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NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

Joint Commissioning Board

Thursday, 15th April, 2021
at 9.30 am

PLEASE NOTE TIME OF MEETING

PLEASE NOTE: this will be a 'virtual meeting', a link to which will be available on Southampton City Council's website at least 24hrs before the meeting
Members

This meeting is open to the public

Members

Dr Kelsey (Chair)
Councillor Hammond (Vice-Chair)
Councillor Fielker
Councillor Shields
Maggie MacIsaac
Matt Stevens

Please send apologies to:

Emily Penfold, Board Administrator,

Tel: 02380 296029

Email: emily.penfold@nhs.net

PUBLIC INFORMATION

Role of the Joint Commissioning Board

The Board has been established by the City Council and Clinical Commissioning Group to commission health and social care in the City of Southampton. It will encourage collaborative planning, ensure achievement of strategic objectives and provide assurance to the governing bodies of the partners of the integrated commissioning fund on the progress and outcomes of the work of the integrated commissioning function

Public Representations

Save where an Item has been resolved to be confidential in accordance with the Council's Constitution or the Freedom of Information Act 2000, at the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Benefits from Integrated Commissioning

- Using integrated commissioning to drive provider integration and service innovation.
- Improving the efficiency of commissioned services
- Increasing the effectiveness of commissioning – across the whole of the commissioning cycle.

Smoking policy – the Council and Clinical Commissioning Group operates a no-smoking policy in all of its buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency an alarm will sound and you will be advised by lofficers what action to take.

Access – access is available for the disabled. Please contact the Support Officer who will help to make any necessary arrangements.

CONDUCT OF MEETING

Terms of Reference

The terms of reference of the Board are contained in the Council's Constitution and the Clinical Commissioning Group Governance Arrangements.

Business to be discussed

Only those items listed on the attached agenda may be considered at this meeting.

Rules of Procedure

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

Quorum

The minimum number of appointed Members required to be in attendance to hold the meeting is 4 with a minimum of 2 from the City Council and the Clinical Commissioning Group.

Disclosure of Interests

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

AGENDA

Agendas and papers are now available online at
www.southampton.gov.uk/council/meeting-papers

1 WELCOME AND APOLOGIES

Lead	**Item For:** **Discussion** **Decision** **Information**	**Attachment**
Dr M Kelsey	Information	None

2 DECLARATIONS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr M Kelsey	Information	None

3 MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING (Pages 1 - 4)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Dr M Kelsey	Decision	Attached

4 DISABLED FACILITIES GRANT REVIEW AND RECOMMENDATIONS (Pages 5 - 60)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Cllr Fielker/Jamie Schofield	Decision	Attached

5 BETTER CARE FUND - YEAR END REPORT 2020/2021 AND PRIORITIES FOR 2021/2022 (Pages 61 - 68)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Cllr Fielker/Morag Forrest-Charde	Decision	Attached

6 QUALITY REPORT (Pages 69 - 72)

Lead	**Item For: Discussion Decision Information**	**Attachment**
Carol Alstrom	Discussion	Attached

Wednesday, 7 April 2021

Richard Ivory, Service Director Legal and Business Operations

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SOUTHAMPTON CITY COUNCIL ®

NHS
Southampton City
Clinical Commissioning Group

Meeting Minutes

Joint Commissioning Board – Public

The meeting was held on Thursday 17th December 2020, 09:30 - 10:30
Microsoft Teams Meeting

	NAME	INITIAL	TITLE	ORG
Present:	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	Councillor Lorna Fielker	Cllr Fielker	Cabinet Member – health and Adult Care	SCC
	Councillor Dave Shields	Cllr Shields	Cabinet Member – Stronger Communities	SCC
	Matt Stevens	MS	Lay Member – Patient and Public Involvement	SCCCG
	James Rimmer	JR	Managing Director	SCCCG
In attendance:	Stephanie Ramsey	SR	Director of Quality & Integration	SCCCG / SCC
	Donna Chapman	DC	Associate Director	SCCCG/ SCC
	Grainne Siggins	GS	Executive Director Wellbeing (Health & Adults)	SCC
	Carol Alstrom	CA	Associate Director of Quality	SCCCG /SCC
	Keith Petty	KP	Co-ordinating Finance Business Partner	SCC
	Claire Heather	CH	Senior Democratic Support Officer	SCC
	Beccy Willis	BW	Head of Governance	SCCCG
	Dr Sarah Young	SY	GP Board Member	SCCCG
	Emily Penfold (minutes)	EP	Business Manager	SCCCG
Apologies:	Councillor Chris Hammond	Cllr Hammond	Leader of the Council	SCC
	Maggie MacIsaac	MM	Chief Executive Officer	SCCCG
	Sandy Hopkins	SH	Chief Executive Officer	SCC

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting. Apologies were noted and accepted	

2.	**Declarations of Interest**	
	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship No declarations were made above those already on the Conflict of Interest register.	
3.	**Minutes of the Previous Meeting/Action Tracker**	
	The minutes from the previous meeting dated 15th October 2020 were agreed as an accurate reflection of the meeting. **Matters Arising** There were no matters arising.	
4.	**Quality Report**	
	CA joined the meeting to present the Quality Report and the Provider Failure Protocol to the Board. CA outlined the highlights of the quality report. Cllr Fielker thanks CA and the team for all the work that had been undertaken in relation to support care homes within the city, this provides positive outcomes to individuals within the city. CA presented the Provider Failure Protocol and outlined the highlights. GS thanked CA for the work undertaken for this and the cross border element is very helpful. This is a very important document and it needs to be shared across adult social care. MK asked if the protocol was the same as those in place across Hampshire and Isle of Wight. CA responded that Hampshire have a similar protocol in place. The Board approved the Provider Failure Protocol. CA left the meeting.	
5.	**Performance Report**	
	The Board received the performance report and SR outlined the highlights of the report. Cllr Fielker raised a concern about the early discharge of people under the medically optimised for discharge (MOFD) requirements. Does this have long term ramifications that we are yet to see, and raised concern this becomes the discharge model for the future. SR responded that there are a group of clinicians looking at the impact of MOFD, this is reporting	

	to the local resilience forum. There is a focus to invest in therapy work in the community. Public Health colleagues are working with us on looking at the longer term impact of these discharges. If people are discharged into bed based provision for reablement and assessment the focus is still to return home if feasible MK raised we do recognise the increase in frailty across the population due to both Covid and the impact of lockdown. We need to ensure those therapy services in the community are commissioned correctly to also help those people. MK asked when the data from the Learning Disabilities Health Checks is from. SR responded this data is from the end of October, there is a lot of focus work on improving LD health checks. The Board noted the Performance Report.	
6.	**Better Care Steering Board Minutes**	
	The Board received the Better Care Steering Board minutes from the meeting that took place on 1st September 2020.	
8.	**Date of Next Meeting**	
	15th April 2021, 09:30 – 11:30, Microsoft Teams Meeting	

DECISION MAKER:		Cabinet Member for Health and Adult Social Care following consultation with the Joint Commissioning Board		
SUBJECT:		**The Disabled Facilities Grant Review and Recommendations**		
DATE OF DECISION:		**15 April 2021**		
REPORT OF:		**Interim Managing Director/Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Moraig Forrest-Charde	Tel:	07769640375
	E-mail:	Moraig.Forrest-Charde@nhs.net		
Director	**Name:**	Stephanie Ramsey	Tel:	023 8029 6941
	E-mail:	stephanie.ramsey@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

BRIEF SUMMARY

In September 2019, the Integrated Commissioning Unit, working with Southampton City Council's Adult Social Care and adaptation services, commenced a review of the utilisation of the Disabled Facilities Grant (DFG) and opportunities for greater alignment with other services to improve client experience, promote independence and support the delivery of more efficient and effective services. This highlighted a number of areas of concern along with a substantial budget underspend (£3.7m) but also a number of opportunities.

In February 2020 the Joint Commissioning Board approved the appointment of a consultant with specialist knowledge in the DFG, associated service delivery and national good practice.to undertake a more detailed review.
The outbreak of the COVID 19 Pandemic held up the review but it did go ahead in August 2020 when we commissioned Foundations to undertake the work completing in December 2020. The review presents 14 recommendations, which are detailed within the review report which can be found in the appendix.

RECOMMENDATIONS:

	(i)	To note the content of the Disabled Facilities Grant Review.
	(ii)	To endorse the Disabled Facilities Grant Review recommendations and Next Steps which are:- Work Stream 1. 1. To establish a cross agency/directorate project group with Senior Project Lead and designated Project Management. 2. To develop and agree Terms of Reference and detailed Project Plan that will deliver a DFG delivery model in line with the review recommendations to include timescales, resource implications, business and procurement expectations and activity and potential risks. 3. To implement the agreed DFG delivery model. Work Stream 2.

		1. To identify a commissioning manager to work with the BCF Finance Board to establish a methodology for identifying and prioritising schemes that funded through the DFG underspend. To ensure that expenditure is within national DFG guidance and recognises established national good practice. 2. To establish monitoring arrangements that ensure funded schemes achieve their aims. 3. To ensure that the agreed DFG expenditure forms part of the wider BCF monitoring arrangements including established local and national reporting. 4. To have these arrangements in place by the end of May 2021.
REASONS FOR REPORT RECOMMENDATIONS		
1.	The review was undertaken by an organisation which is expert in this field and makes recommendation based upon local findings and national best practice.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	The Executive Directors of Wellbeing (Health and Adults) and Communities, Culture & Homes endorsed the decision to undertake the review. Therefore options considered are referenced within the review and recommendations made based upon those options.	
DETAIL (Including consultation carried out)		
	Background and Summary	
3.	The full review of the DFG undertaken by Foundations is made available in the appendix and provides the full context, description of process and recommendations. In summary - The review made 14 recommendations (listed on P.17 of the review). The majority of the recommendations (1-9) relate to Work stream 1 with the remainder 10-14 Work stream 2 activity. i) Work stream 1. Substantial system change in relation to processes and practices that ensure effective provision of adaptations through the DFG. ii) Work stream 2 - A range of locally agreed schemes and initiatives dedicated to maintaining people's independence in a broader sense and that support Southampton's strategic aims. The initiatives primarily focus on the utilisation of the current underspend and are not part of the larger system change that is required. The review recognised that there had been previous attempts to change processes and practices that did not achieve the required aims. The reviewers felt strongly that the realisation of Work stream 1 relies heavily on senior leadership and dedicated project management, as change is required across a number of directorates and agency boundaries. The key risks associated with this project are those associated with the breadth of change across the wider system The realisation of the benefits is reliant on the whole adaptation pathway being flexible and responsive. The recommendations within the report, if fully implemented, promote this approach.	
	Next Steps	
4.	The proposed next steps are as follows - • The Executive Director Health and Adults has agreed to act as Senior Project Lead for Work Stream 1 and has identified dedicated Project Management to support the work. • The costs associated with Work stream 1 are unknown as this depends on the	

model that the project team agree and seek to deliver to meet the review recommendations. This is likely to include procurement activity.

- Appendix 8 describes a timeline that seeks to deliver change by October 2021 however, this did not take account of the hold on progressing the work due to the COVID pandemic.
- The DFG forms part of the Better Care Fund with expenditure managed through the BCF Finance Board. The expectation is that the short term bespoke activity in Work stream 2 would be agreed and managed through this forum. This would utilise established processes in line with all other schemes managed as part of the Better Care Fund (BCF).
- The BCF Finance Board will develop the methodology for prioritising which schemes to take forward.

RESOURCE IMPLICATIONS

- Work stream 1 is the priority as this ensures that the processes and practices associated with the provision of DFG adaptations are fit for purpose.
- A project Manager needs to be identified to support this piece of work.
- The costs associated with Work stream 1 are unknown at this stage as they depend on the model that the project team agree going forward and seek to deliver to meet the review recommendations.
- The recommendations include the bringing together of functions currently undertaken separately (e.g. single manager for adaptations process) which might require HR support, realignment of roles, integration of budgets etc.
- There is a recommendation that casework support be offered to clients during the DFG process particularly those who are vulnerable. Currently this is not offered so would need to be commissioned in some way thus requiring a business process that supports which might include tendering.
- There are issues related to the provision of adaptations once assessment has taken place particularly related to in-house contracting. The review recommends that this provision may need to be enhanced or supported through other means to ensure that work is carried out in a timely fashion. From a resource perspective this could be costly and time consuming as potentially could include some outsourcing to manage the current waiting list.
- The review indicates that the frontline teams associated with the assessment and provision of adaptations are struggling both with the current system but also in ensuring that the work is managed in a timely manner with appropriate levels of client support and oversight. To this end although the changes in the system and pathway will support some of these issues there is a likelihood that the operational teams will also require further staffing to meet the recommendations of the report.
- The BCF Finance system associated with Work stream 2 has been set up to manage any underspend that occurs whilst Work stream 1 is under development and has become operational. BCF Finance Board will need to develop systems that prioritise schemes where DFG funds could be utilised however the level of spend would need to be determined by any available underspend once work stream 1 is delivered.

