North Northamptonshire Council

Meeting: Health and Wellbeing Board

Date: Thursday 2nd December, 2021

Time: 2.00 pm

Venue: Council Chamber, Cedar Drive, Thrapston, Northants

To members of the North Northamptonshire Health & Wellbeing Board

Cllr Jon Paul Carr - Chair	North Northamptonshire Council
Alan Burns	Chair, KGH and NGH Group
Cllr Scott Edwards	Portfolio Holder Childrens, Families, Education and Skills, North Northamptonshire Council
Naomi Eisenstadt	Chair, Northamptonshire Health and Care Partnership
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Cathi Hadley	Director of Childrens Services
Shaun Hallam	Northamptonshire Fire and Rescue
Cllr Helen Harrison	Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council
Cllr Macaulay Nichol	North Northamptonshire Council
Oliver Newbold	NHS England
Michael Jones	Divisional Director East Midlands Ambulance Service
Dr Steve O'Brien	University of Northampton
Professor Will Pope	Chair, Northamptonshire Healthwatch
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Pauline Sturman	Assistant Chief Constable, Northamptonshire Police
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
David Watts	Director of Adults, Communities and Wellbeing, North Northamptonshire Council
Dr Jo Watt	Chair NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health
Dr Jonathan Cox	Chair of Local Medical Committee
Colin Smith	Chief Executive, Local Medical Committee

Agenda				
Item	**Subject**	**Presenting Officer**	**Time**	**Page no.**

01	Apologies for Non-attendance	Chair	14:00	Verbal
02	Notification of requests to address the meeting	Chair	14:02	Verbal
03	Members' Declaration of Interests	Chair	14:05	Verbal
04	Minutes from Meeting Held on 23 September 2021	Chair	14:10	5 - 14
05	Action Log	Chair	14:15	15 - 16
Items requiring a decision				
06	Director of Public Health Annual Report 2021/22	Lucy Wightman	14:20	Report to follow
Updates				
07	Better Care Fund Update	David Watts	14:35	Report to follow
08	Disabled Facilities Grant Update	Amy Plank	14:50	17 - 22
09	COVID19 Update - Oversight and Engagement Board	Lucy Wightman	15:05	Verbal
Strategic				
010	Integrated Care System Update	Alison Gilbert	15:20	23-34
011	PA Consulting Paper	David Watts	15:40	To follow
012	Close of Public Meeting			

Adele Wylie, Monitoring Officer
North Northamptonshire Council

Proper Officer
25 November 2021

This agenda has been published by Democratic Services.
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HEALTH & WELLBEING BOARD

Minutes of the meeting held on 23 September 2021 at 2pm

Venue: The Council Chamber, Thrapston Town Council

Present:

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Macaulay Nichol (Vice Chair)	North Northamptonshire Council
Councillor Scott Edwards (Portfolio Holder for Children's Families Education & Skills	North Northamptonshire Council
Councillor Helen Harrison (Portfolio Holder for Adults, Health & Wellbeing)	North Northamptonshire Council
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Michael Jones	EMAS
Professor Steve O'Brien	University of Northampton
Professor Will Pope via Teams	Chair, Northamptonshire Healthwatch
Colin Smith	Chief Executive, Local Medical Committee
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council

Also Present

Cheryl Bird, Health and Wellbeing Board Business Manager
Jenny Daniels, Democracy Officer, North Northants Council (Minutes)
Sam Fitzgerald, Assistant Director of Adult Social Services
Alison Gilbert, Director of Transformation, NHS Northampton CCG
Francesca McHugo, Democracy Officer, North Northants Council

And no members of the public

14/21 Apologies

Apologies were received from Alan Burns (Chair, KGH and NGH Group), Cathi Hadley (Director of Children's Services), Shaun Hallam (Northampton Fire & Rescue Service), Oliver Newbold (NHS England), Toby Sanders (Chief Executive, NHS Northamptonshire CCG), Pauline Sturman (Assistant Chief Constable,

Northamptonshire Police) and Chrisni Waring (Northamptonshire Healthcare Foundation Trust).

15/21 Notification of requests from members of the public to address the meeting

None received.

16/21 Declaration of members' interests

There were none.

17/21 Minutes of the Meeting Held On 17 June 2021

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 17 June 2021.

18/21 Action Log

At the Chairman's invitation, the Joint Director of Public Health, Lucy Wightman stated she would ascertain whether there was any funding left from the Health and Planning Officer Post and whether it could be reinstated.

