

Chichester District Council

THE CABINET

5 September 2017

Disabled Facilities Grants – Phase 3 Integration of Service Delivery

1. Contacts

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2. Executive Summary

A county-wide project is underway to explore innovative new ways of delivering disabled facilities grants (DFGs). Phases 1 and 2 of the project have been completed and reports on Phase 2 are included at Appendices 1 and 2. It is proposed that Phase 3 proceeds as set out in the Project Initiation Document (PID) at Appendix 3. In order for the project team to innovate it is necessary to use DFGs more flexibly, which is in line with current government thinking, to support people to stay in their own homes for longer. It is therefore proposed, that for the duration of Phase 3 of the project, the Council use discretionary grants in a flexible way in lieu of a detailed policy to be adopted county-wide at the end of Phase 3.

3. Recommendations

That the Cabinet:

- 3.1. Approves the Project Initiation Document (PID) at Appendix 3 for Phase 3 of the Disabled Facilities Grants project.
- 3.2. Approves more flexible and innovative use of Disabled Facilities Grants as detailed in paragraphs 6.2 and 6.3 below for the period of Phase 3 of this project and that the Head of Housing and Environmental Services, following consultation with the Cabinet member for Housing Services, be authorised to establish and test interim policy and governance arrangements associated with the project.
- 3.3. Notes the reason for the exception to tender, as detailed in Appendix 4 and as required by the Council's Contract Standing Orders.

4. Background

- 4.1. Disabled Facilities Grants (DFGs) provide funding to older and disabled people in owner-occupied, privately rented and registered provider properties, to make changes to their home environment, such as the installation of

showers, stair lifts and ramps, to help them live as independently and safely as possible.

- 4.2. DFGs may be mandatory or discretionary. Mandatory DFG's are available nationally, are subject to a means test, and are available for essential adaptations to give disabled people better freedom of movement into and around their homes, and to give access to essential facilities within the home. Discretionary DFGs are subject to local policy arrangements. Currently the Council only allows mandatory DFG's.
- 4.3. The statutory responsibility for providing DFGs falls on the local housing authority (LHA) (District and Borough Councils) in two-tiered areas. However, County Councils, via their Occupational Health teams, are required under their authorising legislation to assess an individual's need. They then send the assessment to the LHA, which assesses financial eligibility for the grant before authorising and undertaking the adaptations. This split in responsibilities can cause long delays in hand-overs between organisations and can often cause confusion for the customer.
- 4.4. Since the introduction of the Better Care Fund (BCF) in 2015, capital funding for DFGs is paid directly to upper tier authorities, while the statutory responsibility continues to sit with the LHA. Currently, however, upper tier authorities must allocate funding to their respective housing authorities based on perceived need and in line with the "Integration and Better Care Fund planning requirements 2017-19".
- 4.5. The Government's expectation around BCF policy is that public services are expected to integrate health and social care to deliver better outcomes for the service users. A recent letter from the DCLG stated that it is actively encouraging local authorities to use the BCF money in a more innovative manner to improve outcomes for service users.
- 4.6. In 2016 the County Council, all of the West Sussex District and Borough councils and the Clinical Commissioning Groups (CCGs) within West Sussex, agreed to investigate how to improve the DFG process so that people could remain independent in their own homes for longer.
- 4.7. Phase 1 of the investigation was completed in July 2016 and consisted of a high level review looking at the current system for DFGs. This phase identified that the services involved in the DFG process were not effectively joined up; that there was a lot of waste in the system; and that the customer had long waiting times for the adaptations to be completed. The WS Chief Executives and Leaders felt that the current system was less than satisfactory and it was agreed to move to Phase 2 which piloted potential solutions.
- 4.8. Phase 2 consisted of a test and learn pilot in the Chichester area with the aim of developing a new operating model for the service, which put the customer at the heart of it. The project team was hosted by CDC and included support from Occupational Therapists (OTs), CDC's DFG team, consultants from iESE and support from Crawley Borough Council (CBC). It was also supported by an independent expert from Foundations, a national body set up by DCLG to provide advice and innovative practice in the field of DFGs.

- 4.9. During the pilot the project team learned that: by co-locating the teams; putting the right resources at the first point of contact; undertaking joint visits, when appropriate, with OTs/Grant Officers; introducing simplified paperwork and IT systems; arranging contractor visits on site with customers; and waiving the means test, the following results were achieved:
- 40% less waste (duplicated effort, unnecessary hand-overs, rework, failure demand) in the system;
 - End-to-end times reduced by at least 83 days; and
 - The customer received a much better experience
- 4.10 A draft good practice guide was produced at the end of Phase 2 which will be used as a model for Phase 3 and details of the outcomes from Phase 2 can be found in Appendices 1 and 2.
- 4.11 In recent years due to budget constraints the Council has not offered discretionary DFGs. However due to changes in how the Government allocates the funding there has been a significant increase in the funding given to local authorities nationally, along with guidance encouraging more flexible use of the funds. However, within the county allocations and spending is variable and this is one driver for this project. In order to support this, and to allow innovation in the project, proposals in this report include additional flexibilities e.g. the introduction of discretionary grants, for use of funds.

