



## Report to Policy Committee

### Author/Lead Officer of Report:

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and Health

**Tel:** 0114 266 4406

**Report of:** Director of Adult Health and Social Care

**Report to:** Adult Health and Social Care Committee

**Date of Decision:** 16<sup>th</sup> November 2022

**Subject:** Adaptations Housing and Health Update and Delivery Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (1070)				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

### Purpose of Report:

This report outlines the demand position of the Adaptations, Health, and Housing services as they emerge from the covid pandemic. It will update the Committee as to the impact that has been made through the recovery plan agreed in August 2021. This report will then detail the measures proposed to continue the recovery and delivery plan for these services.

**Recommendations:**

It is recommended that Adult Health and Social Care Policy Committee:

- Note the Adult Health & Social Care Equipment and Adaptations performance update.
- Endorse the Equipment and Adaptations Delivery Plan at Appendix 2.
- Endorse the Adult Health & Social Care Equipment and Adaptation Financial Recovery Actions identified at section 3.2.12.
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress and outcomes in relation to the performance and financial spend on a six monthly basis.

**Background Papers:**

None

**Appendices**

*Appendix 1 – Overview of Occupational Therapy, Adaptations Housing and Health Services*

*Appendix 2 – Equipment and Adaptations Delivery Plan*

*Appendix 3 – Equalities Impact Assessment*

Lead Officer to complete:-	
1	<p>I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</p> <p>Finance: Ann Hardy – Revenue Damian Watkinson – Capital (DFG)</p> <p>Legal: Patrick Chisholm <i>Service Manager</i></p> <p>Equalities &amp; Consultation: Ed Sexton – Equalities Lead</p> <p>Climate: Jessica Rick</p>
	<p><i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i></p>
2	<p><b>SLB member who approved submission:</b></p> <p>Alexis Chappell – Director Adult Health and Social Care.</p>
3	<p><b>Committee Chair consulted:</b></p> <p>Councillor George Lindars-Hammond, Councillor Angela Argenzio</p>
4	<p>I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</p>

<b>Lead Officer Name:</b> Jo Pass  Die Green	<b>Job Title:</b> Interim Assistant Director Living and Aging Well Service (North)  Service Manager - Adaptations, Housing and Health services.
<b>Date:</b> 10/10/2022	

## **1 PROPOSAL**

- 1.1 The Adult Health and Social Care Strategy Living the Life You Want to Live and subsequent Delivery Plan agreed at Committee on 15<sup>th</sup> June 2022, made commitments towards improving lives and outcomes for Adults across the City and to set out we will deliver, personalised support which feels right and good from the point of view of people themselves and our communities.
- 1.2 Adaptations Housing and Health emerged from the covid pandemic with significant customer waiting lists. In August 2021, a recovery plan backed by an invest to save was implemented to reduce assessment times, reduce hospital stays and improve health and wellbeing of people accessing the service.
- 1.3 The report explains how new ways of working are impacting positively to change practices and notes new models under development, aligned to our wider adult social care strategy. This paper sets out a Delivery Plan and key milestones to deliver upon a commitment towards achieving an accessible, responsive and outcome focused equipment, adaptations service.
- 1.4 The Committee are asked to comment upon and approve the Adult Health and Social Care Equipment, Adaptations Delivery Plan and agree a schedule that they are updated upon progress against it.

## **2 BACKGROUND**

- 2.1 Promoting and enabling independence is our wider vision and commitments for adult health and social care described in our strategy, Living the Life You Want to Live:

*Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery’.*

- 2.2 The Adult Social Care Strategy made a commitment towards enabling individuals to live independently safe and well at home. As part of this Commitment, Adult Social Care made a priority this year towards reducing our waiting times and focusing on practice developments so that we can enable people to live the life they want to live.
- 2.3 A core service and support across Adult Social Care which enables and promotes independence is our Occupational Therapy and Adaptations, Housing and Health Teams. The team receive 5500 applications per year which is a 22% increase in demand since pre- pandemic application levels and a reflection of the essential and core needs across Sheffield. This is set against a standstill budget set at pre pandemic levels.

