

**To:** City Executive Board  
**Date:** 16 October 2017  
**Report of:** Head of Planning, Sustainable Development and Regulatory Services  
**Title of Report:** Housing Assistance and Disabled Adaptation Policy

<b>Summary and recommendations</b>	
<b>Purpose of report:</b>	This report seeks approval from members to consult on proposed changes to the Housing Assistance and Disabled Adaptation Policy.
<b>Key decision:</b>	Yes
<b>Executive Board Member:</b>	Councillor Mike Rowley, Board Member for Housing
<b>Corporate Priority:</b>	Meeting housing needs, Strong and active communities, An effective and efficient council.
<b>Policy Framework:</b>	Private Sector Housing Policy 2016-19
<b>Recommendation: That the City Executive Board resolves to:</b>	
1. Approve the draft Housing Assistance and Disabled Adaptation Policy for a city wide consultation.	

<b>Appendices</b>	
Appendix 1	Current - Housing Assistance and Disabled Adaptation Policy 2008
Appendix 2	New - Housing Assistance and Disabled Adaptation Policy 2017
Appendix 3	Risk register
Appendix 4	Equalities Impact Assessment

## **Introduction and background**

1. The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 provides the council with powers to provide financial assistance to improve housing conditions. The Council's current Policy for providing financial assistance for the purpose of improving living conditions was introduced in October 2008. It has regularly been reviewed by senior officers and whilst it is still relevant there have been changes nationally with regard to funding Disabled Facilities Grants (DFG) which need to be incorporated.
2. The Council is duty bound to approve complete applications made under the Housing Grants, Construction and Regeneration Act 1996 for mandatory DFGs. A DFG is a means tested grant with a maximum limit of £30,000 for essential housing adaptations to help disabled people stay in their own homes.
3. The main funding for DFGs now comes from pooled budget arrangements between top tier local authorities and Clinical Commissioning Groups (CCGs) via the Better Care Fund (BCF). The County Council holds the budget and provides DFG funding to each district council. As funding is now received from the BCF, the policy needs to be amended to reflect the BCF's aims of achieving better health and wellbeing outcomes and helping with the prevention agenda.
4. The Council ceased contributing to the DFG programme in 2015/16, but there is £25,000 in the capital budget for discretionary housing assistance for 2017/18. There is a need to review the council's future budget contribution to this fund and that will be considered through the current budget preparation cycle. There is £25,000 capital remaining at the moment.
5. The council has been successful in obtaining external funding which has contributed to the discretionary monies available. This year we have £8k from Gas Safe to help undertake home owner gas safety works and we have £12K from Ebico to undertake energy efficient works for the private rented sector.
6. The policy is delivered by the Council through an in-house Home Improvement Agency (HIA) who are also contracted by the Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to deliver additional services that enable people to remain in their home.

## **Disabled Facilities Grants and the Better Care Fund**

7. The Better Care Fund was announced by the Government in the June 2013 spending round as part of the transformation in integrated health and social care. Nationally, in 2016-17, the Better Care Fund was increased to £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups (CCGs). Part of the fund is the £394 million allocation for the Disabled Facilities Grant, which is paid directly from the Government to upper tier local authorities. The Better Care Fund (BCF) brings together money from a number of health and social care budgets in order to find better ways of delivering health and care services, and make a person's health pathway easier to navigate. It is a crucial part of delivering the aims of the Care Act 2014, especially on the prevention agenda and reducing hospital discharge delays.

8. Hospital discharge is one of the key strategic objectives of most Clinical Commissioning Groups, especially in Oxfordshire. Delayed discharge is not only expensive, but also potentially dangerous, leaving vulnerable people more exposed to hospital acquired infection. But rapid discharge is only half the story, as it is now also clear that many vulnerable people are discharged into unsafe home environments which exacerbate their frailties and lead to large numbers of re-admissions to hospital. The revisions in the policy aim to help with some of these issues.
9. The national mandatory grant programme has been considerably expanded from £220m in 2015/16 to £431m in 2017/18. Oxford City Council's DFG Budget allocation from the government has increased from £501,000 in 15/16 to £1,062,545 in 17/18. An increasing number of authorities are updating their policies to include more innovative ways of spending the Disabled Facility Grants (DFG) monies.
10. The proposed amendments to our Housing Assistance and Disabled Adaptations Policy reflect the aims of the BCF especially around a more joined up approach to supporting hospital discharges and an increase in preventative work reducing admission to hospitals. The changes proposed are based on our extensive experience of operating the current scheme, feedback from clients and an analysis of barriers to take up. They are supported by our partners at the CCG and Adult Social Care.
11. The main changes are to:
  - Create a new discretionary Adapted Homes Grant with a maximum value of £5,000 that is available for DFG applicants with no means test. This is to help people who cannot afford to contribute towards the DFG.
  - Increase the maximum amount for a Discretionary Disabled Facilities Grant to £10,000. This is to help the people on low incomes where the costs exceed the £30K grant maximum.
  - Introduce a new discretionary Safe and Secure Grant up to a maximum of £1,000 to reduce falls to vulnerable people and assist with hospital discharge.
12. All these new initiatives will be funded using BCF money.
13. Wherever possible Oxford Direct Services will be used to carry out the works required and a work programme agreed to deliver the outcomes.

