

**TONBRIDGE & MALLING BOROUGH COUNCIL****OVERVIEW AND SCRUTINY COMMITTEE****10 October 2019****Report of the Director of Planning, Housing & Environmental Health****Part 1- Public****Delegated****1 SCOPING REPORT FOR REVIEW OF DISABLED FACILITIES GRANTS****Summary**

**This report provides Members with background information on the Council's Disabled Facilities Grants programme and the wider Better Care Fund. Options for inclusion in the review of the service are presented for consideration.**

**1.1 Background**

1.1.1 Disabled Facilities Grants (DFGs) are a mandatory grant awarded by the local housing authority to provide adaptations in the home e.g. stair lift, level access shower, ramping to enable people to remain independent in their own home. They are available for both children and adults and across all tenures – owner occupied, housing association or private rented. The mandatory element is a means tested grant with a maximum award of £30,000.

1.1.2 There are a number of purposes for which a grant must be approved for a disabled person:

- To enable access into and out of the property;
- To make the property safe(r) for everyone living there;
- To provide access to the living room;
- To provide access to a bedroom;
- To provide access to a toilet;
- To provide access to a bath or shower;
- To provide access to a wash basin;
- To provide access to the garden;
- To enable the preparation and cooking of food;

- To improve or provide heating if needed by the disabled person;
  - To enable control of power, lights and heating; and
  - To provide access around the property to care for someone else.
- 1.1.3 In Kent all DFG referrals will have had an assessment of need carried out by an Occupational Therapist (OT) to determine the work required to meet the needs of the resident. The housing authority is under a duty to consult the Social Services authority as part of the DFG process and this assessment is how this duty is fulfilled however the housing authority has the final decision on works.
- 1.1.4 Where a DFG is completed on an owner occupier property, a charge may be registered against the property to seek partial cost recovery should the property be sold within ten years of the completion of the grant. Any funding recovered from this process is recycled into the DFG programme.
- 1.1.5 The DFG programme within Tonbridge & Malling BC is delivered by the Private Sector Housing team working with Occupational Therapists (OTs), Peabody Care and Support (the local Home Improvement Agency) , other agents and contractors.
- 1.1.6 The demand for DFGs is increasing. As a nation remaining independent at home is now seen as a much healthier and less costly option to provision such as residential/care homes. There are more people living into older age who with the right adaptations at home can lead longer, safer lives. TMBC has always actively supported a large, wide ranging DFG programme. Some Members will recall challenging Kent County Council over their ability to carry out timely OT assessments in order that provision of adaptations in the home could be progressed through the DFG process. TMBC has also successfully promoted the grant in recent years to ensure that we are meeting the needs of our most vulnerable residents.
- 1.1.7 Members will recall that we have in the past had to instigate management of grant approvals in order to manage the budget situation. This in effect leads to a delay in any applicant being able to carry out the adaptation works that they require and creates a waiting list of cases awaiting approval. This “slow-down” was instigated last year in September 2018 and has again been implemented within the last week of the writing of this report in order to manage an over profile spend in the current year. Last year the late additional funding announced in December 2018 clearly helped us manage the situation however there is no guarantee of the same late allocation this year. It is important to note that any case that was highlighted as particularly urgent by the OT, housing team or any other health professional would be approved without delay.
- 1.1.8 The funding for DFGs has, over the last three years, been awarded through the Better Care Fund. The Better Care Fund was established to bring health and social care funding together to encourage better integration and ways of working.

The Better Care Fund grant goes to Kent County Council (KCC) who in turn are required to pass onto districts the DFG funding element and the amounts are specified.

