



**Open Report on behalf of Glen Garrod,
Executive Director - Adult Care and Community Wellbeing**

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| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 01 December 2021 |
| Subject: | Occupational Therapy, Disabled Facilities Grants and the Lincolnshire Community Equipment Service |

Summary:

The Housing, Health and Care Delivery Group (HHCDG) leads strategic implementation of the Lincolnshire Homes for Independence blueprint, steering services to be better co-ordinated and changing working practices to enable this. The HHCDG reports to the Health and Wellbeing Board.

The objectives of the Better Care Fund (BCF) for the health and care system, and Lincolnshire County Council's (LCC) new Corporate Plan include providing residents with 'the opportunity to live life to the full' by acting to 'promote safe and secure homes and provide opportunities for a fulfilling life' with the result that 'more people are able to live independently and everyone enjoys a safe and secure home and is protected from harm'.

Occupational Therapy, Disabled Facilities Grant (DFG) and the Lincolnshire Community Equipment Service (LCES) are key components of this.

DFGs are administered by district councils and delivery is overseen by the District Housing Network (DHN). Several service improvements have been made over recent years. However, during the Covid-19 pandemic efforts have been focussed on maintaining an effective service and keeping people safe while progressing with necessary adaptations to their home. Now we move towards recovery, it is time to accelerate the delivery plan actions around better connecting DFG with the wider health and care system. District councils are now represented on the Joint Working Executive Group (JWEG) for the Integrated Care System (ICS) which supports this.

The LCES has its own Partnership Board with representation from LCC and the NHS. Contract variations to the LCES have ensured that it responded to the Covid-19 pandemic and supported the wider response, such as through the provision of personal protective equipment (PPE) and testing kits. The focus is now on re-commissioning the new LCES.

The Scrutiny Committee received a report on Adult Care Occupational Therapy which referenced DFG on 14 April 2021. This report will recap on recent developments and update on plans for continual improvement and service integration, including with the LCES.

Lincolnshire is now a strategic partner with the Centre for Ageing Better (AB) and has developed a joint 'Homes for Independence' project and team. AB recently commissioned and published a national Good Home Inquiry – one of the main recommendations of which, aimed at local government, is to establish a Good Homes Agency in each area. LCC has committed to work with AB, the Local Government Association (LGA) and district councils to pilot and develop potential models for this to be achieved. It is anticipated that occupational therapy services across LCC, the NHS, DFG and the LCES, along with several other LCC and district council services such as Lincolnshire Fire and Rescue's Safe and Well Checks and Lincs 4 Warmer Homes (L4WH), and relevant commissioned services, will all come under the umbrella model.

Actions Required:

That progress to date is noted and that the Committee supports the in principle plans for future alignment of occupational therapy, DFG and LCES services through a Good Homes Agency.

1. Background

1.1 Adult Occupational Therapy

The [report to Scrutiny Committee on 14 April 2021](#) provided details of the two-year service transformation programme and outlined some of the achievements.

The LCC Adult Occupational Therapy service has been re-structured and strengthened to improve collaborative work with the district councils through:

- Area teams coterminous with district boundaries with scope for co-location with district council housing teams.
- Additional resource into occupational therapy teams to manage workloads.
- Collective ambition to reduce underspends whilst ensuring all money allocated to Lincolnshire remains in Lincolnshire and is used for the benefit of its residents.
- DFGs recorded on Mosaic allowing outcomes to be better monitored.

There are a range of occupational therapy providers that work with adults across the system in different settings to maximise independence, reduce the burden on carers and mitigate risks. The Adult Care Occupational Therapy service is currently the only service which has a direct interface with district councils over housing and adaptations. Lincolnshire Partnership NHS Foundation Trust (LPFT) provide occupational therapists as part of Lincolnshire mental health and learning disability teams who will support housing

as a wider determinant of the person's treatment plans; however cross organisational referrals will be made to LCC for DFG consideration.

The mandatory DFG legislation sets out that 'social services' must be consulted on the allocation of a DFG, however there are a range of alternative options possible under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) which would enable wider system access to housing adaptations. This includes examples such as providing stairlifts through the LCES or making greater use of discretionary funding options.

Occupational Therapy leads from LCC, United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire NHS Community Health Service (LCHS) and elements of primary care are working together to explore ways to deliver a more Lincolnshire occupational therapy service with reduced transfers of care between occupational therapy services. LCC is exploring the potential to create a single occupational therapy service. This ultimately needs to deal with increasing volumes of work and a broader remit to achieve a person-centred approach to meet all aspects of housing need, whilst at the same time further improving efficiency, performance, and speed of response.

