

Disabled Facility Grant Working Group

Session one

1/4/2016



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Disabled Facilities Grants

Overview

1. Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. Disabled facilities grants (“grants”) are now payable under the Housing Grants, Construction and Regeneration Act 1996. All statutory references below are to the act as it presently stands, amended by subsequent legislation.
2. Owners, tenants or occupiers of premises can make applications for grants, but the grant must be for the benefit of a “disabled occupier”. The act sets out the requirements for applications, the purposes for which a grant may be given and the method of calculation of a grant.
3. The purpose of a grant is to modify the home environment in order to enable independent living, privacy, confidence and dignity for individuals and their families.

Mandatory grants

4. Section 23 sets out the purposes for which a grant can be awarded. Section 24 provides that where the authority has received an application from a person who is eligible to apply, covering works for which a grant can be awarded, the authority must award the grant if it is satisfied that the intended works are necessary and appropriate to meet the needs of the disabled occupant and it is reasonable and practicable for them to be carried out.
5. The tests of necessity and appropriateness relate to the needs of the disabled occupant. The tests of reasonableness and practicability relate to the age and condition of the premises. There is no scope to take into account the financial position of the authority.
6. There is no discretion to refuse an application for a grant if it meets the criteria in the act.

Approval and payment of grants

7. Section 34 requires the authority to notify an applicant of its decision on a grant application “as soon as reasonably practicable”, and in any event within six months of the application being made.
8. Section 35 provides for the grant to be paid either in full after the completion of the eligible works, or in instalments as the work progresses, with the balance on completion of the works. However, section 36 allows the authority to delay payment of the grant until a given date, which may be up to twelve months after approval of the application. The authority must tell the applicant at the time of approval if it intends to delay payment.
9. The maximum amount of a grant is £30,000¹. The amount payable may also be subject to a deduction derived from a test of the financial resources of the disabled person and their partner. Where the application is for a disabled child or qualifying young person there is no means test.

¹ See the Disabled Facilities Grant and Home Repairs Assistance (Maximum Amounts and Additional Purposes) (England) Order 2008

Consideration

10. Though expenditure on grants may be covered by capital allocations from HM Government, the duty of the authority to approve and pay a grant where the application meets the criteria in the act is not conditional on the authority having received or anticipating receiving such funding.
11. It would not be lawful for the authority to allow its financial position to affect its determination of grant applications or (apart from the ability to delay payment for up to twelve months) the timing of payments.
12. It would not be lawful for the authority to operate any form of waiting list or other mechanism intended to ration the amount of grants applied for or grant applications determined in a particular period. Rather, it should be regarded as the duty of the authority to make appropriate financial provision to cover the amount of grants which meet the eligibility criteria and which would fall to be payable in any given period.

Ian Curtis and Kirstine Riding

15 September 2015

Better Care Fund (BCF)

The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. The fund will consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. (DOH 2014)

Lancashire's Better Care Fund (BCF) plan includes improvements that will reduce unnecessary hospital admissions, provide better care for people in their community when they are discharged from hospital, improve end of life care and cut down the amount of paperwork people need to fill in when accessing health and social services.

It will aim to do this by focussing on:

- Better patient and carer experience
- Improved independence and ability to thrive in local communities
- Neighbourhood delivery of care
- More efficient working

Schemes identified through the BCF will identify people with complex health needs who are at risk of losing their independence, and join up services to support them. It will make a huge difference to these people, their carers and families.

The Lancashire BCF plan was described as 'strong' and 'robust' by NHS England. (ELCCG 2015)

Ref	Name of the scheme	Footprint
BCF01	Transforming Lives, Strengthening communities - Building capacity in the voluntary sector	East Lancashire
BCF02	Re-design of Dementia Services	East Lancashire
BCF03	Redesigned Intermediate Care supported by an Integrated Discharge Function, Intensive Home Support, Navigation Hub/Directory of Services	East Lancashire
BCF04		
BCF05		
BCF06	Intermediate Care Redesign	Fylde and Wyre
BCF07	Admissions Avoidance	Fylde and Wyre
BCF08	Lancashire health economy whole system urgent care transformation programme – Step up/Step down beds	GP / SR&C
BCF09	Lancashire health economy whole system urgent care transformation programme – Ambulatory Care	GP / SR&C
BCF10	Development of Extra Care Schemes (Housing)	Lancashire CC
BCF11	Integrated Offer for Carers – Support and Respite	Lancashire-wide
BCF12	Reablement	Lancashire-wide
BCF13	Transforming Community Equipment Services	Lancashire-wide
BCF14	Telecare services	Lancashire CC
BCF15	Care Act	Lancashire CC
BCF16	Disabled Facilities Grant	Lancashire CC
BCF17	Intermediate Care Services to support Care Co-ordination Centre	Lancashire North
BCF18	Self-care	Lancashire North
BCF19	Specialist community services	Lancashire North
BCF20	Integrated Neighbourhood / Care Teams	Lancashire-wide
BCF21	Facing the future together	West Lancashire