5. Outcomes to be Achieved

- 5.1. Working together with public sector providers to deliver better quality care in order to help and improve the health and well-being of disabled people and to make the more efficient use of resources in line with the outcomes described in para 4.9 above.
- 5.2. A more flexible approach to the use of DFGs, including the award of discretionary grants to allow people to stay in their homes for longer.
- 5.3. This project should ultimately create a single budget pot and common policies across the county.

6. Proposal

- 6.1. To implement Phase 3, in accordance with the PID attached as Appendix 3, which is to test the new model (see para 4.9) in a live environment based on the findings of the test and learn pilot. The aim is to test the new model, initially across two locations (Chichester and Crawley) with the aim of rolling it out across all West Sussex authorities. During this phase new policies will need to be approved, teams will need to be co-located, staffing issues considered and a formal service level agreement will need to be agreed. At the end of this phase, estimated to be July 2018, any new policies and the SLA will need to be approved by each local authority and, in CDC's case, will need the final approval of Cabinet and Council.

- 6.2. In the meantime the project team wish to adopt a more flexible approach to DFGs including the award of discretionary grants to maximise the outcomes set out at 4.9 above. Discretionary grants could be used, for example, to top up mandatory grants, to make homes dementia friendly, to assist people coming home from hospital or for a handyperson service to make homes safe. Discretionary grants could also be given without the need for means testing.
- 6.3. As the project is adopting a “test and learn” approach it is not possible to adopt a detailed policy at this time as flexibility and innovation is key to the success of the project. It is therefore proposed that Cabinet note and approves a more flexible use of discretionary grants during this phase and authorise the development of policy. This will enable policies to be amended through time but also give transparency to persons applying for discretionary grants and to make the policy legally defensible. At the end of Phase 3 it is anticipated that a new common DFG policy will be adopted by all Districts and Borough’s in West Sussex.

7. Alternatives that have been Considered

- 7.1. Keep the status quo. Phases 1 and 2 of the project have identified that this would not be in the best interests of the customer. There is an expectation from Government that health and social care should become more integrated.

8. Resource and Legal Implications

- 8.1. Following a tender exercise, iESE was appointed as consultant to Phases 1 and 2 of the project, at a cost of £39,385. This cost was shared amongst WSCC and the 7 WS District and Borough councils. The cost to date to CDC, therefore, is £4,923.
- 8.2. iESE has been appointed to manage this final phase of the contract at a cost of £45,000. An additional £85,000 is required for a project manager and £30,000 contingency for legal costs, etc. It has been agreed by the WS Chief Executives’ Forum that the total cost of this project will be funded from underspends on the Better Care Fund.
- 8.3. It should be noted that, originally, one of the councils was going to provide the project management for this third phase but, unfortunately, this person is no longer available to perform the role. Therefore, the Chief Executive has agreed that iESE will undertake that role and has appointed a project manager from within their organisation.
- 8.4. Although there is no direct budget implication for CDC for this phase, being the lead authority means we are required to follow our procurement rules. The total contract amount payable to iESE now exceeds £50,000 because they will be carrying out the project management role. Following advice from the Monitoring Officer and the S151 Officer, an exception to tender form has been completed (Appendix 4). It is a requirement to report the reason for the exception to Cabinet for noting.
- 8.5. In phase 3 of the project it is intended that staff administering DFGs will be temporarily seconded to WSCC in order to co-locate with OTs.

- 8.6. The flexibility added to allow discretionary DFG's will not impact directly on the Council's budgets as DFG's are paid for out of the Better Care Fund. In addition the proposed amendments clearly state any discretionary grants will be subject to funding being available and mandatory grants will take priority.

9. Consultation

- 9.1. A communications plan has been agreed and affected staff (WSCC, all District and Borough councils, Clinical Commissioning Groups within WS and Health providers) and service users will be consulted throughout the project. This is detailed in the PID at Appendix 3.

10. Community Impact and Corporate Risks

- 10.1. Partners not agreeing on policy approach to delivering the DFG service. This project already has the support of the Chief Executives and Leaders of the District & Borough councils in West Sussex, the CCGs and the Strategic Commissioning Board. The Steering Group has all the key partners represented and the project group has been tasked to work with partners in developing new policies and ways of working.
- 10.2. The statutory responsibilities for DFGs rest with the local housing authority (District and Borough councils). A Service Level Agreement / Partnership Agreement and any county wide policy on DFGs will need to be signed by all partners to protect the financial and legal position of the local housing authority. For Chichester, the SLA will need to be approved by Council.
- 10.3. The impact on the community is intended to be positive as the process for applying for a DFG will be less onerous and delivery will be speeded up.
- 10.4. In order to ensure there is adequate funding within the Better Care Fund for mandatory grants they must take priority for funding and any discretionary grant will, therefore, be subject to budgetary checks and constraints.

11. Other Implications

Are there any implications for the following?		
	Yes	No
Crime and Disorder		X
Climate Change		X
Human Rights and Equality Impact The aims of this project are to ensure that, by working with partners, disabled people will receive a more responsive and tailored service.	X	
Safeguarding and Early Help The project will help identify and address the needs of disabled children.	X	
Other (please specify) None		X

12. Appendices

- 12.1 Appendix 1 – Phase 2 report to WS Chief Executives
 12.2 Appendix 2 – Phase 2 report to WS Leaders

12.3 Appendix 3 – Project initiation document for Phase 3

12.4 Appendix 4 – Exception to Tender form

13. Background Papers

None.