

Subject: Safe at Home & Better Care Fund: Schedule of Fees

Report to: Council 3<sup>rd</sup> November 2016

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<b>SUBJECT MATTER/RECOMMENDATIONS</b>
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This report seeks approval to increase the fees applied to adaptation and renewal works undertaken by Safe at Home & Private Sector Housing Services
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1. **INTRODUCTION/BACKGROUND**

This report follows on from the report to EMT and Housing & Neighbourhoods Committee September which agreed to recommend to Council an increase in fee

This report sets out the current fee structure and the rationale behind the proposed fee increase.

2. **Safe at Home**

The Safe at Home, Home Improvement Agency was established in 1999 as a not for profit organisation dedicated to helping older people, people with disabilities, and vulnerable people live in safety and with dignity in their own homes. It does this by acting as an agent to facilitate adaptations and essential home improvements.

Following a restructure of the Private Sector Housing and Renewals team in 2008, Safe at Home became the Council's agent for the delivery of the statutory service of Disabled Facilities Grant.

Safe at Homes revenue funding is derived from a mixture of fee's and external funding from Norfolk County Council Supporting People and the Great Yarmouth Clinical Commissioning Group. The Council also contributes revenue funding to support the service.

Safe at Homes current fees are 10% of the value of the works or 12.5% if full plans are required. The fees were last increased in 2004.

### **Better Care Fund**

The Better Care Fund (BCF) is the mechanism through which the Disabled Facilities Grant (DFG) allocation is paid to District Councils. This 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 2016/17 the DFG capital allocation was increased as a consequence of the Department of Health adding the Social Care Capital Grant to it. The Council received an allocation of £941,786, which is a 66% increase on the allocation of £567,000 in 2015/16.

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.

The locality plan for the Borough set out that the key priority remained the delivery of DFG but took a pragmatic view that underspend could be used to support works to homes where there was a direct health benefit to the individual.

As the current staff resource in Safe at Home had no capacity to take on the additional work associated with the increase in the capital pot a decision was taken to recruit additional staff and capitalise the revenue cost of doing so by charging fees. This resulted in a piece of work undertaken in conjunction with the Capital Accountant to determine a schedule of fees based on technical officer time spent to get a job of works on site. In determining the schedule of fee's for BCF it has been necessary to review the current schedule of fees

used by Safe at Home to ensure the fees are consistent across both the DFG and BCF works.

### **Safe at Home Revenue Budget**

At present the revenue budget for Safe at Home has the following income streams.

<b>Funding Stream</b>	<b>2016/17 Budgeted Income</b>
Fee's	£80,000
Norfolk County Council Supporting People	£34,000
Great Yarmouth & Waveney CCG	£28,500
<b>Total</b>	<b>£142,000</b>

This is set against budgeted expenditure of £213,000 (excluding recharges)

### **Rationale for Increasing Fees**

The Safe at Home fees have been overdue a review for some time having last been increased in 2004.

The Council is looking at income generation and savings in order to achieve a balanced budget and the service was given a saving target of £20,000

The Council has received notification from Norfolk County Council Supporting People that it will be withdrawing funding from Home Improvement Agencies across Norfolk from 30<sup>th</sup> December 2016. This will leave a shortfall in the current year's budget of £8,500 and a shortfall of £34,000 per annum thereafter.

## Schedule of Fees

Description of Works	Current Fee		Proposed Fee	
	Base Fee	% based on value of works	Base Fee	% based on value of works
Stair lifts straight	£150	Zero	£150	Zero
Direct Disabled Facilities Grants	Zero	10%	£350	12.5%
Tendered work	Zero	12.5%	£350	15%
Better Care Fund <£1,000	(New works not previously delivered)		£200	12.5%
Better Care Fund <=£5,000			£250	12.5%

The proposed schedule of fees will take effect from 1<sup>st</sup> December 2016.

There is a difference in the flat rate fee for BCF works and DFG works because an assumption has been that BCF works are likely to be less complex and will have a lower average value. This assumption will be tested and can be reviewed if necessary once the scheme is running.

### 3. FINANCIAL IMPLICATIONS

#### Revenue

The proposed schedule of fees more accurately reflects the cost of the technical officer's time in delivering these works and in addition starts to reduce the financial commitment the Council puts into the service.

Based on outturn to date, Safe at Home will generate £67,000 in fees this financial year. If fees increase from 1<sup>st</sup> December 2016 this rise's to £87,000, and for 2017/18 again using outturn figures to date; fees would be in the region of £128,000. This represents an annual increase in income of £61,000. However this needs to be set against the withdrawal of £34,000 of funding by Norfolk County Council. Leaving a net increase in income of £27,000

#### Capital

Capitalising revenue costs enables the Council to derive an income for the service. This reduces the capital available but without sufficient revenue to appropriately fund the service the Council would struggle to meet its statutory duty to deliver DFGs within the timeframe prescribed in the legislation.

