



## Housing Scrutiny

27 March 2019

### Report from the Strategic Director of Community Wellbeing

## Disabled Facilities and Small Works Grant Distribution

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b> (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
<b>No. of Appendices:</b>	Three <ul style="list-style-type: none"> <li>• Appendix 1 - Customer Satisfaction Survey Feedback</li> <li>• Appendix 2 - Grant distribution Maps by Year</li> <li>• Appendix 3 - PHS Grants and Evaluation Pilot - Measures</li> </ul>
<b>Background Papers:</b>	N/A
<b>Contact Officer(s):</b> (Name, Title, Contact Details)	<p>Spencer Randolph, Head of Service, Private Housing Services Tel: 0208 937 2546 Spencer.Randolph@brent.gov.uk</p> <p>Bernie Wilde, Project Manager, Private Housing Services Tel: 0208 937 1545 Bernie.Wilde@brent.gov.uk</p>

### 1.0 Purpose

- 1.1. The purpose of this report is to provide the Housing Scrutiny Committee with information on the delivery of Disabled Facility Grants (DFG) and Small Work Grants (SWG).
- 1.2. The report will inform the committee of recent changes to DFG and SWG.
- 1.3. The report will also provide information on the performance of the service, the challenges it faces and associated risks.

## **2. Recommendations**

- 2.1 That members of the Housing Scrutiny Committee note the content of this report

### **3.0 Introduction**

- 2.1. DFGs came into being in 1989 to provide targeted financial help with the cost of home adaptations for lower income disabled people of all ages. Since it was introduced, this grant has helped to fund essential home adaptations, which help to give disabled and vulnerable people freedom to move into and around their homes, by providing access to essential internal facilities and safe and suitable access to outside areas.
- 2.2. SWGs are a discretionary grant that to cover the cost of maintenance and repair works that will deliver significant health gains. Brent has increased in the upper financial limit of the grant by £2,000, which can amount to £7,000 in any three-year period. These grants have qualifying criteria for carrying out repairs which is related to pension credit and income support, although there is no qualifying criteria for the provision of small adaptations or repairs to adaptations.
- 2.3. This year (2108/19) has seen the most radical changes in the delivery of these grants and, in particular, DFGs since their inception thirty years ago in the 1989 Local Government and Housing Act.
- 2.4. So, whilst this report will look back at the delivery of these grants and answer those questions posed by this committee, it will also be used as a report to inform the committee of what those changes are.
- 2.5. Up until now, DFG have been the only grant used for the provision of major adaptations, not only in Brent but across the country. This is changing and moving forward other discretionary grants, referred to later in this report, will be used rather than DFGs.
- 2.6. We should therefore think of adaptations in terms of major and minor adaptations rather than the grant or financial mechanism used to fund the adaptation.
- 2.7. In Brent, all major and most minor adaptations are delivered by Private Housing Services (PHS). This is for all tenure including Council tenants when PHS took over the delivery of these from Housing Management in April 2018.
- 2.8. PHS uses a case management system called Acolaid to record its grant activity and data extracted from it shows that between 2002 – 2018, 3,126 residents in Brent have benefited from assistance from a DFG.

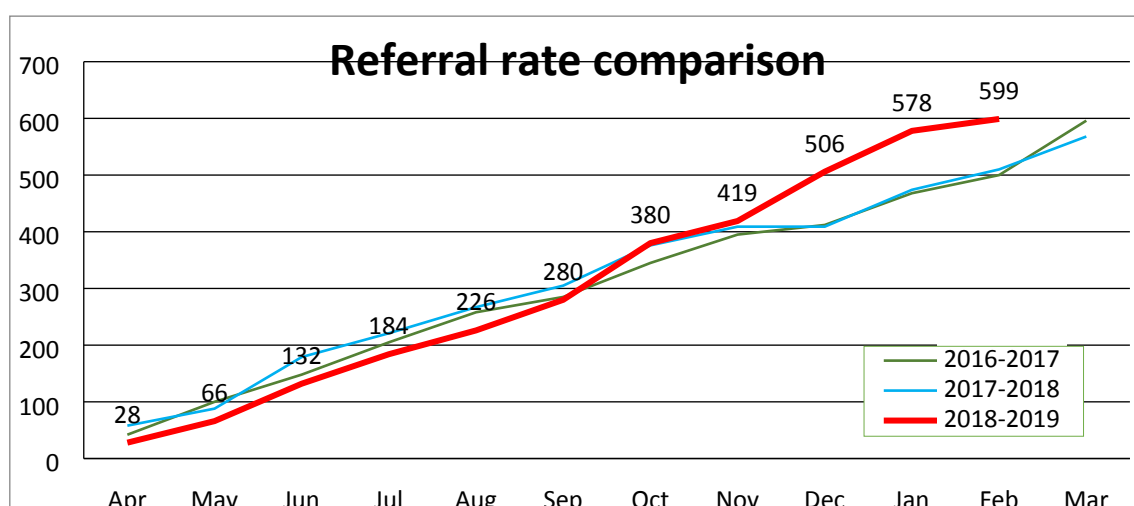
### **4.0 Overview**

- 4.1. Living in a suitable home is crucial to independence and well-being, and home adaptations can improve the accessibility and usability of a person's home environment. There is a rising demand for home adaptations as more people

are living longer. An increasing number of people are living with multiple long-term health conditions who can experience reductions in mobility.

