# S.75 Project Group – Discussion Paper, DFG Allocation

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#### Care Act 2006 and use of the Better Care Fund

#### 1. Introduction

1.1 On the 1<sup>st</sup> April 2015, Somerset County Council (SCC) and NHS Somerset Clinical Commissioning Group (SCCG) (partners) signed a Framework Partnership Agreement relating to the commissioning of health and social care services. The document set out the responsibilities of SCC and SCCG and how the pooled budgets for the Better Care Fund would be targeted and spent. In particular, the document set out the intentions of the partners on how they wished to extend the use of the pooled funds to include funding streams from outside of the Better Care Fund. Section 75 of the 2006 Care Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

#### 2. Scheme Delegation

2.1 Schedule 1 of the S.75 Agreement frames the services within scope of the pooled budget. Within Schedule 1 is the provision for Disabled Facilities Grants. This sets out the overview of the service, aims and outcomes, the arrangements for allocating the funding which makes it clear that funding is cascaded down to the local housing authorities. There are also contracting arrangements in place which makes it a requirement for reporting on outcomes and expenditure.

#### 3. Disabled Facilities Grant

3.1 Within the Vision for Integration Framework it makes it clear that the DFG will continue to be allocated through the BCF. This is to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options. In 2016-17, the housing element was strengthened through the national conditions, with local housing authority representatives required to be involved in developing and agreeing BCF plans. Somerset have reflected the requirement for integration through their own framework, with their intentions reinforced in the recently

published Memorandum of Understanding – Improving Health and Care Through the Home In Somerset (2020).

#### 4. How will the Better Care Fund be used to achieve the key priority for independence

4.1 Appendix One provides a narrative on how the Councils are currently, and propose, to use the BCF to deliver the key priorities and ultimately meet the expectations of the Somerset Framework Agreement. Much of what is documented in Appendix One has been previously agreed through the Joint Commissioning Board.

#### 5. How will outcomes and expenditure be monitored

Outcomes and expenditure of the BCF will ultimately be monitored through the Health and Wellbeing Board. Six monthly reports will be submitted to the Somerset Better Care Joint Commissioning Group in an approved format an example of which is in appendix Two. The Group will also be informed of any under and overspend and plans for managing the over/underspend. It is recommended that Key Performance Indicators are agreed as part of the MOU to ensure that the Key Priority Outcome in the MOU are being met which also matches to Section 75 outcomes. Work is progressing with Sedgemoor Digital to create a webbased form to upload outcome data so reports can be reproduced in a reportable format such as Infographics. It is important for the Health and Wellbeing Board to be able to see the tangible benefits of the BCF spend against the reduction in reliance on prescribed GP and NHS intervention. Future reports will include previous under and overspends plus what the Council's used the funding for.

Table One – Better Care Fund Allocations by Council 20/21

Council	BCF Allocation	Additional allocation	Total
Mendip District Council	£889,785	£119,813	£1,009,598
Sedgemoor District Council	£962,833	£129,649	£1,092,482
Somerset West & Taunton	£1,273,819	£171,524	£1,445,343
South Somerset District Council	£1,238,632	£166,786	£1,405,418

## Appendix One – Deployment of the Better Care Fund

The following reflect current thinking towards providing a progressively balanced prevention and adaptations service to meet the growing needs and demands with available budget and staff resources within Somerset. The table should be read in conjunction with the in-year expenditure table. Note, not all the products listed below are delivered by all the Councils in Somerset. A report will be presented to the Board with plans for agreed future alignment between the Council's.

Product	New or modification	Purpose	Customer advantage	Prevention/Adaptation
Disabled Facilities	Ongoing	To provide a means tested	Maintaining the	Adaptation
Grants		grant to adapt an individual's	independence of an	
		home to provide access to	individual enables them to	
		facilities in and around the	balance mental,	
		home and maintain their	psychological, and physical	
		independence. Their need is	need by being able to do	
		assessed by an Occupational	things for themselves. Less	
		Therapist.	reliance on medical	
			intervention and support	
			needs. Upholds dignity.	
Decent Homes –	Modification	To provide means tested	Improves the living	
Repair Grants		grants to assist vulnerable	environment for individuals	Prevention
		owner-occupied households	by removing Category 1 and	
		to effect repairs to their	2 hazards under the Housing	
		home.	Act 2004. Reduces the risk of	
			hospital admission and	
			increases the chance of a	
			successful discharge from	
			hospital to home.	
Prevention Grants	New except the	To provide small grants of up	Enables an individual to be	
	partnership area (SDC	to £10,000 non means	released from hospital or an	Prevention
	& SW&T)	tested to assist with hospital	opportunity to alter	
		discharge hoarding and falls.	someone's home where	
		The grants tend to be for	otherwise they would not	
		minor alterations to the	normally fit the Care Act	

