

Report of	Meeting	Date
Deputy Chief Executive / Director of Early Intervention and Support (Introduced by the Executive Member for Early Intervention )	Executive Cabinet	19 January 2017

## **PERMISSION TO CONSULT ON THE REVISED PRIVATE SECTOR HOUSING ASSISTANCE POLICY**

### **PURPOSE OF REPORT**

1. To obtain permission from the Executive Cabinet to consult on the revised draft Private Sector Housing Assistance policy, with a view to adopt the revised policy from 1<sup>st</sup> April 2017.

### **RECOMMENDATION(S)**

2. That Executive Cabinet approves the draft revised Private Sector Housing Assistance policy for stakeholder consultation over the period 1<sup>st</sup> February 2017 to 6<sup>th</sup> March 2017, including consultation with the Equality Forum at their meeting on 13<sup>th</sup> February 2017.
3. That any minor changes to the draft policy following the consultation can be approved by the delegated authority of the Executive Member for Early Intervention. Any significant changes arising from the consultation would be brought back to Executive Cabinet on 16<sup>th</sup> March 2017.

### **EXECUTIVE SUMMARY OF REPORT**

4. The Private Sector Housing Assistance Policy (revised draft included as an attachment to this report) outlines the Council's policy in relation to the provision of information, advice and action to assist home owners and tenants requiring adaptations (both major and minor), energy efficiency advice and assistance, and other support relating to their home.
5. This report sets out the scope of services provided under the Private Sector Housing Assistance policy, and highlights the main changes in terms of funding and service development since the previous policy review in 2014.
6. Executive Cabinet are requested to support the recommendation that the Council pilots the flexible use of its Disabled Facilities Grant (DFG) budget during 2017-18, to facilitate the delivery of adaptations in a way which will address Better Care Fund (BCF) priorities more effectively.
7. Executive Cabinet are requested to support the recommendation for a fee to be charged to each DFG that the Council provides.
8. Executive Cabinet are requested to support the recommendation for the Council to authorise a grant award of up to £10,000 in excess of the DFG mandatory maximum of £30,000, to carry out DFG-eligible work as recommended by an Occupational Therapist.

<b>Confidential report</b> Please bold as appropriate	Yes	No
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<b>Key Decision?</b> Please bold as appropriate	Yes	No
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<b>Reason</b> Please bold as appropriate	1, a change in service provision that impacts upon the service revenue budget by £100,000 or more	2, a contract worth £100,000 or more
	3, a new or unprogrammed capital scheme of £100,000 or more	<b>4, Significant impact in environmental, social or physical terms in two or more wards</b>

### REASONS FOR RECOMMENDATION(S)

9. Due to the significant changes within the policy landscape it is now necessary to update the Council's Private Sector Housing Assistance policy and it is also necessary to consult stakeholders on the proposed changes before the Council can adopt the revised policy.
10. The revised draft policy reflects the current scope of services available and makes recommendations to enable the Council to address Better Care Fund priorities more effectively.

### ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

11. Due to the scale of the changes in national and local policy which impact on the operation of the Council's Private Sector Housing Assistance Policy, it is not appropriate to defer the revision of the Council's policy.

### CORPORATE PRIORITIES

12. This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all	<b>x</b>	A strong local economy	
Clean, safe and healthy communities	<b>x</b>	An ambitious council that does more to meet the needs of residents and the local area	<b>x</b>

### BACKGROUND

13. The Private Sector Housing Assistance Policy outlines Chorley Council's policy in relation to the provision of information, advice and action to assist home owners and tenants requiring adaptations (both major and minor), energy efficiency advice and assistance, and other support relating to their home.
14. Whilst the policy document is principally aimed at private sector owners, tenants and landlords, the major adaptations section and the section relating to energy switching advice is also relevant to households occupying social housing.

15. The Council takes the view that the home owners are responsible for maintaining their own properties. However, it is recognised that there are circumstances where some owners will have difficulty meeting their responsibility either through lack of resources, lack of knowledge or lack of support. In such cases the Council will be prepared to offer appropriate forms of assistance.

