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Date: **26 August 2016**
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THANET HEALTH AND WELLBEING BOARD

8 SEPTEMBER 2016

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 8 September 2016** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

Membership:

Dr Tony Martin (Chairman); Hazel Carpenter, Councillor L Fairbrass, Councillor Gibbens, Clive Hart, Madeline Homer, Mark Lobban, Sharon McLaughlin, Colin Thompson and Councillor Wells

A G E N D A

Item No	Subject
1.	**APOLOGIES FOR ABSENCE**
2.	**DECLARATION OF INTERESTS**
3.	**MINUTES OF THE PREVIOUS MEETING** (Pages 1 - 4) To approve the minutes of the meeting held on 26 May 2016, copy attached
4.	**DEVELOPMENT PROPOSALS FOR THE THANET HEALTH AND WELLBEING BOARD FROM THE THANET LEADERSHIP GROUP**
5.	**ANALYSIS OF DEPRIVED AREAS - THANET** (Pages 5 - 20)
6.	**DISABLED FACILITIES GRANT DETERMINATION** (Pages 21 - 46)
	Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 26 May 2016 at 10.00 am in the Pugin & Rossetti Rooms, First Floor, Council Offices, Cecil Street, Margate.

Present: Dr Tony Martin (Chairman); Councillor L Fairbrass (Thanet District Council), Councillor Gibbens (Kent County Council), Clive Hart (Thanet Clinical Commissioning Group), Madeline Homer (Thanet District Council), Mark Lobban (Kent County Council) and Linda Smith (Kent County Council)

1. APPOINTMENT OF CHAIRMAN AND VICE CHAIRMAN FOR 2016/17

Councillor Gibbens proposed, Councillor Fairbrass seconded and the Board agreed that Dr Martin be appointed as Chairman of the Thanet Health and Wellbeing Board for the ensuing year.

Dr Martin proposed, Mr Hart seconded and the Board agreed that Councillor Fairbrass be appointed Vice-Chairman of the Thanet Health and Wellbeing Board for the ensuing year.

2. APOLOGIES FOR ABSENCE

Apologies were received from the following Board members:

Hazel Carpenter
Colin Thompson, for whom Linda Smith was present.
Sharon McLaughlin
Councillor Wells

3. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 March 2016 were agreed as a correct record.

5. GROWTH AND INFRASTRUCTURE FRAMEWORK

Stephanie Holt, Head of Countryside, Leisure and Sport Group, KCC presented the item, during which it was noted that:

- The Kent and Medway Growth and Infrastructure Framework (GIF) was developed to provide an understanding of the infrastructure required to support housing and economic growth up to 2031.
- It was recognised that there were gaps in the data used to create the GIF, and that accuracy was important as it would impact on local government funding. Errors could lead to funding gaps. It was intended that the GIF be updated by January 2017.
- Work would take place with district councils to agree infrastructure priorities.
- Public Health England developed a tool called SHAPE (a Strategic Health Asset Planning and Evaluation application) which KCC used to develop housing strategy. Data from SHAPE could be used to feed in to the GIF.

- Some key contacts to assist in the development of the GIF were:
    - Sue Martin – Head of Governance, South Kent Coast CCG and Thanet CCG
    - Colin Thompson – KCC – Consultant in Public Health
    - Alan Fitzgerald – KCC SHAPE lead.

6. THANET CCG ANNUAL REPORT

Sue Martin, Head of Governance, South Kent Coast CCG and Thanet CCG presented the item during which it was noted that:

- The auditors had given an unqualified opinion for the CCG accounts and also for value for money.
- Thanet CCG had achieved financial balance.
- Block contracts for EKHUFT had recently moved to a payment by result system, this potentially shifted the risk of budget overspend to local CCG's.
- The annual report would be circulated to the members of the Board after the meeting.

7. QUALITY PREMIUM

Adrian Halse, Senior Business Analyst, Thanet CCG presented the report during which it was noted that:

- The quality premium rewards CCG's for achievement of certain measures. Mandatory measures make up 70% of the available award, and 30% is allocated on the basis of achievement of three locally set measures and targets.
- The Board was asked to ratify Thanet CCG's choice of locally set indicators which had been submitted to NHS England for approval.
- The three indicators were chosen because they were highlighted as appropriate by the RightCare data, and were indicators which could be easily measured.
- Payment as a result of achievement of these indicators would be received in December 2017. Payment for the 2015/16 year would be made in December 2016, however payment would be reduced as not all the targets had been met.

The Board agreed to ratify the list of locally set indicators as set out in paragraph 3.5 of the report, namely:

17 - Genito-Urinary - Reported to estimated prevalence of CKD (%)	As noted in our operational plan, Right Care has highlighted cardio vascular disease, and tackling diabetes is also a key concern for the CCG in 2016/17. A key part of this work will be ensuring that more is done in primary care to prevent the need for secondary care interventions. CKD is linked to bother cardio vascular and diabetes and practices will need to continue to achieve high rates of diagnosis as part of this work. The intention is to exceed the national average.
37 - Mental Health - Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of access rates.
43 - Mental Health - % of people who are "moving to recovery" of those who have completed IAPT treatment	Mental health outcomes have been highlighted in the RightCare data for Thanet and improving access to psychological therapies is a key part of our operational plans around mental health next year. The intention will be to exceed the national average in terms of recovery rates.

8. THEMATIC QUESTIONS FROM THE THANET LEADERSHIP GROUP

The Chairman introduced the item during which it was noted that:

- Three options had been considered at the recent Thanet Health and Wellbeing Board workshop. The preferred option was to create an Integrated Commissioning Board (ICB) which would adopt some of the work mandated to the Board.
- Similar conversations were taking place across other districts within Kent.
- The intention was to encourage integrated public services at a local level that were tailored to meet local needs.
- A clear proposal and appropriate governance arrangements would need to be established before being bought before Members for decision.

It was agreed that:

- The Chairman would formally speak to Roger Gough, KCC Cabinet Member for Education & Health Reform and Chairman on the Kent Health and Wellbeing Board to express the Board's desire to establish an ICB.
- The Executive Group would meet to consider governance arrangements and develop some challenge questions, proposals for group development would be reported back to the next THWB meeting.
- This topic would be a regular item on future agendas.

9. SERIOUS INCIDENT REPORT

The Board agreed that the public and press be excluded from the meeting for agenda item 9 as it contained exempt information as defined in paragraph 1 of Schedule 12A of the Local Government Act 1972 (as amended).

It was noted that:

- The Thanet CCG would consider how lessons learned information would be disseminated to relevant organisations going forward.
- Madeline Homer would share the lessons learnt with relevant individuals from Housing Services and the Police on this occasion.

10. REPORT FROM LOCAL PARTNERSHIP GROUPS

The Board noted the report.

Meeting concluded: 11.45 am

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KENT PUBLIC HEALTH OBSERVATORY

THANET CCG

Analysis of Deprived Areas

In the most deprived decile for Kent

January 2016

KCC Public Health is taking a new approach to reducing health inequalities in the county, by producing focussed analysis of LSOAs in the most deprived decile. Multivariate segmentation techniques have been used to identify different 'types' of deprivation in Kent. This report shows our analysis of the most deprived areas in the Thanet CCG area. For more information on the rationale of this approach and our methods, please see the full report:

Produced by

Dr Wikum Jayatunga: Public Health Registrar (wikum.jayatunga@kent.gov.uk)

Rachel Kennard: Senior Intelligence Analyst (rachel.kennard@kent.gov.uk)

Natasha Hobbs: Public Health Information Officer (natasha.hobbs@kent.gov.uk)

Correspondence to: Rachel Kennard

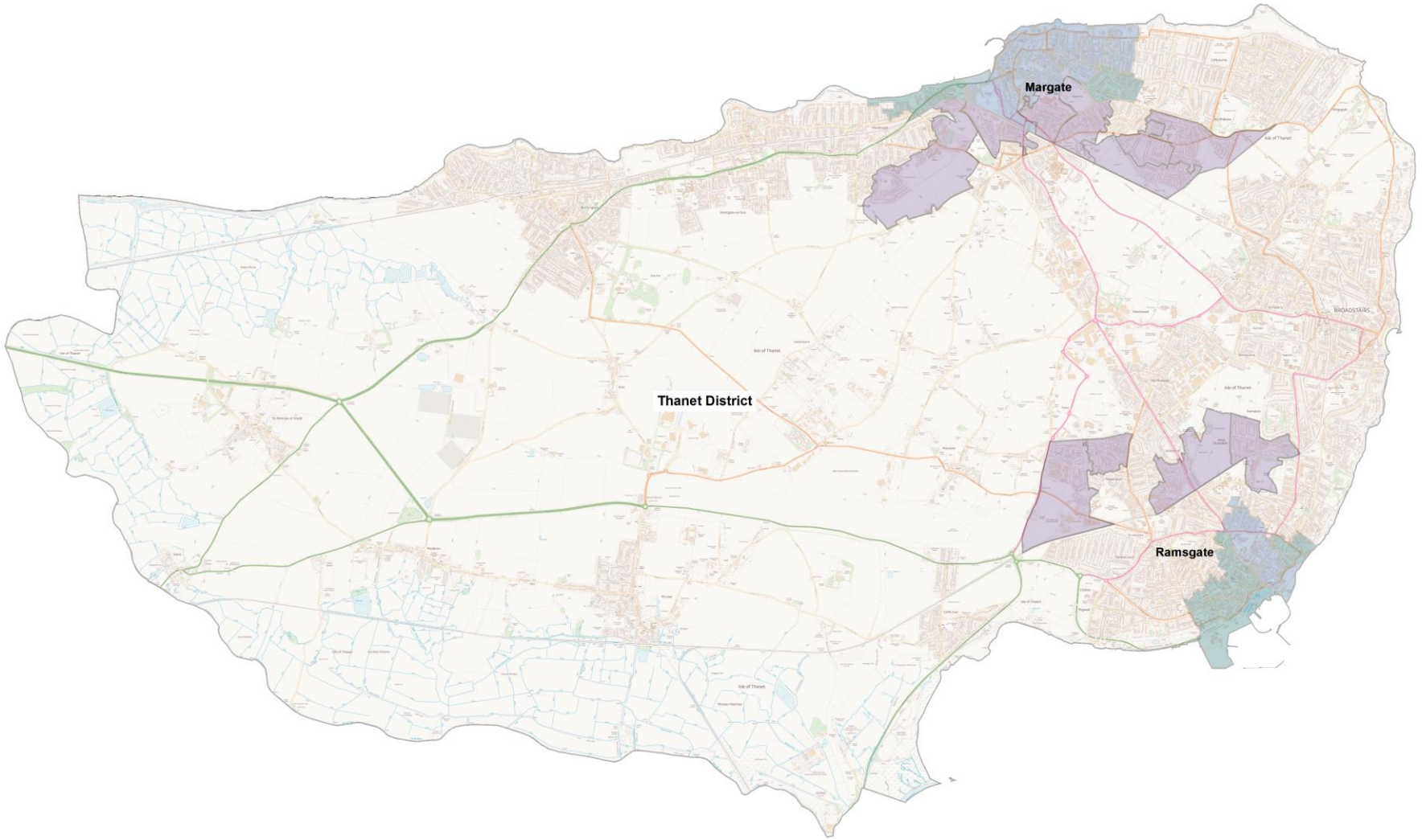
Kent County Council kent.gov.uk

Background

Thanet is an area in east Kent that includes the coastal towns of Margate, Ramsgate and Broadstairs and surrounding village areas. The Thanet CCG area is coterminous with the district boundaries. Deprivation, crime and unemployment are all statistically higher than the England average, with higher proportions of vulnerable populations. There are limited skilled employment opportunities in the area, although there are good transport links to Kent and London. Health outcomes are worse than for Kent and England, and inequalities are wider than in any other Kent district. A number of Thanet LSOAs feature in the most deprived decile for deprivation in Kent, mainly around the towns of Margate and Ramsgate.

