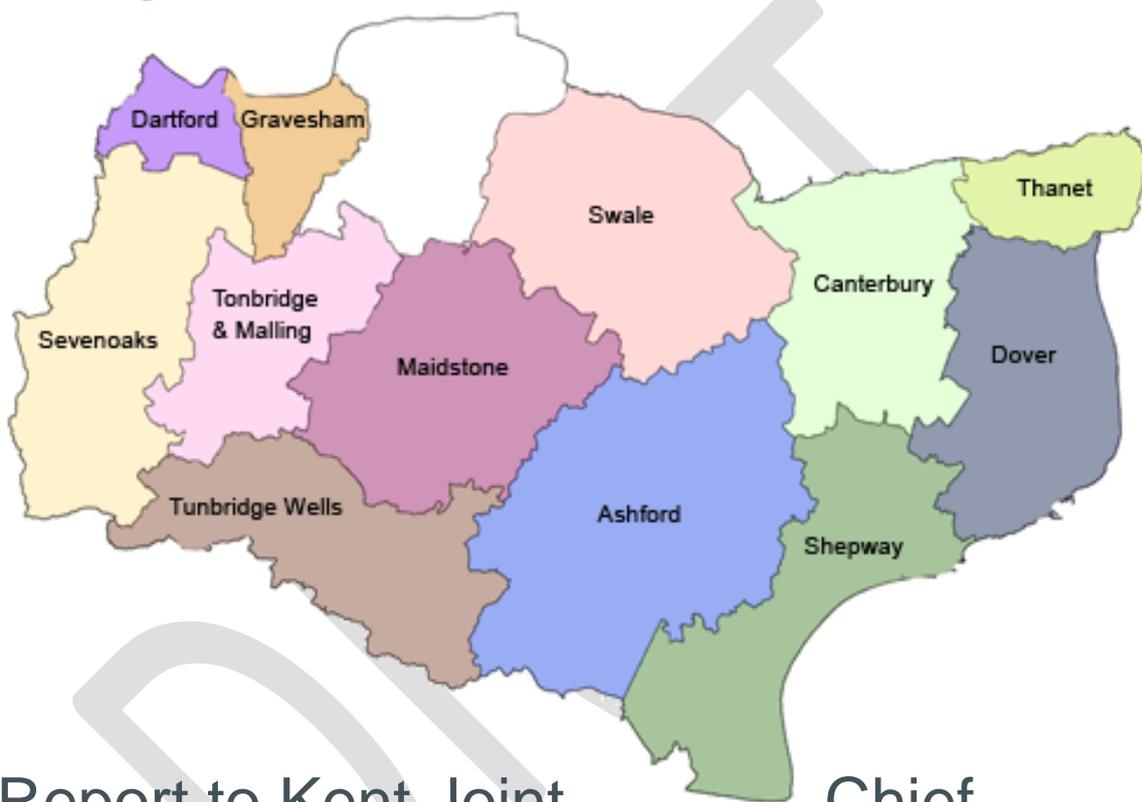


Housing, Health & Social Care Integration Project



Report to Kent Joint Executives Chief

Rebecca Smith, June 2017

1. Summary

1.1 In April 2015 the funding for Disabled Facilities Grants (DFG's) was transferred from the Department of Communities and Local Government (DCLG) to the Department of Health (DoH). Following this change in funding and a focus upon integration of housing, health and social care services Joint Chief Executives agreed in March 2016 to a county wide review, resulting in recommendations for a transformation of the delivery of DFG's. The scope of the review was initially to work towards a more integrated model that could be implemented from 2017/18.

2. Initial Objectives:

- Critically review existing delivery models of DFG's across Kent
- To review current waiting times, type, number and average cost of aids and adaptations
- To establish local good practice, efficiency savings and the potential to replicate county wide
- To consider greater integration of service delivery between housing health and social care
- To establish timely, streamlined and effective provision of service, ensuring better outcomes for the service user
- Ensure value for money through exploration of smarter procurement opportunities
- Standardise performance data collection and analysis

2.1 Evolved Objectives:

2.2 Subsequent to the decision to undertake a county wide review the DFG's in Kent the DFG allocation, via the Better Care Fund for 2016/17 were announced. For the majority of the District & Boroughs in Kent there was a substantial increase in grant compared to previous years. (Table 1. BCF DFG Allocation Summary). The allocations made to the local authorities are calculated using a funding formula based on criteria such as the number of claimants for disability related benefits, means tested benefits and the proportion of the population aged 60 years or over.

2.3 Simultaneously and unexpectedly the abolition of the Social Care Capital Grant (SCCG) paid to upper tier authorities was announced and this provision expected to be delivered through the increased DFG allocation to District and Borough Councils. This grant was historically £2.1m in Kent and is used to fund specialist equipment, ceiling track hoists and the Home Support Fund (hardship fund to top up DFG's and provide facilities outside historic DFG provision). Although the decision about future funding by Districts and Boroughs for the services provided by the former SCCG sat outside the remit of this project, decisions and implications about how to manage this element of service delivery for disabled and vulnerable clients has been reflected throughout the project review.

2.4 The circular issued by the Department of Health confirmed that the inclusion of the DFG within the BCF "***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***". The BCF is currently the only mandatory policy to facilitate integration and is the starting point and opportunity to have shared conversations.

2.5 In light of the substantial increase in the financial allocation and the directive from the Department of Health to think strategically and take a joined up approach the scope of the project has broadened. Whilst the DFG delivery models across Kent were a strong focus of the project, the opportunity to consider and understand the whole system that delivers aids and adaptations, working towards and enabling a greater integration of health, social care and housing services around the person and their home became clear and widened the scope of the project. As a result in addition to the aforementioned objectives the following were included:

- Consider and move towards a model of delivery that is supported by integrated and multi skilled teams
- Provide improved/enhanced customer pathways, to develop county wide priorities and service standards
- Consider and explore county wide procurement opportunities for fast track provision of straight stair lifts and shower loos cubicles to support micro living and accelerated hospital discharge
- Explore pooling of budgets with Health and Social Care
- Evidence the impact of adaptations upon health outcomes and costs, the return on investment.

2.6 Typical works that undertaken through DFG's include provision of level-access showers, stair lifts, ramps, provision of level access to essential facilities including extensions. The grants are means tested except in the case of children and have a maximum limit of £30,000.

3. Key Drivers for Change

3.1 Alongside the introduction of the BCF there were a number of additional drivers for review and potential change to support this work, including:

3.1.1 The Care Act 2014 – a responsibility placed on the local authorities for providing information and advice so that people can make informed choices, and to provide services or steps that prevent, delay or reduce the need for care and support. There is also a duty to co-operate with other local organisations and work towards integration of services to improve outcomes and overall wellbeing.

3.1.2 Devolution – an opportunity to consider integration, delegation and co-commissioning to respond effectively to local priorities, enhance working partnerships/arrangements with other service providers and ensure a flexible and timely customer journey.

3.1.3 Kent Joint Health & Wellbeing Strategy (2014-17) – a greater focus on prevention, supporting independent living and provision of access to good quality care and support when required.

3.1.4 Kent Accommodation Strategy – supporting independence through provision and use of adaptations and assistive technology, moving away from costly residential care home placements, encouraging provision of suitable accommodation, such as Extra Care Housing.

