replacement or repair of a boiler.
<b>Housing Health and Safety Rating System (HHSRS) - Category 1 Hazard</b>	A risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. Excess cold, mould and damp are amongst the 29 Category 1 Hazards.
<b>Joint Strategic Needs Assessment (JSNA)</b>	Local authorities and health authorities produce a strategic assessment document of the health and wellbeing of the local community.
<b>Joseph Rowntree Foundation (JRF)</b>	An independent organisation working to inspire social change through research, policy and practice which includes poverty and social exclusion.
<b>Kent Energy Efficiency Partnership (KEEP)</b>	A group of local authority officers whose work has relevance to fuel poverty and carbon reduction. Local Authorities with housing stock have a statutory duty to report on the Home Energy Conservation Act and have regard to other energy and climate change legislation.
<b>Lower Super Output Areas (LSOA)</b>	Postcode specific areas of deprivation. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. It is important to note that not every person in a highly deprived area will themselves be deprived.
<b>Mains Gas</b>	The supply of gas to a property through the main gas network (as opposed to a bottled gas supply).
<b>Mortality</b>	The condition of one day having to die.
<b>Morbidity</b>	Refers to the unhealthy state of an individual, while mortality refers to the state of being mortal.
<b>National Institute for Health and Care Excellence (NICE)</b>	An organisation that provides national guidance and advice to improve health and social care.
<b>Office of National Statistics (ONS)</b>	An independent national institution responsible for collating, producing and publishing official statistics related to economy, population and society at national, regional and local levels. The work also includes conducting census every ten years.
<b>Owner Occupier</b>	A householder that owns/ is in the process of buying the property they live in.
<b>Pre-payment Meter</b>	Payment made for energy use in advance and topped up when necessary dependent on use. It requires the presence of a specific meter within the property that can be topped up with payment directly with cash or via phone/website.
<b>Private Rented Sector (PRS)</b>	Refers to the property market where homes are owned by private landlords and rented privately to domestic tenants.
<b>Standard Assessment Procedure (SAP)</b>	The energy efficiency of a property is measured using a Standard Assessment Procedure (SAP) rating with a scale from 1 to 100 (the higher the rating, the more energy efficient a property). SAP values translate into band letters A – G on the Energy Performance Certificate. The most energy efficient homes are represented in band A (high SAP rating) and the least energy efficient in band G (low SAP rating). The energy efficiency of a home is a key driver of the likelihood of a household being in fuel poor, as it strongly determines amount of fuel needed to heat the home and the consequential costs incurred by the household. According to data published by DECC, 2013, less than 5% of fuel poor households in England have an energy efficiency rating of band C and above. This compares to around 18% across all households (4 million households in England). 14% of fuel poor homes are currently at very low energy efficiency rating band F or G. Nearly half of fuel poor homes are E-rated and 36% are D-rated.
<b>Tenure</b>	The financial arrangements under which someone has the right to live in a house or apartment. The most frequent forms are tenancy, tenant in which rent is paid to a landlord (social housing or private), and owner-occupancy.

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All data contained in this strategy is up-to-date as at 31 March 2016.

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Developed by the  
**Kent Energy Efficiency Partnership  
(KEEP)**

For and on behalf of Kent Private Sector Housing Group and Kent and Medway Sustainable Energy Partnership

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Chief Executive**

**Part 1- Public**

**Matters for Information**

**1 TONBRIDGE AND MALLING LOCAL CHILDREN'S PARTNERSHIP GROUP**

**To provide an update on the work of the Local Children's Partnership Group (LCPG) and the minutes from the previous meeting.**

**1.1 Background**

1.1.1 As Members will be aware, the role of the LCPG is to ensure effective child and family centred engagement by partners and to drive improvement in specific outcomes for children and young people. By working in collaboration the group can pool resources, share information and prepare and monitor effective service delivery.

**1.2 Minutes of the meeting held 30 September 2016**

1.2.1 Attached as Annex 1 to this report are the latest minutes from the LCPG meeting. Much of the meeting was spent discussing "Dashboard" data and priorities for Tonbridge and Malling. Highlighted were levels of absenteeism in secondary schools and the rates of early help referrals in relation to mental health issues. It has been agreed that some further work will now be undertaken to explore the details of these more fully.

1.2.2 Another focus for the meeting was the Early Help Grants, including the timeline for the next round of grants for 2017/18. It was agreed that support would be given to bids for projects that promote and support positive relationships in addressing the following priorities:

- Reducing the number of NEET young people in the district
- Reducing teenage conception rates
- Provide support for victims of Domestic Abuse
- Improve school attendance

1.2.3 A sub-group has been established with representatives from TMBC, KCC, the Community Safety Partnership and a representative from the Voluntary and

Community Sector. The sub group will score each bid and select the successful applicants.

- 1.2.4 The window for grant applications opens on 1st November and applicants will have until the end the calendar year to submit their bid. This will then allow projects to commence early 2017.

### **1.3 Legal Implications**

- 1.3.1 N/A

### **1.4 Financial and Value for Money Considerations**

- 1.4.1 Early Help Grants (approximately £45,000 - £50,000) to support youth provision in Tonbridge and Malling, will be available for successful applicants in the new year. These are funded from KCC budgets.

### **1.5 Risk Assessment**

- 1.5.1 N/A

### **1.6 Policy Considerations**

- 1.6.1 The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

Background papers:

contact: Gill Fox

Nil

Julie Beilby  
Chief Executive

## Tonbridge and Malling – Local Children’s Partnership Group

### Meeting 4 – Notes/Actions

Friday 30<sup>th</sup> September 2016: 09:30 to 12:00

#### The Chamber, Tonbridge Castle

(Meeting Chaired by Mark Raymond, TMBC Corporate Services Manager & Maria Heslop TMBC Cabinet Member for Community Services)

<p><b>Present:</b> Maria Heslop, Glenn Page, Mark Raymond, Gill Fox, Andy Jones, Tony Griffiths, Mick Haselden, Rob Marsh, Jane Heeley, Kas Hardy, Stephen Gregg, Karen Coffey, Nick Fenton</p> <p><b>Apologies:</b> Deborah Stanton, Mark Ginsberg, Anne Charman, Heidi Ward, Angela Borsos, Alison Finch</p>	
<p><b>1. Welcome and introductions</b></p>	<p><b>Chair (Mark Raymond)</b></p>
<p><b>2. Apologies, previous minutes and actions</b></p> <p>Notes agreed. Matters arising addressed on the agenda.</p>	<p><b>Chair (Mark Raymond)</b></p>
<p><b>3. Feedback from School Attendance Sub-Group</b></p> <p>This meeting was held on 21<sup>st</sup> July. It was noted that there is a wide range of issues underpinning low school attendance from transport and access issues through to parenting, mental health / emotional wellbeing and drug and alcohol problems.</p> <p>Data is available on individual schools to identify where the greatest challenges lie. However, there are some difficulties with sharing information about absence rates by individual schools without their consent.</p> <p>Glenn Page has been co-ordinating some work with St Stephen’s Primary School in Tonbridge, looking at attendance, targeted support and community engagement.</p> <p>Nick Fenton pointed out that some of the dashboard data relating to school attendance might now be slightly out of date. It was agreed that some more focussed work on the data – looking at which schools have the biggest challenges with attendance and where necessary start a dialogue with them about taking a multi-agency approach to addressing issues. Glenn Page will undertake this work with Cathy Edwards from KCC’s PRU Inclusion and Attendance Service (PIAS).</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Glenn Page to meet with Cathy Edwards from PIAS to explore data trends and where appropriate follow up with individual schools with a view to engaging them in sub group.</b></li> </ul>	<p><b>Glenn Page / Mark Raymond</b></p>