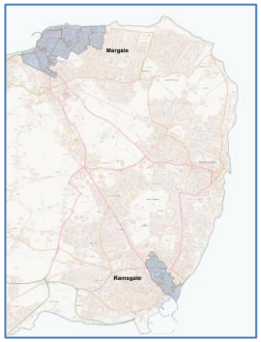
Deprived Areas

Ward Code	Ward Name	LSOA Code	LSOA Name	LSOA rank	GP Practice Code Serving LSOA			Type
		E01024678	**Thanet 001E**	2	G82052			1
E05005093	Margate Central	**E01024676**	**Thanet 003A**	3	G82052	G82649		1
		E01024677	**Thanet 003B**	65	G82052	G82066	G82105	3
		E01024657	**Thanet 001A**	1	G82105	G82052		1
		E01024660	**Thanet 001D**	5	G82105			1
E05005088	Cliftonville West	**E01024658**	**Thanet 001B**	6	G82105			1
		E01024661	**Thanet 004A**	22	G82052	G82105		1
		E01024659	**Thanet 001C**	42	G82105	G82066		4
		E01024663	**Thanet 006D**	10	G82066			3
E05005089	Dane Valley	**E01024666**	**Thanet 006E**	21	G82066			3
		E01024662	**Thanet 006C**	59	G82066			3
		E01024664	**Thanet 004B**	66	G82105	G82066	G82052	3
E05005091	Garlinge	**E01024672**	**Thanet 005A**	55	G82810	G82052		3
		E01024667	**Thanet 016D**	9	G82126			1
E05005090	Eastcliff	**E01024670**	**Thanet 015D**	44	G82126	G82020		1
		E01024671	**Thanet 016E**	36	G82126			4
E05005085	Central Harbour	**E01024649**	**Thanet 016C**	43	G82126	G82064	G82020	4
		E01024646	**Thanet 016A**	84	G82126	G82064	G82020	4
E05005095	Newington	**E01024683**	**Thanet 013B**	11	G82150			3
		E01024682	**Thanet 013A**	40	G82150	G82046		3
E05005096	Northwood	**E01024687**	**Thanet 013E**	17	G82046	G82150	G82020	3
E05005099	Sir Moses Montefiore	**E01024699**	**Thanet 012C**	62	G82126			3
E05005098	Salmestone	**E01024697**	**Thanet 003D**	34	G82052	G82066	G82649	3
E05005102	Westbrook	**E01024710**	**Thanet 003E**	15	G82810	G82052		4


Margate
Thanet District
Ramsgate

Young people lacking opportunities

Thanet CCG
Type 1 Deprived LSOAs
Margate Central, Cliftonville West, Eastcliff



MAIN ISSUES

Characteristics

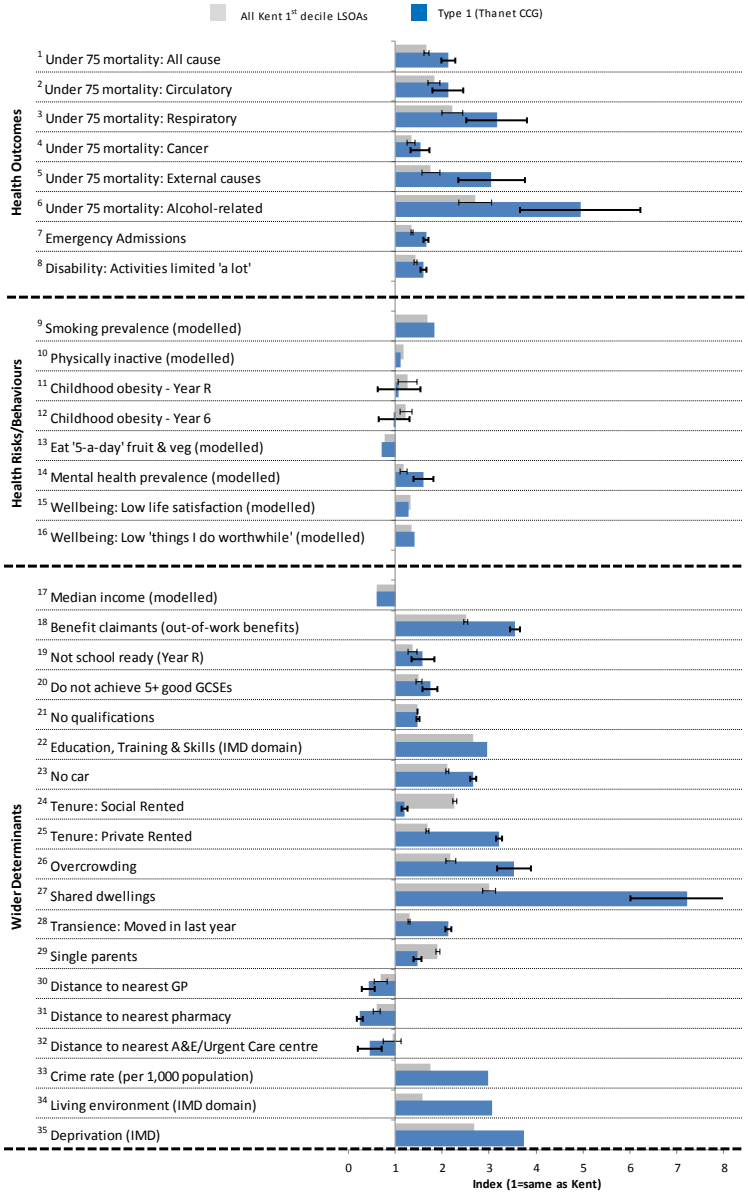
- Young adults in private rented accommodation
- Particularly high levels of shared dwellings and overcrowding
- Particularly poor living environment with particularly high crime rates
- Low incomes
- Particularly high levels of out-of-work benefit claimants
- Poor scores for education
- Particularly high levels of movement/ transiency

Health Risks/Behaviours

- High smoking prevalence
- Low levels of wellbeing

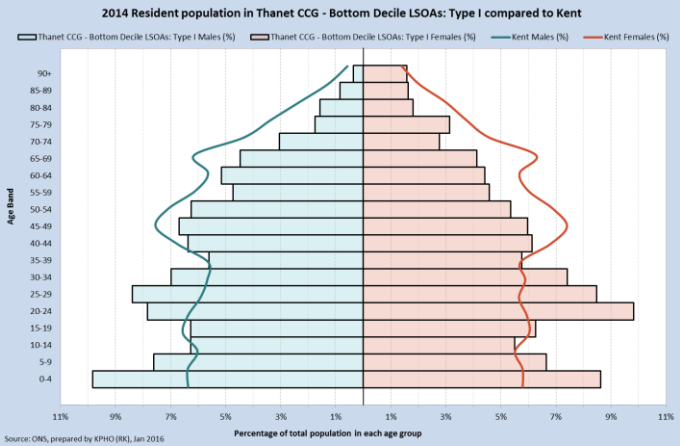
Health Outcomes

- Particularly high premature mortality rates
- Alcohol-related premature mortality and from 'external causes' and respiratory conditions particularly high
- Particularly high emergency hospital admission rates
- High rates of disability ('activities limited a lot')



Prepared by KPHO (RK), Jan 2016

POPULATION DISTRIBUTION

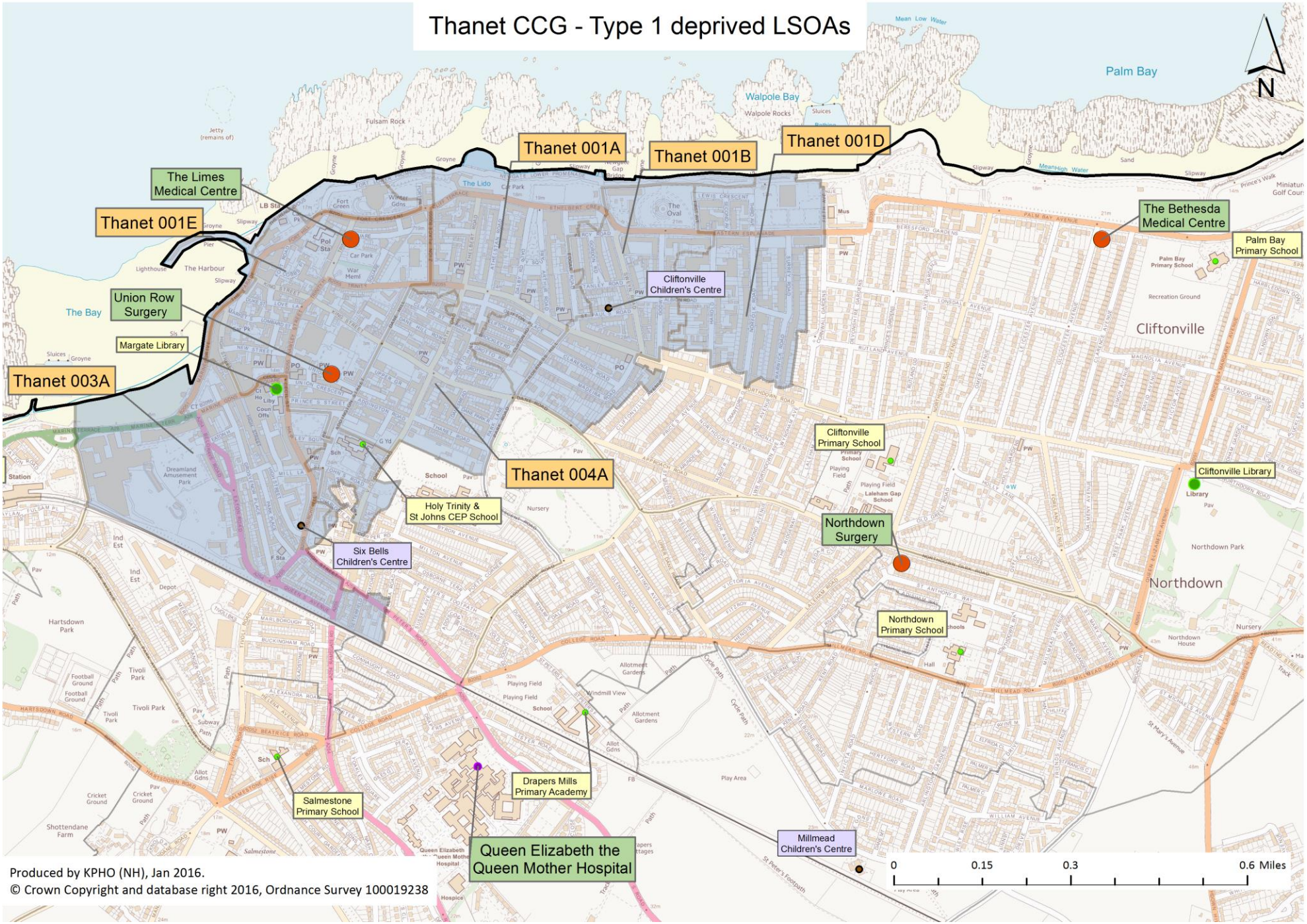


- High numbers young adults and young children

KEY FOCUS AREAS:

Education and employment opportunities for young people

Thanet CCG - Type 1 deprived LSOAs



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Thanet CCG - Type 1 deprived LSOAs
Newington Road Surgery
Wickham Surgery
Thanet 015D
St Ethelberts Catholic Primary School
1. The Grange Medical Practice
2. East Cliff Practice
St Laurence in Thanet C of E Junior School
Ellington Infant School
Chatham & Clarendon Grammar School
Dashwood Medical Centre
Priory Infant School
Priory Children's Centre
Ramsgate Library
Icelands
Thanet 016D
Christ Church CEJ School
St Lawrence
Nethercourt
Chilton
Pegwell
RAMSGATE
Ramsgate Sands
N
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Thanet CCG
Type 3 Deprived LSOAs
Dane Valley, Garlinge, Newington

Families in social housing

MAIN ISSUES

Characteristics

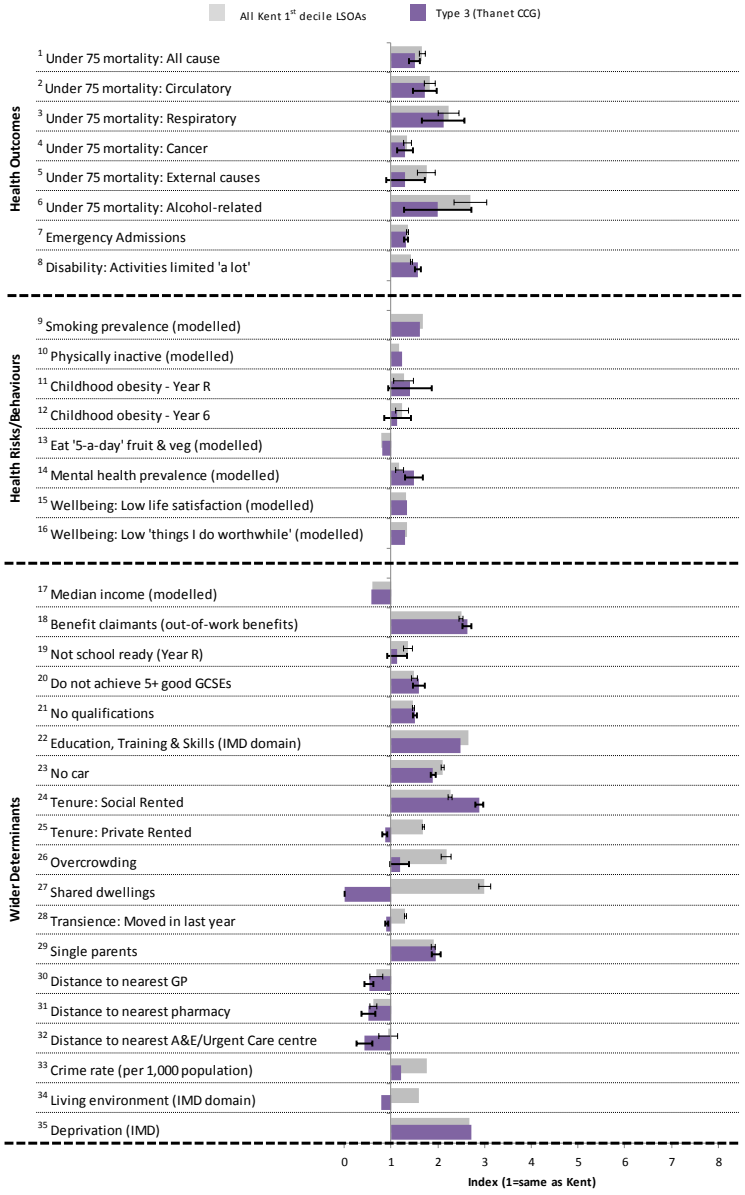
- Families with children in social housing
- Low incomes
- Poor scores for education
- High numbers of out-of-work benefits claimants
- High number of single parents
- Better living environment and lower crime rates than other deprived areas.

Health Risks/Behaviours

- High smoking prevalence
- Low levels of wellbeing.

Health Outcomes

- Fairly high premature mortality rates
- High emergency hospital admission rates
- High rates of disability ('activities limited a lot')



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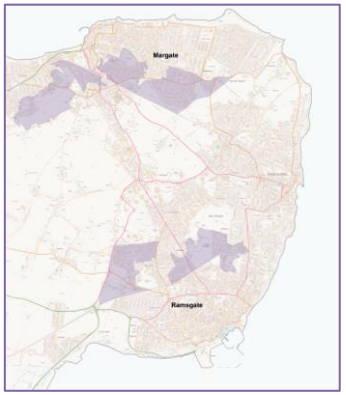

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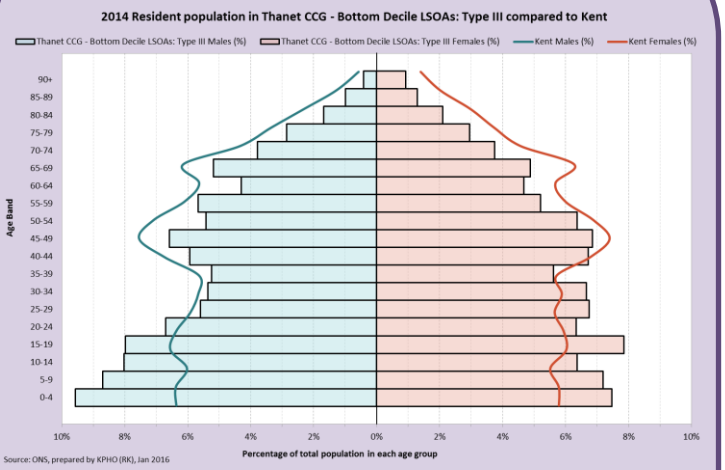
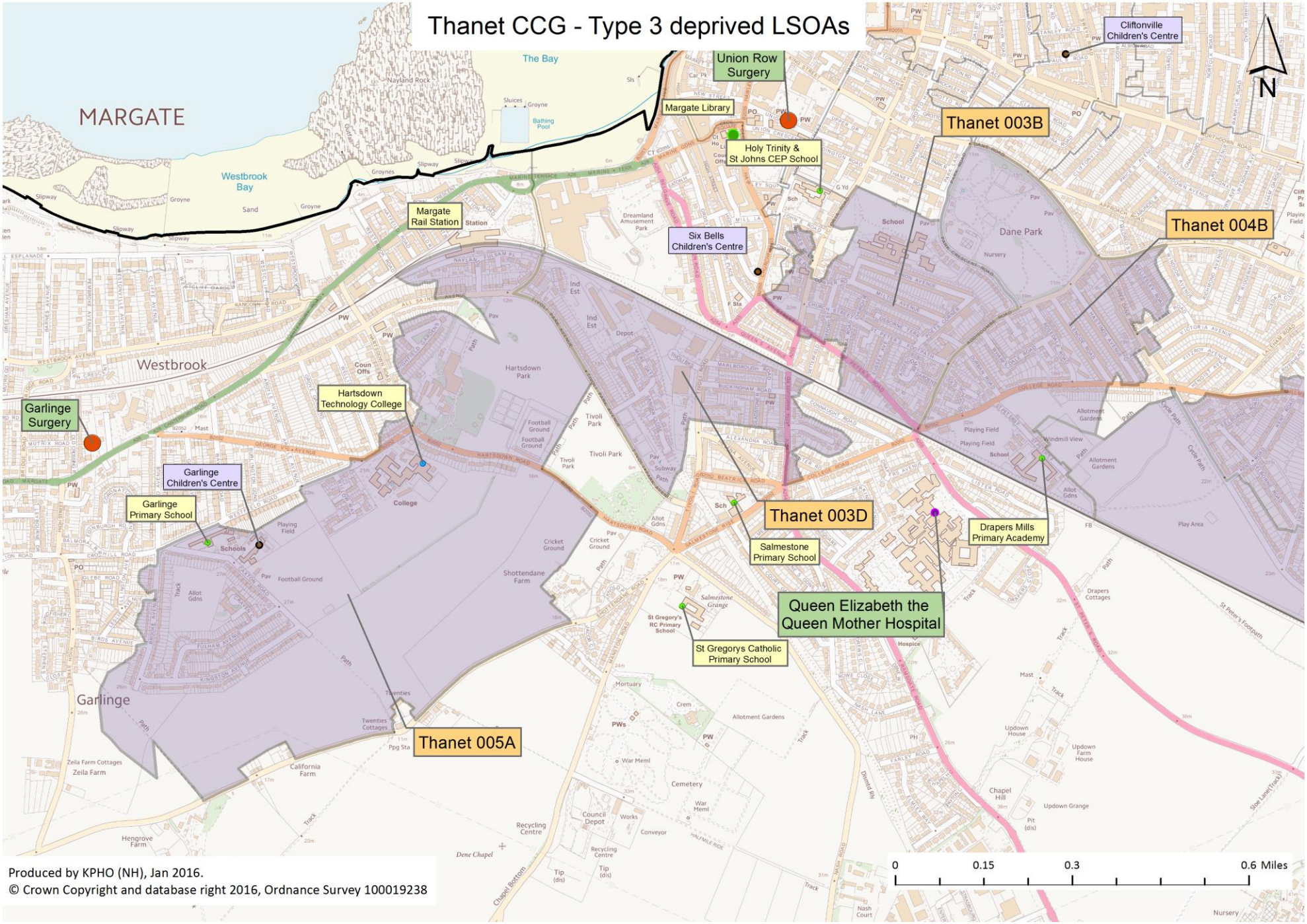


- Very high numbers of children
- Slightly lower numbers of over 50s

KEY FOCUS AREAS:

Training, qualifications and employment for parents

Child health and education



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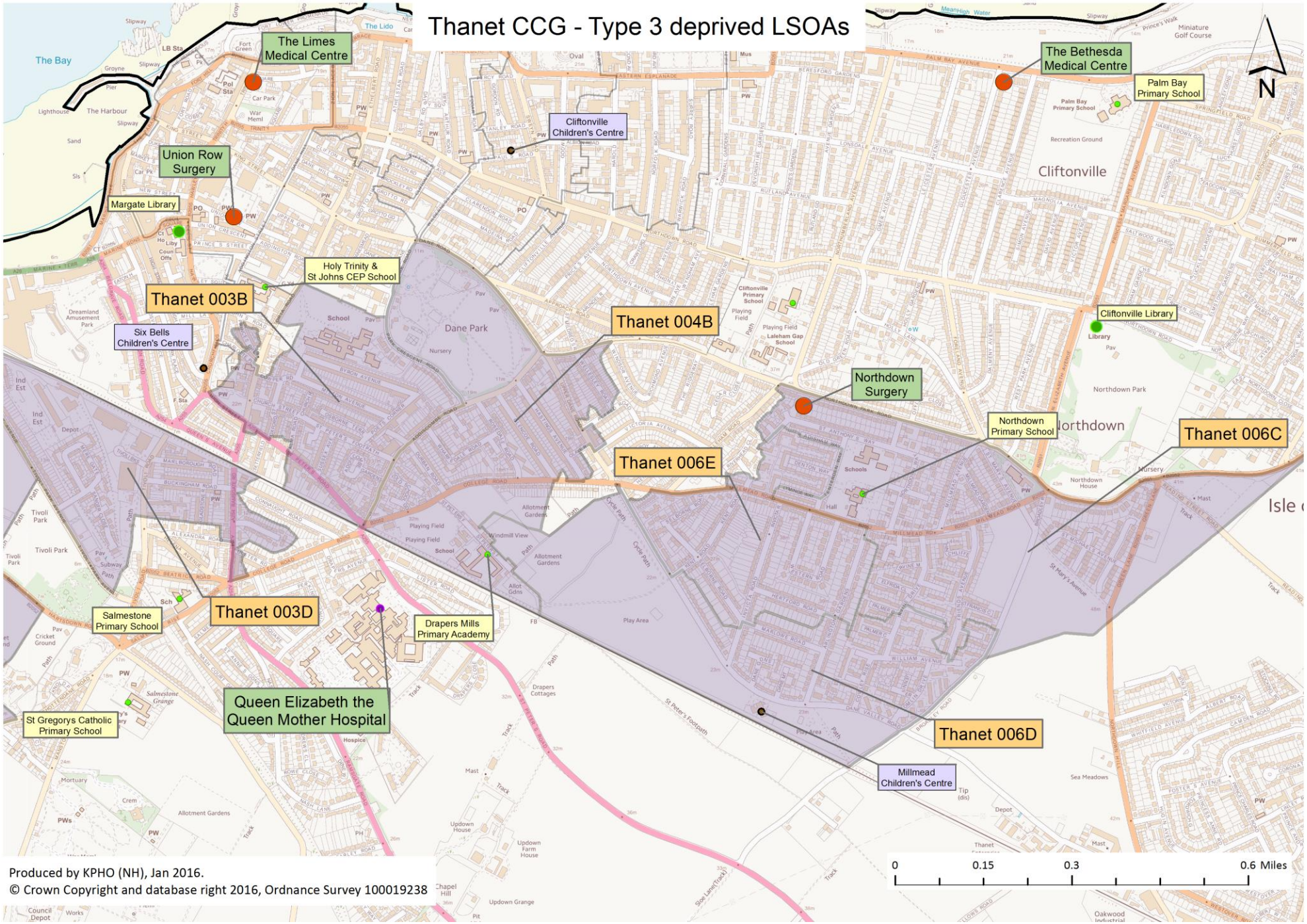
Thanet CCG - Type 3 deprived LSOAs
The Limes Medical Centre
The Bethesda Medical Centre
Palm Bay Primary School
Cliftonville Children's Centre
Union Row Surgery
Margate Library
Holy Trinity & St Johns CEP School
Thanet 003B
Six Bells Children's Centre
Thanet 004B
Cliftonville Library
Northdown Surgery
Northdown Primary School
Thanet 006C
Thanet 006E
Thanet 003D
Salmestone Primary School
Drapers Mills Primary Academy
Queen Elizabeth the Queen Mother Hospital
St Gregorys Catholic Primary School
Thanet 006D
Millmead Children's Centre
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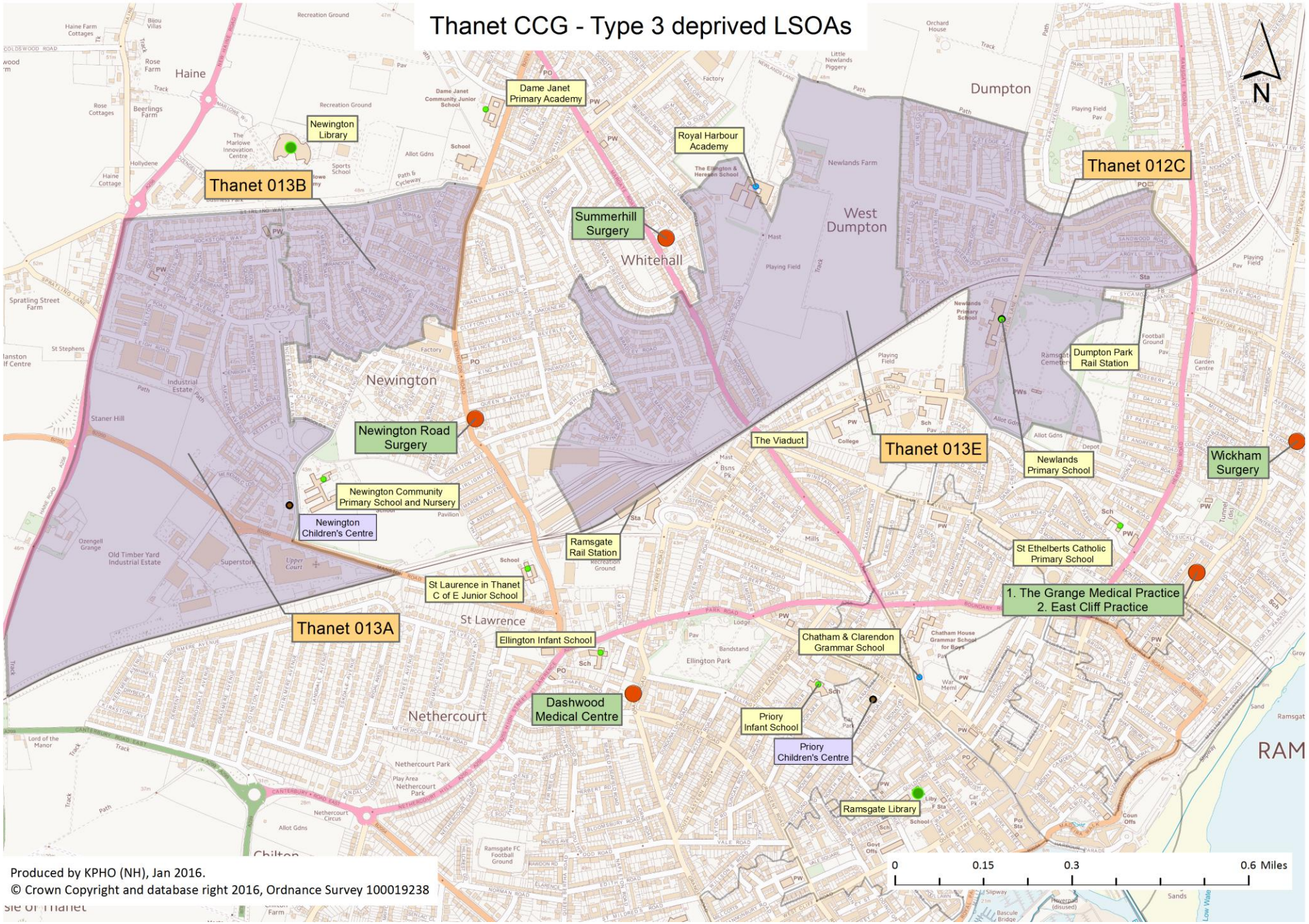
Thanet CCG - Type 3 deprived LSOAs



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Thanet CCG
Type 4 Deprived LSOAs
Central Harbour, Westbrook, Eastcliff, Clinftonville West

Young people in poor quality accommodation

MAIN ISSUES

Characteristics

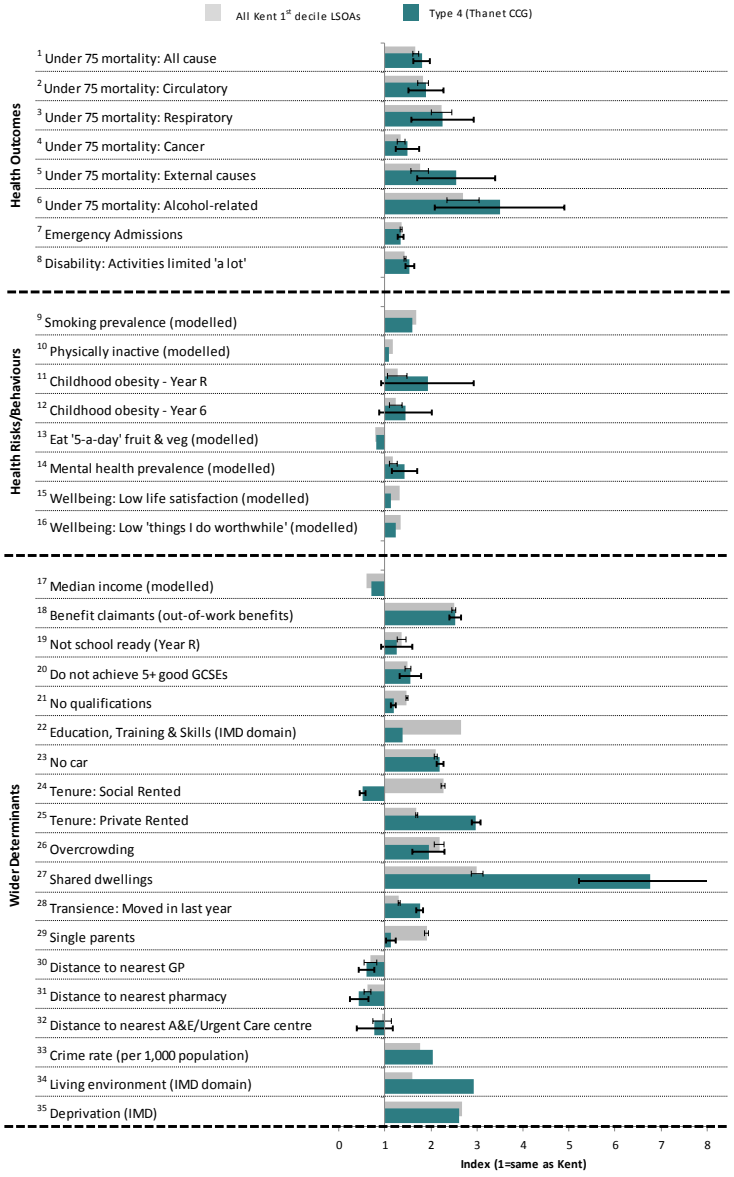
- Young adults in private rented accommodation
- High levels of shared dwellings and overcrowding
- Better educated than the other deprivation types
- Particularly poor living environment with high crime rates
- Low incomes, but not as low as other deprivation areas
- High levels of out-of-work benefit claimants, but not as high has Type I areas
- Particularly high levels of movement/ transiency

Health Risks/Behaviours

- High smoking prevalence

Health Outcomes

- High premature mortality rates
- High emergency hospital admission rates
- High rates of disability ('activities limited a lot')