- 2.4 The Adaptations, Health & Housing service is an essential adult health and social care service who delivered critical services throughout the pandemic to people needing equipment, adaptations or to move home. More information about the service and supports provided can be found at Appendix 1.
- 2.5 In line with the vision and our commitments made and our statutory duties, a self-assessment was undertaken in 2021 using *ADASS Towards Excellence in Social Care*, a review of our performance, review of ways of working to identify our current position, areas of strength, development, and opportunities to improve the lives and outcomes of people of Sheffield by promoting independence.
- 2.6 Following on from this, an *Adaptations, Housing and Health Delivery Plan* was developed to coordinate our activities as a Council to promote independence of people in need of care and support across Sheffield. It's been developed in partnership with colleagues in NHS and Housing to support a partnership approach to implementation. The Delivery Plan can be found at Appendix 2.

### **3 OUR PERFORMANCE, RECOVERY AND DELIVERY PLAN**

#### **3.1 Equipment and Adaptations Service**

- 3.1.1 The Equipment and Adaptations Team consists of Occupational Therapists (OT) and Occupational Therapy Assistants who visit people and complete a functional Occupational Therapy assessment to identify and recommend support people need with the tasks of daily living. The team is all age and supports children, young adults and older adults and supports people in all types of accommodation and tenures.
- 3.1.2 Equipment like grab and stair rails, bath boards, stairlifts, hoists or ramps enable people to remain independent safe and well in their own homes. OT's also recommend more major adaptations such as level access showers or changing the layout of someone's home to make it easier to maintain independence for as long as possible and reduce the need for more formal care, or carer support.
- 3.1.3 The Royal College Occupational Therapists that Occupational Therapy outcomes for people are maximised by early intervention within 6 weeks of people identifying an issue. Our ambition is to create a service for the people of Sheffield where they can access the assessment and equipment, they require within 6 weeks.
- 3.1.4 We believe that achieving this target will not only delivery better outcomes for people, but we will see a reduction in prescribing expensive adaptations. For example, being able to prescribe a bath board rather than a level access shower major equipment and adaptations. When Health and Housing can award medical priorities early enough, we can rehouse

people where major adaptations are not needed and their independence is maintained.

- 3.1.5 We are ambitious in the development of the equipment and adaptations service moving forward – recognising the enormous contribution it can make to supporting people to live as independently as possible for longer and to deliver upon our Adult Social Care strategy.
- 3.1.6 In line with the Council financial recovery programme, it was recognised that our challenge is to deliver an excellent service, improve outcomes and our performance but within the financial envelope available to Adult Social Care. In response, a recovery programme was implemented in 2021 and progress is detailed next.
- 3.1.7 At the end of the lockdown in July 2021 there were over 2900 people waiting for an occupational therapist assessment of need some of which had been waiting for over 18 months from our Equipment and Adaptations team.
- 3.1.8 At the same time, the focus on early help and prevention means in practice that 17% of people referred need adaptations or equipment. Before the pandemic this was 11% but the effects of the pandemic has increased this need by 6%. The early help offer includes the team providing a range of information and advice and early enablement support and practical solutions.
- 3.1.9 The increase in need is reflective of a 22% increase in demand since pre pandemic levels with the team receiving pre covid on average 4100 applications per year (342 per month). At 2022, the service is now seeing annual applications of 5474 (456 per month).
- 3.1.10 However, the funding envelope has not increased commensurate to demand, inflationary costs, and cost of living costs due to a standstill budget being implemented. This means that new models and ways of working are needed which enables the service to deliver a high performing service, respond to increased demand but within financial resource available.
- 3.1.11 At October 2022, the service is making good progress towards achieving a target that individuals are seen within 6 weeks and clearing our waiting list by:
- Reducing the earliest date people are waiting for an OT assessment from 18 months to 6 months.
  - Reducing the backlogs of people waiting for an assessment by 27%, so its now at 2092.
  - Implementing use of additional agency support with clear milestones to escalate pace of reducing backlogs, with a target set that the waiting list will be down to 400 by June 2023 alongside

implementing a new operating model to achieve long term sustainability of approach to new referrals.