## **THE COUNCIL'S HOME IMPROVEMENT AGENCY (HIA)**

16. The HIA is a team within the Council's Health and Wellbeing Service, which is part of the Early Intervention and Support Directorate.
17. The aim of the HIA is to ensure that vulnerable people can remain living as independently as possible within their own home, whilst maintaining their health and wellbeing. The main client groups assisted by the HIA are older people and people with disabilities, although some of the services facilitated by the HIA are more widely available.
18. The HIA acts as a direct provider, facilitator and enabler of a range of services which are explained further within this report, namely:
  - Disabled Facilities Grant.
  - Integrated Home Improvement Service (IHIS) comprising Minor Adaptations and Handyperson services
  - Cosy Homes in Lancashire <http://www.chil.uk.com/>
  - Affordable Warmth Grant (provided by Lancashire County Council)
  - Energy Switching Support Service
  - Private Landlord Forum

## **DISABLED FACILITIES GRANT (DFG)**

19. The Disabled Facilities Grant (DFG) provides funding to older and disabled people in owner occupied, privately rented and social housing to help them to make changes in their home environment, such as the installation of wet room showers, stairlifts and ramps, which allow them to live more independently in their homes.
20. DFG also has a key role to play in reducing admission to hospitals, providing safer and more effective discharge from hospital, preventing an increase in demand for social care and delaying or reducing admission to residential care.
21. DFG was first introduced as part of the Local Government and Housing Act 1989 and was further developed in the Housing Grants, Construction and Regeneration Act 1996.
22. DFG began as part of a suite of grants use for housing renewal and it remains the responsibility of Housing Authorities.
23. However, one of the difficulties with DFG, particularly in a two tier local government setting, is that it crosses administrative and organisational boundaries.
24. From the customer point of view, this has led to a complicated customer pathway which remains the norm across District/County Council areas.
25. Initial customer requests are taken by Social Care teams (County Council), customer assessments are carried out by Occupational Therapy teams (County Council) and adaptation recommendations are sent to the District Council/HIA teams who then provide casework support, carry out the customer 'test of resources' to establish eligibility, undertake technical surveys, contractor procurement and monitor quality of work.

26. Indeed, in Lancashire, the situation is further complicated by the fact that Lancashire County Council outsource paediatric OT assessments to Lancashire Care Foundation Trust (LCFT) on an agency basis.
27. Whilst these complex arrangements still exist, the introduction in 2014 of the Better Care Fund (BCF), and the consequent substantial increase in central government funding, has given DFG a much more central position in the policy framework.
28. The BCF is a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and Local Authorities.
29. The BCF is administered by Health and Wellbeing Boards, which for Chorley is the responsibility of Lancashire County Council (LCC).
30. The *Better Care Fund Policy Framework 2016/17* confirms that upper tier Authorities are required to pass on the DFG funding from the pooled budget to enable Housing Authorities to continue to meet their mandatory duty.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490559/BCF\\_Policy\\_Framework\\_2016-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf)
31. Thus District Councils now receive their DFG allocations via the Department of Health (DoH) - delegated to the local Health and Wellbeing Board - whereas until 2015 DFG funding was provided directly to Councils by the Department of Communities and Local Government (DCLG).
32. With the introduction of the BCF, it is possible to join up the previously disjointed pathways and link the DFG to other related health and care services.
33. The 2015 Autumn Spending Review contained a commitment to further raise the DFG budget nationally to £500 Million by 2019/20.

Table 1 illustrates the increase of DFG funding nationally from 2015 onwards:

**Table 1: DFG Better Care Fund allocations**

Year	BCF Funding	DFG Funding	DFG as % of BCF	% increase in DFG from 2015/16
2015-16	£3.8 Billion	£220 Million	5.8	-
2016-17	£3.9 Billion	£394 Million	10.1	79%
2019-20	£5.3 Billion	£500 Million	9.4	127%

34. Chorley Council's DFG allocations have increased in line with this national picture.
35. In 2014/15 (the final year that the DFG was provided from the DCLG) the Council received £285,619 in DFG funds. In 2015/16 (the first year of the BCF funding arrangements) the Council received £370,000 and for 2016/17 the Council has received £613,972.
36. The additional funding brings with it additional expectations in terms of how the Council is expected to play its part in addressing new conditions set out in the *2016/17 Better Care Fund Policy Framework*, which are:
  - Reducing delayed transfers of care
  - Minimising avoidable hospital admissions and
  - Facilitating early discharge

37. Whilst the *2016/17 Better Care Fund Policy Framework* does not set specific targets for use of DFG, District Councils should be mindful of the BCF objectives which include several which are relevant to DFG services, such as reductions in the number of admissions to residential and care homes, more effective use of reablement, reductions in delayed transfers of care and improvements in the patient/service user experience.
38. Similarly, the *NHS 5 Year Forward View (October 2014)* <https://www.england.nhs.uk/ourwork/futurenhs/> noted that a key condition for transformation across local health economies is a strong primary and out-of-hospital care system, with well-developed planning about how to provide care in people's own homes, with a focus on prevention, promoting independence and support to stay well. Home adaptations play a prominent role in meeting this condition.