<p><b>4. Dashboard &amp; Priorities</b></p> <p>The group discussed themes identified on the dashboard as being of concern for Tonbridge &amp; Malling. The dashboard highlights levels of absenteeism in secondary schools and the rates of early help referrals in relation to mental health issues.</p> <p>Mark Raymond had carried out some comparison with other districts and highlighted numbers of children on a CP Plan, numbers of Early Help Notifications, Domestic Abuse Notifications and Teenage Pregnancy as worthy of more exploration.</p> <p>It was agreed that the rates of children with CP Plans needs to be seen in the context of Tonbridge &amp; Malling and Tunbridge Wells forming a ‘double district’ for Social Services and when seen that way, the numbers are not greatly at odds with those in districts such as Dartford for example. It was also felt that high levels of referral to Early Help (including for mental health) could be a good thing as issues are being identified and addressed early – rather than escalating to crisis point.</p> <p>Overall, it was felt that some of these areas needed further exploration. In addition to the work Glenn Page will do in looking at school attendance data, the following actions were agreed:</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Kas Hardy to pull together some data on teenage pregnancy rates in Tonbridge &amp; Malling looking at trends going back over the last few years, the total numbers in each year and comparisons with other districts. (To Be presented at next meeting on 2<sup>nd</sup> December)</b></li> <li>➤ <b>Mark Raymond to link with the Community Safety Unit to provide an overview of DA incidents and issues. (Invite a representative to address the group at our next meeting on 2<sup>nd</sup> December)</b></li> </ul>	<p><b>Mark Raymond / Glenn Page</b></p>
<p><b>5. Early Help Grants</b></p> <p>Andy Jones gave a presentation on the progress to date of the current grant recipients and outlined the timeline for the next round of grants. (Presentation to be distributed with minutes.)</p> <p>It was agreed that our priority should be based on wanting a service(s) that will promote positive relationships and address:</p> <ul style="list-style-type: none"> <li>• NEET young people in the district</li> <li>• Teenage conception rates</li> <li>• Domestic Abuse</li> </ul> <p>It was agreed that at the time of awarding the grants, this group could specify particular areas, needs and outcomes it would like to see addressed in awarding the grants. (I.e. We have until January to identify some of the key issues and themes behind the headline issues)</p> <p>Time table for award of the 17-18 grants:</p> <ul style="list-style-type: none"> <li>➤ LCPG priorities to be identified by 28<sup>th</sup> October</li> </ul>	<p><b>Andy Jones</b></p>



<ul style="list-style-type: none"> <li>➤ Advert placed by 1<sup>st</sup> November</li> <li>➤ Deadline for submissions 31<sup>st</sup> December</li> <li>➤ Commissioning Team carry out due diligence checks in early January</li> <li>➤ 9<sup>th</sup>-13 January – LCPG sub-group members score the bids individually</li> <li>➤ 16<sup>th</sup>-20<sup>th</sup> January – LCPG Sub Groups meet to agree grant awards</li> <li>➤ W/C 23<sup>rd</sup> January KCC governance process</li> <li>➤ W/C30<sup>th</sup> January – Letters sent out to successful providers</li> </ul> <p>It was agreed that the sub group for scoring and selecting bids will be:</p> <ul style="list-style-type: none"> <li>• Glenn Page</li> <li>• Kas Hardy</li> <li>• CSU Rep (to be confirmed)</li> <li>• Gill Fox</li> <li>• Mick Haselden</li> <li>• Andy Jones</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Glenn Page to draft up the wording for the priorities with Andy Jones to ensure it is compliant with Helen Cook’s expectations.</b></li> <li>➤ <b>Glenn Page to set up sub group meeting for w/c 16<sup>th</sup> January.</b></li> <li>➤ <b>Andy Jones to invite the grant recipients to attend the LCPG meeting on 2<sup>nd</sup> December to provide an update</b></li> </ul>	
<p><b>6. Troubled Families</b></p> <p>Glenn provided a couple of slides to illustrate the challenge that KCC is facing in meeting its Troubled Families target for 16-17. (To be distributed with the minutes). A recovery plan is in place to address the shortfall during the next two claims windows – November and March.</p>	<p><b>Glenn Page</b></p>
<p><b>7. Safeguarding</b></p> <p>Safeguarding training for Taxi Drivers is being rolled out across the county. (Following Tonbridge &amp; Malling’s lead!)</p> <p>Placement of some families from south London has caused some strain for housing services in some areas of Kent</p> <p>Some issues relating to ‘change of use’ rules for care homes mean that they don’t have to go through planning procedures and this has led to some inappropriate placements for children in care</p> <p>CSE – 26 complex case investigations taking place. CSE Awareness day taking place in March.</p> <p>TMBC continues to host safeguarding training for KSCB – partner agencies are welcome to attend.</p>	<p><b>Gill Fox</b></p>
<p><b>8. Children / Young People Who Go Missing</b></p> <p>KCC receive notifications from the police of all children / young people who go</p>	<p><b>Karen Coffey</b></p>

<p>missing. Each child / young person and their families are interviewed by an early help worker or social worker. (This must be carried out within 72 hours.) Follow up work is carried out in accordance with KCC safeguarding protocol and the Kent Family Support Network as necessary. Numbers are relatively low in Tonbridge &amp; Malling. E.g. Between August and 26th September 16 we have had 9.</p>	
<p><b>9. Dates of next meeting:</b> Friday 2nd December – YMCA Tower House, Vale Rise, Tonbridge, TN9 1TB</p>	

**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2014**

**Report of the Director of Central Services and Monitoring Officer**

**Part 1- Public**

**Matters for Information**

**1 COMMUNITY SAFETY PARTNERSHIP UPDATE**

**1.1 Community Trigger**

- 1.1.1 So far this year we have received 1 Community Trigger applications. This met the criteria and was dealt with through a Community Trigger Panel. The main complaint was around racist/foul language coming from a neighbour. However, following discussion it was felt that a lot of this was around perception. A noise recorder had been installed which had found no evidence of this issue. Environmental Health agreed to keep the case open for a further two months and it was also agreed that parent/teen mediation would be offered to the neighbour (although this was not accepted). Following the Panel there have been no further reports of any issues and the case has been closed.

**1.2 Safer Towns Partnership**

- 1.2.1 The Safer Towns Partnership is now independent from the Borough Council and employ the Safer Towns Co-ordinator directly. Mandy Smith has moved on to another job and the co-ordinator is now Benita Lee-Alder, who works for 18 hours per week. She has a hot desk at the CSU but spends the majority of her time in Tonbridge.
- 1.2.2 An update from the Safer Towns Partnership will be provided for the next meeting.

**1.3 Crime Prevention Panel**

- 1.3.1 As of July this year the Crime Prevention Panel is no longer operating as they took the decision to stop the Panel. This was due to the increased working between partners and meant that a lot of the activities undertaken by the Panel were being carried out by the CSP. There was some funds left in the Crime Prevention Panel's bank account and this has now been transferred to the CSP for use on crime prevention items.

**1.4 Independent Police Advisory Group (IPAG)**

- 1.4.1 The Independent Police Advisory Group (IPAG) is a group of people who meet to act as a 'critical friend' to the Police. As critical friends IPAG members

constructively advise and challenge Kent Police on their policies, procedures and practices and advise the force on how to enhance these areas, so that policing performance is improved.