The amendments to the North Northants Pharmaceutical Needs Assessment (PNA) had been completed and the PNA was now published.

The Chair and Vice-Chair had met with the Director of Public Health to discuss possible sub-committee structures and these would be discussed by the Board in a workshop that would take place following the meeting.

The Health and Wellbeing Board had agreed an amendment to the draft terms of reference but following discussions with Democratic Services it was advised to wait and see how this Board could align with the Integrated Care System (ICS) before submitting them to Full Council for final approval.

RESOLVED that: The Health and Wellbeing Board would wait to see how it could align with the ICS before submitting the draft terms of reference to Full Council for final approval.

19/21 Better Care Fund

The Chairman stated the Better Care Fund (BCF) was an ongoing national initiative to drive transformation by providing mechanisms for integrated approaches to health and social care services, to enable people to manage their own health and wellbeing and live independently in communities for as long as possible. Health and Wellbeing Boards had a statutory duty to approve the local BCF plans before submission and to scrutinise performance of any local plans in place.

The BCF plan for 2021/2022 would continue to be a single plan for Northamptonshire, and consisted of a pooled budget between West

Northamptonshire and North Northamptonshire Councils and NHS Northamptonshire CCG.

Members of the Health and Wellbeing Board noted the following:

- It was noted that planning guidance on the BCF tended to arrive later during the financial year, which made it difficult because officially they could not release any money until the Health and Wellbeing Board signed off the BCF plans.
- The BCF Policy Framework was published on the 19 August, but no revised planning had been received alongside this. There was still an expectation for a BCF plan 2021/2022 to be submitted for the county particularly to cover the work that was being undertaken on the ICS and Integrated Care Across Northamptonshire (iCAN) programme.
- They were currently unable to bring forward schemes for final sign off due to work still being completed on the finances to ensure the schemes put forward to NHS Northamptonshire CCG for approval. As a result of this they were asking for delegation to be put in place to enable final sign off for the BCF Plan 2021/2022 to a minimum of the Chair or Co-Chair of this Board, nominated representative from NHS Northamptonshire CCG, a representative from North and West Northamptonshire Councils, and Chair of the West Northamptonshire Health and Wellbeing Board. The schemes submitted in the BCF Plan 2021/2022 would be reported back at the next Health and Wellbeing Board meeting.
- It was also the intention to fund the iCAN programme through the BCF, using this as the financial payment mechanism as the most sensible place to pool the money.

In answer to queries on the report the following was confirmed:

- The BCF was not funding the iCAN delivery partner (Newton Europe), it was receiving contributions from respective organisations to fund it. The BCF was just a process by which payments would be made to providers of services.
- It was West Northamptonshire Council who were taking a lead in this and details of where and how it would be delivered including key milestones would be produced. The costings paper was commercially sensitive but the Director of Adults, Communities and Wellbeing at North Northants Council would endeavour to ascertain the costings and targets. Details of the BCF Plan would be brought to the Health and Wellbeing Board in December but the Director of Adults, Communities and Wellbeing was happy to share details in the meantime between members.

RESOLVED that: the North Northamptonshire Health and Wellbeing Board:

1) Delegated final approval of the financial plan to the Chair/Deputy Chair in consultation with a nominated representative from each of Northamptonshire Clinical Commissioning Group and North Northamptonshire Council;

2) Noted that the updated BCF policy statement for 2020 to 2021 was largely similar to prior years and that the narrative plan did not require redrafting or re-submission;

3) Noted that detailed plans once refreshed would need to be submitted for assurance to NHS England;

4) Noted that West Northamptonshire Council and North Northamptonshire Council were currently undertaking a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals would be presented to the Northamptonshire Clinical Commissioning Group (CCG), prior to sign-off as set out in recommendation 1 above;

5) Noted that the mechanism for paying the iCAN delivery partner would be via the BCF pool, however, the funding of those payments would need to be matched by corresponding income from constituent partners to pay the delivery partner against agreed milestones; and

6) Details of the BCF would be shared with members of the Health and Wellbeing Board prior to the December meeting.