### **Proposals to optimise the use of the Council's DFG allocation**

39. The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (hereafter abbreviated to the RRO) removed most of the prescriptive housing renewal grant legislation in the Housing Grants, Construction and Regeneration Act 1996, and Article 3 of the RRO introduced wide ranging discretionary powers to develop different forms of assistance to meet local needs.
40. The government issued accompanying guidance about the use of RRO in 2003 <http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/corporate/pdf/145088.pdf>
41. The RRO is not new legislation, but to date the opportunity for the Council to consider more flexible use of DFG funds has been constrained by the financial pressures associated with managing scarce resources.
42. However, the Council is now experiencing unprecedented high levels of DFG funding and, with Government financial support set to increase further during the course of the current parliament to 2020, it is timely to re-examine the opportunities to consider more flexible use of its DFG budget to meet local needs.
43. If the Council is to achieve a faster, more nimble service to speed up hospital discharge and to reduce pressures on health and care services, a more agile approach to its DFG provision needs to be explored.
44. Currently the Council administers DFG applications in a 'traditional' way, in the sense that the HIA carry out a financial assessment ('test of resources') to determine customer eligibility in accordance with the criteria set by the Government.
45. This means that each DFG referral which the Council receives from LCC is assessed in terms of financial eligibility.
46. The exceptions to this are paediatric referrals, which are not required to be assessed, and people in receipt of means tested benefits, who are deemed to possess a 'passported' benefit which makes them automatically eligible for DFG.
47. Each year there are significant numbers of cases which fail the financial assessment and do not proceed as a DFG application. This is abortive work for the HIA team, because staff still need to carry out visits to determine eligibility and liaise with the customer.
48. In 2016/17, as at 8<sup>th</sup> December 2016, 56 referrals have not proceeded to grant approval, half of which have been due to the customer failing the means test.
49. To put this into context, in the same period 72 DFG applications have been approved.

50. Equally importantly, such customers who are ineligible for DFG still have a clinical need for adaptations. In terms of addressing the BCF agenda, it is difficult to assert that the Council is currently contributing to resolving such customers' needs.
51. Customers who are not eligible for DFG may be deemed to have sufficient funds to pay for their own adaptations under the legislation, but many lack the wherewithal to organise these works themselves. Furthermore, with the HIA team's focus on facilitating DFG work, particularly with such a large budget to use, it has not been possible to devote staffing resources to assist self-funding customers.
52. There are numerous examples of Councils nationally using the RRO to adopt more flexible approaches to the provision of adaptations, partly as a way of dealing with the problem of customers failing the DFG test of resources and partly as a general method of streamlining the process of applying for and obtaining an adaptation.
53. Chorley Council now has an opportunity to use these relatively abundant DFG resources more effectively. It is important to minimise the prospect of failing to utilise these resources and avoid the possibility of unused funds being clawed back by LCC for re-allocation elsewhere.
54. Although LCC has not yet indicated a definitive intention to 'claw back' any unused DFG funds at year-end, it would be prudent for the Council to take action to reduce the prospect of this eventuality.
55. Therefore a number of policy changes are recommended to take effect from 1<sup>st</sup> April 2017. The recommendations are predicated on an expectation that the current levels of funding for DFG are to be maintained.

**Recommendation 1: Removal of means test for certain types of adaptations (where these items are not part of a larger adaptation) for customers across all tenures:**

56. To qualify for the non-means tested approach, it is recommended that the required adaptation work would consist of only one item from the list below.
57. If the required work comprised a combination of various items from the list (such as shower and stairlift), the DFG route would be pursued as the combined value of this work would be more significant.
  - Bathroom conversion (ie removal of bath and installation of Level Access Shower/Wet Room)
  - Stairlifts (these are procured via LCC)
  - Through Floor Lifts (these are procured via LCC)
  - Ceiling Track Hoists (these are procured via LCC)
  - Wash-dry toilets (these are procured via LCC)
  - Hospital release cases identified by Health professionals
58. It is also recommended that within this policy the Council should reserve the right, in exceptional circumstances, to consider a more flexible approach by offering customers other adaptation items that are not available under DFG.

