



**Cabinet**  
18 June 2018

**Report from the Strategic Director  
of Community Wellbeing**

**Private Housing Assistance Policy Amendments**

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Key Decision due to effect on Communities
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	One: • Private Housing Assistance Policy
<b>Background Papers:</b>	None
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**1.0 Purpose of the Report**

- 1.1 This report has two purposes, the first is to ask cabinet to allow amendment to be made to the Council's Private Housing Assistance Policy and the second is to give an explanation as to why we would like to make those changes.
- 1.2 The Private Housing Assistance Policy gives the Council powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to provide additional, more discretionary assistance grants rather than relying on Disabled Facilities Grants (DFG) for the provision of adaptations to the homes of disabled residents. A copy of the full amended RRO is in Appendix A
- 1.3 In essence, it is our intention to introduce additional and amend existing discretionary grants in order to improve independence and wellbeing for vulnerable and disabled Brent residents and prevent wider system demand on hospital, council and residential/community care services.
- 1.4 Whilst the customer has always been at the forefront when providing adaptations and other assistance, these proposed changes to the RRO allows for an even more customer centred approach to be taken. This will see

residents helped more quickly and with more bespoke services, irrespective of what tenure they live in.

- 1.5 The benefits of providing adaptation and housing assistance services are already well researched and documented but this report looks to explain how by amending the RRO and introducing more innovative assistance grants, we will be able to make a real difference in terms of residents being able to access support, as well as the Council and others such as the NHS achieve some significant cost avoidance.
- 1.6 The proposed changes to the assistance policy would complement the Borough Plan priorities of “Better Lives”, specifically;
  - Enabling people to live healthier lives and reducing health inequalities.
  - Supporting vulnerable people and families when they need it.
- 1.7 Additionally the proposals complement the Council’s overall Housing Strategy (4.6 Outcome D - Supported Housing Supply) by;
  - Widening housing options for vulnerable residents, better enabling independent living and providing alternatives to residential care.
  - Maximising the demonstrable savings to health and other budgets that can be achieved through assisting older, sick or disabled people to remain in their homes.
  - Generally improving the condition of housing within the borough for some of its most vulnerable residents.

## **2.0 Recommendations**

- 2.1 That Cabinet approve the revisions to Brent’s Private Housing Assistance Policy attached as Appendix A in relation to the following new and improved services, these being;
  - (i) The introduction of the Discretionary Disability Adaptations Grant (DDAG);
  - (ii) The improvement of the current Small Works Grant (SWG);
  - (iii) The introduction of the Spend to Save Grant (SSG);
  - (iv) The introduction of the Hospital Discharge Assistance Service (HDAS);
  - (v) The introduction of the Acute Handyperson Service (AHAS).
- 2.2 That Cabinet grant delegated authority to the Strategic Director Community Wellbeing to make any necessary minor typographical/graphical amendments to the Private Sector Housing Assistance Policy prior to its publication.

## **3.0 Detail**

- 3.1 Essentially, DFGs are governed by the Housing Grants, Construction and Regeneration Act 1996. However, the 2002 RRO provided a new wide-ranging power to provide assistance for housing renewal. In 2008-9 the government

further extended the scope of the RRO to include a greater flexibility for an authority to address issues on a wider preventative basis.

3.2 The adoption and publication of a policy for housing assistance is a requirement of the RRO before assistance can be offered. The scope of the order is very wide and allows the Council to decide whether it provides grants, loans, advice etc. for the purpose of repairing, improving, extending, converting or adapting housing accommodation. However local policies must:

- Not disadvantage any individual (so, for example, a scheme where they could have qualified for a grant under DFG, but can now only get a loan would not be allowed).
- Not fetter the discretion of the authority (so that each case is considered on its merits, even if it falls outside of the policy, and a clear mechanism for applying discretion in these cases is available).