20/21 Population Health Update

At the Chairman's invitation the Joint Director of Public Health, Lucy Wightman gave a presentation stating there were significant overlaps with the public health domain and inequalities domain. A Population Health strategy had been developed as part of the Northamptonshire Health and Care Partnership ICS work, and the Population Health Programme Board was overseeing delivery of this strategy. Population Health management was a way of looking at health and outcomes for the whole population by understanding the causes of poor health and the disparity in communities. Public Health moved into the jurisdiction of local authorities because many of the wider determinants of health could be affected by things the local authority was responsible for such as environment and housing. Population heath management would look at the issues identified and how resources can be allocated to improve outcomes and enhance an individual's experience of care.

She was happy to circulate the population health strategy to members of the Board as it demonstrated how they would start to look at addressing issues of poor health.

There were five key aims within the Population Health Strategy:

- improve the health and wellbeing of the population
- enhance the experience of care
- reduce the cost of health and care services and increase productivity – providing more prevention interventions would ultimately lead to a reduction in the cost of health and care services
- health inequalities – which in the north of the county were marked
- increase the wellbeing and engagement of our workforce – this was a major area of focus for NHS England, with the 2 councils and NHS organisations being major employers within Northamptonshire.

The Population Health Programme Board sat under the ICS Transformation Board and it was aligned with the Digital Transformation Board. Work was underway to get all the data sources used into the Northamptonshire Analytical Reporting Platform

(NARP), which would help with developing risk stratification to identify those populations most at risk from negative outcomes. The Population Health Programme Board consisted of 3 sub committees:

- Innovation sub committee – collated all the medical research work which took place across the county and organisations, to ensure there was a central register of research work being undertaken and the local population had a chance to participate. As well as developing an ethics framework, apply for funding and partner with academic organisations
- Inequalities Task and Finish Group – developing an inequalities toolkit to help all organisations in their decision making to address inequalities and build an inequitable programme into the workplace.
- 22-week population health management programme. funded through NHS England and led by a consultancy firm (Optum). A group of Primary Care Networks in West Northamptonshire where the population health principles were taken and developed into a falls programme. This linked in with the preventative work and allocation of resources to improve health outcomes. Primary, secondary and community data will be collated and analysed to look at opportunities to target interventions earlier and also make recommendations that would improve health and social care outcomes.

In answer to queries on the update the following was confirmed:

- Public Health Northamptonshire had been successful in obtaining funding for a population health clinical fellowship which they were going to use to employ an occupational therapist. The post holder would be working with health professionals to view opportunities in research and have greater links with adult social care. The innovation sub-committee had representatives from the National Institute for Healthcare Research (NIHR), which had launched a funding round looking at opportunities for adult social care and public health teams to bid for funding to improve population health outcomes. One of the Public Health Practitioners had applied for a part-time research post with NIHR.
- Public Health Northamptonshire circulated to a couple of partners a mock-up of a population health innovation newsletter that began to collate all research that had been published around areas of interest for the local population. If partners were supportive of this approach, it could be replicated to provide an evidence base resource.
- The Director of Public Health had recently met with the Portfolio Holder for Adults, Health & Wellbeing to discuss how they could address some of the issues from the Public Health Outcomes Framework. There were specific issues in the North and some were the same as in the West. There were some services in place but further work was needed to ensure they were best placed to deal with those issues.
- There was a need to ensure the Integrated Care System had adequate resources to ensure they could engage with communities, to understand what were the perceived needs, what services did they need and how would they like to access them. Healthwatch would have a role to play in this engagement.
- This Board would need to consider how to re-purpose Health and Wellbeing Boards to focus on PLACE and sub-place, to understand what the assets were and how to get maximum benefit from these.

- A huge amount of resource had been out into providing services and sometimes the take-up wasn't what they would expect or what was needed. Understanding what the barriers were to people accessing services was key.
- The University of Northampton was very much involved with Population Health Management, with 2 regular attendees joining the Population Health Programme Board, as well as a member from the Health and Social Education society.

RESOLVED that: The Health and Wellbeing Board noted the presentation.

21/21 COVID-19 Update

At the Chairman's invitation the Joint Director of Public Health, Lucy Wightman gave a presentation stating that broadly England had seen a surge in cases primarily in secondary school aged children. One of the main reasons for this was the fact that pupils and families had been asked to complete a lateral flow test on returning to school which had identified a large amount of community transmission. In North Northamptonshire the picture was slightly challenged. East Midlands and England had seen a reduction in testing, which had not been replicated in Northamptonshire due to continued communications with local residents. North Northamptonshire had seen a slight increase in percentage positivity at 9.6%, and all age range case rate compared to regional partners. There had been a 10% reduction in positivity in North Northamptonshire in the past 7 days.