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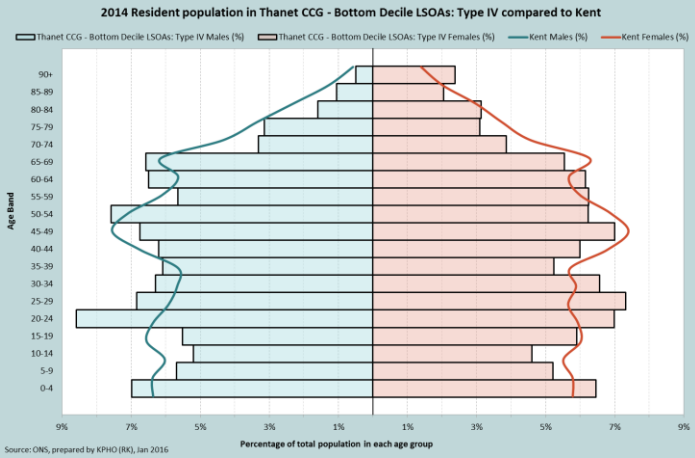
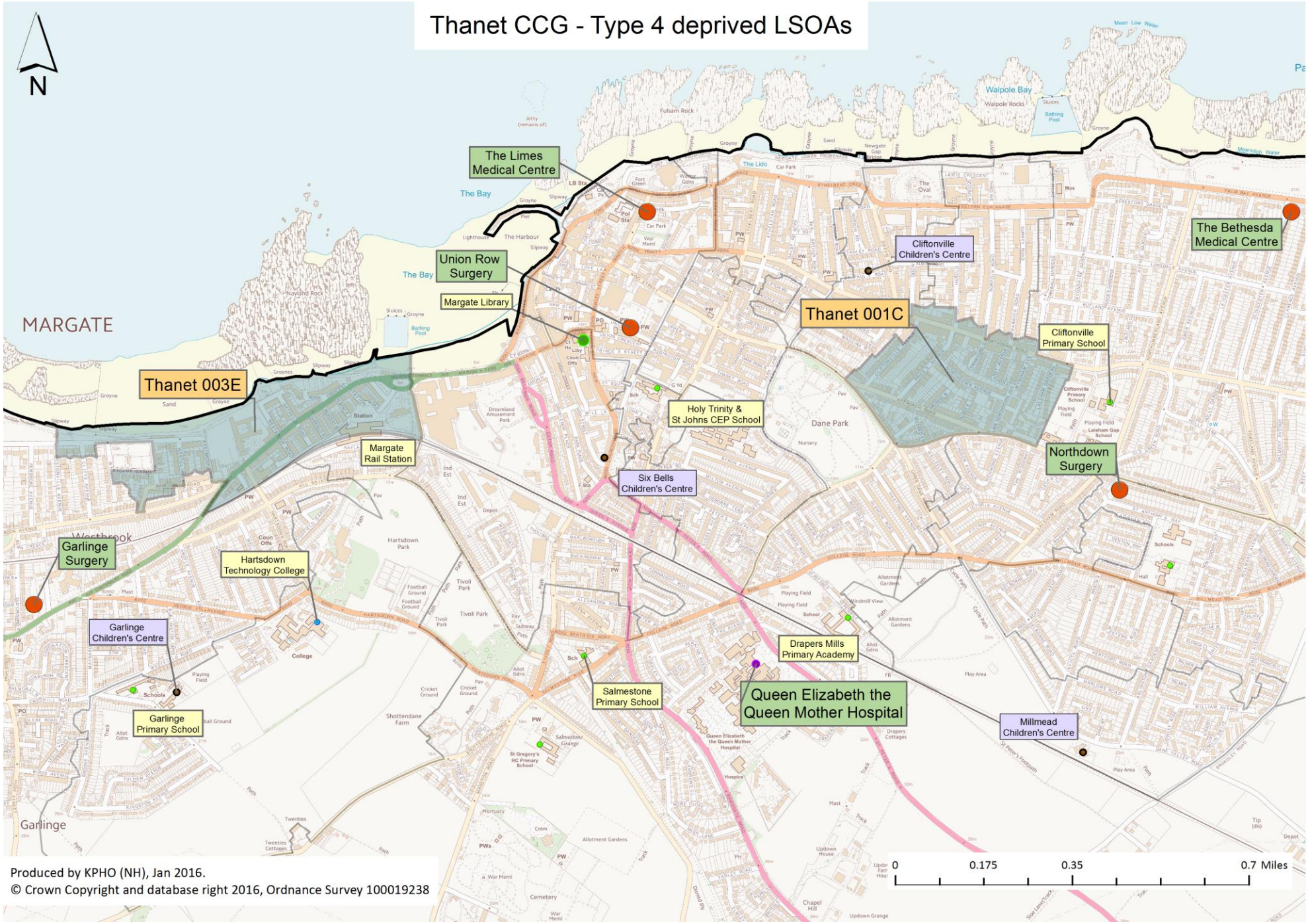


- High numbers of young adults
- Low numbers of children and teenagers

KEY FOCUS AREAS:

Improve living environment and good affordable housing


Thanet CCG - Type 4 deprived LSOAs
N
The Limes Medical Centre
Union Row Surgery
Margate Library
Thanet 003E
Thanet 001C
Cliftonville Children's Centre
The Bethesda Medical Centre
Cliftonville Primary School
Holy Trinity & St Johns CEP School
Six Bells Children's Centre
Northdown Surgery
Margate Rail Station
Garlinge Surgery
Hartsdown Technology College
Garlinge Children's Centre
Garlinge Primary School
Salmestone Primary School
Drapers Mills Primary Academy
Queen Elizabeth the Queen Mother Hospital
Millmead Children's Centre
MARGATE
Garlinge
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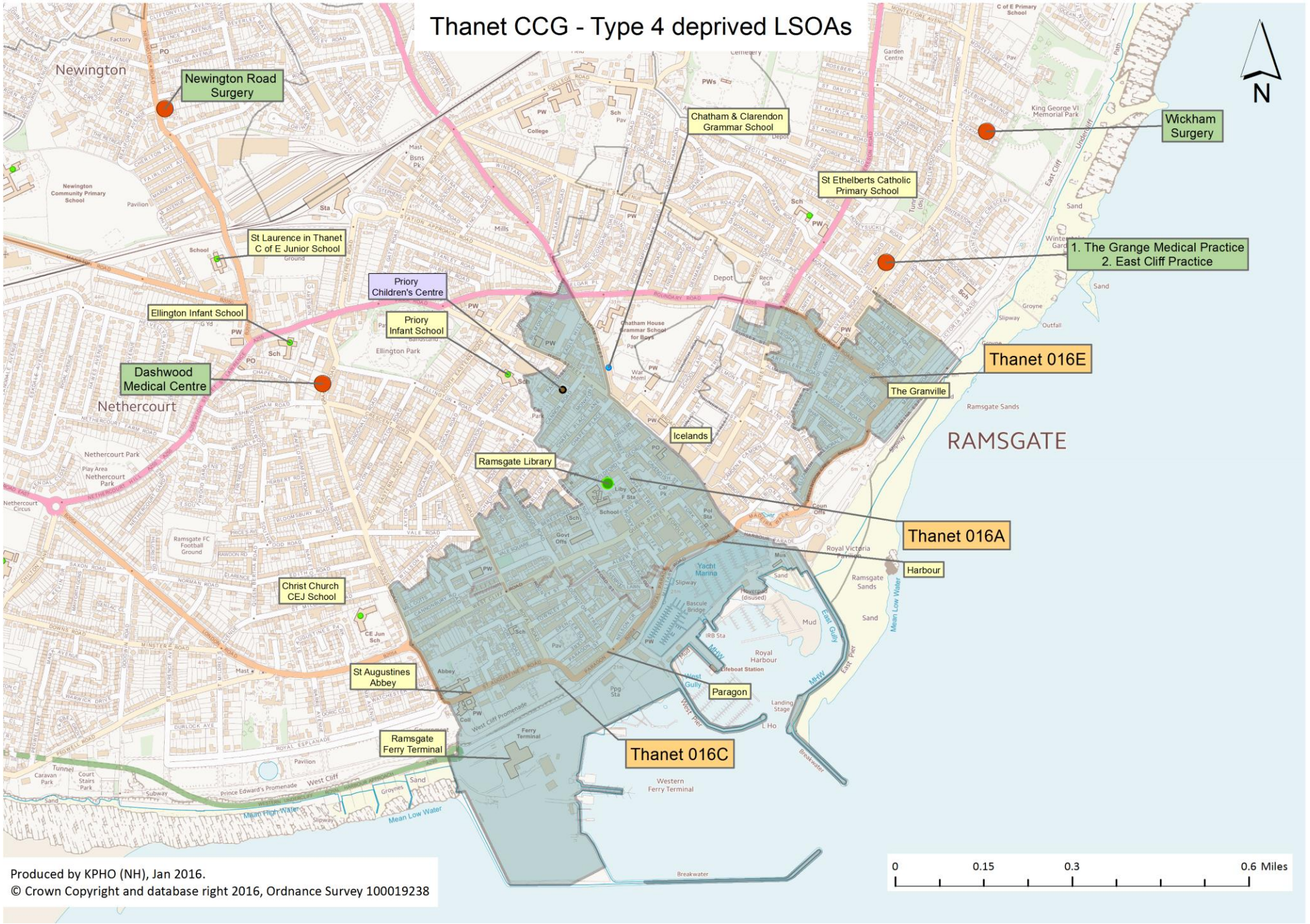
Thanet CCG - Type 4 deprived LSOAs
N
Newington Road Surgery
Chatham & Clarendon Grammar School
Wickham Surgery
St Ethelberts Catholic Primary School
St Laurence in Thanet C of E Junior School
1. The Grange Medical Practice
2. East Cliff Practice
Priory Children's Centre
Priory Infant School
Ellington Infant School
Thanet 016E
Dashwood Medical Centre
The Granville
Nethercourt
RAMSGATE
Icelands
Ramsgate Library
Thanet 016A
Harbour
Christ Church CEJ School
St Augustines Abbey
Paragon
Ramsgate Ferry Terminal
Thanet 016C
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GP Practices

GP Practices Serving Deprived LSOAs: Recorded Disease Prevalence

For the GP practices that serve LSOAs in the most deprived decile, we have analysed the recorded disease prevalence from QOF data (Quality Outcomes Framework). Note that the data shows recorded disease prevalence, and does not account for undiagnosed disease in the community.

- Generally high recorded prevalence of Chronic Kidney Disease, COPD, depression and mental illness.
- Summerhill Surgery, Garlinge Surgery and Northdown Surgery appear to have high recorded disease prevalence across a large number of conditions.

GP Practice		Asthma	Atrial Fibrillation	Cancer	Coronary Heart Disease	Chronic Kidney Disease	COPD	Diabetes	Heart Failure	Hyper-tension	Stroke & TIA	Mental health	Dementia	Epilepsy	Depression	Learning Disabilities
G82020	The Grange Practice	6.2	2.2	2.7	4.1	4.6	2.8	6.8	0.9	16.2	2.0	1.1	0.7	1.2	7.6	0.4
G82046	Summerhill Surgery	7.2	2.0	3.7	4.2	8.7	4.7	8.1	1.0	19.9	1.9	1.1	0.6	1.0	13.3	0.7
G82052	The Limes Medical Centre	8.0	1.5	2.0	2.8	4.6	3.1	7.5	0.7	15.6	2.0	1.4	0.5	1.0	14.9	0.5
G82064	Dashwood Medical Centre	5.3	1.6	2.7	2.9	6.1	2.4	6.0	0.7	16.3	1.7	1.2	0.4	1.0	10.0	0.5
G82066	Northdown Surgery	6.3	2.2	2.7	3.5	6.2	3.2	7.7	1.0	15.9	2.1	1.3	0.9	1.1	9.9	1.2
G82105	The Bethesda Medical Centre	4.6	2.0	2.1	3.8	5.4	2.1	7.4	0.7	13.5	2.0	1.2	1.4	1.0	5.8	0.5
G82126	East Cliff Medical Practice	6.6	2.0	2.7	3.7	6.8	2.6	6.8	0.5	16.2	2.0	0.9	0.7	0.8	11.3	0.9
G82150	Newington Road Surgery	5.5	1.3	1.7	2.7	7.3	3.4	7.6	0.8	15.7	1.3	0.7	0.6	0.8	11.9	0.2
G82649	Union Row Surgery	4.8	1.0	1.7	2.5	2.6	4.3	5.4	0.6	9.3	1.5	0.9	0.2	0.8	7.5	1.1
G82810	Garlinge Surgery	5.4	1.7	1.9	4.1	8.5	3.2	8.2	1.1	16.3	1.6	1.5	0.9	0.7	9.8	1.0

Denotes value is in the upper quartile for GP practices in Kent

Denotes value is in the lower quartile for GP practices in Kent

Figures for chronic kidney disease (CKD), epilepsy and depression related to patients aged 18+, figures for diabetes to patients aged 17+. Other measures (including learning disability) related to all ages

Source: HSCIC - Quality and Outcomes Framework (QOF) for April 2014 - March 2015, prepared by KPHO (RK), December 2015

Data Sources

1-6 Age-standardised mortality rates, 2006-2014. Source: PCMD. **2** ICD10: I00-I99. **3** ICD10: J00-J99. **4** ICD10: C00-C97. **5** ICD10: U00-Y99. **6** ICD10: F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74, K86.0, X45, X65, Y15.