1.4.2 An IPAG for Tonbridge & Malling has recently been set up and they are looking for members who are able to represent sections of the community to attend. Meetings are held at 6pm at Tonbridge & Malling Borough Council offices, Kings Hill and in 2017 meetings will be held on Wednesday 25 January, Wednesday 12 April, Wednesday 5 July and Thursday 5 October.

1.4.3 If you would like further information or would like to register your intention to attend the next meeting please contact [ipag.sevenoaksdistrict@gmail.com](mailto:ipag.sevenoaksdistrict@gmail.com).

## 1.5 Community Speedwatch

1.5.1 The Community Safety Partnership is encouraging Parish Councils and other community groups to set up Community Speedwatch schemes within their areas. Speedwatch is a community based scheme that helps volunteers make their local roads safer by reducing speeding without penalising passing drivers.

1.5.2 A group of two or three police trained volunteers operate at carefully selected roadside sites where speed limits of 20, 30 and 40 miles per hour (mph) are in place. Using a portable speed indication device, they accurately measure the speed of passing vehicles.

1.5.3 Without using photography, the volunteers capture and report details about the vehicles travelling at, or above, nationally recommended speed thresholds (25, 35 and 46 mph). The details of vehicles reported speeding are stored by Kent Police for 12 months. A letter of advice may be sent in that time to the registered owners of vehicles who repeatedly speed and/or drive at more than 50% over the limit. Police officers usually hand deliver advice letters to frequent offenders.

1.5.4 Kent Police helps schemes get started safely by training all new volunteers and pre-approving areas where they will operate. They can also help with funding towards any equipment needed.

1.5.5 If you are interested in setting up a Speedwatch in your area you can get details by phoning 01622 653781 or email [speed.watch.data@kent.pnn.police.uk](mailto:speed.watch.data@kent.pnn.police.uk)

## 1.6 Hate crime

1.6.1 Following the Brexit result there were reports nationally that Hate Crime reports were increasing dramatically. However, in Kent although there has been a slight increase we have not seen the same amount of reports.

1.6.2 In July this year the Government published an updated Hate Crime Action Plan entitled 'Action against Hate: the UK government's plan for tackling hate crime'. The five key focus areas of the plan are: **Preventing** hate crime; **Responding** to

hate crime in our communities; Increasing the **reporting** of hate crime; Improving support for the **victims** of hate crime; and Building our **understanding** of hate crime. The plan mainly focusses on the Police and the CPS working with communities and in partnership with other agencies. Although there are no specific references to local authorities or community safety partnerships there may be opportunities to raise awareness or link into some of the recommended actions and areas of work.

## **1.7 Speedwatch**

- 1.7.1 I have been liaising with Kent Police and Parish Council's in the borough regarding establishing more Speedwatch schemes within the borough. There are some Parish Councils who already have Speedwatch schemes including East Malling & Larkfield, Wateringbury and Hadlow and we have an action in the Action Plan to increase this number.
- 1.7.2 Kent Police have appointed a new Speedwatch co-ordinator (Alan Watson) and he has been making contact with those Parishes where Speedwatch is currently in place but also attending a variety of meetings to try and increase the number of Speedwatch schemes.
- 1.7.3 We are hopeful that the number of Speedwatch schemes within the borough will increase and can help with the issue of speeding in key locations.

## **1.8 Prevent training**

- 1.8.1 The Borough Council will be running Prevent training for all staff on the morning of Wednesday 9 November (9.30am start) and the afternoon of Tuesday 15 November (2pm start). They will be given an overview of how to identify someone who may be at risk of being radicalised or planning a terrorist activity.

## **1.9 ASB Officer post**

- 1.9.1 As you will know, Sarah Taylor has now left her post of Anti-social behaviour officer. We are holding interviews this week and hope to have someone in post by early December.

## **1.10 Legal Implications**

- 1.10.1 None

## **1.11 Financial and Value for Money Considerations**

- 1.11.1 None

## **1.12 Risk Assessment**

- 1.12.1 All risk assessments are under taken as appropriate

Background papers:

contact: Alison Finch

Nil

Adrian Stanfield  
Director of Central Services and Monitoring Officer

**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Information**

**1 EMPTY HOMES UPDATE**

**Summary**

**This report updates Members on progress with Empty Homes work following the review by the Overview and Scrutiny Committee in January 2015.**

**1.1 Background**

1.1.1 Overview and Scrutiny Committee met in January 2015 to consider and review how the Council dealt with the issue of empty homes in the borough. From this review the following recommendations were agreed:

- The Housing Service is the corporate lead on empty homes
- A corporate working group be established to tackle the issue of empty homes
- To raise public awareness of empty homes through a variety of communication medium and simplify the process of reporting empty homes.

**1.2 Current Position on Empty Homes**

1.2.1 As at 26 October 2016 there were 397 long term empty properties in the borough. These are properties that have been empty for over six months. This is a slight reduction on the position in March 2016 when there were 414 long term empty properties.

1.2.2 There are a number of reasons why homes become empty and the most common include:

- The property is difficult to sell or let, particularly if it is in a poor state of repair
- It is being renovated

- The owner does not have the finances/time/skills to manage and maintain the property
- The property has been repossessed
- Probate/inheritance issues
- The owner is being cared for elsewhere or is in hospital.

1.2.3 To bring empty homes back into use the Council in the first instance will always try to work informally with the owners to offer advice and information. This may include signposting owners to available funding such as a 'No Use Empty' loan to enable properties to be renovated to be let or sold on; or to Council Housing Assistance funding for renovations to enable the owner to move in or let to a Housing Service nominated tenant. If this informal approach is not effective the Council will look at taking appropriate enforcement action to deal with any specific issues where possible and looking at available options for bringing the property back into use. This whole process of returning the property back into use is resource intensive and can take many years particularly if the owner will not engage with the Council.

### **1.3 Officer Working Group**

1.3.1 The Private Sector Housing Team (PSH) is the corporate lead for empty homes and has established a corporate officer group which meets on a quarterly basis. As work related to empty homes work spans a number of services the group is represented by Officers from Planning, Legal, Finance, Council Tax, Environmental Protection, Housing and Building Control.

1.3.2 The terms of reference of the group recognise that the group plays both an operational and strategic role in seeking to ensure a co-ordinated and cost effective approach to enable empty homes being bought back into use. Where necessary the relevant enforcement action will be taken with regard to any breaches of legislation by the appropriate service and any action is considered within the context of the corporate aim of bringing the empty home back into use.

1.3.3 The objectives of the Group are to:

- have a coordinated approach to bringing empty properties in the borough back into use,
- have a coordinated approach to sending out empty property correspondence,
- seek to maximise the outcome of empty property work from available resources,
- determine those empty properties to be targeted for bringing back into use,



- utilise an agreed criteria for prioritisation of bringing back into use problematic empty properties, and
- agree targets for bringing empty homes back into use and regularly review progress to meeting agreed targets.

1.3.4 The group are focussing on a case list of 113 homes. This case list has been compiled from a snapshot of council tax records for homes that:

- have been empty for over two years and are attracting a council tax premium
- have been empty for between 1-2 years
- are long term empty (empty for longer than six months) awaiting probate, where no action is being taken or information is known regarding bringing the property back into use.
- are long term empty “problematic” properties.

1.3.5 The case list is updated by members of the group as an action is completed or a home becomes occupied.

1.3.6 The owners of those homes that have been empty for over two years and are attracting a council tax premium (150 per cent) have been sent a short survey regarding their intentions for the property. For those who did not return the survey an officer from PSH visited and completed an empty property assessment. The empty property prioritisation criteria agreed by the Group has then been applied to determine whether the empty home has a high, medium or low priority for bringing back into use.