		home and small redesign.	criteria.	
Modular ramping	New	Provision of funding for	Beneficial over concrete	
		temporary modular ramps	ramps as quick install and	Prevention
			can be removed again to be	
			used somewhere else. One	
			off capital cost.	
Independent Living	Revised – SIP	ILO's who can assist clients	Provide a wealth of skills to	
Officers (ILO's)	commissioned by SCC	with considering their	enable independence and	Prevention
	to work across	options on where they	reduce incidences of hospital	
	Somerset and	currently live, providing	admissions, future referrals	
	enhanced through	solutions to enable the client	to statutory agencies such as	
	partially funding posts	to make informed choices	mental health. Commercial	
	via the BCF	for their future	advantage in getting the	
		independence (Hoarding,	message out to agencies	
		Homes Safety checks and	about the SIP service.	
		Trusted Assessors)		
Hospital Resettlement	New	Working from Musgrove	Avoids the common issue of	
Coordinator		Park Hospital and	overstatement of need	Prevention
		surrounding NHS Community	which slows down release	
		Hospitals. Post is responsible	from hospital. The post will	
		for assisting patients with a	be actively involved in	
		smooth discharge from	attending discharge plans	
		hospital into their home	and preoperative meetings,	
		setting. The post is jointly	facilitating, and coordinating	
		managed by Health and	services both inside and	
		Somerset Independence	outside in the wider	
		Plus. It is an 18-month post.	community with agencies	
		Funding is from the Better	and SIP ILO's to ease patients	
		Care Fund. The post will plan	out of hospital and into their	
		home based solutions ahead	home setting. Commercially	
		of the point of discharge	makes sense as it leads to	
			other aspects of the fee	
			earning services of SIP and	

			reduces the risk of incorrect referrals.	
Assistive Technology	New – Enhances SCC's offer	Utilising the skills of the technical team to integrate 'halo' solutions into the fabric of a property for plug and play assistive sensors.	Reduces the need for major fabric alterations to a property and builds for a robust legacy in social housing for people with sensory loss. Provides a commercial income for SIP and ability (with the agreement of the customer) to use personal data for improvements to service delivery.	Prevention
North Taunton Project	New	Offering low interest loans and equity release loans to owner occupiers in the North Taunton regeneration project. Encourages take up and improves the area.	Benefits to SW&T in improving an area, dealing with poor condition housing and maintains the SIP brand and fee earning potential.	Prevention
Homelessness and Rough Sleeper Strategy	New	Working with partners (Govt, VCSE and statutory services) to increase the choice and quality of both accommodation and support to homeless/rough sleeper communities	The provision of accommodation and support to match specific needs (low, medium & high complexities; high risk offenders; victims of DV; wheelchair accessible etc) will enable customers to have a much better opportunity to stabilise their lives and move quickly to independent living. Investment here should help reduce current expenditure	Prevention

			on temporary accommodation, including B&B	
Empty homes	New	Offering a service to owners to bring empty properties back into use.	Gives the owner the confidence in the scheme and build by being overseen by SIP. Enables Councils to reduce the number of empty homes in their area. SIP's fee would be lower than that offered by commercial architects.	Prevention
Housing Options OT's	Ongoing	Work with clients with complex needs, working to identify and assist with their housing options, including moving and handling, equipment, complex negotiations with housing providers and with the technical team. Sit within the SIP structure.	Provides swift resolutions to people with disabilities enabling them to make their own decisions to remain independent. Enables the locality teams to focus on moving and handling. They have a major involvement in strategic decisions made by housing providers in refurbishing their stock.	Prevention
Energy	New	Warm Homes Fund – Match funding from the BCF to assist the owner occupiers in the bid to have installed FTGSH, ASHP or heating controls.  Energy Grants – Up to £4,500 to help to top up clients who have already received some form of	By improving the energy rating of someone's home reduces the risk of thermal induced illnesses such as pneumonia and high/low blood pressure etc. It also reduces incidences of fuel poverty. Assists with the Housing Act 2004 duties to reduce Category 1 and 2	Prevention

