

TONBRIDGE & MALLING BOROUGH COUNCIL
COMMUNITIES and HOUSING ADVISORY BOARD

24 July 2017

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 UPDATE ON WEST KENT HOSPITAL DISCHARGE PILOT AND DISABLED FACILITIES GRANTS

Summary

This report provides Members with an update on the various schemes being piloted using Disabled Facilities Grant funding and seeks approval to extend these initiatives until March 2019.

1.1 Disabled Facilities Grant Funding

- 1.1.1 In November 2016 a report was brought to this Board informing Members of the of the Disabled Facilities Grant (DFG) programme for 2016/17. Members may recall that since April 2015 central Government funding for DFGs has come through the Better Care Fund (BCF). The BCF is allocated to upper-tier authorities by Government and part of the allocation is ring fenced for DFG provision and passed onto District & Borough Councils. In the 2015 spending review the Government committed to an increase in Disabled Facilities Grant funding nationally from £220m to £394m in 2016/17, rising to £500m by 2019/20.
- 1.1.2 For 2017/18 TMBC has been awarded £1,007,000 an increase of £90,000 from the £917,000 awarded in 2016/17. As was the case last year, this year's allocation includes mandatory DFGs but also allows spend on broader revenue and capital projects subject to Local Housing Authorities being able to meet their statutory duties in respect of DFGs. It is considered that the £1,007,000, which is a significant uplift from previous years, is sufficient to meet the statutory demand for DFGs and to provide an enhanced service without the need for the Council to contribute from its own resources.
- 1.1.3 As was the case in 2016/17, it has been agreed by Kent District & Boroughs that the 2017/18 funding will be "top-sliced" by Kent County Council (KCC) to replace the Social Care Capital Grant that ceased in February 2016. For us, this equates to £147,000 and will be used by KCC to fund equipment, hoisting, minor adaptation services across the county.

1.1.4 In order to make the best use of the increased funding, in addition to meeting our statutory duties in 2016/17, Members endorsed the use of the funding to pilot the following initiatives:

- West Kent Hospital Discharge & Handyperson Scheme
- Secondment of an in-house Occupational Therapist (OTs)
- Supporting the county-wide Integrated Housing, Health & Social Care project
- Increase the level of discretionary assistance

1.1.5 The following paragraphs provide an update on the mandatory DFG programme and evaluate the success of the pilot initiatives to date.

1.2 Disabled Facilities Grant

	Government Grant	Council Contribution	Total Budget Mandatory DFGs	Number of DFGs completed	Total Expenditure
2014/15	£424,000	£228,000	£652,000	62 (3 Children)	£559,000
2015/16	£490,000	£175,000	£770,000	64 (5 Children)	£585,000
2016/17	£917,000	Nil	£665,000	56 (7 Children)	£583,000

1.2.1 The table above shows the total level of grant received from the Government and the amount which we allocated to meet our mandatory DFG duty. The remainder on the grant was allocated to the aforementioned initiatives and used to offset the loss of the social care capital grant. In addition to this, Clarion Housing continues to contribute £250,000 towards the adaptation of its properties. As can be seen there was an underspend of £82,000 in 2016/17.

1.2.2 As of the end of June 2017, all cases within the Tonbridge & Malling area have been allocated to OTs for assessment. With regard to children's cases for the corresponding period there were nine cases awaiting allocation however all are within tolerance of the timescales that the OTs work to. We continue to receive higher numbers of referrals for children's cases than other West and North Kent Districts with only Maidstone receiving more.

1.2.3 We continue to liaise with the children's OTs with regard to promoting the availability of Disabled Facilities Grants for children. We are taking a West Kent approach as children and their parents' access services across district boundaries. One of the Children's OT's has offered to assist with developing a poster to raise awareness of the grant for children, this includes the use of

Makaton symbols. A number of schools, hospitals and health and social care locations have been identified to display these posters and leaflets.

- 1.2.4 We continue to promote DFGs generally with mail-out campaigns at targeted audiences as well as amongst other professionals, particularly our health and social care colleagues. Recently, we attended an “Introduction to Public Health” day for Kent & Medway employees across a whole range of public health remits and gave a presentation on the practical work we can do to assist people. This was well received.

1.3 Occupational Therapists

- 1.3.1 Since November 2016 we have two part-time Occupational Therapists (OTs) seconded from Kent County Council co-located with the Private Sector Housing Team. This arrangement is working extremely well and in particular the ability we now have to refer cases directly to the OTs. The arrangement is also working positively across the whole housing team with Housing Options and Support Officers being able to discuss interpretation of housing needs reports and access issues facing residents in a more holistic and streamlined way. The Occupational Therapists report that they feel the secondment is working well and it is a two way process in that they are now learning about some of the pressures the Housing Service faces in terms of availability, suitability and allocation of housing.
- 1.3.2 One of the main outcomes we were hoping to achieve from this approach was to adopt a much improved way of accessing the OT service for our residents through being more joined up. At present referrals come via two routes, either directly to our in-house OTs or through KCCs assessment team and then onto the OT waiting list before allocation.
- 1.3.3 Through the pilot we have been able to evidence that referrals coming directly to our OTs have enabled a more streamlined and responsive service. Analysis of one OTs workload since from November 2016 to June 2017, has revealed the following outcomes: 58 referrals of which 32 came directly from TMBC; typical response time from date of customer contact to initial OT contact is 1 to 5 working days compared to 1 to 5 months for cases that come via KCC referral process.
- 1.3.4 In addition the OTs are collecting basic financial information from clients at assessment visits to enable an initial financial assessment to be completed. Previously in comparison, this part of process added a further 1 to 3 weeks onto the customer journey.