Lancashire BCF Measurements

	Baseline level 2013/14	Target 2015/16	Benchmark (2013/14)
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	819	734	651 (England Average)
Proportion of elderly (65+) who were still at home 91 days after discharge from hospital into rehabilitation/ reablement services	78.8%	82%	82.5% (England Average)
Averaged daily rate of delayed transfers of care from hospital per 100,000 population aged 18+	9.37 (revised 2014/15 figure)	9.17	8.20 (England Average)
Non-elective admissions per 100,000 population	115 (137,190 total)	112 (132,956 total)	95 (England Average)
Patient experience	9.46%	9.2%	10.4%
Estimated Diagnosis Rate for Dementia Numbers	55%	67%	N/A

(NHS England 2015)

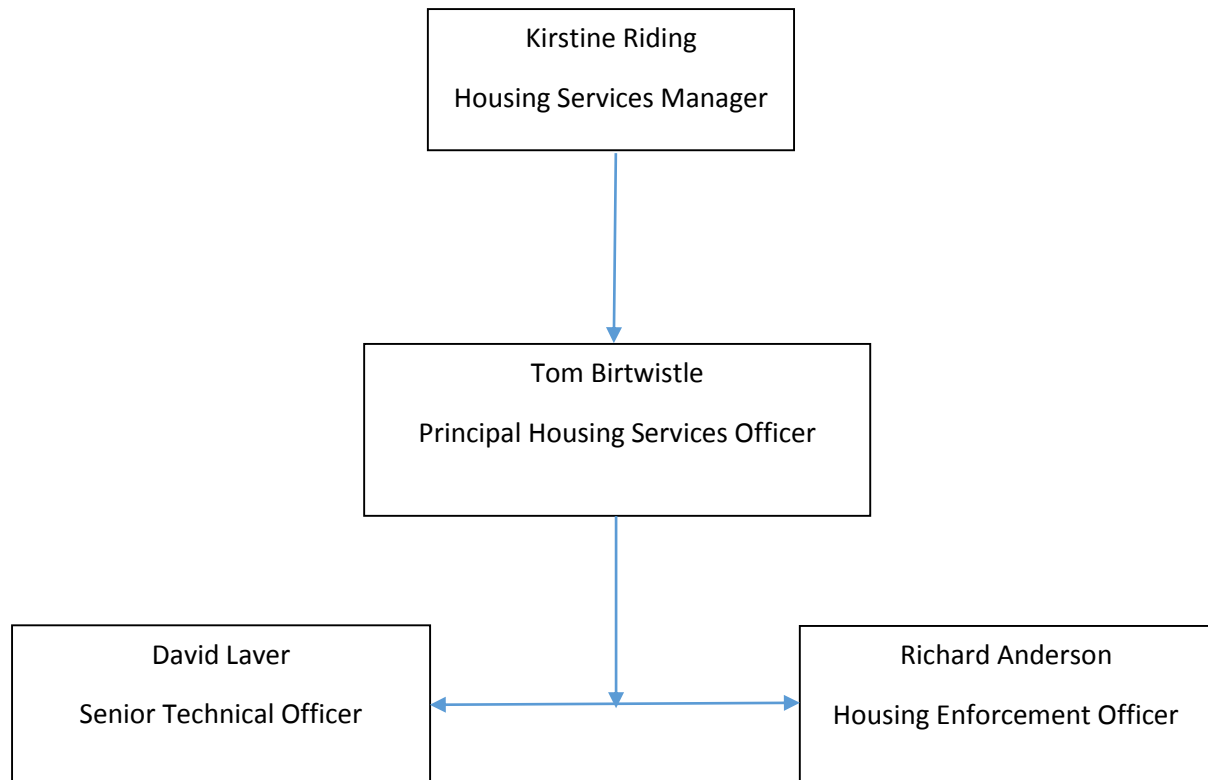
Disabled Facility Grants assist in

- Preventing permanent admissions to residential care
- Prevent readmission to hospital after discharge (reduce falls)
- Allow residents to return home after hospital
- Reduce non-elective admissions

For 2015/16 the BCF will provide £848,621 for the delivery of DFG's in Fylde.

Previous funding for 2014/15 was £468,000.

How the service operates



Statistics 2015/16

Private sector enforcement visits 424

Resolved 376 service requests with regards to private sector properties and disrepair

1 landlord prosecution (£10,000 + fine)

100% known HMO's licensed

DFG committed spend £619,141.71

DFG visits 377

Approved DFG's 94

DFG waiting list 2015/16

Q1 78

Q2 78

Q3 73

Q4 53

2016-17 sources of funding

Better Care Fund £848,621

Registered Provider contribution £40,000

Grant repayments estimate £15-£20,000?

Possible charity funding made to applicants with contributions

Total grant monies available for 16/17 approximately £900,000

The process

The administration of DFG's within Fylde is split between Lancashire County council and Fylde Council.

