

Subject: BETTER CARE FUND/DISABLED FACILITIES GRANT
LOCALITY PLAN

Report to: Housing & Neighbourhoods Committee 28TH July 2016

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SUBJECT MATTER/RECOMMENDATIONS

The report provides the context for the attached Better Care Fund/Disabled Facilities Grant Locality Plan, which requires endorsement by Housing & Neighbourhoods Committee.

1. BACKGROUND

Great Yarmouth Borough Council has a statutory obligation under the **Housing Grants Construction and Regeneration Act 1996** to deliver Disabled Facilities Grant. In order to meet the statutory obligation the Council receives capital funding via central government towards the cost of the works to adapt homes. This funding is topped up by the Council through additional borrowing to meet the demand for DFG and to ensure the Council meets its statutory obligation.

Historically this funding came direct to district councils from the Department of Local Government and Communities (DCLG). However from 2015 the funding became part of the Better Care Fund (BCF). The BCF is a pooled budget that enables the NHS and local authorities to jointly commission health and social care services, to drive development of integration locally.

For 2015/16 the DFG allocation within the BCF was ring-fenced and passed over to district councils to enable them to fulfil their statutory duty.

For 2016/17 the DFG allocation was increased as a consequence of the Department of Health adding the Social Care Capital Grant to it. With the increased allocation came the requirement that district councils, county councils and clinical commissioning groups must develop jointly agree locality plans for the allocation.

2. BCF/DFG PLAN FOR THE BOROUGH OF GREAT YARMOUTH

The BCF/DFG funding allocation for 2016/17 for the borough is £941,786. In addition the Council agreed approved borrowing of £233,000 making a total pot of £1,174,786.

The attached plan has been developed in conjunction with the Head of Integrated Commissioning, which is a joint funded post between the CCG and Norfolk County Council. (NCC)

The plan is very clear that the delivery of DFG is the key priority as it is a statutory requirement. The plan takes a pragmatic approach about the resource required to deliver the level of spend on DFG; acknowledging that there are some temporary 'pinch points' within the current service as result of insufficient staff resource across the system. As such the plan highlights the need to use some of the capital resource to improve the service by tackling the waiting list for assessment by an Occupational Therapist. The plan also recognises that there will be an underspend and that this presents an opportunity to trial different approaches to assist people to remain in their own homes by carrying out essential capital works that either improve a person's health and wellbeing or facilitate an earlier return home from hospital or continuing care.

It is well documented that a person's home can have a major impact on their quality of life and general wellbeing. There are direct links between unsatisfactory housing and poor health particularly in older people, residents with disabilities or chronic illness and households with young children. The

Private Sector Housing Stock Conditions Survey 2012 provides data highlighting that there are some 8,340 vulnerable households in the borough of which 43% live in non-decent dwellings. Non-decent dwellings are defined as those, which are in a poor state of repair, don't have modern facilities, have inefficient heating system & ineffective insulation and fail to meet the Housing Health & Safety Rating System (HHSRS) minimum safety standards for housing.

Formal Agreement and Governance of the Plan

Each CCG has a local BCF Partnership Board at which there is representation from the CCG, County Councils and the District Councils. This is where the locality plans will be formally agreed and signed off. The District Councils for Norfolk have suggested that the existing Strategy Group for Integrated Housing Adaptations widens its remit and membership to provide oversight on the delivery of the plans and this has been agreed in principle.

3. FINANCIAL IMPLICATIONS

The increase to the capital allocation has more than doubled the funding for delivery of DFG. There will be a need to capitalise some of the revenue costs associated with the delivery of the BCF/DFG plan and discussions are underway with Finance on this issue.

The district councils are being asked to continue with their capital funding for DFG's on the same basis, which for Great Yarmouth has been based on previous year's outturn and is funded via approved borrowing.

The intention of BCF was to bring about integration between health and social care and now in respect of DFG District Councils as well. District Councils have historically topped-up the DFG fund from reserves or through approved borrowing. The question is being raised as to whether the County Council and

indeed the CCG should contribute to the overall capital pot in the same way the district councils do. Currently the County Council contributes revenue funding via Supporting People Grant to the Home Improvement Agencies across Norfolk and in Great Yarmouth the CCG also makes a contribution as does the district council.

4. RISK IMPLICATIONS

Delivery of DFG is a statutory obligation for district councils. The plan shows that there is demand for DFG but owing to local circumstances that are of a temporary nature there is insufficient resource to process the demand. If Council's fail to spend the allocation because the demand cannot be processed the chances are, the allocation will be reduced in future years. This could result in the Council needing to increase its capital contribution to meet the statutory duty as well as slowing down the process for applicants by introducing deferred approvals to prudently manage the reduced budget.

