

Disabled Facilities Grants

Overview & Scrutiny Review



For further information about this report please contact
Wendy Broadley
Principal Overview & Scrutiny Officer
07825 584684
wendy.broadley@lancashire.gov.uk

Contents

	Page no.
Background to the review.....	3
Membership of the task group.....	4
Scope of the scrutiny exercise.....	4
Methodology.....	5
Findings:	
i. What is a Disabled Facilities Grant?.....	7
ii. Who is it for?.....	7
iii. The basic principles.....	8
iv. What has already been identified.....	8
v. Task Group workshop.....	10
Conclusions.....	13
Recommendations.....	14
Acknowledgements.....	15

Background to the review

In January, at a meeting of Chorley Borough Council's Overview & Scrutiny Committee, the issue of Disabled Facilities Grants was discussed. Concerns that they expressed included the funding allocation process, housing conditions, deprivation levels, the prevalence of long term health conditions and other services which support people in their homes. The Committee felt it would be beneficial if the Lancashire County Council Health Scrutiny Committee was asked to undertake a review and that a task group should also include District member representation.

A request was presented to the Scrutiny Committee in March to form a task group to look at the processes involved in the distribution of Disabled Facilities Grants.

Following consideration of the request a task group was formed and it was agreed that a representative from Chorley Borough Council be included in the group.

At the outset members were aware of national and local analysis that had taken place in recent months and that a number of proposals had already been developed for the future delivery of Disabled Facilities Grants across Lancashire.

Membership of the task group

The Task group was made up of the following members:-

- CC Richard Newman-Thompson - Chair
- CC Carl Crompton
- CC Steve Holgate
- CC Margaret Brindle
- CC Fabian Craig-Wilson
- CC Mike Otter
- Cllr Julia Berry (Chorley Borough Council)

Scope of the Scrutiny exercise

Taking the initial concerns of Chorley Borough Council's Overview & Scrutiny Committee into consideration it was agreed that the original scope of the review would include:

- Funding allocation process
- Consistency of approach across the county
- Different ways of working
- Member involvement and enhancing their role

Acknowledgement was made that throughout the review the task group may identify other issues and that a mechanism to address them would be considered.

Methodology

Witnesses

The Task Group carried out a series of information and evidence gathering sessions which included speaking to officers directly involved in the development and delivery of Disabled Facilities Grants. A half day workshop was also held which was attended by officers, councillors and volunteers from across the county. Participants in the review included:

Lancashire County Council Officers

- Ann Smith
- Clare Platt
- Janet Alcock
- Val Knight
- Nick Metcalfe
- Sharon Cambray
- Sumayia Sufi

District Council officers:

- Michelle Scott – Wyre
- Mark Broadhurst – Wyre
- Stephen Nutter – Burnley
- Clare Jackson – Burnley
- Zoe Whiteside – Chorley
- Laura Lea – West Lancashire
- Vivienne Aldred – West Lancashire
- John Helme – Lancaster
- Rachael Stott – Ribble Valley
- Paul Walmsley – Preston

District Council members:

- Cllr Bridget Hilton – Ribble Valley
- Cllr Tom Balmain – Wyre
- Cllr Rita Hewitt – Wyre
- Cllr Margaret France – Chorley
- Cllr Gordon France – Chorley
- Cllr Greg Morgan – Chorley
- Cllr Hasina Khan – Chorley

Norwich City Council:

- Alison Spalding

Other Organisations:

- Central and West Lancashire Carers
- East Lancashire Hospital Trust

- Lay-zee Day-zee Luncheon Club
- Pukar disability resource centre
- Preston Care & Repair
- Assist UK
- East Lancashire Deaf Society
- Lancashire Care Foundation Trust
- Progress Housing
- British Deaf Association

Documents

In addition to evidence gathered from officers, further background information for the review was taken from

- Minutes of Chorley Borough Council's Overview & Scrutiny Committee – 9 January 2014
- Minutes of Lancashire County Council's Scrutiny Committee – 7 March 2014
- Disabled Facilities Grants in England: A Research Report by Astral Advisory for the District Councils' Network and the Society of District Council Treasurers April 2013
<http://districtcouncils.info/2013/07/01/disabled-facilities-grants-a-research-report/>
- Disabled Facilities Grants (England) Better Care Fund
www.parliament.uk/briefing-papers/sn03011

Findings

What is a Disabled Facilities Grant?