Better Care Funding is paid direct to LCC who then distribute these funds to each district. The amount of money distributed is determined by NHS England.

This year has seen a significant increase in funding paid to Fylde (£468,000 in 2015 to £848,621 in 2016).

Lancashire County Council

All DFG's start with the applicant making an enquiry via Lancashire Social Services. This can be a direct referral or via a health professional.

Applicants are then processed and placed on a waiting list for an Occupational Therapist to visit.

Waiting lists at LCC vary between districts and availability of OT's.

An OT will conduct a medical assessment of the client. At this visit the need for a DFG will be established. Not every referral on the LCC waiting list requires a DFG.

OT's in Fylde also conduct a provisional means test (this is not undertaken in all other authorities) to ensure the applicant is eligible for a DFG. A referral is then placed to the district authority specifying the works which are required.

These clients are then discussed at the Priority panel meeting where more detailed specifications are prepared in relation to the property and the needs of the client.

The most common type of adaptation is for the provision of a shower.

Other common types of adaptation include stair lifts, ramps and door widening.

Larger adaptations can include ground floor extensions for sleeping or bathing.

LCC are responsible for all procurement and supply of equipment such as stair lifts and ceiling hoists and tracking. (to be discussed in session 2)

Minor works under £1000 are conducted directly by LCC via Care and Repair (Wyre and Fylde).

Prioritisation

Fylde Council like many other districts in Lancashire operates a prioritisation panel (PP) in order to prioritise the most urgent adaptations. Fylde council have a legal duty to provide an adaptation if a need is identified however, due to historic funding levels have adopted a priority system that is replicated across Lancashire.

PP is a monthly meeting at which new cases are discussed and prioritised. The panel consists of representative from the council, Occupational Therapists and registered providers. Existing cases may also be discussed if the applicants health or personal circumstances have altered since their original assessment.

Within Fylde we have operated a two/three tier prioritisation process. P1 cases are actioned immediately. P3 cases are placed on a hold list until they reach the top of the list.

P2 cases are placed on hold until the next meeting (this is usually due to a lack of information to effectively make a decision at panel).

Fylde have led the Lancashire Task and Finish group on good practise and have directly inputted into the Lancashire Prioritisation criteria.

Fylde's existing prioritisation

P1 criteria

- To enable discharge from hospital
- Significant risk to the health and safety of the applicant or carer
- Unable to access the property
- Unable to access facilities (such as toilet)
- Unable to access sleeping facilities

P2 Criteria

Unable to make a decision due to a lack of information for example the OT may not be at the priority panel meeting.

The property may not be suitable for adaptation however an inspection would be required to determine this.

P2 cases would be slotted into the waiting list in their original position once a decision is made as the delay is not due to the applicant.

P3 Criteria

- Applicant with confirmed alternative solutions to meet defined need
- Situation can hold for the medium or long term without risk to the health and safety of the occupant or carer.
- Medical condition is stable and not deteriorating

Lancashire suggested prioritisation criteria linked to BCF remit

1. URGENT (P1)

The applicant has an urgent need for an adaptation such as :

1. To facilitate hospital discharge/prevention of hospital readmission
2. Under the recommendation of the Occupational Therapist acting on behalf of the social services authority.
3. Provision of independent or safe access to essential facilities and to the property without which there would be a potential breakdown of the current situation.
4. Service user and/or carer at high risk of physical injury needing alternative care arrangements until/unless work is completed

2. NON URGENT (P2)

The applicant has a need for a DFG however the need is not an urgent priority such as :

1. Under the recommendation of the Occupational Therapist acting on behalf of the social services authority.
2. Works which prevent long term admission to residential care
3. Improve the service user's long term ability to remain at home

Within the system there is flexibility for applicants with unusual circumstances to be given priority however it would be expected that such circumstances are provided with supporting evidence from various medical/health professionals.

There is a strong emphasis on the OT recommendation to determine prioritisation as they are the best placed professional to assess the client and their needs

Each district is to decide how best to communicate to the client if they are placed on the P2 list.

Process time scales compared to statutory time scales

DFG's are required to be processed within statutory deadlines.

Once an application form is completed by the applicant the council must approve or refuse the grant within 6 months.

If the council decided to approve the grant it must complete and pay for the works within 12 months of the approval date.

Process time scales are recorded quarterly for 2015/16.

The average time from completing the application form to approval is

5 weeks (35 days)

Statutory maximum 26 weeks

This includes conducting the means test, preparing the schedule, sending and receiving quotes from contractors, preparing the grant file, obtaining financial information and confirmation of ownership of the property.

The average time to complete a DFG at Fylde from approval is

8 weeks (56 days)

Statutory maximum 52 weeks

This includes conducting the works and paying the contractor.

Total average time from application to completion (payment)

13 Weeks (91 days)

Statutory maximum 78 weeks (18 months)

Please note time scales prior to the formal completion of an application form are not included.