Capital/Revenue

5. The DFG Budget, including carry forward, is increasing annually so unless we are actively utilising processes such as those recommended within the review and overseen by the BCF Finance and Performance Group the underspend is likely to continue to increase.

Property/Other

6.	None
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
7.	Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Southampton City Better Care Fund Section 75 Partnership Agreement, which encompasses the DFG, is such an arrangement which enables the management of BCF schemes in accordance with the national conditions.
RISK MANAGEMENT IMPLICATIONS	
8.	The application of the DFG is important in ensuring that people are supported to be independent as possible in their own homes. The risks associated with not managing the grant effectively are that:- • People's general quality of life is enhanced if they are independent and the current long waiting lists and difficulties in realising the outcome of the DFG assessments reduces this quality leaving people reliant on others for their care unnecessarily. • People are more likely to require higher levels of home based care or residential care to compensate for the adaptations not being made which is not cost effective. • People's environments are less likely to be safe and therefore increasing the risk of accidents e.g. falls and therefore the likelihood of hospital admission. • The DFG budget is substantially underspent which means that care that could be provided that would enhance people's lives and support the system is not being provided. • In recent years the use of the DFG has been extended which would support other operational areas e.g. social work, equipment provision healthy homes. These opportunities are not currently being realised for the benefit of the whole system. • The underspend in the budget has led to increased scrutiny and there is a risk in the future that if we don't utilise the funds effectively it will not be given to us. • All of the above risks can be mitigated against by following the recommendations of the review which focusses on person centred system change."
CONFLICT OF INTEREST IMPLICATIOINS	
9.	None
POLICY FRAMEWORK IMPLICATIONS	
10.	The recommendations in this paper reflect the requirements which are expected to be included within the national policy framework.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**N/A**
SUPPORTING DOCUMENTATION	
Appendices	
1.	City of Southampton: A Review of the Disabled Facilities Grant Programme January 2021.

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report requ an Equality and **Safety Impact Assessment (ESIA) to be carrie out.**	**No**
Privacy Impact Assessment	
Do the implications/subject of the report requ Privacy Impact **Assessment (PIA) to be carried out.**	**No**
Other Background Documents **Other Background documents available for inspection at: CCG**	
Title of Background Paper(s)	

1.	None	

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Agenda Item 4

Appendix 1

City of Southampton

A Review of the Disabled Facilities Grant Programme (commissioned by the City Council and the Clinical Commissioning Group)

January 2021

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Introduction

Foundations were commissioned by the City Council and the local Clinical Commissioning Group (CCG) to undertake a review of major adaptations across the City including its integration with other relevant support services for older and disabled residents, and to suggest a list of options for use of a current underspend on the funding provided by government for the purposes. The agreed project deliverables are reproduced in Appendix 2.

Foundations worked with an appointed Stakeholder Group of officers from the City to develop and refine the report and its recommendations. A list of the members of the Stakeholder Group can be seen at Appendix 3. A list of the report recommendations can be found at Appendix 1.

Strategic Relevance

The benefits of providing adaptations to the homes of those with disabilities (physical and sensory), certain medical conditions, and other vulnerabilities such as increasing frailty with old age are well documented. For many years there has been a statutory duty on local housing authorities to provide Disabled Facilities Grants (DFGs) to eligible clients where there is an assessed need.

The legislative framework that governs the delivery of DFGs is dated and unhelpful in the modern context. This has been recognised in several successive national reviews that has seen increasing discretionary flexibilities provided to local authorities. Delivery of DFGs has been documented as being inflexible and hide-bound in several published reports, and client complaints regularly appear in local government ombudsman (LGO) cases. Delays, contractor issues, and unnecessary bureaucracy all feature repeatedly.

In 2015 the government placed funding for DFGs into the Better Care Fund with the intention of generating better integration with social care and health services to provide better outcomes for clients and the wider system. The potential uses for DFG funding were also widened to include agreed social care projects to further that integration.

Since that time, the allocation to local authorities from government has more than doubled and now stands at more than £500 million annually.

At the outset of the project Foundations examined several locally adopted strategies and plans which demonstrate just how relevant the project brief is to the aims and objectives of the Council and its partners. A full list of the documents examined is given in Appendix 4 together with a brief extract from each. Common themes emerge and are repeated around prevention and promoting independence; and the importance of the home and of housing as a wider determinant of health and well-being, mirroring the findings of national reports on the efficacy of major adaptations and their role in local public services. It is the very reason that increased funding has been made available for the national programme.

We also understand that the Council is currently undertaking a Scrutiny Inquiry 'Carer Friendly Southampton'. The Inquiry has heard evidence from young carers and adult carers in the City of their experience of grant funded housing adaptations. The evidence supports the need for a whole family and person-centred approach to ensure carers needs are fully taken into account in the process of housing adaptations. The Inquiry is due to make recommendations for the wider Council and partners in the City to consider by April 2020. Alongside this the Integrated Commissioning Unit is developing a 5-year carers strategy which is being co-produced with carers and stakeholders in the City.

Project deliverables, methodology and recommendations

In our experience, during any DFG review, the opportunities for improvement and innovation centre around two things; the day-to-day operation of the assessment and practical delivery of major adaptations i.e., delivery of Disabled Facilities Grants; and an examination of wider pathways in the provision of support to older and vulnerable clients in their home.

The review commissioned by Southampton encompasses both aspects, and our report is structured accordingly. The review methodology was to initially carry out a desktop review of available strategies, plans, policies, and protocols. Secondly, a series of unstructured interviews with key stakeholders and practitioners were carried out over a period of weeks. Findings were reported to and reviewed by the Stakeholder Group of officers. We have thus arrived at a list of recommendations, some of which provide immediate opportunities, others that will require further consideration and discussion.

A complete list of all the recommendations contained in this report is set out in Appendix 1. They are wide ranging and cut across many directorates and departments. What will be critical to the implementation of the report will be the appointment of a senior manager, a Director, to hold the brief for the project and to oversee it, together with the appointment of a Project Group (the current Stakeholder Group) to monitor progress, and a Project Manager to deliver the brief.

Foundations has outlined a suggested Project Implementation Plan (Appendix 8), and a Project Risk Matrix (Appendix 9) that could be refined and developed by the Project Group and Project Manager.

Below we summarise of our actions, findings, and recommendations on the project deliverables.

Delivery of Major Adaptations

An initial examination of the day-to-day operational delivery of major adaptations, including mandatory and discretionary grants for all tenures other than council tenants, following assessment of need by the Housing Adaptations OT (Occupational Therapy) Team was carried out and a summary report with recommendations is at Appendix 5.

Further discussions confirmed that previous attempts to introduce new working practices had met opposition and resistance, and change has therefore not been implemented. The idea of moving the Adaptations Team to another manager or Directorate to allow a concentrated focus on bringing about change, and with the potential to combining it with the Housing Adaptations OT Team, was rejected in favour of another effort to address matters within the existing arrangement. However, to assist and support any efforts to implement change it is recommended that a independent party be engaged, either internally or externally, to lead and oversee the operational re-design. This could be funded through the DFG underspend.

Rec1: It is recommended that the day-to-day operation of the Adaptations Team be redesigned in line with our report, and that the process be led by and overseen by an experienced independent party.

There is no single manager responsible for ensuring that adaptations meet the needs of residents, and the broader public need, such as hospital discharge etc. It is considered essential that a single owner take responsibility (but not necessarily day-to-day control) of the entire process.

Previous analysis of the adaptations pathway by officers identified that current processes are unnecessarily cumbersome and uncoordinated. The introduction of clearer routes and signposting to Adaptations, Reablement etc need to be agreed. This should include how the first point of contact is to be configured. Wasted effort can be avoided by transferring some sub-process elements to the first point of contact so that client's expectations are managed, and works are aborted at the earliest possible time when necessary.

Major benefits could also accrue from following the legislative DFG process only where clients are required to make a significant financial contribution. It was suggested that only in those cases should the traditional DFG process apply, together with those who want to manage the works themselves to avoid any potential legal challenge. This is certainly worth further consideration.

Rec 2: It is recommended that a single manager be responsible for adaptations process and that current pathways and processes be reviewed including from the first point of contact. Furthermore, that new and simpler pathways be explored for clients requiring major adaptations who do not have a financial contribution.

Currently the Adaptations Team do not provide either casework support to clients or a formal 'agency' service. Thus, clients are left to bring forward their own applications including completing forms and sourcing contractor quotes, permissions (B.Regs, planning, etc). Experience suggests that this will lead to some clients, including those who are more vulnerable, dropping out of the system and not receiving the required adaptation(s). Even if simplified delivery models are adopted there may be complex cases where clients will need help to bring about successful outcomes.

Rec 3: It is recommended that an agency service be offered to clients and that a fee structure be developed to help towards the cost of the service, paid for from DFG funds.

The issue of casework support (or keyworker) was raised elsewhere during the review (in relation to Wheelchair Users) and the difficulty of vulnerable clients navigating complex public services delivered by different authorities (Health Trust, Clinical Commissioning Group, City Council) and by different teams, leading to multiple hand-offs, delays, confusion, and frustration. Learning from a recently commissioned service provided by 'Two Saints', a known and trusted local third sector provider, provides a model that could be applied to vulnerable clients A keyworker acts on behalf of the client to navigate local systems whilst at the same time providing active 'challenge' and learning for the client.

This approach mirrors that provided by a home improvement agency where a 'Healthy Homes assessment' identifies the practical measures – adaptations, repairs, maintenance, energy efficiency/fuel poverty, benefit realisation, etc, issues facing the vulnerable householder who is then helped to access the support services to preserve their independence and delay the need for admission to care or hospital settings and enhanced personal care packages.

Rec 4: It is recommended that the provision of casework support should be examined so that vulnerable clients achieve the best outcome for their adaptation and other needs. This should be considered alongside Rec 1-3.

For council tenants the pathway is less complex, but there are still matters that arise. Delays are currently being experienced due a backlog of cases and to inadequate contractor capacity. Recommendations to increase the Housing Revenue Account (HRA) spend to deal with the backlog and to meet demand have been accepted, and arrangements for increasing contractor capacity are being brought forward. In combination this should remove the current waiting list and reduce future waiting times.

In other discussions it was mentioned that the cost of similar major adaptations varied significantly between those carried out by private contractors for private owners and private tenants, and some social rented tenants; and those carried out in council properties by the in-house contractor.

Rec 5: The increased HRA spend on major adaptations in council stock should be used in conjunction with increased contractor capacity to remove the existing waiting list for major adaptations and to reduce future waiting times. If the in-house contractor is unable to provide a detailed plan that evidences how the backlog of disabled adaptation works will be addressed, it is recommended that consideration be given to outsourcing works in order to address the backlog, even if this is on a short-term basis until the in-house contractor is sufficiently resourced to be able to manage the volume of work in the longer term.

Initial contact for clients who may subsequently receive a major adaptation is with either Adult Social Care Connect or the Community Independence Teams. From there a referral is made to the specialist Housing Adaptation OT Team. It is understood that the current arrangements work reasonably well and that the Housing Adaptation OT Team is structured in such a way that there is an appropriate use of professional expertise matched to the complexity of the case as envisaged by the Royal College of Occupational Therapists (RCOT) ‘Adaptations Without Delay’ report, with Occupational Therapists, Occupational Therapy Assistants (OTAs), Trusted Assessors (TAs), and an Adaptations Officer (for SCC tenants). Nevertheless, there are still waiting times for assessments despite an additional post being funded in 2017. This may in part be due to the requirement for OTs to produce drawings and plans as part of their assessments, not something that makes best use of their professional expertise.

Any redesign of the delivery of major adaptations should encompass the relationship and interface with the Housing Adaptations OT Team to ensure maximum efficiency. This should include the current use of IT and software. A shared client database accessible to both teams has been a major benefit in other authorities.

There is also a waiting list for assessments for children's adaptations and the operational review should consider how best to address this, whether by way of a temporary increase in resources, or in some other way.

