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My ref: GG/KH

Dear Colleague

DISABLED FACILITIES GRANT

For 2015/16 the funding vehicle for Disabled Facilities Grant (DFG) was changed and incorporated into the Better Care Fund (BCF). The national guidance supporting this change effectively encouraged Clinical Commissioning Groups (CCGs) alongside councils with responsibility for adult social care to passport this capital funding to respective district/city councils in two tier areas.

The value in 2015/16 of the national allocations for DFG in Lincolnshire was £2.97m. The allocation was passported through to each district/city council in full. The allocations are identified in the table below

Disabled facilities grant (DFG) budgets and completions								
	Boston	Lincoln	E.Lindsey	N.Kesteven	S.Holland	S.Kesteven	W.Lindsey	TOTAL
	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	2015/16	
Total subsidy received	280	328	972	352	325	376	337	2970
LA top up provided	29	0	275	88	110	0	70	572
Budget	309	328	1247	440	435	376	407	3542

It is recognised that the figures above are typically added to by respective councils as a 'discretionary top up'. This allows more activity in adapting properties than would otherwise be possible if it were dependent solely on the national allocation.

The future for the BCF at the beginning of 2015/16 was uncertain and the Lincolnshire BCF submission – as with all others – only looked ahead one year. However, in November 2015 the Chancellor's Comprehensive Spending Review announcement described the future for the Better Care Fund and within it Disabled Facilities Grant funding. At the time of writing this letter the guidance for 2016/17 is outstanding but a number of key elements are clear and these bear upon the purpose of this letter. In his announcement the Chancellor indicated that the BCF would continue for the duration of the Parliament and that DFG allocations would rise substantially during the course of the period between 2017 and 2020. The net effect in Lincolnshire would see the DFG allocation rise from £2.97m to £7m.

Alongside this announcement was the expectation that the funding would secure reduced reliance on residential placements by Adult Care for Older People. The national figure provided was that there would be 8,600 fewer placements as a result of the increased DFG allocation. The announcement therefore provided greater clarity on not just the longevity and funding for DFGs but also represents a substantial shift in focus.

A brief synopsis of 'contributions' towards improved housing to meet identified needs would include a number of disparate elements. Adult Care, Public Health, the four CCGs and Lincolnshire health providers (N = 3) have an Integrated Community Equipment Service that provides equipment to 28,000 people each year with a total contract value of £6.1m provided by NRS Healthcare.

Furthermore, Adult Care has allocated a budget of £500,000 pa from capital to address DFG requests that districts would not meet, for example in facilitating a discharge from Hospital, or, other social care need. Some evidence exists from pilot work funded by the Wellbeing Fund that there is some measurable benefit to be achieved from an 'acute' system for housing adaptation to support maintenance of independence and return from care. In addition, Public Health in association with Adult Care, commissions a Wellbeing Service that, as one element of it, delivers minor aids and tele care equipment as authorities with responsibility for social care are responsible for delivering minor adaptations costing under £1,000.

In total the value of equipment and adaptations to property has a significant annual value in Lincolnshire which, by 2019/20 will have a combined value of £13.6m (revenue and capital).

In parallel the national policy 'Transforming Care' (the sequel to 'Winterbourne View') indicates more profoundly disabled people, notably with learning disability and mental health needs will require a 'normalised' approach to housing – as hospital in-patient capacity is reduced - which is currently not available. At the same time there are an increasing number of disabled people – young and old, in Lincolnshire that require access to appropriately engineered property that meets their needs not currently available.

It should also be noted that the number of young people with profound disabilities moving into adulthood is increasing.

In consequence of the above analysis the four Clinical Commissioning Groups and the County Council wish to work with you in developing an approach to housing focused on promoting the independence of vulnerable people. This would require the agencies currently involved (which includes your own) to think and behave differently to secure a greater collective outcome. Some of the components will be:

1. 'Designing-in' accessible and adaptable housing into new build and refurbishment programmes.
2. Improving the management and allocation of already adapted stock through smarter allocations systems that operate across housing authority areas.

3. Approaching the subject of accessible housing at both strategic and operational levels as a collective endeavour.
4. Developing a collective understanding of need and performance.
5. A shared approach to future utilisation of the national DFG funding allocation into Lincolnshire.

Summary

The above constructs a picture that does not suggest a coherent and cohesive approach to providing housing for people with social or health care needs, let alone housing need. Each organisation involved operates to different target audiences. The net effect does not suggest a Lincolnshire-wide/strategic approach creating a 'housing legacy' to meet both current and future needs for all the population, and specifically not for those with a social or health care need.

As the DFG element increases substantially it is argued here that the time has come to take a broader view to housing that provides a coherent and cogent approach to meeting current and future needs for all those requiring them.

Our Lead Managers for this agenda, Justin Hackney and Tony McGinty, recently joined the Housing Forum to talk about some of the issues I have identified above, and to seek agreement to explore joint working. From this, a working party has been agreed, with County and District officer membership, which will seek to add flesh to the thinking and develop a draft scoping document for us to consider.

I trust you will work with me and others to develop this thinking further in due course.

Yours sincerely



Glen Garrod
Director of Adult Social Services
(on behalf of the four Clinical Commissioning Groups and the County Council)

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