Very urgent cases can be processed for approval within a week and completed within a month.

The average start to finish time for a level access shower or wet room is 8 weeks.

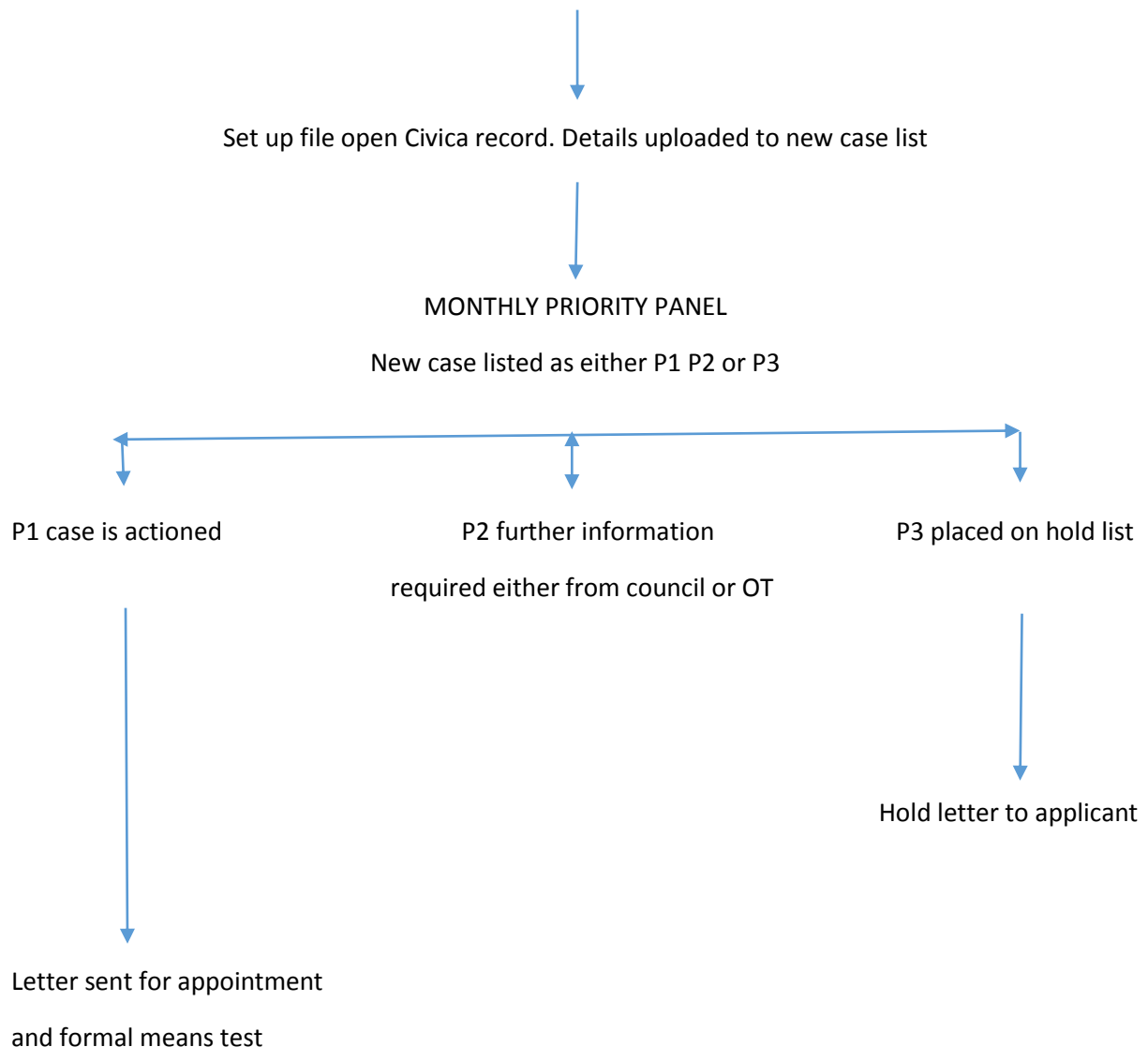
Fylde Council

In December 2015 Fylde Council's procedure for administering the DFG process was mapped. Fylde's process map complies with the statutory deadlines required to administer and deliver a DFG. Time scales prior to a formal application form being completed are exempt from the statutory deadlines.

Minor works under £1000 are undertaken by LCC and not FBC.

Recommendation received via E-Mail or letter from Occupational Therapist

Preliminary means test conducted by OT. If any doubt OT to refer to FBC for verbal means test.



