

Agenda Item No: 9

Report To: Cabinet

Date of Meeting: 12 October 2017

Report Title: Reducing waiting times for Disabled Facility Grants (DFG).

Report Author & Job Title: Rebecca Wilcox
Housing Operations Manager

Portfolio Holder Cllr. G. White
Portfolio Holder for: Housing

Summary:

This report set out proposals to address the Councils aspirations to level the playing field for disabled adaptations regardless of tenure. The report provides feedback from the Kent wide multi agency research project commissioned by Kent Housing Group, which concluded earlier this year and suggests interim measures to bring down waiting times for those applying for a Disabled Facilities Grant (DFG).

Key Decision: Yes

Significantly Affected Wards: Affects all wards

Recommendations: **The Cabinet is recommended to:-**

- I. Approve one-off additional capital funding contribution of £200,000 for financial year 2018/19.
- II. Support the provision of a dedicated occupational therapist for Ashford in partnership with KCC based on an initial 6 months and, subject to review, with the expectation of extending the placement up to 18 months. Total funding contribution from the Council for the 18 month secondment will be £32,250. KCC will match fund this.

Policy Overview: The Council has a statutory duty in relation to mandatory disabled facilities grants.

Financial Implications: The additional capital funding of £200,000 will be funded from the underspend in the Corporate Delivery Plan reserve. The provision of a dedicated Occupational Therapist (OT) for Ashford will benefit both applicants for DFG's and also tenants awaiting disabled adaptations in the Housing Revenue

Account (HRA) tenancies. In view of this the HRA can support 50% of the costs for the dedicated OT with the remaining 50% funded by KCC.

Legal Implications The Council have a mandatory duty to provide DFGs this proposal will support the provision of reduced waiting times resulting in a better service for the residents of the Borough.

Equalities Impact Assessment See Attached Appendix 1 – There are no adverse implications as a result of these proposals.

Other Material Implications: There are no other material implications

Exempt from Publication: NO

Background Papers: Kent Housing Group – Integrated Housing, Health and Social Care Project.

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Report Title: Reducing waiting times for DFGs

Introduction and Background

1. Since April 2015 central Government funding for DFGs has been provided through the Better Care Fund (BCF). This funding is allocated to upper-tier authorities with part of the allocation being ring fenced for the provision of DFGs which in turn is passed on to District and Borough Councils. In the 2015 Spending Review the Government committed to increase DFG funding nationally from £220m to £394 million in 2016/17 rising to £500m by 2019/20.
2. In 2015/16 Ashford was allocated £389,000 which rose by £319,000 the following year to £708,000 with a further increase of £67,304 to £775,304 for 2017/18.
3. Along with the introduction of the BCF it was agreed by the Kent Districts and Boroughs that the 2017/18 funding would be “top-sliced” by KCC to replace the Social Care Capital Grant, which ceased in February 2016. For Ashford this funding equates to £113,304 (taken from our initial allocation) which is to be used to provide equipment, hoisting and minor adaptations to assist residents of Kent to continue to live in their homes.
4. In addition to the Social Care Capital Grant, a hardship fund for Kent residents to top up their DFG is available where evidence suggests they cannot top up if over £30,000 or afford their determined notional loan. This allows the adaptations to go ahead in a timely manner, avoid delays and meet the needs of the individual.
5. Our net allocation from the BCF is £662,000 for 2017/18 and this is supplemented by a contribution of £90,000 from the General Fund.