Finally, where a means-test is applied to the delivery of major adaptations clients should be provided with information as early as possible in their customer journey, i.e. at or near the first point of contact. Currently, clients are only means-tested after their needs are assessed and at the point where their need is being actively 'processed'. This is typically many months after they have been initially considered as a potential beneficiary. For those screened out by the means-test it increases not only their frustration with the system, but it also introduces further unnecessary delay.

Rec 6: It is recommended that a preliminary means-test be applied to all those being considered for a major adaptation at the earliest possible time to screen out those who are ineligible. Further that comprehensive information, advice, and support (including somewhere to view and test products) be developed to assist self-funders and those not eligible for financial assistance with their major adaptation.

Opportunities for using DFG funding more flexibly

DFG funding is available to meet not only the delivery of major adaptations for private owners, private tenants, and for some social rented tenants, but also to spend on 'wider social care capital projects'[1]. Where local budgets are underspent, not under undue pressure, or, as in the case of Southampton, there are carry forwards from previous years, this provides the potential for other priorities to be met that may ease pressures in other parts of the system. This can include initiatives designed to promote independence, to prevent unnecessary hospital admissions or moves to other expensive forms of residential care, to speed up hospital discharge and to reduce dependence on expensive packages of personal care. Notes from a meeting with LA Finance Officers in Appendix 7 give some idea as to how the capital spend requirement can be met.

We go on to consider local opportunities as set out above in the review brief.

The Joint Equipment Store

As in all authorities the budget for community equipment is under huge pressure. However, the £1k threshold that delineates the separation of minor adaptations and the major adaptations and the subsequent pathways for those in the private sector creates a two-tier system. The divergent delivery of major adaptations is covered elsewhere in this report with recommendations for change.

Minor adaptations, including installation are currently delivered in-house by a team within the Joint Equipment Service where waiting times are understood to be minimal. This includes grab and stair rails and a set range of minor adaptations. For those jobs that go over £1k the case is referred to the Grants Team for a formal DFG application and the attendant processes that lead to significant delay. Recommendations for a redesign of the Grants Team are dealt with elsewhere, but aside from that, it is possible to spend DFG through the minor adaptations service to 'top-up' the £1k maximum available for the project and to allow it to progress outside of the major adaptations process. Thus, for example, door widening could be undertaken by the minor adaptation team with the costs attributed and apportioned to the appropriate budget.

A differential pathway was also highlighted in the treatment of ceiling track hoists, and other larger items of equipment that have traditionally been designated as falling within the scope of a 'major adaptation' and therefore subject to the same divergence. If the items were to be

[1] Disabled Facilities Grant Allocation 2020-21: Letter from MHCLG to all LA Chief Officers

fitted through an enhanced or expanded version of the current contractual arrangements provided through the Joint Equipment Store, then a speedier process would result for the private sector and less draw upon resources within the Grants Team.

It would also be beneficial to consider top-slicing some of the DFG funding to contribute towards the cost of some equipment, or re-designating some items in order to avoid the practice of ‘enhancing’ assessments so that they fall outside the scope of the minor equipment budget.

Finally, the use of extended warranties and arrangements for servicing and maintaining larger items of equipment funded through DFG should be reviewed so that their safety and continuing availability is assured.

Rec 7: It is recommended that in line with earlier Recs 1-3, the delivery of some types of major adaptations be done outside the processes dictated by the Housing Grants (Construction & Regeneration) Act 1996 and this include a consideration of the adjustment of existing contracts and services provided by the Joint Equipment Store to combine the best of both current pathways. To include the use of DFG funding to ‘top-up’ some minor adaptations where this would be efficient, and with adequate reporting and monitoring of spend.

The Wheelchair Service

Integration of the Wheelchair Service with other support services has been difficult. This has led to delays and difficulties for clients. Delays in the delivery of major adaptations can lead to the delayed handover of an assessed wheelchair to a user. Clients find problems in finding the right person within the wider support services and agencies to speak to, a caseworker model would help to support wheelchair uses navigate through often quite complex systems of support.

A casework approach to the delivery of major adaptations is mentioned elsewhere in this report, and the development of a ‘home improvement agency’ or ‘Independent Living Service’ bringing together support services for vulnerable clients is a worthy candidate for consideration. This is one outcome of a recent DFG review carried out by Foundations for Slough Borough Council.

Personal wheelchair budgets have helped service users match their personal needs to their assessed needs and to use different pots of money to buy a chair of their choice. There are some cases where the need for major adaptations could be reduced or avoided altogether if even part of the funding to be spent on the major adaptation were to be given to the purchase

of an uprated wheelchair. This may need to be considered through existing panels, but the flexibility would be helpful in those limited number of cases where it was felt to be appropriate.

Rec 8: It is recommended that DFG funding be considered for the purpose of upgrading a wheelchair where there is a concurrent need for major adaptations and where the provision of such a chair would obviate or significantly reduce the need for an adaptation to the home.

Housing sector initiatives and funding streams

There was discussion amongst the Stakeholder Group regarding the need to address accessibility when building or commissioning new residential properties within the City, at the same time as considering arrangements for adapting existing housing. It seems sensible, wherever possible, to build new properties that are built to 'Lifetime Homes' standard or that apply the more recent 'HAPPI' (Housing our Ageing Population – Plans for Implementation) principles.

The Group were anxious that this be examined further if the general principles of the wider report are adopted and that it be included in any future work.

The Handyperson Service

There are currently a number of services operating within the City that are either delivered in-house or are funded by the public purse that could be classed as 'Handyperson Services'. This includes the minor adaptations service delivered by the Joint Equipment Store, the fitting element of the Community Alarm/CareLink service provided by Housing, a Handyperson service delivered by Two Saints and commissioned by the Communities Team, the 'Handyperson Plus' initiative commissioned by a different part of the same Directorate, and The Blue Lamp Trust service who provide security measures to name but a few.

There has not been time to map the delivery of these services for eligibility, type of work, geographical coverage, costs, duplication, etc, but this feels like an area ripe for a 'mini-review' in itself.

Rec 9: It is recommended that Handyperson type services across the City be mapped and then evaluated for their scope and effectiveness. From this, decisions about any gaps in provision, any duplication of effort, any need for coordination, or potentially the opportunity to re-commission services jointly under new contractual arrangements can be made.

Falls Prevention Activity

There are a wide range of initiatives across the City that are designed to address the issue of ‘fallers’. Some relate to the home environment, and others relate to the person themselves. Work has been done to identify frequent fallers and the ‘Well Being Team’ is an initiative designed to identify and support those at risk of deterioration and to put in place support measures, from vaccination, to exercise classes. Other schemes were also mentioned.

Of particular interest appeared to be the potential for a new and revised telecare offer, building upon the existing service provided through Housing Services. This is further examined below.

There is no doubt that speeding up the delivery of major adaptations can contribute to the avoidance/reduction of falls. DFG funding could also contribute to wider initiatives such as an enhanced telecare offer to residents. These currently appear to be the two primary opportunities that would have significant impact on falls prevention activity in the City.

Extend the use of Assistive Technology (AT)

Housing Services provide a tiered offer to deliver AT into the homes of Southampton residents to all tenures. The limitations of the current offer, and the opportunities for an enhanced offer are recognised and a report ‘Connected Care – Transforming health and social care with care technology’ published several years ago sets out a vision and pathway to achieving this. Whilst progress has been made resources to make a ‘step-change’ have been difficult to identify. One of the major challenges looming is the planned switchover to all digital phone lines/calls in the forthcoming years.

The potential for AT to transform the lives of vulnerable householders is well documented and was covered in the 2018 National Review of the DFG programme, with a recommendation that AT measures be routinely incorporated into individual DFGs. It is not unreasonable to therefore consider that a legitimate use of DFG funding as envisaged by the Better Care Fund programme would be to invest into the infrastructure of the local AT systems to enhance the effectiveness of the ‘offer’ to the individual. Such an investment would benefit not only those eligible for a DFG, but also the vulnerable members of the wider community.

The underspend of DFG funding at Southampton may provide a unique opportunity to make such a ‘step-change’ that may unlock at least some of the potential as foreseen in the earlier report. Such an investment would need to be considered alongside other initiatives set out in this review and evaluated as to its priority. It may be that a one-off investment in infra-structure would be judged as providing good value for money when set alongside other gains to be had from changes in operational delivery of major adaptations recommended in our report.

Rec 10: It is recommended that the use of a proportion of the underspend and previous years carry over of DFG funds be considered for an investment into the AT infrastructure within the City with a view to future-proofing and enhancing the offer to all residents. This should be prioritised against other opportunities that may present themselves for use of the underspend as well as any latent demand for more traditional interventions (ramps, stairlifts, bathroom adaptation, etc) that may arise either from changes in operational processes or from increased use of discretion as set out in the City's recent Regulatory Reform Order (RRO) policy.

Voluntary Sector Activity/Opportunity

During the review we were able to speak to several local voluntary sector organisations. All of them acknowledged the generally positive approach adopted by public services across Southampton to their contributions. With regard to the DFG programme the comments were limited, and they were that the system was slow and not responsive to the needs of the individual.

During the course of the conversations with Citizens Advice (CA) and the Environment Centre (tEC) two opportunities arose that are worth including here.

Citizens Advice are the lead organisation in a partnership that provides information and advice to vulnerable residents. The number of enquiries regarding the need for adaptations is limited. However, within the partnership there is a wish to provide 'home visits' for a limited number of clients who are unable to get to local offices for appointments (outside current Covid restrictions). These visits would be enhanced by remote access to information databases and other resources. A small amount of underspend could be set aside for the I&A partnership for the purchase of tablets, mobile phones, Apps, etc, that would make home visits more effective.

Rec 11: It is recommended that a capital sum be set aside (£10k) to be made available to partners within the I&A partnership to support home visiting and remote working.

tEC currently provides energy efficiency/fuel poverty information and support to residents across the City. Several government and industry funding programmes are delivered through them to improve the energy rating of local housing. The benefit to vulnerable householders, including the disabled, of such programmes is well documented. Existing schemes occasionally rule out clients and/or measures that would clearly be beneficial. The recently published RRO policy (setting out discretionary spend of DFG funds) provides options for these gaps to be filled.

tEC is a trusted partner and it would be beneficial if an agreed amount of the current DFG underspend could be vested with them to use in the most effective manner. This would mainly be in topping up existing grant schemes. A little money could make the difference between individual household schemes going ahead or not. Governance could be managed by regular reporting of the spend, detailing amounts, purposes, outputs, etc. Holding the money on account would allow tEC to respond quickly and effectively in the event of emergencies, as well as enhancing the organisation's reputation with other local and national partners and funders.

Rec 12: It is recommended that an agreed amount (£50k?) be held on account by tEC for the provision of energy efficiency measures throughout the City. Details of the use of the funds to be agreed, and regular reports to be made.

Housing initiatives including those associated with specialist housing e.g. Learning Disability, Mental Health

There are 1,200 adults with learning disabilities on local GP registers. Around 780 receive social care support. Supported living is a major rea of work and the Council currently supports around 170 tenancies. There are residential care, respite, and day care services within the City supporting those with learning disabilities.

There are several local schemes that would benefit from the upgrading of existing fire safety measures. One of the specified purposes of a Disabled Facilities Grant is to 'make the property safe® for the people living there'. This should be in the context of their disability. It does not seem unreasonable that a case could be made to enhance the fire safety of local schemes in their specific use by those with learning disabilities.

A sum of £600k was mentioned in conversation with colleagues in Housing as being needed to realise the benefits Citywide.

Rec 13: It is recommended that a business case for the use of a proportion of the DFG underspend on enhanced fire safety measures in schemes occupied by those with learning disabilities be made and that it be considered alongside and against the other priorities identified within this report.

It may be that the final cost of all the recommendations within this report is more than the current available underspend and that some priorities may not be funded. But the development of a methodology by the Stakeholder Group for presentation to members would be helpful.

Rec14: It is recommended that a methodology be agreed to quickly arrive at a list of priorities for any use of the current DFG underspend as contained in this report, or that may arise out of further discussions.