3.1.5 Kent & Medway Housing Strategy – an agreed action to review the process and administration of DFGs as set out in the joint approach document, to improve timescales and processes across all tenures.

3.1.6 Sustainability and Transformation Plan (STP) -The Kent and Medway draft STP was published in November 2016, setting out the necessary changes over the next five years to achieve the right care and support for residents of the County and to help deliver the Five Year Forward Plan <http://kentandmedway.nhs.uk/stp/stp/>. The Kent and Medway STP offers a radical transformation in the population's health and wellbeing, the quality of the care provided and the sustainability of the whole system through targeting. It is widely documented that adaptations within the home can assist with the reduction of health and social care costs, reduce injury, enable faster hospital discharge and delay the unnecessary and costly admission to residential care, contributing to meeting a range of Public Health, NHS and Social Care outcomes.

3.1.7 Demographics - The population of Kent living within the KCC area and as at 2015 is estimated to be 1,524,700. Over the past 10 years Kent's population has grown faster than the national average, with the population growing by 10.9% between 2005 and 2015, above the average both for the South East (9.1%) and for England (8.3%). Kent's population is forecast to increase by a further 21.6% between 2015 and 2035.

Just under a fifth of Kent's population is of retirement age (65+) and Kent has ageing population. Forecasts show that the number of 65+ year olds is forecast to increase by 57.5% between 2015 and 2035, yet the proportion of population aged under 65 is only forecast to increase by 15%. The projected population increase for those aged 85+ years by 2021 is 34.1%.

81.6% of Kent residents describe their health as being very good or good; 17.6% of Kent's population has an illness or condition which limits their day to day activities in some way with 21% in Shepway, 20.8% in Dover and 23.4% in Thanet. The number of Kent residents who are claiming disability benefits is 121,001 (7.9%). This is higher than the South East region (6.6%) but slightly lower than the national figure (8.1%).

3.1.8 Reducing Delayed Transfer of Care - The impact of poor housing conditions includes the emergency admissions to hospital for more vulnerable client groups, higher mortality rates and likelihood of falls in the home leading to hospital admission. In Kent there are an average of 2700 hospital admissions each year due to falls, preventative strategies, such as Falls Prevention, could result in an estimated annual saving of £23m to the NHS, this is for all falls (stairs, between levels, on the level and in the bath). http://www.kpho.org.uk/_data/assets/pdf_file/0015/66003/Draft-JSNA-Overview-Report-V12-15.12.16-7.pdf

4. Project Team

4.1 Both a Project Board and Operational Group were established and met at regular intervals; the Project Board was chaired by Anne Tidmarsh, KCC Director Older Persons and Physical Disability, and had representation from senior housing health and social care colleagues. The role of the Project Board was to lead and shape the direction of the

project, receiving and evaluating a review of local and national good practice, data sets and input from national good practice bodies. The Operational Group also met at regular interval, focusing on the operational elements of service delivery across housing health and social care, acting as a sounding board and information conduit for their peers in the County, feeding back to the Project Board as necessary.

4.2 Each of the twelve District and Borough Councils were visited, as were the two Home Improvement Agencies (HIA's) operating in Kent. There has also been regular engagement with KCC Social Care representatives, and participation and updates regarding the relevant work streams of phase three of the KCC Transformation Programme.

Kent County Council is the contracting authority for the HIA Service. The current contracts are due to expire at the end of September 2017, with approval granted for further extension. HIAs work to support older, disabled, vulnerable and low-income families to carry out repairs, home improvements and adaptations in the owner-occupied and private tenant sectors, and facilitate the delivery of DFGs which are held by the district/ borough councils.

HIAs work alongside other providers within housing, health and social care sector to deliver joined up services and ensure that the individual is supported by offering signposting and referral to other schemes and services, and check to ensure people apply for benefits and grants that they may be entitled to.

The core HIA service can be identified as providing:

- Home repairs
- Home maintenance
- Home adaptations
- Home security
- Energy efficiency
- Information, advice and signposting

The HIA service has clear and significant interdependencies with other public sector organisations, namely district and borough councils, public health and Clinical Commissioning Groups. It is of paramount importance that the new service is developed and collaboratively commissioned with key stakeholders.

4.3 At recent meetings of both the Operational Group and the Project Board there were discussions about what future models of delivery for Kent could offer and a number of points were agreed, including the provision of a holistic assessment service at the front end of the pathway, to have a single point of contact person centred approach that is based upon need, meeting the broader needs within a community and not a service responding to financial capacity. There has been consideration of how roles and responsibilities within an integrated model could offer resilience and a more efficient service, able to respond to all demands to support independent living, including the reviewing roles and responsibilities to deliver the holistic vision.

4.4 However, it was also agreed that due to the scope of project broadening there had to be more clarity about what integration could offer and how it could enhance delivery models that are in place across the County currently.

5. Funding Allocation

5.1 The provision of DFGs is a key component in delivering the Government's objective of providing increased levels of care and support to both disabled and vulnerable people to help them live independently in their own homes. DFGs are a mandatory grant administered by District Housing Authorities to enable people to remain living independently in their own homes. When delivered early alongside other preventative measures, they can contribute to preventing admissions to Hospital and Residential Care.

5.2 **Table 1** – Better Care Fund DFG Allocation 2012- 2017

District / Borough	2015/16	2016/17	2017/18	Increase £
Ashford	£389,000	£708,000	£775,304	£386,304
Canterbury	£541,000	£934,000	£1,017,727	£476,727
Dartford	£259,000	£469,000	£513,627	£254,627
Dover	£599,000	£1,023,000	£1,113,133	£514,133
Gravesham	£431,000	£803,000	£882,691	£451,691
Maidstone	£564,000	£1,032,000	£1,131,348	£468,000
Sevenoaks	£477,000	£889,000	£976,757	£499,757
Shepway	£622,000	£1,048,000	£1,138,882	£516,882
Swale	£1,040,000	£1,982,000	£2,182,185	£1,142,185
Thanet	£1,277,000	£2,342,000	£2,568,686	£1,291,686
Tonbridge & Malling	£490,000	£917,000	£1,007,235	£517,235
Tunbridge Wells	£519,000	£981,000	£1,079,235	£560,235
Total	£7,028,000	£13,128,000	£14,387,024	£7,358,810

5.3 Table 2 – Local Contributions from local authorities for DFG's

	2012-13	2013-14	2014-15	2015-16	2016/17
Local Contribution Information (DFG's)					
Ashford	64113.48	90127.55	90000.00	90000.00	90000.00
Canterbury	7871.00	156913.00	68621.00	131009.40	0.00
Dartford	253532.00	193,000	186,843	141,000	0.00
Dover	27712.00	144327.00	244257.00	204187.00	170228.00
Gravesham	0.00	47410.00	392272.00	0.00	0.00
Maidstone	21939.00	156900.00	106616.00	28199.00	0.00
Sevenoaks	132000.00	207000.00	57000.00	0.00	0.00
Shepway	16102.00	0.00	8461.00	2411.00	0.00
Swale	262258.00	37393.00	160090.00	0.00	278365.00
Thanet	642435.00	899507.00	406376.00	397986.00	0.00
TMBC	204000.00	251000.00	136000.00	95000.00	0.00
TWBC	166000.00	152000.00	158000.00	88000.00	0.00

5.4 The table above highlights the decline in local contributions made by Local Authorities towards their DFG spending. Local authorities are also able to fund DFGs, to top up the central allocation the introduction of the increased investment into the DFG from Department of Health via the BCF has resulted in some local authorities in Kent taking the decision to reduce or no longer contribution. In 2015-16 the overall Kent local contributions made were £1,177,792.40, the contributions for 2016-17 was less than half at £538,593.00, a decrease of £639,199.40, with just three of the twelve local authorities continuing to budget a local contribution (Table 2 DFG Local Contribution Table).

