19th June 2017

Community, Health and Housing Committee

Better Care and Disabled Facilities Grant Funding

Report of: David Carter, Environmental Health Manager

Wards Affected: All

This report is: Public

1. Executive Summary

1.1 This report seeks authority to consider appropriate ways to best utilise the capital funding received from the Better Care Fund to support disabled facilities and enable residents to continue to live independently.

2. Recommendation(s)

- 2.1 That officers investigate potential solutions to fully utilise Better Care funding provided for the benefit of vulnerable residents in the Borough
- 2.2 Assessment of the options available will be made and determined following consultation and agreement from the Community, Health and Housing Committee

3. Introduction and Background

- 3.1 The Council has been operating a programme of mandatory Disabled Facility Grants (DFGs) to enable homes to be adapted to meet disabled resident's needs. This was established in 1996 under the Housing Grants, Construction and Regeneration Act.
- 3.2 Since April 2015, the funding for DFGs in England is now channelled into the Better Care Fund (BCF) which consists of pooled resources from several sources, including NHS England. One of the aims of the BCF is to achieve improved integration of care and support services. DFG funding in England for 2015/16 was £220m and increased to £394m in 2016/17.

- 3.3 In Brentwood, our DFG funding rose from £125k in 2013/14 increasing to £170k in 2015/16 and to £290k in 2016/17, whilst spending on DFGs was £177k in 2013/14, £131k in 2015/16 and £184k in 2016/17.
- 3.4 The Council has previously supported the DFG budget with capital funding to meet the budgeted spend, however since 2015 our expenditure on grants has been below the funding received from the BCF and no capital was required to be added by the Council to supplement this funding to meet demand.
- 3.5 In the last two years there has been a surplus of funding above that which was needed to fund Disabled Facilities adaptations, however it should be noted that it may be necessary to provide additional capital in the event that a greater demand is made on the DFG budget.
- 3.6 The current 2017/18 budget for DFG applications is £250k, which is below the level of the 2016/17 BCF allocation of £290k.
- 3.7 In 2016/17 some of this surplus was used to fund the Papworth Home Improvement Agency, which was previously funded from revenue. This has enabled a saving of £25,000 to be made.
- 3.8 In December 2016 Essex County Council decided that they would not continue to fund Home Improvement Agencies (HIA) in Essex and the contract with Papworth ended on 31st March 2017.
- 3.9 We attempted to negotiate with Papworth Trust to continue providing services to Brentwood but they decided to withdraw from HIA services in Essex, although they have continued to use office accommodation at the Town Hall for other operations.
- 3.10 As a result, and following discussions with other local authorities we have now taken on a member of staff transferred under TUPE from Papworth to continue to assist Brentwood residents with their grant applications and have managed a seamless transition from Papworth to an in-house service which will be fully funded from the Better Care Fund grant.
- 3.11 We will continue to provide a service to assist residents to apply for grant funding and have made arrangements to oversee works on site and liaise with contractors and customers to deliver adaptations more effectively.
- 3.12 It is likely however that if the current level of funding is sustained that there will be an underspend of the capital provided and we would therefore wish to ensure that the funding is wisely and effectively utilised.

4. Issue, Options and Analysis of Options

4.1 There are several options available to consider, including the following:

i) Handy Person Service

This was part of the service provided by Papworth Trust which was funded by Essex Supporting People which has now been discontinued.

This service is of great use to elderly and vulnerable residents who can access a trusted contractor to undertake simple household repairs and maintenance that would otherwise be difficult for them to achieve. By using this service, it enabled access to sometimes isolated residents and gave the opportunity to signpost other services and assistance where it was needed, enabling residents to live independently and maintain their homes at a reasonable cost (where appropriate) which helped to support the service.

ii) Telecare response service

The Council provides emergency call systems to our tenants and to private residents connected to a call centre. The service to private residents has been reduced as we currently do not have an effective 24 hour response service and need to rely on ambulance services contacted by the call centre to attend medical emergencies.

Many of these calls are however because of falls in the home; it is proposed that we investigate the costs and operation of a service to provide initial visits from trained responders who would be able to lift residents who have fallen and need help to get up, which will reduce the waiting time and impact on emergency ambulance services.

iii) Door chain service

This is similar to the handy person service but on a more limited scale, this service has been provided through the Community Safety Partnership using volunteers to fit door chains to increase security for elderly residents. This again provides an opportunity to act as a point of contact for vulnerable residents to identify other areas of assistance.

iv) Home from Hospital Schemes

These are operated in other area to assist where residents are unable to return home after treatment as there are adaptations or repairs needed to ensure the home is suitable for discharge from hospital. Initial discussions have been made with Health and Wellbeing to try to integrate with hospital discharge services and determine how this would work.

4.2 These are the likely areas in which we will concentrate however Members may be aware of other services which officers could investigate.

- 4.3 If the current level of mandatory disabled facilities grant applications remains steady, and the Government maintains the Better Care Fund allocation at the 2016/17 level (awaiting confirmation) it is likely that there could be up to £80k surplus funding to allocate to other projects.
- 4.4 In addition to the likely surplus in 2017/18 there is a further total of £141k of unapplied funding remaining from 2015/16 and 2016/17 which could be used to initiate projects.

5. Reasons for Recommendation

5.1 To make effective use of Better Care Fund allocations to the Council to provide assistance to those most in need with the aim of integrating with medical care facilities to reduce strain on these resources

6. Consultation

6.1 It is proposed to undertake consultation with relevant stakeholders, including Age Concern and disability support groups once options have been investigated further.

7. References to Corporate Plan

7.1 Environment and Housing Management

Review the future delivery of housing services to provide the best outcomes for Brentwood residents

7.2 Community and Health

Support our most vulnerable residents to feel safe.

Make Brentwood a Borough where people feel safe, healthy and supported

8. Implications

Financial Implications

Name & Title: Jacqueline Van Mellaerts, Financial Service Manager

(Deputy Section 151 Officer)

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8.1 The financial implications have been set out in the body of the report.

8.2 The Better Care Funding conditions have been reviewed and the unapplied grants and current surplus can be used to fully fund the proposals as outlined in the report

Legal Implications

Name & Title: Daniel Toohey, Head of Legal Services and Monitoring

Officer

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8.3 The legal position and implications are set out in the body of this report.

Other Implications (where significant) – i.e. Health and Safety, Asset Management, Equality and Diversity, Risk Management, Section 17 – Crime & Disorder, Sustainability, ICT.

8.4 Equality and Diversity

This report is intended to consider improvements in services to residents who will mostly be elderly and/or disabled

- **9. Background Papers** (include their location and identify whether any are exempt or protected by copyright)
- 9.1 Department of Health/Department for Communities and Local Government -2017-19 Integration and Better Care Fund Policy Framework
- 10. Appendices to this report

10.1 None

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