- Introducing a duty system from November 2022 where an Occupational Therapist will triage each application to enable a risk-based approach to assessment and provision of equipment and to enable the high volumes of requests for smaller pieces of equipment are responded to quickly. This then releases Occupational Therapists to focus on more complex assessments.
- Benchmarking with other areas to learn from good practice and inform continuous improvement.

3.1.12 To develop an accessible, sustainable, and high performing equipment and adaptations service and reach our ambition of completing assessments within 6 weeks in the long term, practical operational actions are underway as follows:

- Reviewing pathways as a means of reducing areas of duplication.
- Exploration of digital self-assessment tools and video calls to enable lower risk equipment and adaptations to be assessed quickly. This is noted in the Technology Enabled Care report to Committee today.
- Developing more information and advice about equipment and adaptations via our information and advice hub under development.
- Developing specialist Occupational Therapists working with people with dementia, transitioning young people from children to adult services and care handling. The knowledge of these specialist workers supports better outcomes for people and a tailored response to requests from individuals and carers.
- Developing a new operating model for adult social care, which includes looking at the future design of our living and ageing well services.

## **3.2 Disabled Facilities Grant Provision**

3.2.1 The Service also administers and delivers the Disabled Facilities Grant (DFG). The Grant is provided from Central Government and is ringfenced to fund equipment and adaptations identified by Occupational Therapists for people and children living in their own occupied, private rented or registered provider homes.

3.2.2 The Service works closely with the Council's Housing Asset Management Service. The Housing Asset Management Service that deliver adaptations to Council Tenants is not in scope of this paper or discussed.

3.2.3 Delivery and use of the DFG is governed by legislation in the Private Sector Housing Policy, the Housing Grants, Construction and Regeneration Act 1996, the Disabled Facilities Grants Delivery: Guidance for local authorities in England (2022) and the Private Sector Housing Policy.

- 3.2.4 In January 2020 changes to the private sector housing policy were agreed to enable critical Accelerated Adaptations, like stairlifts, hoists, and level access showers to be delivered without means testing up to £10K for a disabled person or child.
- 3.2.5 This local policy was agreed to supplement the DFG legislation governed by the Housing Grants, Construction and Regeneration Act 1996 and included a local policy decision to increase the mandatory DFG grant for major adaptations of £30,000 by an additional £20,000 at the discretion of the Director of Adult Health and Social Care.
- 3.2.6 However, the Director has been required to use the additional discretion to award funds significantly in excess of this which has contributed to an emerging pressure on the DFG budget. Lead Members are aware of the particular nature of the discretion.
- 3.2.7 This policy change was to streamline the DFG process, which DFG team were not able to deliver through the Covid pandemic, and to enable adaptations recommended by Occupational Therapists to be delivered to people who had already waited up to 18 months for necessities of life, like a wash, or being able to get safely in and out of their home.
- 3.2.8 In accordance, with the government guidance during the covid pandemic the DFG team were only able to deliver critical need adaptations to children and adults. This subsequently resulted in both a waiting list and a DFG underspend. The DFG underspend was used to support the Integrated Community Equipment Loans Medequip contract to support hospital discharge, and to City Wide Care alarms to support digital transfer of alarm systems.
- 3.2.9 Through the recovery work noted above undertaken by Occupational Therapists in the Equipment and Adaptations Team, to address the waiting list, over 2500 people have been assessed since April 22. Addressing the waiting list as well as responding to the 22% increased demand noted above and the subsequent increase in provision of equipment and adaptations has in turn generated additional financial pressure on the DFG grant.
- 3.2.10 In 21/22 the DFG spend on Critical need Accelerated Adaptations Grants (AAG) was £400k, but this spend has now grown to £1.2 million and this is placing pressure on the mandatory statutory DFG spend. This limits the funding available to meet the demand for level access showers and extensions for people needing that major adaptation living in owner occupied and private rented households.
- 3.2.11 As the waiting list recovery plan gains momentum, more equipment and adaptations are likely to be recommended to the DFG team. Due to this, its likely that between addressing the waiting list, responding to increased demand and complexity there is a risk of an overspend on the Grant.