59. Clearly there are risks to the loosening of eligibility criteria. However, this would be mitigated by the fact that an Occupational Therapy referral would still be required as a 'gateway' to accessing an adaptation. So we would still be confident that customers being referred to the Council for an adaptation would need them.
60. Similarly, it is undeniable that by loosening the eligibility criteria there will be some customers who will receive an adaptation free of charge when they could comfortably afford to fund the work themselves.
61. However, in terms of addressing the prevention and early intervention agenda, if the Council facilitates the provision of adaptations to a household who would have been disinclined to self-fund, it would still have contributed to the prevention of potential falls in the home and thus helped to prevent lengthy and costly hospital stays.
62. Adaptations provided without carrying out a test of resources would not be classified as a DFG because the full DFG application process would not have been activated.
63. Instead, such adaptations would need to be distinguished from DFG and be known by another title. The recommended suggestion is **Chorley Adaptation Grant**.
64. So far in 2016/17, had the Council been operating in accordance with this recommendation, 41 of the 72 approved cases could have been handled without requiring a means test.
65. In terms of the 2016/17 referrals which have not proceeded due to the customer failing the test of resources, 19 of those cases would have been eligible for adaptations if the policy now being recommended was in operation.
66. Those 19 cases comprise 13 Level Access Showers, 3 Stairlifts, 2 Ceiling Track Hoists and one Through Floor Lift.
67. Given that our average tendered cost of a Level Access Shower to date in 2016/17 has been £4,235, an additional sum of £55,055 could potentially have been spent on provision of showers alone during the first 8 months of the current financial year.
68. Stairlifts have averaged £3,967 in 2016/17, Through Floor Lifts approximately £9,000 and Ceiling Track Hoists are around £3,000.
69. Added to the £55,055 potential spend on showers mentioned above, this further sum of £27,000 would give a total of an additional £82,055 that could have been spent so far this year had the means test regulations been set aside for certain stipulated cases.
70. Thus the relaxation of means test regulations would not only have allowed the Council to address the BCF agenda more effectively, it would also provide a better opportunity to maximise the DFG budget that the Council receives from BCF.
71. The Council's DFG commitment as at 5<sup>th</sup> January 2017 is £413,609. Whilst it is likely that a full year spend in the region of £510,000 will be possible to achieve by 31<sup>st</sup> March 2017, that would still leave an underspend of just under £104,000.
72. If this recommendation is accepted, it would be possible in April 2017 to review the list of 2016/17 customers who have failed the test of resources and go back to them to establish whether they would like to be considered for an adaptation under the non-DFG adaptations route.
73. An option to further improve the output rate of the adaptations service would be for a set of fixed prices for Level Access Showers, to be agreed with the HIA contractors, who

would then be invited to carry out adaptations under a partnering arrangement, with contracts awarded on a rota basis.

74. This arrangement would give contractors greater guarantees of work because instead of having to tender, as long as they accepted the fixed prices, they would be invited to undertake the work.
75. In seeking to gain the contractors' agreement to a set of fixed prices, an average of the tendered prices for 2016/17 could be used as the baseline position for 2017/18.
76. There is a precedent for this approach in that this is how the work was procured when the service was outsourced to Anchor between 2006 and 2010.
77. The 'partnering approach' would enable the direct appointment of contractors, would remove the need to tender via the Chest, resulting in a reduced waiting period for customers. Target response times could be built in to the partnering framework to stipulate that a job must commence within a certain timeframe and if the contractor was unable to meet the timeframe the work would be passed on to an alternative contractor.

