REPORT TO: HOUSING AND COMMUNITY AGENDA ITEM: 9

SERVICES COMMITTEE

CATEGORY: (See

DATE OF 19th NOVEMBER 2020

MEETING: DELEGATED or

RECOMMENDED

Notes)

REPORT FROM: ALLISON THOMAS - STRATEGIC OPEN

DIRECTOR (SERVICE DELIVERY)

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SUBJECT: BETTER CARE FUNDING

ALLOCATION – FINANCIAL

POSITION

WARD(S) ALL WARDS TERMS OF

AFFECTED: REFERENCE: (See

Notes)

1.0 Recommendations

1.1 That the Committee notes the progress of schemes it has supported through the allocation of Better Care Funding (BCF) and welcomes the wider impact they are having on reducing pressure on front-line Council Services

- 1.2 That the Committee approves the proposed Better Care Fund (BCF) Action Plan, timescales and revised allocations contained in Appendix 1.
- 1.3 That the Committee approves the use of £50k from the BCF allocation to be ringfenced for a new project and associated staffing costs to enable better targeting of resources based on recent stock condition data.
- 1.4 That the Committee approves changes highlighted within the Private Sector Housing Assistance Policy (see Appendix 2) are approved
- 1.5 That delegated authority is granted to the Strategic Director (Service Delivery) in conjunction with the Chairman of this Committee to make any minor amendments to the Policy necessary to ensure its effective delivery. Any major changes would be brought to Committee for approval.
- 1.6 That the staffing and financial elements of this report are referred to a future meeting of the Finance and Management Committee for consideration and approval.

2.0 Purpose of the Report

2.1 This report outlines proposals to allocate the Council's 2020/2021 Better Care Fund (BCF) allocation in addition to the under-spend brought forward from 2019/20. It also provides an update on the allocation of Disabled Facilities Grants (DFG) and the

other schemes supported by the BCF which have been previously agreed by the Committee.

2.2 Following the approval of the Private Sector Housing Assistance Policy (PSHAP) in November 2019, Officers are now in a position to assess the impact of new initiatives and services that have been funded via the BCF and now propose to strengthen the schemes that are having the greatest impact in meeting BCF principles. This will require re-allocation of funding to expand and promote specific schemes that are working well and withdraw funding allocated to schemes that have not progressed. The Policy has been amended for Committee approval with changes highlighted in red. It is not intended to create any further schemes at this time.

3.0 Executive Summary

- 3.1 In November 2019, the Committee approved the allocation of BCF to a number of projects to support people to live independently in their own homes. It also approved a revised Private Sector Housing Assistance Policy (PSHAP). That Committee also approved the appointment of four new posts to be funded through the BCF allocation. Two of these posts (SAIL Co-ordinator and the Public Health Officer) have now been recruited. Although job descriptions and person specifications were produced for the remaining two roles, one of these posts is on hold at this time pending the outcome of DCC discussions regarding adaptations and Adult Care services. The Occupational Therapist is in the process of being recruited.
- 3.2 The BCF funding includes provision for the administration of mandatory DFGs in accordance with the Housing Grants, Construction and Regeneration Act 1996 and this is the primary function of the funding allocation. However, only around half of the annual allocation is used for this purpose and the remainder is available for the Council to spend on other projects that align with the principles of the BCF (i.e. promoting independence, keeping people living in their homes for longer and reducing admissions into hospital and Delayed Transfers of Care).
- 3.3 Derbyshire County Council (DCC) has confirmed that the BCF Allocation will continue to be paid directly to the Council (at a similar rate) in its current format until 2024.

4.0 Detail

- 4.1 The Council recognises the importance that good quality, accessible, safe, and warm housing has in contributing to people's quality of life.
- 4.2 The primary responsibility for maintaining and repairing private sector homes rests with the owner, however, the Council is committed to improving the quality of housing within the District and has statutory responsibilities to assist certain people where they cannot reasonably do this for themselves. The Council provides physical and technological support through Careline and DFGs and discretionary housing grants that can make a significant contribution in meeting the needs of older, vulnerable and disabled people. These grants facilitate adaptations or essential repairs in the home to promote health and wellbeing and maximise the opportunities for continued independence.
- 4.3 People in South Derbyshire are living longer. In addition, there is a shifting demographic towards the older age groups with significant growth seen in the 75+ age group. These additional years do not necessarily equate to healthy years, with the incidence of long-term illness, mental health, Dementia, heart disease, stroke,

diabetes, falls, sight and hearing loss all set to increase by on average a third over the next ten years. These changes bring extreme challenges to the housing, health, and social care sectors.