1.4 West Kent Hospital Discharge & Handyperson Scheme

- 1.4.1 Members will be aware that the three West Kent local authorities – Sevenoaks DC, Tunbridge Wells BC and TMBC have developed a West Kent Hospital Discharge Scheme in partnership with the West Kent CCG, Hospital Discharge Team Manager and Family Mosaic.

- 1.4.2 The scheme which saw its inception in November 2016 involves a Health & Housing Coordinator being based within the Integrated Discharge Duty at Pembury Hospital, playing an active role in discharge meetings and prevention of admission in A&E where housing interventions are required e.g. handyperson to complete minor adaptation work, housing advice and support that enables the patient to return home in a more timely manner than would otherwise be the case. The coordinator also undertakes home visits to identify both short and long term improvement works that may be required to the property. This links directly into a Handyperson Service so a rapid response can be achieved.
- 1.4.3 The main issues that the Health & Housing Coordinator is addressing are hoarding/cleanliness of property, low level adaptations and homelessness. It is interesting to note that every home visit undertaken leads to at least one follow up action which can for example result in, a referral to Private Sector Housing for property condition concerns or to the Occupational Therapy Service for a full needs assessment. A case study is set out at **[Annex 1]** to give Members a greater flavour of the work involved.
- 1.4.4 The handyperson service is responding to any issues identified by the Health & Housing Coordinator to enable prompt discharge from hospital. In addition, we are using the handyperson in a proactive way in cases where we can prevent hospital admission occurring at all. A recent example of this is where the Occupational Therapist, currently situated within the housing team, responded to a resident who had received the recent mail-out. The resident was found to be at high risk of falling at home and needed a repair to an external step and a handrail. This work was completed promptly by the handyperson
- 1.4.5 Since November 2016, the Health & Housing Coordinator has had direct involvement with 111 patients, of which 54 have been residents of Tunbridge Wells, 34 from Tonbridge & Malling and 23 from Sevenoaks. It is estimated that so far the scheme has saved at least 121 nights in a hospital bed which equates to a saving of £54,450. To date the scheme has cost a total of £57,448 of which TMBC's contribution has been a one third share.
- 1.4.6 We are, however, aware that Tonbridge & Malling residents will also be accessing Maidstone Hospital which the scheme does not presently cover. Working with the CCG we have identified that up to 45 patients per week are being admitted to Maidstone Hospital who live within Tonbridge & Malling. We have, therefore, begun discussions with the Hospital Discharge Manager about a similar level of cover at Maidstone Hospital to ensure we maximise coverage for TMBC residents.
- 1.4.7 The innovative scheme was recently showcased at the National Foundation's DFG Champions Roadshow in London and was well received by the audience of both Home Improvement Agencies and Local Authorities. There was a lot of interest in speaking to us about the scheme directly after the presentations and a number of follow-up calls. The scheme is also being nominated for Kent Housing Group Excellence Awards for partnership working and services to vulnerable

clients as well as nominated for Foundation's Excellence Awards for innovation and collaboration. We are also aware that as a result of our scheme, similar schemes at both Darenth Valley and an East Kent hospital are now under discussion.

1.5 Integrated Health, Housing & Social Care Project

- 1.5.1 The first phase of the Kent-wide project to consider DFG work across Kent and the wider integration with social care and health around independent living has now been completed. A report was presented to the Kent Joint Chief Executives meeting earlier on this month and can be found at **[Annex 2]**.
- 1.5.2 The report highlights the key strategic links to the Better Care Fund and the Kent and Medway Sustainable Transformation Plan and the benefits that moving towards an integrated model of delivery not only for DFG's but other aids/adaptations or services that support the preventative agenda/independent, can achieve for disabled and vulnerable residents of Kent.
- 1.5.3 Overall, Kent Chief Executives were positive about this opportunity and keen to explore this area of work further. They agreed to establish a small sub group of Chief Executives, Social Care and Health colleagues, to scope how they can take this work forward, including engagement across the three sectors, for example with the West Kent Health Improvement Board and the East and North Kent equivalents. The consensus from colleagues was to be bold and take forward the challenge.

1.6 Legal Implications

- 1.6.1 No issues arising from this report.

1.7 Financial and Value for Money Considerations

- 1.7.1 These initiatives will continue to be funded from the increased Disabled Facilities Grant allocation through the Better Care Fund 2016/17-17/18.

1.8 Risk Assessment

- 1.8.1 These proposals allow for a comprehensive range of works to deliver the Government's aim of reducing reliance on primary and secondary care by taking preventative measures that enable people to remain living independently in their homes. The funding received over the last two years is adequate to meet the costs of the continuation of these initiatives and the allocation for 2018/19 is not expected to fall. However, we have to be alive to changes in funding and an increased demand for statutory DFGs. Therefore future extension of these schemes will be covered to allow us to scale back or withdraw these discretionary initiatives in the event that the grant is reduced to a level that only allows us to meet our mandatory DFG duty.

1.9 Equality Impact Assessment

1.9.1 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.

1.10 Recommendations

1.10.1 It is Recommended that Members **APPROVE** the **CONTINUATION** of the West Kent Hospital & Handyperson Scheme and **SECONDMENT** of Occupational Therapists until March 2019.

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:

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