The councils DFG process

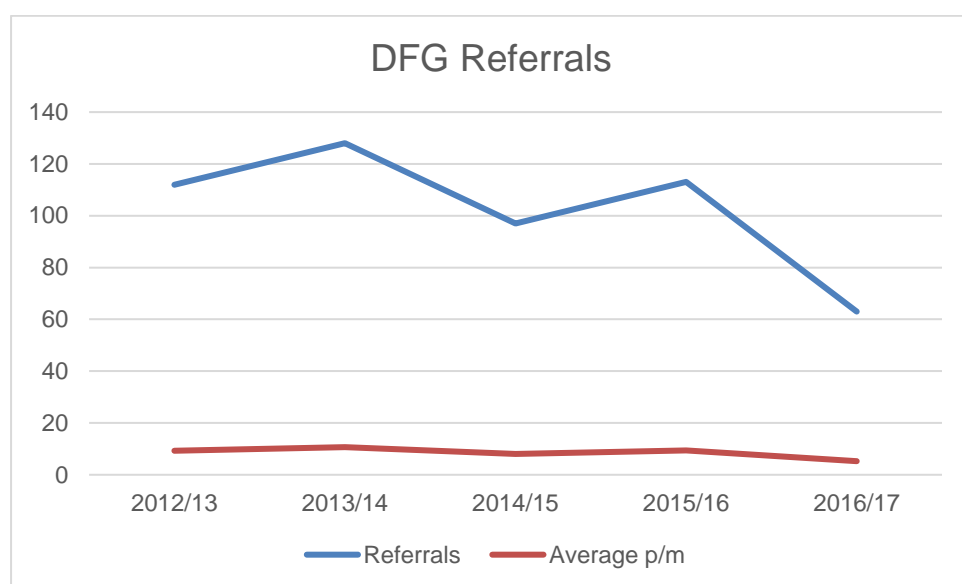
6. The Council’s role is to administer the grant, ensuring that the applicant qualifies for assistance, that the scheme of the work is reasonable and practical, and that the work is both necessary and appropriate. An integral part of this process is the assessment of the applicants needs for adaptations, the council by law is required to consult with Occupational Therapists (situated within KCC).
7. The Occupational Therapy Service within the Ashford Adult Community Team, are required to complete detailed functional assessments of the applicants needs for the provision of necessary and appropriate adaptations which can be financed under DFGs. The recommendations are then forwarded to the Private Sector Housing team (PSH) who administrate the DFG on behalf of the authority.
8. The Occupational Therapist (OT) carries out a joint visit with a builder, surveyor and the authorities grant officer when the DFG is ready to proceed. This visit confirms the technical feasibility of the OT recommendation, whether adjustments are required to the original referral. A technical drawing and detailed specification

will then be completed by the surveyor with the final submission being agreed by the OT and the grants officer. The OT will also carry out a post inspection of works.

9. This process is supported by the Home Improvement Agency (HIA), which in Ashford is provided by Family Mosaic. The HIA act as an agent for the applicant offering a service to draw up a detailed specification and obtain estimates via a tendering process in return for a fee, which is grant aided.

Current position – Disabled Facilities Grant (August 2017)

10. Our current waiting list (the time between receipt of the DFG application and completion of works) and times have significantly dropped in comparison to previous years, the table below illustrates our current position.



11. We have 27 applicants waiting for an adaptation with the average spend of £10,300.
12. Current referrals from the OT Team stand at 19; this is an average of 3.8 referrals per month compared to 6.5 referrals per month for 2016/17 and 9.4 referrals per month for 2015/16.
13. Our current position would mean that 85% of our budget will be spent to the end of the year, this underspend will have a detrimental effect on our budget going forward. However, it is important to note that there are currently 62 clients requesting a DFG waiting for an assessment by the OT service with an anticipated work spend of £547,000.
14. Therefore although there is a projected underspend of the DFG budget based on the referrals received from the OT service so far, when the cases waiting for an OT assessment are referred to the Council for a DFG they are likely to add pressure to the Council's DFG budget.
15. These figures represent a snapshot of numbers at a point in time and new requests are being received which will only increase the number waiting for assessment.

Current position – Disabled Adaptations (Housing Revenue Account)

16. Since 2015/16, the HRA has increased investment in Disabled Adaptations by 40%, with this year's budget set at £600,000.
17. We have 20 case waiting for an adaptation with the average spend of £11,225
18. Waiting times since the increased investment reduced to 12 months to the end of 2016/17 with the times reducing on average over the last 6 months to below 12 months.
19. The Council has received 6 new HRA tenant referrals since April 2017.

Current position – Occupation Therapy Service

20. The OTs role is to maximise the number of people living independently in the environment of their choice. They do this by; the promotion of health and wellbeing through occupation, enabling people to participate in everyday life, enhancing people's ability to engage in activities they want to, modifying the environment to better support their occupational engagement. They focus on targeted interventions to maximise independence and minimise the need for longer-term support.
21. The vast majority of applications are for adults, there is currently a waiting time of up to 7 months for a home visits from an OT to assess the applicant's needs. This wait for an OT assessment adds to the overall wait time for a DFG. As mentioned above there are currently 62 clients waiting for an assessment with an anticipated grant work value of £547,000.
22. It is important to note that all clients on the waiting list to be assessed have already undergone at least one assessment by another Social Care professional with an aim to resolve the clients need
 - An in-depth initial telephone assessment and where appropriate core equipment and minor adaptations can be provided
 - Enablement at home, supporting ways of maximizing functional independence
 - A visit by a technician who is able to provide minor adaptations
 - An assessment at the Gateway Assessment Clinic where specialist equipment can be trialed and provided.
23. In addition to the above many clients have received rehabilitation services provided by the National Health Service.