### **Recommendation 2: Introduce Provisions to allow additional funds above the DFG maximum (subject to budget availability)**

78. The mandatory DFG maximum grant is £30,000. This upper limit has been in place since 2008.
79. To date the Council's policy has reflected the legislation, and under its existing policy 'grant assistance will be limited to the maximum grant in accordance with the legislation which is currently £30,000'.
80. In recent years the Council has handled a small number of complex adaptation cases where the tendered cost of works have exceeded the mandatory DFG maximum of £30,000.
81. Fortunately, some of the cases have been in Registered Provider (RP) properties involving RPs who participate in the Local Adaptations Agreement. This has enabled the Council to recoup 50% of the cost of work which in turn has enabled the amount of the DFG awarded to remain within the £30,000 threshold.
82. In the technical jargon of DFG, additional funds for adaptations above the mandatory DFG limits are sometimes referred to as "Discretionary DFG". This term may give the misleading impression that the recommended works are discretionary. This is not the intention.
83. Rather, the proposal being recommended is that the Council permits the award of a supplementary grant, in cases where the list of works recommended by the OT has been market tested and exceeds £30,000, in order to enable all the recommended mandatory works to be undertaken.
84. As a caveat to ensure that the Council retains financial control of its resources, it is further recommended that the policy should clearly state that this facility would be subject to budget availability and that such additional grant should not exceed £10,000.
85. The facility to be able to call upon up to an additional £10,000 would help to prevent time consuming delays in such cases, which otherwise would stall while other funding solutions were explored.

### **Recommendation 3: Introduce a 10% fee applicable to each DFG and non-DFG adaptation**

86. Organising and overseeing the grant process is complex and often involves a considerable amount of work. The legislation permits Councils to apply a management fee which is added to the overall grant amount awarded to each customer.
87. From 2006 to 2010, when the Council's adaptation service was outsourced to Anchor Staying Put, Anchor applied a fixed fee of 10% on each DFG case.
88. Prior to 2006, when the DFG service was administered in-house, the Council charged a 12% fee on each DFG case.
89. Since April 2010, when the Council's in-house HIA team was formed, the only cases where fees have been applied have been in properties owned by Registered Providers who participate in the Local Adaptations Agreement. In such cases a 10% management fee is payable by the Registered Provider.
90. The Council is unusual across Lancashire in not routinely charging a fee for its DFG work.
91. For example, Lancaster Council, who operate an 'in-house' HIA service similar to Chorley's, apply an 18% fee on each DFG. Hyndburn Council charge a 15% fee, West Lancashire charge 12%, whilst Preston and Rossendale both apply a 10% fee. Of all the Councils in Lancashire, apart from Chorley, only South Ribble does not charge a fee.
92. Table 2 shows the possible fee income that could have been available to the Council in 2016/17 based on the value of DFG applications approved so far in 2016/17 (figures as at 7<sup>th</sup> December 2016).

**Table 2 – Potential fee income available to the Council for DFGs approved in 2016/17 as at 7<sup>th</sup> December 2016**

<b>Value of DFGs approved</b>	<b>If 10% Fee payable</b>	<b>If 12% Fee Payable</b>	<b>If 15% Fee payable</b>	<b>If 18% Fee Payable</b>
£359,184	£35,918	£43,102	£53,878	£64,653

93. It should be noted that the fee as applied by other Councils across Lancashire is not 'paid' by the applicant but is deducted from the overall grant provided to the applicant. That is to say the net effect is that it reduces the amount of grant available to the applicant.
94. In most cases a 10% fee would not cause any problems in the execution of the work, but in cases which are around the mandatory limit of £30,000, it could cause difficulties. However, the facility to offer an applicant a sum in excess of £30,000 as described in recommendation 2, would address this scenario.
95. The fee income could be targeted to enable the Council to assist customers who are not yet on the Council's radar for requiring adaptations. Such customers could potentially be referred by other agencies who work with them, such as Fire and Rescue Service, ambulance service and Preston Care and Repair (the Council's Handyperson service provider).

## **INTEGRATED HOME IMPROVEMENT SERVICES (IHIS)**

96. The Council entered into a Collaboration Agreement with Lancashire County Council (LCC) to deliver the IHIS service in Chorley for the period 1<sup>st</sup> July 2015 to 31<sup>st</sup> March 2018, with LCC retaining an option to extend the contract for a further two years to 31<sup>st</sup> March 2020.