5.5 Additional data about the current delivery and outcomes related to DFG's are provided in Appendix 1.

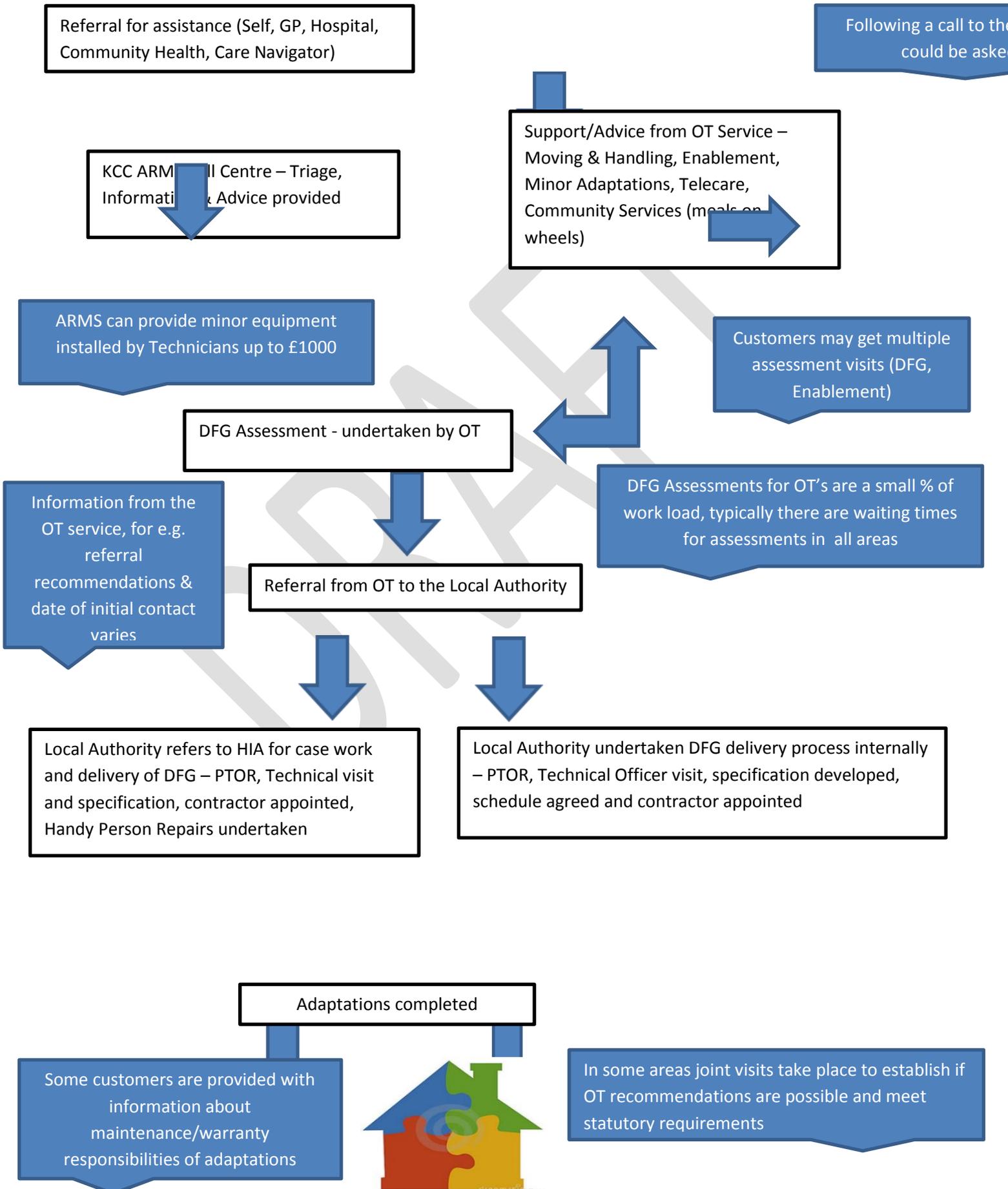
6. Key Findings on Current Delivery

- Inconsistent advice provided at initial point of contact about waiting times for assessment and completion of DFG's
- Inconsistent or lack of monitoring of timescales and communication with regards to customers end to end DFG journey from first approach to closure.
- Some lack of awareness of the assistance available through the DFG process in the communities and also within some statutory services
- Housing Assistance Policies and investment differ across the County with regards to Discretionary Assistance
- The majority of local authorities have now removed local contribution funding into their overall DFG allocation
- Registered Housing Providers are reviewing contributions/undertaking of adaptations within their stock, including stock from Large Scale Voluntary Transfer
- Increased/improved promotion about assistance available for disabled adults and children by the local authorities
- Additional investment into innovative pilots, such as co-located OT's and hospital discharge schemes.
- Opportunities for smarter procurement are not being exploited, there are elements of the delivery mechanism in some areas that remain fragmented, with a process driven approach, a number of agencies involved resulting in duplication, inefficiencies and

multiple handoffs and contacts between the customer and the range of agencies involved.

- Customer pathways are fragmented, as illustrated below

Typical Customer Pathway



7. Local Good Practice / Pilots

7.1 There are three models of new delivery happening in Kent to currently, they include:

- Health and Housing Co-ordinator, a 12 month pilot that commenced in November 2016 between the three West Kent Councils and Family Mosaic
- Shepway Home Enablement Service, a 12 month pilot that commenced in October 2016 by Shepway DC working in partnership with Family Mosaic
- Seconded Occupational Therapists, five local authorities in Kent who have seconded an OT (part time and full time roles) into their Private Sector Housing Teams, to working on the assessment of DFG's for a designated area, with some working on other elements to assist the Housing team. These secondments vary in length from six months to one year and all commenced from September 2016.

7.2 Feedback from each of the pilots has been positive; placements for the seconded Occupational Therapists have all been extended for an additional six months to all be in post for one year in total Co-located OT's have reduced or cleared waiting lists in areas of Kent where they are working alongside Private Sector Housing teams and this arrangement has also lead to improved working relationships and benefits between housing and social care colleagues.

8. Health and Housing Co-ordinator Pilot Feedback

8.1 Early findings from the pilot role in the Pembury Hospital are based upon information collated between November 2016 and the end of March 2017. Over this period a total of 104 patients were assisted through this new post, just 16 of this total were not from one of the three local authority areas funding the post. The mean average cost per patient against the project cost to fund the post of the co-ordinator is £161.37. Based on 104 patients assisted each client cost has been calculated at a mean average of £161.37 to the service, so on the assumption that there was a saving of a one night stay only for each patient and assuming a hospital bed costs £450.00 per night then the difference is £288.63 x 104 patients = **£30,017.52**.