3.3 An “Outcome Based Review (OBR) for Housing Vulnerable People” was commissioned and completed in October 2016. This set the initial parameters for a proposal of housing assistance service improvements, recommendations included;

- To more quickly facilitate essential adaptations, repairs and assistance services for vulnerable people. Streamlining applications more effectively from the point of initial assessment, reducing waiting times from referral to delivery. Tackling the consequences of financial means testing and diversifying the funding pathway to make greater use of non-means-assessed grants.
- To relieve hospital bed blocking and help prevent readmission by providing a wrap-around support package and achieving a seamless integration of services in relation to the Better Care Fund objectives.
- To increase engagement with residents in Brent to ensure they are fully informed about the full range of assistance and adaptations options available to them

3.4 Extensive work has been done in partnership with the Change Management Transformation team, to redesign housing assistance services, toward achieving improved outcomes. These ideas were tested through a series of workshops with relevant teams from the council and its NHS partners and from this process new and improved service models or products in the form of discretionary grants have evolved.

3.5 The workshops focused on delivering an oversight of the products and services to Operational Directors, Service Managers and Professionals working across a number of sectors to raise awareness of what will be different and to seek their buy-in to what’s being proposed. Workshop participants had an opportunity to contribute to the sessions by:-

- a) Gaining an understanding of the changes being made to Disabled Facilities Grants and the new products and services on offer.

- b) Identifying what other projects are being worked on across other organisations to determine what could support the delivery of the service and/or avoid duplication, the purpose of the identified project and key contacts to seek further project information.
  - c) Having an opportunity to comment on the products and services and identify what's missing.
- 3.6 As a consequence of those workshops and looking at the drivers for change across the sector in general, the following products and changes to existing grants were developed and are described in more detail in paragraphs 3.7 to 3.18. In addition and in accordance with the 2014 Care Act, the services and products being proposed will effectively incorporate proactive signposting, integration of care and health functions, earlier interventions and wrap around support to promote independence. The products and services are purposely designed to tackle ill health and early death, health inequalities, improve quality of life and support people when they most need it. Additionally services will be targeted to assist carers, working in collaboration with Brent Carers to best achieve this.
- 3.7 The first of the proposed products is what we will call the Discretionary Disability Adaptations Grant (DDAG). This is an alternative to the DFG, identical in every respect but without a requirement for means-testing. The DFG will still be offered but would be a very unlikely customer choice.
- 3.8 DFGs (apart from those for young disabled people and ex-Service personnel) have always been means-tested in order to target the then limited resources towards those in greatest financial need. The means test itself is complex and requires applicants to supply detailed information, which needs to then be checked and processed by local authority staff. The current test is set out in the Housing Renewal Grants Regulations 1996 (SI 1996/2890, as amended) and largely mirrors the system of calculating entitlement to Housing Benefit. Grant applicants may receive a full grant or may be required to make a contribution towards the cost of the works
- 3.9 We know from analysing cancellation data that concerns about financial means assessment appears to be a significant factor in approximately 5% of all post-referral DFG cancellations in 2014 – 2016. Occupational therapists and health workers in Brent suggest that a far greater number drop out of the process pre-referral, specifically due to fears and concerns about financial assessment. A reasonable assumption can be made that an additional group will be deterred from even contacting the council, either presuming they are not entitled to assistance or simply not wanting to disclose their financial information.
- 3.10 The OBR Report also presented evidence that the process of testing resources was a significant and expensive delaying factor. The result of which is to create a far higher risk of admission to secondary care due to falls and a wider demand on health and social care services. In relation to these risks the OBR Report concluded that a strategic case for greater use of preventative, non-means assessed grants is clear but also carries a risk of creating an excess demand.
- 3.11 In simple terms, we know that many elderly disabled residents are put off having adaptations because of the means test, even though it is likely that if they were to complete the means test their contribution towards a grant would be low or

zero. However, it is a mandatory requirement to complete the means test for a DFG and by not doing it, they then do not realize the benefits of having the adaptations carried out and the health sector has addition costs in providing other interventions.

3.12 We considered three general options for changing the means test requirement threshold, these being:

1. Removing means testing for the most common adaptations.
2. Removing means testing up to a given value of adaptation.
3. Removing means testing completely.