- 4.2 With Brent's ageing population predicted to rise, with 20% of the population being over 60 by 2040 (*GLA demographic projections 2014*), the expectation is that demand for grants and adaptations will continue to grow.
- 4.3. 2017-18 data for DFGs shows that, in percentage terms, major adaptations were provided for the following:
  - 57% were for bathroom adaptations only.
  - 15% were for bathrooms and equipment.
  - 12% were for equipment only, such as stair-lifts, semi-permanent ramps, Clos-o-mats, door entry systems etc.
  - 16% were for miscellaneous complex adaptations which include things like children padded room areas, widening doors, hoists, front and/or rear access and more complex and larger adaptations.
- 4.4. The SWG is a discretionary grant that covers the cost of repairs and equipment that can provide adaptations if it is considered that they will achieve significant health gains for residents. In Brent, up to £7,000 can be awarded in any three year period for an SWG. This was increased from £5,000 in 2018.
- 4.5. The SWG is most commonly used for general repairs work and repairs to adaptations. Between the period of 2002 to April 2018, 4,284 Brent residents have benefited from assistance from this grant.
- 4.6. PHS are anticipating an increase in demand for grants and adaptation services over the next few years. In 2015-16 578 DFG and SWGs were completed. PHS is currently approving, on average, 70 applications per month in the current year, and the service is on course to have approved 718 applications by the year end. This represents a substantial increase in requests and the delivery of completions. Resources have been partially increased to cope with this increased demand.
- 4.7. **Table 1** below maps the increase in major adaptation referrals in Brent over the last three years.

**Table 1: Major Adaptation Referral Comparisons**



- 4.8. Whilst no detailed analysis has yet been undertaken to determine why demand has increased for the past year, one factor is thought to be due to a widening of approach by PHS. This has led to several changes in the type of service provided, including an elimination of means testing for many grants and the introduction of a single point of access for health and social care professionals, who can now request support for customers directly. In addition, the ASC Duty team have successfully reduced their case backlog, which has resulted in more customer referrals for adaptations. Changes in demand will be closely monitored this year to track trends and make adjustments to delivery and resources if necessary.

## **5.0 Expanding Brent's Grants and Adaptation Services**

- 5.1. In June 2018, Brent's Cabinet amended the Council's Private Housing Assistance Policy which used powers given under the Regulatory Reform (Housing Assistance) England and Wales Order 2002 (RRO). The amendment to the policy enabled the provision of additional, more discretionary assistance to be delivered to vulnerable and disabled residents in Brent, and introduced more focused hospital discharge assistance to make homes safer and improve independence and wellbeing.
- 5.2. This policy change supports the Council's current Housing Strategy, in particular the aim to "widen housing options for vulnerable residents, better enabling independent living and providing alternatives to residential care" (4.6 Outcome D).
- 5.3. The change also supports the key recommendations made in the Outcome Based Review (OBR) for Housing Vulnerable People in 2016. This report recommended that Brent focused more narrowly on adaptation provision to "Enable the efficient installation of more adaptations at an earlier stage so that Brent residents are able to live independently for longer, drawing on few, less expensive health and social care interventions as a result".

- 5.4 A Project Board and Practitioner Group were established to oversee the seven key OBR recommendations. The Board is chaired by the Community and Wellbeing Strategic Director, with representation from senior managers in Housing and Adult and Children's services.
- 5.5. Significant progress has already been made against each of the seven recommendations. Work streams were developed and are being implemented to build on the work of the OBR. The seven recommendations from the OBR are listed below:
- Build the system and make adaptations an end-to-end system
  - Reduce failure demand and cancellations
  - Increase good demand for a one-year period and monitor impact
  - Prevention and deployment of a rapid response service
  - Reduction in delayed discharges from hospital
  - Prevent the escalation from A&E to full hospital admission
  - Enable the move out of residential care into an adapted property
- 5.6. Brent's Grant assistance and adaptation services are funded by the Government's Better Care Fund, and since 2018, the Housing Assistance Fund. A recent increase in funding over the past two years to Brent has allowed the Council the flexibility to develop a more innovative and unique approach to delivery, and one which diverges considerably from the approach of other London Boroughs'.
- 5.7. During 2017/18 PHS re-designed existing Disabled Facilities and Small Works Grant products and developed new ones for residents. These were launched to Brent's wider health and social care partners in December 2018, and this roll is set to continue in 2019.
- 5.8. The means test for a DFG is applied based on a nationally defined system. However, local authorities have considerable discretion when it comes to defining their own system of grants for home adaptations in general, including powers to provide grants for specific adaptations which are not means tested.
- 5.9. Brent has taken advantage of this discretion to change its approach and offers a grant for the provision of major adaptations, known as the Discretionary Disability Adaptations Grant (DDAG), where a means testing criteria is no longer applied.
- 5.10. Further developments also now mean that adaptations are delivered on a more tenure neutral and needs bases with PHS taking on the delivery of major adaptations to Council properties too. This represents a significant change for residents and how grants are distributed across Brent.
- 5.11. The current suite of services and products introduced by the RRO policy change last year are summarised below:

- **Disabled Facility Grant (DFG)** – a grant to provide major adaptations so that people can access essential facilities within their home and access outside. This grant is means tested.
- **Discretionary Disability Adaptations Grant (DDAG)** – similar to the DFG, it is identical in terms of criteria, with no requirement for means testing, which was unpopular and off putting for many residents from applying for adaptations.
- **Small Works Grant (SWG)** – these are discretionary grants to cover the cost of maintenance and repair works that will deliver “significant health gains”; what we mean by this is that the grants will repair things like damp, broken heating system, trip hazards and other items that if they were not addressed could lead to the vulnerable occupier becoming ill. Brent has increased in the upper financial limit of the grant by £2,000, which can amount to £7,000 in any three-year period.
- **Spend to Save Grant (SSG)** – a discretionary grant used where a case can be made for the upper limit of a SWG to be exceeded in circumstances where this provided an overall financial advantage in relation to the combined care and health budgets of the Council and its NHS partners.
- **Hospital Discharge Assistance Service (HDAS)** – a fast-tracked, prioritised route where a vulnerable person is unable to be discharged from hospital due to housing safety risks which could be remedied by adaptations. This service supports Brent Home First Hospital service, which is being rolled out across London West hospitals from January-19
- **Acute Handyperson Assistance Service (AHAS)** – a new, free of charge service supporting hospital discharge and preventing re-admission by carrying out smaller jobs quickly, such as moving furniture, fitting grab rails, and essential repairs to enable a patient to live at home safely