8.2 The work involved across these patients to aid discharge has included arranging handy persons work to carry out a range of functions that include moving furniture, fitting key safes, assisting with hoarding and signposting to other services such befriending or sourcing help with shopping. Each patient worked with is offered the opportunity of a home visit; this is to establish what other potential issues are in the home that may prevent discharge or readmission to acute health care services. There are also referrals to the handyperson scheme from agencies such as Imago, Kent Community Health Trust and KCC Social Workers.

- *Mr JR, 81 year old male living alone in housing association property, hoarder, not willing to engage with landlord or community as fearful of losing tenancy due to state of property. Admitted 22nd Jan 17 referred to and seen by me on 2nd Feb 17.*
- *Mr JR was re-admitted to Tunbridge Wells Hospital due to an initial unsafe discharge home. Patient transport took Mr JR home and then re-admitted him due to the condition of his home environment and unsafe living conditions.*
- *Mr JR reported that he spends most of his time sitting in his arm chair reading, he does not have a cleaner or any support. Mr JR thought his home had got into the condition it was in due to the council not collecting his newspapers and so the house has just got messier as time has gone by.*
- *On visiting the property I found that each room was cluttered with possessions. Each room was very dirty and the bedroom had yoghurt pots filled with urine in. Access was not possible by mobility frame to any of the rooms due to clutter.*

8.3 Case Study

9. Shepway Home Enablement Service Feedback:

9.1 Between October 2016 and the end of March 2017 the Shepway Home Enablement Service has assisted 67 patients. Assistance via the scheme resulted in an earlier discharge from hospital or prevented hospital admission. The more common works undertaken included fitting key safes, grab rails, room clearances and disposing of goods at the household waste sites. The average number of days from enquiry to completion during this period was 1.9 days. Referrals for the scheme have come from a variety of sources including the HIA, Volunteer Service, Shepway Adult Community Team, ICT and Community Care Navigators.

9.2 There has been exploration of a number of national good practice examples, to learn from the experience and transition into integrated models of delivery. These are explained in more detail in Appendix 3.

10. Seconded Occupational Therapists

10.1 Historically in Social Care Kent, there has been a resource issue for Occupational Therapists. There is a high demand for their services and in recent years an enhanced understanding of the skills they can offer in promoting independence in an integrated working environment, this high demand has subsequently increased waiting times for DFG assessments to be carried out in some teams. Where Occupational Therapists have been seconded to district councils working in partnership has enhanced the partnership working. Seconded Occupational Therapists have been allowed to concentrate on local DFG assessments as the referrals in these areas have been made directly into the teams. This direct referral process has accelerated the response times, allowed DFG assessments to be made in a timely fashion, increased DFG spend and cleared any waiting lists for DFG assessments. Having an occupational therapist in the housing team environment has also presented more opportunities for

creative delivery of housing related works, supporting early and appropriate discharge from hospitals.

11. Potential Future Models of Delivery

11.1 Based on the evidence and information collected and the learning from local and national good practice discussions have taken place to consider what an integrated delivery model for aids and adaptations could look like. Working through this project scope and with a number of statutory partner agencies it has become clear that DFG's transformation is aligned with so many other key agencies it cannot be discussed and delivered without consideration of national and local key strategic priorities, such as the Sustainable Transformation Plan.

11.2 In Kent, as other areas have demonstrated nationally there is potential to cluster services across local authorities areas, pooling funding and designing resources to deliver a holistic customer centered service, meeting the vision to support independent living. The models explored in Kent include the following elements:

- DFG's
- Minor Adaptations
- Major Adaptations
- Handy Persons Schemes
- Low Level Housing Assistance – Repairs, heating, energy efficiency measures/assistance
- Advice/Information and support to access relevant services outside the scope of the model – sign posting
- Telecare (assisted technology) – access to telecare equipment & community equipment
- Post hospital discharge support – links to handy persons schemes or other agencies who support hospital discharge and re-admissions

11.3 There have been three types of integrated models explored in view of the potential elements of service delivery and these are as follows:

- **Single Provider Kent Wide Model** – un-pooled Budgets - pooling county wide funding with sufficient allocation per local authority to meet mandatory requirements, regardless of historical DCLG/BCF allocation and offering a consistent tenure neutral service across Kent.
- **Single Provider whole Kent Model** – pooled budgets - working with a provider to spend an agreed allocation for each local authority area, operating a system where local authorities can return to the provider pool and request for additional sums based on evidenced need, this would assist with underspend should it exist.
- **Cluster Model** – 3 or 4 clusters within agreed geographic locations, working with a provider, pooling resources if agreed, working towards a cluster or county wide housing assistance policy.
- **Local delivery** – trying to achieve greater integration but on a single local authority area/basis.

11.4 Each of these models allow the local authorities, with the statutory responsibility to delivery DFG's to meet this duty but will also allow all residents in Kent to access services that are currently being piloted, such as hospital discharge and enhanced handy person schemes. It is clear from the pilot models being undertaken in Kent currently that they have had positive impacts on the customer's end to end journey with assessment times increased resulting in a speedier completion of assistance. Having occupational Therapists co-located has resulted in a greater understanding between colleagues of roles, responsibilities and challenges, allowing partnership, joint strategic working in the true sense.

11.5 The hospital discharge schemes, operating in West and East Kent, with potential expansion in the North and Mid Kent clearly demonstrate the benefits of how good quality housing and timely intervention can speed up discharge times and prevent re admission to acute health services, a significant outcome for both the patient and the Health Service.

Opportunities and Risk	Models of Delivery			
	County Wide	Single Provider	Cluster	Localised
Pooling of all funding to provide a consistent, efficient 'right intervention at the right time' pathway.	✓	✓	✓	
Co-location of teams/professionals to provide resource, expertise and resilience. Merging of key roles and single point of contact for customer.	✓	✓	✓	
Opportunity to deliver all aids/adaptations and preventative services through integrated working and funding, including telecare assessment/provision of equipment, hospital discharge programmes and enhanced or basic handy persons offer.	✓	✓	✓	
Tenure neutral service, using funding/budget allocations from housing providers to support the pathway and interventions.	✓	✓	✓	✓
Opportunity to use any surplus funding to explore additional innovative integration services	✓	✓	✓	✓
Increased buying power through joint procurement, reducing cost and time for key equipment	✓		✓	
Reduces the capacity and expertise within the teams/departments				✓

historically responsible for service delivery of aids/adaptations.				
Reduction in funding post 2020 that impacts negatively on the sustainability of the model.	✓	✓	✓	

Currently within the KCC Adult Social Care Transformation is underway, this project has been sighted on how phase three links and impacts on a potential new model of integrated delivery and does offer the opportunity to co-commission services across housing and social care with additional input from Health. (Appendix 2)

13. Recommendations

13.1 It is important that the significant increase in funding which has provided some local authorities with the opportunity to clear historically long waiting lists does not have a perverse negative impact on how the funding is used in Kent going forward. The project, whilst identifying areas of good practice and implementation of innovation has also identified that there are many more opportunities available and if implemented will have a significantly positive impact, not only on the person/family receiving the service but will ensure that the funding is used to its maximum and intended potential.