3.2.12 To respond to the financial pressure, a financial recovery plan is included as part of the Equipment and Adaptations Delivery Plan to enable fair and equitable provision of equipment and adaptations across all tenures but within current resources available. The Financial Recovery Plan includes introduction of an:

- Eligibility Criteria for equipment and adaptations which will be brought to Committee in December 2022. The Criteria will set out proposals for what will be funded, timescale for when equipment and adaptations are provided, information on funding streams and alternative provision so that we are managing our finite resources in a fair, equitable and transparent way.
- Means test for major adaptations for consideration by Committee in December 2022 to offset costs associated with rising demand.
- Scrutiny function in relation to use of the mandatory DFG grant for major adaptations and approval of any high value decisions over £50k.
- Review of DFG spend other than use of adaptations. This review seek approval for future allocation of and use of current funding for consideration by Committee in February 2022.

3.2.13 The service works in close partnership with colleagues across social care, housing, voluntary sector, health to deliver the most efficient service to the citizens of Sheffield.

3.2.14 The developments described within this paper support a positive staff culture – to quote staff from the Equipment, Health, and Housing service enablement and reablement work with people – is what we do. We are all committed to clearing our back logs so that we can move to an enablement way of working which enables people to achieve the outcomes and lives that's important to them.

#### **4. HOW DOES THIS DECISION CONTRIBUTE?**

4.1 This proposal meets the Commitments 1 and 2, ASC outcome/s that are set out in the ASC Care Governance Strategy in several ways.

- Equipment and Adaptations delivers increased quality of life by enabling people to remain or increase independence, live safely and well in their own homes for as long as possible, plus helping to prevent hospital admissions and long-term care.
- Thriving neighbourhoods and communities as more disabled people will be able to maintain living in their own home and participate more fully in their communities.
- Better health and wellbeing as more disabled people will have the Adaptations equipment and/or assistive technology to maintain their independence and prevent ill health
- Tackling inequalities as more disabled people can utilise Adaptations equipment and/or assistive technology to overcome obstacles and achieve their potential.

4.2 This proposal also supports a broad range of strategic objectives for the Council and City, and is aligned with existing policies and commitments, including:

- *Councils Delivery Plan* – Under the priority Adult Social Care.
- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live
- *Conversations Count*<sup>10</sup>: our approach to adult social care, which focuses on listening to people, their strengths, and independence.
- *Our new ASC Operating Model* - this aligns to that new arrangement by reimagining a living and ageing well service.
- *Team around the Person*<sup>11</sup>: where professionals work together to find the best solutions when someone's needs have changed, or a situation escalated.
- *ACP Workforce Development Strategy*<sup>12</sup>: a vision of 'developing our people in a joined-up way to deliver holistic, person-centred and integrated care'.
- *Ethical Procurement Policy*<sup>16</sup>: driving ethical standards and increasing social value for the city through procurement.

## **5. HAS THERE BEEN ANY CONSULTATION?**

5.1 A crucial element in the successful promotion of independent living and reablement is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.

5.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism (e.g., Citizens Board) so that people with lived experience are equal partners.

5.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. A dedicated item on this is proposed as part of the Committee's forward plan

## **6. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **6.1 Equality Implications**

6.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which

public authorities must, in the exercise of their functions, have due regard to the need to:

1. eliminate discrimination, harassment, victimisation and any other conduct that is connected to protected characteristics and prohibited by or under this Act;
2. advance equality of opportunity between those who share a relevant protected characteristic and those who do not;
3. foster good relations between those who share a relevant protected characteristic and those who do not.

6.1.2 The proposal described in this report is consistent with those requirements. It aims to develop a more efficient and person-centred approach and, as referenced in the Consultation section above, to ensure citizens' voices and experiences help to inform and develop the processes.