1.3.7 For three of these high or medium rated properties PSH have met with the owners to offer advice and information on the options available to bringing their properties back into use. As a consequence one owner is now considering putting their Tonbridge property forward for sale at auction this month; and a second owner is to undertake renovations to his terraced property in Wouldham and has expressed an interest in working with the Council to let the property to homeless/housing register applicants. For the owner/manager of the third property in Wateringbury we now have a better understanding of why the property remains empty.

1.3.8 For another three of these high or medium rated properties two owners have now submitted planning applications to develop the properties and for the other the PSH team are looking to obtain a warrant to enter the property to look at the conditions as the owner has not turned up for a meeting on two occasions.

1.3.9 Also the PSH team will be writing to the owners of a further five high or medium priority properties to arrange a meeting at their empty property.

- 1.3.10 Significant progress has been made with two of the long term empty problematic properties. One that Members will be interested to note is that following an application to the Residential Property Tribunal the Council has been granted permission to make an interim Empty Dwelling Management Order (EDMO) on a two bedroom terraced property in West Malling. The Council has been working over the last five years to get it to this point. The EDMO allows the Council to take control of the property and manage any necessary renovation works, before letting the property. Funding for the renovation works will be provided by KCC under the 'No Use Empty' loan scheme and repaid back from the rent obtained for the property. The Home Improvement Agency, Family Mosaic will manage the necessary renovation works and once completed the property will be let at a market rent and managed on our behalf by Ashford Borough Council Lettings Service. For the other property in Snodland, which the Council has been working to bring back into occupation for the last eight years, has now been sold.
- 1.3.11 As at the last meeting of the Group on 24 October 2016, 33 of the 113 homes on the case list had been returned to occupation following various interventions. At the next meeting which is due early in 2017 the list will be revisited and new properties added to it.

#### **1.4 Raising Public Awareness of Empty Homes**

- 1.4.1 Through the combined work of the PSH team and Council Tax colleagues information is now included on the back of all council tax bills on how the Council can help bring empty homes back into use. The team have also developed an empty homes advice leaflet that officers from all services can distribute when visiting empty properties.
- 1.4.2 Social media has also been utilised with a particular focus on 'Empty Homes' week in December. The website process for members of the public reporting an empty home has also been simplified.
- 1.4.3 A press article will be released regarding the success of the Council in being authorised to make an interim Empty Dwelling Management Order.

#### **1.5 Legal Implications**

- 1.5.1 None arising from this report.

#### **1.6 Financial and Value for Money Considerations**

- 1.6.1 None arising from this report.

#### **1.7 Risk Assessment**

- 1.7.1 None arising from this report.

Background papers:

Nil

contact: Hazel Skinner  
Satnam Kaur

Steve Humphrey  
Director of Planning, Housing and Environmental Health

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Information**

**1 HOUSING SERVICES UPDATE**

**Summary**

**This report updates Members on key issues across the Housing Service and performance over the period April to September 2016.**

**1.1 Housing Policy Update**

- 1.1.1 At the last Board meeting, Members raised concerns in respect of national social policy changes that are impacting on our ability to meet housing need of those households who cannot, for a variety of reasons, access homeownership and are being impacted by the widening affordability gap. A letter set out in **[Annex 1]** capturing these challenges and highlighting Members concerns has been sent by The Leader of the Council and Cabinet Member for Housing, to our local MPs.
- 1.1.2 Following the change of Prime Minister and Cabinet in July, Sajid Javid has been appointed as Secretary of State for Communities and Local Government and Gavin Barwell as the new Housing and Planning Minister. At the Conservative party conference in September the Secretary of State announced a £3bn Housebuilding fund. The purpose of this is to help small and medium enterprises to build 25,000 new homes by 2020. The fund will be used to encourage builders to use more modern building techniques which can deliver homes twice as quickly as conventional build methods, with a strong focus on off-site construction.
- 1.1.3 There was a further announcement that a Housing White Paper will be published later this year with further significant measures to assist the government's ambition of a million new homes by 2020. Future reports to this Board will keep Members updated as the detail emerges.

**1.2 Welfare Changes**

- 1.2.1 Changes to the Benefit cap announced in 2015 will come into force from 7 November 2016. This is the total amount of benefits a household can receive, including housing benefit. For our borough this will initially impact circa 200 house households, 100 of which are Circle Housing Russet (CHR) tenants. The Housing Service is working closely with CHR, Housing Benefit team and Department of

Works of Pension to work with these households to encourage them to become economically active. Early indications are that those households affected will see a reduction in their housing benefit ranging from £2-£200 a week. We will be closely monitoring the impact of the cap on our residents' ability to meet housing costs.

### **1.3 Affordable Housing**

1.3.1 We continue to work with our partners to plan and ensure timely delivery of new housing. Set out at **[Annex 2]** is a monitoring spreadsheet showing the completed schemes from the previous period, the year to date, and the development programme up to 2018.

1.3.2 Members should be aware that details on some schemes may alter where planning permission has yet to be secured and some may not proceed. The number of units to be provided is therefore an indicative figure for strategic planning purposes, pending confirmation of final scheme details. As new schemes come forward these will be also be added to the schedule.

### **1.4 Private Sector Housing**

1.4.1 Extending The Scope of Mandatory Licensing for Houses in Multiple Occupation

Government published their formal response to the technical discussion paper 'Extending mandatory licensing of Houses in Multiple Occupation in England' on the 18 October 2016. As a result Government has launched a further consultation on the detail of the proposals, which covers the following areas:

- Extending the scope of mandatory house in multiple occupation (HMO) licensing
- National minimum room sizes in licensed HMOs
- Fit and proper test
- Refuse disposal facilities
- Purpose built student housing.

1.4.2 Government is looking to extend the existing mandatory HMO licensing to include all large HMOs regardless of the number of storeys, where currently it is only for HMOs that are three or more storeys with five or more persons in two or more households. They are also looking to include flats above and below high risk business premises.

1.4.3 Government is looking to insert a new mandatory condition into HMO licences requiring rooms used for sleeping for one or two persons to meet certain minimum room sizes in line with the Housing Act 1985 overcrowding standard.

- 1.4.4 It is proposed the fit and proper person test for an applicant applying for a licence be updated to require a standard disclosure certificate from the Disclosure and Barring Service (DBS) rather than requiring the applicant to answer a series of questions on offences on the application form as currently.
- 1.4.5 Government proposes a mandatory licence condition requiring adequate receptacles for the storage and disposal of normal household waste based on the number of households or persons permitted to occupy the HMO under the licence.
- 1.4.6 For private providers of purpose built student housing where the accommodation meets approved codes of practice it is proposed that they be eligible for a discount on the licence fee.
- 1.4.7 The private sector housing team will be leading on the consultation response for Tonbridge & Malling in discussion with colleagues across Kent. The closing date for responses is the 13 December 2016.

## 1.5 Activity in the first six months of 2016/17

- 1.5.1 The Private Sector Housing (PSH) team responded to a total of 253 service requests, the breakdown of the service requests are shown below.