5. CONCLUSIONS

There is agreement within locality that delivery of DFG is the priority. However there is the acknowledgement that it will be virtually impossible to spend all of the allocation in 2016/17 on DFG owing the particular circumstances within locality around staff resource at this time.

It is concluded therefore that the approaches proposed in the locality plan offer the best chance of spending the allocation.

6. RECOMMENDATIONS

Housing & Neighbourhoods Committee endorse the BCF/DFG Locality Plan.

7. BACKGROUND PAPERS

Great Yarmouth's BCF/DFG Locality Plan

Areas of consideration: e.g. does this report raise any of the following issues and if so how have these been considered/mitigated against?

Area for consideration	Comment
Monitoring Officer Consultation:	None
Section 151 Officer Consultation:	14.7.16
Existing Council Policies:	Private Sector Housing Adaptation and Improvement Policy 2015
Financial Implications:	Addresses use of existing approved budgets
Legal Implications (including human rights):	Ensures delivery of statutory obligations to enable residents to continue to live in their own homes
Risk Implications:	As above
Equality Issues/EQIA assessment:	As above
Crime & Disorder:	None
Every Child Matters:	Ensures delivery of statutory obligations to enable residents, including children to continue to live in their own homes

Better Care Fund & Disabled Facilities Grant Locality Plan 2016/17			
Area covered:	Great Yarmouth		
DFG Funding:	£941,786		
Overview			
<p>This locality plan has been jointly developed by Great Yarmouth Borough Council, Norfolk County Council and Great Yarmouth and Waveney CCG in response to the BCF/DFG allocation for 2016/17 and in accordance with the BCF guidance which states:</p> <p><i>The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives are required to be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.</i></p> <p>The locality plan details how the BCF/DFG allocation will be spent. The first call on the allocation is to maximise the delivery of DFG’s, which are a statutory duty of the district councils by enhancing the resource needed to complete assessments and reduce waiting times for adaptations. The other key area of work acknowledges that there will be an underspend as explained more fully in the plan and that this presents an opportunity to target people whose health is being adversely impacted by their housing and where physical works including those identified under DFG can support a person to return and /or remain at home.</p> <p>This plan has been jointly developed and agreed to ensure the allocation is spent and that the outcome of keeping at home is delivered through this funding</p>			
Disabled Facilities Grant – Demand Trends, Expected Demand in 2016/17 and Planned Delivery:			
<p>The table below details the level of activity for Disabled Facilities Grant and spend since 2010. The number of completions, total spend and the average spend year on year is influenced by factors including number of recommendations received and the type & complexity of the work needed.</p>			
Year	Completions	Total Spend	Average Cost
2010/2011	158	£1,051,132	£6,653
2011/2012	196	£960,174	£4,899
2012/2013	130	£724,177	£5,570
2013/2014	151	£755,989	£4,295
2014/2015	118	£606,497	£5,139
2015/2016	118	£687,974	£5,830

Commentary

Using the data in the table it is calculated there will need to be 165 completions in 2016/17 to spend the allocation of £941,786. In order to achieve that number of completion the system will need over 200 recommendations based on last year's attrition rate of 40 cases. In order to reach over 200 recommendations for work there will need to be in the region of 230 assessments owing to approximately 1/3 of all assessments not resulting in a recommendation. Therefore without a significant increase in throughput starting with the number of recommendations for DFG work, Great Yarmouth will not be able to spend the BCF / DFG allocation for 2016/ 17 of £941,786

There is no shortage of potential demand for DFG with 208 ¹people currently on a waiting list for assessment either by an Occupational Therapist (OT) or an Assistant Practitioner (AP). The main issue is the availability of OT/AP resource both with the Integrated Housing Adaptation Team and Locality to complete an assessment of need so that a recommendation can be completed for a DFG.

The proposal is split into two areas;

- First, to use the funding available to temporarily increase the capacity of OTs/ Aps to increase the number of assessments carried out.
- Secondly, to manage the identified surplus pot of funding which would be used to support people to remain at home, but targeted on key cohorts of people which positively contribute towards the health and wellbeing of the borough residents. Funding would be focused on activity that would deliver against the national metrics for the BCF, which include;
 - o Delayed Transfers of Care
 - o Non-elective admissions into hospital
 - o Admissions into Care Homes

Key considerations

It is important to note the following which has been part of the conversation to develop this joint plan;

- Capital contribution by Great Yarmouth Borough Council – currently the Borough has approved permission to borrow up to £233k, which can be used towards the delivery of DFG. Conversations have taken place about how this money may be used as part of the overall pot to keep people living in their own homes and that consideration is given to whether this is used to provide loans to people for home improvements (who would fall outside of the criteria for a DFG). This would also create an ongoing pot of funding for future years that could be used for this purpose
- The current funding of the Home Improvement Agency Service (Safe at Home) via Supporting People and the Clinical Commissioning Group. This funds the caseworker role which not only supports vulnerable applicant through the DFG process but also provides Information and Advice to people who contact the HIA. It is recognised that if this was withdrawn, it would significantly impact on the capacity of the HIA to support the delivery of the outcomes associated with BCF/ DFG.