Appendix 1

List of report recommendations:

1. that the day-to-day operation of the Adaptations Team be redesigned in line with the findings of our report, and that the process be led by and overseen by an experienced independent party.
2. that a single manager be responsible for adaptations process and that current pathways and processes be reviewed including from the first point of contact. Furthermore, that new and simpler pathways be explored for clients requiring major adaptations who do not have a financial contribution.
3. an agency service be offered to all clients and that a fee structure be developed to help towards the cost of the service, paid for from DFG funds.
4. the provision of casework support, particularly more vulnerable and/or complex clients who access a wide range of service should be examined so that these clients achieve the best outcome for their adaptation and other needs. This should be considered alongside Recs 1-3.
5. increased HRA spend on major adaptations in council stock should be used in conjunction with increased contractor capacity to remove the existing waiting list for major adaptations and to reduce future waiting times. If the in-house contractor is unable to provide a detailed plan that evidences how the backlog of disabled adaptation works will be addressed, it is recommended that consideration be given to outsourcing works in order to address the backlog, even if this is on a short-term basis until the in-house contractor is sufficiently resourced to be able to manage the volume of work in the longer term.
6. a preliminary means-test such as the 'Grants Ready Reckoner' at the Foundations' website - *here*, be applied to all those being considered for a major adaptation at the earliest possible time to screen out those who are ineligible. Further that comprehensive information, advice, and support (including somewhere to view and test products) be developed to assist self-funders and those not eligible for financial assistance with their major adaptation.
7. in line with earlier Recs 1-3, the delivery of some types of major adaptations be done outside the processes dictated by the Housing Grants (Construction & Regeneration) Act 1996 and this include a consideration of the adjustment of existing contracts and services

provided by the Joint Equipment Store to combine the best of both current pathways. To include the use of DFG funding to 'top-up' some minor adaptations where this would be efficient, and with adequate reporting and monitoring of spend.

8. DFG funding be considered for the purpose of upgrading a wheelchair where there is a concurrent need for major adaptations and where the provision of such a chair would obviate or significantly reduce the need for an adaptation to the home.
9. Handyperson type services across the City should be mapped and then evaluated for their scope and effectiveness. From this, decisions about any gaps in provision, any duplication of effort, any need for coordination, or potentially the opportunity to re-commission services jointly under new contractual arrangements can be made.
10. recommended that the use of a proportion of the underspend and previous years carry over of DFG funds be considered for an investment into the AT infrastructure within the City with a view to future-proofing and enhancing the offer to all residents. This should be prioritised against other opportunities that may present themselves for use of the underspend as well as any latent demand for more traditional interventions (ramps, stairlifts, bathroom adaptation, etc) that may arise either from changes in operational processes or from increased use of discretion as set out in the City's recent RRO policy.
11. Rec 11: It is recommended that a capital sum be set aside (£10k) to be made available to partners within the I&A partnership to support home visiting and remote working.
12. Rec 12: It is recommended that an agreed amount (£50k?) be held on account by tEC for the provision of energy efficiency measures throughout the City. Details of the use of the funds to be agreed, and regular reports to be made.
13. Rec 13: It is recommended that a business case for the use of a proportion of the DFG underspend on enhanced fire safety measures in schemes occupied by those with learning difficulties be made and that it be considered alongside and against the other priorities identified within this report.
14. Rec14: It is recommended that a methodology be agreed to quickly arrive at a list of priorities for any use of the current DFG underspend as contained in this report, or that may arise out of further discussions.

Appendix 2

Project Deliverables

1. Critically review and appraise current processes and practice including:
    - Workforce - team structures, professional disciplines, workloads, areas of duplication,
    - Compliance with current practice, relevant policies, procedures, and regulations,
    - Budget - Current expenditure against the DFG budget.
    - The effectiveness of current referral, assessment, and intervention pathways
    - Information – administration systems, information sharing, use of technology,
    - Impact – Key Performance Measures, national and local standards, data collection and quality, complaints, and praise.

Recommend methodology options for measuring performance and outcomes in relation to formal processes (e.g. care act assessments and reviews) finance, wellbeing, and quality of life.

Achieving maximum Value for Money**.** Make recommendations as to how the DFG budget could be maximised to achieve best value for money and best outcomes for service users.

Produce a revised operating model. Produce an improvement and implementation plan to deliver the recommended operating model.

2. Map, identify and scope the wider opportunities for integration and innovation including:
    - The Joint Equipment Store
    - The Wheelchair Service
    - Housing sector initiatives and funding streams
    - The "Handy Person Service"
    - "Falls Prevention" activity,
    - Extend the use of assistive technology
    - Voluntary Sector activity/opportunity

- Housing initiatives including those associated with specialist housing e.g. Learning Disability, Mental Health

Recommend opportunities for utilising the DFG preventatively, including identifying recognised good practice used elsewhere.

Appendix 3

Stakeholder Group

- Steven Hayes-Arter – Service Manager (Private Sector Housing, HMO Licensing, Adaptations, & Port Health)
- Georgina Cunningham – Commissioning Manager
- Kate Dench – Senior Commissioning (Disabilities)
- Paul Frampton – Commissioner for Community Equipment Services
- Lisa Haynes – Head of Supported Housing & Community Support
- Sacha Khakoo – Specialist Housing Occupational Therapist
- Adrian Littlemore – Senior Commissioner
- Jamie Schofield – Senior Commissioning Manager
- Lee Tillyer – Service Development Officer

Appendix 4

Strategic Relevance – Local Strategies, Policies and Plans

Housing Strategy 2016-25

Three priorities, one of which is:

‘We want to support more people to live independently for longer by offering the right housing options to meet their needs, as well as high quality information and advice to help residents to make informed housing decisions’.

Challenges include:

The population of older people (aged 65+) is expected to increase more rapidly than the overall population in the next five years. We need to make sure that older people have the right accommodation to meet their needs and help them stay independent for longer.

What are we going to do?

Focus on supporting more people to live independently for longer by:

- Increasing the number of telecare users across the City
- Making best use of housing adaptations to help people remain in their homes
- Making best use of extra care services to reduce reliance on residential and nursing care settings

Review housing related support for young people, older people and adults, with a focus on prevention and early intervention.

Housing Strategy for Older People 2009-14

The Vision:

Aims are that older people:

- live in safe, secure, warm, well-maintained, energy efficient, and affordable homes
- live in homes of their choice
- can get timely advice on housing options and support, and be able to make choices
- are able to maintain their independence in their home

- live in a safe and well maintained neighbourhood with good access to local facilities, and the opportunity to make a positive contribution to the local community

Joint Strategic Needs Analysis (JSNA)

The JSNA is an assessment of the current and future health and social care needs of the local community. Duty on CCG and LA to Health & Well-Being Strategies. The Strategic Analysis Steering Group leads on the SNA, the local version of the JSNA. Informs commissioning plans for local services. Housing considered to be wider determinant of health.

Better Care Plan 2017-19

Talks about 'person-centred care at the heart of everything we do'. Includes a determination to 'intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services. And 'focusing on prevention and early intervention to support people to retain and regain their independence'.

What will success look like by 2020-21? 'The balance of care and resources has shifted from treating acute illness towards prevention and earlier intervention'. 'Earlier intervention prevents needs escalating and helps people to stay independent longer'. 'There is a range of community resources which people can access easily, and which supports their independence'.

Southampton Corporate Plan 2020-25

Aims to 'support safer communities'. Committed to ensuring everyone who lives, works, visits the city feels safe. We want to make sure that people have the support they need to build and maintain inclusive communities.

<u>Well-Being:</u>

Working with partners to deliver the ambitions set out in the 5-year Health & Well-Being Strategy. Transforming adult social care. Looking at the way we work so that people feel safe and will be able to live independently for longer. We want our residents to have greater choice and control over which services they use, that access is straight forward, and service provision is timely and appropriate. Children and Young People's specialist resource hub. Specialist response to vulnerable children and young people with complex needs to help prevent entry into care and long-term residential placement.

Southampton City Strategy 2015-25

Our Priorities: Healthier & Safer Communities. Focus: Keeping people healthy. Protecting vulnerable people. Reducing unnecessary attendances and hospital admissions. Outcomes: Improving wellbeing and people staying healthier for longer. People of all ages are safer and

feel secure. Cross cutting themes: Delivering whole place thinking and innovation – working together to pool budgets to deliver seamless services.

Adult Social Care and Support Planning Policy 2016

Importance of assessments – person-centred, outcome focus, strength based, promoting independence. Recognises suitable living accommodation as an element contributing to well-being.

Health & Well-Being Strategy 2017-25

Recognises impact of many elements on health & Well-being including housing. Seeks to promote staying independent at home, high quality support when and where needed, focus on prevention and early help, joined up seamless care, integrating services across health & care. It also talks about improved health outcomes for residents at a lower cost, through integration and joint working across all health and council services. Priority area for adults – injuries due to falls in people aged 65 years and over.

Southampton City Health and Care Strategy 2020-25

Older people, especially those with a disability and/or multiple or complex long-term physical health conditions and/or dementia, are likely to face barriers when accessing services, poorer health outcomes or poorer experience. Falls related emergency admissions are worse than either England or peer average. Long term conditions are more prevalent in older people. Number of people needing home care support with five or more activities of daily living (such as bathing, using the stairs, getting dressed) is estimated to increase by nearly 12% between 2018 and 2023. Key ambitions for 'Age Well' include – reduce the rate of emergency hospital admissions, including readmissions; reduce the rate of older people having discharge delays from hospital; reduce permanent inappropriate admissions into residential care.

What do we want to be different in 5 years' time? We want older people to be able to maintain their health, well-being, and independence into old age, stay living in their own homes, and fell part of their local communities. Be supported by collaborative and integrated working between health, social care, and housing support.

Appendix 5

Southampton DFG review

Meeting with Adaptations Service Lead: Southampton

Introduction

A meeting via MS Teams was held on September 30th, 2020 between Rachel Frondigoun (on behalf of Foundations) and Jason Clarke (Southampton DFG Team) to discuss current service delivery of DFG within Southampton. No other team members were present, and no detailed review of systems used, or paperwork was undertaken. Observations and recommendations are based upon discussions held and therefore may be subject to change.

This team is only responsible for the delivery of adaptations funded via the Disabled Facilities Grant (DFG) and therefore no discussion was held regarding the method of delivery of adaptations in council-owned stock.

Service demand

Information on DFGs provided shows a significantly higher number of referrals being received than are completed or cancelled – which suggests that numerically unless the way in which DFG funded adaptations are delivered changes, the waiting list will increase year on year.

	2017/18	2018/19	2019/20
OT referrals	233	214	233
Cancelled	66	68	51
Completed	95	89	79

DFG team & case allocation/management

The current team consists of 4 team members in addition to Jason who have varying job titles but in essence all take any case from enquiry through to completion of works.

All cases are dealt with in an identical manner with no differentiation or ‘fast-track’ system evident for applicants who require only simple adaptations such as a stairlift or modular ramp and are on a passporting benefit. All cases are placed on a waiting list for allocation and are dealt with in priority and date order. Critical cases are allocated in the month following receipt

(so anywhere from 1-31 days after receipt) and substantial cases are allocated circa 4 months from receipt, regardless of work required or applicant circumstances.

The team self-manage their caseloads with cases being allocated to the team rather than an individual officer, and individual officers agreeing their workload based upon what they currently have ‘in hand’. Whilst there is nothing intrinsically ‘wrong’ with this approach when combined with other factors it does, in my opinion, lead to a slower service than it would be possible to achieve through a more streamed approach.

Means Testing & Admin support

From discussions held it appears that the principal officer is undertaking a significant amount of preliminary means test and wider administrative support for the DFG team. Whilst this assists the team and frees up time for them to progress cases it is not a role that is usually carried out by a manager.

The team would benefit from some dedicated and trained support. The support required is at a more advanced level than general administrative duties as this post would also need to be able to provide means testing advice and support to applicants. If this post were created then it should also be able to fully process ‘straightforward’ ‘passported applications for stairlifts and ramps, which are fully specified by the suppliers, and forms can be completed by post in the current Covid circumstances, as has been seen in other Home Improvement Agency services across the country. By creating this ‘alternative’ process the speed of delivery of these adaptations would decrease and capacity within the wider team would increase to progress cases requiring technical input more quickly. This support with means testing would also free up Management time to support the team and take a proactive approach to case and system management.

It may be possible that this support could be shared across both the DFG and public sector adaptations teams but I have had no discussions regarding how public sector adaptations work so at the current time this would only be an option for further discussion.

Policy options

The Council’s Housing Assistance policy presents multiple opportunities for good practice and many of these are being used on a case by case basis by the team to achieve good outcomes for their applicants. However, certain elements of the policy have not been implemented and therefore opportunities for wider inter-departmental working lost.