Case has been discussed at priority panel and has been deemed as high priority (P1)

Case is now top of the holding list (P3)

Letter to arrange appointment to complete application form and formal means test



Visit to complete application form conduct means test. Provisional check to assess suitability of property. Discussion with regards to applicants preferred contractor

(Council has six months to make a decision to approve or refuse the grant)



Land registry check to confirm owner



Signing of owners consent letter or letter to owner/landlord



Case to proceed

given above information
is satisfactory

Case not to proceed

Fail means test
Failure to disclose
financial information
Property not suitable
Owner/landlord fails to allow works
Applicant will not pay contribution

Technical officer to investigate if any charity funding available (if a contribution is required)



Schedule of works produced by Senior Technical Officer (STO) based on the OT recommendations and the property condition

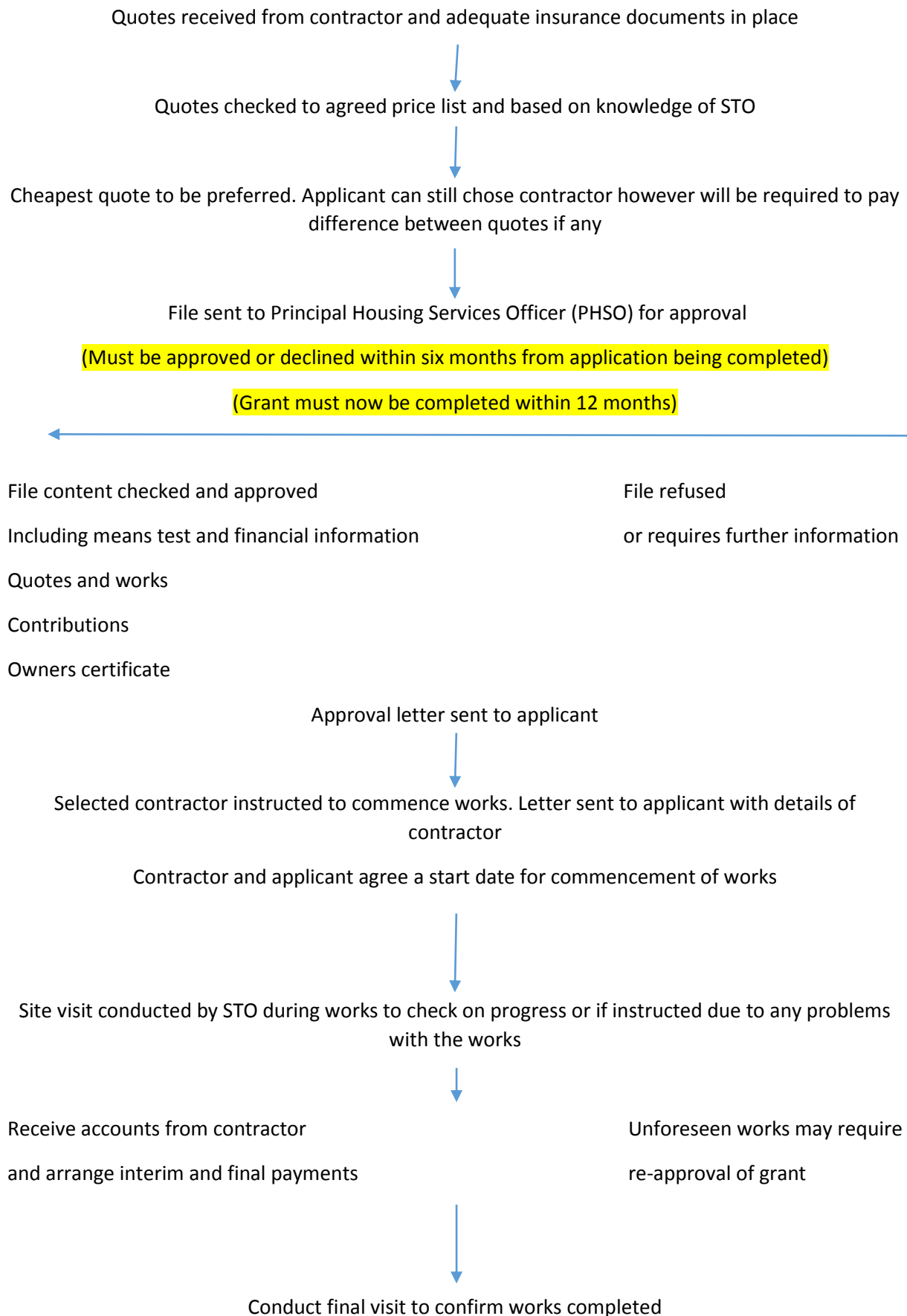


Contact with contractors with schedule requesting quotes

Two contractors to be sent schedule unless reason for one specified



If a new contractor request for insurance details and disclosure form to be sent



Letter to applicant confirming works completed and payment to be made to contractor. Letter includes customer satisfaction survey



Fylde Council pay contractor/owner



Contractor to contact applicant with regards to any contribution



Letter to social services to confirm the completion of the grant



Social services to provide grab rails or other minor works at this stage



Internal memo to land charges with grant conditions attached



Customer satisfaction survey returned



End of process.

(must be completed within 12 months of approval)

2012 Audit report

Fylde Borough Council's internal audit team conducted a full audit on the Disabled Facility Grant (DFG) process in 2012.