5.12. PHS is the ‘go to’ service for housing adaptations and assistance for Brent’s vulnerable residents. This new approach is even more customer centred, offering a speedier and less bureaucratic approach to service delivery. PHS is striving to move to the front end of the referral process, with health and social care professionals now able to refer clients directly to PHS for assessment via an on line portal. This is not a single point of access but a major point of access, and widens the ability of health and social care professionals to communicate directly with the grants and adaptation team, and receive a fast-tracked response to any requests.

5.13. PHS are working increasingly closer with partners in health and social care to integrate approaches to delivering support – facilitating quick results and delivering savings - through working together to enable a reduction in wider system demand on hospitals, Council and residential and community care services.

- 5.14. Considerable focus has been towards raising awareness about what is on offer to PHS's social care and health partners. Phase 1 of the PHS communications plan was developed, and to date, PHS have presented to over 220 internal and external practitioners to highlight the new grants and services. These have included several presentations to partners in London West NHS hospitals to extend the reach in this area. Phase 2 of the communication plan will be rolled out in Spring 2019, and will include GP networks, Clinical Commissioning Group networks and the recently appointed Care Navigators.
- 5.15. Brent's innovative approach enables PHS to have the flexibility to cater for individual requirements and services. These include proactively raising awareness of available support and how to access it, delivering home adaptations quickly and without means-testing, linking adaptation services with vital home improvements and deploying the new handyperson services to fast-track more minor repairs.

## 6.0 Delivery and Performance

- 6.1. This section will look at the delivery and performance of adaptations and grants by PHS, in terms of distribution of grants, outputs, performance and local key performance indicators (KPIs).
- 6.2. Acolaid is the software management system used by PHS to provide analytics for monitoring delivery of the service and the performance life-cycle. Information is collected from multiple sources and turned into performance data, which is then used to provide insight and intelligence. The system helps to track important metrics around outputs, costs, trends, individual performance etc. It records team and individual performance data, which is presented as a dashboard and uses a traffic lights system to highlight alerts. It is a system that works well for the service and is used to effectively aid monitoring and decision making by the Head of Service and team managers.
- 6.3. In order to make sure that major adaptation progress in a timely manner KPIs are set for parts of the process that the services has control over. It must be remembered that most adaptations are provided for vulnerable and/or elderly residents and that the building works will be to some degree disruptive. The provision of adaptations also means that these residents have to be guided through an element of change. So whilst every effort is made to make sure that schemes progress as quickly as possible the needs of the residents are also taken into consideration.
- 6.4. **Table 2** below shows a list of the current KPIs for DFGs and SWGs used by the grants and adaptation service to monitor performance. As this report has been prepared before the end of the year 2018/19 the data relates to full year statistics for the year 2017/18. It shows the average working days to complete various tasks in the progression of a grant.