- 1.1.9 Any money paid through the Better Care Fund allocation that the district receives must only be used for the specific purpose of providing adaptations for disabled people who qualify under the scheme (or any other social care capital projects where otherwise agreed as above).
- 1.1.10 When the Better Care Fund was introduced and included DFG funding there was a strong message from Central Government that health, social care and housing services should work together to ensure services are integrated and that funding is used to develop local solutions to meet health needs. Although the focus had to remain on delivering DFGs, as these are a mandatory duty for a local housing authority, the additional funding was expected to help other wider social care projects that would meet the needs of residents.
- 1.1.11 Members may recall that in November 2016 TMBC in partnership with Sevenoaks DC and Tunbridge Wells BC introduced a West Kent Hospital Discharge Scheme, funded through the Better Care Fund, whereby a Housing & Health Coordinator is based at the heart of the local hospital discharge teams, linked to a handyperson service and helps with housing issues that are preventing timely and safe discharge e.g. adaptations, clutter, homelessness. As part of the West Kent partnership, TMBC is currently funding posts in both Tunbridge Wells and Maidstone hospitals. The cost of this scheme is split three ways between the districts dependent on usage by residents in the previous year.
- 1.1.12 In addition to this Tonbridge & Malling BC have through the Better Care Fund supported the provision of subsidised handyperson services across our borough to help vulnerable households remain independent and safe in their homes.
- 1.1.13 DFG funding has also been utilised for the secondment of an OT from KCC to be based within the Housing team to provide a much more responsive service for both residents and staff alike. This has proved very successful in building an understanding and relationship between housing and the OT service across all aspects of housing including DFGs, housing register applications and housing needs assessments. It has also enabled a more streamlined approach into the DFG process for residents saving time and confusion. Now that better working practices are well established and the value of placing an OT in a local authority setting is better understood, changing the way this post is funded could reduce a burden on TMBC's DFG budget without reducing the service level (see option 2 below in 1.10.2).
- 1.1.14 A report to Communities and Housing Advisory Board last year updated on the funding of the new One You Your Home Advisor who works within Warders Medical Practice in Tonbridge to assist patients who may have housing and other social issues that could be improved or resolved in order that they reduce the demand on

much stretched GP services. Typically this role may be assisting patients with minor adaptations, referring them to befriending schemes, promoting activities and clubs and working with the Private Sector Housing team on improving housing conditions. The Council work in partnership with Age UK Sevenoaks & Tonbridge who appoint the advisor. In 2019/20 this is funded through our Better Care Fund allocation. With the increase in social prescribing activity across health services and the increased understanding across the sector of the links between housing and health, there may be a case to be made for this service having embedded practices to enough of an extent that the funding is no longer required (see option 2 below in 1.10.2).

- 1.1.15 In addition to the above in 2018/19 we also introduced a discretionary DFG policy. This has typically enabled completion of large adaptations that cost above the £30,000 mandatory DFG limit and ensuring quick, responsive non-means tested small adaptations e.g. stair lift in urgent cases such as end of life care and where there is a high risk of falls. In 2018/19 this funding was utilised heavily to bring a large number of schemes that were costing above £30,000 to a satisfactory conclusion – a number of these were Clarion Homes properties who had previously contributed towards this work but no longer have funding available (see paragraph 1.2.5 below).
- 1.1.16 All of the schemes above have been approved by Members through the Communities & Housing Advisory Board. The general approach to this area of work at TMBC have been presented to the Ministry of Housing, Communities & Local Government and showcased at a number of national housing and health events being held up as best practice and innovation. Members may also be aware that our West Kent Hospital Discharge Scheme has won awards for partnership and collaboration. However, notwithstanding the above the schemes do in themselves put increased pressure on the mandatory DFG budget.
- 1.1.17 It is important to note that the West Kent Hospital Discharge Scheme, the Handyperson Service, the One You Your Home officer and the secondment of the OT are based on annual agreements so our commitment is until the end of March 2020. All partners and service providers have been made aware of the ongoing O&S process.

## **1.2 Finance**

- 1.2.1 The Better Care Fund allocation for the past 3 financial years has been as detailed in the table below. In recent years we have also received an additional allocation late on in the year, although this is of course never a certainty and the levels fluctuate. From the allocation KCC top-slice an agreed amount for funding of equipment and minor adaptations, which is done county wide to benefit from economies of scale. This is an area that is reviewed on an annual basis. The top-slicing in effect replaces a capital grant that KCC used to receive directly that was ceased whilst at the same time the allocations to districts through the Better Care Fund were increased.

<b>Year</b>	<b>Original allocation</b>	<b>Additional allocation</b>	<b>KCC top slice amount</b>	<b>Final amount</b>
2017/18	£1,007,235	£107,283	(£147,235)	£967,283
2018/19	£1,097,910	£192,648	(£147,410)	£1,143,148
2019/20	£1,184,711	Not yet announced	(£159,020)	£1,025,691

1.2.2 The table below provides details of the revised budgets for this area of work over the last three years.

<b>Year</b>	<b>Total budget</b>	<b>DFG (mandatory) budget</b>	<b>DFG (discretionary) budget</b>	<b>Other BCF schemes/ initiatives budget</b>	<b>Grant repayments (income)</b>
2017/18	£781,000	£670,000	£25,000	£86,000	£0
2018/19	£1,511,000	£1,240,000	£159,000	£112,000	£0
2019/20	£1,170,000	£959,000	£41,000	£183,000	(£13,000)

