



## Report to Policy Committee

### Author/Lead Officer of Report:

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**Report of:** Strategic Director Adult Care and Wellbeing

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

**Date of Decision:** 8<sup>th</sup> November 2023

**Subject:** Occupational Therapy, Adapted Housing and City-Wide Care Alarms Update

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:-				
<p><i>“The (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### Purpose of Report:

This report provides an update regards Occupational Therapy and Adapted Housing and City-Wide Care Alarm services and the impact that has been made through the Delivery Plan agreed in November 2022.

This report details the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations service.

**Recommendations:**

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

- Note the Adult Health & Social Care Equipment and Adaptations and City-Wide Care Alarms performance update and progress made and notes that an Annual Report will be brought to a future Committee.
- Endorse the financial recovery actions underway including a dedicated programme between November 2023 and February 2024
- Approves the updated Equipment and Adaptations Criteria.
- Requests that the Strategic Director Adult Care and Wellbeing provides the Committee with updates on progress and outcomes in relation to the performance and financial spend on a six-monthly basis.

**Appendices:**

Appendix 1 - Updated Eligibility Criteria

<b>Lead Officer to complete: -</b>													
1	<table border="1"> <tr> <td rowspan="3">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.</td> <td>Finance: Kerry Darlow – Finance Business Partner Capital</td> </tr> <tr> <td>Legal: Patrick Chisholm - <i>Service Manager</i></td> </tr> <tr> <td>Equalities &amp; Consultation: Ed Sexton – Equalities Lead</td> </tr> </table>	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.	Finance: Kerry Darlow – Finance Business Partner Capital	Legal: Patrick Chisholm - <i>Service Manager</i>	Equalities & Consultation: Ed Sexton – Equalities Lead								
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	<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>												
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## **1 PROPOSAL**

1.1 Promoting and enabling individuals to live independently, safely and well at home is described in our [Adult Health & Social Care Strategy](#) which was approved by the Cooperative Executive on 16<sup>th</sup> March 2022.

1.2 As part of this Commitment, a priority is towards developing an accessible, responsive, and excellent quality Occupational Therapy and Adapted Housing Service. To deliver on the priority an improvement programme was implemented in 2022 to reduce waits whilst responding to increased demand, embed enablement, and ensuring effective pathways so that people can receive timely adaptations.

1.3 The Adaptations, Housing and Health Delivery Plan was reported to Committee in November 2022 with a further update in December 2022. Good progress has been made over the last year as highlighted in this report and this provides a foundation for further developing our Occupational Therapy and Adapted Housing Services.

### **1.4 Equipment and Adaptations Service Overview**

1.4.1 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.

1.4.2 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.

1.4.3 The Royal College Occupational Therapists state that Occupational Therapy outcomes for people are maximised by early intervention within 6 weeks of people identifying an issue. Due to this, our ambition is to create a service for the people of Sheffield which works to this timescale. We believe that achieving this target will not only delivery better outcomes for people, but we will see a reduction in more expensive interventions.

1.4.3 We are ambitious in the development of the Occupational Therapy and Adapted Housing Service moving forward, recognising the enormous contribution it can make to supporting people to live as independently as possible for longer. Below are our key performance indicators in relation to Occupational Therapy assessment and the provision of equipment.

## 1.5 Our Performance Update

### Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months

1.5.1 Pre pandemic the team received on average 4100 applications per year (342 per month). In 2023 we have been averaging 619 referrals per month or approx. 7,430 per annum. This presents an 81% increase in demand. The reasons for the increased demand are: -

- 21% increase from health services for occupational therapy assessments.
- 177% increase in referrals from individuals.

1.5.2 In response to the increased demand, inflationary costs, and cost of living costs set against ongoing financial pressures it has meant a focus on developing new models and ways of working to meet our ambitions of being a response and enablement focus service.

1.5.3 A programme is underway, supported by change resource and recruitment to a Principal Occupational Therapist with ambitions to complete the following over the next year:

- Building collaborative models of working and reviewing pathways with partners as a means of reducing areas of duplication.
- Implementing use of digital self-assessment tools and video calls to enable lower risk equipment and adaptations to be assessed quickly.
- Developing more information and advice about equipment and adaptations via the Sheffield Directory.

### % Equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day)

1.5.4 At August 2023, 99.7% people receive equipment within timescales. This is an increase from 98% people in 2021.

1.5.5 Equipment is provided through a provider which is jointly contracted through the Council and South Yorkshire Integrated Care Board. The Equipment Criteria was approved at Committee in December 2022 to ensure fairness and equity of approach regards provision of Equipment.

### Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)

1.5.6 At the end of the lockdown in July 2021 there were over 2900 people waiting for an occupational therapist assessment some of which had been waiting for over 18 months from our Equipment and Adaptations team.