- Provision of a simple timely customer pathway through the integration of services, combining teams and services to ensure that the home environment for disabled adults and children is suitable for their needs and supports them to remain living independently for as long as appropriate.
- Provision of timely and consistent information and advice through a tenure neutral service delivery model, including those who are not eligible for grant and self-funders. Raise the profile of how adaptations can assist people to remain living independently at home and reduce the need for care services or packages and unnecessary admissions into residential care or hospital.
- Prioritise meeting statutory responsibility for DFG's, then consider pooling of funding or providing access to surplus financial resources to enable innovative projects to be undertaken.
- Work with housing association partners to understand, agree and incorporate the funding arrangements and potential demand upon financial resources for this stock in Kent.
- Consider if an Accessible Housing Register is appropriate and effective, to be administered through Kent Homechoice.
- Work towards all acute hospitals in Kent having a minimum of one Housing and Health Co-ordinator, working to ensure timely and effective discharge from hospital, with links to a handy person's scheme.
- Strengthen, and where appropriate establish partnership and integration opportunities with Health colleagues to ensure timely and appropriate referrals for

aids and adaptations assistance. Utilise **all** appropriate communication and implementation pathways, such as local and county wide Health and Wellbeing Boards or other relevant Kent groups, to ensure that agreed objectives remain high on the agenda to ensure agreed outcomes are achieved.

- Continue to liaise with Government departments to remain informed about relevant funding allocation decisions, legislative or policy changes and the overall strategic direction from Government about the DFG and linked wider agendas.
 - Explore and implement opportunities for county wide purchasing of frequently used aids and adaptations equipment, to reduce the cost of items and to potentially speed up the process from order to fitting. This should include exploration and implementation of extended warranties for more complex equipment and maintenance responsibilities.
 - Implement the develop of multi-disciplinary teams and roles of those within integrated models of delivery, including merging of roles to ensure that there is a single point of contact for customers and to ensure that complex assessments and cases can be managed by qualified personnel. For example OT Assistants undertaking low level assessments and having specialist Housing OT's within an integrated team, who will rotate on an agreed basis with OT colleagues working within KCC.
 - Introduce agreed, timely and consistent collection of 'end to end' data to ensure that the model of delivery is effective, efficient and meeting the agreed outcomes for the customer and the providers. Having a consistent approach to and monitoring timescales will help identify where changes have had a positive impact or where additional work is required. This data should be shared with **all** relevant parties, including local and county wide Health and Wellbeing Boards.
- 13.2 A presentation will be delivered at the Joint Chief Executives Away Day to follow up and reinforce the recommendations for the future delivery of not just DFG's but aids and adaptations for all disabled and vulnerable adult and children in Kent. There is a significant amount of financial resource available now within Kent at least for another 12 to 18 months and this is the prime opportunity to challenge our existing culture of delivering valuable services and support in silo, this would result in the right service, at the right time at the right cost to our most vulnerable members of the community.

Appendix 1

Data Dashboard

Foundations, the national body representing Home Improvement Agencies, reported in 2016 that 54% of authorities had reduced the number of DFG's approved between 2010-11 and 2014-15, with a majority of providing on average less than 100 grants per year. In Kent two of the East Kent authorities, both areas of high deprivation and in receipt of higher DFG funding allocations have consistently delivered DFG's in excess of 100 per year.

5.2 Following the increase in funding through the Better Care Fund you would expect to see an increase in completed DFG's over the last year, however this is not true of each area, which could be attributed to a number of reasons, including; a limited number of referrals from the Occupational Therapists or other referral pathways, limited resources within the local authority to process applications within the same financial year or a continued lack of awareness about this grant.

Table 3 – No of DFG's completed 2012 – 2017, all Kent Authorities

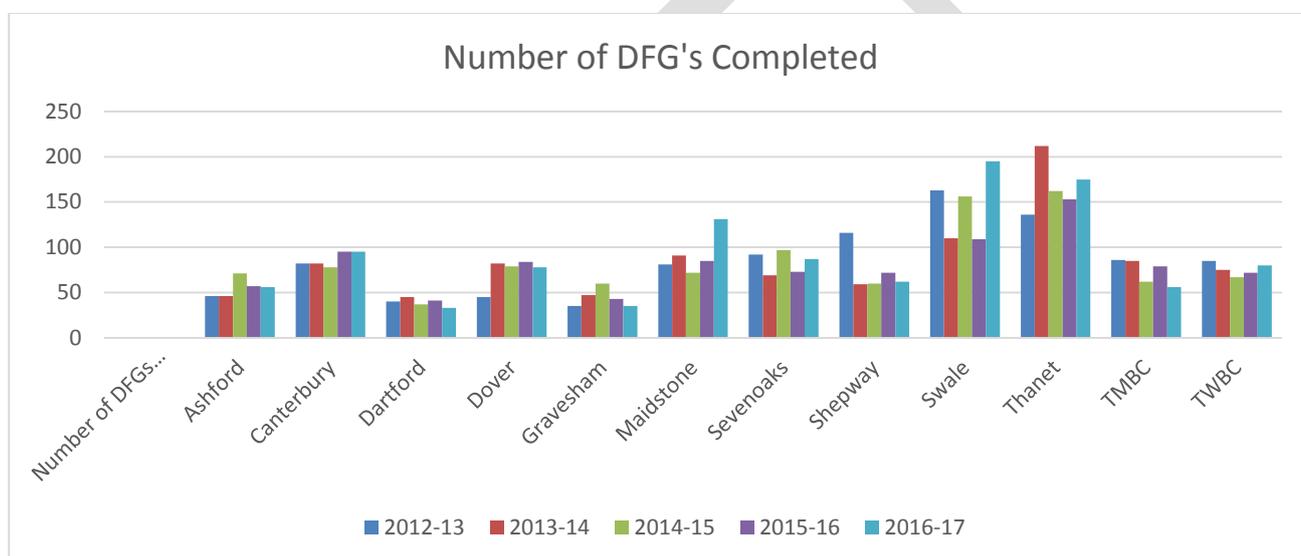


Table 4 – Government, Local and Total Expenditure across Kent 2012 - 2017

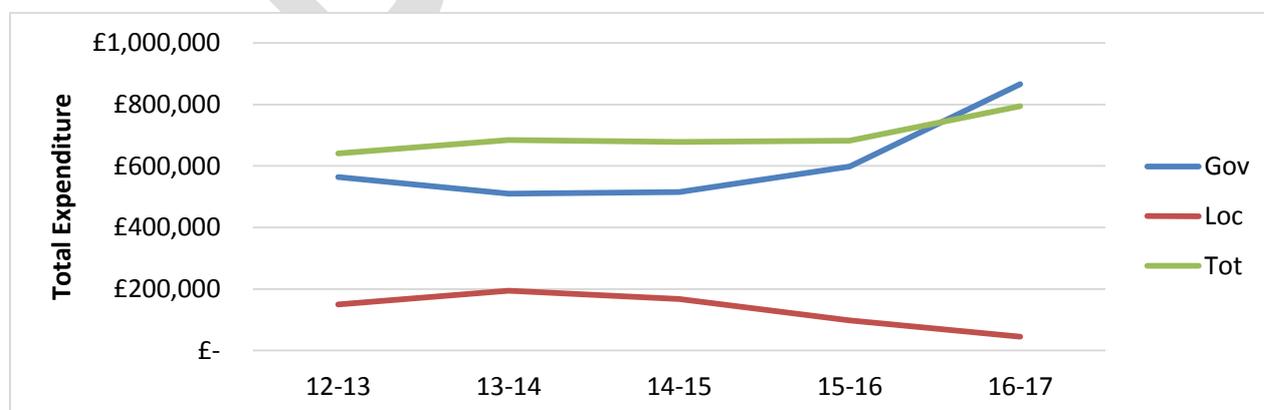


Table 4 highlights the decline in the local authority contributions to DFG budgets since the increased BCF Funding

Table 5 – Referrals, Approved Applications and Completions Data 2012- 2017

Using the average of the data supplied from any or all of the years to highlight the number of adult and children’s referrals from KCC OT’s to the local authorities, the number of applications approved by district and completion of DFG’s.

