INFORMATION NOTE



DISABLED FACILITIES GRANT

- 1. The Disabled Facilities Grant (DFG) is made available to help meet the costs of necessary adaptations to the homes of disabled people. The provision of a DFG is a statutory requirement and a disabled person has a right to make an application for assistance. The council has a statutory duty to approve, subject to a means test of the applicant, all valid applications.
- 2. The legislative provisions relating to DFG are contained in <u>The Housing Grants Construction and Regeneration</u> Act 1996.

The relevant legislative provisions include;

1. S24(1) - makes it a mandatory duty to approve a qualifying application

2. S34 – The Council have to notify an applicant of approval/refusal within 6 months of date of application

3. S35 – Where a grant has been approved the Council shall pay the grant either in whole or by instalments

4. S36 – Councils have a discretion to delay payment to a period no later than 12 months from date of the application

The legislative provisions are absolute and are not dependent on the level of resources made available.

3. Funding for DFG's is primarily through a grant from central government, along with a usual annual contribution from Progress Housing and through the reinvestment of grants that are repaid by properties that are sold within a defined period of time following receipt of grant. In the current year to date (Dec 2016) this is made up as:

a.	Central Government grant	£468,000
b.	Slippage from 2014/15	£52,000
c.	Contribution from Progress Housing	£40,000
d.	Repayment of previous grants	£57,000
e.	Total	£617,000

- 4. The current procedure for dealing with qualifying applicants for DFG's is to prioritise according to the urgency of meeting their assessed needs. A panel meets monthly to individually assess each applicant to determine the urgency of their adaptation needs. This panel includes representatives from LCC Occupational Therapists, Fylde BC Housing Team and Housing Associations in Fylde.
 - Priority 1 is for applicants with the most urgent needs, which can include access in and out of the property, a medical need for personal washing facilities and risk to health.
 - Priority 2 is for applicants who are in urgent need but more information is required to progress the grant application.
 - Priority 3 is for applicants deemed to have a less urgent need and they are placed on a waiting list to be dealt with when possible. These are for personal washing (where there has been no medical assessed need) and include level access showers and wet rooms. External funding has increased for the current year and it is hoped that some reduction in the waiting list and waiting times may be achieved in 2015/16. All applicants on the waiting list have had an assessment completed by the Occupational Therapist as being eligible for a DFG.

Any applicant (subject to means) falling within any of the three priorities would be entitled to a mandatory grant on making a valid application. The purpose of the panel is to act as gatekeeper to the available funds by limiting the number of applications coming forward.

- 5. Priority 1 cases can enable the applicant to remain in their own home instead of transferring to a care home or more acute care or in order to simply be able to return home from hospital. This latter example demonstrates the importance to respond quickly to facilitate a grant so as to prevent valuable hospital beds being blocked. Also home adaptations for children can increase the capacity of parents to look after a disabled child at home, allowing a family to stay together and for parents to continue with employment.
- 6. Priority 1 cases are individual in nature and dependent upon the assessment undertaken by the Occupational Therapy team. The maximum grant that can be awarded is £30,000. The priority and urgency of these cases means that sufficient resource needs to be available throughout the whole of the year to deal with an applicant that is assessed as priority 1.
- 7. Remaining funding is therefore available for priority 3 cases which tend to be where the applicant cannot bathe properly given their disability and circumstances. The remaining funding is insufficient to meet the demand of priority 3 cases and so a waiting list is maintained. Currently up to mid Dec 2016 there are 74 cases awaiting a grant application to be made. Of these there are 15 cases which have waited over 12 months since assessment.
- 8. The way in which the external funding is received has changed with effect from April 2015. The external funding from government sources is now paid to Lancashire County Council as a part of the new Better Care Fund. It is then paid to the council from Lancashire County Council. Although there has been an increase in funding for the current year there are no indications at present of the likely level of funding for future years. Fylde BC officers are engaging at an early stage with the Better Care Fund and are members of a county wide task group with a remit to agree and allocate how the resources for DFG's and monitoring arrangements will be established in Lancashire.
- 9. The government recognises the growing pressures on social care budgets within local government. The Chancellor recently announced in his autumn statement to allocate £500 million by 2019/20 for the Disabled Facilities Grant (DFG), which is predicted to fund around 85,000 home adaptations that year and prevent 8,500 people from needing to go into a care home in 2019/2020. In 2015/16, nationally £220 million was provided for the DFG, and so there is an apparent increase in funding allocation although the details of this are awaited in due course.
- 10. In order to review the effectiveness of the council's existing arrangements for DFG's the process needs to be fully considered and reviewed: the means test, the assessment criteria, repayment requirements, current and previous performance, procurement, distribution of funding locally and identification of best practice. In addition details will emerge over the next few weeks as to the government's intentions in relation to future funding.
- 11. As a result the Environment, Health and Housing committee resolved to establish a working group to consider these issues in detail and take evidence from a variety of sources. The committee resolved that the working group be made up of members of both the Environment, Health & Housing and Finance & Democracy Committees which would look at both the social care and funding aspects of the issue.

FURTHER INFORMATION AVAILABLE FROM

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