<b>Service request activity</b>	<b>Number of requests</b>
Housing conditions	59
Caravan site	3
Empty home visits	165
Immigration related visits	0
Rent deposit visits	17
Temporary accommodation visits	9
Arrange Public Health funeral	0
<b>Total</b>	<b>253</b>

- 1.5.2 The majority of the 59 housing condition related service requests were dealt with informally but where there are significant hazards as determined by the Housing Health and Safety Rating System (HHSRS) assessment and the landlord is not undertaking the appropriate remedial works then formal enforcement action is taken. Under the Housing Act 2004 one interim Empty Dwelling Management Order has been made on a long term empty property in West Malling. One new HMO licence has been approved and one application for the transfer of a caravan site licence.
- 1.5.3 As part of the work of the Corporate Empty Property Group the PSH team are working with Council Tax to visit those properties across the borough that are identified as empty and to determine if they still remain empty or are now

occupied. These visits help maintain accurate Council Tax records and contribute to the Council receiving the appropriate New Homes Bonus funding.

## **1.6 Housing Assistance**

1.6.1 To date 3 Housing Assistance grants have been completed. The works carried out included:

- Bringing 2 empty homes back into use;
- Helping to make the home of 1 domestic abuse victim more secure so they feel safer.

1.6.2 We have continued to promote to local health colleagues our housing assistance policy to better tackle the housing and health links. A recent success that is going through the grant process at the moment is a link with the local Falls Prevention classes. As a result of liaison with the provider of the classes and a talk to the residents who attend we visited the home of a vulnerable resident in Tonbridge where we identified major falls hazards to the staircase and the garden path/patio. Using our Housing Assistance policy we are able to rectify these issues for the resident so that not only is she building her strength and stability at the Falls Prevention classes but when she goes home her chances of falling again are greatly reduced.

1.6.3 In most Housing Assistance cases the Council places a charge on the property and recovers this charge if the property is sold. So far this year we have recovered £22,000 of repayable grants.

## **1.7 Winter Warmth Scheme**

1.7.1 As well as access to our own Housing Assistance funding, Kent County Council continued to allocate a small amount of funding to districts to help residents who are vulnerable to a winter death because they had a health condition and poor heating provision. We have assisted 3 residents so far to improve their heating so they are no longer as susceptible to a winter death from excess cold.

## **1.8 West Kent Landlord Forum**

1.8.1 We continue to work in partnership to deliver Landlord Fairs/Forums with colleagues at Sevenoaks and Tunbridge Wells and the National Landlords Association. The overall usefulness of these forums is to drive up quality standards in the private sector and promote opportunities for joint working to widen the range of options that the Borough Council has available to address housing need.

1.8.2 The most recent Landlord Fair was held at Sevenoaks in October 2016 where landlords were updated on tax changes, a look at the future for the private rented sector, links between housing and health, current and upcoming legislation and



other relevant matters. There were approximately 45 attendees and the event was very well received.

- 1.8.3 The next Landlord Forum is scheduled for March 2017 and will be held here at Tonbridge & Malling B.C.

## 1.9 Housing Needs Update

- 1.9.1 The majority of customers contacting the Housing Options and Support team need help to keep their current home or to find and secure a new home. The table below shows the number of customers approaching the team

Month	Options Presentations	Resolved at first point of contact	Homelessness Prevented	Ongoing Cases
Apr 2016	66	51	8	0
May 2016	44	26	9	3
Jun 2016	54	23	14	12
Jul 2016	55	32	10	8
Aug 2016	58	29	7	16
Sep 2016	62	16	4	36
<b>Total</b>	<b>339</b>	<b>177</b>	<b>52</b>	<b>75</b>

- 1.9.2 In addition in the first 6 months of this financial year the team dealt with 64 homeless applications. The full housing duty was accepted for 38 households, 13 households were found not to be homeless, 7 households were found not to have a priority need for accommodation and a further 6 households were found to have become homeless intentionally. Even where a full duty is not owed, the team will continue to provide advice and assistance to help households resolve their housing needs.

## 1.10 Temporary Accommodation

- 1.10.1 The following table provides a 'snapshot' number of homeless households living in temporary accommodation at the end of each month. The majority of homeless households are currently waiting for two bedroom accommodation, which is in high demand both from Kent Homechoice and the private sector where two bedroom properties are often priced higher than the current local housing allowance levels. This means that they can be waiting for longer periods before households are rehoused.

Date	Number in self contained temporary accommodation (AST)	Number in self contained temporary accommodation (nightly paid)	Number in traditional bed & breakfast	Total
30.04.16	4	20	1	25

31.05.16	4	19	7	30
30.06.16	4	19	7	30
31.07.16	4	16	6	26
31.08.16	5	15	7	27
30.09.16	8	17	5	30

1.10.2 We continue to look at different options to reduce the time households stay in nightly paid temporary accommodation and have recently been successful in securing four on one bedroom properties from the private sector. These include a one bedroom apartment in Snodland and three one bedroom apartments in Tonbridge. The rent on the properties is set at local housing allowance levels reducing the overall cost to the Council as well as allowing the customer to be more settled in accommodation whilst waiting for a permanent allocation from the housing register or a private rented sector offer.

### **1.11 Accessing the Private Rented Sector**

1.11.1 It is challenging for households on a low income to access the private sector as many private landlords are seeking rent levels considerably higher than the local housing allowance (LHA) rates.

1.11.2 Many households are choosing to consider properties that are smaller than their household would ideally need, for example many one bedroom properties in the borough are priced more in line with the two bedroom LHA rate. This means a couple with one child on a low income would be entitled to financial assistance for the two bedrooms LHA rate but could only afford to rent a one bedroom property private rented property.

### **1.12 Homeless Reduction Bill**

1.12.1 The Homeless Reduction Bill, had its second reading in parliament on 28 October 2016 and aims to introduce new duties on councils assisting customers who are homeless or threatened with homelessness.

The proposals include;

- A requirement to assist households who are likely to become homeless within 56 days, a change from the existing 28 days.
- A duty to accommodate applicants, regardless of priority need and local connection (although these two tests will have to be satisfied before the authority makes a final decision on the longer term duties owed to the applicant).

1.12.2 The main impacts of the bill in its current form to Local Authorities will be an increase in the number of households owed an accommodation duty. This is likely to see a significant rise in numbers of households accommodated in

temporary accommodation at any one time and put further pressure on the limited stock available to the Council.

### 1.13 Housing Register

1.13.1 The table below shows the distribution of live applications by size of property required on the housing register.

Month	1 bed	2 bed	3 bed	4 bed	5+ bed	Total
April 2016	538	342	112	48	4	1044
May 2016	533	351	106	48	4	1042
June 2016	446	323	100	44	4	917
July 2016	426	327	91	42	4	890
August 2016	416	327	92	41	4	880
September 2016	423	321	98	414	6	889

1.13.2 The table below shows the number of households housed via Kent Homechoice during the last six months, broken down by bed need.

Month	1 bed	2 bed	3 bed	4 bed	5+ bed	Total
April 2016	15	8	3	0	0	26
May 2016	13	6	3	1	0	23
June 2016	16	13	5	0	0	34
July 2016	15	9	8	0	0	32
August 2016	14	9	9	0	0	32
September 2016	10	13	6	2	0	31
<b>Total</b>	<b>83</b>	<b>58</b>	<b>34</b>	<b>3</b>	<b>0</b>	<b>178</b>

1.13.3 The following table shows the waiting times of applicants that have been housed via Kent Homechoice during the six month period between 1 April 2016 and 30 September 2016, broken down by size and type of accommodation. Whilst these figures can be helpful in demonstrating timescales involved from application to allocation it should be noted that some applicants will wait longer for particular property types or locations and this will affect the overall waiting times and so the average waiting times on the far right of the table is realistic for the majority of applicants .