The BCF/DFG allocation for 2016/2017 is £941,786. In addition the Council agreed approved borrowing of £233,000 making a total pot of £1,174,786.

It is important that the grant is fully spent or at least committed to protect future year's allocations particularly as there is unmet demand.

#### **4. RISK IMPLICATIONS**

There is a risk that using capital to pay fees reduces the amount of DFG capital works that can be delivered. However this risk needs to be set against the Council's statutory responsibility to deliver DFGs within a prescribed time frame. The fee's essentially pay for the technical officer to support the applicant through the DFG process which includes, surveying the property, providing plans, specifying the works , tendering, contractor liaison, site supervision, inspections, snagging and agreeing final accounts. The technical officer's intervention ensures adaptations are delivered in a timely manner with minimum disruption to the client.

#### **5. CONCLUSIONS**

The current schedule of fees has not changed since 2004 and as such a review of fees is well overdue.

The Council contribution to the Safe at Home Service has steadily increased annually while fees and external funding from partners has remained relatively static.

The service has been tasked with finding £20,000 of savings per annum for the next 4 years and in addition now has to deal with be a shortfall in income of £8,500 in 2016/17 and £34,000 per annum thereafter as a result of the withdrawal of Norfolk County Council Supporting People funding.

The proposed schedule of fees will enable the service to achieve the savings target set and will go some way to tempering the impact of the withdrawal of Supporting People funding.

## 6. RECOMMENDATIONS

Recommend that Council approve the schedule of fees and that the increase is applied from 1<sup>st</sup> December 2016.

## 7. BACKGROUND PAPERS

Better Care Fund 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:	8th September 2016
Existing Council Policies:	Private Sector Housing Adaptation and Improvement Policy 2015
Financial Implications:	Addresses use of approved capital budget. Sets fees for recovering revenue costs associated with delivery of capital works
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 &amp; 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<sup>1</sup> people 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.

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<sup>1</sup> 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.

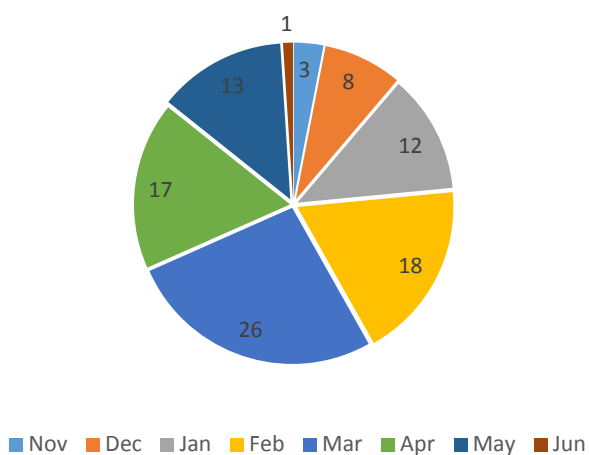
## IHAT Waiting List

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

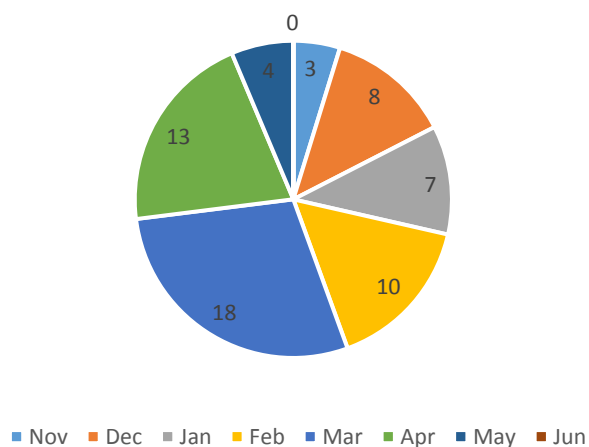
The first pie chart the total waiting list for IHAT and the second and third Pie charts are broken down by assessor. There are currently 63 people waiting for an Assistant Practitioner (AP) assessment and 35 waiting for an Occupational Therapist (OT) assessment. An AP will assess the more straight-forward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

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

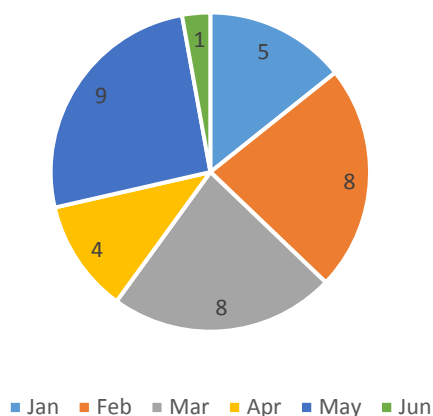
Combined waiting list - 98



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.

