briefing paper for chief executives/leaders

FUTURE DELIVERY OF DISABLED FACILITIES GRANTS

1. Background
   * 1. At a meeting of the Chief Executives and Leaders in November 2015 the issue of Disabled Facilities Grants (DFGs) was discussed and it was agreed that a paper would be tabled at a future meeting detailing proposals for the future delivery of the programme across Kent.
     2. It is timely to review the delivery of DFGs given the onset of Devolution and the recent changes in funding arrangements via the Better Care Fund. This is an ideal opportunity to achieve greater integration between Housing, Health and Social Care.
     3. 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.
     4. Typical works that undertaken through DFGs include provision of level-access showers, stair lifts, level access living and extensions. The grants are means tested except in the case of children and have a maximum limit of £30,000.
     5. Up until 2015/16 the Department of Communities and Local Government provided funding to local housing authorities to assist them in carrying out their statutory duty to provide DFGs. Each District can also contribute their own funding towards their DFG programme. This currently differs across the County **(Appendix 1)**. From April 2015 the DFG funding from Government was transferred to the Department of Health and was included as part of the Better Care Fund. It is now paid to upper tier authorities with a requirement to pass it onto District Authorities to enable them to deliver their statutory duty to provide DFGs.
     6. Whilst the statutory duty to provide DFGs remains with District Councils, the Better Care fund is the responsibility of upper tier authorities which in our case is Kent County Council (KCC). Although, the money has been ring fenced and transferred from the pooled budget to District and Boroughs and KCC are not proposing to currently change the funding arrangements for DFGs, dialogue has commenced between senior officers at District level and KCC Adult Health and Social Care with a view to exploring a holistic approach to improving the process from OT assessment through to DFG delivery.
2. Current Delivery
   * 1. Although there are areas of good practice across the County, generally the delivery mechanism is fragmented and clunky and is process driven rather than based on the individual needs of the customer. The number of agencies involved in delivery make the pathway complicated and confusing, resulting in duplication and a number of avoidable contacts.
     2. The agencies involved include:

* Service Users
* Registered Providers, Private Landlords, Council Landlord Services
* County Council Occupational Therapist (OT) - Occupational Therapist Service advises on the adaptations required by service users seeking assistance through DFGs.
* Districts Housing Teams – Typically Private Sector Housing Teams assess the completed application forms and determine whether the adaptation is necessary and appropriate and reasonable and practicable taking into account the report from the Occupational Therapist
* Home Improvement Agencies (HIAs) (Family Mosaic and Staying Put Swale) - HIAs act on behalf of the client to complete the application form, draw up plans for tender, employ the builder and oversee works.
* Architect/Contractor/builder - tender for works and if successful undertake works to the required specification.
  + 1. In the absence of a single clear integrated pathway it is often difficult for customers to navigate their way around the system. This can result in service users not being informed until weeks into the process that they are not eligible for assistance. Further difficulties and delays are encountered when the OT Service has a backlog of cases requiring an assessment. Additional temporary resources are often employed to clear backlogs which result in bulk referrals to Districts. This in turn impacts on the Districts’ ability to determine and deliver adaptations in a timely manner and within in- year budgets.
    2. The District Council’s Network commissioned a research report into the delivery of DFGs which was published in April 2013. The research found that *“A small number of exemplary Local Authorities have formed well-managed partnerships between County and District Authorities, bringing together the housing and social care aspects of delivery, and in so doing have reduced duplication, improved services and deployed resources more effectively. This model of service delivery has so many benefits, that we recommend it is rolled out nationally, with a requirement for all two-tier authorities to form local partnerships, and agree a clear local Adaptations Strategy.”*

1. Drivers for Change
   * 1. There are a number of factors that lend themselves to change:
     2. **Better Care Fund**

The Better Care Fund (BCF) provides a framework for partnerships working to review local systems and to improve the lives of older and disabled people. Given that the NHS budget is now providing the majority of funding for DFGs it might be expected that there will be greater scrutiny of the delivery and more conversations taking place with the Clinical Commissioning Groups about how the system can be improved as part of a wider view of the needs of residents. More recently, the establishment of Local Authority based Health and Wellbeing Boards and changes to the funding of Adult Social Care have created the environment for more joined-up responses to the needs in particular of older and disabled people.