97. The IHIS service is intended to support the broad aims of improving or maintaining health and quality of life, and maintaining residents' independence.
98. By achieving these broad aims it is anticipated that there will be a corresponding reduction in falls, hospital admissions, residential care admissions and in overall demand for health and social care services.
99. The IHIS service consists of the following elements:
- Core HIA
  - Handyperson
  - Minor Adaptations
  - Retailer of small items of equipment
100. The **Core HIA** service is delivered in-house by the HIA team. The delivery arrangements and service scope have broadly remained the same as they were when the service was funded through LCC's Supporting People funding mechanism.
101. The **Handyperson** service is currently delivered on the Council's behalf by Preston Care and Repair <http://www.carerepair.org/>. They have delivered this service in Chorley since August 2011. Their current contract (which commenced in April 2016) is due to expire on 31<sup>st</sup> March 2018, with an option to extend to 31<sup>st</sup> March 2020.
102. The **Minor Adaptation** service is currently delivered on the Council's behalf by Mobility Care Services <http://www.mobcare.co.uk/>. They have delivered this service in Chorley since July 2015. Their current contract (which commenced in April 2016) is due to expire on 31<sup>st</sup> March 2018, with an option to extend to 31<sup>st</sup> March 2020.
103. Minor Adaptations are a statutory function for LCC. Customers are not subject to a financial assessment. If customers have clinical needs which can be met by the provision of Minor Adaptations costing less than £1,000 (typically banister rails, external metal rails and adjustments to steps) LCC refer the works instruction to the Council to carry out the work in accordance with a schedule of fixed tariffs detailed in the Collaboration Agreement.
104. Within the IHIS Collaboration Agreement there is an expectation that the IHIS providers be registered as suppliers of **small items of equipment**. These "*Simple Aids for Daily Living*" (SADLs) are items costing less than £100. Typical items include grab rails, raised toilet seats, walking sticks and bath boards.
105. The Council have addressed this issue by including within the current contract with Mobility Care Services a requirement that they will act on the Council's behalf as an accredited retailer of small items of equipment. <http://www.mobcare.co.uk/tces.php>

#### **ENERGY EFFICIENCY: Cosy Homes in Lancashire (CHiL) <http://www.chil.uk.com/>**

106. This pan-Lancashire energy efficiency pilot project, under the banner of CHiL, operated from September 2015 to September 2016. Its primary aim was to test the 'business model' of installing energy efficiency and heating improvements in domestic properties through Energy Company Obligation (ECO) funding, and to achieve as many installs as possible into the homes of Lancashire residents, especially those in fuel poverty and/or with cold-related health issues.
107. The scheme failed to deliver the volume of interventions that it had hoped to achieve, and it was agreed to close it after one year.

108. During summer 2015 Blackburn with Darwen Council, acting on behalf of all the Councils in Lancashire, was successful in a £2-million-plus bid to the Department of Energy and Climate Change (DECC) for grant funding for first-time central heating systems. This project is being delivered under the CHiL brand. The scheme did not officially launch until June 2016 and will end at the end of March 2017.
109. The CHiL brand will be retained as an 'umbrella' for other Lancashire-wide energy efficiency projects or funding bids which may be submitted in the future.

### **ENERGY EFFICIENCY: Affordable Warmth Grant**

110. In September 2016 Lancashire County Council agreed to provide a total of £1M allocated equally in £500,000 tranches across 2016/17 and 2017/18 to District Councils to enable them to direct funding towards alleviating Fuel Poverty amongst the most vulnerable groups. <http://council.lancashire.gov.uk/documents/s95061/Report.pdf>
111. The funding distribution to the Districts is based on the relative levels of Fuel Poverty across Lancashire.
112. Under this formula, the Council will receive a total of £35,936 for use in 2016/17 on the following activities, which have been approved by LCC:
- £13,500 on Heating System maintenance incorporating boiler service and gas fire service
  - £4,000 on draught proofing
  - £12,500 to assist customers with ECO funding shortfalls to obtain new boilers
  - £3,000 on cavity wall insulation
  - £2,956 on loft insulation
113. As the funding is secured for two years, the Council can expect to receive a further sum in the region of £35,000 in 2017/18.

### **ENERGY EFFICIENCY: Energy Switching Support Service**

114. The Council launched this service in June 2014 as a corporate strategy project for 2014/15.
115. Additional funding was secured from LCC to enable the service to operate in 2015/16 and unused funds from previous years' LCC funding streams have enabled the service to continue during 2016/17.
116. The service has proved to be very popular with Chorley residents and has generated significant savings for customers, as illustrated in Table 3 below.