7 Emergency admissions, 2012/13-2013/14. Source: SUS.

8 % self-reporting day-to-day activities 'limited a lot', 2011. Source: Census.

9 Modelled based on smoking prevalence data by Mosaic type. Source: Experian (TGI: 'Heavy', 'Medium' & 'Light' smokers combined).

10 Modelled based on % who do not exercise by Mosaic type. Source: Experian (TGI).

11-12 % children measured who were obese, 2013/14. Source: NCMP.

13 Modelled based on % who claim to eat '5-a-day' fruit and vegetables by Mosaic type. Source: Experian (TGI).

14 Modelled mental health prevalence based on GP practice-level data, 2014/15. Source: QOF.

15-16 Modelled wellbeing based on ONS Annual Population Survey (APS) data by Acorn type, 2011/12. Source: DCLG. **15** % scoring 0-6 for 'Overall, how satisfied are you with your life nowadays?' **16** % scoring 0-6 for 'Overall, to what extent do you feel the things you do in your life are worthwhile?'

17 Modelled based on median household income data by Mosaic type. Source: Experian (ConsumerView).

18 % claiming out of work benefits (defined as all those aged 16-64 who are jobseekers, claiming ESA & incapacity benefits, lone parents claiming Income Support and others on income related benefits), February 2015. Source: DWP (from Nomis).

19 % Year R pupils not achieving a good level of development, 2015. Source: KCC, MIU.

20 % pupils not achieving 5+ A*-C GCSEs (including English & Maths) at the end of Key Stage 4, 2015. Source: KCC, MIU.

21 % with no qualifications (based on persons aged 16+), 2011. Source: Census.

22 Education, Training & Skills IMD domain (average score), 2015. Source: DCLG.

23 % of households with no car or van, 2011. Source: Census.

24 % of households living in social rented accommodation, 2011. Source: Census.

25 % of households living in private rented accommodation, 2011. Source: Census.

26 % of households with an occupancy rating of -2 (i.e. with 2 too few rooms), 2011. Source: Census.

27 % of households with accommodation type 'shared dwellings', 2011. Source: Census.

28 % of households not living at the same address a year ago, 2011. Source: Census. Please note that OAs E00124937 & E00166800 have been removed from this analysis due to the undue influence of Eastchurch prison on levels of transience.

29 % of households with no adults or one adult and one or more children, 2011. Source: Census.

30-32 Distance to nearest GP/pharmacy/A&E or Urgent Care centre (in miles, as the crow flies from population weighted centroid of LSOA), 2015. Source: KCC Business Intelligence.

33 Crime rate (recorded crime per 1,000 population), Oct 2013 - Sept 2015. Source: data.police.uk.

34 Living Environment IMD domain (average score), 2015. Source: DCLG.

35 Index of Multiple Deprivation (IMD) (average score), 2015. Source: DCLG.

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Disabled Facilities Grants Budget 2016/17

Health and Wellbeing Board	***8th September 2016***
Report Author	***Director of Community Services / Head of Housing***
Portfolio Holder	***Councillor Lin Fairbrass, Cabinet Member for Community Services and Deputy Leader.***
Status	***For Recommendation***
Classification:	***Unrestricted***
Key Decision	***No***
Reasons for Key	**N/A**

Executive Summary:

Thanet District Council has been allocated a significantly increased budget for DFGs this year which is greater than the council will need for individual grant applicants. The report contains details of grant expenditure to date, projections of likely expenditure by the end of the financial year and some suggestions for making use of the additional funding which will benefit disabled people living in or visiting the Thanet area.

Recommendation(s):

The Thanet Health and Wellbeing Board is asked to:

1. *Consider and support the proposals set out in this report.*

CORPORATE IMPLICATIONS	
Financial and Value for Money	Any projects to be funded from this allocation must fit the definition of capital expenditure and any ongoing costs as a result of the capital expenditure need to be identified and funded. Each TDC capital project is subject to submission, scoring and approval.
Legal	No direct legal implications arising from this report however on completion of the grant TDC will be legally obliged to adhere to the grant conditions outlined in Annex 1 to Annex 2.
Corporate	The proposals set out in this report will ensure that the council is able to meet its statutory duty to provide Disabled Facilities Grant to residents in need of adaptations to their home. The proposals also make provision for additional services to support independent living and social inclusion for people with disabilities. No corporate risks have been identified as a result of this report.
Equalities Act 2010 & Public Sector Equality Duty	Members are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to the aims of the Duty at the time the decision is taken. The aims of the Duty are: (i) eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act, (ii) advance equality of opportunity between people who share a protected characteristic and

	people who do not share it, and (iii) foster good relations between people who share a protected characteristic and people who do not share it. Protected characteristics: age, gender, disability, race, sexual orientation, gender reassignment, religion or belief and pregnancy & maternity. Only aim (i) of the Duty applies to Marriage & civil partnership. Please indicate which aim is relevant to the report. Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act, — Advance equality of opportunity between people who share a protected characteristic and people who do not share it ✓ Foster good relations between people who share a protected characteristic and people who do not share it. — The allocation of resources proposed by the report will enhance the opportunities of people with disabilities to live independently. They will also help to promote social inclusion for people with disabilities. A completed Customer Impact assessment is attached at Annex 3.

CORPORATE PRIORITIES (tick those relevant)✓	
A clean and welcoming Environment	
Promoting inward investment and job creation	
Supporting neighbourhoods	✓

CORPORATE VALUES (tick those relevant)✓	
Delivering value for money	✓
Supporting the Workforce	
Promoting open communications	

1.0 Introduction and Background

1.1 Every housing authority has a duty to offer disabled facilities grants (DFGs) to qualifying householders in their area. These grants are financed primarily from a capital grant awarded by central government. Each council receives an annual allocation of funding and many councils, including Thanet District Council (TDC), have traditionally top-up the allocation from their own resources if necessary. TDC has a particularly large number of elderly and disabled residents who might benefit from these grants and there was, until last year, a waiting list of people wanting to apply. In recognition of the high level of demand, the government awarded TDC the largest DFG budget in Kent.

1.2 Recently there have been changes to the funding mechanism. Several funding streams were combined into a single pot (the Better Care Fund) and all councils this year received an increased capital allocation for DFGs from the Better Care Fund (BCF). TDC's increase was particularly large and the analysis below shows our projection for the year's expenditure on individual DFGs and other commitments. This leaves a surplus which could be spent on projects that fall within the Better Care Fund Policy Framework

1.3 This report proposes how this additional funding in 2016/17 might be allocated. Further work is underway to review the DFG service beyond April 2017.

2.0 The Current Situation

2.1 In March 2016, the council approved a budget of £1.277m for DFGs in the capital programme for 2016/17, based on the anticipated level of allocation from the BCF and on projections last autumn of the likely level of expenditure on DFGs in the year. TDC's actual expenditure on DFGs last year was approx. £1.5m, slightly higher than the anticipated level. Analysis of DFG activity in the first quarter of this year suggests that approx. £1.6m is likely to be spent by the end of 2016/17.

2.2 The actual allocation TDC received from the BCF, which was announced very late in the year, was £2.342m, representing an increase of £1.065m over the expected level. Deducting the £1.6m likely to be spent on individual DFGs leaving approximately £742,000.

2.3 Thanet District Council received the funds from Kent County Council in August 2016.

2.4 Kent County Council (KCC) previously received a further direct government grant, the Social Care Capital Grant (SCCG), which totalled £2.1m across the county in 2015/16. This grant funding has now been discontinued. The announcement of the discontinuation of this grant coincided with announcements about the overall increases in the DFG element of BCF funding. KCC has proposed that district and borough councils across Kent top slice a corresponding sum from DFG allocations so that the services previously funded by KCC with the SCCG can continue.

2.5 KCC has calculated, based upon the respective level of grant funding to each district and borough council, that TDC's contribution to the £2.1m funding gap should be £375,000. Councils across Kent have considered this proposal and largely agreed. KCC will use this allocation to fund the following services:

- Fund installation of Ceiling Track Hoists (CTH) and associated works.
- Top up DFG projects when over £30,000, and in cases of extreme hardship to support paying the notional loan determined by the local council.
- Minor adaptations under £1000, which until now have not attracted a DFG e.g. galvanised rails, provision of shallow steps, external ramps, widening doorways, threshold ramps.
- Emergency provision of e.g. a shower loo cubicle or stair lift to support end of life scenarios, as DFG application takes too long and support required is immediate.

2.6 TDC recognises the importance of these KCC services and is committed to their continuation during 2016/17. As a result TDC has agreed to reimburse KCC for actual incurred expenditure on these services within the Thanet district, up to the amount requested by KCC- a maximum of £375,000.

2.7 Deducting this leaves an unallocated amount of approximately £367,000.

2.8 The grant determination letter from the CLG, dated 18 April 2016 made it clear that the DFG element of the BCF must be passported to local housing authorities who hold the statutory duty to provide DFGs. The letter also provided scope for funding to be used to support 'wider strategic projects', but has left the exact nature of this to local determination. Funding proposals for wider strategic projects would need to be considered as part of the broader BCF planning process and agreed between the relevant local authorities and Clinical Commissioning Group and approved by NHS England.

2.9 It is proposed that when allocating any funds to 'wider strategic projects' that the strategic priorities of Thanet District Council are taken into consideration. These are:

- A clean and welcoming environment
- Supporting neighbourhoods
- Promoting inward investment and job creation

2.10 This funding stream will also support the Kent Joint Health & Well Being Strategy's priorities and objectives 1 & 3:

- Every child has the best start in life.
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.

It will also support NHS England's outcome of "Enhancing quality of life for people with long-term conditions."

2.11 Potential strategic initiatives that could be supported using the unallocated funding of £367,000 to support the broad aims of improving disabled access might comprise:

- Public realm improvements to enhance access for people with disabilities.
- Improvements to buildings and open spaces including public beaches.
- Grant and/or loan funding to improve access to buildings or events.
- Incentivising lifetime home standards.
- Inward investment and job creation.

2.12 In order to build resilience into the scheme, it is proposed that priority will be given to allocating capital expenditure in such a way that might generate subsequent revenue for reinvestment in local services.

2.13 The table below shows a summary of the potential programme of expenditure.

Programme	**Brief Description**	**Amount (£000s)**
Open space access	Improvements to access arrangements and DDA compliance and enhanced access to public beaches for people with disabilities.	50
Building and new housing	Improvements to access arrangements and DDA compliance and encouraging new homes to lifetime homes standards.	90
Reinvestment projects	Capital investment to generate a revenue income for reinvestment into local services and strategic priorities	200
Other strategic initiatives	Other initiatives or events enabling improvements in line with broader strategic projects	26
Total		**367**

3.0 Next Steps

3.1 The Health & Wellbeing Board (HWB) is asked to consider these proposals in the context of the BCF planning process. The proposals will enable TDC to meet its statutory duties to provide DFGs, support KCC to continue to provide related and top-up services during 2016/17 and enable spending on further strategic projects.