By creating capacity within Management through removing some of the administrative functions currently carried out this would enable some of these opportunities to be pursued and better use of the available DFG funding made.

Referral process

It is noted from discussions that the OT Service currently closes a case once a DFG referral has been made, although plans are sent for approval and approval is usually received. This presents a risk to the Council in that no assessment is carried out at the end of the DFG process to ensure that all identified needs have been met. Given the length of time for delivery currently experienced there is also no assessment to ensure that applicant needs have not changed in the intervening period. Many authorities carry out a review of any care packages once an adaptation is in place and it was not clear from the discussions held that this happens within Southampton.

There are multiple Local Government Ombudsman decisions regarding DFG delivery where the social care authority has been criticised for closing the OT case before an adaptation has been completed. Therefore I would recommend this current practice is reviewed, and potentially a new status added into the social care system to enable cases to remain 'open' without being on an officers case list for the duration of the DFG process to ensure no-one is 'lost' and the full feedback loop for both social care and housing teams closed upon completion of an adaptation and all outcomes measured.

ICT System

The grant funding is managed via Uniform, but it was noted that only the manager makes consistent use of this system and only for certain functions. Based upon the discussions held, it would not appear to be being used as a case management system but as a grant registering and payment tracking system

The manager holds a master spreadsheet used to manage case allocation. It was not evident that the team had a single system that was consistently used for managing their caseload or that could be accessed by Management.

Therefore, one recommendation would be that a single ICT system is implemented which allows effective case and service management and KPI reporting to take place.

Key Performance Indicators (KPI)

There are currently no formal KPIs monitored in relation to DFG delivery although there are discussions regarding implementing some for critical cases.

To effectively manage service delivery a high performing DFG service ensures that all cases are subject to performance monitoring. However, my recommendation would be that performance should be an improvement-based model rather than target driven. Target driven models (e.g. must complete within X weeks) can drive inconsistent service where the difficult cases get left to ensure the majority are delivered within time. Whereas an improvement-based

model takes the current starting point and looks to improve service on a quarterly basis which achieves a more consistent improvement for all service users.

DFG Application process

The team operates a traditional DFG application process which involves multiple stages. One benefit of the Southampton model is that applicants have a single officer who deals with their application from start to finish. However, that officer's focus appears to be on the technical delivery of the adaptation. There would appear to be little softer casework involvement or signposting for additional support which might enable access to DFG funding to be achieved. For example, it is not known whether there is an agreed referral route into the Pensions service for benefits reviews where potential applicants are directed if they may be eligible for Attendance Allowance. Receipt of attendance allowance can have a significant impact (reducing it considerably) upon an assessed contribution towards DFG.

It was clear that some officers within the DFG team may approach SSAFA for funding or the OT service may approach some charities direct to avoid the wait for DFG, but in most cases there is little or no support for clients who have an assessed contribution who may be eligible for charitable funding or support to maximise income and/or reduce assessed contributions. Whilst there is the option for the Council to pay this through discretionary grant there does not appear to be a single agreed process for this and is at officer discretion.

Contractors

The DFG service takes a traditional approach to contractor management and follows the approach that the contract is between the applicant and the contractor and therefore the client must obtain the quote and supervise the works when they are on site, the council 'only' provides the funding. However, the lines are a little blurred as the team will use the Trading Standards list of contractors and it is my understanding that most works are carried out by a relatively small number of contractors who are 'known' to the DFG service.

The legislation does allow the Council to hold an approved list of contractors for DFG purposes and many authorities use a form of agreement to allow the Council to act on behalf of the client to supervise the works and liaise on their behalf, whilst leaving the contract between the client and the contractor.

As the council is already acting as Principal Designer in many adaptations under the Construction (Design and Management) Regulations 2015 (CDM), a recommendation would be that this current practice is reviewed to allow better control over what is usually the most 'traumatic' element of a DFG for the applicant, the works being done in their property. It was not clear from discussions how the Council was fulfilling its obligations under CDM as Principal Designer, nor ensuring that the contractors were fulfilling theirs as Principal Contractor,

although it should be noted that there was little discussion regarding this so it could be that it was simply not covered.

It was noted that delays in obtaining quotes and in works being completed was a contributing factor to the length of time a DFG takes to 'happen' but that there is little support given to either of these stages by the DFG team currently.

If new ways of processing some applications were introduced, it should mean that technically qualified officer time can be made available to provide more effective site supervision and pre-start support to applicants and also manage the contractors completing the works. The current arrangements leave contractor management entirely to vulnerable clients.

Conclusions

All cases regardless of adaptation type, means test/passport etc. follow the same pathway – this is not efficient and does not make best use of either staff resources or the funding available via the Housing Assistance Policy.

The staff structure is flat with no differentiation to enable new pathways to be created to allow for improved service delivery. All roles are very technical with no other skillsets identified which would normally be found within a DFG team which provides a wider breadth of support.

The impression was a of a team who 'know' how to do traditional 'Gatekeeper DFG' delivery and they do it well and in line with legislation, however there is a lack of innovation or desire to change.

The service felt that many of the current delays were due to Covid and the service being unable to operate for 5 months, although it was acknowledged that there has always been high demand and they length of time/delays had built up over time. The impression was of a service who knew that DFGs took a long time, but they always had and therefore this was the accepted 'normal' practice.

Recommendations

- Review the staffing structure to include a broader range of specific skills and free up officer and management time to more bespoke roles
- A review of the ICT systems in use to allow for effective service, case, and performance management
- A review of the pathways available for clients to enable discrete pathways for more straightforward adaptations using the options available within the Housing Assistance Policy to be fully utilised
- Implementation of improvement model KPI's for DFG delivery based upon different workstreams as well as priorities

- A review of contractor management and how this element of the DFG experience could be improved for service users
- A review of whether Social Care OT service should close cases when a DFG referrals has been made, to allow for all outcomes following the DFG completion to be measured.

Appendix 6

Disabled Adaptations Process – Summary Report from Ray Shedden (July 2015)

Contents

- Preamble
- Executive Summary
- Potential Benefits of change
- A note about Lean/Systems thinking
- SCC Adaptations Process – Overview at commencement of the workshops
- Current Status
- Sort and Allocate
- Assess and Decide
- Minor Works
- Major Works – Council Tenants
- Major Works, non-Council residents
- Solutions agreed or subject to further review
- Summary
- Signpost to specific process maps and notes of meetings etc.

Preamble

This Report sets out to capture the key changes which should be implemented in order to achieve a better Adaptations service. The Executive Summary captures the key findings, and individual sections aim to summarise the options to achieve savings and the appropriate methodology/process.

Executive Summary

In October 2014 a series of work-shops involving representatives from the Single Point of Access, Adaptations OTs, Reablement OTs, the Adaptations team in Council Housing, The Commissioner for Community Equipment Services (Paul Frampton), and the DFG team (Environmental Health) were instigated. The Sponsors of these activities were Nick Cross (Head of Housing Services), Sharon Stewart (Manager - Personalisation and Safeguarding,

Localities) and Mitch Sanders (Head of Regulatory & City Services). The Team have reviewed or redesigned the sub-processes which in combination form the Adaptations Process across public and private housing. The work has been curtailed in July 2015 due to a number of factors, and it is hoped that the full set of proposals can be implemented at a later date. The proposals and solutions set out in this Paper have been agreed by the Sponsors.

Adaptations improve residents lives and a Social Return on Investment (SROI) analysis suggest very substantial benefits (See Key Documents)

The current process takes far too long in almost all cases and there are opportunities for significant cost and service improvements. Currently all Major Adaptations are complete in under a year – even though the activities involved rarely exceed 3 weeks of work. There is a need to recognise that most major adaptations can be delivered in a few weeks and to move to a new paradigm where we are satisfied when works are completed in (say) 6 weeks.

In the Council's owned properties improvement opportunities (relating to Major Adaptations) hinge around reorganising the work-flow and clearing the back-log. In order to clear the back-log an estimated £700K is required.

Non-Council Major Adaptations have a long lead time due to the perceived need to follow the complex/wasteful Disabled Facilities Grant process. Opportunities have been identified to re-organise the flow of work so that key decisions can be taken as early as possible. Implementing these changes will hasten the adaptations and thus improve lives and reduce costs. The major opportunity for efficiency savings in this area of work relies upon a radical change whereby less than 20% of the works undertaken are managed through the DFG process – The bulk should be managed through a much simpler and quicker process.

The Minor Adaptations process (under £1K) is provided by Millbrook Healthcare (for non-Council properties) and Housing Operations (for Council properties). Opportunities for improvements have been identified, and work is on-going.

Significant changes proposed include the introduction of new capabilities at the start of the Minors process and the introduction of a category where no approvals are required. There is a need to clarify whether these changes are to be implemented through the existing Contact Centre or some other mechanism.

There is no single manager responsible for ensuring that adaptations meet the needs of residents, and the broader public need, such as hospital discharge etc. It is considered essential that a single owner take responsibility (but not necessarily day-to-day control) of the entire process.

Potential benefits of change

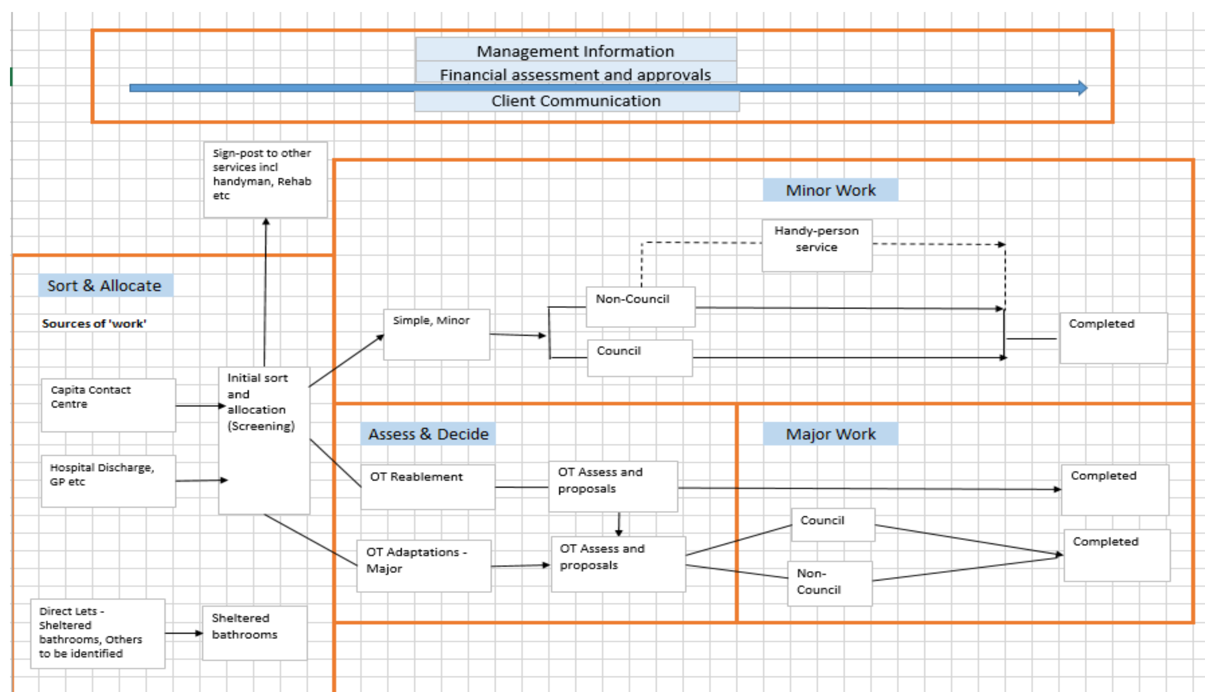
The introduction of changes proposed are expected to lead to Major Adaptations being delivered in circa 6-8 weeks.

No attempt has been made to identify the specific savings arising from each proposal.

A note about Lean/Systems thinking

The Systems approach has enabled a broad team to understand the full processes involved in delivering adaptations and to see how the process can be simplified and waste eliminated. The primary aim has been to identify opportunities for improvement rather than identify the level of savings involved.

SCC Adaptations Process – Overview at commencement of the workshops



The map of the various process involved demonstrates that there are more sub-processes than is necessary in order to meet the Clients' needs.

Current Status

Sort and Allocate

The introduction of clearer routes and signposting to Adaptations, Reablement etc is agreed and in train but completion requires a decision as to how the first point of contact is to be configured and managed.

It is clear that wasted effort can be avoided by transferring some sub-process elements to the first point of contact so that Clients expectations are managed and works are aborted at the earliest possible time when necessary.