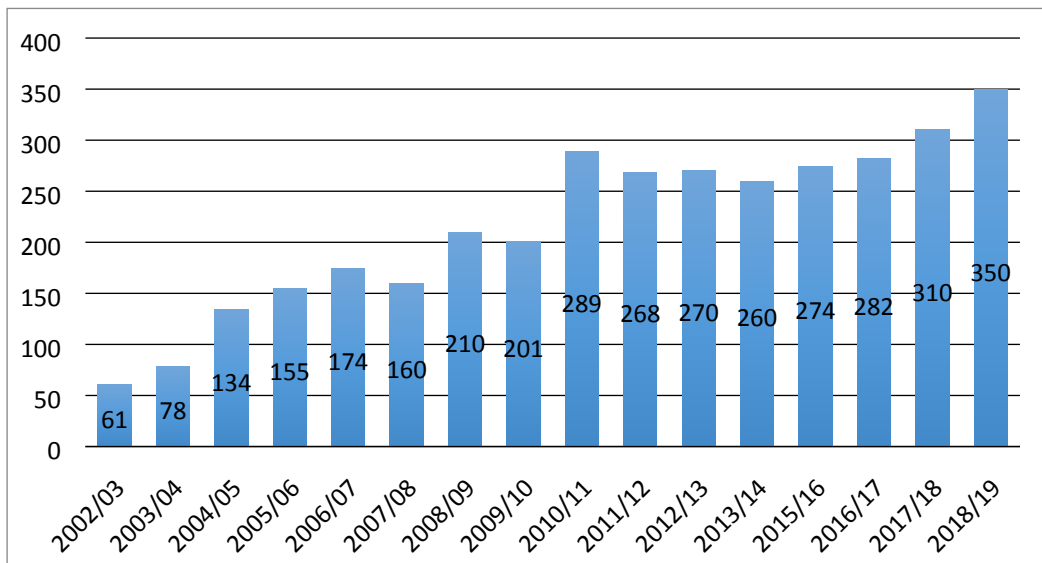
**Table 2: Performance Indicators**

Performance Indicator	Target (Working days)	Actual (Working days)
<b>PI 1</b> – DFG - Time taken from referral received to being allocated to an officer.	10	20
<b>PI 2</b> – DFG - Time taken from being allocation to an officer to application form being completed.	15	21
<b>PI 3</b> – DFG - Time taken from form being completed to means test being completed	15	11
<b>PI 4</b> – Time taken from a DFG being allocated to a surveyor to the survey being completed.	14	12
<b>PI 5</b> – DFG - Time taken from survey being done to the completion of the specification and plans.	14	12
<b>PI 6</b> – DFG - Time taken from completion of the specification and plans to sending to tender.	4	2
<b>PI 8</b> – DFG Time taken from tenders being returned to Surveyor to case forwarded for grant approval	4	13
<b>PI 1</b> – SWG - Overall time taken for the administration of an urgent SWG	10	5
<b>PI 2</b> – SWG - Overall processing times for agency SWG's for surveyor from receiving the enquiry to inspection	30	13
<b>PI 3</b> – SWG - From Survey to approval for agency cases in working days	20	31

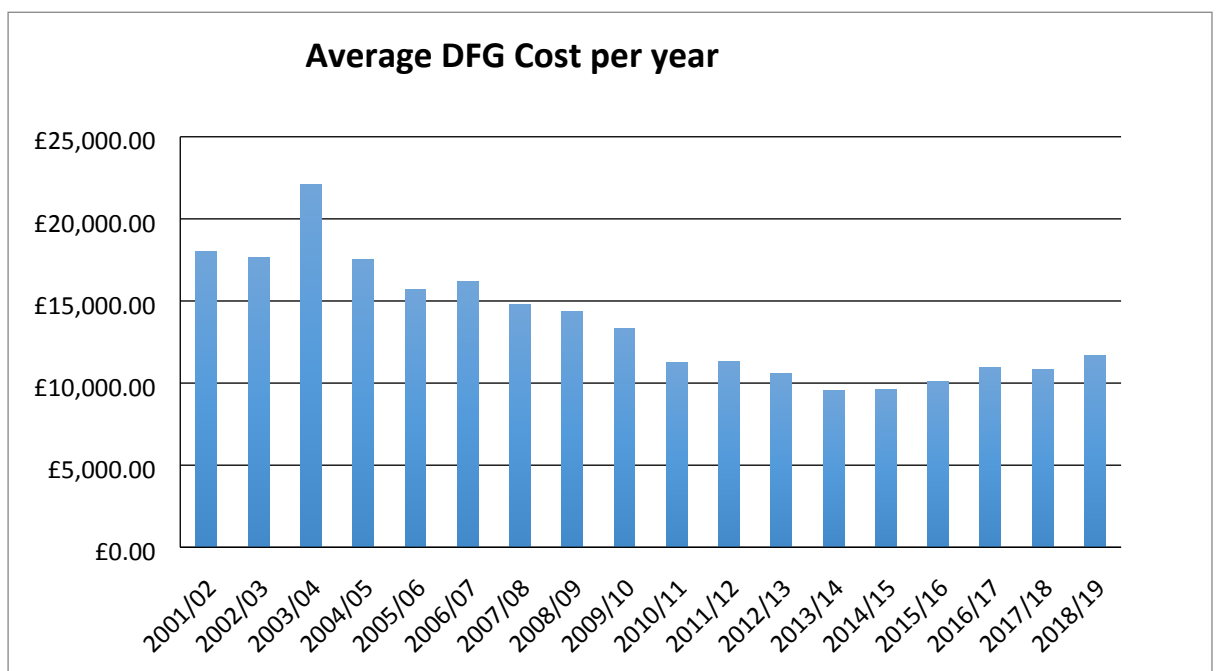
- 6.5. PHS places high importance on obtaining feedback from customers after the completion of DFG and SWG work. Each customer is contacted via telephone by the Grants Team and asked to complete a 13-point customer satisfaction survey. Questions cover 3 areas – communications, customer care and speed of service. Attached as **Appendix 1** are the responses to the survey from 1-January 2018 to 20-February 2019 and these capture a response rate of 10%.
- 6.6. As can be seen in the results, well over 95% of residents receiving DFGs and/or SWGs are very satisfied/satisfied with the service. Work is on-going to improve the overall percentage of respondents who take part in the survey.
- 6.7. An example of how PHS systematically listens to customers and responds to feedback is that evidence suggested that people were often delaying making vital changes to their homes because of the clinical appearance of many adaptations and their association with vulnerability and loss of independence. Taking this into account, Brent has now expanded the choice and quality of its provision, with a range of fixtures and fittings now offered to customers that are appropriate for a modern setting.
- 6.8. The following part of this section looks at the performance for the delivery of DFG over the years for various elements. The data is compiled from information held in Acolaid. **Graph 1** below shows DFG and major adaptations completions over a 15-year period.