3.2 The Director of Community Services will allocate funds under the scheme of delegation.

4.0 Recommendations

4.1 The HWB is asked to support TDC's proposals to allocate the DFG for 2016/2017.

Contact Officer:	Bob Porter, Head of Housing
Reporting to:	Rob Kenyon, Director of Community Services

Annex List

Annex 1	Grant determination Letter
Annex 2	Copy of grant conditions
Annex 3	Customer Impact Assessment

Background Papers

Title	**Details of where to access copy**
None	N/A

Corporate Consultation

Finance	Tim Willis, Director of Corporate Resources and Section 151 Officer
Legal	Dawn Cole, Senior Legal Officer

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Department for Communities and Local Government

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18th April 2016

Dear Colleague

Disabled Facilities Grant 2016/17 – Better Care Fund

April 2016

For the attention of:

1. Upper Tier Local Authority Chief Executives – covering Grant Determination
2. Unitary Authority Chief Executives – covering Grant Determination
3. London Borough Chief Executives– covering Grant Determination
4. Housing Authorities- by way of information
5. Care Commission groups – by way of information

The Chancellor announced at the 2015 Spending Round that up to £500 million of capital funding is being made available by 2019-20 for the Disabled Facilities Grant (DFG) as part of the Department of Health's Better Care Fund ('the fund'). DFG is for the provision of adaptations to disabled people's homes to help them to live independently in their own homes for longer. The Fund is made up of local pooled funds, local partnerships between Care Commissioning Groups and local Authorities under section 75 of the NHS Act 2002. Many pooled funds are or are likely to have local authorities as "host partners" which means they have ultimate sign off on the accounts.[1]

DFG has been included in the Fund so that the provision of adaptations can be incorporated into the strategic consideration and planning of investment to improve outcomes for service users. As was the case last year, DFG will be paid to upper-tier authorities in 2016/17. The statutory duty, however, remains on local housing authorities to provide adaptations to those disabled people who qualify for it will remain. Therefore each area will have to allocate this funding to their respective housing authorities (district councils in two-tier areas) from the pooled budget to enable them to

[1] Section 7 NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI 2000/617)

continue to meet their statutory duty to provide adaptations to the homes of disabled people, including for young people aged 17 and under.

Special conditions have therefore been added to the DFG Conditions of Grant Usage (under Section 31 of the Local Government Act 2003) which stipulate that, where relevant, upper-tier local authorities must pay funds into their local pool and then they must ensure the pooled fund cascades an amount at least equivalent to the DFG allocation to district council level in a timely manner such that it can be spent within year. Condition 3 makes clear that Upper Tier Local Authorities have a duty to ensure that Housing Authorities covered by Annex B to their grant determination receive the correct amount so that they can meet their statutory duty. Minimum allocations for DFG have been provided for all upper-tier authorities, with further breakdowns for allocations at district council level. We recognise that the holders of the Fund may decide that additional funding is appropriate to top up the minimum DFG funding levels. Please ensure you carefully read the attached Section 31 Grant and comply with the conditions contained therein. The grant determination requires you to confirm that funding was used for the purposes that a capital receipt may be used for (condition 1); it is for you to determine how you obtain the assurance you need from the lower tier authority allowing you to meet this condition.

As you will know, in March 2016 the Department of Health discontinued the Social Care Capital Grant from 2016-17 and issued a letter to local authorities explaining that it was focussing all of its capital funding through the Disabled Facilities Grant. In the letter the Department of Health also stated that some areas may agree to invest some of the Disabled Facilities Grant into broader strategic capital projects, although this would be a local decision to be considered as part of the Better Care Fund planning process. The statutory duty on housing authorities to provide adaptations remains, so any decision at the local level to spend the Disabled Facilities Grant on wider capital projects must be considered as part of enabling housing authorities to continue to meet their statutory duty.

You may be aware that earlier this year, the Local Government Ombudsman published its report 'Making a house a home: Local Authorities and disabled adaptations'. The report highlighted varying levels of waiting times for adaptations around the country. While some areas are excellent, disabled people in other areas face extremely long waits for adaptations. We are keen to minimise these delays and would appreciate it if you could consider what action you can take with this year's grant to address this.

Officials from the Department of Communities and Local Government (DCLG) or the Department of Health (DH) have contacted you, and you have informed them that you are the host authority for the pooled BCF fund. In accepting this funding, you acknowledge that you (rather than the Clinical Commissioning Group) are the host in your area, have accountability for funding paid into the pooled fund, and that you can and will meet the conditions placed on the grant.

The Department of Communities and Local Government would also like to draw your attention to Foundations who are funded by the department. Foundations act as the

national body for home improvement agencies. Foundations can offer advice and support to home improvement agencies on the efficient delivery of adaptations and to local authority commissioners on commissioning local home improvement services. More information can be found at: http://www.foundations.uk.com/home/

Yours sincerely,

Sally Randall
Director
Housing Standards and Support Directorate

BETTER CARE FUND: THE DISABLED FACILITIES CAPITAL GRANT DETERMINATION 2016/17 [31/2743]

The Minister of State for Housing and Local Government ("the Minister") in exercise of the powers conferred by section 31 of the Local Government Act 2003 hereby makes the following determination:

Citation

1) This Determination may be cited as the Disabled Facilities Capital Grant Determination (2016/17) **[31/2743].**

Purpose of the grant

2) The purpose of this grant is to provide support to Tier 1 and Tier 2 authorities in England towards capital expenditure lawfully incurred or to be incurred by them.

Determination

3) The Minister determines as the Tier 1 and Tier 2 authorities to which grant is to be paid and the amount of grant to be paid, the authorities and the amounts set out in Annex B.

Grant conditions

4) Pursuant to section 31(4) of the Local Government Act 2003, the Minister of State determines that the grant will be paid subject to the conditions set out in Annex A to this determination.

Treasury consent

5) Before making this determination in relation to local authorities in England, the Minister obtained the consent of the Treasury.

Signed by authority of the Minister of State for Housing and Local Government

Sally Randall
Director, Housing Standards and Support,
Department for Communities and Local Government

April 2016

1

Annex A

GRANT CONDITIONS

1. Grant paid to a local authority under this determination may be used only for the purposes that a capital receipt may be used for in accordance with regulations made under section 11 of the Local Government Act 2003.

2. The specified housing authorities are to be paid the amount specified in Annex B

3. Grant paid to a local authority under this determination is required to be transferred into local Better Care Fund pooled budget, under section 75 of the NHS Act 2006, and spent in accordance with a BCF spending plan jointly agreed between the local authority and the relevant Clinical Commissioning Groups and approved by NHS England.

4. The Chief Executive and Chief Internal Auditor of each of the recipient authorities are required to sign and return to the team leader of the **Homelessness Support Division** of the Department for Communities and Local Government a declaration, to be received no later than **30th September 2017**, in the following terms:

"To the best of our knowledge and belief, and having carried out appropriate investigations and checks, in our opinion, in all significant respects, the conditions attached to **Disabled Facilities Capital Grant Determination (2016/17) No 31/2743**have been complied with".

5. If an authority fails to comply with any of the conditions and requirements of paragraphs 1, 2 and 3, the Minister of State may-

a) reduce, suspend or withhold grant; or

b) by notification in writing to the authority, require the repayment of the whole or any part of the grant.

6. Any sum notified by the Minister of State under paragraph 5(b) shall immediately become repayable to the Minister

ANNEX A

Minimum Disabled Facilities Grant Allocations in 2016/17

Upper Tier Authorities	
Buckinghamshire	**£2,777,280**
Aylesbury Vale	£754,163
Chiltern	£545,122
South Bucks	£490,708
Wycombe	£987,287
Cambridgeshire	**£3,478,866**
Cambridge	£576,272
East Cambridgeshire	£472,949
Fenland	£844,881
Huntingdonshire	£1,018,751
South Cambridgeshire	£566,013
Cumbria	**£4,918,895**
Allerdale	£952,794
Barrow-in-Furness	£974,972
Carlisle	£1,467,316
Copeland	£569,515
Eden	£372,850
South Lakeland	£581,448
Derbyshire	**£5,480,721**
Amber Valley	£1,001,304
Bolsover	£789,124
Chesterfield	£952,299
Derbyshire Dales	£416,276
Erewash	£736,221
High Peak	£389,137
North East Derbyshire	£581,023
South Derbyshire	£615,337
Devon	**£5,737,009**
East Devon	£1,065,756
Exeter	£671,330

Mid Devon	£561,385
North Devon	£777,478
South Hams	£613,119
Teignbridge	£1,054,509
Torridge	£591,819
West Devon	£401,613

Dorset	**£3,339,739**
Christchurch	£457,760
East Dorset	£647,517
North Dorset	£373,492
Purbeck	£340,687
West Dorset	£785,706
Weymouth and Portland	£734,577

East Sussex	**£5,582,273**
Eastbourne	£1,203,581
Hastings	£1,407,313
Lewes	£842,012
Rother	£1,270,554
Wealden	£858,813

Essex	**£8,217,306**
Basildon	£989,257
Braintree	£730,156
Brentwood	£290,073
Castle Point	£579,533
Chelmsford	£755,993
Colchester	£994,045
Epping Forest	£664,970
Harlow	£615,382
Maldon	£420,343
Rochford	£374,747
Tendring	£1,636,940
Uttlesford	£165,868

Gloucestershire	**£4,681,764**
Cheltenham	£701,434
Cotswold	£903,196
Forest of Dean	£687,910
Gloucester	£873,079
Stroud	£571,746

Tewkesbury	£944,398

Hampshire	**£9,747,606**
Basingstoke and Deane	£1,064,386
East Hampshire	£1,148,441
Eastleigh	£900,991
Fareham	£590,990
Gosport	£617,780
Hart	£569,523
Havant	£1,362,535
New Forest	£900,536
Rushmoor	£816,497
Test Valley	£937,669
Winchester	£838,257

Hertfordshire	**£5,651,727**
Broxbourne	£577,366
Dacorum	£675,182
East Hertfordshire	£530,136
Hertsmere	£537,599
North Hertfordshire	£653,792
St Albans	£530,814
Stevenage	£576,398
Three Rivers	£455,778
Watford	£522,838
Welwyn Hatfield	£591,823

Kent	**£13,128,405**
Ashford	£707,629
Canterbury	£934,128
Dartford	£468,953
Dover	£1,022,900
Gravesham	£803,516
Maidstone	£1,031,826
Sevenoaks	£889,177
Shepway	£1,048,207
Swale	£1,981,814
Thanet	£2,342,439
Tonbridge and Malling	£916,559
Tunbridge Wells	£981,256

Lancashire	**£11,477,948**

Burnley	£1,847,235
Chorley	£613,972
Fylde	£848,621
Hyndburn	£761,990
Lancaster	£1,462,514
Pendle	£768,782
Preston	£1,149,593
Ribble Valley	£273,220
Rossendale	£791,339
South Ribble	£543,377
West Lancashire	£989,185
Wyre	£1,428,119

Leicestershire	**£3,067,448**
Blaby	£456,797
Charnwood	£772,425
Harborough	£353,013
Hinckley and Bosworth	£406,500
Melton	£237,311
North West Leicestershire	£524,776
Oadby and Wigston	£316,626

Lincolnshire	**£4,884,203**
Boston	£446,001
East Lindsey	£1,458,783
Lincoln	£586,170
North Kesteven	£626,912
South Holland	£539,728
South Kesteven	£670,960
West Lindsey	£555,649

Norfolk	**£6,367,664**
Breckland	£921,450
Broadland	£704,540
Great Yarmouth	£941,786
King's Lynn and West Norfolk	£1,248,225
North Norfolk	£953,786
Norwich	£882,232
South Norfolk	£715,645

Northamptonshire	**£3,518,428**

Corby	£403,833
Daventry	£334,672
East Northamptonshire	£397,153
Kettering	£505,145
Northampton	£1,092,088
South Northamptonshire	£327,542
Wellingborough	£457,995

North Yorkshire	**£3,537,599**
Craven	£433,307
Hambleton	£375,828
Harrogate	£571,343
Richmondshire	£212,493
Ryedale	£452,569
Scarborough	£1,145,100
Selby	£346,958

