

Committee:	Housing Board	Date:	7 December 2017
Title:	Disabled Facilities Grants Update		
Report Author:	Marcus Watts, Environmental Health Manager (Protection)	Item for decision:	No

Summary

1. The Disabled Facilities Grant (DFG) service was transferred back to the Environmental Health Service in April 2017 ending the previous long-term arrangements with The Papworth Trust, Home Improvement Agency.
2. This report provides an overview of the DFG service, information on funding and role of case working in delivering a comprehensive service that has already resulted in reductions in waiting times.

Recommendations

3. That the Housing Board notes the content of the report and ongoing work to engage with the health and wellbeing agenda.

Financial Implications

4. None - from existing resources.

Background Papers

5. None.

Impact

- 6.

Communication/Consultation	No communication/consultation has taken place
Community Safety	No direct impact on community
Equalities	No impact on equalities
Health and Safety	No impact on employee health and safety
Human Rights/Legal Implications	None – The Council is compliance with the legislative requirements of DFG provision
Sustainability	The service is sustainable, subject to external funding through the Better Care Fund

Ward-specific impacts	No specific impact
Workforce/Workplace	In house resource

Situation

7. The Disabled Facilities Grant (DFG) is a mandatory housing grant. Legislation sets out the type of work the grant can be claimed for, the assessment process, the test of resource and maximum amount of grant payable (£30,000).
8. The Council's Environmental Health Service administers and provides DFGs to eligible disabled people. The aim of the grant allows low income disabled people to live as comfortably and independently as possible in their own home. Examples of some of the works include:
 - Door widening and the and installation of ramps
 - Improve access to rooms and facilities - e.g. stairlifts
 - Adaptations to bathrooms & kitchens
 - Provision of heating and lighting systems to make them easier to use
9. The DFG only funds adaptations in the private sector. The Housing Revenue Account (HRA) funds adaptations and equipment in Council homes.
10. DFG funded adaptations contribute to meeting a range of Public Health, NHS and Social Care outcomes, around prevention and Keeping People Well: the vast majority of disabled people live in general (not Specialist) housing and so home adaptations play a key role in enabling safe, healthy, independent living at home. Adaptations can reduce health and social care costs, help to reduce risk of injury (e.g. from falls), enable faster hospital discharge, delay onset of admission to residential care and reduce care costs.
11. Studies in a range of disciplines confirm that the home environment is a quantifiable determinant of health, quality of life and well-being. The quality and suitability of the home environment is particularly important for disabled people, older people, those living with a chronic disease or the consequences of a serious injury, and those who experience functional and cognitive difficulties. The DFG ultimately provides the financial help with home adaptations where disability coincides with low income and health inequalities.
12. DFG is becoming increasingly important as the population ages. Demand is increasing. Only a small portion of the housing stock is fully accessible and few new homes suitable for people with disabilities are being built, therefore modification of existing stock is becoming more significant.
13. The cost benefit of timely adaptations is well documented. A typical home adaptation costing £7,000 can delay entry to residential care by up to four

years, saving up to £73,000 per person (based on average home care costs of £20,000 per year).

14. In 2014 the funding allocation for DFGs passed from central government to Essex County Council (ECC) and in 2016/17 funding to the Council for this purpose was paid for the first time via Essex County Council as part of the Better Care Fund. Unfortunately, Uttlesford receives one of the lowest levels of funding allocation in the Country. The reasons for this are unknown but originate from a central government devised formula that has historically been unsuccessful in providing an equitable spread of resources to local authorities according to need.
15. In recognition of the rising need for adaptations, central government funding for the DFG has increased considerably. In 2016/17 provision rose from £220 million to £394 million and is projected to increase to over £500 million by 2019/20. In 2015/16 funding to Uttlesford was £98,000, yet our DFG expenditure was £210,000. In 2016/17 our allocation from the Better Care Fund increased to £160,000, with a total spend of £279,000. In 2017/18 this increased to £179,000. The shortfall in spend in all cases is covered by the Council's capital budget. In line with government projections, officers expect the grant increase to continue and consequently will result in savings to the Council's capital budget.
16. The increases in funding should create better opportunities for integrating the DFG programme with social care and health. There is also a push to encourage more pooling of other resources and create new working arrangements between local housing authorities and social care. Officers are currently working on the terms for these new arrangements. As Uttlesford will not be subject to any underspend from the ECC allocation, Officers are hopeful that funding opportunities will be made through the redistribution of underspends from other Councils in Essex.
17. The service has yet to develop its performance reporting and measure customer satisfaction, however anecdotal accounts have been very positive, with much praise awarded to the case worker position the Council filled to support the service.
18. The Case Worker post assists customers in a number of ways and can ease a lot of the worry associate with the grant and works process. This includes:
 - Visiting clients and providing assistance with the application process & means testing process
 - Checking to see if the customer is eligible for financial help
 - Checks that the referrals are value for money
 - Getting quotes, drawing up plans and inspecting works.
19. Since the transfer of DFG Services in April 2017, 28 cases have been referred to the service by Occupational Therapists. On average, customers are contacted within a few days and visits are made with the DFG Case

Worker within 12 days. The average referral to first visit assessment for 2015/16 under the management of the Papworth Trust was 30.5 days.

20. When comparing the average number of weeks from Occupational Therapist referral to completion of works, during 2015/16 The Papworth Trust reported 45.5 weeks. To date, the Environmental Health Service is on target to reduce the time by over 50% (currently 16 weeks).

21. Bringing DFG delivery back in house and developing the service continues to be a gradual process, however, the streamlining measures in place and resources allocated to the service have clearly brought significant reductions in waiting times. Reductions in waiting times will reduce further complications and ongoing care costs.

22. The Council is now in complete control of the process and, as the accountable body, is striving to improve the service. Over the next 12 months our priorities are to work with ECC to seek additional funding, explore how we can adapt and improve the service further and report on performance.

Risk Analysis

23.

Risk	Likelihood	Impact	Mitigating actions
n/a information only item			

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.