Assess and Decide

The consolidation of Adaptations OTs under a single manager is essential in order to manage the process effectively.

Minor Works

Our aim was to create a single route for Clients which was anticipated to flow through the Contact Centre. However, Millbrook Healthcare (our current partners) offer a solution which may be preferable if it can be delivered to all tenures.

A significant proportion of the work undertaken relates to stair lifts and investigation is underway to determine how a revised cross-tenure service could be developed. This might be based upon recycling most stair-lifts whilst addressing the maintenance of installations in the non-Council house sector which is an existing problem. It is likely that a contract procurement process will be necessary to deliver these improvements.

Major Works – Council Tenants

We have identified work-flow changes which can be integrated into the existing Contact Centre or an alternative for Clients first point of contact.

The improvements that we anticipate are dependent upon clearing the back-log of work at a cost of circa £600K. The back-log is consistent, indicating stable demand and so the back-log should not return.

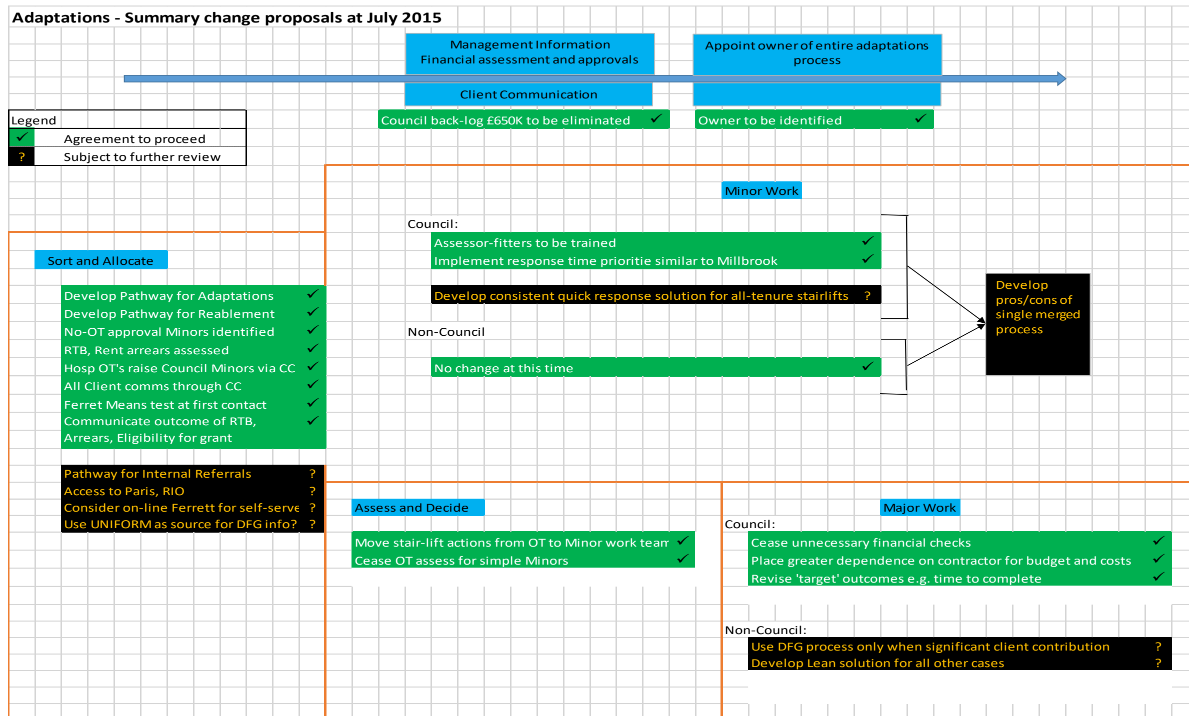
Major Works, non-Council residents

We have identified opportunities to minimise waste in this process by rearranging the work-flow, so that some key decisions are taken at the first point of contact.

Major benefits should accrue from following the wasteful DFG process only when Clients are making a significant contribution. (2014 information demonstrates that residents contribute circa 2% of the total spent on Disabled Facilities Grants; this is considerably less than our costs in supporting the non-Value-add elements of the process). It is proposed that only those residents who make a contribution will follow the DFG process as set down in statute, together with those who want to manage the works themselves and have the capacity to do so.

The Team considered raising the threshold for Means Testing, but assessment of the works undertaken in 2014 suggests that there is no revised level where clear advantages can be identified.

Solutions proposed



Summary

The project has made significant headway, and now needs the focus of a single Process Owner to address some key issues in order to bring discussions to a fruitful conclusion and identify specific savings associated with the agreed changes. Potential savings associated with the administration of the process are likely to exceed £100K per annum.

Appendix 7

Identifying Capital Expenditure for DFG purposes

The Ministry of Housing, Communities and Local Government (MHCLG) provides funding for Disabled Facilities Grants (DFGs) to local housing authorities in England. The previous ring fence was relaxed in 2008 to allow for expenditure on items covered in a local housing assistance policy. However, this is still capital funding and as such should only be spent on items deemed to be capital expenditure.

Capital expenditure typically includes expenditure on non-current assets such as land, buildings and plant and equipment. To qualify as capital, expenditure incurred must result in either the acquisition/construction or addition/enhancement of an asset. In addition, the benefits to the entity from the works must last for more than one accounting period (i.e.: more than one year).

Monies spent must be recorded as capital expenditure and certified as such in a return to MHCLG.

Below are some examples of expenditure, explaining whether or not they might qualify as capital spend:

Type of Expenditure	Is it Capital Expenditure?	Reason
Construction of an extension to an existing dwelling	yes	Creation of an asset, which will provide benefit for more than one accounting period.

Type of Expenditure	Is it Capital Expenditure?	Reason
Major adaptations to existing facilities such as a shower adaptation, ramp or stairift	yes	A major adaptation, which will increase the economic benefits offered by it – e.g. Increased independence / reduced care costs.
Replacing a floor covering or repairing a shower unit	no	Repairs only maintain the asset; they do not increase the life of the dwelling.
New stairlift	yes	Creation of an asset, which will provide benefit for a period of more than one accounting period.
Repairs to stairlift after breakdown	no	Repairs only maintain the asset; they do not materially increase the life of the stairlift.
Slings for hoists and shower seats	yes	Can be considered for capitalisation as part of the overall project costs of the new adaptation, which results in the creation of an asset that will provide benefit for more than one accounting period
Hoists, shower tables, etc..	yes	New assets that provide benefit for more than one accounting period.

Type of Expenditure	Is it Capital Expenditure?	Reason
Refurbishment of existing adaptations	sometimes	The repair of broken or worn-out adaptations is not capital. However, costs could be capitalised if adaptations are being replaced with a better product (enhancement). For example, flush floor shower replacing a tray with a step would qualify as betterment.
Conversion of a garage into a habitable room	yes	Enhancement of an existing asset which will last for more than one accounting period.
Installation of a new kitchen including new cooker, dishwasher, microwave	yes	Enhancement of an asset that will extend its useful life.
Internal decoration of an existing property	sometimes	Decoration only maintains the asset; it does not increase the life of the building. Can be considered as capital expenditure if included as part of the whole project costs of the adaptation
Purchase of materials only for a major adaptation project	yes	If the materials will be use for enhancement/betterment of the property the purchase of materials is classed as capital. Materials for routine repairs and maintenance are classed as revenue costs.

Type of Expenditure	Is it Capital Expenditure?	Reason
Purchase of materials for repairs and maintenance (e.g. a new shower hose, replacement sections of fencing, parts for equipment etc)	no	Purchases associated with routine maintenance and repairs would be classed as revenue expenditure.
Agency fees - for a major adaptation. Applies to other fees such as planning etc.	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation – see services and charges order
Staff costs for supporting the delivery of major adaptations	yes	Can be considered as capital expenditure for direct support to clients/applicants (including advice) linked to the activities in the services and charges order
Occupational therapy assessment fees	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation and carried out and invoiced by a private OT (see services and charges order)
Training of staff	no	No, as no asset is being created.
Funding towards purchase of a new dwelling?	yes	Acquisition of an asset, which will provide benefit for more than one accounting period. Be careful around leases. Can also include cost of advising and supporting someone to move.

Type of Expenditure	Is it Capital Expenditure?	Reason
Assessment and approval of grant applications	no	No, as no asset is being created.
Developing policies and strategies on home adaptations	no	No, as no asset is being created.
Supervision of staff	no	No, as no asset is being created.
Monitoring of the program	no	No, as no asset is being created.
Delivering a handyperson service	sometimes	Yes, where new adaptations are being fitted that will last longer than a year and support someone to live independently. But not if the service is predominantly carrying out repairs

Note: In all cases, an entity's own *de minimus* limits should apply as to whether or not an item is classified as capital expenditure.

Specified services and charges order

1. The services and charges specified for the purposes of section 2(3)(b) of the Housing Grants, Construction and Regeneration Act 1996 (meaning of preliminary or ancillary services and charges) are those for which the applicant is liable in respect of—

- (a)confirmation, if sought by the local authority, that the applicant has an owner's interest,
- (b)technical and structural surveys,
- (c)design and preparation of plans and drawings,
- (d)preparation of schedules of relevant works,
- (e)assistance in completing forms,
- (f)advice on financing the costs of the relevant works which are not met by grant;
- (g)applications for building regulations approval (including application fee and preparation of related documents),

- (h)applications for planning permission (including application fee and preparation of related documents),
- (i)applications for listed building consent (including application fee and preparation of related documents),
- (j)applications for conservation area consent (including application fee and preparation of related documents),
- (k)obtaining of estimates,
- (l)advice on contracts,
- (m)consideration of tenders,
- (n)supervision of the relevant works,
- (o)disconnection and reconnection of electricity, gas, water or drainage utilities where this is necessitated by the relevant works, and
- (p)payment of contractors.

2. In a case where the application is for disabled facilities grant, the services and charges of an occupational therapist in relation to the relevant works are also specified for those purposes.

Disabled Facilities Grant – The Package of Changes to Modernise the Programme (2008)

Relaxing the DFG ring fence

From 2008-09 the scope for use of DFG funding will be widened. Initially, the ring-fence will remain, but its scope will be widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This will enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow.

Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, where this is a more appropriate solution, or funding could be pooled to purchase portable extensions which are suitable for re-use, through improved procurement models.

The relaxation of the restrictive ring-fence on the funding will help improve delivery and reduce the bureaucracy involved in the DFG application process helping to speed up the process. This change will enable local authorities to develop a simplified system which could deliver small-scale adaptations more quickly, for example by offering a service which rapidly deals with inaccessible housing, or the need for quick discharge of people from hospital.

In recognition of the crossover of services and of the contribution the DFG makes to social care and health areas, the relaxation of the ring-fence will also enable DFG funding to be pooled with other larger funding sources, such as social care, telecare, and community equipment.