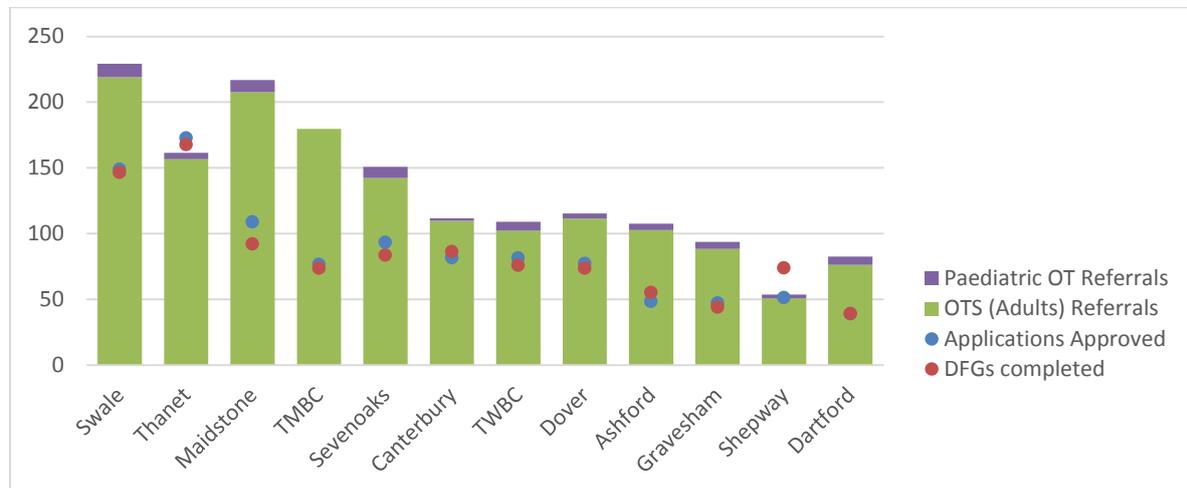
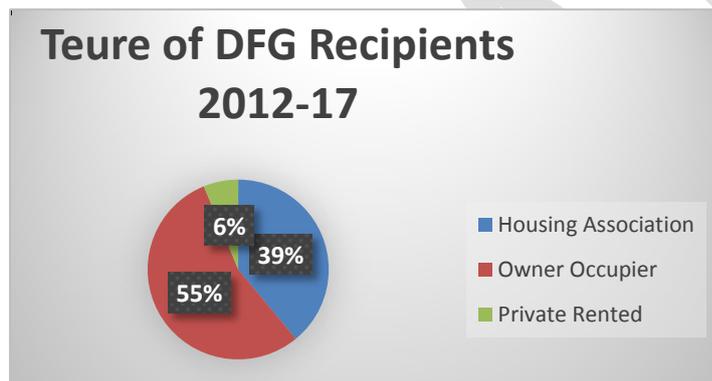


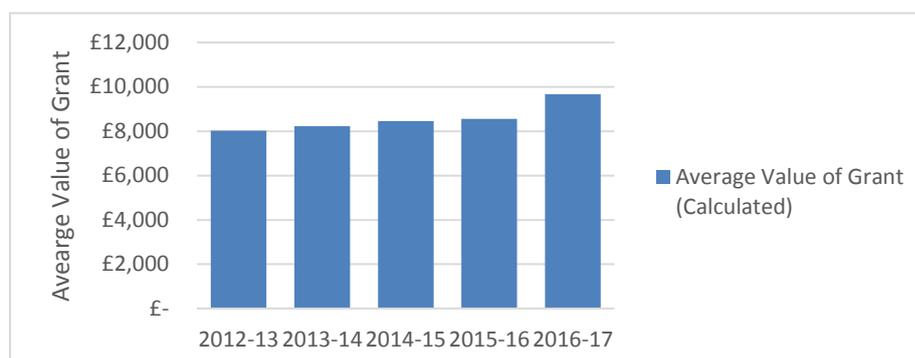
Table 6 – Tenure of DFG Recipients across Kent



5.3 Over the period 2012-13 to 2016-17 owner occupiers received the largest number of grants, with 2708 completed DFG’s over this time, compared to 1929 in housing association properties and just 306 in the private rented sector. In Kent five of the local authorities transferred their stock to housing associations over twenty years ago

and does account for the high number of adaptations taking place in housing association stock. The transferred stock will not have been constructed to the same conditions and regulations around accessibility and would therefore be more costly in regards to adaptations. Going forward this number could increase further with housing associations reviewing business plans as a result of Government reforms, for social housing rent to be reduced by 1 percent each year for the next four years from April 2016.

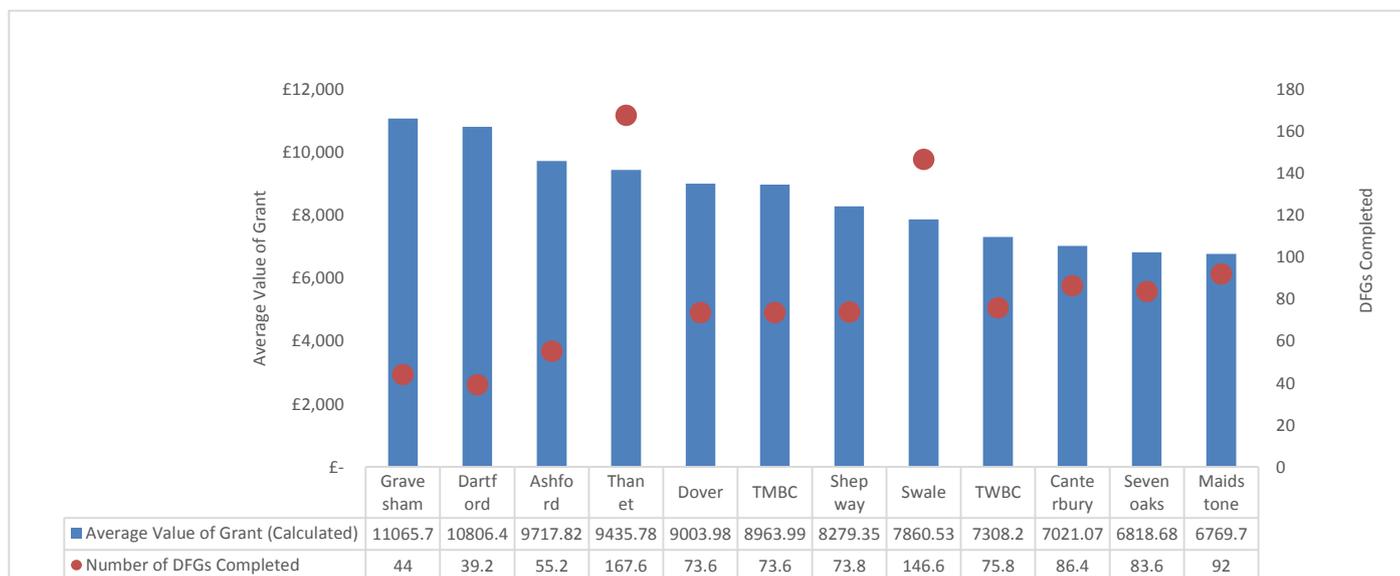
Table 7 – Average Grant Value across Kent, 2012 - 2017



5.4 This table does indicate an increase in the average grant value across Kent, especially in the last year. This may be attributed

to the higher number of grants being approved or the type of grants being delivered, pushing up the average values. The average grant value has been calculated by dividing the total expenditure across Kent by the number of DFG's completed.

