**TONBRIDGE & MALLING BOROUGH COUNCIL**

**OVERVIEW AND SCRUTINY COMMITTEE**

**15 January 2020**

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

**Part 1- Public**

**Matters for Recommendation to Council**

## 1 REVIEW OF DISABLED FACILITIES GRANTS

**Summary**
**This report explores the three previously identified options for the future provision of the Disabled Facilities Grant programme and the wider Better Care Fund initiatives within Tonbridge & Malling B.C. Dependent on the option chosen by Members there may be future financial implications for the Council and an analysis of this is provided for each option.**

### 1.1 Background

1.1.1 At the meeting of this Committee on 10 October 2019 Members agreed to explore the following three options for ongoing provision of the Council's Disabled Facilities Grants (DFG) programme and the wider Better Care Fund (BCF) initiatives:

1) Adopt the principle that TMBC wishes to continue to deliver all the current services funded through the BCF in addition to mandatory DFGs, with an annual review of the approach by Members, acknowledging that this may mean a growth pressure on the council's budgets dependant on the approach to BCF allocations in future financial years.

2) Adopt the principle that TMBC should consider a reduction in the current services funded through the BCF, on the basis that where funding has allowed sufficient embedding of practice or service delivery modelling, the funding is no longer required in addition to the continuation of mandatory DFGs.

3) Adopt the principle that TMBC should deliver mandatory DFGs only.

1.1.2 The scoping report from the previous meeting is attached at **Annex 1**.

1.1.3 At the meeting on the 10 October 2019 Members confirmed that they wished to hear from a number of speakers. In order to manage the meeting we have invited Dawn Hallam, Hospital Discharge Manager, Maidstone & Tunbridge Wells Trust and Jane Miller-Everest, Occupational Health lead, Kent County Council to the meeting. Members may wish to draw out from Dawn Hallam the impact of the

West Kent Hospital Discharge Scheme and the working relationship with the Council as well as the possibility of health contributing funding towards the scheme. It may also be useful for Members to hear Jane Miller-Everest's experience of the secondment of the Occupational Therapist into the Private Sector Housing team and how this arrangement could be continued without Better Care Funding. There was also a request from Members to hear from Clarion Housing. We have invited Clarion to submit a statement in writing regarding their position on adaptations and Disabled Facilities Grants for Members awareness. We have also invited Peabody Care & Support to provide a written statement regarding the initiatives that they are involved with.

1.1.4 The three options are discussed in more detail below however please note mandatory DFGs clearly must continue and this is assumed across all options.

1.1.5 Members should also be aware that discussions have recently taken place between all Kent district authorities and KCC about BCF use and allocations. Although at an early stage some suggestions being considered are:

- Redistribution of some unspent district BCF allocations (TMBC is one of the few authorities to have fully spent/committed its funds and could benefit if this was to happen);
- Better involvement of district authorities in BCF planning (if DFG and district BCF schemes prove their worth could lead to improved funding); and

**1.2 Better coordination of funding and schemes across health, social care and housing. Option 1 – TMBC continue to deliver all the current services funded through the BCF in addition to mandatory DFGs.**

1.2.1 The table below provides a SWOT analysis for this option:

| **Strengths** | **Opportunities** |
|---|---|
| • Continues the positive and holistic approach to delivery of integrated housing/health/social care which the Council plays a key role.<br>• Continues the positive and strong working partnership across West Kent. | • Investigate funding opportunities for example with health partners. |

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| • Builds on our existing lead as a good practice authority on DFG/BCF spend.<br><br>• Provides vulnerable residents with timely, cost effective, valued services that enable them to remain independent at home for longer.<br><br>• Wider BCF schemes are preventative often helping to manage demand for more extensive works from the mandatory DFG budget. | |
| **Weaknesses**<br><br>• This option presents the biggest risk of budget growth pressure as there is a need for £224,000 (estimated) in addition to meeting mandatory DFG need (this includes discretionary DFGs). This may or may not be able to be partly or fully funded from the BCF dependent on allocation and mandatory DFG spend. | **Threats**<br><br>• Future funding is uncertain so shortfall for TMBC to fund (if any) will be determined year to year and dependent on BCF allocation is very likely to represent budget growth and in turn add to the corporate funding gap and the savings and transformation target. |

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| | • Increasing demand on mandatory DFG budget. |

1.2.2 The schemes that are delivered through the wider BCF have been developed working with a number of partners including Maidstone & Tunbridge Wells Trust, Age UK, Peabody Care & Support, Kent County Council and a local GP surgery.