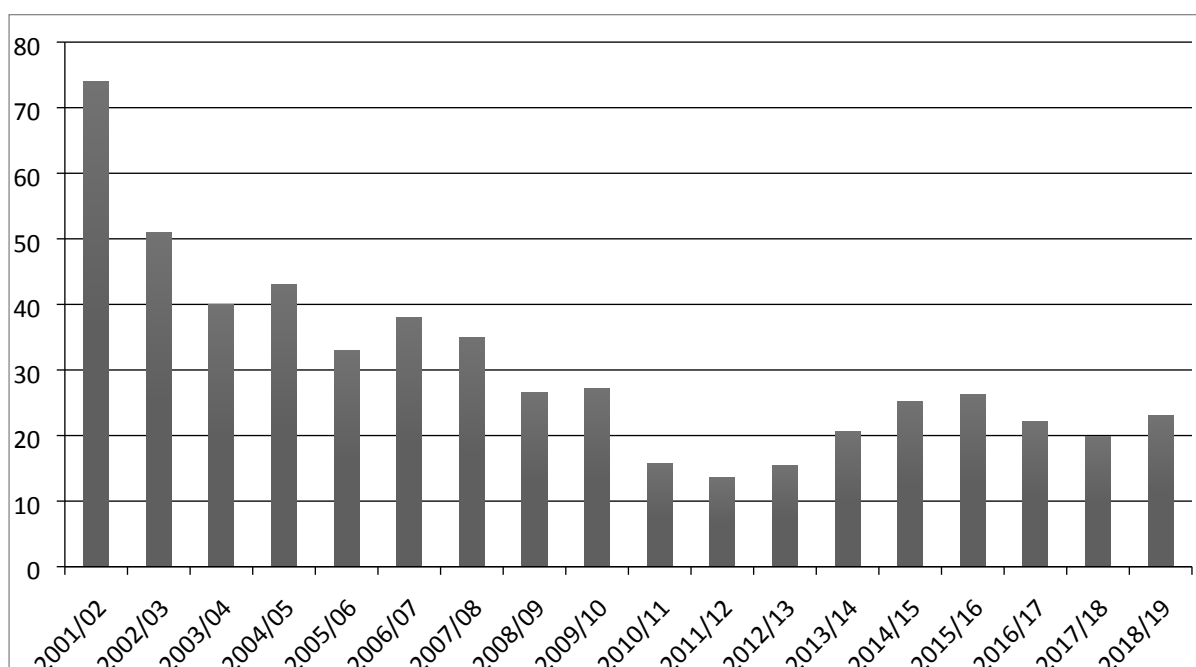
**Graph 1: DFG/Major Adapts. Completions per year**



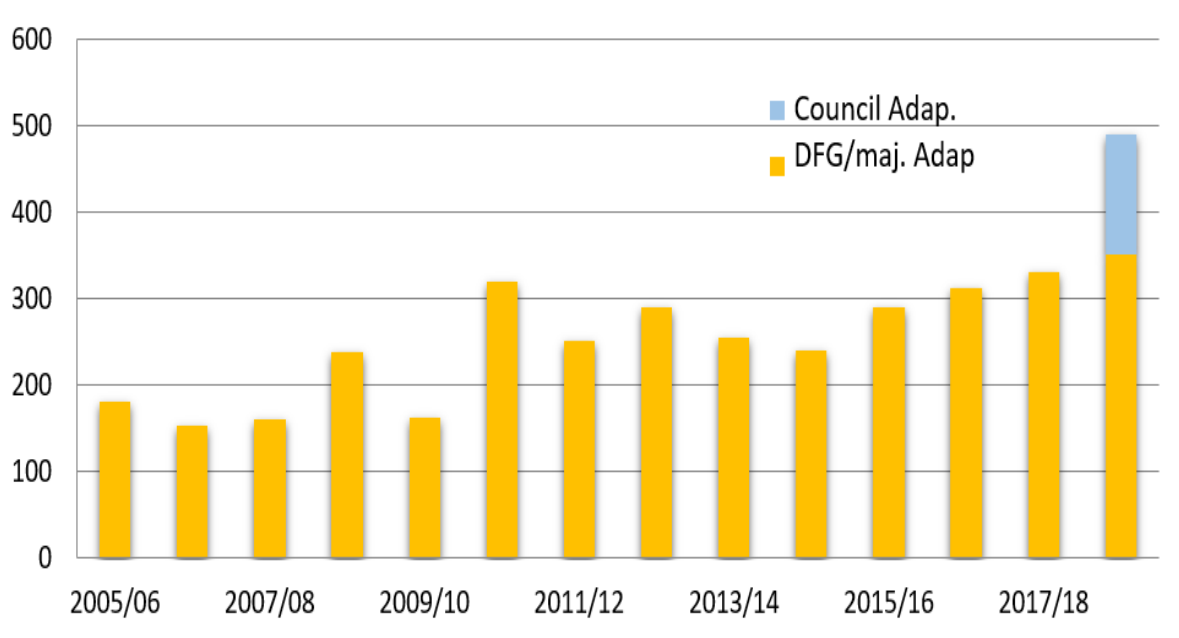
**Graph 2: Average costs of DFGs per year**