3.13 We concluded that option 3 would be the most non-discriminative and uncomplicated model and would completely remove any factor of deterrence for potential applicants. It would significantly speed up the process of delivery for adaptations and achieve immediate economies through the deletion of administrative resources. It reflects the accepted Better Care Fund premise that a targeted investment at an early stage to improve independence and wellbeing for vulnerable people will generally be returned through a reduction in wider system demand across services.

3.14 There is no real data upon which to accurately predict the effects of this change in relation to demand. Of course it is fundamentally restricted by its nature, there will only be a definitive number of disabled people living in Brent. An adventurous estimation would be that this policy alone would increase demand by no more than between 10% to 20%. Nevertheless, figures from the Office for National Statistics tell us that the average age of the UK population is expected to increase significantly over the coming decades. This change will bring both challenges and opportunities for central and local government, with impacts on a wide range of public services.

3.15 The second recommendation is the improvement of the current Small Works Grant (SWG); increasing the upper financial limit by £2,000.00, to a total of £7,000.00 in any three year period. SWGs have been offered in Brent since 2001, they are discretionary grants to cover the cost of works that will deliver significant health gains. They are generally available for vulnerable people on qualifying benefits or irrespective to any entitlement to benefits when used to install or maintain disabled facilities or assist hospital discharges. The current limit was set more than ten years ago and has fallen behind in relation to general rises in the costs of building services and materials. This is intended to fund the higher end of remedial work arising from home safety inspections, such as the installation of a new heating system or an electrical rewire.

3.16 The next new product is the Spend to Save Grant (SSG) which is a discretionary tool, to be utilised where a case can be made for the upper limit of a Small Works Grant to be exceeded in very special circumstances where this provides an overall financial advantage in relation to the combined care and health budgets of the council and its NHS partners. An example of this could be where a £15,000 investment is required to repair a property to enable somebody to return home from state funded residential care costing for example £30,000 per year. In this example, as the costs of the works are £15,000, the saving would be realised in a six month period and therefore a charge would be placed upon the property for that six months in order to safeguard the investment just in case the property was sold prior to this realisation of the saving. In this example any

period that the property was lived in by the applicant after the realisation of the grant spend would be an additional benefit of cost avoidance.

- 3.17 The fourth is the Hospital Discharge Assistance service (HDAS); a fast-track, prioritised route to housing services in circumstances where a vulnerable person is unable to be discharged from hospital due to housing safety risks within their home. A trial service has been in operation since December 2017, using a coordinated multi-agency approach to support the “Home 1st” initiative in Northwick Park and Willesden hospitals. When the revised Assistance Policy is adopted, the scheme would be rolled out further and would be coupled with the final product below.
- 3.18 The final product being the Acute Handyperson Assistance service (AHAS). This service will be available free of charge to remove risks within the home for vulnerable residents when referred by Care or Health Professionals. This is intended to directly support the work done by the HDAS, preventing hospital readmissions after discharge and for residents referred on by the Elders Voice Handyperson Service in need of more acute assistance. A service can also be provided in relation to achieving economies in formal care plans. This service will provide a wrap-around support that will be a link and referral route to all those products listed above. In essence the Handyperson will be able to make a quick decision on which combination of the above is the most appropriate bespoke solution for each client.
- 3.19 In summary we believe that by introducing these new or enhanced products, more disabled and vulnerable people will be helped. Our current offering is limited only to DFGs and SWGs which are restrictive both in relation to qualification criteria and assistance, they are also administered at the end of what can be a lengthy referral process. This new suite of grants and assistance will allow us to respond to a wider range of complex and simple needs, and situations, for more residents, far more quickly than we are able to now.