Although discussions are at an early stage, this includes a focus on proactive care within communities to ensure individuals' independence is maintained and prevented from escalation, but also working with hospital services to improve flow. There is a strategic intention to embrace a 'pull' model in which community therapy services are proactive in working with people in hospital and facilitating a transfer to the community, rather than wards 'pushing' individuals in a discharge model.

A genuine discharge to an assessment model is the preference, whereby decisions around care and support are taken after the person has returned home and an assessment completed in the person's familiar surroundings. This is greater than OT alone and will require close collaboration with wider therapy and nursing services, including close working with reablement services and housing providers to ensure an expedited response to emerging needs. It is envisaged that these changes will streamline the provision of housing options such as DFG and widen access.

1.2 Disabled Facilities Grant (DFG)

DFGs are mandatory grants, a statutory duty on district councils to administer. During the past few years much has improved in Lincolnshire across the system with a more collective countywide approach driven by the requirements of the BCF. This has seen relationships improve and trust develop. All parties have invested time, energy, and staff resources with a commitment to develop an improved process for the benefit of the customer to reduce time scales, avoid duplication and work in a more consistent manner across Lincolnshire.

Whilst all this work has created positive changes and outcomes there is still a huge opportunity to further develop and create a Lincolnshire approach to supporting people through improving their home. The budget for DFGs comes to LCC through the BCF and is passed to district councils; and has increased significantly over recent years. The total amount available in 2019/20 was £9.2million, including:

- 2019/20 DFG funds allocated to district councils through the BCF; passed to them in full.
- Previous years' DFG underspends held in district council reserves and ring-fenced for DFG related work.
- Additional in-year funds allocated direct to district councils.

£4.3million of this £9.2million was spent on mandatory DFGs. The budget for the current 2021/22 year is just under £7.0million; and so, there is scope to spend anticipated surplus funds on broader support and assistance for people with disabilities and care needs.

Summary of activity for adults with disabilities

| Disabled Facilities Grants | | |
|-----------------------------------|----------------|----------------|
| | 2018/19 | 2019/20 |
| Number of grants completed | 644 | 632 |
| Total DFG spend | £4,325,644 | £4,336,385 |
| Number of grants approved | 160 | 269 |
| Value of DFGs approved | £1,232,405 | £1,327,356 |

Legislation governing DFG is outdated having not changed much in the last 30 years. The Chronically Sick and Disabled Persons Act 1970 that used to set out LCC's role in delivering adaptations was superseded by the Care Act 2014 but neither it nor the inclusion of the DFG budget in the BCF has led to proper integration of DFG as part of the wider health and care system.

In addition, there were 893 occupational therapy recommendations for DFG made to district councils in 2018/19. This, taken with the above figures for grants completed and approved, suggest that around 100 did not progress. There will be many more assessments carried out that did not lead to a recommendation for DFG being made. This is anecdotal but there is a belief that in a proportion of these cases no adaptations will have been completed. There is, therefore, scope to explore this further and determine whether providing greater support in the absence of a DFG application would have had a successful outcome.

There is an opportunity to do things differently through district councils using their Regulatory Reform Order (RRO) powers. The RRO provides a general power to introduce policies for assisting individuals with renewals, repairs and adaptations in their homes through grants or loans. It can provide authorities a vehicle for:

- Funding essential repairs to reduce injury and accidents in the home.
- Ensuring homes are adequately heated.
- Expanding the scope of adaptations available under the DFG legislation.

- Helping people relocate to alternative accommodation if their current home is not able to meet their needs.

The RRO is currently being used to supplement and, in a few cases, amend DFG; but in the main is supporting repairs and improvements to the homes of people with disabilities and other health and care needs. Discretionary policies have been adopted by district councils and development of a common housing assistance policy is underway. This is, however, curtailed in that it is to be delivered with DFG budget insofar as this is not utilised on mandatory DFG provision. Whilst there is a clear focus on mandatory spend, there is an increasing willingness to deliver more works which are at local discretion, especially to support the wider health and care sector e.g., fast-track to support hospital discharge.

Using Mosaic to record DFGs on and pass details backwards and forwards between LCC and district councils has improved communications, but it is not being used as a complete case management system. Partners aspire to a streamlined process where these hand offs are not evident to the applicant. There are opportunities for different interactions with customers at different points in the process. It is suggested that more effort goes in to the 'initial enquiry' stage to ensure adaptation of the existing home is the right and preferred option for them and their household. Alternatives such as all potential DFG applicants being allocated a caseworker to access holistic housing advice could be appropriate.