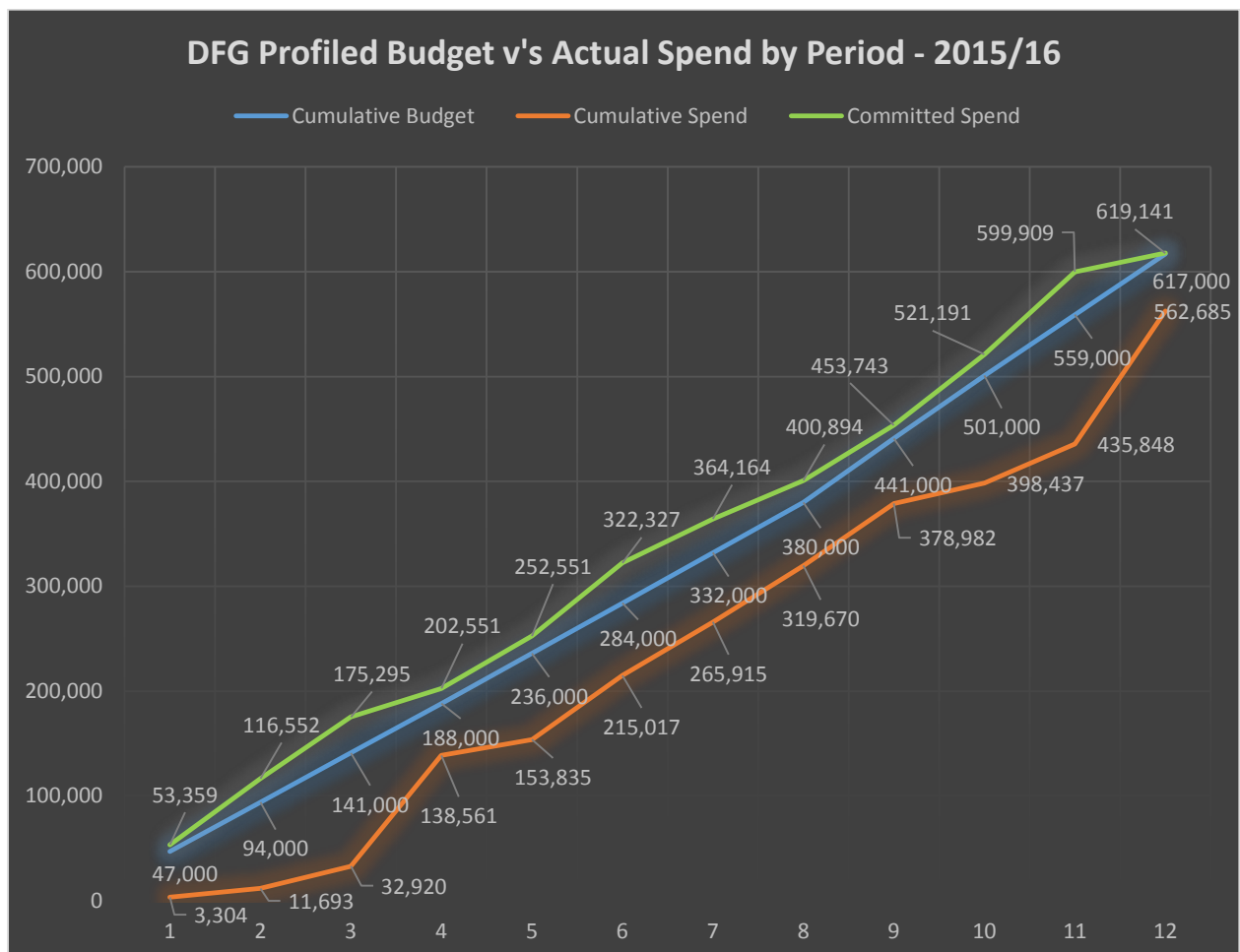
The report highlighted 14 suggested improvements.

Only levels of customer satisfaction are being monitored in relation to DFG's.	<p>The following are now monitored monthly and reported quarterly (internally)</p> <ul style="list-style-type: none">• Total budget remaining at year end• Total number of approvals at year end• Total value of grants approved at year end• Average time taken to complete approved DFGs• Total number of outstanding applications as at quarter end• Total value of outstanding applications as at quarter end• DFG commitments at year end but not paid out (to C/F)• The length of time applicants are on the waiting list for a DFG (weeks)• The number of applicants on the waiting list for a DFG
References to previous housing policy.	Policy was reviewed and updated in 2012.
Inadequate separation of duties due to only 2 members of staff working on DFG process.	<p>As of August 2015 DFG files are now signed and counter signed by the Senior Technical Housing Officer, Principal Housing Services Officer and the Housing Services Manager.</p> <p>This is to ensure files are correct and there is a greater separation of duties.</p>

