

Re-structure of Health & Housing Service to meet increased demand

Date: 7th March 2024

Report of: Colin Moss, Head of Health & Housing

Report to: James Rogers, Director, Communities, Housing and Environment

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

This report is to recommend the re-structuring of the Health & Housing (H&H) to meet the increasing demand on the service to provide adaptations. This last year has seen a 30% rise in referrals for adaptations and the DFG budget will also see an increase of approximately £1500K by the end of 2024/25. The restructure also allows a strengthening in resources to promote re-housing tenants who are residing in unsuitable accommodation into homes with existing adaptations. The re-housing of disabled people into previously adapted homes makes savings directly to the HRA budget.

It is vital the Health & Housing service increases resources to meet the challenge of maintaining the speedy delivery of quality adaptations and a buoyant re-housing programme.

Recommendations

- a) Approve the new structure of H&H to meet the current demands on the service.

What is this report about?

- 1 As Government at both national and local level promotes the concept of maintaining independent living, the demand for adaptations will continue to increase. The national Disabled Facilities Grant (DFG) allocations to local authorities has risen from £220 million to £586 million in the last 5 years.

Central Government has just announced (September 2023) a further increase in funding of £102 million to the budget to recognise the drive to keep disabled people living in their own homes. This will result in a further £1.5 million pounds on the budget up for 2024/25. As our population ages, it has never been more important to promote independent living keeping disabled and vulnerable people in a safe environment giving them access to facilities and amenities within their home.

Following a campaign by local external agencies, Leeds City Council has recently confirmed following legal opinion, that the Council has an obligation to provide adaptations when there isn't sufficient DFG funds to cover the cost over the mandatory £30,000 grant cap. In reality, a high percentage of households are not in a financial position to cover costs over the DFG cap and if the Council did not fund, these much-needed adaptations would never go ahead. The Chief Financial Officers in Adults and Health and in Housing have determined that an extra £1.5 million pounds will be needed corporately to boost the DFG budget to cover the increase in costs. This matter is currently with Senior Finance managers in Housing and Social Care to determine a way forward.

- 2 Even without the new financial pressures created by social care legislation, the H&H service has seen a 30% rise in applications for adaptations following the pandemic. Consultations with social care directorates confirm that these rises appear to be sustained and they have large backlogs of cases across the city in both Children's and Adults social care.
- 3 This rise in applications and increase in funding has recently coincided with new Government guidance which has widened the scope of eligible adaptations resulting in more expansive and expensive schemes. This has become particularly apparent especially with children with 'challenging behaviour' that has seen a steep rise in increasingly complex designs, often involving house extensions with comprehensive adaptation packages.
- 4 Over a period of time, the H&H service has added a number of new frontline staff resources across its service to combat the increased workloads. However, this has led to a 'middle management' structure that is struggling to cope with the levels of work coming into the service.

As a new standalone service within Housing Leeds, there is a need to introduce a service manager to deputise for the Head of Service and realign the current workstreams to account for the increased workloads across all teams. The notion is to bring H&H structurally in line with other similar sized services within Housing Leeds.

- 5 The proposed new structure is attached to this report. There is a desperate need to inject further management at PO4 level as the current managers are totally unable to cope with the volume of work coming into the service and there are backlogs beginning to grow across all areas.
- 6 The proposed changes to the current structure are listed below:
 - H&H has a very low sickness level (usually around 5 days) and historically very few people leave the service. The result is that staff within the service are given very little opportunity for progression. This has often been mentioned in 1:1s, team and service meetings and has been recently underlined in the latest staff survey where this item scored particularly lowly against other services in the Council. The proposal is to keep the opportunities for new or vacated posts within H&H whenever possible.

- The service is proposing to introduce a PO6 service manager that will act as a deputy to the Head of Service and deal with most of the operational daily decisions. This will free up the Head of Service to concentrate on the strategic aims of the service especially around the partnership working between H&H and social care directorates and embracing the agenda for the integration of housing and public health to promote the task of tackling health inequality across the city. This post is in line with the structure of similar sized services within Housing Leeds.
- The current structure has 4 x PO4 principal managers, two in charge of Adaptations, one in Programming and one in Health. One of the PO4 managers in surveying has recently been job re-evaluated to PO4. This has come about as this manager had taken on a number of aspects of high-level adaptation procurement for a number of years, previously omitted, but now recognised by the job evaluation team. The re-evaluated job has been confirmed as PO4 and also be able to manage the whole surveying team on that grade.
- This would mean that the current PO4 principal adaptations manger, who has a generic JD with the other PO4 managers, would move across to head up one of the existing teams or be successful in securing the upcoming PO6 post.
- Due to the numbers of staff within each of the sections and quantity of work coming in, the proposal is to have 4 x PO4 managers across the service and have one PO6 service manager. The current Health Principal is inundated with a workload that is untenable. The proposal is to split this team into two service streams with a PO4 principal manager over each. One would head up the Independent Living team/ Caseworker's team while the second manager would introduce a dedicated manager for the Occupational Therapy team.