Moving to pooled budget arrangements and agreeing different approaches to using available funds through the Health and Wellbeing Board (HWB) offers significant opportunity for innovation. Discussion at the HHCDG has increasingly been about 'the system' and the inter-dependencies between services. There is an increasing awareness of the opportunities of personalisation and personal budgets, and the need to integrate DFG and equipment services to support individuals more effectively. This is subject to agreement by LCC, Lincolnshire NHS Clinical Commissioning Group (CCG), and district councils through robust governance arrangements; giving assurance that the statutory duty to administer mandatory DFG and LCES provision could continue to be met.

1.3 Lincolnshire Community Equipment Service

The LCES is a statutory loan service to help meet the health and social care needs of people of all ages, including children, who have long term conditions and disabilities. It is a jointly commissioned service between LCC and the Lincolnshire CCG with a Section 75 agreement and the Partnership Board governing the joint work. The community equipment is supplied, maintained, collected, recycled, and stored by the service provider, currently Nottingham Rehab Limited (trading as NRS Healthcare).

The current contract has been in place since 01 April 2016. The initial five years of the contract is due to end on 31 March 2021. LCC and the Partnership Board have, however, agreed to a further two-year extension of the service up until a maximum of 31 March 2023. The LCES is key to enable people to retain independence in their own homes with the use of community equipment and is a proven service to help facilitate discharge from hospital and to avoid admission to hospital and more complex care packages i.e., home care or placement at a care home. The current budget of £5.8million is set based on the

historic total equipment spend by various partners prescribing equipment to Lincolnshire residents; then split based on agreed allocations set out in the current Section 75 document in which LCC contributes 46% of the total fund and the CCG contributes 54%. The current calculation takes into consideration what equipment is prescribed rather than who prescribed the equipment.

The review and re-commissioning of this service is a key action in achieving LCC's Corporate Plan. The review programme and wider engagement also contributed towards the delivery of the Lincolnshire Homes for Independence blueprint delivery plan, overseen by the HHCDG and the HWB. Also, as the programme commenced and wider engagement was undertaken, beneficial new initiatives were considered by the LCES Programme Project Board. These included:

- Inclusion of the DFG equipment, i.e., stairlifts and modular ramps, forming part of the scope of the ICES,
- Options appraisal conducted regarding integration of wheelchair service in the future contract,
- Implementation of an Active Recall Call Team to stimulate collections, and
- Potential for digital assistive technologies and Technically Enabled Care (TEC) solutions in terms of the wider Tele-Care review of services.

The LCES covers a substantial geographical area and a population of 755,833. It served 57,266 patients and customers during 2020/21 and completed 62,687 orders: an increase from 58,685 the year before. Additionally, the service was able to adapt very quickly and has been instrumental in LCC's response to the Covid-19 pandemic, managing logistical support for personal protective equipment (PPE) and Lateral Flow Test (LFT) kits more recently, to date the LCES service has delivered 3,012,959 PPE items since April 2020.

Performance of the service in the first two quarter of this financial year

| Lincolnshire Community Equipment Service | | | | |
|--|--------|------------------------|-----------|-----------|
| | Target | Target Range Tolerance | Quarter 1 | Quarter 2 |
| Emergency Deliveries completed on time | 98.00% | 97.00% | 100.00% | 99.67% |
| Urgent Deliveries completed on time | 98.00% | 97.00% | 97.67% | 99.33% |
| Premium Deliveries completed on time | 96.00% | 97.00% | 99.33% | 99.00% |
| Standard Deliveries completed on time | 96.00% | 95.00% | 99.00% | 98.67% |
| Emergency Collections completed on time | 98.00% | 95.00% | 100.00% | 100.00% |
| Urgent Collections completed on time | 98.00% | 97.00% | 100.00% | 100.00% |
| Standard Collections completed on time | 98.00% | 97.00% | 100.00% | 100.00% |
| Emergency Repairs completed on time | 98.00% | 97.00% | 100.00% | 100.00% |
| Urgent Repairs completed on time | 98.00% | 97.00% | 100.00% | 100.00% |
| Special equipment available in the depot which is delivered within 5 working days of receipt | 98.00% | 97.00% | 99.00% | 99.33% |
| Recycling Levels | 88.00% | 86.00% | 90.73% | 89.27% |
| Joint visits completed | 96.00% | 94.00% | 100.00% | 100.00% |

| | | | | |
|---|--------|--------|---------|---------|
| Standard Installation within 7 working days | 96.00% | 94.00% | 100.00% | 100.00% |
| Non-Standard Installations within 30 working days | 96.00% | 94.00% | 100.00% | 100.00% |
| Removal within 15 working days | 96.00% | 94.00% | 100.00% | 100.00% |

1.4 One Stop Shop for Equipment, Aids and Adaptations

One of the activities under LCC's Corporate Plan is to develop a One Stop Shop for Equipment, Aids and Adaptations. In other words, to create a single point of access to occupational therapy, DFG and the ICES services outlined in this report.