DFG's are not independently assessed external to the housing team.	A 10% sample of completed DFG's is independently selected and assessed by an officer of the council who is not part of the housing section.
Although verbal advice is given during the visits by the team no leaflets are provided.	Leaflets were amended in 2012. Leaflet has now been replaced with a fact sheet giving all additional information raised in the Audit report (Jan 16)
DFG checklist does not require evidence of the occupants National Insurance number	Checklist amended to include NI number which is required for each file.
Evidence of the applicants entitlement to certain "pass ported" benefits is not included in the DFG check list	Checklist amended to include evidence of benefit entitlement
Details of "priority one" clients were deleted from the spreadsheet once the work was completed.	List is now kept of priority one clients where work is completed.
Only professional knowledge and experience is used to assess the reasonableness of quotes received from contractors	A schedule of rates was produced in 2012. Quotes are now assessed to this to ensure they are reasonable. Benchmarking is now conducted with other LA's to ensure our spending is in line with other authorities. Two quotes are undertaken for the majority of works. Where one quote is undertaken this is due to the occupant specifically requesting this contractor. All such instances are documented in the file and approved by the Housing Services Manager prior to approval. Where a single quote is obtained this is still checked to the schedule of rates to ensure it is adequate.

<p>2nd quotes for stair lifts and other “equipment” was not undertaken.</p> <p>A recurring group of contractors is used without any formal list being maintained.</p>	<p>Equipment and the purchase of equipment is undertaken by LCC. This is done independent to the council.</p> <p>LCC tender for all equipment such as stair lifts, hoists, Through floor lifts, bath seats, closomat’s etc.</p> <p>A list of contractors is maintained in addition to this insurance documents are requested and received on an annual basis.</p> <p>The quality of work, during and after the work is completed is inspected by the senior housing officer.</p> <p>An agreed working practise document has been sent to all contractors (Jan 2016)</p>
<p>No written formal feedback is given to contractors at the completion of the DFG process.</p>	<p>Verbal feedback is given rather than written feedback.</p> <p>This was deemed an adequate working practice at the time of the report.</p>
<p>10% Fee (plus VAT) had not been reviewed for it reasonableness since it was introduced.</p>	<p>In 2012 the fee was reviewed and a fee of 10% was retained.</p>
<p>Applicants are sent a questionnaire however the response rates were not recorded.</p>	<p>Our reporting procedure was changed in 2012 to monitor this.</p> <p>It reported 100% returns for all years up to 2014.</p> <p>After 2014 it was deemed that this was not an issue that required monthly reporting.</p> <p>All questionnaires which are received are checked to ensure that the customer is satisfied with the works and process by the PHSO.</p>
<p>Grant files containing personal data are not stored securely</p>	<p>Since 2012 all grant files are stored securely in locked filing drawers.</p>

Current performance



Previous year's performance

Waiting List

Average spend (inc 10% fees)

2013/14

74 approvals from a £552,471 budget

75

£7,466

2014/15

62 approvals from a £412,531 budget

80

£6,653

2015/16

94 Approvals from a £617,000 budget

53

£6,564

National Average cost for DFG estimated at **£7,000** (Astral 2013)

Waiting list breakdown

Time on Waiting List as at 31/3/16	Level Access Showers	Wet-rooms	Total
0-3 Months	9	1	10
3-6 Months	11	3	14
6-12 Months	15	14	29
12-18 Months	0	0	0
18+ Months	0	0	0
Total	35	18	53

Reasons for dropping off the waiting list (31/3/16)

Reason	2014/15	2015/16
Works done privately/L.lord	6	9
Not proceeding	3	1
Fail means test	3	2
Landlord not allow	1	1
Moved to care/rest home	2	2
Deceased	3	5
Failure to disclose financial information	0	1
Moved House	0	5
TOTAL	18	26

Benchmarking

As part of the Lancashire task and finish group (which will be discussed later) the local authorities involved were asked to provide the cost for installing a level access shower (LAS) without any additional work.