1.5.7 As of Oct 2023, there are 1300 adults on our waiting list with the majority waiting for 4 months or less. This is set against the 81% increase in demand noted above, which demonstrates the improvement activity is taking effect as our responsiveness to referrals is increasing not decreasing despite increase in demand.

1.5.8 To continue to reduce waiting list so that people can be assessed within 28 days, the service has implemented: -

- Use of temporary agency support and limited overtime to escalate pace of reducing backlogs, with a target set that the waiting list will be down to 500 by April 2024. This then provides a foundation for our priority throughout 2024 to 2025 to reach a position of no waiting list.
- A new duty system where an Occupational Therapist triages 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 to be responded to quickly. The duty triage system started in November 2022 has been further enhanced since August 2023 using ideas from a benchmarking exercise with other areas to inform ways this could be more effective.
- 5 additional staff have been given a development opportunity to work within the Equipment and Adaptations service using proportionate assessments to further reduce the waiting list. These staff started in Oct 2023.

1.5.9 Benchmarking other Local Authorities has evidenced that while Sheffield has a waiting list, the number of people waiting over 6 months is very low in comparison with others.

*% People Referred Who Need Equipment and Adaptations (Our Early Help & Enablement Offer)*

1.5.10 The focus of Occupational Therapy is on early help and enablement which means in practice that only 17% of people referred need adaptations or equipment and with that 83% need no further support after referral. Before the pandemic this was 11% but our assessment is that the effects of the pandemic have increased individuals need.

1.5.11 The early help offer includes the team providing a range of information and advice and early enablement interventions and practical solutions to support independence.

1.5.12 It's planned that our responsiveness increases, waits continue to reduce our focus from April 2024 is further leading and implementing our approach to enablement and independent living to support the continued shift towards earlier intervention and prevention and building a collaborative first contact model in line with our operating model agreed at Committee in November.

- 1.5.13 In addition, its planned to continue to implement and develop specialist Occupational Therapists working with people with dementia and people with a learning disability building on our work in delivering support to young people in transition.
- 1.5.14 The knowledge of these specialist workers supports better outcomes for people and a tailored response to requests from individuals and carers and builds the approach to early intervention and enablement being embedded across all of Adult Care activity.
- 1.5.15 The developments described within this paper support a positive staff culture – to quote staff from the Occupational Therapy and Adapted 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.

**1.6 Use of the Disabled Facilities Grant**

- 1.6.1 Adult Care 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.
- 1.6.2 The Service works closely with the Council’s Housing Asset Management Service. The Housing Asset Management Service that delivers adaptations to Council Tenants is not in scope of this paper or discussed.
- 1.6.3 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. The [Private Sector Housing Assistance Policy](#), agreed in January 2020 and reported to November 2022 Committee provides guidance on use of the Grant.
- 1.6.4 Number and amount of Grants Provided  
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.

Year	Number of grants awarded
2018/19	594
2019/20	578
2020/21	380 due to covid
2022/23	551
2023/24 to Oct 23	219

1.6.5 Number of discretionary payments provided by Strategic Director

Year	Number of grants awarded	Number exceeding £10,000 discretion
2019/20	43	2
2020/21	280	45
2021/22	533	119
2022/23	592	81
2023/24	219	130

In addition, there have been 12 DFG grants awarded with an additional discretionary top of £20,000 to date in 2023/24 to meet needs.

1.6.6 The process for accessing an adaptation is as follows:

- An Occupational Therapist identifies the need and makes a recommendation to the DFG team for allocation.
- A visit will be made, and a means test of finances is carried out unless the applicant is a child.
- A decision about the approval of the grant and agreed work is communicated.
- Contractors are procured using the framework and a date is agreed.
- Completed work is signed off by an Officer prior to the contractor being paid.

Disabled Facilities Grant Budget Position

1.6.7 The total amount of Disabled Facilities Grant available is £6.2m this is made up of £0.65m b/f from 22/23, the 23/24 annual allocation from central government of £5.1m plus an additional £0.5m announced this summer. Spend to the end of September 2023 is £3.1m with a forecast outturn of £7.1m.

1.6.8 As reported to Committee in November 2022, the DFG team were only able to deliver critical need adaptations to children and adults during the pandemic. This subsequently resulted in both a waiting list, which is being addressed as noted above and a DFG underspend.

1.6.9 As the waiting list reduces, the demand continues to increase and building and construction costs continue to increase due to cost of living and inflationary costs, this has caused a pressure on the budget and due to this it's been important to therefore to maximise funding available through the Grant to maximise availability.

1.6.10 The DFG underspend was historically 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. The use of the underspend discontinued in 2022, as reported to Committee to ensure maximum funding is available.