Property type	Number of lets	Shortest wait	Longest wait	Average wait
Sheltered	23	5 weeks	6 years	8 months
1 bed	58	5 weeks	6 years	16 months
2 bed flat	39	4 weeks	6 years	18 months
2 bed house	26	9 weeks	7 years	22 months
3 bed house	40	3 months	5 years	12 months
4 bed house	0			

**1.14 Legal Implications**

1.14.1 None arising from this report.

**1.15 Financial and Value for Money Considerations**

1.15.1 None arising from this report.

**1.16 Risk Assessment**

1.16.1 None arising from this report.

Background papers:

Nil

contact: Housing Services  
Managers

Steve Humphrey  
Director of Planning, Housing and Environmental Health



**TONBRIDGE & MALLING  
BOROUGH COUNCIL**

**Nicolas Heslop**  
**Leader of The Council**  
**Cabinet Member for**  
**Economic Regeneration**  
**Borough Councillor**  
**for Cage Green Ward**

Tom Tugendhat MBE MP  
House of Commons  
London  
SW1A 0AA

1 November 2016

Dear Tom,

We are writing to you following a recent meeting of the Council's Communities and Housing Advisory Board and the continuing concern held by Members about how we can address the housing pressures facing the borough and meet our statutory duties in respect of homelessness, whilst continuing to ensure the creation of mixed and vibrant communities that benefit all our residents. We have sent a similar letter to Tracey Crouch.

You will be aware that we are currently out to public consultation on our local plan at the 'issues and options stage'. In terms of our objectively assessed housing need the emerging Local Plan identifies that for the period 2011-2013, 1 673 new homes a year are required, of which 277 should be affordable. Within the 277 affordable homes it is estimated that 70 per cent should be for social and affordable rent and 30 per cent should be in the form of intermediate housing products such as shared ownership. These figures will of course be subject to viability testing but provide the foundation for our planning targets moving forward.

Historically we have been successful in enabling a consistent and healthy supply of accommodation across a diverse range of tenures and locations within the borough. The planning system and affordable housing definitions have served us well and enabled a relatively good level of performance compared to other authorities across the County. This approach has underpinned our ability to meet the housing needs of a broad spectrum of households on a range of incomes. Although for the time being, the borough maintains a healthy and diverse programme of affordable housing supply, a cautionary note is still required in terms of the position moving forward.



You will recall previous correspondence describing the emerging and continuing challenges to the provision of future affordable rented housing including:

- Changes to the National Planning Policy Framework redefining Affordable Housing to include Starter Homes
- Duty on Councils to promote Starter Homes
- Significantly reduced capital grant funding for rented homes
- Welfare & Housing reform - including 1 per cent rent cuts and extension of the Right to Buy to Housing Association (HA) tenants
- Increasing private sector rents

Whether taken singly or as a combination these changes are creating an environment that compromises our ability to meet the housing need of our residents who cannot afford to enter into any type of home ownership.

The changes to the National Planning Policy Framework (NPPF), which expands the definition of affordable housing to include Starter Homes and the provisions contained within the Housing & Planning Act that places a duty on local authorities to promote the supply of these homes (20 per cent) prior to seeking other forms of affordable housing, will in our view make it even more challenging to deliver affordable rented tenures beyond the initial Starter Homes contribution. As a West Kent authority already facing considerable affordability pressures due to the ever increasing gap between local incomes and local house prices, we remain extremely concerned that this change to planning policy is not one that will address the broader housing needs of our communities across a range of tenures.

We have in recent months experienced developers contacting us seeking to renegotiate existing S106 agreements on viability grounds, whereby the rented units are being reduced and replaced by shared ownership and private market homes. This situation is further exacerbated by government funding being increasingly diverted away from low cost renting towards the private market and homeownership. Just 4 per cent of the current £45 billion Shared Ownership and Affordable Homes Programme 2016-2021 is intended to be spent on below market rented housing. The focus is now very much on shared ownership and rent to buy products. We understand and support the policy to encourage home ownership in some form but we also know that our proven need includes a high proportion of households whose needs can only realistically be met by low cost rented accommodation. We are concerned that in the current policy environment that need will simply not be addressed by supply.



The current changes represent further challenges on the ability of our Housing Association (HA) partners to meet our assessed need for rented homes. Although most of our HA partners have reiterated their desire to maintain a social purpose and build sub market rented homes, the reality of the situation is that the delivery of any type of rented accommodation in future is unlikely to be financially viable.

In situations where an element of affordable rented units is deliverable this will be at rents set at 80 per cent of market rent. This in itself is a significant issue for the borough as these rental costs are out of the reach of many working households altogether. For example, a typical level of affordable rent on a 3 bedroom house in Tonbridge, provided by one of our partners, is around £220 per week. It is those working households on modest incomes that continue to be frozen out of access to rental accommodation both social and private as rents continue to rise.

This picture is set against a backdrop of an unprecedented number of households presenting as homeless and being placed in temporary accommodation. Over the last two years we have seen this more than double. In 2015/16 we determined 235 homeless applications and accepted the full statutory housing duty to 134 households, of which 90 households were placed in temporary accommodation, in some cases out of the borough. The majority of these households require two bedroom rented accommodation, which is in high demand meaning that they can be waiting for anywhere between 18 to 24 months to be rehoused. This has resulted in long stays in temporary accommodation while suitable accommodation is sought.

The private rented sector continues to be challenging to access as the differential between local housing allowance rates (frozen at 2011 levels and set at the 30<sup>th</sup> percentile below the prevailing market rates) and rent levels continue to widen. The stamp duty surcharge introduced for second properties and tax and regulatory changes such as mortgage interest tax relief, have adversely affected the buy to let market. Not only have sales dropped but existing rents are increasing as landlords seek to pass on these newly incurred costs, further marginalising those members of society who are already struggling.


All in all these are very challenging times for the Council and pose a real threat on our ability to robustly undertake our role as the Strategic Housing Authority. Demand continues to increase yet the options for householders who cannot afford homeownership are diminishing and set to reduce further. Increasing supply across all tenures and affordability remain important issues for us.

We support the Living Rent model recently adopted in London whereby rents are based on a third of average local income, enabling households to save and ultimately buy the property at the end of their tenancy. On average social rents take 13 per cent of income compared with 28 per cent for private lettings.

This has the additional benefit of realising savings to the national welfare bill. However, the simple fact remains that for a variety of reasons not every household will be able to enter into home ownership. It is for this reason that we ask you to support a more flexible approach to housing budgets by Government that enables more sub market rented homes to be built at rents that households can afford to pay in the same way that it is encouraging home ownership initiatives and for these changes to be included in the Autumn Statement and the impending Housing White Paper.

We are not suggesting this letter outlines all the impacts of the recent reforms to our planning, housing, and welfare systems. Rather more it seeks to highlight our grave concerns that planning processes and housing policy and finance will no longer deliver balanced, mixed communities nor support the needs of those who are vulnerable or on lower incomes that still need to be adequately housed in truly affordable accommodation at low level rents.