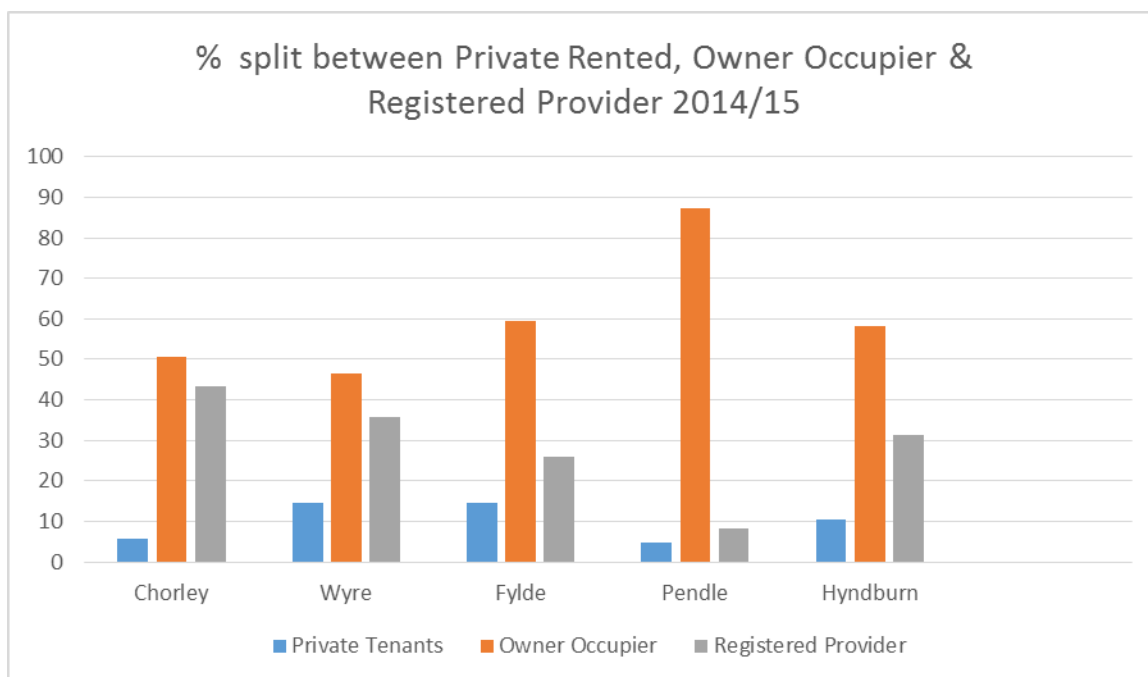
LAS was used as this is the most common type of adaptation and preventing any returned figures being skewed by a large adaptation (for example an extension). The figures returned are as follows.

	2013/14	2014/15	2015/16
Wyre			
Fylde	£4,000	£3,900	£3,950
Rossendale	£3,642	£3,707	£3,835
Pendle			
Hyndburn	£3,496	£3,673	£3,676
Chorley	£3,450	£3,250	£3,200
South Ribble	£3,889	£3,581	£3,719

These figures did not include any agency fee the representative councils charged or any VAT charges on that fee.

Waiting list comparison (31/1/2016)

	Numbers	BCF contribution
Hyndburn	158	£448,935
Pendle	110	£454,687
Lancaster	103	£783,363
Wyre	89	£791,610
Burnley	83	£962,154
Fylde	67 (now 53)	£467,963
Rossendale	63	£424,202
South Ribble	50	£334,327
Chorley	23	£369,561
Ribble Valley	19	£160,895
Preston	0	£625,409
West Lancashire	0	£543,005



Top 8 Jobs in Lancashire

	2013/14		2014/15	
1	LAS	159	LAS	183
2	Stair Lift Only	107	Stair Lift Only	121
3	LAS and Stair lift	25	LAS and Stair Lift	32
4	LAS and Ground Floor WC	17	LAS and Ground Floor WC	31
5	Bedroom and Bathroom Alterations/ Extensions	16	Ramped Access	28
6	Ramped Access	11	Bedroom and Bathroom Alterations/ Extensions	27
7	Bedroom Extension inc LAS	9	LAS plus Access work internally and externally	14
8	LAS plus Access work internally and externally	9	Side Extension, LAS and through floor lift	11

Lancashire Task and Finish Group

In 2015 the Health Leads group discussed the need for District Councils to work with LCC to develop the DFG scheme of the BCF. DFGs have previously been identified as a priority by the Health Leads group.

Following the better care fund meeting on 24th July 2015 at Woodlands it was agreed that LCC and volunteers from the District councils would work together to develop a project to deliver against the requirements of the DFG scheme proposed as part of the Better Care Fund.

Fylde Council volunteered to be part of this process and form a Lancashire Task and Finish Group.

Purpose – 'To improve the overall access to DFGs and ensure that people with the highest level of need receive the equipment and facilities they require in a timely fashion so that the greatest health benefits can be achieved.'

Conclusions from LTF group

The final LTF meeting was conducted on the 23rd March. A report is due to be sent from LCC to each district. As discussed earlier waiting times for OT visits vary between different areas of Lancashire.

LCC are aware of the problems at the front end of the DFG process and as part of the LTF group are implementing the following changes.

- Recruitment of additional OT's to reduce the wait for an assessment
- Recruitment of an OT manager
- The fast tracking of DFG's through to districts (following successful trials in Preston and Chorley)

Standardised Priority criteria across all of Lancashire (shown earlier in the report)

An agreement that districts will standardise information on websites (this is the next step in the process)

A Lancashire wide process map was discussed and worked on however this was not adapted due to a number of factors.

- Different demands on the service between districts
- Different staffing levels and structures
- That time scales were more important than processes for DFG's
- Each council operate different reporting mechanisms and conduct works to satisfy internal audit requirements

Production of a standard satisfaction survey across Lancashire. Fylde's is the template of this form however work to complete the form was not conducted in time for the final meeting.

The members of the LTF group have been asked if they will remain part of the group.