Appendix 8

High Level Project Implementation Plan for Transforming Adaptations Services in Southampton

Project: Southampton Adaptations Services				A	B	
Area of Work	Task	Start Date	Finish Date	Interim Change Manager	Responsible officer	Specialist resource required
Establish project infrastructure	Agree Project Group membership, terms of reference, project methodology, Project Sponsor/lead responsibility, Change Manager recruitment, task group membership, define vision	**Jan 2021**	**Feb 2021**	TOR/ Governance Comms Strategy, Vision Facilitation		Senior level/Cabinet sign-off
	First Draft Project Initiation Document/Risk Register	**Jan 2021**	**Jan 2021**	PID/Risk Register	Mitigating risk - management	
	Project Group meetings	**Jan 2021**	**Oct 2021**	Facilitation	Notes and actions	
Service Design	Agree scope of services (to include retained stock) Needs Analysis – demographics; strategic priorities; user, stakeholder and local requirements Impact of project Template of HIA services			Needs Analysis, Strategic priorities, Equality Impact Assessment	Historic Service levels.	
	Determine service volumes			Activity Level analysis	Activity Level analysis	
	Determine service objectives and outcomes, service description, access arrangements, eligible service users	**Feb 2021**		Outcome workshop? What are we seeking to achieve? What is in and what is out? Coordinate and facilitate workshop Process Analysis	Draw up Objectives, Outcomes & Eligibility Determine necessary process maps	
	Monitoring requirements and reporting and review arrangements			Scope different MIS systems	Determine reporting options	
	Service Specification		**March 2021**	Specification	Specification	Sign Off
Financial arrangements	Identify partners, funding and model of service to estimate potential service budget				Service and Funding Audit	
	Seek additional funding	**Jan 2021**		Scoping	Scoping	
			Feb 2021	Financial Model	Financial Model	
	Decide Fee structure and estimate income					
	Secure agreement of all funding partners	**Feb 2021**		brokerage		
	Put in place memorandum of understanding or partnership agreement to underpin funding Formalise project sponsor/lead commissioner role		**March 2019**	Heads of Terms	Version Control liaise with Legal and stakeholders	Legal
	Devise contingency plans	**Feb 2021**	**March 2021**	Contingencies		

HR Issues	Identify Staff subject to proposed restructure or combination of services (PS and JD)	**April 2021**			Identify Staff, T&Cs and financial implications	HR
	Ensure affected staff have been informed/consulted	**April 2021**				
	Ensure contract task group receive necessary pay-scale and T&C information to include in the Budget	**Feb 2021**		Liaise with HR and Finance		Finance
	Identify T&C implications of proposed restructure		**May 2021**			HR
	Finalise Staff structure		**May 21**	Staff Structure		
Reporting arrangements	To City Council Cabinet, JCG, Directors and other Partnership Boards and/other joint strategic commissioning bodies	**Feb 2021**	**July 2021**	Template reports	Coordination of reporting and governance	Directors and Members
Prepare Implementation	Agree implementation timetable			Time-table		
	• Agree new Customer Pathways • New working protocols & practices • Training requirements • Monitoring & reporting requirements • Recruit new staff • Equipment and accommodation • ITC • Comms Strategy	**June 2021**	**Sept 2021**	Facilitate T&F groups to ensure oversight	Detailed work	• Training providers • HR • IT support • Comms
	Construct task and finish groups			Project Group		Service managers
	Prepare and agree Task and Finish group KPIs and Quality Standards			Implementation report	T&F Reports	Directors
Implement Service	Transitional tasks; new service access arrangements; publicity, training					
	Commencement of new service		**Oct 2021**			

Appendix 9

Project Risk Matrix

Likelihood					
	A				
	B				
	C			2,3	
	D				
	E		1		
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
1	**EII**	**EIII**	Inadequate resource to support project management
2	**CII**	**EIII**	Lack of Vision
3	**CII**	**EIV**	Leadership Failures

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
1	EII		Inadequate resource to support project management	• Lead Commissioner to monitor project milestones and resources • Contingency Funding for additional project resource • Capitalise DFG underspend	JS	• Clear project plan linked to available resources. • Additional DFG Topslice	2	1	
2	CII		Imperfect understanding of the opportunity. Lack of Vision What are we seeking to achieve?	• Scope vision in Commissioning Strategy • Get agreement and sign -up in Steering Group • Consult on Vision in Workshop • Communicate Vision to all stakeholders	Interim Change Manager	• Clear definition of vision • Buy-in • Part of bigger day • Agreed messages	1	1	
3	CII		Leadership Failure	• Robust Governance structures • Clear lines of responsibility • Robust accountability	JS, Interim Manager	• Identify Project Owner/Champion • Robust Project monitoring & Reporting	1	1	

Likelihood					
	A		5	6	
	B				
	C				
	D				
	E				
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
4	DII	DIII	Partnership Failures
5	AIII	AIII	Slippage and Time constraints
6	AII	DII	Resistance to Change

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
4	DII		Partnership Failures	• Early Commitment by all stakeholder • Regular opportunity to affirm agreements. • Clear description of Needs, requirements and services • Leadership • Fair Risk sharing	Interim Manager and Stakeholder group	• Shared Vision • Funding Commitments services across partnership • Precision in identifying needs			
5	AIII		Slippage and Time Constraints	• Agree Scope & Budget • Project Planning • Agree Project Tolerances • Communicate intentions to stakeholders	Interim Manager and Stakeholder group	• Early Agreement • Consult wider interests on project ambitions • Sequencing of reporting and decisions			
6	AII		Resistance to Change	• Soft & Early Inclusion & consultation • Collaborative service design processes • Capacity matching • Contingency planning	Interim Manager Service managers	• Trust between Directors and staff • Early agreement on transformation pathway			

Likelihood					
	A				
	B		7		
	C			8	
	D				
	E				
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
7	BIII		Disruption to services
8	CII	DII	Risks to Staff

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
7	BIII		Disruption of Services	• Clear specification of service standards & outcomes • Clear performance management requirements in specification and delivery • Transition planning	Stakeholder Group Interim Manager T&F Groups Staff	• Collaboration • Trust			
8	CII		Risks to Staff	• Comms Strategy & Consultation • Mapping restructure implications • Role changes in Financial Model • Staff Event	Interim Manager Service managers	• Clear Comms on Vision and objectives • HR support • Support from Unions			
9						•			

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
10				•		•			
11				•		•			

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DECISION-MAKER:		Cabinet Member for Health and Adult Social Care following consultation with the Joint Commissioning Board		
SUBJECT:		**Better Care Fund - Year End Report 2020/2021 and priorities for 2021/2022**		
DATE OF DECISION:		**15th April 2021**		
REPORT OF:		**Interim Managing Director/Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	**Name:**	Moraig Forrest-Charde	Tel:	07769640375
	E-mail:	Moraig.Forrest-Charde@nhs.net		
Director	**Name:**	Stephanie Ramsey	Tel:	023 8029 6941
	E-mail:	stephanie.ramsey@southampton.gov.uk		

STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

BRIEF SUMMARY

This report provides a year-end position for 2020/2021 performance prior to submission to the national Better Care Team. In addition, it outlines the priorities identified for the Better Care Fund (BCF) for 2021/2022 and advises that proposals for the improved BCF (iBCF) 20201/2022 will be presented at a future meeting.

The Better Care team nationally have advised that the Better Care Planning Requirements, set out by the Department of Health and Social Care for the governance of the Better Care Fund in local systems, are being finalised. Whilst not available these requirements were not available at the time of writing the, an indication of the priority areas have been shared and are included within this document.

RECOMMENDATIONS:

	(i)	To note the end of year BCF report which is a reduced requirement when compared with previous years.
	(ii)	To note that the proposals for iBCF 2021/2022 which align with the BCF Section 75 pooled fund arrangements and BCF priorities for 2021/2022 will be presented at a future meeting.
	(iii)	To approve the proposed BCF priorities for 2021/2022 reflecting the local position and expected national requirements.

REASONS FOR REPORT RECOMMENDATIONS

1.	The BCF is a jointly led programme of work and as such requires approval from the Joint Commissioning Board on behalf of the city's Health and Well Being Board (HWBB). The planning guidance for 2020/2021, published in Q3, whilst requiring reduced reporting continued to require locally agreed plans (paragraph 6.) Whilst the Planning Requirements, set out by the Department of Health and Social Care for the governance of the Better Care Fund in local systems have yet to be published for 2021/2022, it is expected that the requirement for joint planning will remain.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	This is a planning requirement and as such no alternative options have been considered.
DETAIL (Including consultation carried out)	
	Background
3.	Southampton's Better Care Plan aims to achieve the following vision: • To put **individuals and families at the centre of their care and support**, meeting needs in a holistic way • To provide the **right care and support, in the right place, at the right time** • To make **optimum use of the health and care resources** available in the community • To **intervene earlier** and build resilience in order to secure better outcomes by providing more coordinated, proactive services. • To **focus on prevention and early intervention** to support people to retain and regain their independence.
4.	It is a programme of whole system transformational change which is based around 3 key building blocks: a. Implementing person centred, local, integrated health and social care. This includes harnessing the assets within communities and the power of individuals in improving their own health and wellbeing. b. Joining up Rehabilitation and Reablement, hospital discharge teams and other citywide services into integrated health and social care teams that in turn link with each locality. c. Building capacity across the system to promote and support people to maintain their independence for as long as possible. It includes developing the capacity of the voluntary and community sector to meet lower level needs in local communities, as well as investing in the home care sector to enable more people to continue living in their own homes.
5.	During 2019/20, Southampton's Better Care programme was refreshed to align with the city's new 5 Year Health and Care Strategy (2020 – 2025) which in turn aligns to the Council Strategy, CCG operating plan, NHS Long Term Plan and STP/ICS plans and is a subset of the wider 10 year strategy for health and wellbeing led by the Health and Wellbeing Board. The 5 Year Health and Care Strategy sets out the following goals to be achieved across the full life course (Start Well, Live Well, Age Well, Die Well): a. Reduce health inequalities and confront deprivation b. Tackle the city's three 'big killers': Cancer, Circulatory diseases and Respiratory diseases c. Improve earlier help, care and support d. Improve mental and emotional wellbeing e. Work with people to build resilient communities and live independently f. Improve joined up, whole person care
6.	National Better Care Fund Operating guidance was last published on 18 July 2019 for 2019/20 with the policy framework published for 2020/21 in December 2020 delayed because of the pandemic. This included confirmation of minimum contributions for CCGs and national conditions along with an expectation of a shortened end of year report for submission to the national team. The national conditions are as follows – a. Local agreement - Plans covering all mandatory funding contributions to be agreed by HWBB areas and minimum contributions for CCG minimum and iBCF pooled in a section 75 agreement (an agreement made under

	section 75 of the NHS Act 2006) b. Contribution to social care - The contribution to social care from the CCG via the BCF be agreed, and meet or exceed the minimum expectation c. CCG out of hospital spend - Spend on CCG commissioned out of hospital (OOH) services to meet or exceed the minimum ringfence d. HWBB oversight - CCGs and local authorities to confirm compliance with the above conditions to their Health and Wellbeing Boards Future years - Prior to COVID, we were awaiting feedback from the national review of the BCF programme with the expectation that 2020/21 would be a further transition year for the Better Care Fund with the potential for a 3 year plan for 2021/22 – 2023/24, subject to outcome of the Comprehensive Spending Review. The spending review has however confirmed that 2021/2022 will be a further 1 year plan and we await confirmation of policy following that year.
	Year End Report – 2020/2021
7.	The national year-end report requirements – a. Confirmation of compliance with National Conditions for the Better Care Fund – paragraph 6. b. Income and expenditure – including all elements of the pooled fund arrangements c. Use of the Disability Facilities Grant (DFG) The local report – d. Implementation of the new hospital discharge arrangements – which cut across a number of BCF schemes e. Areas of progress and challenge across all BCF schemes. The following paragraphs will highlight the key areas to bring to your attention.
8	Income and expenditure –The position at the time of writing is based upon Month 11 reporting; while the budgets should not change the actuals may change once month 12 actuals are known. The total Better Care Funding is £138.1M, which includes £3.7M DSG funding and £0.4M iBCF funding carried forward from 2019/20. • LA contribution – Disability Facilities Grant, grant award in year - £2.5M with £3,7M carry forward from previous years. See paragraph 9. • iBCF contribution – £10.8M, including a carry forward of £0.4M from 2019/20 • LA additional contribution - £35.1M • CCG Minimum Contribution - £18.6M • CCG Additional Contribution – £67.3M Expenditure will be reported by scheme, with the overall expenditure position being - £137.3M predicted in month 11, a projected total underspend of £0.8M. This is broken down as a projected BAU underspend of £5.7M. and additional Covid-19 related costs of £4.9M., These Covid-19 costs related primarily to the additional staff costs and resources required to manage demand in a Covid-19 safe manner. The following key variances in financial performance within individual schemes should be noted –

- Integrated LD Commissioning, £2.35M adverse variance - £0.7M predicted BAU overspend is generally due to net increase in new and existing client packages (primarily SCC) together with full year effect of additional part year costs in 19/20. The costs due to Covid-19 are forecast to be £1.65M adverse due to increased demand and non-achievement of projected savings.
- Rehab and Reablement, £0.84M adverse – BAU is forecast to be £1.9M favourable mainly due to discharge to asses underspending as most of the activity in this area in linked to Covid-19. A £2.7M overspend all relates to Covid-19.
- Aids to Independence, £4.3M favourable – BAU is forecast to underspend by £4.5M mainly due to the Disabled Facility Grant not utilising the carry forward from 2019/20, see section 9. £0.15M predicted Covid overspend for the Joint Equipment Service related to higher levels of dependency noted in year.

With the exception of the Rehab and Reablement Scheme and the Joint Equipment Service, where over and under-spends are shared between the Council and the CCG on the basis of their respective contributions (so 68.8%CCG and 31.2% Council for Rehab and Reablement and 49.6% CCG and 50.4% Council for the JES) all the other schemes do not include risk sharing arrangements and so each party will absorb their own costs.