\*the budgets do not match to the allocations due to carry forward of unspent funding between years

1.2.3 The table below provides details of the actual spend for this area of work over the last three years.

<b>Year</b>	<b>Total spend</b>	<b>DFG (mandatory) spend</b>	<b>DFG (discretionary) spend</b>	<b>Other BCF schemes /initiatives spend</b>	<b>Grant repayments (income)</b>
2017/18	£742,668	£661,876	£13,077	£76,556	(£8,841)
2018/19	£1,234,608	£933,852	£209,063	£124,177	(£32,484)
2019/20 (to date)	£570,287	£537,679	£2,636	£44,174	(£14,202)

- 1.2.4 In the Council's future Capital Plan from 2020/21 to 2025/26 an estimate of £665,000 per year has been set against mandatory DFGs and no allowance for other activities. Government grant funding of £530,000 has been estimated along with £10,000 grant repayments resulting in an estimated contribution of £125,000 from TMBC. These figures are based on pre Better Care Fund allocation figures and spend.
- 1.2.5 It is important to note that Clarion Homes used to fund a significant amount of adaptations in their stock without recourse to the DFG budget. This ranged from £150,000 to £250,000 per year. This funding was withdrawn starting in 2016/17 and by 2018/19 no funding was spent on major adaptations and Clarion Homes now only fund minor adaptations to their properties. This withdrawal of funding was not done in consultation with TMBC and we had no influence over the timing of the withdrawal or commitment made. This has had a significant effect on the demand for DFGs for their tenants from the Council's budget particularly the discretionary budget in 2018/19. The Council is unable to place a charge on the property in these cases and therefore there is no recycling of the budget.

### 1.3 Key issues

- 1.3.1 Below is a SWOT analysis for this area of work to enable Members to focus on the key issues:

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Highly valued service by residents and Members</li> <li>• Very high performing and well respected team delivering the service</li> <li>• Makes a difference for residents – “changed all our lives for the better” is often the feedback received by families</li> <li>• Meets all the national and more local aims and aspirations to keep people living longer and more independent at home</li> <li>• Has strong links into other key services such</li> </ul>	<ul style="list-style-type: none"> <li>• Funding through the Better Care Fund is managed year to year making any long term planning difficult.</li> <li>• Funding announcements are usually just before the new year starts making budget planning even for the next year difficult.</li> </ul>

<p>as housing conditions, benefits, health.</p> <ul style="list-style-type: none"> <li>• Hospital discharge scheme is an award winning initiative and has been showcased nationally several times. T&amp;M have been at the forefront of the development and support of this high impact service.</li> <li>• Strong partnership working with KCC, health, Age UK, Peabody Home Improvement Agency, local contractors are in place.</li> <li>• They are a clear demonstration of health, housing and social care working in an integrated way – the ultimate aim of the Better Care Fund.</li> </ul>	
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Increasing the number of people being kept independent at home longer and having safe discharges from hospital reduces the burden on the health and social care sector.</li> <li>• Services are being offered now through other agencies/funding streams that replicate some of what we have proved has worked. This</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• KCC have requested an increase in the top-sliced amount that they receive.</li> <li>• Health services remain under intense pressure and reduction or withdrawal of some of this work may result in more pressure on the system.</li> <li>• Reduction or removal of the preventative services that we currently fund</li> </ul>

<p>may mean we can redirect funding elsewhere or reduce our contribution.</p> <ul style="list-style-type: none"> <li>• KCC/Health could be approached for funding opportunities for some of this work.</li> <li>• The model of having the OT within the housing team has proven so successful KCC could look to organise their existing resources in this way without the need for the district to fund additional posts.</li> </ul>	<p>e.g. hospital discharge scheme may lead to an increased demand for major adaptations i.e. DFGs</p> <ul style="list-style-type: none"> <li>• Future funding levels are unknown.</li> <li>• Funding is usually announced just before the start of the new year making budget planning difficult.</li> <li>• DFGs are a mandatory grant and lack of funding has been found by the Local Government Ombudsman to not be a reason to hold up cases.</li> <li>• Based on the trend in grant levels and the applications for mandatory grants, there is a significant threat that the future allocation will only be sufficient to meet the mandatory requirements.</li> </ul>
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## 1.4 Performance