This has long been a historical issue that the team of OTs within the service were not managed at a 'senior level' by an OT and as such were unable to receive clinical supervision, which is a stipulation of the College of Occupational Therapy and their professional registration to practice.

The manager of the OT's will then be able to manage all the OT staff and provide clinical supervision to all the qualified OTs in the team. This manager will be able to discuss all aspects of the OT decisions and assessment with all team members which the current manager has been unable to do.

In summary, the senior management structure of H&H will be:

Health & Housing Service manager	PO6	Vacant post to be filled
Principal Adaptations Manager	PO4	existing member of staff who has moved from PO2 to PO4 in line with job re-evaluation. A new JD has been evaluated and is attached to this report.
Principal Programme Manager	PO4	as existing
Principal Health Manager	PO4	New JD and has been evaluated at PO4 and is attached to this report.
Principal Housing Manager	PO4	Has new title but has the same JD as the same generic JD as with the Principal Programme manager

This move will balance out the proposed 4 service streams and ensure workloads are much more equitable and manageable.

Adaptations team	18 individuals
Programme team	19 individuals
Health team	11 individuals
Housing team	18 individuals

- Subject to the enquiry to the Talent Pool, the PO6 post is to be ring-fenced to the current 3 x PO4 officers. The new structure will contain a PO6 service manager and 4 PO4 managers. The PO4 post managing the adaptations team will be occupied by the recently re-evaluated principal surveyor and the PO4 post over the OT team will be advertised internally. This will leave 2 PO4 posts and 1 PO6 post to be taken up by the current 3 PO4 officers with one being promoted to the PO6 post. This will ensure there is an opportunity for progression within the service and ensure that nobody's job is under threat.
- In the event of an officer from the Talent Pool being suitable for the PO6 post or none of the PO4 applicants achieve the required standard, the 3 current PO4 managers would slot into the 3 available posts and the service would not promote a Senior OT to the Principal Health manager post. This will ensure no-one's job in H&H is under any threat.
- There are new JDs for the Principal Adaptations Manager and the Principal Health manager. Both have been approved and signed off by job evaluation and HR.
- The current PO4 Principal managers have the same JD and can be slotted into the current Programme Manager and Housing Manager posts dependent on which officer is promoted to Service manager.
- Following an internal review, it has become clear that there is a need for further resources to ensure the service remains effective and efficient in the management of its budgets and the running of its re-housing programme which has direct impact on spend from the HRA budget. The areas of concern are around:
 - Effective running of the weekly Review Panel
 - Effective running of the Independent Appeal Panel
 - Completion and handling of increasing amounts of invoicing and payments.
 - Handling of the Service's formal complaints
 - Collection and monitoring of customer satisfaction
 - Overseeing the 'minor' adaptations programme
 - General PR and promotion of the Service internally and external
- To successfully complete these tasks, there is a need to introduce 2 x SO2 Senior Health & Housing Advisers, one in the Programme team and one in the Housing team. Their roles will ensure all of the above areas of concern are covered to protect the efficiency of the service going forward to meet the new level of workloads being received by H&H.
Both of these posts will have a direct impact on the efficient spend of both the private DFG and the public HRA budgets.

- Within the Housing team, one of the most important components of the Health & Housing service is the weekly Review Panel attended by a variety of officers from H&H and invited attendees, often social care OTs or other relevant professionals.

The main role of the Review Panel is to make decisions on whether H&H progress recommended adaptations or propose re-housing which has a direct impact on HRA capital expenditure.

The Panel also make wide ranging financial decisions on whether to grant discretionary funding or short-term loans in the private sector and examines all complex cases in all tenures to ensure the service is progressing cases in line with the legislation. The Panel also handles all cases in dispute and acts as the initial review step for all H&H clients who wish to raise issues around their assessment of need.

Following a review at this panel, clients are offered the opportunity to pass their complaint onto the Independent Appeal Panel for a judgement, if they are not in agreement with the Review Panel's decision. Following the Appeal Panel, a further appeal by a client would be directed to the Ombudsman's office.

The activity and decision making of both the Review Panel and Independent Appeal Panel have come under increasing pressure in the last few years. With the more recent pressure of the HRA budget, there is no doubt the level of enquiry/complaint around the provisions of adaptations will unfortunately escalate considerably. The current level of cases passed to both Panels has already increased and has become difficult for managing officers to complete their 'day job' and to organise and run these Panels as well.

The proposal is to create a post on the structure of a Senior Health & Housing Adviser to have a primary role in running and organising both Panels to run effectively and efficiently increasing the capacity of the Panel's work. It is thought that this post would have a direct 'spend to save' value increasing the costs saved from both private and public budgets that would cover the salary of the post many times over.

This post will also manage the complaints coming into the service, usually preparing stage 1 replies and ensuring that all complaints are answered on time and are of an expected standard and compliant with recent Ombudsman's observations.