¹ Source: Waiting Lists held in the Locality Team and IHAT

A BCF/DFG Locality Plan for *Great Yarmouth*

Proposal 1:

Temporarily Increase the Capacity to Undertake Assessments for Adaptation Works

The proposal is to temporarily increase the Eastern locality OT resource by capitalising the revenue cost of providing the Occupational Therapists assessment for a disabled facilities grant. The intention is to use OT's that are on NCC's Bank register or private OTs on a fee basis, to deal with the existing waiting list for assessment. This temporary arrangement will be reviewed as NCC make appointments to vacant posts within IHAT, recruit for maternity cover within locality and review OT resource across health and social care following the Most Capable Provider process.

This proposal Acknowledges the current levels of the waiting list both within Integrated Housing Adaptation Team (IHAT) and the Locality and the need to process that demand as quickly as possible to ensure that the first call on the funding pot is for disabled facilities grants to adapt properties.

Rationale/Evidence base

The evidence for this is the current combined waiting lists, in Locality and IHAT, of people waiting for an assessment along with current associated wait times. This stands at 208 people and the length of time people are having to wait is;

The oldest waiting time is currently	
Locality	IHAT
OT assessment: 16.12.2015 (21 weeks)	OT assessment: 18.01.2016 (17 weeks)
AP assessment: 06.11.2015 (27 weeks)	AP assessment: 24.11.2015 (25 weeks)

It is accepted that this needs to improve, especially as people who are waiting are at risk of a fall (due to requiring an adaptation) and subsequently could be admitted to hospital, impacting their health and wellbeing. DFG is seen as an important part of the prevention pathway and needs to be resourced adequately to ensure effectively delivery.

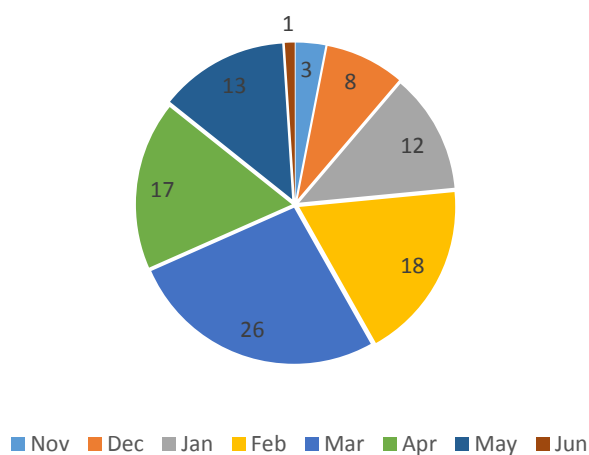
IHAT Waiting List

The pie charts below show a breakdown of the IHAT waiting list as of the 03/06/2016. The charts detail how many people are waiting assessment and what month they joined the waiting list for that assessment

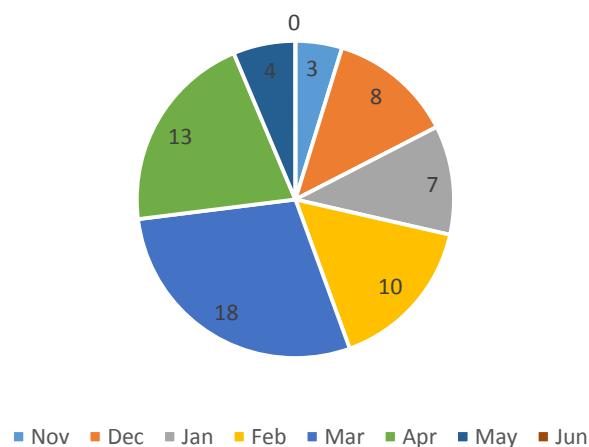
The first pie chart the total waiting list for IHAT and the second and third Pie charts are broken down by assessor. There are currently 63 people waiting for an Assistant Practitioner (AP) assessment and 35 waiting for an Occupational Therapist (OT) assessment. An AP will assess the more straight-forward cases