1.4.1 The table below highlights the number of completed DFGs and shows the increasing trend:

Year	Number of DFGs completed
2014/15	62
2015/16	64
2016/17	56
2017/18	98
2018/19	137 (118 mandatory, 19 discretionary)

1.4.2 For the period April 2018 to March 2019 the 137 DFGs were completed for the following works (will not add up to 137 as some will include two or more works) :

- Access to bedroom – 1 case
- Provision of ground floor bedroom/bathroom facilities – 10 cases
- Provision of a stair lift or through floor lift – 31 cases
- Stair lift repairs – 2 cases
- Provision of level access shower facilities or bathroom adaptations – 85 cases
- Over bath shower – 4 cases
- Improving access – 22 cases
- Safety related works – 10 cases
- Other, including additional WC facilities, kitchen works and specialist baths – 10 cases.

1.4.3 The table below highlights the performance of the West Kent Hospital Discharge Scheme. These figures are for Tonbridge & Malling BC area only and cover both Maidstone and Tunbridge Wells hospitals:

Year	Number of referrals	Number of patients assisted	Number of prior discharge home visits	Number of post discharge home visits
2018/19	210	196	61	95

1.4.4 The average time taken to see a patient when referred into this service is within one day. Clearly speed of response is of vital importance here and the integrated hospital discharge teams value the ability for this service to respond quickly and focus on those housing related issues that may prevent timely and safe discharge e.g. minor adaptations, moving of furniture to create a micro-living environment, cleaning of property, declutter of property, homelessness.

1.4.5 The One You Your Home Advisor in 2019 has received 64 referrals of patients to work with and try and help. Some of the referrals will be complex cases who have repeatedly been presenting at the GP surgery where the GP is unlikely to be able to help. All of these cases will have received a home visit from the Advisor and an assessment of need. In total for the 64 cases, 98 goals have been set by the patients. These are agreed and owned by the patient and could be goals such “I want to declutter my home”, “I want to join a local club” etc. The Advisor may help the patient to meet their goal by making a referral or accompanying them to a club

for the first time for example. Referrals by the Advisor include into housing, community activities, Occupational Therapy, financial advice and the One You team.

## **1.5 HR Policy Implications**

1.5.1 There are none arising from this report. Mandatory DFGs will need to continue to be administered through the Council's Private Sector Housing Team. All other services are delivered through external providers and there are no implications for staffing through these arrangements.

## **1.6 Legal Implications**

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

## **1.7 Financial and Value for Money Considerations**

1.7.1 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.

1.7.2 Each of the options as set out in paragraph 1.10.2 below will have a cost implication summary included in the final report on 21 January 2020.

## **1.8 Risk Assessment**

1.8.1 With the funding for these activities coming through the Better Care Fund, the core risk is the funding levels not being guaranteed year to year, being reduced or discontinued. This consideration will be built into the options appraisal.

## **1.9 Equality Impact Assessment**

1.9.1 An equality impact assessment will need to be undertaken as part of this review.

## **1.10 Next steps**

1.10.1 A number of options have been provisionally identified, and are set out below. Members are requested to consider which of these options they wish to see included in the review or to identify any other options they would like to explore. It is important to note that dependent on funding allocations all options (some to a greater degree than others) may represent budget growth that will need to be met from TMBC and in turn add to the corporate funding gap and the savings and transformation target.

1.10.2 Identified options for consideration

- 1) Adopt the principle that TMBC wishes to continue to deliver all the current services funded through the Better Care Fund 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 Better Care Fund, on the basis that where funding has allowed sufficient embedding of practice or service delivery modelling, the funding is no longer required (see 1.1.13 and 1.1.14 above for examples) in addition to the continuation of mandatory DFGs.
- 3) Adopt the principle that TMBC should deliver mandatory DFGs only.

1.10.3 In considering these various options, it is suggested that Members may be assisted by hearing from key partners in the delivery of Disabled Facilities Grants and our wider health and housing schemes such as Peabody Home Improvement Agency, Tunbridge Wells NHS Trust, local GPs, Age UK and KCC. A further report with final recommendations will be reported to the January meeting of this Committee.

## 1.11 Recommendations

1.11.1 That the contents of this report **BE NOTED** and that a further report be made to the January meeting of this Committee regarding the options identified in section 1.10 of this report and any other options identified by this Committee.

Background papers:

Nil

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