Table 7 – Comparison of Average Grant Values and the DFG's completed



This illustrates a comparison of average grant values and the number of DFG's completed by local authority area over the period 2012 – 2017.

Table 8– Outstanding Enquiries and Completion Data 2016-17

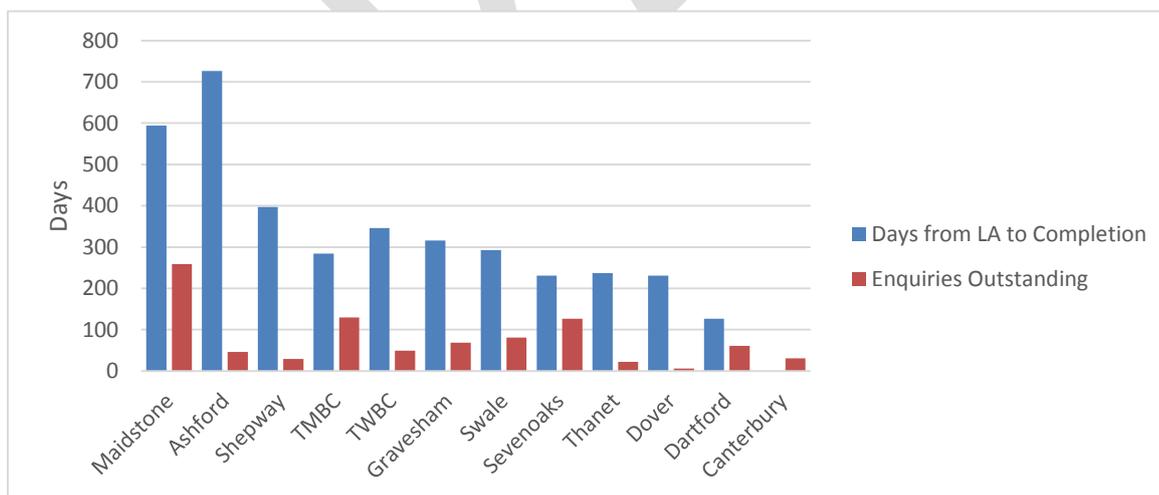


Table 8 provides an overview of information about the number of outstanding enquires and the number of days from when the local authority receives the referral from KCC OT service to completion of the works.

Not all local authorities were able to provide details of the complete customer journey in respect of initial point of contact to the completion of the DFG as this is not always shared by the OT making the referral. There was also a lack of data to share about the waiting list numbers and timescales for the OT service as this is not monitored by KCC, the Senior

Practitioner OT's do provide assessment waiting list numbers to their local authority colleagues at Joint Management Team meetings (bi annually in East Kent and Quarterly in West Kent) or upon request of a local authority.

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Appendix 2

External Factors to Consider Outside of the County Wide Project

Adult Social Care Transformation Phase 3

Kent County Council has moved into Phase Three of its Transformation Programme with KCC's Adult Social Care – Your Life, Your Wellbeing's vision being to help people to improve or maintain their well-being and live as independently as possible. This underpins KCC's wider strategic outcomes, as part of the Strategic Statement; older and vulnerable residents are safe and supported with choices to live independently.

The vision will be achieved through three themes;

- Promoting Wellbeing: Services which aim to prevent, delay or avoid people from entering formal social-care or health systems, by helping people to manage their own health and wellbeing.
- Promoting Independence: Providing short-term support that aims to prevent or delay people's entry to the formal care system, and provide the best long term outcome for people. They will have greater choice and control to lead healthier lives.
- Supporting Independence: Delivered through services for people who need ongoing support and aims to maintain wellbeing and self-sufficiency. The aim is to keep people safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes.

Promoting Wellbeing & Supporting Independence - Developing a Wellbeing Offer for Older People, People with Dementia and People with Physical Disabilities

- The Core Offer is focussed on moving away from the previous model which consisted of grant funding multiple organisations to deliver older people and people with disabilities services, to an outcomes based commissioning model which will see support being delivered under one contract per area. The model is likely to be that of a Strategic partner holding the contract and working with a delivery network to meet the requirements outlined in the contract. The contract will focus on older people and people with dementia.
- The Care Navigator project is looking at how we can redesign the role that is currently being undertaken by Community Care Navigators to support people to live independently in their communities for longer and reduce reliance on statutory services. We also want to improve people's opportunities to engage in activities that will improve their sense of wellbeing and quality of life. We are looking at other community based roles (such as the Community Warden) alongside this to enable us to ascertain the existing support available in communities and ensure a clear pathway through services can be designed with our key partners to, where possible, avoid duplication.

Promoting Independence - Integrated Rehabilitation

The promoting independence assessment concluded that opportunities lie in working more closely between health and social care to improve quality of short-term interventions and make people more independent, as well as improving service delivery and reducing task duplication between services. Findings included;

- 16% on ongoing homecare hours could have been avoided through improved short-term interventions
- For 16-30% of people, there is an overlap in tasks delivered by both Kent Enablement at Home (KEaH) and Intermediate Care Teams (ICT)

The Integrated Rehabilitation project aims to develop a model for integrated rehabilitation (services currently provided by ICT and KEaH) which:

- Reduces the Services Users' requirement for ongoing care by delivering a more effective enabling service
- Minimises duplication of activity and effort between different professionals and services providing rehabilitation, including OT pathways and services

The project will:

- Define and test an integrated model of rehabilitation/ enablement
- Define where functional assessment sits within the pathway
- Define what professional and generic skillset is required within the model
- Consider options for service delivery/ commissioning

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Appendix 3

National Good Practice Examples

Nationally there are many good examples of innovation and change to delivery models for Disabled Facilities Grants and the potential for greater integration between all the key providers of the process, Housing, Social Care, the Home Improvement Agencies and the clear links to Health.

Two visits to Dorset and Hertfordshire were undertaken in Mid-March and the end of April 2017 to learn more about models being implemented and details are shared below.

Sunderland –In Dec 2013 an arms-length trading company for all care and support services was created, Sunderland Care and Support, with 1200 staff working across all tenures. The HIA, adaptation, equipment and telecare are under one manager, OT's, although not in the integrated service work closely as they are in the same building, an Independent Living Centre. For the existing stock that was part of a stock transfer the HIA uses the in-house building team to carry out adaptations using a Schedule of Rates and they employ their own Handy Person for smaller jobs. For the Private Sector the preference is to use small traders as it contributes to the local economy and employment. For extensions or ramp works the HIA will use a tender process but are compared against a schedule of rates to ensure prices are kept within set limits. The HIA has also developed a good stair lift contract, including warranties being frozen whilst a stair lift is in storage as part of the stair lift recycling agreement. There are also contracts developed for more specialised equipment such as curved stair lifts, ceiling track hoists, automatic W.C's and modular ramps.