This post will be line managed by the Principal Housing Manager as most of the Panel's cases and majority of complaints are centred around 're-housing'. This post will line manage the Health & Housing Adviser's, leaving the Independent Living team leader to line manage the 6 independent living officers.

- The second Senior Health & Housing Adviser's post will be positioned under the Principal Programme Manager. This post will take a lead role in the day-to-day operational lead on the management of invoices and payments to combat the steep rise in cases due to the increased expenditure.

The post will also take over the organisation of the 'minor works' programme that has witnessed similar levels of increased activity as with major adaptations. The post will include reviewing and monitoring of the collection of customer satisfaction across the whole service. There will be a number of further ancillary roles around public relations and general promotion of the Health & Housing service that will be part of the post's job description. The post will line manage the Housing Support team, technical officers (x2) and Independent Living Officers carrying out means testing (x2)

- Subject to consideration of the Talent Pool, it is intended to ring-fence these posts within H&H as there are a number of suitable candidates within the service. This will

also address the issue of 'restricted opportunities within the service for progression' that was so clearly pointed out by the staff in the recent staff satisfaction survey.

What impact will this proposal have?

- 7 The changes in the structure are absolutely necessary to keep pace with the increased work levels and increased budgets across the whole of the H&H service. Without these changes to the structure, backlogs of work will appear across all the teams within H&H.

This will result in a drop in performance that will lead to an increase in complaints and open the Council to challenges from the ombudsman and possibly the courts for not meeting our statutory duties under adaptations legislation.

It is hoped that the new posts will have a positive impact on both the DFG and HRA budgets. This will be achieved by effective and speedy spend of the DFG budget and enhanced filtering of applications for adaptations in LCC stock which will result in increased re-housing and direct savings to the HRA.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 8 This restructure will have a positive effect on the health and well-being of the disabled and vulnerable people that use our service by providing speedier adaptations or providing viable re-housing alternatives. The increases in building activity across the sector will give increased growth to local contractors and increased promotion of recycling and use of sustainable products across all aspects of the service's work.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

- 9 While Ward members have not specifically been consulted, the plans for this re-structure have been shared with senior management, the Unions and the staff within the Health & Housing service.

There were no specific concerns raised by senior managers, Union conveners or any staff within H&H.

What are the resource implications?

- 10 The new jobs proposed are for:

- PO6 Service Manager. Will act as a 'deputy' to the Head of Service

Cost x 1 = £64,180 DFG budget

- PO4. Principal Health Manager. New Job evaluated

Cost x 1. £58,729 DFG budget

- SO2 Senior Health & Housing Advisers

Cost x 2. £45,510 x 2 = £91,020 DFG budget

- As part of the restructure, it is intended to move the Caseworker Team manager from the HRA budget to the DFG budget. With the introduction of the hospital caseworkers by a recent delegated decision, the work in the team has now become private sector dominant and payment will be made by DFG.

Saving to HRA added to DFG £45,510

- Total Expenditure costs:

DFG budget cost £213,929

HRA budget cost SAVING of £45,510

- It should be noted that costs to meet these proposals will be met by the DFG capital budget (direct government ring-fenced budget) and not affect the General Fund. There is a saving of **£45,510** to the HRA.
- With increase in the private sector budget of £723K from Government in October and a further increase of £723,000 in 2024/25 plus the potential increase of £1500K to cover social care legislation, the private DFG budget and workload has significantly increased. The increase in staffing within the service represents an 8.2% of this total budget increase. Fee levels for processing DFGs run at around 15-17% for local authorities in West Yorkshire.

What are the key risks and how are they being managed?

- 11 The key risks are for the Council are to not meet its statutory obligations, under several pieces of legislation, that would leave the Council open to general formal complaints, Ombudsman's enquiries, external formal inspections and ultimately, judicial reviews.
- 12 Leeds City Council has already been found to be guilty of maladministration in this area and local interested parties will be keen to monitor the situation and openly report if the Council do not meet their responsibilities under the legislation. The staff increases are necessary so the service can continue to process adaptations, meet the demands on the service and the requirements of the relevant legislation.

What are the legal implications?

- 13 As above

Options, timescales and measuring success

What other options were considered?

- 14 The increase in activity across the service has been met by increasing staff resources to handle the extra workload. Success will be measured in effective budget management, keeping complaints to a minimum and maintaining performance in the 90th percentile on a monthly basis. This includes the on-going measurement of customer satisfaction of the service by its client group.

How will success be measured?

15 As above

What is the timetable and who will be responsible for implementation?

16 To implement as soon as possible to meet the increasing workload demands currently in existence.

Appendices

- Proposed structure for approval

Background papers

- Principal Adaptations Manager JD. Job evaluated at PO4
- Principal Health Manager JD. Job evaluated at PO4
- Senior H&H adviser JD. Job evaluated at SO2
- Proposed structure chart