Currently there was still a high case rate in Northamptonshire at 426 per 100,000 population which was a 0.7% increase in the past 7 days. The majority of recorded infections were in the 11-16 year olds with 1863 cases per 100,000 population. In West Northamptonshire the case rate for 11-16 years was 1051 and the East Midlands 1217 per 100000 population. In England it was 830.

Targeted communication had been undertaken with residents in Corby and Kettering and Mobile testing units had also been deployed in Kettering and Corby. One school in Corby had re-introduced the wearing of face masks and they had been working with schools to encourage children and their families to continue with twice weekly lateral flow testing.

It was also noted the vaccination programme and COVID19 safe protocols had been successful in reducing the severity of cases and hospitalisations.

RESOLVED that: The Health and Wellbeing Board noted the presentation.

22/21 Subcommittee Structure and Development Sessions

The Director of Public Health noted there was a need to understand what we would like this Board to do. The role of Health and Wellbeing Boards in an ICS, would be considered under the workshop session that would take place following the meeting.

RESOLVED that: the Health and Wellbeing Board agreed to discuss this further under a workshop session taking place following the meeting.

23/21 Integrated Care Systems - National Guidance Update

At the Chairman's invitation the Chair of the Northamptonshire Health & Care Partnership, Naomi Eisenstadt provided a presentation stating that it was human nature to worry about something in relation to how long a person would have left. There was often an assumption that people who did not take advice were feckless but this was not the case. NHS England had issued a paper in November that set out four key aims of an Integrated Care System (ICS): improving health overall, reducing health inequalities, spending public money well and contributing to the wider social/economic benefits of the community. When reducing health inequalities levelling down was possible as well as levelling up, with the surviving age difference between the richest and poorest communities in Northamptonshire was 9 years. The public sector was a massive employer and there was the need to think about as big employers how the Council was adding value to our community such as paying the national living wage at least and ceasing zero hours' contracts. Paying decent wages kept people healthier and they in turn spend their money locally.

There had been a white paper in February that became a draft Bill in April and was going through parliament. Massive guidance was an issue which wasn't very prescriptive, due to the different sizes of ICS's across the country. Northamptonshire ICS was relatively small with about 800,000 people with 2 local authorities

The ICS would build on the NHS Long Term Plan. Locally this would build on the collaborative working that had already taken place within Northamptonshire, identifying good practice and how this could be used in other areas of health and care. The first two documents did not use the word 'children' once but the current guidance included the word 'babies'. Much of this work originated in adult social care but population health could not be undertaken without thinking about children. A preventative approach could not be adopted for population health without considering the life cycle, looking at what was preventable at what stage.

Integrated care was about ensuring people were working together and valued each other's views and abilities. It was about pulling together services that were required for any individual and their family. ICS was about how full resources were used across the NHS and social care to ensure they were working together in a systemic and individual/community way and that services met what people needed. There was an unbelievable amount of work to be undertaken by April 2022, when the ICS became a statutory organisation and would also in addition be undertaking some of the key functions of the CCG.

The Chair of NHS Northamptonshire, Dr Jo Watt stated there were many parts of the public sector that undertook a function invisibly but without them the service as a whole would struggle, particularly those associated with performance management and quality assurance, which would be inherited by the ICS. This was not straightforward with a pressured timescale, there was a need to focus on being safe and legal for 1 April and how much transformation work could be completed before 1 April 2022 and what transformation work wold continue from April 2022.

The Chair of the Northamptonshire Health & Care Partnership, Naomi Eisenstadt stated one of the reasons for setting up an ICS was to remove competition within the

NHS and that public money was being spent in the right place. Government had reassured employees of CCGs that all below Director level were lifted and shifted into the ICS, but have to work in a different way.

The Integrated Care Board (ICB) would be a statutory board, and the Integrated Care Partnership (ICP) would be jointly led by the NHS and local government and would be the wider system involving more partners. The ICP would be responsible for developing an overarching Integrated Care strategy for the whole of Northamptonshire. The ICB would have to be guided by the Integrated Care Strategy when setting structures for the NHS. The ICP and Health and Wellbeing Boards would have overlapping functions, and there was a need to avoid duplication and ensure things were not overlooked, because each partner thought the other was undertaking a task.