**Graph 3: Average time in weeks for processing a DFG/major adaptation to point of grant approval**

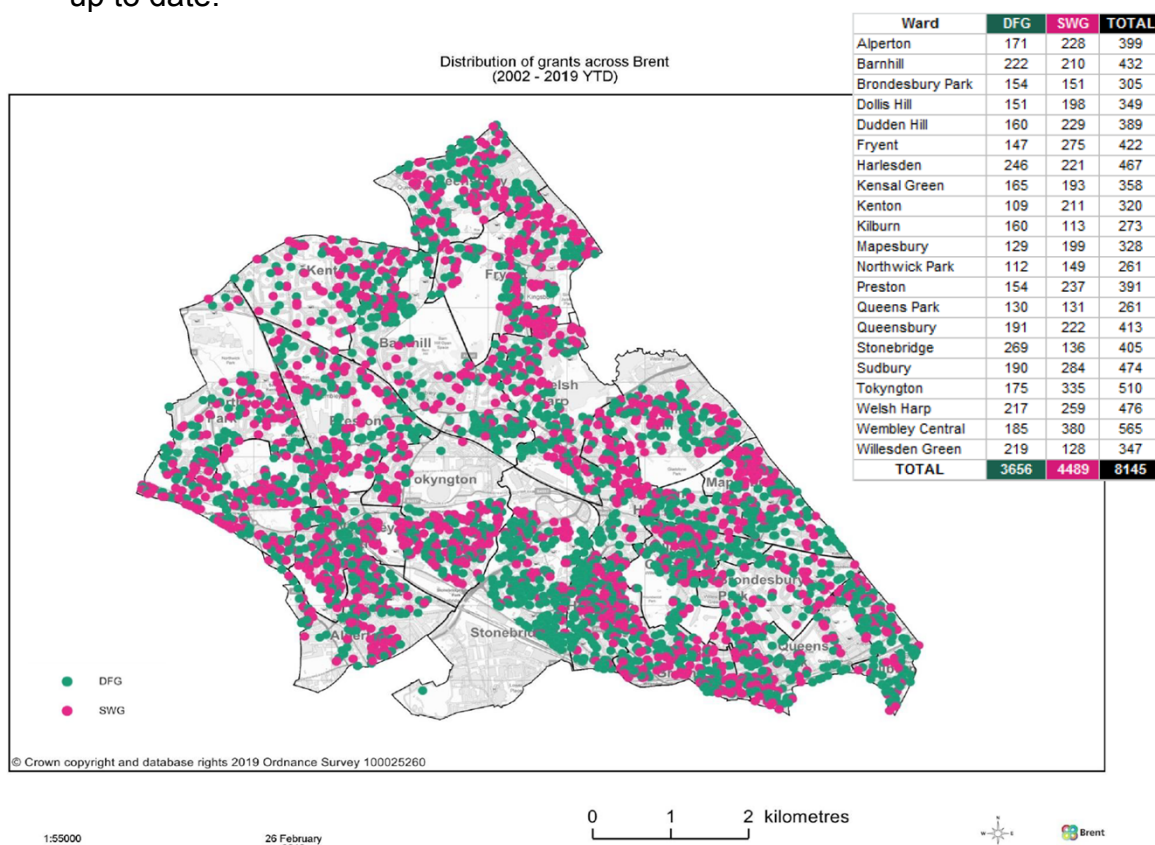


**Graph 4: DFG/Major Adaptations Approved per year**



6.9. **Map 1** below shows the distribution of DFG and SWG grants across the borough. This information maps the position and quantity of these grants across wards since 2002 and shows a relatively even distribution of grants

across the borough. Appendix 2 shows a more detailed breakdown per year up to date.



## 7.0. Demand and Impact

- 7.1. A key recommendation from the 2016 OBR report was to expand the number of people who could assess need and make recommendations for equipment and adaptations. PHS now has a cohort of qualified level 4 Trusted Assessors, who are accredited by the Open College Network. PHS intends to expand the number of assessors in 2019.
- 7.2. It is too early to accurately predict the demand for and impact of Brent's new service offer, as a comprehensive data set will not be available until mid-year. It is predicted that with the new changes introduced that there will be a higher demand for major adaptations. An analysis and review will be carried out to identify the cost benefits of this provision later in the year. Early indicators from initial analysis show an increase take up of major adaptations, and good take up for new Acute Handy Person Assistance Service, with 24 cases being dealt with between December 2018 and February 2019.
- 7.3. There are no existing national measures or methodology for easily collating and measuring data, so we are designing our own Brent specific assessment and monitoring criteria. Brent also has the potential to work with Northumbria University in 2019, as part of a national study to evaluate impact. This participation will be dependent on the success of the University's application for funding to MHCLG.

- 7.4. In January, PHS started to gather more comprehensive information from its customers. The Adaptations Board has identified that the service (and linked services) needed to develop a new model to improve how the impact of what is done is reviewed. In collaboration with the Community and Well-Being Performance, Insight and Improvement team, PHS have designed a prototype Survey for tenants and residents (STAR) questionnaire. This is a tool which gathers feedback from clients and carers about their overall well-being, both before adaptations have been carried out, and then after completion. Questions asked are more depth than those asked in the customer satisfaction survey, and focus on areas such as changes in psychological wellbeing, safety, support with personal care, impact on carers and changes in mobility. An outline of the process being used to test the new model is outlined below in **Table 3**.

**Table 3: STAR/Wellbeing Process**

Surveyors	• Comr
PHS Grants Team	• Comr
ASC/CYP social workers	• If the quest

- 7.5. As part of the above process, Brent will also be assessing the impact of the adaptations on the future requirement for care and support which is provided by ASC and CYP. The purpose of this is to investigate if the adaptations have made sufficient change and improvements to peoples' ability to be more confident and independent. If this is found to be the case, then a social worker (or designated representative) will review existing care packages to see if support levels can be reduced, and thus savings made to Brent care associated budgets overall.
- 7.6. It is expected that the Adaptations Board will have preliminary results from the prototype review model and any impact it has to potential savings realised in June 2019
- 7.7. In 2016-17, 86% of referrals into PHS for support came from ASC's Occupational Therapists, even though the vast majority of our cases are not complex. PHS and ASC are working to change this as part of our widening approach, and have developed and encouraged new referral routes. Early evidence shows that there has been a rise in referrals for adaptations and the new Acute Handyperson Assistance Service directly from STARRS (short-term assessment, rehabilitation and reablement service), ASC social workers, the ASC duty team and acute and step down wards.
- 7.8. Adaptations for children are both critical and in most cases complex, but are a very low contributor to demand and therefore not going to be critical on how future referral pathways are developed.