9. DFG - Use of Disability Facilities Grant - report of spend against DFG in the financial year is included within the national summary report. 30% of the grant funding this year has not been allocated for works and will be added to the carry over figure of £3,726k from previous years. Whilst this is the position in this financial year there has been a significant piece of work undertaken with a full review completed by 'Foundations' during the year. The recommendations generated by this report will inform decisions on future direction in April 2021 with the aim to more fully utilise this opportunity going forward.

10. Local Report

New hospital discharge process - implementation of the new discharge arrangements, introduced by the Government in March 2020 in response to COVID, has been one of the areas of focus for the system. This has included

1. Development of the integrated discharge hub/single point of access (SPOA), initially based at Sembal House. A partnership between key health and social care partners to ensure timely and effective hospital discharge to meet the new national requirements.
    a. Significant progress made in the form of the multiagency discharge team, with the implementation of a community based discharge hub/single point of access formed from all relevant partners
2. Further development of the discharge to assess pathway, including an increase in capacity to meet the demand at each point of the pandemic.
3. 7 day working – testing of a further expansion of this through not only the integrated hospital discharge team but also the placement service and continuing health care team. Whilst this formed part of the COVID-19 response, it has provided an opportunity to inform longer term planning for this approach
4. Trusted assessor role development and implementation.
5. Well established Enhanced Health into Care homes – which provided an excellent foundation for our support to care homes during the COVID-19 response.

Progress and challenge across all schemes –

a) Covid impact – can be seen across a number of schemes, including long term care provision, LD commissioning and Housing Related Support (part of the

	prevention and early intervention scheme). In the majority of schemes provision of Covid funds for the inevitable additional costs have been necessary to support sustainability of providers. b) LD pooled fund arrangements experience significant challenges this year. There are a number of factors contributing to this including: additional clients requiring high cost packages of care either on discharge from inpatient settings or when transitioning from children's to adults services. c) Aids to Independence – the covid impact has been seen to a greater extent here with a rise in the number of people who require multiple pieces of equipment on discharge from hospital or following crisis intervention in their own home. This has resulted in a cost pressure in the region of £180k which has been met in line with the split set out in the S75.
	iBCF proposals – Position
11.	**Position:** At the time of writing, the approach to iBCF continues to be developed locally for 2021/2022. It is proposed to return to a future meeting with the iBCF proposal for endorsement.
	Proposed BCF priorities for 2021/2022
12.	At the point of writing the policy guidance for the Better Care Fund 2021/2022 has not yet been released by the national team. However, the Spending Review confirmed that the BCF will continue in 2021/22 and that the CCG minimum contribution will increase by 5.3% (overall), with iBCF and DFG continuing at 2020/21 cash value. The following priorities have been highlighted ahead of publication – **a.** Move from a Non-Elective Admissions metric to an Avoidable Admissions metric – the details of this are being developed nationally. This means a strong focus on our Urgent Response Service and Enhanced Health into Care Homes arrangements. **b.** Focus on embedding the new approach to discharge, including discharge to assess and home first as a feature in BCF plan. i. Including the Community Discharge Hub/SPOA. ii. A flexible and broad offer of discharge to assess provision, promoting a home first approach. **c.** Continued focus on reducing long term admissions to residential care **d.** Increase the number of people who see benefit from reablement, meaning a continued focus on reducing dependency on longer term care for those receiving reablement services. **e.** Effective utilisation of the Disability Facilities Grant All of this in the context of supporting the recovery of services within the BCF schemes following the unprecedented response to the pandemic.
RESOURCE IMPLICATIONS	
Capital/Revenue	
13.	See paragraphs 8 and 11.
Property/Other	
14.	It is assumed that all accommodations issues will be managed as part of individual schemes and escalated in accordance with individual proposals or reports.
LEGAL IMPLICATIONS	

Statutory power to undertake proposals in the report:	
15.	Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Southampton City Better Care Fund Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions.
RISK MANAGEMENT IMPLICATIONS	
16.	The risks related to the BCF going forward are as follows – • BCF Planning Guidance not yet published – the priority areas identified for the schemes are guided by pre-briefings. To mitigate the risk of there being additional or changed elements, once published, our schemes have a focus on demand and good practice locally and regionally. • There is a risk that demand within some schemes differs significantly from that of previous year, in particular those that have a focus on hospital discharge or learning disability services. The former based upon the developing position of new hospital discharge process and fluctuating patient/client demand. The latter, learning disability service demand, based upon insufficient intelligence to inform projected service demand for a client group that often have complex needs. The mitigation is as follows – o Hospital Discharge – demand modelling work has been undertaken to inform the likely discharge to assess demand with intelligence gained from other regions/areas that are deemed to be 'ahead of us' in the pandemic. The use of this approach enables a more informed capacity planning than would have been possible if based on previous years. o Learning Disability services – the intelligence gathered in the last two years has not enabled effective financial planning. The proposal is to develop a new approach to intelligence gathering in order to better plan services for future years. • Joint Equipment Service demand is rising with the increase in the level of dependency of people living within their own home or extra care settings. The potential impact of this is a funding pressure on the commissioned service. The joint equipment service is working with SCC and SCCCG, through the integrated Commissioning Unit, to understand this demand more fully in order to plan an appropriate mitigation.
CONFLICT OF INTEREST IMPLICATIONS	
17.	None
POLICY FRAMEWORK IMPLICATIONS	
18.	The recommendations in this paper reflect the requirements which are expected to be included within the national policy framework.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**N/A**

SUPPORTING DOCUMENTATION

Appendices	
1.	None

Documents In Members' Rooms

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and **Safety Impact Assessment (ESIA) to be carried out.**		**No**
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact **Assessment (PIA) to be carried out.**		**No**
Other Background Documents **Other Background documents available for inspection at:**		
Title of Background Paper(s)		
1.	None	

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DECISION-MAKER:		Joint Commissioning Board		
SUBJECT:		**Quality Update**		
DATE OF DECISION:		**15th April 2021**		
REPORT OF:		**Director of Quality and Integration**		
CONTACT DETAILS				
AUTHOR:	Name:	Carol Alstrom	Tel:	07787005624
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Director	Name:	Stephanie Ramsey	Tel:	023 80296914
	E-mail:	stephanie.ramsey1@nhs.net		

STATEMENT OF CONFIDENTIALITY		
Not applicable		
BRIEF SUMMARY		
This paper provides an update on quality in health and care services in Southampton and outlines the challenges experienced by the care home sector during the first three months of 2021.		
RECOMMENDATIONS:		
1.	(i)	Note the quality report
REASONS FOR REPORT RECOMMENDATIONS		
2.	The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
3.	The quality report is an update for Joint Commissioning Board on quality concerns and good practice in the City and is intended as an information only item to provide assurance to the Board	
DETAIL (Including consultation carried out)		
4.	**Quality Report** This short update provides an overview of the current good practice and challenges for quality of services that are commissioned by the Integrated Commissioning Unit (ICU) between Southampton City Council and NHS Southampton City Clinical Commissioning Group.	
5.	**Good Practice** Currently across Southampton social care providers in the care home and home care market are considered overall to be providing good care. The ratings profile below has only had one change since December 2019 as one nursing home has moved from good to requires improvement. CQC are currently only completing inspections when there is a significant risk situation in a provider. CQC are currently using their Transitional Regulatory Approach, this focuses on safety, how effectively a service is led and how easily people can access the service. It includes: • a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so the CQC can continually monitor risk in a service	

- using technology and our local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where the CQC have concerns

After reviewing information that the CQC have about a service, they will have a conversation with the provider either online or by telephone. This is not an inspection and they do not rate services following a call. This call helps the CQC to decide whether they need to take further regulatory action at this time, for example an inspection. Additionally, CQC are undertaking infection prevention and control inspections in care homes to ensure people are receiving safe care. Services that need re-rating to support additional system capacity supporting local authorities to commission care where needed. Further updates to the regulatory framework are being released by CQC regularly.

The current profile of CQC ratings across Southampton is

	Outstanding	*Good*	*Requires Improvement*	*Inadequate*	*Not yet rated*
Nursing Homes	0	8 (9)	1	0	0
Residential Homes	1	41	7	0	4
Home care providers	2	42	5	0	4

Note - Figures in () indicate position at last report

One nursing home has moved from good to requires improvement. The home has recently changed owners and has undergone a change of registered manager. The new registered manager is keen to resolve the areas of concern and appropriate actions are being taken, the regional management team for the home group is also supporting the home.

One home care provider (non-framework) is currently suspended from taking placements as it was rated requires improvement in all areas.

6 The Integrated Commissioning Unit has been proactively supporting the care home and home care sector throughout the pandemic. A well-established weekly video conference has been set up and provides training and general updates on the latest guidance and requirements for care homes. The latest sessions have covered vaccinations, visiting protocols and lateral flow testing. These sessions continue to be extremely popular with the care home and home care sector providers. A question-and-answer session relating to Infection Prevention and Control is included each week which has generated a significant amount of feedback from the sector.

The City is currently being considered for the roll out of an electronic version of RESTORE2 which will be supported by the ICU Digital Care Team.

During January and February 2021 the ICU quality and infection prevention and control teams supported the care homes affected by Covid-19 outbreaks. A total of 26 homes had a confirmed outbreak and 21 homes had an exposure or cluster of cases. Of these homes it was noted that the homes most vulnerable were those that were not part of larger groups or stand alone homes that had no back up to call on. The Provider Failure protocol was activated on 2 occasions to ensure providers were effectively supported.

7 The wider ICU Quality Team supporting health providers has continued to monitor, review and support providers through the pandemic. The approach has changed to involving ourselves much more in provider meetings rather than expecting providers to attend meetings with us. This has proved extremely successful and provider engagement remains good. A learning and sharing forum meets regularly including Hampshire and the

	Isle of Wight health providers and this has proved extremely valuable sharing learning over a larger network than normal. At the start of the Covid-19 emergency period, Continuing Healthcare Assessments were halted and a temporary hospital discharge process was put in place. This saw the NHS taking on funding for all patients with complex needs (Scheme 1). That process has been reviewed and a new system came into effect on 1st September 2020 which reduces the funding period by the NHS to 6 weeks (Scheme 2). Since 1st September CCG and Council colleagues have worked together to ensure all clients who were funded between March and 31st August 2020 via Scheme 1 have had an assessment to determine their eligibility for continuing healthcare or Care Act funding. At 31st March 2021 all clients who needed an assessment had been assessed, apart from 2 clients who due to their complex needs were moved into normal business processes following agreement between the Continuing Healthcare and Adult Social Care teams. This enabled Southampton to advise NHS England that all cases had been completed by 31st March 2021 deadline.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8	There are no specific resource implications of this paper.
Property/Other	
9	None noted
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10	The Council has a statutory power and responsibility to safeguard individuals receiving services within the Southampton City boundary
Other Legal Implications:	
11	None noted
CONFLICT OF INTEREST IMPLICATIOINS	
12	No conflicts of interest are noted
RISK MANAGEMENT IMPLICATIONS	
13	The Council has a responsibility as a commissioner of services to ensure the quality of those services meets an acceptable standard. In addition the Council has a statutory responsibility under the Care Act to ensure mechanisms are in place to safeguard adults, who may be vulnerable, and are receiving care within the City boundary.
14	**Areas of Concern** The main areas of concern at this time relate to the impact of COVID-19 on care homes and home care providers, and plans for the recovery of NHS services. For care homes and home care providers the risk of staff being infected with Covid-19 continues as vaccination rates are not as high as they need to be in some homes. As at 30th March just under 70% of care home staff had been vaccinated. Work is underway to improve uptake through a variety of routes, homes have been contacted and offered support with communicating key messages to staff. For NHS services recovery work is starting, many services were maintained throughout this wave of the pandemic and time is needed for services to recover from the workload pressures over this challenging period. The quality team are part of the recovery work streams and are working with providers to identify risks and where patients may have come to harm. At this time no significant instances of harm have been highlighted in

	Southampton.
POLICY FRAMEWORK IMPLICATIONS	
15	The information contained within this report are in accordance with the Councils Policy Framework plans

KEY DECISION?	**N/A**
WARDS/COMMUNITIES AFFECTED:	**N/A**

SUPPORTING DOCUMENTATION	
Appendices	
1.	None

Documents In Members' Rooms

1.	Not applicable

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No**
Other Background Documents **Other Background documents available for inspection at:**	

Title of Background Paper(s)		**Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)**
1.	Not applicable	