There were four pillars within the Northamptonshire ICS; children and young people, mental health, iCAN and elective care. Elective care was reliant on social care collaboration in terms of discharging people from hospital and ensuring they had the correct support needed in the community.

Much work was required on the children and young people pillar, to have the right measurable outcomes, with education playing a big role in this.

Members of the Board noted the following:

- The Chief Executive of the Northamptonshire Children's Trust, Colin Foster stated that many people viewed the ICS as a health thing and they did not feel engaged with it. However, the work taking place in Northamptonshire was really good, with good engagement in the ICS approach across all children services.
- The Board agreed the presentation had been really good in demonstrating how the ICP and Health and Wellbeing Boards in the county, will would work together.
- The Board expressed disappointment at the national guidance around elected members not being invited on to the ICB. There was a need to ensure that elected members felt properly engaged with the ICB and ICP as they provided a valuable link and contribution to their communities. The Chair of Northamptonshire Health and Care Partnership expressed a desire to be invited to meetings and events to be able to meet people and councillors as a way of getting to 'know the patch'.
- It was important that elected members were included in the ICS, particularly in PLACE and neighbourhood services, as elected members had in-depth knowledge of the services in their areas and were often contacted by their residents on matters that they would not take to their GP or a social worker. Councillors therefore could be a really good resource in building the ICS.
- Some felt there was a need to speak to people in a language they understood.

RESOLVED that: the Board continue to support the next steps and direction of travel for Northamptonshire ICS delivery to April 2022

24/21 Role of Health and Wellbeing Boards in context of the Health and Care Bill

The Chair stated the introduction of the Health and Care Bill, did not change any of the statutory duties already in place for Health and Wellbeing Boards, instead the Bill set out additional requirements Health and Wellbeing Boards would have in relation to fulfilling duties of the new Integrated Care Board. There would be a workshop following this meeting to explore the role of Health and Wellbeing Boards in PLACE development in the context of the Integrated Care System.

There being no further business the meeting closed at 3.15pm.

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North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action point	Progress	Status

Actions completed since the 23rd September 2021

Action No	Action point	Progress	Status
230921/01	Lucy Wightman to circulate the Population Health Strategy to the Board	Circulated to the Board on the 1st November 2021	Completed.
230921/02	Details of the BCF Plan would be shared with the Board.	An agenda item to be discussed at the meeting on the 2nd December	Completed.

North Northamptonshire Council

Item no: 8

North Northamptonshire Health and Wellbeing Board
2nd December 2021

Report Title	**Disabled Facilities Grant – 2021/2022 mid-year update**	
Report Author	**Amy Plank, Environmental Protection & Private Sector Housing Manager, North Northamptonshire Council**	
Contributors/Checkers/Approvers		
Other Director/SME	**Kerry Purnell**	**Assistant Director for Housing and Communities**

List of Appendices

Appendix A – DFG Data 2021/2022 mid-year.

1. Purpose of Report

1.1. To update the Board on the Disabled Facilities Grant (DFG) allocation and spend across North Northamptonshire for 2021 – 2022 mid-year.

2. Executive Summary

DFGs are an allocation provided by central government in order to enable people with a disability to remain in, or return to, and live independently in their own homes, thereby avoiding them having to be looked after in a care home or in hospital. This report provides an overview of the DFG 2021/2022 allocation for NNC, expenditure to date, legacy arrangements and the current issues that are being addressed.

3. Recommendations

3.1 The Board are asked to note the DFG spend to date for 2021/2022.

3.2 It is a statutory requirement of Health and Wellbeing Boards to oversee local DFG arrangements.

4. Report Background

DFGs are provided in order to enable people with a disability to remain in, or return to, and live independently in their own homes, thereby avoiding them having to be looked after in a care home or in hospital. The adaptations funded by DFGs range from level-access showers, stairlifts and ramping to major property extensions and are granted in consultation with the County Council's Occupational Therapist (OT) Service. Costs vary from around £3,000 for the former to £30,000+ for the latter. Mandatory DFG funding is limited to £30,000 per application but with the new Private Sector Housing Policy in place for NNC, allows for an additional discretionary £10,000 to be awarded on top of the £30,000, for larger more complex schemes that cost over the threshold.

The timescale to process a DFG application can vary hugely and is dependent on the requirement and availability of various professional partners; requirements for an OT assessment and/or architects' drawings, permissions granted from landlords and planning departments and building control approval. Inevitably, this means that some of the grant funding committed as of 31st March in any given year will not be paid until the following financial year, and the committed but unspent amounts can vary significantly from one year to the next.