**Table 3: Energy Switching Results since 1<sup>st</sup> April 2016 (to 7<sup>th</sup> December 2016)**

Savings achieved (current year)	£50,624
Number of switched clients	172
Average annual savings per switch	£294
Total possible savings (if all clients whom we have seen had switched)	£52,474
Number of customers seen	179
Average possible savings per client	£293

117. Sufficient funds are available to enable the service to continue on a once a week basis in 2017/18, and in order to further enhance the service it is proposed that the Council explore the feasibility of some staff within Customer Services to be trained to deliver energy switching support advice.

## PRIVATE LANDLORD FORUM

118. The Council recognises the strategic role which the Private Landlord Sector plays as part of the overall Housing offer across the Borough.
119. The Private Landlord Forum, which currently meets four times a year, provides a regular opportunity for the Council to engage with landlords and Letting agents, and to ensure that forthcoming legislative changes and Good Practice is shared with Landlord Forum members.
120. Guest speakers are invited to deliver presentations on issues of topical interest to landlords and Letting agents, and the meeting also gives the Council a communication channel to promote various initiatives of relevance to the private rented sector.
121. The Council has developed a productive relationship with the National Landlords Association, whose North West Regional Representative regularly attends the meeting to provide updates on the latest issues affecting the sector.

## IMPLICATIONS OF REPORT

122. This report has implications in the following areas and the relevant Directors' comments are included:

Finance	x	Customer Services	
Human Resources		Equality and Diversity	
Legal	x	Integrated Impact Assessment required?	x
No significant implications in this area		Policy and Communications	

## COMMENTS OF THE STATUTORY FINANCE OFFICER

123. The recommendations for the change in the use of the Disabled Facilities Grant (Chorley Adaptation Grant) are within the Better Care Fund guidelines. The recommendations are predicated on an expectation that the current levels of funding for DFG are to be maintained.
124. If it is agreed that Chorley Council charge a fee for its DFG and Chorley Adaptation Grant work it will result in a revenue stream to the Council. A decision will have to be made as to whether this is reinvested in the service or taken as a contribution to general balances.
125. The recommendations will result in a larger take-up of the DFG. The policies will be flexible enough to manage spend within the annual allocation, and budget availability will continue to be closely monitored.

## COMMENTS OF THE MONITORING OFFICER

126. No comments

**JAMIE CARSON**

**DEPUTY CHIEF EXECUTIVE & DIRECTOR OF EARLY INTERVENTION AND SUPPORT**

<b>Background Papers</b>			
<b>Document</b>	<b>Date</b>	<b>File</b>	<b>Place of Inspection</b>
Better Care Fund Policy Framework 2016/2017	April 2016	***	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf</a>
Technical Guidance Annex 4: Better Care Fund Planning Requirements for 2016/2017	February 2016		<a href="http://www.local.gov.uk/document/s/10180/5572443/Better+Care+Fund+Planning+Requirements+for+2016-17+Technical+Guidance+Annex+4/95d68c2e-8e5f-4ff0-9d5b-0478cd79d118">http://www.local.gov.uk/document/s/10180/5572443/Better+Care+Fund+Planning+Requirements+for+2016-17+Technical+Guidance+Annex+4/95d68c2e-8e5f-4ff0-9d5b-0478cd79d118</a>
Government guidance on the use of the Regulatory Reform Order	2003		<a href="http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/corporate/pdf/145088.pdf">http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/corporate/pdf/145088.pdf</a>
Lancashire County Council report on Affordable Warmth Funding	September 2016		<a href="http://council.lancashire.gov.uk/documents/s95061/Report.pdf">http://council.lancashire.gov.uk/documents/s95061/Report.pdf</a>
NHS 5 Year Forward View	October 2014		<a href="https://www.england.nhs.uk/ourwork/futurenhs/">https://www.england.nhs.uk/ourwork/futurenhs/</a>
Care and Repair England: "Home Adaptations for Disabled People: A good practice guide"	September 2013		<a href="http://careandrepair-england.org.uk/wp-content/uploads/2014/12/DFG-Good-Practice-Guide-30th-Sept-131.pdf">http://careandrepair-england.org.uk/wp-content/uploads/2014/12/DFG-Good-Practice-Guide-30th-Sept-131.pdf</a>

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