Disabled Facilities Grants (DFGs) are grants provided by a local authority to help with the cost of providing facilities and adaptations if there is someone in a household who has a disability that makes living in the accommodation difficult.

A grant can be used to give someone better freedom of movement into and around their home and/or to provide essential facilities within it. Examples of what the disabled facilities grants can help with include:

- making it easier to get into and out of the dwelling by, for example, widening doors and installing ramps;
- ensuring the safety of the disabled person and other occupants by, for example, providing a specially adapted room in which it would be safe to leave a disabled person unattended or improved lighting to ensure better visibility;
- providing or improving access to the bedroom, and kitchen, toilet, washbasin and bath (and/or shower) facilities; for example, by installing a stair lift or providing a downstairs bathroom;
- improving or providing a heating system in the home which is suitable to the needs of the disabled person;
- adapting heating or lighting controls to make them easier to use;
- improving access and movement around the home
- improving access to and from the garden of the home where feasible.

Who is it for?

A person can apply for a DFG for themselves or someone living in the property if they have a disability. Someone is disabled if

- their sight, hearing or speech is substantially impaired
- they have a mental disorder or impairment of any kind
- they are physically substantially disabled by illness, injury impairment present since birth, or otherwise
- they are registered disabled (or could be registered) with the social services department under the terms of the National Assistance Act 1948 or the Children Act 1989, however most local authorities waive this requirement.

The basic principles

- The maximum grant in England is £30,000
- The amount paid is usually based on a financial assessment (a means test) of a person's average weekly income in relation to their outgoings. Even if they have been assessed as in need of an adaptation they may not get the grant if their income and savings exceeds the limit of the test of resources
- There is no means testing of families of disabled children who are under 19
- Any work carried out must benefit the disabled person living in the property
- A local authority must give a DFG if the applicant meets the conditions of getting one, however the authority has limited resources, and some areas have greater demand than others so they often prioritise according to the most urgent need. This results in some local authorities having waiting lists of several months.
- The initial approach to social services can be either from the person themselves or a referral from elsewhere such as a GP. An Occupational Therapist (OT) will arrange to visit the applicant to assess their needs and will produce a report with recommendations for the specific work that needs to be carried out.
- The local authority also has to be satisfied that the works are 'reasonable and practical' in relation to the age and condition of the property.

What has already been identified?

Over recent months, officers from both the county council and district councils had undertaken a review of the strengths and weaknesses within the current systems in place across Lancashire designed to administer Disabled Facilities Grants. They identified a number of key points:

- From 2015/16 DFGs will be paid through the county council as part of the [Better Care Fund](#). However, the statutory duty on local district councils to provide DFGs to those who qualify for it will remain.
- Disabled Facilities Grants provide an important mechanism for supporting people with disabilities to live independently. When delivered early, alongside other preventative measures, they may contribute to preventing admissions to hospital and residential care.

- With an increasingly elderly populations, and more disabled children surviving their early years through to adulthood, the need for adapted housing is projected to continue to increase. Analysis by the District Councils Network in 2012 indicates that the total amount required to cover grants for all of those who are theoretically eligible under the current rules is £1.9bn at 2005 prices. This is more than ten times higher than the total amount of DFG in England in 2009-10, at £157m.
- The level of DFG awarded is on a sliding scale and in many cases is at a level to meet the whole of the cost of the equipment. Long waiting lists for DFG in some district councils mean that this financial test may not be carried out for some months.
- A small number of exemplary local authorities have formed well-managed partnerships between county and district authorities, bringing together the housing and social care aspects of delivery, and in so doing have reduced duplication, improved services and deployed resources more effectively.
- Housing adaptations help prevent or defer entry into residential care for older people; one year's delay will save £26,000 per person, less the cost of the adaptation;
- Housing adaptations that remove or reduce the need for daily homecare visits
 - pay for themselves in a time-span ranging from a few months to three years
 - and then produce annual saving; national evidence suggests annual savings
 - varied from £1,200 to £29,000 a year (using an average DFG of £6,000);
- The average cost to the state of a hospital admission for a fractured hip is
 - £28,665 i.e. four times the average DFG;
- Integrated service delivery is more efficient and better able to delay health and social care costs, but there are up-front costs to change; a transformation fund would be needed to support councils with the up-front costs of moving to a more efficient and effective model of service delivery.

- There are risks associated with any change. Where districts are delivering well and in an integrated manner, transfer to another body could reduce service quality unless the partnership approach and shared expertise continues.
- Not all DFG applicants need support, but for those that do, linking into wider support services such as housing options and Housing Improvement Agencies is effective in preventing future needs.