Nottinghamshire	**£5,475,412**
Ashfield	£743,713
Bassetlaw	£917,848
Broxtowe	£676,273
Gedling	£820,019
Mansfield	£993,620
Newark and Sherwood	£803,085
Rushcliffe	£520,855

Oxfordshire	**£4,532,081**
Cherwell	£846,856
Oxford	£964,129
South Oxfordshire	£1,054,022
Vale of White Horse	£1,113,055
West Oxfordshire	£554,019

Somerset	**£3,466,256**
Mendip	£700,744
Sedgemoor	£765,786
South Somerset	£983,781
Taunton Deane	£657,557
West Somerset	£358,389

Staffordshire	**£6,868,850**

Cannock Chase	£725,896
East Staffordshire	£795,155
Lichfield	£761,300
Newcastle-under-Lyme	£1,177,897
South Staffordshire	£774,240
Stafford	£1,042,314
Staffordshire Moorlands	£1,211,721
Tamworth	£380,327

Suffolk	**£4,824,576**
Babergh	£522,743
Forest Heath	£362,363
Ipswich	£934,117
Mid Suffolk	£480,275
St Edmundsbury	£635,439
Suffolk Coastal	£776,333
Waveney	£1,113,306

Surrey	**£6,930,715**
Elmbridge	£667,039
Epsom and Ewell	£535,225
Guildford	£552,066
Mole Valley	£606,214
Reigate and Banstead	£878,406
Runnymede	£594,584
Spelthorne	£644,335
Surrey Heath	£600,832
Tandridge	£360,308
Waverley	£584,905
Woking	£906,800

Warwickshire	**£3,511,151**
North Warwickshire	£543,688
Nuneaton and Bedworth	£1,128,215
Rugby	£492,918
Stratford-on-Avon	£662,298
Warwick	£684,032

West Sussex	**£6,467,144**
Adur	£511,693
Arun	£1,324,891

Chichester	£1,174,486
Crawley	£715,853
Horsham	£957,246
Mid Sussex	£796,061
Worthing	£986,915

Worcestershire	**£4,235,741**
Bromsgrove	£709,261
Malvern Hills	£478,123
Redditch	£649,144
Worcester	£537,726
Wychavon	£858,864
Wyre Forest	£1,002,622

Upper Tier Authorities	**£151,906,808**

Unitary Authorities and London Boroughs	
Barking And Dagenham	£1,264,509
Barnet	£1,971,131
Barnsley	£2,330,936
Bath And North East Somerset	£991,023
Bedford	£965,566
Bexley	£2,023,569
Birmingham	£8,803,371
Blackburn With Darwen	£1,460,815
Blackpool	£1,840,297
Bolton	£2,452,071
Bournemouth	£1,181,889
Bracknell Forest	£658,685
Bradford	£3,519,468
Brent	£3,599,500
Brighton And Hove	£1,597,166
Bristol, City Of	£2,421,339
Bromley	£1,680,928
Bury	£1,423,169
Calderdale	£2,063,214
Camden	£727,538
Central Bedfordshire	£1,315,349
Cheshire East	£1,637,470
Cheshire West And Chester	£2,526,768

City Of London	£26,313
Cornwall	£5,243,484
County Durham	£4,890,626
Coventry	£2,851,451
Croydon	£2,046,194
Darlington	£739,776
Derby	£1,599,003
Doncaster	£1,965,353
Dudley	£4,373,387
Ealing	£2,529,769
East Riding Of Yorkshire	£2,127,454
Enfield	£2,542,222
Gateshead	£1,479,687
Greenwich	£1,941,443
Hackney	£1,184,865
Halton	£1,377,944
Hammersmith And Fulham	£1,018,510
Haringey	£1,818,183
Harrow	£1,180,502
Hartlepool	£863,063
Havering	£1,426,010
Herefordshire, County Of	£1,558,348
Hillingdon	£3,456,593
Hounslow	£2,033,255
Isle Of Wight	£1,584,113
Isles Of Scilly	£20,871
Islington	£1,318,486
Kensington And Chelsea	£666,726
Kingston Upon Hull, City Of	£1,968,062
Kingston Upon Thames	£1,032,341
Kirklees	£2,483,091
Knowsley	£1,933,712
Lambeth	£1,145,265
Leeds	£5,630,909
Leicester	£1,853,971
Lewisham	£1,053,080
Liverpool	£5,920,841
Luton	£1,096,073
Manchester	£5,746,448
Medway	£1,691,060
Merton	£989,719
Middlesbrough	£1,563,664

Milton Keynes	£870,924
Newcastle Upon Tyne	£1,867,086
Newham	£1,932,506
North East Lincolnshire	£2,188,308
North Lincolnshire	£1,763,122
North Somerset	£1,632,396
North Tyneside	£1,306,700
Northumberland	£2,327,915
Nottingham	£1,888,709
Oldham	£1,618,419
Peterborough	£1,523,587
Plymouth	£1,954,042
Poole	£833,647
Portsmouth	£1,403,597
Reading	£815,160
Redbridge	£1,659,392
Redcar And Cleveland	£1,260,482
Richmond Upon Thames	£1,307,463
Rochdale	£2,046,740
Rotherham	£2,119,269
Rutland	£185,789
Salford	£2,407,464
Sandwell	£3,223,486
Sefton	£3,348,568
Sheffield	£3,509,204
Shropshire	£2,498,220
Slough	£775,074
Solihull	£1,695,563
South Gloucestershire	£1,601,273
South Tyneside	£1,335,576
Southampton	£1,711,289
Southend-On-Sea	£1,193,374
Southwark	£1,149,371
St. Helens	£2,180,373
Stockport	£1,980,621
Stockton-On-Tees	£1,246,607
Stoke-On-Trent	£2,388,829
Sunderland	£2,857,117
Sutton	£1,233,241
Swindon	£897,154
Tameside	£1,978,203
Telford And Wrekin	£1,575,312

Thurrock	£899,098
Torbay	£1,524,090
Tower Hamlets	£1,572,542
Trafford	£1,688,279
Wakefield	£3,006,990
Walsall	£2,895,213
Waltham Forest	£1,607,858
Wandsworth	£1,199,531
Warrington	£1,518,756
West Berkshire	£1,400,143
Westminster	£1,182,326
Wigan	£3,121,786
Wiltshire	£2,551,185
Windsor And Maidenhead	£704,994
Wirral	£3,325,489
Wokingham	£732,581
Wolverhampton	£2,440,054
York	£1,003,471
Unitaries & London Boroughs	**£242,093,192**

Overall Totals	**£394,000,000**

Customer Impact Screen

Topic	Use of Disabled Facilities Grant Funding
For decision by (name and date)	Thanet Health and Wellbeing Board – 8 September 2016
Date of screening assessment	30 August 2016
Date of this assessment	30 August 2016
Author	Bob Porter, Head of Housing

	Negative Impact		Benefits		Evidence
protected characteristics	**Yes**	**No**	**Yes**	**No**	• **Briefly describe initial thoughts on who will be affected and how (positively & negatively)** • **What evidence/data have you used to inform your judgement?** • **Highlight which protected characteristics will require full analysis based on the screening process, including details of issues you need to explore further – if full analysis is not required please explain why.**
Age		✓		✓	
Gender (Sex)		✓		✓	
Disability		✓	✓		The primary purpose of this funding is to provide grant assistance to residents with disabilities to adapt their homes to better support their independence and ability to remain living at home. The grant funding received for the financial year 2016/17 exceeds the expected demand for grants and there is therefore an opportunity to further support residents with disabilities beyond the core grant allocations. It is proposed that this includes a mix of additional provision for individual residents and enhancements to disabled access arrangements in public open spaces and buildings
Race		✓		✓	
Sexual Orientation		✓		✓	
Gender Reassignment		✓		✓	
Pregnancy & Maternity		✓		✓	
Religion & Belief		✓		✓	
Marriage & Civil Partnership		✓		✓	
Socio-economic/ social inclusion			✓		Enhancements to access arrangements in public open spaces and buildings will have a beneficial impact on social inclusion for people with disabilities.

Where any issues are identified, a full Customer Impact Assessment should be completed on issue using the pages that follow (delete if not required). It is important to remember that the screening and full analysis processes should begin at the start of a piece of work. Analysis at the end of a project, after a decision is made or when the report is going to Members will not satisfy the Public Sector Equality Duty. Attach this screening document and full impact assessment as an annex to your report to Members.

Customer Impact Assessment

Topic	Use of Disabled Facilities Grant Funding
For decision by (name and date)	Thanet Health and Wellbeing Board – 8 September 2016
Date of screening assessment	30 August 2016
Date of this assessment	30 August 2016
Author	Bob Porter, Head of Housing
Assessment Team	N/A

Detailed analysis

Issue 1	Beneficial Impact on people with disabilities
Stakeholders/interested parties	Agencies involved in the provision of Disabled Facilities Grants and related services are KCC adult services, Home Improvement Agency (Family Mozaic HA)) and the Occupational Therapy Service. People with disabilities are the main recipients of the service. The ability of people with disabilities to live independently in their own home also impacts on the work of the Clinical Commissioning Group and NHS England.
Consultation & Engagement	Consideration has been given to the level of grant applications and value of works in assessing the likely expenditure required on core grants. In recent years additional resources have been allocated to Disabled Facilities Grants in order to tackle a historic backlog of work. The level of work has been estimated for the current financial year and resources are proposed to meet the newly arising need for grants. Representations from KCC have been considered and an allocation of resources is proposed to meet the costs of additional services to enhance grants as set out in paragraph 2.5 of the report. The Home Improvement Agency has also been consulted about any impacts on the current grant process in order to ensure that the need for core DFGs can be properly met. This report forms part of the consultation and engagement process as it is seeking views from the Thanet Health and Wellbeing Board prior to decisions about the allocation of additional resources.

Data sources and evidence	Detailed data about the need for Disabled Facilities Grants has been based upon the level of applications, types of work and costs from previous years. This data has provided a realistic indication of the level of need for DFGs and ensured that adequate provision has been allowed for in the proposals for 2016/17 as set out in this report.
Protected Characteristic(s) affected	The proposals set out in this report impact positively on people with disabilities. They ensure that the council will continue to be able to meet its obligations to provide disabled facilities grants and deal with newly arising need within the financial year. It is further proposed that the additional funding received from central government is also used in a way that supports disabled people to live independently. Public realm projects that enhance access for people with disabilities will also impact positively on the social inclusion.
Impacts Identified	Customers will continue to access the service in the same way and resources proposed will ensure that applications can continue to be processed promptly without delay. There are no changes proposed to existing services, and the additional resources are proposed to be used to support projects that also support the independence and social inclusion of people with disabilities.
Mitigation options, reasonable adjustments and potential solutions	The impacts identified are positive.
Final recommendation for this issue	To proceed with the proposals set out in the report.
Aims of the Duty furthered by this recommendation	**Advance Equality of Opportunity by:** • Removing or minimising disadvantages suffered by people due to their protected characteristics • Meeting the needs of people with protected characteristics • Encouraging people with protected characteristics to participate in public life or in other activities where their participation is low.

THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or
   Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
  - exercises functions of a public nature; or
  - is directed to charitable purposes; or
  - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £100 or more. You **must,** at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Democratic Services and Scrutiny Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING……...

DATE…… **AGENDA ITEM** ……

DISCRETIONARY PECUNIARY INTEREST ☐

SIGNIFICANT INTEREST ☐

GIFTS, BENEFITS AND HOSPITALITY ☐

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

……

……

……

NAME (PRINT): ……

SIGNATURE: ……

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.