Integrated Health, Housing and Social Care Project - Kent Housing Group update

24. 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 countywide review, resulting in recommendations for a transformation of the delivery of DFG's.

25. The scope of the review was initially to work towards a more integrated model that could be implemented from 2017/18. Initial Objectives of the review were to:

- 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

26. In light of the substantial increase in the Better Care Fund, allocation for Kent and the directive from the Department of Health to think strategically and take a joined up approach the scope of the project 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 delivered 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 Housing, Health and Social Care
- Evidence the impact of adaptations upon health outcomes and costs, the return on investment.

27. Key Findings from the review included:

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

28. The review also provided the opportunity to share the good practice and innovative projects that some of the Kent Districts and Boroughs are now undertaking through the increased BCF funding, for example:

- West Kent Hospital Discharge Programme and enhance Handy Persons Scheme, financially supporting a full time Discharge Coordinator Role in the Pembury Hospital. Maidstone BC now have a similar role at their local hospital.
- The Shepway Enablement Service, working to ensure timely and appropriate discharge from hospital through an enhanced Handy Persons Scheme.
- Seconded OT's working within Housing Teams to ensure timely assessment for DFG cases, reducing the waiting list times as referrals from KCC are direct to the OT's working within the districts.

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.

29. 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 cantered 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 including 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

30. The recommendations shared with the Joint Kent Chief Executive colleagues concluded that Kent should work towards the delivery of timely effective customer pathway, with each of the responsible partner agencies understanding roles and responsibilities and when the intervention, funding or support is required, with the aim to support independent living at home for as long as appropriate. A service across Kent should be tenure neutral with Self-Funding clients receiving good sound advice about what support or aids/adaptions they require to remain at home, safely. Priority should be given to statutory DFG's with consideration of any surplus funding for innovative work such as the hospital discharge schemes and exploration of pooling of funding to achieve this across the County. The recommendations also included working more closely to understand what RP's will intend to undertake within their stock so that local authorities are aware and can plan for potential spend, that all partners should work to strengthen partnerships and to collate robust need and expenditure data to help future proof the funding for DFG's.

31. Following the presentation to the Joint Kent Chief Executives in June 2017 it was agreed to take forward an East Kent Pilot Integration Project, working towards agreeing a scope and governance for an integrated pathway and approach to the delivery of DFG's and considering other recommendations from the Kent review, with regards to low level inspections, the placement of OT's and how funding is used to allow innovation. The East Kent pilot will be led by the CEX from Ashford BC and Thanet DC, with support from Adult Social Care and with input from the appropriate CCG's in the East of Kent, KCC Commissioning and colleagues from the five East Kent local authorities who can inform the pilot project. The project is likely to be overseen and supported by the Joint Policy and Planning Board for Housing in Kent, and the first meeting of colleagues to agree the scope and governance will take place at the end of September.

Proposed solutions

32. It is Ashford Borough Council's aspirations to level the playing field for clients requiring disabled adaptations, regardless of tenure type. Whilst positive action has been taken to reduce wait times within the HRA there is still a significant backlog of cases for mandatory DFGs awaiting assessment. In addition to this it is apparent

that delays in OT assessments are reducing referrals to the Council and adding to applicants waiting times to have their disabled adaptations met. This delay in referrals is also impacting on the Council's DFG's spend profile. Officers have reviewed the position to make some short term proposals pending further work on considering the recommendations for more collaborative working arising from the Kent Integrated Health, Housing and Social Care Project set out above.

33. Having identified that there is a blockage with referrals for disabled adaptations and the learning to date from the Pilot project, we have engaged in open and honest conversations with KCC OT service. In order for better integration, an improved client experience (reduction in waiting times) and positive partnership working, it is proposed that the Council part funds a full time OT on a 50:50 basis with KCC. The proposal is that the OT would be employed by KCC but positioned within the Council's housing department as a dedicated Ashford OT resource to work on the backlog of referrals. This officer will also work with our Disabled Adaptations officer and the Lettings Team to provide an early assessment in relation to HRA adaptations cases as well as providing advice in relation to cases on the housing register. It is suggested that these proposals would result in improved service delivery for those awaiting disabled adaptations assistance and that applicants will be provided with integrated service delivery in a holistic and streamlined way. The proposals are intended to be temporary in nature as a precursor to considering the Integrated Housing, Health and Social Care recommendations from the Kent research project. It is suggested that the proposal is for an initial 6-month period and, subject to a review, may be extended on a 6 monthly basis for a total period of 18 months. As the proposal supports both HRA tenants and DFG, applicants it is proposed that the housing contribution towards the jointly funded project is funded from the existing budget allocation in the HRA for disabled adaptations.
34. To support the increase in referrals for DFG's and to continue to work towards our aspirations of bringing the waiting times for DFGs more in line with HRA adaptations, it is recommended that an additional one off capital contribution is provided of £200,000 for 2018/19. It is considered that this sum together with the improved integrated working arrangements will be sufficient to reduce waiting times for disabled people.