#### **4.0 Financial Implications**

- 4.1 There are no implications in relation to the General Fund, all services are to be funded through DFG monies which for the purpose joining up health and care services are now contained within the Better Care Fund (BCF). The BCF represents a unique collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), Department of Health and Social Care (DHSC) and the Local Government Association (LGA). One of the most ambitious programmes ever introduced across the NHS and local government, the BCF encourages integration by requiring CCGs and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.
- 4.3 In acknowledgement of the overall cost benefits of disabled adaptations and housing support services the Government have significantly increased the amount of this funding given nationally to Local Authorities. Rising from £220m in 2012/13 to £394m in 2016/17, £431m in 2017/18 and it is set to reach £468m in 2018/19 and £505m in 2019/20. In 2017/18 Brent’s BCF allocation was increased by the Parliamentary Under Secretary of State (Minister for Local Government) to £3.971m. On the 1 December 2017 a further non-recurrent £421k DFG funding was allocated to Brent following the Chancellor’s Autumn Budget announcement of additional £42 million of capital funding for DFG in

2017-18 for local authorities in England. Brent's DFG allocation in 2018/19 is £4.343m, which equates to a 9% increase in recurrent funding.

- 4.4 The continued year-on-year increase in DFG funding from the Government will support the introduction of these new products. It is acknowledged that adaptations can be a useful way to help people stay in their own homes for longer and delay the need to move into residential care, helping the Council to avoid costs. An average residential home placement costs the Council £27k per year whereas an average DFG grant is only £11k.
- 4.5 Under this new policy if the demand for new products is greater than anticipated the Council could consider a range of options such as applying to MHCLG for additional funding, funding this additional demand through the Council's capital allocation or devising funding criteria to manage demand within the funding available.
- 4.6 Installing adaptations also benefits the NHS as it facilitates earlier discharges from hospitals and helps to prevent falls. There are also non-cash benefits through improved quality of life for both the individuals and their carers'.
- 4.7 The additional subsidies and the income generated from increased service provision have significantly reduced the need for council capital investment, traditionally required to meet the council's mandatory DFG responsibilities. The subsidies also bring new wider responsibilities for improving the health and wellbeing of the population they cover, helping to prevent delayed transfers of care and readmission to hospital, which are key health priorities. In relation to housing assistance, the expectation is that from the removal of any cost implications to council budgets, discretions given under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 are used far more innovatively to make better use of discretionary services, reducing bureaucracy and inflexibility.

## **5.0 Legal Implications**

- 5.1 Mandatory Disabled Facilities Grants (DFGs) are available for essential adaptations to give disabled people better freedom of movement into and around their homes, and are issued subject to a means test. The provisions governing mandatory Disabled Facilities Grant (DFG) is set out the Housing Grants, Construction and Regeneration Act 1996 ("the 1996 Act").
- 5.2 Further sources of assistance can be made available to vulnerable and disabled people in Brent to improve their independence and well-being. Article 3 of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 ("the RRO") has given powers to local authorities to give discretionary assistance in any form to any person for the purpose of acquiring or demolishing housing accommodation, repairing, improving, extending, converting or adapting housing accommodation There is no restriction on the amount of the discretionary assistance that local authorities may provide. Discretionary assistance may be given in addition, or as an alternative to a mandatory Discretionary Facilities Grant. The Council may take any form of security, including a charge on any property, for the whole or part of the assistance given for housing adaptations or other forms of assistance.