## 6.2 Financial and Commercial Implications

6.2.1 The budget for the Equipment Contract with Medequip is made up of £2.5m NHS SY ICB funding, £1.22m SCC funding and up to £2.04m of refund income for items of equipment which have been returned.

6.2.2 The budget is a risk share budget with the NHS SY ICB picking up 67% of costs and SCC picking up the remaining 33% net of any recharge to the DFG.

6.2.3 The current outturn position is that SCC is forecast to be £197k overspent at Month 6 which means the SY ICB contribution is forecast to be £394k overspent bringing the total overspend to in the region of £591k against the budget of £3.72m.

6.2.4 High value equipment over £500k is capitalised to the Disabled Facilities Grant and that cost this year is currently forecast to be circa £1m. In addition up to £400k of costs relating to Citywide Telecare Alarm installations and equipment are also capitalised.

6.2.5 The DFG funding available for 2022/23 is £8.7m which is made up of £5.1m allocation for this financial year and a reserve unspent from prior years of £3.6m.

6.2.6 The current forecast commitments against this capital funding will expend the whole grant within 2022/23. Therefore, in future years there will only be the allocation received available to spend as all reserves will have been exhausted. The allocation is expected to remain at the level of 2022/23 £5.1m.

6.2.7 To stabilise the backlog of Accelerated Adaptations Grants, the current forecast expenditure for 2023/24 would be overcommitted by £2m (estimate). To reduce the backlog of all smaller adaptations the budget would be overcommitted by £4m (estimate) based on current operating model and criteria.

6.2.8 The above information only reflects the activity required on Accelerated Adaptations Grants capital works. There are approx. 50 people waiting for high value extensions to be assessed for DFG funding. The value of these works is unknown and still requires scoping but clearly would put further pressure on the DFG, estimated maximum costs at £2.5M

### 6.3 Legal Implications

6.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

6.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

6.3.3 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps". This report evidences the continuing strategy to ensure these obligations are met within the Adaptations, Health and Housing services.

6.3.4 The proposals set out in this report will also assist the Council in meeting its statutory duty under the Housing Grants, Construction and Regeneration Act 1996. As set out in the main body of the report the Council, where the DFG statutory eligibility criteria and conditions are met, is required to pay a DFG. The guidance to local authorities also advises that 'Authorities should decide the most appropriate forms of assistance to best address the policy priorities they have identified.'

## 6.4 Climate Implications

- 6.4.1 The review of DFG spend will include a review of how we increase recycling of equipment and adaptations which will in turn reduce landfill and waste. No significant climate impact to consider.

## 6.5 Other Implications

- 6.5.1 From 2008-09 the scope for use of DFG funding was widened to support any Council expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). Article 3 of the RRO enables housing authorities to give discretionary assistance, in any form, (e.g. grant, loan or equity release) for the purpose of improving living conditions, allowing the Council to use DFG funding for wider purposes which may be more appropriate for individuals than mandatory DFG allows.

- 6.5.2 This provides an opportunity for a more flexible use of the DFG fund to address issues on a wider preventative basis which cannot be covered using the mandatory scheme. However, under the RRO, any new forms of assistance must be set out in an approved policy. The Council Assistance Policy sets out all the forms of assistance it provides under the RRO. Therefore, any assistance using DFG funding will need to be set out in the Assistance Policy.

## 7. **ALTERNATIVE OPTIONS CONSIDERED**

- 7.1 The alternative options considered were:

- 7.2 Don't complete a delivery plan for equipment and adaptations performance and financial recovery. This would not provide the assurances required to ensure that we are striving towards a high performing and financially sustainable service.

## 8. **REASONS FOR RECOMMENDATIONS**

- 8.1 An approved delivery plan gives a structured approach to the promotion of independent living through equipment and adaptations as well as how the service is addressing waiting lists and impact of the pandemic. It will also provide greater accountability and transparency of how will do this.

- 8.2 Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.