Public Health has recruited a Project Officer on a two-year fixed-term contract from 18 October 2021. The Project Officer will work closely with colleagues across Adult Care and Community Wellbeing, Children's Services and with district councils, the NHS and the Centre for Ageing Better to complete the activities leading to a One Stop Shop. The development of the One Stop Shop is a component of a bigger, more holistic Good Home Agency and the Project Officer's role will be broader to test and lead the development of a model.

It is already accepted that the Care Act 2014 promotes a person-centred approach with housing as an integral 'health related service' as the following extract shows:

"Lincolnshire services built around an individual's needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual's wellbeing and when developing Lincolnshire services, local authorities should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations."

[Care Act Guidance 4.90]

It is, therefore, crucial that occupational therapy services achieve their full potential and DFG is embedded as part of the wider health and care service to achieve LCC's ambition. This could mean more assessment posts within the council and / or assurances that assessments made by other health and care professionals can be accepted and acted upon through 'trusted assessor' arrangements.

Creation of a new pathway to consider equipment, adaptations, and digital technology needs, as part of a wider assessment of requirements to facilitate independent living, presents opportunities for transformation. This will require other organisations (e.g., district councils) to do things differently e.g., being able to order from the LCES service. This would also incorporate elements of LCC's Adult Care Digital Roadmap that includes trialling solutions to support independent living without the need for higher cost aids and adaptations; particularly where mainstream technologies or products can be utilised.

The principles and opportunities to be considered include:

- A single point of access for all instances of 'unsuitable' homes.
- Provision of comprehensive 'housing needs' advice to determine if remaining in the home is the most appropriate or an alternative home for independence would be better.
- Making best use of the existing adapted and accessible housing stock through developing an adapted homes register(s) and closer working with housing registered providers.
- Closer alignment with commissioned services e.g., Wellbeing Service, Carers Service and hospital in-reach services providing a broader range of support (e.g., social connections, energy costs (tariffs)) with potential for this to incorporate new home improvement and energy efficiency agencies.
- Considering complicated cases with 'multiple' needs and high-cost adaptations through a 'vulnerable adult panel' approach to agree the most appropriate course of action.
- Making best use of equipment and digital technology solutions; incorporating a wider offer in a re-commissioned LCES and Tele-Care contracts.
- Ensuring residents are empowered to do as much as they can for themselves and are signposted for self-help, wherever possible.

These principles would all come under the umbrella of a Good Home Agency.

2. Conclusion

We have a well-established platform through the HHCDG to develop to the next level which would see the development of a Good Home Agency, as a national pilot resulting from the national Good Home Inquiry. This could include pooling DFG and equipment budgets, giving a combined annual budget of around £12.8million, to support people better.

Next Steps

LCC's Corporate Plan activity brief for the One Stop Shop (which has been adapted here) sets out the key milestones for the next two years:

1. Establish a Healthy and Accessible Homes Group as the 'lead' for this activity with terms of reference by 31 December 2021 (re-scheduled from 30 September 2021).
2. District councils appoint a Strategic Lead – Healthy and Accessible Homes shared post to develop work programme by 31 January 2022 (in post by 31 March 2022 at the latest).
3. Complete the AB work programme on housing aids and equipment:
 - a. Complete stakeholder analysis and develop an engagement plan by mid-December 2021.
 - b. Develop a 3-month project plan – to then handover to the Project Officer in January 2022.
 - c. Commence pilot implementation from 01 January 2022.
 - d. Review and assessment to start 01 October 2022.

- e. Joint agreement between partners on how to deliver equipment, aids, and adaptations by 31 December 2022.
 - f. New service(s) mobilise from 01 April 2023.
4. Complete evaluation of remote monitoring projects and digital solution pilots to inform commissioning review of Tele-Care service by 31 December 2021.
 5. Complete commissioning review of Tele-Care service by 30 June 2022.
 6. Complete commissioning review of LCES by 30 June 2022.
 7. Complete commissioning review of Wellbeing Service by 31 March 2023. It is anticipated that there will be a close alignment of the Good Home Agency with Wellbeing Lincs (the current Wellbeing Service provider being a consortium of the district councils).

3. Consultation

The Centre for Ageing Better commissioned a service design firm, Live|Work to map existing services in Lincolnshire and, in terms of consultation, to undertake several stakeholder workshops and user interviews and focus groups to understand what people need and want; and what frustrates them about accessing services now. This consultation will inform the work programme to achieve integration of DFG and the LCES into the wider health and care system. Further consultation and stakeholder engagement will be carried out throughout.

a) Risks and Impact Analysis

No Risk and Impact Analysis has been undertaken.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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