- 7.9. The main way that referral pathways have been broadened is through a new on-line portal and referral form for use by all relevant health and social care professionals, enabling them to make a referral to PHS directly. Referrers are not expected to necessarily know about the intricacies of various grants and services, but need to know that we are the “go to” service for the provision of adaptations, and that we can make a quick decision on what, if any, support is available. The online, dynamic, self-assessment is based upon the variable that will establish whether a referral can be directed straight to PHS or needs to go to ASC for an assessment. PHS will make this initial assessment in the first instance. The benefits of this will be quicker access to adaptation services, reduced pressures on ASC resources and valuable Occupational Therapist (OT) time.
- 7.10. Figures for this year show that there has been a slow shift towards PHS receiving referrals from other sources, but there is a small increase in NHS referrals for major and minor adaptations and assistance. The most significant change has been the shift towards NHS discharge teams, OTs and other therapists making referrals for the Acute Handyperson Assistance Service.
- 7.11. This increase can be directly attributed to the work that is being done by PHS as part of its Phase 1 of the PHS communications plan where to date, PHS have presented to over 220 internal and external practitioners to raise awareness of the new grants and services. These have included several presentations to partners in London West NHS hospitals to extend the reach in this area.
- 7.12. As PHS moves towards less silo working and greater interaction with the work of other parts of the Council and the NHS, it is expected that savings will result. Facilitating independent living at home, without the need for a stay in hospital or move into step-down accommodation, cuts costs and provides real value for money and improves the customers’ overall experience.
- 7.13. In Brent, an average residential home placement costs the Council £27k. Data from November 2018 London North Western Healthcare Trust SITREPs (verified by Brent’s Hospital Discharge Team) attributes 11.5% of delays in hospital discharge to community equipment/adaptations - which equates to an average of 8 days delayed discharge. Therefore, working closely with Adult and Children’s social care as well as Brent’s NHS partners is vital to driving continuous improvements for residents and realising whole systems savings across Brent.
- 7.14. PHS is working with partners in social care and health to integrate adaptations into a resident’s care, and design an improved approach to integrated care which will lead to a more person-centred, coordinated approach, with improved outcomes for individuals. This new multi-disciplinary approach, with areas interacting more coherently, will deliver more effective support and provide better value from public spending. Grants and adaptation services are aligned more closely with initiatives, particularly from ASC and its health partners, and are contributing towards Brent’s wider aim of meeting people’s needs more comprehensively, seamlessly and cheaply.

- 7.15. A good example of improved integrated working with the NHS and ASC are two new services the new Acute Hospital Discharge Assistance Service and the linked Acute Handyperson Assistance Service. These services are showing positive early signs of increased support for a patient centred older people's care pathway, seeing reduced delays in hospital discharge and improving the overall patient experience.
- 7.16. PHS is working directly with Brent's Hospital Discharge Team, Home First and NHS ward discharge teams to fast track the quick, efficient and safe return home of a patient. Through our on-line referral mechanism, we can respond quickly to requests to carry out minor repairs and adaptations which will enable the patient to move back into a safe home. Below in **Table 4** are three short examples of how this system has worked well over the winter crisis period to reduced hospital stays and prevent re-admissions.

**Table 4: Impact of the Acute Handyperson Assistance Service**

**Assisting fast track discharge from Hospital**

Within two days of receiving a referral from the Northwick Park Hospital discharge team the patient, Mrs Shah, discharged from hospital. Before her arrival home our Handyperson had set up a micro-environment in her lounge to enable her to move around safely. Space was made to make room for a hospital bed, and contractors engaged to move old furniture away.

The total savings to the NHS for this supported discharge from hospital are estimated at £2,100, whilst the actual cost to PHS for delivering this support was just £182.50 (including the use of contractors).

**Making the home environment safe** Mrs Leyland was referred by her social worker, using our new on-line referral form. She was ready to be discharged from Paddington hospital. She was elderly and vulnerable and her medical needs required small changes be made in order to enable her to continue to live in her property. After discussing options with Mrs Leyland and her social worker the Handyperson created a single level sleeping environment by moving her bed and a new commode into the lounge area.

The total savings to the CCG/Brent for preventing the estimated need for 10 days step-down accommodation was £1,030 and the actual cost to PHS for delivering this support was £50.00

**Preventing Hospital re-admission**

Mrs Kumar is an elderly resident with restricted mobility, who uses a roller (Zimmer frame) to move safely around her home. Her flat had thick, wide wooden carpet dividers in every doorway, meaning that each time she moved between rooms she had to lift her roller up and over the frames. Her carer referred her directly to us, as he was concerned that this presented a trip/fall hazard, making her at risk of re-admission into hospital. Our Handyperson responded quickly making the floor flat

and safe, and carrying out other minor work, such as re-positioning a bathroom towel rail.

If Mrs Kumar had returned to hospital for 7 days, the cost would have been £2,100, and the actual cost for delivering this service was £75 to PHS

- 7.17. These interventions have been invaluable in getting people home quickly, thus avoiding costs for Brent, the CCG and local hospitals. A detailed evaluation of the financial and wellbeing evaluation of the service will be carried out towards the end of 2019 when the service has become more established.
- 7.18. These new services support the Winter Pressure Funding Plan, which is submitted to demonstrate how Brent is making best use of additional Government funds that were allocated to ease bed-blocking. PHS now meets regularly with Hospital Discharge/Home First colleagues to review challenges and look at how improvements can be made going forward. They are also actively promoting our services within the NHS.
- 7.19 The Adaptations Project Board has representation from integrated care and children's and adult social care. It will continue to provide oversight on how best to ensure that each service area interacts, and provides a holistic approach to integrated care for Brent residents.