IHAT GY - Waiting list figures as of 03/06/2016

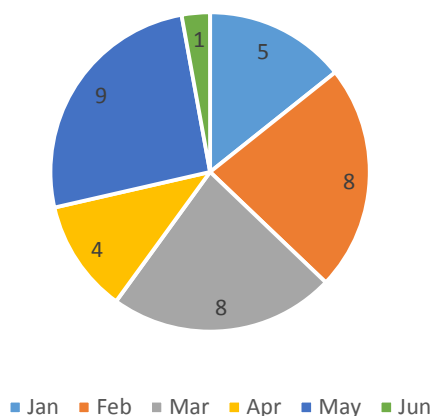
Combined waiting list - 98



AP waiting list - 63



OT waiting list - 35



A breakdown of cases on the waiting list in Locality is not available

Outcomes

By increasing the number of assessments and recommendation the outcomes that will be achieved are;

- More people remaining independent in their home by improving the time taken for an adaptation to be completed.
- More people getting their adaptations quickly thereby enhancing their health & wellbeing
- Reduced reliance on other services such a home care as people have accessible homes that allow them to live independently
- More people being able to remain in the home of their choice within their established communities.

Proposal 2:

Using Any Potential Surpluses to Target Funding to Help People to Remain Living Healthily at Home

The objective of this scheme is to ensure that any potential surplus funding is used and targeted at people to provide a proactive prevention service to support people to remain at home. This could be done through a mixture of grants for small works and loans secured against the property for larger works.

Every month the service needs to process on average 17 OT/AP recommendations which equates to £97,927. The average monthly spend in 2015/16 was £57,331 leaving a net difference of £40,596.

In April for Great Yarmouth, the number of cases completed was 7 at a value of £35,217, leaving a net difference of £62,710, with a further commitment of 38 live cases having a total value of £322,218.

This funding would be used to target cohorts of people where improvements made to their home would deliver a clear benefit to their health and wellbeing and subsequently a reduction in demand for services.

The cohorts identified at this stage are;

- Hospital discharge cases
- Dementia Friendly works
- Assistive technology
- Repair works to a property when the defect is having an impact on vulnerable clients health e.g cold, mould, damp or 'preventative measures' to reduce risk of falls
- Identification of people (through risk stratification) who are at high risk of admissions into hospital
- Carers

It is proposed that there is no means test for these people as the focus is prevention activity to reduced demand on services.

Previously Great Yarmouth Borough Council provided Home Repair Grants which allowed for minor repairs or adaptations to go ahead with a greatly reduced application process. The criteria was;

- Eligible applicants – over 60 or have children under school age.
- On income related benefit or disabled
- No means test
- Maximum value of works not to exceed £5k over a three year period, allowing for multiple minor works
- No repayment

The intention would be to develop a scheme based on the Home Repair Grant Model.

In order to deliver this aspect there is an acknowledgement and an agreement by the partners that some of the surplus BCF/DFG funding will need to be used to fund a project officer for an initial period of one year to work across the organisations to develop and support the work required.

Rationale/Evidence base

There is substantial national evidence of the impact of poor housing – ‘Building Better Lives’ states that improving housing can improve public health and children’s education and make communities more sustainable.

Every five years Councils are required undertake a stock condition survey of private sector housing. Great Yarmouth Borough Council last carried out an assessment in 2012 in conjunction with the Building Research Establishment (BRE). In addition the BRE were commissioned to undertake a Health Impact Assessment (HIA) using the stock condition survey data to consider the impact on health of the current housing conditions within the private sector. The

Some of the headline data is as follows:

- The annual cost to the NHS in Great Yarmouth of falling on stairs and steps etc. is estimated at £371,000 but the cost of carrying out works to an individual dwelling is less than £220 in over half the affected dwellings.
- Where excess cold is a category 1 hazard it is estimated that the potential annual saving to the NHS in Great Yarmouth is £338,000

The BRE report also references ‘The Real Cost of Poor Housing’ which makes the point that the costs to the NHS account for only 40% of the cost to society as a whole. The costs to society include, as the major items, the capital value of the dwelling, loss of future earnings, increased spending on benefit, the cost of moving and enforcement action by councils. Social Services costs following discharge from hospital may also feature.

The intention is to target the funding on cohorts of people identified from frontline interactions with the staff teams from across the organisations including the Community Outreach Team, Safe at Home, the Out of Hospital team, Swift Response and the discharge teams at the JPUH. Those people identified will have issues with their housing that are impacting on their health and are preventing them from safely remaining/returning home. Interventions will need to demonstrate that they deliver tangible benefits a person’s health and wellbeing as well as financial benefits to the public purse.

Outcomes

- Provide proactive prevention which support people to remain at home
- Reduced admissions (and/ or re-admissions) into hospital, care homes
- Improve the condition of the private sector housing stock
- Helping vulnerable people tackle issues of disrepair that impact on their health and wellbeing
- Ensuring housing is a key consideration when looking to improve a person’s health and wellbeing.