		loan/grant assistance such as Ecoflex which enables the scheme to be completed. EPC's – Provided to all clients to enable the Council to understand the energy efficiency of the stock. Free £100	hazards.	
Independent Assessment Centres (IAC)	Ongoing	Partnership working with ASC to deliver an IAC to help clients to live independently, access necessary services and prevent falls and injuries in their homes.	Provide a one stop shop for clients to see and tests out equipment that could assist them to live independently in their homes.	Prevention
Discretionary DFG	Ongoing	Allow vulnerable and low-income clients to access additional funding towards adaptations above the mandatory £30 max, cover adaptation work not covered through the mandatory criteria or used to pay for works without the need for means testing.	Allows low income disabled clients to access adaptations that they need but are not attainable through the standardised DFG process or parameters and to achieve quicker outcomes appropriate to their needs and circumstances.	Adaptation
Hoarding Services	Ongoing	Fund the clearance of properties/gardens and undertake minor repairs to aid independent living and avoid need for residential	Fund the clearance or properties for vulnerable households so they can live safely and independently in their homes with the	Prevention

	care.	appropriate level of ASC/MH	
		support.	
Support Lifeline	Provide isolated older	Enable clients living on their	
systems (careline and	people and new cohorts with	own, to have security to	Prevention
others)	lifeline support systems to	function independently with	
	maximise their social	confidence they call for help	
	connection and 'functioning'	if required	
	to prevent future		
	'disabilities' emerging		

# Appendix Two - In-year expenditure Financial Year 2020/21

Month	Somerset	West & Taunton	Se	Sedgemoor Mendip		South Somerset		
	Prevention	Adaptation	Prevention	Adaptation	Prevention	Adaptation	Prevention	Adaptation
April	£0	£55,072.41	£7,197.10	£0		£9,245	£2470.21	£2222.65
May	£0	£0	£1,587	£7,225.19		£14,149	£4496.38	£54740.21
June	£2,706.75	£1,675.89	£3,044.87	£0		£25,457	£2993.27	£75846.95
July	£8,324.92	£740.00	£513.68	£8602.94		£8,367	£4291.79	£75402.91
August	£-160.13	£41,917.77	£4,135.39	£17,402.72		£15,148	£3584.04	£113719.93
September	£3,912.33	£26,028.56	£3,323.81	£7,193.28		£51,327	£4509.86	£102004.43
October	£0	£26,529.86	£3,476.93	£22,126.47	£3,038	£105,386	£2524.59	£121850.47

November	£3,482.01	£32,893.36	£6,369.10	£11,700.54		£90,061	£3208.84	£105876.76
December	£6,658.10	£59,841.12	£8,069.09	£34,826.47	£778	£45,367	£2566.88	£86983.12
January	£5,760.45	£49,748.88	£6,193	£12,284.32	£4,179	£49,445	2088.50	91.612.39
February	£1,056.34	£52,111.25	£5,762.05	£52,047.43		£55,551	32,920.50	115,697.54
March	£48,890.42	£14,729.26	£10,440.43	£84,467.44		£79,279	2088.50	254,581.93
OT/staff salaries					£27,881	£59,619		
TOTAL	£80,631.19	£361,288.36	£60,112.45	£257,876.80	£35,876	£618,401	70,443.36	1197,839.29
Commitments	£35,299.46	£112,844.72	10,072.04	£121,680.25		£24,691		64,673.23
Carry Forwards		£1,003,423.45		£774,492.75				72,462.12
GRAND TOTAL		£1,593.487.18		£1,224,234.29	£35,876	£643,092	70,443.36	1,334,974.64

## Comments:

With the lifting of lockdown restrictions, SIP is up to full survey potential and contractors have full order books from SIP staff for current commitment and projected work.