- 5.3 As the mandatory DFG is unlikely to be sufficient to cover all likely requests for assistance in relation to adaptations for vulnerable and disabled people, it is lawful for the Housing Assistance Policy to include the proposed discretionary additional and improved help which the Council is able to offer subject to available resources. It is for the Council to decide whether to apply a means test to those whose adaptations are funded by means other than DFG.
- 5.4 The outcome of public consultation which has been carried out on the proposed changes to the Private Housing Assistance Policy must be considered before a decision is reached. Article 4 of the RRO provides that local authorities may not use the Article 3 power unless they have adopted and published a policy setting out how they intend to use the power; given public notice of the adoption of the policy; in addition that policy document must be available for inspection free of charge at reasonable times, at the council's principal office, also a summary of the policy must be able to be obtained by post for a reasonable charge. All applications for assistance must be considered in accordance with the policy. Local policies must:
- Not disadvantage any individual (so, for example, a scheme where they could have qualified for a grant under DFG, but can now only get a loan would not be allowed).
  - Not fetter the discretion of the authority (so that each case is considered on its merits, even if it falls outside of the policy, and a clear mechanism for applying discretion in these cases is available).
- 5.5 There are a number of areas of broader health and care related legislation, concerning adult social care and support needs. The Care Act 2014 ("the 2014 Act") Section 3(1) of the Act places a duty on local authorities to carry out their care and support services with the aim of integrating those services with local NHS and other health services. Section 6(1) of the 2014 Act requires local authorities and their relevant partners to co-operate in exercising their respective care and support functions. Section 7(1) of the 2014 Act supplements this general duty with a duty to co-operate in specific cases where an individual has care and support needs.
- 5.6 Under the Equality Act 2010, the Council has a duty to have due regard to the need to: eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act; advance equality of opportunity between people who share a protected characteristic and people who do not share it; and foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics covered by the Equality Duty are as follows:
- Age, disability, gender reassignment, marriage and civil partnership (but only in respect of eliminating unlawful discrimination), pregnancy and maternity, race (including ethnic or national origins, colour or nationality), religion or belief (including lack of belief), sex and sexual orientation.
- 5.7 The public sector equality duty, as set out in section 149 of the Equalities Act 2010, requires the Council, when exercising its functions, to have "due regard" to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and

foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic.

5.8 Having “due regard” to the need to “advance equality of opportunity” between those who share a protected characteristic and those who do not includes having due regard to the need to remove or minimise disadvantages suffered by them. Due regard must also be had to the need to take steps to meet the needs of such persons where those needs are different from persons who do not have that characteristic, and to encourage those who have a protected characteristic to participate in public life. The steps involved in meeting the needs of disabled persons include steps to take account of the persons’ disabilities. Having due regard to “fostering good relations” involves having due regard to the need to tackle prejudice and promote understanding.

5.9 The public sector equality duty is not to achieve the objectives set out in section 149 of the Equality Act 2010. The duty on the Council is to bring these important objectives relating to discrimination into consideration when carrying out its public functions (in this case, revising and amending the Council’s Private Housing Assistance Scheme).

## **6.0 Equality Implications**

6.1 The proposals in this report have been reviewed and found to have a neutral impact on equality in relation to all of the protected characteristics save to say that Disabled and vulnerable residents will be positively affected as the provisions within this report are directly targeted at them.

## **7.0 Consultation with Ward Members and Stakeholders**

7.1 Workshop events on 12 and 14 September 2017 focused on delivering an oversight of the products and services to Operational Directors, Service Managers and Professionals working across a number of sectors to raise awareness of what will be different and to seek their buy-in to what’s being proposed.

7.2 A public consultation was undertaken on the Brent Consultation Portal between 15 December 2017 and 9 February 2018. The voluntary Consultation presented the new products and asked people to comment on them and state if they agreed or disagreed. This was publicised locally on the Brent online community directory and presentations were given at five local Brent Connects meetings on 17 and 30 January and 6, 8 and 19 February 2018. The Consultation returned 100% approval. The following local interest groups were specifically invited to comment:

- 134 voluntary sector groups.
- Local GP networks.
- Brent CCG.
- Brent Homecare Providers.
- Multi-Agency Hospital Discharge teams.
- NHS Acute and Step-Down ward managers.

7.3 Nationally the Consultation was publicised to all Home Improvement Agencies and Better Care Fund partners by inclusion in the January 2018 edition of the

“DFG Champions Newsletter”, published by Foundations, who are appointed by the Department of Communities and Local Government to oversee a national network of nearly 200 home improvement agencies (HIAs) and handyperson providers across England. This included Care & Repair England, who as a result have asked if Brent could be included in their upcoming Report to highlight “innovation and components of best practice” in relation to the use of the Better Care Fund.

7.4 In relation to the above a presentation was given at a national workshop event on 15 January 2018, jointly organised by NHS England Regional Commissioning Operations Directorate and Foundations. The presentation was one of three chosen to demonstrate “innovative and pragmatic uses of The Better Care Fund”.

## **8.0 Staffing implications**

8.1 There are no negative implications for staff.

**Report sign off:**

**PHIL PORTER**

Strategic Director of Community and Wellbeing