1.2.3 They are responsive to the needs of more vulnerable residents and tend to provide low cost interventions/assistance that enables that person to stay at home safer and more independent for longer. They also can in many cases prevent demand for more extensive works, for example, through the mandatory DFG budget because they provide early intervention and are focused on making that person safe in their home.

1.2.4 The Better Care Fund allocation for 2020/21 onwards is unknown. From the information we have we anticipate that there will be a slight increase in 2020/21 on the £1,184,711 we received in 2019/20. We do however anticipate that Kent County Council will request an increase in the top-slice amount based on the % increase in BCF funding we received. The demand on the DFG budget has been growing year on year and the current level of spend expected in 2019/20 is £1,140,000. This includes an element of “managing” the throughput of approval of DFGs on which we will be seeking a legal opinion, however does leave us open to reputational risk and adverse Ombudsman ruling for delaying DFG approvals. From 2020/21 the mandatory DFG budget within the Capital Plan includes a £125,000 contribution from TMBC.

**1.3 Option 2 – TMBC reduce the current services funded through the BCF in addition to the continuation of mandatory DFGs.**

1.3.1 The table below provides a SWOT analysis for this option:

| **Strengths** | **Opportunities** |
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| • Continues the positive and holistic approach to delivery of integrated housing/health/social care which the Council plays a key role albeit with reduced schemes. | • Investigate funding opportunities for example with health partners.<br>• Further improve the links with social prescribing link |

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| • Continues the positive and strong working partnership across West Kent.<br><br>• Builds on our existing lead as a good practice authority on DFG/BCF spend.<br><br>• Provides vulnerable residents with timely, cost effective, valued services that enable them to remain independent at home for longer.<br><br>• Wider BCF schemes are preventative often helping to manage demand for more extensive works from the mandatory DFG budget.<br><br>• Recognises that a number of schemes that we have developed have now proved themselves and to some extent have been taken over and funded by other partners. | workers across GP surgeries.<br><br>• Enables £133,000 (estimated) of BCF funding to be redirected back towards the mandatory DFG budget. |
| **Weaknesses**<br><br>• Occupational Therapy (OT) assessment times may increase if the OT is not based within the Private Sector Housing team, Support for wider housing issues | **Threats**<br><br>• Future funding is uncertain so shortfall for TMBC to fund (if any) will be |

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| by the OT e.g. housing register applications may reduce.<br><br>• This option presents a risk of budget growth pressure as there is a need for £91,000 (estimated) in addition to meeting mandatory DFG need. This may or may not be able to be partly or fully funded from the BCF dependent on allocation and mandatory DFG spend. | determined year to year and dependent on BCF allocation is likely to represent budget growth and in turn add to the corporate funding gap and the savings and transformation target.<br><br>• Increasing demand on mandatory DFG budget. |

1.3.2 This year the Primary Care Networks (PCNs) have been established across GP surgeries. PCNs have been allocated new funding streams including for social prescribing. GP surgeries now have link workers based within the surgeries to help patients with non-medical issues e.g. signposting to housing, One You etc. This is in many ways very similar to the One You, Your Home scheme that TMBC currently operate using BCF funding. Members are reminded that the Council works in partnership with Age UK Sevenoaks & Tonbridge who appoint the One You, Your Home advisor. It may therefore be timely to consider ceasing this scheme which will enable £40,000 of BCF funding to be redirected back towards the mandatory DFG budget. Work to ensure that the social prescribing link workers are aware of all Council services and are making appropriate referrals into housing, benefits etc. would be prioritised to ensure a smooth removal of our scheme.

1.3.3 When the BCF funding was first introduced and TMBC received a significant increase funding a KCC Occupational Therapist (OT) to be seconded into the housing team was one of the first new initiatives we instigated. It has been extremely successful challenging the ways that residents can contact the OT and receive an assessment, significantly improving OT assessment times and DFG processes and providing much valued OT expertise across the wider housing service. However it may be that now this model of working has been proven to be successful KCC may agree to this arrangement without a financial payment. The statutory duty for an OT assessment lies with KCC and when funding is clearly under pressure this is a scheme that must be carefully considered as to whether it

is an appropriate use of BCF funding. If this initiative was to cease this would enable £52,000 of BCF funding to be redirected back towards the mandatory DFG budget.