Task Group workshop

Following on from the comprehensive analysis work undertaken by district and county officers the task group felt it would be beneficial to also gather the opinions of elected members and representatives of voluntary and community based organisations.

Therefore it was agreed that a workshop would be developed and delivered by the task group to capture any additional comments and opinions and that district and county officers involved in the delivery of DFGs would also be invited.

Over 50 delegates took part in the half day workshop which included presentations from officers from Lancashire County Council and Norwich City Council, followed by a Q&A session and opportunity to discuss and suggest ideas for the future delivery of DFGs.

The delegates included officers, elected members and volunteers from across a number of different organisations and different parts of Lancashire. The main issues they identified during the workshop were:

- Currently is it a very complex process to engage with all necessary partners to effectively delivery DFGs
- Concerns were identified regarding the resources available, staffing in terms of the ability to carry out assessments in a timely manner and finances regarding the predicted growing number of applicants.
- The lack of consistency of approach across the county was acknowledged as a recurring theme
- Waiting list times varied considerably depending on where in Lancashire you lived

- Lack of effective communication, in particular a consistent approach to advice and guidance. Is the role of each partner clear? Are applicants made aware of the timescales involved at the outset?
- One county council and 12 district councils inevitably raised the issue of many different organisational structures, cultures and processes.
- The integrated team model as developed in Norfolk appears to deliver positive outcomes
- Successful integrated teams include Occupational Therapists and Technical Officers
- Lack of public information in an appropriate format, e.g. different languages, suitability for visual or hearing impairment.
- Local case studies have identified best practice – not clear however if this is shared amongst partners. Best practice can often result in best value for money
- Need to be very clear and up-front about the financial assessment. Self-funders still have a right to an assessment.
- Support is needed for those who do not need a DFG but may still require some level of assistance. Information on alternatives to DFG is needed.
- Signposting to alternative solutions is required for those who don't meet the means test criteria
- Early intervention can often anticipate long term requirements – can lead to more efficient use of time and funds.
- Project management support is vital to develop an integrated model of delivery.
- Lancashire County Council has no control over the allocation of the funding to district councils but it can influence the ability to consider whether funding could be 'topped up'.

- Registered Social Landlords (RSLs) are invited to take part in the delivery of DFGs where appropriate. However it is an inconsistent picture across the county as to whether they contribute towards a DFG or carry out the work themselves
- All district councils use the same formula to apply means testing criteria but it was felt that greater clarity was possibly needed to explain the process.
- Similar issues regarding an inconsistent approach had been identified in Norfolk. They obtained cross-authority support to develop a new delivery model.

Conclusions

The Task Group reflected on the information and evidence they had considered throughout the review and arrived at the following conclusions:

- DFG services should be delivered in an integrated way in which the whole service from initial enquiry through assessment to delivery of any aids, equipment or adaptations is carried out in a seamless partnership approach.
- An integrated team model needs to be promoted and encouraged
- Closer co-operation between all partners could produce consistency of service and improved communication
- Long waiting lists are not acceptable and any means to address them should be explored
- The integrated delivery model developed in Norfolk provides an example for the county and district councils to consider as an alternative way of working
- Good examples of best practice have been identified but there is a lack of evidence that they are being shared effectively between partners and different localities.

Recommendations

Taking into account the proposals that had that been identified by the previous review undertaken by officers the task group agreed to the following recommendations:

- A single consistent approach to the delivery of DFGs across Lancashire should be developed
- That a commitment is sought from the Chief Executives of the 12 Lancashire District Councils and Lancashire County Council for the respective councils to work in partnership with CCG's to redesign the whole system in order to deliver an integrated DFG service across Lancashire.
- Officers be asked to consider a delivery model similar to that developed in Norfolk which included the engagement of a project officer to oversee the system redesign. Members felt the role of the project officer was critical to achieve a successful outcome.
- Any system redesign needs to address and reduce the waiting time some applicants currently experience through an integrated approach to assessment and approval.
- Best practice both within the county and elsewhere in the country needs to identified, acknowledged and shared amongst partners.
- Other potential scrutiny topics identified during the review that fell outside the remit of the task group should be forwarded to the Steering Group of the Health Scrutiny Committee to consider whether they should be added to the future work plan of the Committee.

Acknowledgements

The task group would like to thank all those who gave their time and help to this investigation.