- 4.4 In 2019, the Council formally adopted a revised PSHAP which outlined a range of initiatives, alongside the Council's mandatory responsibility for the DFG, to support residents in response to some of the challenges outlined above. The primary aims of the PSHAP are blended from the Council's Corporate Plan, the County Council's BCF priorities but most importantly the legislation that governs the use of the DFG. The aims are to:
 - Increase the number of people who are able to live independently and safely at home.
 - Contribute to the principal aims of the BCF to reduce delayed transfers of care, minimise avoidable hospital admissions and facilitate early discharge from hospital where possible (reducing bed-based care).
 - Improve the health, wellbeing, and quality of life of people living within the District.
 - Remove or reduce housing related defects that are detrimental to a person's health.
 - Reduce the number of households living in fuel poverty by improving the energy efficiency of the District's private sector housing stock.
 - Increase the number of empty properties brought back into use, particularly where this accommodation can be used to relieve homelessness.
 - Support the coordination and integration of services to deliver person centred outcomes.
- 4.5 The PSHAP supported a number of initiatives which are outlined below, along with a brief update of the schemes to date:
 - Mandatory DFGs provide adaptations to a person's home to maintain independent living and improve quality of life. The Covid-19 pandemic has significantly impacted delivery of DFGs to date, with work having to be suspended during the early stages of the pandemic. Whilst work is slowly getting underway, it is anticipated that there will be a backlog in cases awaiting assessment through Derbyshire County Council's (DCC) Occupational Therapist (OT) service. DCC is currently investigating ways to minimise this impact which may involve reutilising DFG funding to supplement the existing DCC OT service.
 - In order to provide a more holistic DFG service, the PSHAP included options to utilise DFG funding to provide top-ups to work, an additional £10,000 over the maximum grant level of £30,000, removed the means test for adaptations up to £6,000, pays for an applicant to relocate to a more suitable alternative home and added additional officer posts within the team in order to speed up the application and assessment process. The Technical Officer post has been operational for a number of years and has made an improvement to the end-to-end times for DFGs
 - The PSHAP included opportunities to support independent living. For those with a diagnosis of Dementia, the Dementia Grant was created. This project will be operational by the start of the new financial year.
 - The Disabled Facilities Capital and Revenue Grant Funding Programme will go live this month. The aim of the programme is to receive innovative, community developed applications from local organisations that will make a difference in supporting people to live independently in their communities. The funding will be open to receive bids until the end of January 2021 with assessments taking place

- by an officer panel in February, before seeking formal ratification at the meeting of this Committee in April 2021.
- The Stay Active and Independent for Longer (SAIL) project has enabled the recruitment of a member of staff to deliver a range of physical activities within the community in order to reduce isolation.
- The Domestic Abuse Service provided by Trident Reach has been operational since mid-May 2020. The first quarter report shows that the service has received referrals for and supported 24 households, providing accommodation to seven of these, three more than the contract requires. The service has made significant progress in improving the services offered to households that approach the Council and to date has made over 27 referrals into statutory support services to keep people safe.
- The contract for the Mental Health Support Service is shortly due for renewal.
 Housing Services is currently in the process of tendering the service for an additional two years.
- The Council has been unsuccessful in engaging DCC in delivering the Home from Home (hospital discharge) scheme, it is therefore with regret that the funding allocation is being redirected into other areas of the PSHAP that are currently delivering results.
- 4.6 In addition to the District's population ageing, so too is the District's housing stock. Whilst all social housing stock (homes owned by the Council or a Housing Association) should meet the required decent homes standard, many homeowners and people living in the private rented sector live in the poorest housing conditions in pre-war terraced houses, built without a cavity that are difficult to heat and with minimal outside space. Around 8% of private sector homes (over 3000 dwellings) have at least one category 1 hazard that could cause serious harm to the occupants (as defined in the Housing Act 2004). The majority of these category 1 hazards are caused by excess cold or falls between levels, the schemes outlined below focus on mitigating these hazards:
 - Healthy Homes Programme funding to mitigate category 1 hazards (primarily excess cold) in the home for people with long term health conditions.
 - Healthy Homes Assistance Fund utilised to ensure people being discharged from hospital return to safe, habitable home conditions". This project has been very successful and it is proposed within the Action Plan (Appendix 1) to double the allocated funding to £200k for the current financial year and 2021/22 to meet demand for this service.
 - Hospital Discharge Grant discretionary grants of up to £2,500 to enable rapid discharge home from a hospital or residential care setting.
 - Public Health Officer Post an additional post has been created within the Environmental Health Team to identify hazards in the home environment before they impact on health. The position was filled at the end of May 2020. The role of Public Health Officer is complementing the existing regulatory services in the Public Protection and Housing Standards Team. The Team has a regulatory role in ensuring public safety in a wide number of areas; being responsible for carrying out measures to protect public health, enforcing legislation relating to the natural and built environments that benefit human health and providing support to minimize health and safety hazards.
- 4.7 In addition to the schemes outlined above, it is proposed that £50k is ringfenced for the purposes of utilising a recently published Stock Condition Report and Health Impact Assessment to target resources for the hard to reach households living in fuel poverty in the lowest SAP rated homes. The funding would be used to provide

