

Health and Wellbeing Scrutiny Panel

Agenda
Item:
A.2

Meeting Date: 8 October 2020
 Portfolio: Communities, Health and Wellbeing
 Key Decision: No
 Within Policy and Budget Framework YES
 Public / Private Public

Title: Housing Grants and Supporting Hospitals
 Report of: Corporate Director of Governance and Regulatory Services
 Report Number: GD 47/20

Purpose:

Delayed hospital discharges and excess winter deaths have been key health challenges within Carlisle. The Council’s Housing Renewal Assistance Policy 2018 made the commitment that the Council would use its discretionary housing grants to assist the elderly, disabled or other vulnerable groups: to live independently; to improve their living conditions and well-being, and promote opportunities to return home after hospital attendance. This report informs the Panel of the activities taking place that meet this commitment.

Recommendations:

That the report is noted

Tracking

Executive:	NA
Scrutiny:	NA
Council:	NA

1. BACKGROUND

- 1.1 The main source of funding for Carlisle's housing grants is the Disabled Facilities Grant (DFG) determined annually by the Ministry of Housing, Communities and Local Government. The criteria, eligibility and grant levels for Mandatory DFGs are detailed within national legislation and guidance. The City Council DFG allocation will always prioritise its obligations to the Mandatory DFG applicants. DFGs can also be used for discretionary purposes provided these are adopted by the Council and detailed within a Housing Grants Policy. The City Council's Housing Renewal Assistance Policy 2018 details the options for discretionary housing assistance available within the district.
- 1.2 The Housing Renewal Assistance Policy 2018 made the commitment that the Council would use its discretionary housing grants to assist the elderly, disabled or other vulnerable groups to live independently and to improve their living conditions and well-being. Carlisle regularly scores around or above the national average for excess winter deaths on Public Health England's District Health Profiles. The National Institute for Health and Care Excellence (NICE) Report - *"Excess winter deaths and illness and the health risks associated with cold homes"* states a wide range of people are vulnerable to the cold. This is either because of: a medical condition, such as heart disease; a disability that, for instance, stops people moving around to keep warm, or makes them more likely to develop chest infections. Cold properties can cause death and illnesses that lead to hospital admissions. Carlisle's discretionary housing grants are targeted at making the homes of the elderly, disabled and other vulnerable groups with qualifying health conditions warm and safe thereby reducing the illnesses that may lead to admission into hospitals.
- 1.3 Delayed transfer of care, people staying unnecessarily long in hospitals, has been a problem for Carlisle and the Housing Renewal Assistance Policy created the post of Homelife Liaison Officer to liaise with the NHS and Adult and Social Care and assists in identifying where the DFG process, and other Grants, can help people move back safely into their homes. Appendix 1 list examples of some of the recent cases dealt with by the Homelife Liaison Officer.

2. CARLISLE'S HOUSING ASSISTANCE

2.1 Disabled Facilities Grants (DFGs)

Mandatory DFGs tend to be for large internal construction works or extensions and provide the main expenditure from the Disabled Facilities Fund. The Council's activities on mandatory DFGs have been increasing significantly since 2016.

However, during the recent coronavirus lockdown new Mandatory Grants slowed down considerably because access was needed into the properties of often shielding residents and many of the larger contractors had furlough their staff. The smaller discretionary Housing Grants were less affected by the lockdown as they tended to use contractors still operating in providing essential electrical or boiler repairs and insulation and heating works. Although there was a drop-in activity it was less than that for the mandatory grants. The Discretionary Housing Grants offered by the City Council include: **Safe and Warm Grants, Dementia Friendly Grants and Energy Efficiency Grants**. Non-Disabled Facilities funded Grants offered include the **Energy Company Obligations (ECO)**, Foundations **Gas Safety Charity Grants** and the National Grid's **Warm Homes Fund**.

3. HOUSING GRANT PERFORMANCE

3.1 Since 2017, when the first discretionary grants were available: **1,626** properties have been assisted through the discretionary housing grant process; **669** works have been completed improving the warmth and energy efficiency of properties such as insulation, draft proofing and heating boiler improvements; **646** works have been completed improving the safety of premises by completing the removal of hazards, electrical improvements and security improvements; **311** works have completed improving the health of premises and their occupants by replacing dangerous boilers, carrying out deep cleans of dirty properties and removing excess damp from properties. Since the Homelife Liaison Officer has been in post from 2019 there have been 36 hospital discharge grants These have mainly been for key safes, deep cleans and clearances, and two cases for emergency plumbing works (blocked toilets).

3.2 Since April 2020 the discretionary housing grants have assisted **167** properties completing **269** works to improve safety and warmth. The Grants have assisted three Covid-19 cases in hospital who required assistance to go home (be discharged). Two cases were for deep cleans and one for a key safe. Appendix .1 details recent case studies of the types of assistance given.

4. CONSULTATION

4.1 This report is for Information

5. CONCLUSION

- 5.1** The Discretionary Housing Grants offered by the City Council have been targeted at making the homes of the elderly, disabled and other vulnerable groups with qualifying health conditions warm and safe, thereby reducing the illnesses that may lead to admission into hospitals. The fixed term Homelife Liaison Officer provides an essential link with the hospitals and the Housing Grant process, organising works to properties that permit the householder to be released from a hospital stay.

6. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

- 6.1** Address current and future housing needs to protect and improve residents' quality of life.

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Appendices Appendix.1.
attached to report: Hospital Discharge Case Studies – From March 2020 Onwards

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

- **None**

Appendix .1.

HOSPITAL DISCHARGE CASE STUDIES – FROM MARCH 2020 ONWARDS

Case study 1

Mr A was referred to us by the Cumberland Infirmary for a hospital discharge grant. It was reported by paramedics who attended his property that his home required a deep clean and clearance of rubbish for him to be able to safely return home from hospital. We were contacted by the occupational therapy team at the hospital to ask if this could be arranged. Homelife arranged to collect the keys for Mr A's property from his neighbours with his consent and visited the property to quote for a clean and clearance to take place. At the property we spoke with Mr A on the phone whilst he was in hospital and discussed the plan of works required in each room. We also discovered that Mr A had a blocked toilet and had a broken tap which was causing a continuous leak and if not stopped would cause damage to his kitchen units and the property below. Mr A has no family available to assist him whilst in hospital. Mr A was also admitted during the lockdown period so would have struggled to arrange a clean, clearance and plumbing repairs himself throughout this time. We were able to complete the works within 4 days of receiving his grant application which helped speed up the length of time he needed to stay in hospital. Two full days were spent cleaning and clearing the property as there was a large hoard in the home and a skip was required.

Case Study 2

Mr B was referred to us by the Cumberland Infirmary for hospital discharge grant following a medical emergency that left his home in need of cleaning. Mr B has no family to help him and was unable to arrange for a deep clean to take place himself. We arranged with the hospital ward to collect the patients house keys and quote for the works. We supplied and fitted a key safe at the property so our cleaning contractors could access the property to carry out a full deep clean of the property making it safe for discharge. Our cleaning contractors attended with us in the afternoon to quote for the works and came back later in the evening to deep clean the house allowing Mr B to be discharged home the following morning. Mr B's house keys were safely stored in the key box so he was able to get back into his property without any delays.

Case Study 3

Mrs C was referred to by the Cumberland infirmary as she was unable to be discharged from hospital until a key safe had been installed. Mrs C, who is in her 90s has care calls multiple times a day and can also require a call throughout the night. Mrs C is unable to

get to the door safely to let the carers in. Having the key safe fitted has allowed Mrs C to come home and has taken away the anxiety of missing a care call.

Safe & Warm and Energy Efficiency Grants – From March

Case Study 4

Mrs D contacted Homelife during the lockdown period after her boiler had broken and was unable to be repaired. Mrs D has a low income and various health conditions and would not have been able to replace the boiler without a Homelife grant. We were able to quote for the works and issue the approval paperwork electronically to speed up the process and replace the boiler quickly.

Case Study 5

Mrs E contacted Homelife to apply for a discretionary housing grant after developing a roof leak. Mrs E has multiple physical disabilities. The roof leak had caused damage to the electrics within the property making her home quite unsafe. We were able to reroof her home to fix the various leaks. We then carried out electrical repairs ensuring the system was safe. After this was carried out we then replaced her very old boiler and was able to supply and fit a new thermostat in a much better accessible position so he could control the heating and hot water without risk of falling and tripping in her home. We then referred her for DFG for a stair lift to help her safely access the upstairs of her home independently. The works were carried out between April – August.

Case Study 6

Mrs F was referred to Homelife by a member of the Environmental Health team after a report that the disrepair of Mrs F's property was causing a damp issue for others. Mrs F had been unable to maintain her home fully after developing poor mental health following an extremely upsetting life impacting event. She had been unwilling/unable to accept support from her friends and family prior to Environmental Health's involvement. Homelife completed a joint visit with Building Control and a member of Mrs F's family who works in the construction industry. The damp was being caused by the poor condition of the roof in addition to some rendering on the back of the property that was coming away from the wall and likely trapping moisture between the brickwork and the render. The electrics were old and the fuse box had the old style of pull out fuses, the heating wasn't working properly, there was a slight smell of gas around the meter box and the wooden frames on the windows were so rotten that the panes appeared to be floating unsupported in places. Mrs F moved in with her family and Homelife arranged gas safety and electrical checks along with quotes for glazing, heating, electrical improvements, roof repairs and removing the render at the back of the property. It was clear from the start that this property required more work than could be covered by the available Homelife grants and we also needed to appoint a principal contractor (which increases costs further) to meet with regulations.

Once we had all the quotes I worked with the client's family and we agreed that Homelife would fund the exterior works (windows, roof, render) and Mrs F's family would cover the interior works (electrics, heating and other things that are not grant eligible). We were also able to use Mrs F's family member's company as the principal contractor and he provided that service free of charge. The work to the exterior of the property has been completed for some time and I have just received an email from Mrs F's family to let me know that the interior of the property has been completed (it was delayed by Covid restrictions) and Mrs F has moved back into the property. He says that "The impact of the works has been significant and the improvement in [Mrs F] is noticeable, so thank you again for all of your help and assistance."