Yours sincerely,



**Nicolas Heslop**  
Leader



**Sophie Shrubsole**  
Cabinet Member for Housing



## TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2014/15

SCHEME DETAILS		AFFORDABLE HOUSING UNITS											DELIVERY TIMETABLE		
Address	RSL	Tenure	Flats			M'nette		Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+ bed	1 bed			
Isles Quarry	Russet Homes	Affordable Rent		9					4	10	5			May-13	Mar-15
		Shared Ownership								2					
Cannon Lane	Moat	Affordable Rent	12	13										Apr-13	May-14
		Shared Ownership	4	11											
Scott Road Scheme	Russet Homes	Affordable Rent						4	2					Aug-13	Sep-14
		Shared Ownership		8											
Marvillion Court Regeneration	Russet Homes	Affordable Rent		4					1	2				Jan-13	Dec-14
		Shared Ownership							1	8					
Carnation Close	Russet Homes	Shared Ownership								2				Sep-13	Mar-15
		Affordable Rent							2	1					
The Mound, Hadlow	Sanctuary	Affordable Rent												May-14	Mar-15
<b>TOTALS 14/15</b>			<b>16</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>27</b>	<b>5</b>	<b>0</b>	<b>0</b>		

## TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2015/16

SCHEME DETAILS		AFFORDABLE HOUSING UNITS											DELIVERY TIMETABLE			
Address	RSL	Tenure	Flats			M'nette		Houses			B'galow		Total Units	Start on site date	Planned completion date	
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+bed	1 bed				2 bed
Shrubshall Meadow, Plaxtol	Moat	Affordable Rent						2	1					3	May-13	May-15
		Shared Ownership							3	1				4		
Twisden Road	Russet Homes	Affordable Rent						5					5	Feb-13	Jul-15	
Lavender Road	Russet Homes	Affordable Rent		4									4	Feb-13	Jul-15	
		Shared Ownership														
Winterfield Phase 1	Circle Housing	Affordable Rent							4	2	4		10	Feb-13	Jul-15	
		Shared Ownership							4	2			6			
Winterfield Phase 2	Circle Housing	Affordable Rent	9	8					2	2			21	Feb-13	Jul-15	
		Shared Ownership	2	14			1		2				19			
Isles Quarry	Circle Housing													May-13	Mar-16	
		Shared Ownership		6									6			
Isles Quarry	Crest Nicholson													May-13	Mar-16	
		Equity Percentage		10									10			
Sovereign House	Circle Housing	Affordable Rent												Feb-13	Sep-15	
		Shared Ownership	6	16									22			
<b>TOTALS 15/16</b>			<b>17</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>13</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>110</b>		

## TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2016/17

SCHEME DETAILS		AFFORDABLE HOUSING UNITS												DELIVERY TIMETABLE	
Address	RSL	Tenure	Flats			M'nette		Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+bed	1 bed			
Isles Quarry	Circle Housing	Affordable Rent						2	6				8	May-13	Jan-17
		Shared Ownership						1	1				2		
60 Mill Hall	Hyde Housing	Affordable Rent	3	10									13	Oct-14	Aug-16
		Social Rent		5									5		
		Shared Ownership	2	10	16										
Bunyards Farm	WKHA	Affordable Rent	2	7					4				13	Sep-14	Nov-16
		Shared Ownership							4				4		
Kings Hill F1	Hyde Housing	Affordable Rent							6				6	May-14	Jul-16
		Shared Ownership							2				2		
Isles Quarry	Crest Nicholson	Equity Percentage		2				6					8	May-13	Mar-17
Leybourne Grange Phase 3	Orbit South	Affordable Rent	4	10									14	Aug-14	Nov-16
		Shared Ownership	5	6									11		
<b>TOTALS 16/17</b>			<b>16</b>	<b>50</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>114</b>

## TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2017/18

SCHEME DETAILS		AFFORDABLE HOUSING UNITS												DELIVERY TIMETABLE	
Address	RSL	Tenure	Flats			M'nette		Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+ bed	1 bed			
Enterprise House	Circle Housing	Affordable Rent	7										7	tbc	Mar-18
		Shared Ownership	13	24									37		
Isles Quarry	Circle Housing	Affordable Rent												May-13	May-17
		Shared Ownership							5				5		
Coventry Road Tonbridge	Circle Housing	Affordable Rent							2				2	tbc	Jun-17
		Shared Ownership													
Northwood Road Tonbridge	Circle Housing	Affordable Rent										2	2	tbc	Sep-17
		Shared Ownership													
Twyford Road Hadlow	Circle Housing	Affordable Rent												tbc	Nov-17
		Shared Ownership						2					2		
Leybourne Grange Phase 4	Orbit South	Affordable Rent	3	14					3	2			22	Aug-14	Apr-17
		Shared Ownership	5	9									14		
Leybourne Grange Phase 4	Taylor Wimpey	Shared Equity		7					11				18	Aug-14	Apr-17
Woodgate Extra Care	AKS	Affordable Rent	16	12									28	tbc	Mar-18
		Shared Ownership													
St Martins	AKS	Affordable Rent	47	7									54	tbc	Mar-18
		Shared Ownership	5	15									20		
Wateringbury	AKS	Affordable Rent												tbc	Mar-18
		Shared Ownership	10										10		
Ryarsh Village	Circle Housing	Affordable Rent	5	6									11	Sep-16	Mar-18
		Shared Ownership						8	8				16		
<b>TOTALS 17/18</b>			<b>111</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>2</b>		<b>248</b>

## TONBRIDGE AND MALLING BOROUGH COUNCIL: AFFORDABLE HOUSING DEVELOPMENT PROGRAMME 2018 Onwards

SCHEME DETAILS		AFFORDABLE HOUSING UNITS												DELIVERY TIMETABLE	
Address	RSL	Tenure	Flats			M'nette		Houses			B'galow		Total Units	Start on site date	Planned completion date
			1 bed	2 bed	3 Bed	1 bed	2 bed	1 bed	2 bed	3 bed	4+ bed	1 bed			
Kings Hill	Circle Housing Russet	Social Rent	11	6					7	10	5				
		Affordable Rent	18	10					11	0	0				
		Shared Ownership	0	20					0	14	0				
Preston Hall	TBC	Affordable Rent		35	1				8	5	2				
		Shared Ownership		12					1	1	2				
Priory Works	Circle Housing	Affordable Rent	3	13						17	4				
		Shared Ownership							21						
Isles Quarry	Circle Housing	Affordable Rent							4						
		Shared Ownership							5						
Peters Village	Orbit South (First phase)	Affordable Rent		12					8	5					
		Shared Ownership		18											
Peters Village (balance)	TBC	Affordable Rent	13	70					12	5					
		Shared Ownership		62					45						
Leybourne Grange Phase 5	TBC	Affordable Rent							4						
		Shared Ownership							12						
Leybourne Grange Phase 5	Taylor Wimpey	Shared Equity		7											
<b>TOTALS 18 Onwards</b>			<b>45</b>	<b>265</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>125</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>519</b>	

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**TONBRIDGE & MALLING BOROUGH COUNCIL**  
**COMMUNITIES and HOUSING ADVISORY BOARD**

**14 November 2016**

**Report of the Director of Planning, Housing and Environmental Health**

**Part 1- Public**

**Matters for Information**

**1 DISABLED FACILITIES GRANTS UPDATE**

**Summary**

**This report updates Members on Disabled Facilities Grants including a number of new work streams that are being progressed to promote greater integration of housing, health and social care service delivery.**

**1.1 Current position**

1.1.1 Members will recall that a report to the last meeting of this Board detailed the latest position with regards to government funding of Disabled Facilities Grants (DFGs) via the Better Care Fund. By way of a reminder the Council received an 87 per cent increase in its DFG grant allocation and the Department of Health advised that this is to encourage areas to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes and to take a joined-up approach to improving outcomes across health, social care and housing.