front line assistance and an Energy Performance Certificate (EPC) assessment in homes where disrepair and excess cold have been identified.

4.8 The table below outlines all of the DFG funded schemes contained within the PSHAP and the funding previously committed to them.

Scheme	Amount required per year to 2022	Capital or Revenue	How it aligns with the principles of the PSHAP	Return on Investment
Mandatory Disabled Facility Grants, including non- means testing for work up to £6k	£400k pa, however, if need for the grant increases, funding will need to be reallocated from elsewhere.	Capital	Primary function of the BCF allocation and a statutory responsibility. Increase the number of people living independently and safely at home. Reduce the number of serious hazards in people's homes. Improve the health, wellbeing, and quality of life of people living within the District.	Reduction in admissions to hospital and GP visits (reduction in cost of primary care).
Discretionary top up grant (up to £10k per case)	£50k pa	Capital	For exceptional cases that require property extensions or significant adaptation over and above the mandatory grant limit of £30k.	Speeds up the process of delivering the DFG works.
Relocation grant – when DFG is not appropriate or feasible (up to £30k per case)	£50k pa	Capital	This grant already exists but would be expanded to include removals and legal costs.	Avoids costly adaptations and results in long-term solution to housing needs.
DFG Technical Officer post (continuation)	£40k pa	Revenue	This post has increased the capacity of the DFG team since appointment in February 2018.	Reduced waiting times associated with DFG process.
Creation of a dedicated OT role to sit within the DFG team.	£55k pa	Revenue	Will enable increased efficiency and consistency within the DFG team and speed up the process of adapting homes.	Reduced likelihood of accidents in the home / falls if adaptations are installed quickly.
Dementia Friendly Homes Grant (£1,500 per case)	£15k pa	Capital	To provide assistive technology and small-scale adaptations in the private sector outside the DFG process to enable independence and better quality of life for people with dementia. • Increase the number of people living independently and safely at home. • Assist with hospital discharge and delayed transfers of care, including reducing the use of bed-based care (where appropriate).	Enables people to live independently for longer.

			Improve the health, wellbeing,	
			and quality of life of people living within the District.	
Domestic Abuse Service	£50k pa	Revenue	Provides specialist support for victims of domestic abuse who approach the Council for support. Provides 4four units of supported accommodation and 19 spaces of floating support. • Increase the number of people living independently at home. • Improve the health, wellbeing, and quality of life of people living within the District.	Saves lives and costly crisis intervention, avoids use of temporary accommodation and aims to break cycle of abuse.
Mental Health Service (Continuation)	£40k pa	Revenue	This service is fully utilised and has prevented many homeless cases and avoided the need for crisis care at the Radbourne unit. Increase the number of people able to live independently and safely at home. Contribute to reducing the need for bed-based care. Improve the health, wellbeing, and quality of life of the individual. Support the coordination of services to deliver person centred outcomes.	Cost of bed days at mental health unit in addition to multiple agency intervention. during crisis.
Disabled Facilities Capital Grants	£150k finite pot	Capital	This funding stream will be utilised to fund one-off capital works (i.e. ramps / disabled access facilities etc. to community buildings across the District that will either enable access (to promote independence) to services, or reduce the dependence on front-line NHS services.	Reduction in GP visits, Adult Care intervention and revolving hospital admissions
Disabled Facilities Revenue Grants	£200k finite pot	Revenue	These pilot projects will be approved by an officer panel and administered in accordance with contract procedure rules. They will provide services that promote independence and reduce pressure on primary care.	Reduction in intervention by health as patients can these services to stay independent.
Healthy Homes Assistance Fund (£10k per case)	£80k pa	Capital	To reduce the likelihood of hospital admission cause by a category 1 and serious category 2 hazards (i.e. – excess cold, falling, electrocution etc.)	Improvement in long-term health conditions and reduction in GP visits.
Empty Homes Grant (£9k per case)	£20k pa	Capital	Tackle empty homes and support a reduction in homelessness.	Work towards preventing and relieving homelessness, reducing ASB.
Hospital	£20k per	Capital	To provide discretionary assistance to	Reduced number