Implications and Risk Assessment

35. We have a mandatory duty to provide DFGs and by supporting the proposal of a one-off financial contribution to the 2018/19 budget and the proposal for a dedicated OT we will commit to reducing our waiting times, work towards aligning adaptations regardless of tenure and work on providing a more holistic and integrated approach to disabled adaptations. Proving a commitment to supporting independent living, which would have a significant impact on those residents who are the most vulnerable and most in need.

36. Failure to address the current situation could lead to increased waiting times for DFGs and further widening the gap between council tenants and other residents in the Borough.

Equalities Impact Assessment

37. Members are referred to the attached Equalities Impact Assessment at Appendix 1. The assessment does not identify any adverse impacts on any group.

Consultation Planned or Undertaken

38. Consultation has taken place between Occupational Therapy Service and the Home Improvement Agency in order to ensure that any additional frontline funding provision can be supported and delivered.

39. The implications and needs of the additional funding has been fully considered internally within Housing and is supported by the Portfolio Holder for Housing and Home Ownership.

Other Options Considered

40. The Council is in the process of considering the recommendations arising from the Integrated Housing, Health and Social Care project which aims to increase efficiency in managing adaptations locally, however it is anticipated that this work which includes collaboration with other Council's and agencies may take some time to scope and bring forward.

Reasons for Supporting Option Recommended

41. The council has a mandatory duty to provide DFGs to disabled residents in our borough. Providing additional funding to undertake an increased workload and to second an OT will improve the client experience while also working towards a more holistic approach to adaptations, housing needs and access issues facing our residents.

Next Steps in Process

42. If these proposals are approved a selection process will take place to identify the placement of an OT from KCC to be co-located within the Council's housing department.

43. The Home Improvement Agency need to be given notice of any increased funding levels so that they can ensure sufficient resources are available to meet an increased workload.

44. Officers will engage in further work to consider the Integrated Housing Health and Social Care Project recommendations.

Conclusion

45. The demand for adaptation work is increasing despite significant investments in budgets for such work over recent years. The increase can be associated to demographic demand, the rise in an aging population and improved health interventions, leading to more people living in the community in their own homes with more complex needs requiring more support with the drive for independence.
46. Approving the recommendations will allow us to work towards the Council's aspirations of leveling the playing field for disabled adaptations. This will be achieved by improving the customer's overall journey; from reduction in waiting times to that for an initial assessment by an OT or for works to be agreed. The approval will also allow us to work with KCC to remove an identified barrier while supporting a working arrangement that has proven to work in the pilot Borough as set out in the KHG research project's findings.
47. The dedicated OT placement will also provide an opportunity to develop a more holistic approach to managing and supporting adaptations, complex needs and embrace the challenges set by the BCF to enhance integration initiatives within Health, Social Care and Housing and improve the customer journey. This supports the findings from the Integrated Health, Housing and Social Care Project.

Portfolio Holder's Views

48. There is growing demand for disabled adaptation work as more people live longer and expect to stay in their homes for longer too. There has always been an aspiration to level the playing field regardless of tenure, the recommendations have considered the recent findings from the Joint Chief Executives' commissioned report on DFGs throughout the County in particular the co-location of OTs and grant officers. The recommendations will support the improvement to the customer journey while dealing with the current pressures across both services.