Discretionary home adaptation grants are offered for palliative care cases, there is no means test applied and the application form is simplified, allowing for works up to £6000, enabling discharge from hospital and enough grants to fund a level access shower and a stair lift.

Suffolk –This service is provided by Orbit Care and Repair Suffolk, a housing association managed HIA, working with the County Council, 6 local authorities and health services, Orbit has managed this service since 2009, in 2010 a review of the service was undertaken and a new contract was awarded in May 2016.

The services provides advice, support and practical help to enable people to carry out repairs and improvements, including the admin of DFG's for some of the district councils; a handy persons scheme, hospital discharge programme, supporting people to obtain funding for repairs or improvements and how to maximise their income levels, housing options advice, telecare and telehealth equipment provision, hoarding advice and a dementia specific service in partnership with Suffolk CC Dementia Team and Health colleagues.

The agency employs 5 Case Workers, 5 Technical Officers, a housing options adviser and 5 Handypersons. There are 2 qualified OT's and 4 OTA's employed by Orbit and are specialising in the assessment of DFG's but do work also on Housing Options and providing housing reports. The role of the OTA's is to provide a support role, to recommend and order simple low level equipment, when the Case Workers then work directly with the customer to carry out the means testing and administration, a single point of contact approach. The HIA has to contact each appropriate district or borough for approval and there is regular engagement with the councils and also the County Council. Children OT assessments are not carried out as part of the HIA function this remains with the County Council.

Going forward there will be consideration of delegated authority from the local authorities to the HIA to enable the HIA to approve DFG's, this wasn't agreed as part of the current model by the local authorities in Suffolk. There is an agreed and simple process and flow chart to ensure that it is clear who is responsible for what aspect of the delivery model.

Dorset –In 2015 the Dorset Accessible Homes Service was established, placing people at the centre of the service, taking a holistic view and approach to the needs of individuals, helping make changes to the home environment to prevent avoidable and costly interventions such as hospital admission. This service in Dorset has shown the integration of social care, health and housing, meeting requirements of the Care Act 2014. Millbrook Health run the service and provide a number of services to enable people to remain living independently, they provide advice, information, signposting and advocacy, access and outcome based assessments, housing options advice, minor repairs and adaptations, a handyman service, major adaptations and assistive technology solutions, the service operates from two locations in Dorset. There is close working with Dorset CC to ensure that the adaptations service is fast and seamless for the customer, innovation through this service has enabled a more streamlined service, self-referrals into the services, bespoke IT that assists with service performance target monitoring, developing strategic partnerships with other providers in the County and assisting with speedier hospital discharge.

Warwickshire –There are six district councils, including a large rural area. The HEART Partnership deliver a single management service currently in Warwickshire, working currently with four of the six councils, with a vision to provide a service focused on the home environment to support independent living, provision of equipment, minor and major adaptations, repairs and improvements, home safety visits, falls prevention and housing options advice, ultimately reducing the multiple touch points by multi providers who are traditionally involved in the aforementioned processes.

The HEART Partnership has brought together the officers from housing, social care and public health who are now all part of the HEART team and management board, providing a single service on behalf of the public sector delivered to people across the county. Underlying this new commitment are the duties under the Care Act to provide housing information and support and the new duty to cooperate amongst public services to achieve a common objective. The local authorities involved have used the Local Government Act 1972, Section 101 Agreement to delegate powers to the HEART Partnership that include the power to carry out assessments under the Care Act; the power to respond to DFG consultations; the power to prescribe equipment and direct payments; the power to approve grants on behalf of Housing Authorities; the power to assess housing conditions under Housing Act and the power to serve hazard awareness notices.

In summary the partnership has created a new dynamic role fusing together the skills of Caseworkers, Occupational Therapy Assistants and Grant Officers, forming a Housing Assessment Officer who, once having passed a competency test, will be able to carry out complex casework and deal with more routine housing and occupational therapy issues. Working in the same way as a Trusted Assessor the new Housing Assessment Officers will be trained to know the limits of their competence passing on the more complex assessments to trained Occupational Therapist or Technical Officers. This will increase the delivery time overall, reduce OT waiting lists and that customers receive a timely and competent service.

Devon – The information for Devon County is with regards to the 2016/17 Allocation. In Devon the County Council worked with the District Council's to agree a set of 'in principle'

agreements against which the BCF DFG allocation will operate. At the time of Devon sharing this information they were still in the process of being formally signed off by the 8 district councils in Devon, but all had had the opportunity to consider and comment. At a high level the in principle agreements proposed are:

The 8 District Councils and the County Council continue to allocate their own additional capital resource for 2016/17 alongside the BCF allocations; whether through capital budgets or Housing Revenue Accounts (stock owning LA's only). It is not intended that the additional funding allocated through the BCF is to replace LA allocations into the overall DFG funding pot. That the overall DFG funding pot, including the full BCF allocation and Local Authority contributions, will continue to be prioritised for use to deliver major adaptations first and foremost or broader schemes agreed to maximise the flexibilities afforded to the LA's under the Regulatory Reform Order to contribute to delivery of the BCF outcomes and metrics.

In addition to the above that 10% of the BCF DFG allocation is top sliced equitably from each district council notional allocation; to be used flexibly to primarily support a demand led approach to spend and possibly to support a discretionary DFG budget. It was also included that the District Councils will formally commit to operationally using the new, agreed, Fast Track process for all eligible cases (approx. 70% of all anticipated DFG applications), and agree to move towards a consistent use of contractor Framework Agreements to deliver these adaptations and ensure the necessary staff resource is in place to deliver the DFG demand.

Devon County Council and the district and boroughs also jointly commissioned work to appraise two potential options for transforming the delivery of mandatory DFGs, option one an Arm's Length Company and option two is for three hosted clusters. This work would include formalising an agreement based on the preferred option with a timescale for delivery and implementation; consider whether to move to a co-located.

Hertfordshire – There are ten local authorities in Hertfordshire and there is currently a Project Manager leading on a new delivery model for the delivery of DFG's. Hertfordshire County Council are working in partnership with five of the ten districts and borough councils to implement a single point of access delivery model, using an in house Home Improvement Agency that will be hosted by the County Council. The aim of this new model is to provide greater flexibility and more effective spend of the resources allocated through the BCF, with Hertfordshire County Council retaining the allocation of funding and managing the process end to end. The delivery of DFG's will be streamlined, responsive and have less hand offs for the customer.

The HIA will charge an agreed fee and these will be recycled back in to the HIA, the fee will be set between 12 and 15%. The Occupational Therapists will remain employed and paid for by the County Council, specialist housing OT's currently and will continue to work tenure blind when carrying out duties. The DFG funding will be spent by the HIA in the areas that it would have originally been passed on to, and there will be quarterly reporting from the HIA back to those districts involved in this model of delivery. The HIA will have a Board and each district and borough will have representation on this, there will also be a Head of Service for the HIA and a Business Development Manager role within the HIA to look at future opportunities for the service delivery model. The HIA will sit within the same service directorate as where the equipment contract is managed; the HIA will have a 3 year Service Plan. The expected commencement of the new delivery model is October 2017.