The statutory duty to provide DFGs falls under the Housing Grants, Construction and Regeneration Act 1996 and since the 1st of April 2021, one allocation has been awarded to NNC.

5. Issues

The total national funding for DFG in 2020/21 remained the same amount as the previous year (£505 million) therefore the allocation and breakdown for Northamptonshire stayed unchanged.

During 2020/2021 the DFG service had been heavily impacted by COVID-19 but managed to mitigate the effects and continue to deliver DFGs, however it did add to the delays that are still being faced.

The allocation that was awarded for the current financial year 2021/2022 for NNC was £2.5 million, plus the legacy under spends from each sovereign Council in the North, that is still being worked through and spent.

The current main issues faced are:

- There has been a shortage of OTs in the Occupational Therapy department therefore a backlog of 286 assessments are waiting, however this has reduced significantly over the last few months and waiting times now are 3 months for an assessment. Recruitment of OTs has been incredibly difficult and the Council's OPUS agency provider has been unable to source any but more recently another provider does have some OT locums available which we intend to recruit from in the coming months, to fill the remaining 3 vacant posts.
- There is a lengthy waiting list for both Kettering and East Northants cases that are waiting for surveys and then follow up works, as follows:
    - East Northants = c.£225,000 of work (45 cases)

    - Kettering c.£514,000 of work (78 cases)
- There remains one vacant post for a Senior Surveyor and difficulties with recruiting additional Technical Officers via consultants, to undertake the increased number of technical drawings for the grant applications that will be needed, after the OT assessments have been made.
- There are some delays with payments to contractors due to internal finance systems which needs to be modified. The risk here is that we could lose contractors if they are not paid on time.
- The work needed for the set-up of the Dynamic Purchasing System (DPS) for managing DFG contractors is still ongoing and likely to take 6 – 9 months. The DPS is being hosted by West Northamptonshire and requires significant input from Legal and Procurement colleagues to ensure we are procuring contractors to do works correctly and compliantly.
- There are significant delays with all building contractors and supplies both locally, regionally, and nationally, therefore this is causing an additional wait for residents once they have received their DFG grant approval.

High demand for the service continues and different ways of delivering DFGs in 2021/2022 are being explored due to an increase in waiting times. The new Private Sector Housing Policy for North Northamptonshire gives a range of additional discretionary grant options alongside the mandatory Disabled Facilities Grant. The aim of the discretionary element is to assist those meeting certain criteria and whose application would cost in excess of the maximum mandatory award of £30,000 and who otherwise would have to make a financial contribution themselves; in addition to some other matters such as redecoration which would not normally be included under the mandatory grant.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 There remains a concern with staffing resources that are needed to assist with the delivery of DFGs**.**

6.2 Legal

6.2.1 There are no legal implications arising from the report.

6.3 Risk

Applications for significant grants, particularly where substantial alterations to someone's home are required, can take several months to process and the DFG grant may not be fully spent in the year to which it relates, therefore it remains important that underspend is ring fenced and carried forward.

The current allocation will not be committed or spent in the current financial year and some of this will be needed to fund additional staffing resources, short term, to assist in clearing the back log of residents on the waiting lists, not only with the OTs but within some of the sovereign Councils too.

Contractor availability, supplies and lead times remain ongoing risks.

6.4 **Consultation**

6.4.1 Not applicable.

6.5 **Consideration by Scrutiny**

6.5.1 Not applicable

6.6 **Climate Impact**

6.6.1 Not applicable

6.7 **Community Impact**

6.7.1 Not applicable

7. Background Papers

7.1 Housing Grants, Construction and Regeneration Act 1996.

Corby

	2018-2019	2019-2020	2020-2021	2020 - 2021 mid year
Allocation (£)			518,331	
Additional funding awarded			69, 795	
Number of OT Recommendations received (OT waiting list for NNC is 440)	78	82	40	35
Number of DFGs on waiting list			0	7
Estimated Cost of cases on waiting list			0	86,000
Number of DFGs in progress			47	53
Estimated Cost of DFGs in progress (£)			255,154	314,265
Number of DFG cases approved	53	59	48	24
Number of completed DFGs	66	78	46	20
Total spend (£) (not including salaries)			223,593	£110,326.90

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