Contact and Email

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Appendix 1

Equality Impact Assessment

Lead officer:	Rebecca Wilcox
Decision maker:	Cabinet
Decision: <ul style="list-style-type: none"> • Policy, project, service, contract • Review, change, new, stop 	Reducing waiting times for Disabled Facility Grants (DFGs).
Date of decision: The date when the final decision is made. The EIA must be complete before this point and inform the final decision.	October 2017
Summary of the proposed decision: <ul style="list-style-type: none"> • Aims and objectives • Key actions • Expected outcomes • Who will be affected and how? • How many people will be affected? 	<p>The Cabinet Report sets out proposals to address the Councils aspirations to level the playing field for disabled adaptations regardless of tenure. The report provides feedback from the Kent wide multi agency research project commissioned by Kent Housing Group, which concluded earlier this year and suggests interim measures to bring down waiting times for those applying for a Disabled Facilities Grant (DFG).</p> <p>A one-off Capital investment to support the customer journey by reducing waiting times.</p> <p>The secondment of an Occupational Therapist will provide an opportunity to develop a more holistic approach to managing and supporting adaptations and complex needs. This supports the findings from the Integrated Health, Housing and Social Care Project.</p>
Information and research: <ul style="list-style-type: none"> • Outline the information and research that has informed the decision. • Include sources and key findings. 	<p>Back ground research included the following legislation:</p> <ul style="list-style-type: none"> • The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 • The Chief Executives commissioned report, Integrated Health, Housing and Social Care Project. • Tonbridge and Malling Borough Council's case study on the

	success of seconding an Occupational Therapist and the benefits this has had to their overall DFG service.
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<p>Consultation:</p> <ul style="list-style-type: none"> • What specific consultation has occurred on this decision? • What were the results of the consultation? • Did the consultation analysis reveal any difference in views across the protected characteristics? • What conclusions can be drawn from the analysis on how the decision will affect people with different protected characteristics? 	<p>Consultation process included relevant Managers within Housing, including the Portfolio Holder.</p> <p>A consultation process was also carried out with Kent County Council (social services) and the Home Improvement Agency on the concept of seconding an OT and the resources available to deal with the current backlog of referrals and the additional work load the one-off funding will create.</p>
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Assess the relevance of the decision to people with different protected characteristics and assess the impact of the decision on people with different protected characteristics.

When assessing relevance and impact, make it clear who the assessment applies to within the protected characteristic category. For example, a decision may have high relevance for young people but low relevance for older people; it may have a positive impact on women but a neutral impact on men.

Protected characteristic	Relevance to Decision High/Medium/Low/None	Impact of Decision Positive (Major/Minor) Negative (Major/Minor) Neutral
<u>AGE</u> Elderly	High	Positive (Minor)
Middle age	Medium	Positive (Minor)
Young adult	Low	Positive (Minor)
Children	Medium	Positive (Minor)
<u>DISABILITY</u> Physical	High	Positive (Minor)
Mental	Medium	Positive (Minor)

Sensory	Medium	Positive (Minor)
<u>GENDER RE-ASSIGNMENT</u>	None	Neutral
<u>MARRIAGE/CIVIL PARTNERSHIP</u>	None	Neutral
<u>PREGNANCY/MATERNITY</u>	None	Neutral
<u>RACE</u>	None	Neutral
<u>RELIGION OR BELIEF</u>	None	Neutral
<u>SEX</u> Men	None	Neutral
Women	None	Neutral
<u>SEXUAL ORIENTATION</u>	None	Neutral

Mitigating negative impact: Where any negative impact has been identified, outline the measures taken to mitigate against it.	No negative impact envisaged.
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Is the decision relevant to the aims of the equality duty? Guidance on the aims can be found in the EHRC's <i>Essential Guide</i> , alongside fuller <i>PSED Technical Guidance</i> .	
Aim	Yes / No / N/A
1) Eliminate discrimination, harassment and victimisation	N/A
2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it	N/A
3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it	N/A

Conclusion: <ul style="list-style-type: none">Consider how due regard has been had to	Approving the funding and seconding an OT will not have any potential for discrimination or adverse impact for people living within the Borough.
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<p>the equality duty, from start to finish.</p> <ul style="list-style-type: none"> • There should be no unlawful discrimination arising from the decision (see guidance above). • Advise on whether the proposal meets the aims of the equality duty or whether adjustments have been made or need to be made or whether any residual impacts are justified. • How will monitoring of the policy, procedure or decision and its implementation be undertaken and reported? 	<p>No unlawful discrimination will result from approving the above measures.</p> <p>Both proposals meet the aims of the equality duty and no adjustments were required.</p> <p>Monitoring of the DFG process will be undertaken monthly to ensure that there is an overall improvement in the service.</p> <p>The results of implementing the recommendations will be reviewed at the end of the financial year 2018-19 and a report provided for members.</p>
<p>EIA completion date:</p>	<p>29 September 2017</p>