The allocated funding for DFGs for the period 2016/17 has been almost doubled. Following the approach taken in 2015-16 the DFG will again be allocated through the BCF and be passed on to Local Housing Authorities. This is to encourage areas to think strategically about the use of home adaptations, use of technologies to support people in their own homes and to take a joined up approach to improving outcomes across Housing, Health and Social Care. For 2016/17 the housing element of the BCF has been strengthened through the National Conditions, which require Local Housing Authority Representatives to be involved in developing and agreeing BCF plans. To avoid uncertainty and risks to Districts in terms of funding not being passed on in future years work should begin now to establish more joined up approaches to service provision.

* + 1. **Care Act 2014**

The Care Act 2014 places responsibility on Local Authorities for providing information and advice so that people can make informed choices and for providing services or steps that prevent, delay or reduce the need for care and support. The Act also requires local authorities to co-operate with other local organisations and work to integrate services to promote well-being and improve quality and outcomes.

* + 1. **Devolution**

The onset of devolution represents opportunities for delegation, integration and co-commissioning that would enable greater responsiveness to local priorities, and a seamless customer journey, as synergies with other services provided by the different tiers of Authorities are exploited.

* + 1. **Kent Joint Health and Wellbeing Strategy (2014-2017)**

The strategy states: *“Within Kent County Council, the Adult Social Care Transformation programme is putting a stronger emphasis on prevention, early intervention and integrated service delivery and commissioning as a way to realise the vision of a sustainable model of integrated health and social care by 2018. This will improve outcomes for people across Kent by maximising people’s independence and promoting personalisation. It will involve KCC working with partner organisations across public health, health, housing and social care.”*

* + 1. Focusing on prevention and early intervention is important as the demographics below reinforce:
* Nearly a fifth of Kent’s population is of retirement age (65+)
* Population forecasts between 2010 and 2026 highlight that the number of 65+ year olds is to increase by 43.4% yet the population aged below 65 is only forecast to increase by 3.8%
  + 1. Outcome 3 specifically states “*The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.”* A priority is to *“support older people to live safe, independent and fulfilled lives and support disabled people to live independently at home.”*
    2. **Kent Accommodation Strategy**

One of the main objectives of the strategy is to support independence by securing improved accommodation solutions for residents in their existing homes. Historically housing provision for those with disabilities has been met through the use of residential care settings. Although for some this is the appropriate accommodation and care solution in other cases such placements are likely to have been due to the lack of available suitable accommodation and not the choice of client.

* + 1. It is recognised that the provision and use of adaptations and assistive technology is paramount to the vision of supporting independence. People with disabilities are less likely to require alternative accommodation if their current accommodation can be adapted to meet their needs. Signposting to relevant agencies, including the voluntary sector and adaptation and assistive technology may also prevent unnecessary admissions to hospital and/or placement into a residential care home setting.
    2. **Kent & Medway Housing Strategy**

A key action set out in the strategy is to review the existing processes and agreements for administering disabled adaptations set out in the joint approach document, with a view to improving timescales for delivering adaptations across all tenures.

1. Proposal for Change
   * 1. It is proposed that a Transformational Review across the County be undertaken over a 12 month period to critically review existing interventions, identify options for business re-engineering of processes and pooled budgets and to learn from national good practice. The ambition is to develop a sustainable accessible delivery model that integrates Housing, Health and Social Care (Children and Adults) which is able to respond to the challenges of an increasing number of disabled young people as well as older people living with long term conditions. This will improve the quality of life of elderly and disabled people by enabling them to live independently for longer in their own homes.
     2. The Transformation Review presents a timely opportunity to consider all potential options for adaptations moving forward, including the mechanism by which interventions are delivered. As a joint review between the funding authority and the Districts as the statutory agency and wider partners; CCGs, Public Health, Health and Wellbeing Boards and the Voluntary Sector, due consideration will be given to the obligations of all partners to find a mutually agreeable solutions based on the most effective means of service delivery.
     3. It is anticipated that the review will take place in the context of the wider health and social care objectives relating to personal care, independent living and hospital admission/discharge targets. This piece of work has the potential to yield significant efficiency savings. An estimate of likely projected savings will be made 6 months into the project.
     4. Overarching aims will be to:

* Move from a process driven pathway to a delivery mechanism that incorporates fully integrated multi skilled teams and has an improved customer/care pathway that is standard across the county. This will include breaking down the organisational and professional barriers that hinder shared working.
* Develop new County-wide priorities, service standards and performance metrics focusing on customer needs and achieving consistency of customer outcomes.
* Where possible, develop shared procurement of services, equipment and contracts.
* Consider and explore options for pooled budgets.
* Develop an integrated approach at the first point of contact that offers the best opportunity for customers to be given choices at the start of the process, including advice on self-funded alternatives, waiting times and access to housing options advice.
* Evidence the correlation between adaptations works and health benefits to service users and the savings achieved in reducing the need for people to be admitted to residential care or hospital and the reductions in delays in hospital discharge by adopting a flexible, risk based approach and increasing choice to meet need.
* An ancillary aim is to consider and if practical develop a more generic approach to needs assessment which will link DFGs more closely to other needs experienced by service users (e.g. benefits, affordable warmth, tackling fuel poverty, etc) all designed to support greater independence and quality of life.
  + 1. Given the scale of the task it is proposed that a full time Project Managerbe employed to deliver the project.
    2. In order to fund the post it is proposed that Districts and Kent County Council contribute £4,000 each. This £52,000 will allow for the appointment of a full time Project Officer. The host authority for the Project Officer will be Tonbridge & Malling provide day to day operational line management support, with strategic decisions agreed via the Project Board.
    3. **Governance**

**Project Sponsors**:

* Pav Ramewal, Chief Executive Sevenoaks District Council
* Tracey Kerly Chief Executive Ashford Borough Council
* Anne Tidmarsh, KCC Director Older People and Physical Disability

**A Project Board** will be established to provide strategic leadership, direction and assurance on behalf of all partners and stakeholders. The Board will be responsible for appointing a Project Team and membership of the Board will comprise of the following:

* Project Sponsors
* KCC –Public Health, Occupational Therapy Service, Housing Related Support
* Kent Health & Wellbeing Board representative
* CCGs representative
* Kent Housing Group
* Joint Planning Policy Board
* Authority host to the Project Manager (Tonbridge & Malling Borough Council)

**Outline Project Timetable/Milestones**

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| --- | --- |
| **DATE** | **TASK** |
| April 2016 | Establish Project Board |
| May 2016 | Appoint Project Manager & establish Project Team |
| December 2016 | Review of existing structures completed and proposals for new delivery models developed and costed |
| Jan – February 2017 | Consultation on new delivery models including estimates of efficiency gains |
| March – April 2017 | Finalisation of new delivery model |
| May 2017 | Phased implementation of new delivery model commences |

1. Recommendations

Chief Executives and Leaders are recommended to

* + - * 1. **AGREE** the implementation of a twelve month County wide transformational project to establish a fully integrated joined up service between Housing, Health and Social Care for the delivery of DFGs
        2. **AGREE** the financial commitment of £4k from each District & Borough and KCC
        3. **AGREE** the governance arrangements as set out in 4.17 above

**Appendix 1**

The table below reflects the amount of central funding and individual district contributions across Kent for delivery of DFGs 2015/16

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| **District** | **Amount of central funding via Better Care Fund (£000)** | **Local authority contribution (£000)** |
| Ashford | 389 | 174 |
| Canterbury | 541 |  |
| Dartford | 259 | 468 |
| Dover | 599 | 240 |
| Gravesham | 431 | 388 |
| Maidstone | 564 |  |
| Sevenoaks | 477 | 57 |
| Shepway | 622 | 0 |
| Swale | 1,040 | 192 |
| Thanet | 1,277 | 398 |
| Tonbridge & Malling | 490 | 280 |
| Tunbridge Wells | 519 | 81 |
| **Total** | **7,208** | **2,278** |