## **8.0 Measuring Impact and Whole System Savings**

- 8.1. In addition to the STAR/well-being prototype and resulting care plan reviews that were previously mentioned, PHS is also working closely with the Community Wellbeing Performance Insight and Improvement team to begin measuring the wider system savings that are made from the grants and adaptations Brent provides.
- 8.2. In the longer term, a model will be developed which can track how all relevant services can record impact and measure the benefits and savings that are being realised via adaptations. To assist with the development of this model, a bespoke pilot began in January, and its remit includes:
- Ensuring adaptations are speedy, facilitating independence and risk free living at home as early as possible
  - Reviewing savings in the cost of care packages, as less care at home is required
  - Making savings in NHS and care costs as hospital stays, re-admission or residential care is reduced
  - Improving Housing supply and reduced use of temporary accommodation
  - Making sure we are providing the right types of service
- 8.3. A list of the grants and the metrics that will be used to measure impact is shown in **Appendix 3**
- 8.4. Service areas will work collaboratively during the review process to maximise what we learn from the impact of services and the measurement and review

against shared metrics. The pilot's early findings will be reviewed in June by the Adaptations Board.

## **9.0 Good Practice**

- 9.1. Brent's provision is seen by many as being ahead of the game, as much provision across the country can be variable. In a report from the Centre for Ageing Better, 'Adapting for Ageing', which was jointly published with Care & Repair England (Oct 2018), Brent was cited as an 'exemplar locality', particularly for its range of discretionary/ DFG related provision. Brent was shown to demonstrate good Local authority policy or practice in 9 of the 11 indicators selected in the report. We continue to work closely with Foundations, the National Body for Home Improvement Agencies to disseminate good practice.

## **10.0 Future Plans and Timescales**

- 10.1. Following on from the successful Phase 1 communication and awareness roll-out to partners, which was launched in December, PHS will roll out Phase 2 in April. The focus of this communication plan will be on with on CCG partners, including GPs and care navigators. As with Phase 1, Phase 2 will become part of the 'Making Every Contact Count' offering.
- 10.2. Discussions will continue with all our internal partners to embed our approach to joint working. PHS will look to explore new ways of working, including joint-assessments, expansion of the number of qualified trusted assessors and begin to explore opportunities for developing the use of assistive technology in the home.
- 10.3. PHS's future strategy is set in the context Building a Better Brent between now and 2023. PHS will set annual priorities for the grants and adaptations service against the 5 key themes. All strategies, policies and plans will contribute to the shared goals and vision for Brent and towards finding yet more innovative ways to improve the lives of all residents.
- 10.4. Brent will strive to continue to be seen as an exemplar local authority in the area of grants and adaptations. The Council will continue to engage with national partners, such as Foundations and the Centre for Ageing, to contribute towards continuous improvements and work towards developing policy, standards and innovation that can be suited to Brent.
- 10.5. As our new products and services were only launched in late 2018, demand is difficult to predict. By the end of the first half of the 2019-20 financial year, it is expected that PHS and its internal partners will be in a position to accurately review the impact, and associated value for money benefits of its expanded service offer. This will enable Brent to develop a strategic approach to demand and, if necessary, a further refinement of its operating model. If, however, the demand for the new grants and products is greater than anticipated the Council could consider a range of options, such as applying for additional funding from



the Ministry of Housing Communities and Local Government and/or seeking further finance from the Capital allocation to meet increased or devising new criteria to manage demand within the funding available.

- 10.6. By August 2019 Brent will be in a position to disseminate the early findings from the pilot review process which is prototyping a new model for reviewing impact and looking at wider system savings. This will inform what model we use for reviewing impact and making savings.
- 10.7. PHS will continue to integrate with social care and health partners the delivery of speedy adaptations for independent living and work which assists hospital discharge. The service will also continue to develop work with other service areas to discourage silo working and continue with the aim of being the 'one-stop shop'. Areas PHS are aligning with include Environment Health, Housing Needs, and the ASC Duty team. This will help to ensure that services are closely connected and that overall customer interaction with the Council continues to improve.

## **11.0 Financial Implications**

- 11.1. 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. Funding has risen from £220m in 2012-13 to £394m in 2016-17 and £431m in 2017-18, and it is set to reach £468m in 2018-19 and £505m in 2019/20.
- 11.2. In 2017-18 Brent's Better Care Fund DFG allocation was increased to £3.9m. 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 £42m of capital funding for DFG in 2017-18 for local authorities in England. Brent's DFG allocation in 2018/19 was £4.3m. A further non-recurrent funding was allocated of £552k.
- 11.3. Spending for DFGs in 2017-18 was £3.4m and for SWGs spend approximately £300k. The projected spend for the service for 2018-19 is £4.9m combined for major adaptations and SWGs with a further £1.1m from the Housing Revenue Assistance budget for adaptations on Council properties.
- 11.4. The scale of Brent's provision is now largest in London. The continued year-on-year increase in funding resources from the Government has supported the introduction of these new products and an extension of Brent's reach to more residents.
- 11.5. The new services recognise the benefits of early housing adaptations as a means to facilitate people staying in their own homes for longer, and can delay the need to move into residential care. This cost avoidance produces savings for Brent and its partners. For example, an average Residential home placement in Brent costs the Council, on average, £27k per year, whereas the average cost of a DFG last year was £11k.

## 12.0 Legal Implications

- 12.1 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").
- 12.2 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 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. The Cabinet approved the Council's updated and amended Private Housing Assistance Policy in June 2018.
- 12.3 A disabled person may be entitled to assistance and services, including specifically aids and adaptations, which local authorities are under a duty to provide under the Care Act 2014 ("the Care Act"), regardless of whether or not a disabled facilities grant is available. Section 3(1) of the Care 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.

**Report sign off:**

**PHIL PORTER**

Strategic Director of Community  
Wellbeing