1.1.2 At the meeting Members were advised of initiatives that the Council was intending to pursue in order to make best use of the increased allocation. Members raised concern around the promotion of DFGs and in particular the low number of referrals for DFGs for children. The following paragraphs provide the updated position in relation to this area of work

**1.2 Promotional Activity**

1.2.1 To ensure maximum take up of the grant, we have recently stepped up our media campaign to promote awareness and the benefits of DFGs both amongst residents and other non-housing professionals. Officers have taken the opportunity to provide information on DFGs (as well as our wider Housing Assistance work) at events such as Tonbridge & Malling Seniors Older Persons Day in Tonbridge, West Kent Clinical Commissioning Group Annual General Meeting, Falls Prevention classes, exercise classes for older persons and a county-wide strategic meetings. The West Kent CCG has invited District &

Boroughs to speak at its Town Hall event on 10 November providing a forum to show case how the services we deliver positively impact on people's health.

- 1.2.2 Further work on promoting DFGs includes a press release and use of social media such as twitter and Facebook. We are also exploring the potential of placing articles in local publications and specifically target the availability of help for disabled children.

### **1.3 West Kent Hospital Discharge Scheme**

- 1.3.1 Three West Kent local authorities, Sevenoaks District Council, Tunbridge Wells Borough Council and ourselves have been working collaboratively to develop a Rapid Hospital Discharge Scheme in partnership with the West Kent CCG and Hospital Discharge Team Manager, on a nine month pilot.
- 1.3.2 The purpose of this initiative is to speed up hospital discharges in order to avoid unnecessary stays in hospital that are not only costly to the public purse but may also have an adversely impact on the health of patients. It is well documented that many vulnerable people are discharged into unsafe home environments which exacerbate their frailties and lead to large numbers of re-admissions to hospital. Following discussions with Health colleagues it has become apparent that some of the reasons for "bed blocking" in West Kent are related to housing conditions. For example, a patient being unable to return home because their bed is situated upstairs and they cannot manage the stairs and have no means to relocate the bed or due to the patient being homeless and having nowhere to go.
- 1.3.3 The pilot will involve the creation of a Health & Housing Co-ordinator role being located in Pembury Hospital, Tunbridge Wells. The post holder will play an active role in discharge meetings and prevention of admission into Accident & Emergency (A&E) in order to facilitate and enable a speedy discharge and return home to a safe, warm home. As part of this the coordinator will undertake home visits pre and post discharge to identify both short and long term improvement works that may be required at the property. They will link directly into a Handyperson Service that will enable the completion of minor adaptations/repairs in order to achieve a rapid discharge.
- 1.3.4 Family Mosaic, Home Improvement Agency, will deliver the service on behalf of the three West Kent Authorities including the provision of a Handy Person service. Family Mosaic has experience of operating in a similar environment in East Kent and has a well-established and successful Handy Person service. For expediency in getting the pilot started given the short time frames they are considered best placed to undertake the initiative.
- 1.3.5 The initiative will be jointly funded by the three Districts from the increased DFG allocation and meets the government's objective of better integration of housing, health and social care.



## **1.4 Funding an Occupational Therapist**

- 1.4.1 In order to improve the customer journey and processing times on DFGs we have agreed with Kent County Council to fund the secondment of a part time Occupational Therapist (OT) into the Private Sector Housing Team, initially for a period of twelve months. The OT will work directly with Officers on DFGs (adult cases) as well as having input into other areas of housing work, for example, housing needs assessments for Housing Register applicants.
- 1.4.2 It is anticipated that this integration will allow for a more streamlined and responsive customer service, as communication and liaison between officers improves. Once the post becomes embedded we are keen for referrals to be made directly to “our” OT rather than through the current KCC assessment team, which involves a further handover onto an OT waiting list, before the referral even reaches the Housing Service. This will also allow more robust monitoring on demand for DFGs
- 1.4.3 The funding of this post will be from the increased DFG funding through the Better Care Fund and as well as being utilised to clear current caseloads will help us challenge traditional methods of delivering DFGs. The outcomes will feed into the county-wide Integration of Housing, Health and Social Care project detailed below.
- 1.4.4 Current Demand**
- 1.4.5 We are aware of some recent Member concerns about the low number of referrals for DFGs for children. We have undertaken some benchmarking over the last few months and have concluded that the level of referral rate is very similar across the whole of West and North Kent. In fact Tonbridge & Malling receives slightly more referrals per month into the Children’s OT Service than other neighbouring local authorities. Notwithstanding this we have and will continue to promote the benefits of the DFG to ensure that our residents are aware of the services that we can provide for both children and adults.
- 1.4.6 We have been advised by KCC at the time of writing, that there may be up to thirty adult cases awaiting a full Occupational Therapy assessment which may translate into DFG cases. We understand that there are no significant delays with regard to Occupational Therapy assessments being carried out for children and all cases are being assessed within 28 days. The aforementioned funding of an OT will go some way to ensuring that these cases are assessed within this financial year and thereby maximising expenditure against the allocated budget.
- 1.4.7 In the first six months of 2016/17 the Private Sector Housing Team received 38 applications for a Disabled Facilities Grant and completed a total of 32 Disabled Facilities Grants (grants may run over from year to year so it may not be the same grants being received and completed in any given time period). The team have a statutory timeframe of six months to determine an application. On average we

were able to approve a completed application within nineteen working days of receipt. Types of adaptations so far in 2016/17 include:

- Provision of 20 level access showers;
- Provision of 15 stair lifts/through floor lifts;
- Improving access to 4 properties e.g. ramping;
- Providing 5 other types of adaptations e.g. wash/dry toilet, kitchen alterations, door entry system; and

1.4.8 In certain circumstances the Council can place a charge on the property for works completed under a Disabled Facilities Grant and recover this charge if the property is sold. So far in 2016/17 £11,000 of repayable grants have been recovered.

## **1.5 Integration of Housing, Health and Social Care Project**

1.5.1 Members may recall that this county wide project was referred to at the last meeting. The project has now commenced with the purpose to review and consider best practice for the delivery of aids, adaptations and equipment across Kent and to consider the impact of recent changes in the funding arrangements through the Better Care Fund to ensure greater integration between all partners, Housing, Health and Social Care to enable people to live independently in their own homes.

1.5.2 Tonbridge & Malling Borough Council is represented on both the Project Board and the Operational Group which supports the Board in terms of expertise and information gathering.

1.5.3 Initial work has included considering best practice nationally, collating statistics for the DFG programme over the last five years across the county and engaging all partners involved to establish current working practices and ambitions for future models of delivery. Further updates will be provided to this Board as the project progresses.

## **1.6 Legal Implications**

1.6.1 The proposed secondment of an OT into the private sector housing team would be the subject of a secondment agreement between Kent County Council and the Borough Council.

## **1.7 Financial and Value for Money Considerations**

1.7.1 All the projects referred to within this report will be funded from the increased Disabled Facilities Grant allocation through the Better Care Fund for 2016/17.

- OT post – circa £30,000
- Housing & Health Co-ordinator - £15,000
- Handy Person Service - £21,000

## **1.8 Risk Assessment**

1.8.1 No issues arising from this report.

Background papers:

Nil

contact:Linda Hibbs,  
Satnam Kaur

Steve Humphrey

Director of Planning, Housing and Environmental Health

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# Agenda Item 17

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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# Agenda Item 18

The Chairman to move that the press and public be excluded from the remainder of the meeting during consideration of any items the publication of which would disclose exempt information.

**ANY REPORTS APPEARING AFTER THIS PAGE CONTAIN EXEMPT  
INFORMATION**

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# Agenda Item 19

Any other items which the Chairman decides are urgent due to special circumstances and of which notice has been given to the Chief Executive.

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