Discharge Grant (£2,500 per case)	year		enable quicker discharge from hospital or prevent an admission (urgent repairs / clearances / deep cleans etc)	of Delated Transfers of Care and prevention of non-elective admissions
Healthy Homes Programme – (continuation)	£80k per year	Capital	DCC has been delivering this enhanced service for over a year and it has assisted many vulnerable households by providing boilers, temporary heating and other measures that increase thermal comfort in the home. The grant funding tops-up the energy companies ECO responsibility.	Quarterly monitoring data relating to improved physical and mental health conditions.
Creation of a temporary Public Health (Housing) Officer post with Environmental Services	£45K per year	Revenue	This officer will have a primary function of tackling rogue landlords to improve housing conditions and enforcing standards through the courts where necessary to improve the quality of life for vulnerable households	Mitigation of hazards and associated costs to NHS England and wider society (British Research Establishment costing savings of mitigating various hazards in the home).
Stay Active and Independent for Longer Project (SAIL)	£60k pa	Revenue	This pilot project includes the appointment of a SAIL Coordinator to the establishment, funded initially up to the end of March 2021. The scheme will help elderly residents at risk of isolation and promote independent living by a scheme of physical activities.	Reduction in GP visits, Adult Care intervention and revolving hospital admissions.
Health and Housing Co- ordinator	£45k pa	Revenue	The recruitment for this post is currently on hold	This post will co- ordinate the BCF schemes and explore opportunities for joint working to improve health outcomes across the District

5.0 Financial Implications

- 5.1 All funding required to support the schemes will be met through the BCF. Approval of the recommendations contained within this report will not impact on the Housing Revenue Account or General Fund directly. Additional minor indirect costs relating to void turnover and expansion of services to meet identified needs may be incurred but at this stage cannot be predicted or quantified.
- 5.2 In 2020/21 the Council received a BCF allocation of £792,375 from the Government via DCC. This was added to the underspend from 2019/20 of £1,599,074, to give a total budget of £2,391,449.
- 5.3 Delays to the delivery of certain schemes have been further impacted by the Covid-19 pandemic and it is, therefore, recommended that certain projects that are

contained within the PSHAP have their allocated budget from 2019/20 rolled over into this year's allocation (2020/21), and any surplus from this year into the following year (2021/22). These schemes are namely:

			2021/22	
	2019/20	2020/21	Budget	
	Actual	Budget (Inc	(unknown	TOTAL
	Spend	rollover)	rollover)	BUDGET
Mandatory DFG	£246,648	£553,352	£400,000	£953,352
DFG Moving Assistance	£0	£100,000	£50,000	£150,000
DFG Top-up	£0	£100,000	£50,000	£150,000
Healthy Homes Scheme	£30,128	£129,872	£80,000	£209,872
Empty Homes Scheme	£0	£40,000	£20,000	£60,000
Hospital Discharge Grant	£0	£30,000	£20,000	£50,000
Dementia Grant	£0	£20,000	£15,000	£35,000
TOTAL	£276,776	£973,224	£635,000	£1,608,224

- 5.4 It is imperative that the mandatory DFG has enough surplus allocated to meet demand, including any current unmet demand that the Council may be unaware of. It is, therefore, prudent to allow for a greater budget than may be necessary in order to ensure the Council can meet its statutory obligations. Allowing for underspend in previous years on the mandatory DFG, plus the DFG top-ups and relocation grants to be carried over allows for this flexibility without impacting upon other scheme allocations and the Council's General Fund.
- 5.5 The current expenditure in 2020/21 has been slow due mainly to the pandemic. The following table shows the budget and actual expenditure for the first half of 2020/21.