1.3.4 The West Kent Hospital Discharge scheme and associated handyperson services continue to go from strength to strength. Without a doubt they provide timely and safe discharge from hospitals, improve the safety and comfort of residents' homes, improve patient's health and wellbeing and prevent future demand for more extensive works from the mandatory DFG budget. It also prevents patients from having to be provided with temporary accommodation through the Council's Housing Options & Support team, which as Members are aware is a growing pressure on the Council's budget. Recent examples of casework have included identifying and carrying out £200 worth of plumbing work in a property to enable a Tonbridge resident to go home on a Friday instead of waiting till at least the following Monday. This saved the NHS at least £1,200 and meant the resident was happier in his own home making his recovery easier. In another case the Housing & Health Co-ordinator worked with a patient early on after admission to identify a potential homelessness situation and helped to prevent this working alongside the Housing Options & Support team at the Council. If this had not happened temporary accommodation may have to have been provided by the Council. The cost of continuing the West Kent Hospital Discharge scheme and associated handyperson services is estimated at £91,000 per year. This may or may not be able to be partly or fully funded from the BCF dependent on allocation and mandatory DFG spend.

1.3.5 For 2019/20 there was a budget of £41,000 for discretionary DFG work. In 2018/19 this policy was much needed to bring to a satisfactory conclusion a number of larger Clarion property schemes that cost above the £30k mandatory limit and where Clarion were no longer funding. In 2019/20 we have not approved any discretionary DFGs and indeed the funding (£41,000) has been transferred into the mandatory DFG budget. We do not propose any discretionary DFG funding moving forwards enabling £41,000 (based on 2018/19 budget) of BCF funding to be redirected back towards the mandatory DFG budget. For any DFG cases that do go above the £30k mandatory limit the Home Support Fund operated by KCC can be applied for.

1.3.6 Within this option it is felt that ceasing the funding for the One You Your Home post and the OT secondment plus the discretionary DFG funding but maintaining the hospital discharge and handyperson services is a way forward that protects the service that would not be picked up by any other agency/partnership arrangement currently. This would enable a total of £133,000 (estimated) to be redirected back towards the mandatory DFG budget.

**1.4 Option 3 - TMBC deliver mandatory DFGs only.**

1.4.1 The table below provides a SWOT analysis for this option:

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| **Strengths**<br>• Helps the Council to manage the risk in budget growth albeit increasing DFG demand and unknown BCF allocation may still require that growth. | **Opportunities**<br>• Enables £224,000 (estimated) of BCF funding to be redirected back towards the mandatory DFG budget. |
| **Weaknesses**<br>• Residents may have longer hospital stays and return home to an unsafe property.<br>• Occupational Therapy (OT) assessment times may increase if the OT is not based within the Private Sector Housing team, Support for wider housing issues by the OT e.g. housing register applications may reduce. | **Threats**<br>• Future funding is uncertain so shortfall for TMBC to fund (if any) will be determined year to year and dependent on BCF allocation may represent budget growth and in turn add to the corporate funding gap and the savings and transformation target.<br>• Increasing demand on mandatory DFG budget.<br>• The loss of the integrated health/social care/housing schemes may lead to a further increased demand on the mandatory DFG budget.<br>• A potential increase on the Council's temporary accommodation budget as early intervention work around homelessness or making a property suitable for safe discharge does not happen due to loss of hospital discharge scheme. |

1.4.2 This option presents the least risk financially to the Council as all BCF funding is directed to the mandatory DFG budget however there is still a risk that budget

growth could be required given the increasing demand for DFGs and the unknown BCF allocation.

As detailed in 1.3.4 above ceasing the Hospital Discharge scheme may impact on future demand from the mandatory DFG budget and the Temporary Accommodation budget.

**1.5 Legal Implications**

1.5.1 Disabled Facilities Grants are a mandatory grant that the Council must administer through the Housing Grants, Construction and Regeneration Act 1996.

**1.6 Financial and Value for Money Considerations**

1.6.1 The funding for these services and mandatory DFGs is awarded through the Better Care Fund. The funding is awarded year to year and usually towards the end of March/into April making forward planning of services and budget challenging.

1.6.2 The financial risks associated with each of the options are included within the SWOT analysis tables provided at 1.2.1, 1.3.1 and 1.4.1.

**1.7 Risk Assessment**

1.7.1 None arising from this report.

**1.8 Recommendations**

1.8.1 Members are recommended to consider the three options in light of the information provided in this report and input from the invited speakers and APPROVE an option for the Disabled Facilities Grant programme and wider Better Care Fund initiatives from the following:

a) TMBC continue to deliver all the current services funded through the BCF in addition to mandatory DFGs

b) TMBC reduce the current services funded through the BCF in addition to the continuation of mandatory DFGs.

c) TMBC deliver mandatory DFGs only

Background papers:

Nil

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