1.6.11 Due to the budget pressure the following mitigations will be fully implemented by way of a dedicated programme between October 2023 and February 2024:

- All requests for use of the mandatory DFG grant for major adaptations which will be over £50k are subject to scrutiny by Strategic Director and Operations Director.
- The use of AAG prioritised to where the costs of providing the adaptation is less than the ongoing care costs would be.
- A review of the discretionary payments, systems, and processes to maximise use of grant and efficiency of delivery.
- A review of the joint equipment provision, systems and prescribing arrangements as a partnership with health and providers.

1.6.12 The Eligibility Criteria for Equipment and Adaptations is used to ensure equitability and transparency in provision of adaptations. The Criteria has been updated to provide clarity over funding routes and this is provided at appendix 1 for approval today.

## **1.7 City Wide Care Alarms Service**

1.7.1 Our Emergency Care Alarm Service allows people to get help when they are in difficulty. It helps people to remain safe, secure, and independent in and around their homes. Our service provides individuals, family, and carers reassurance that if there is a problem, help is available 24 hours a day, every day. The service supports 8,107 people annually.

1.7.2 Anyone aged 18 or over who lives in Sheffield can use the service. This includes:

- older people
- people who live alone
- people who have recently left hospital
- people with a disability
- people with medical conditions

1.7.3 The service is inspected by the Care Quality Commission (CQC) and has been rated as Good. We also have accreditation through the Technology Services Association (TSA) Technology Safe Provider Accreditation and are working to become Outstanding.

1.7.4 The service retrieves and recycles equipment wherever possible and has no current waiting list of people waiting for a unit to be installed.

1.7.5 The service has developed an innovative project with Yorkshire Ambulance Service focused on emergency response and falls prevention and currently receives funding from Yorkshire Ambulance Service and ICB to deliver the programme. It's aimed to complete a self-evaluation to provide the foundations to further build upon this programme in 2024.



- 1.7.6 People pay a monthly charge of £21.42. Additional sensors charged extra. There is a current customer debt of just over £250,000 which is due to rise.
- 1.7.7 As noted above the City-Wide Care Alarms have a £0.1million pressure as the DFG underspend is no longer used to fund the service. The service is moving from analogue to digital early 2024 which has an increased cost.
- 1.7.8 To mitigate this pressure, a review programme is underway to consider options to reduce this pressure which includes income generation, building on the Yorkshire Ambulance Service project which has attracted funding into the service and a dedicated debt recovery project. It's planned to bring proposals to a future committee for decision.

## **2 HOW IS THIS WORK CONTRIBUTING?**

2.1 This work the Safe and Well and Active and Independent Outcomes that are set out in the Adult Care 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.

2.2 This work 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 new ASC Operating Model* - this aligns to that new arrangement by reimagining a living and ageing well service. .
- *Adult Care 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.

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

3.1 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.

- 3.2 An overall approach to coproduction and involvement is also a key element of the ongoing delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead.

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

##### **4.1 Equality Implications**

- 4.1.1 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.

- 4.1.2 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.

##### **4.2 Financial and Commercial Implications**

- 4.2.1 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.

- 4.2.2 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.

- 4.2.3 The current outturn position is that SCC is forecast to be £507k overspent at Month 6 which means the SY ICB contribution is forecast to be £1,012k overspent bringing the total overspend to in the region of £1,519k against the budget of £3.72m.

- 4.2.4 As mentioned, the total amount of Disabled Facilities Grant available is £6.2m this is made up of £0.65m b/f from 22/23, the 23/24 annual allocation from central government of £5.1m plus an additional £0.5m announced this summer.

4.2.5 The current forecast commitments against this capital funding is £7.1m. There is an allocation of a historic one-off Social Care Capital Grant that will mitigate this overspend. However, in future years there will only be the allocation received from government in year available to deliver against DFG works as all reserves will have been exhausted. The allocation is expected to remain at the level of 2023/24 £5.1m p.a.

4.2.6 There is already £1.7m of work identified to be funded by DFG in 2024/25. The current trend is for new requests for work to be received at a rate of £400k per month. If this level of demand continues then total costs to DFG (including staffing recharges) will be £5.5m creating a £0.4m pressure. Any increase to numbers of assessments has the potential to worsen this position.

### 4.3 Legal Implications

4.3.1 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.

4.3.2 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.

4.3.3 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.

4.3.4 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.'

#### 4.4 Climate Implications

- 4.4.1 The review the equipment contract 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.

#### 4.5 Other Implications

- 4.5.1 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.
- 4.5.2 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.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 The alternative options considered were:
- 5.2 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.

### **6. REASONS FOR RECOMMENDATIONS and ONGOING APPROACH**

- 6.1 The performance updates and focused delivery plan gives a structured approach to the promotion of independent living 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 we will do this.
- 6.2 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.