	_	2020/21	
	Actual	Budget	Remaining
	£	£	£
Major Disabled Facilities Grant (Private)	15,129	553,352	538,223
Healthy Homes Project	20,473	129,872	109,399
Discretionary Top up Grants for under 18s	0	100,000	100,000
Relocation Grant	0	100,000	100,000
Dementia Friendly Homes Grant	0	20,000	20,000
Domestic Violence Crisis Prevention	0	50,000	50,000
Establishing a Hospital to Home Scheme	0	100,000	100,000
Pilot Schemes	0	200,000	200,000
Capital One-off Projects	0	150,000	150,000
Hospital Discharge Grant	4,792	30,000	25,208
Appointment of a dedicated Mental Health Worker	13,407	40,000	26,593
Healthy Homes Assistance Fund	42,458	179,626	137,168
Ongoing cost of Funding additional Technical Officer	15,908	40,000	24,092
Stay Active and Independent for Longer	0	60,000	60,000
Temporary Public Health Officer	13,913	45,000	31,087
Temporary Occupational Therapist	0	55,000	55,000
Temporary Health and Housing Co-ordinator	0	45,000	45,000
	126 090	1 907 950	1 771 770

126,080 1,897,850 1,771,770

5.6 It is likely that significant under spends will occur again in this financial year, but any underspend will be carried forward to enable projects to be fully funded in future years.

6.0 Corporate Implications

Employment Implications

6.1 Employment Implications – The future appointment of an Energy Advisor / Housing Advice Officer would lead to the creation of a temporary post on the establishment. The additional post will be subject to Job Evaluation and will be recruited through the usual Council procedures.

Legal Implications

6.2 Legal implications – There are no direct legal implications arising from the approval of the recommendations contained within this report

Corporate Plan Implications

- 6.3 The recommendations contained within this report have a direct impact on the following themes within the Corporate Plan;
 - Place to increase the supply and range of affordable housing provision
 - Place to Facilitate and deliver a range of integrated and sustainable housing and community infrastructure
 - People to enable people to live independently.

Risk Impact

- 6.4 DCC is currently in the process of reviewing Adult Care Services and this could have an impact on existing services by creating gaps in provision that the BCF may be expected to mitigate.
- 6.5 There is a risk that future demand for mandatory DFGs will increase and revenue funded pilot schemes may need to cease to ensure the Council can maintain its statutory obligations for the administration of DFGs
- 6.6 There is a risk of Government requesting funding to be returned if inappropriately allocated to schemes that do not meet the fundamental principles of the DFG legislation (as amended).

7.0 Community Impact

Equality and Diversity Impact

7.1 The approval of the above recommendations contained within this report will have a direct impact on the Council's priority for Healthier Communities within the Sustainable Community Strategy 2009 – 2029. Any schemes developed alongside the mandatory DFGs will be shaped to ensure they reduce health inequalities for

people living in poor condition homes in the private sector and improve health outcomes for tenants and owner occupiers across the District.

8.0 Conclusions

- 8.1 There are widely recognised links between poor housing and ill health. The schemes outlined within this report will bring positive health impacts and prevent the need for costly crisis intervention and acute care.
- 8.2 The Clinical Commissioning Group and Derbyshire County Council's Adult Social Care Department recognise the important role for housing in tackling health inequality and are keen to work in partnership with the Council to keep people in their homes for longer and prevent hospital admissions where possible.
- 8.3 The BCF is being utilised to pay for a range of services in addition to the DFG that focus on the needs of the household, these schemes in turn will generate a substantial return on investment that will be recorded and presented back to Members when the schemes are evaluated.
- 8.4 The Council is committed to improving health and tackling health inequality across the District. Through housing intervention, the Council can offer practical solutions and support that in turn, will have a positive impact on the health of vulnerable occupants living in South Derbyshire.
- 8.5 The schemes that have been established are having a significant impact in terms of improving health outcomes for residents within South Derbyshire. The Mental Health Service and Domestic Abuse Service are at capacity, the Health Homes Programme has changed many lives by improving the thermal comfort of homes across the District. The work being undertaken in Private Sector Housing is enabling people to be discharged from hospital or preventing the need for hospital and residential care by improving unfit housing conditions and in turn the quality of life for occupants. These services that are having the greatest impact should have the capacity to be expanded where necessary so that the services are not restricted by financial constraints.

9.0 Background Papers

APPENDIX 1 – Better Care Funding Action Plan 2020 – 21