### **Needs Analysis for the proposed changes**

14. The demand for adaptations to keep people in their own homes is increasing. Disability-free life expectancy and healthy life expectancy have been rising more slowly than overall life expectancy, meaning that more people are likely to be living into older age with long term conditions. Disabilities and long term conditions become more prevalent with older age, and are likely to affect more than 44,500 older people in Oxfordshire. The number of older people in Oxfordshire is expected to grow at twice the rate of the population as a whole. Common conditions likely to affect more than a fifth of older people include hearing loss, high blood pressure, arthritis, and respiratory illness.

15. The mandatory DFG is a means tested grant and every year there are applicants referred by the County Council Occupational Therapists who are required to make a contribution towards the adaptations needed to their home.
16. Many of these applicants, particularly the elderly, go onto choose not to contribute towards the cost of the works and withdraw their application. This is mainly because they are they have limited savings or are reluctant to reduce their savings, with the consequential impact on income, to fund the works.

This means that their quality of life is not improved and the failure to install necessary adaptations can put them at potential future risk of injuries and worsening health. Since April this year we have had 6 DFG applications withdrawn as the applicant could not afford their contribution.
17. The maximum statutory DFG in England is £30,000. We have on average 8 or 9 cases per year which exceed or are likely to exceed the £30,000 grant maximum. These cases are often complicated because of the applicant's particular circumstances and involve the construction of major works such as an extension. Currently the Council offers up to £5,000 for a Discretionary DFG and it is proposed to increase this to £10,000 to allow for increased building costs and the number of cases coming forward that need a greater degree of intervention to keep people safe at home .
18. Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.
19. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall.
20. In 2014/15 there were over 2,800 emergency admissions for injuries due to falls among older people in Oxfordshire. Over 700 involved hip fractures. Oxfordshire had the highest rate of injuries due to falls in the 65+ age group compared to its peers in 2014/15 and the second highest in 2015/16. Oxfordshire also had the highest rate of injuries due to falls in the 80+ age group compared to its peers in 2014/15 and the second highest in 2015/16.
21. Falls are estimated to cost the NHS more than £2.3 billion per year. With the number of people aged 65 and over predicted to increase by 2 million by 2021, costs are set to rise further. Oxfordshire had a high spend on injuries to the wrist and hand of 65+ nationally in 2014/15. Therefore falling has an impact on quality of life, health and healthcare costs.
22. In addition to hospital cost, a unique Torbay study undertaken by the Kings fund showed that
  - a. On average, the cost of hospital, community and social care services for each patient who fell were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself.
  - b. Over the 12 months that followed admission for falls, costs were 70 per cent higher than in the 12 months before the fall.
23. Oxfordshire had fewer than half of patients returning to usual place of residence following a fractured femur in 2014/15 and 2015/16, which is at a low level compared to many CCGs in England.

24. The proposed discretionary Safe and Secure Grant reflects these increasing needs and contributes to the BCF aims of reducing hospital admissions and speeding up hospital discharge.

### **Discretionary Housing Assistance**

25. There are no changes proposed to the existing discretionary forms of housing assistance as these remain fit for purpose.
26. Since 2008 the Council has been a member of a consortium of 17 local authorities that created a not-for-profit company called Flexible Home Improvement Loans Ltd. The company now offers a loan designed to get empty homes back into use and this has been added to the policy. The empty homes loan is a 5 year, flexible, bridging finance secured by a first charge on the property. The loan, plus outstanding interest, must be repaid on the fifth anniversary of making the loan, or if the property is sold, whichever occurs first.

### **Consultation and communications**

27. It is proposed that the Housing Assistance and Disabled Adaptation Policy goes out for consultation Tuesday 17th October. The results will be used to report back to Members at City Executive Board on Tuesday 23 January 2018, with recommendations for approval.

### **Financial implications**

28. The Council is duty bound to approve complete mandatory Disabled Facilities Grants (DFG) applications. The Council has not had to contribute towards the DFG budget since 2015 as all the funding for DFG now comes from the BCF. The expectation is that the increased funding will be used in innovative ways to meet the aims of the BCF to reduce costs especially around hospital admissions and delayed discharge. The primary reason for updating the policy is to enable the council to fully spend and commit its funding allocation under the BCF. The CEB will be informed so we can plan how to meet our mandatory DFG duty in the future.
29. No additional staff will be required to deliver the proposed changes as the costs of management and administration of the grants are covered by the fund.
30. The future budget for discretionary housing assistance has yet to be decided and will form part of the 2018/19 budget process.

### **Legal issues**

31. No legal issues have been identified.

### **Level of risk**

A risk register is attached as Appendix 3.

### **Equality Impact Assessment**

An EIA has been completed and attached as Appendix 4

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#### **Background Papers:**

- 1 [http://insight.oxfordshire.gov.uk/cms/system/files/documents/20160329\\_Needs%20Analysis%20for%20Older%20People%20in%20Oxfordshire\\_FINAL.pdf](http://insight.oxfordshire.gov.uk/cms/system/files/documents/20160329_Needs%20Analysis%20for%20Older%20People%20in%20Oxfordshire_FINAL.pdf)
- 2 <http://wwwFOUNDATIONS.UK.com/media/4718/preparing-a-policy-under-the-regulatory-reform-order-formatted.pdf>
- 3 [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf)
- 4 <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2007/november/pub-002771.pdf>
- 5 <https://www.england.nhs.uk/wp-content/uploads/2017/08/bcf-planning-requirements-faqs.pdf>