



COMMUNITY OVERVIEW & SCRUTINY PANEL

Panel Report

Public

Date of Meeting: 24TH November 2011

Title: Disabled Facilities Grants

Report of: Disabled Facilities Grants Task & Finish Group

Report reference: OS 29/11

Summary:

The final report of the Disabled Facilities Grants (DFGs) Task and Finish group is attached. The report makes a number of recommendations for action for the Executive.

Recommendations:

Members are asked to

- Approve/amend the report and recommend it to the Executive, requesting a formal response.

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Disabled Facilities Grants

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Chairman's Foreword

I am pleased to present the final report of Community Overview & Scrutiny Panel, Task & Finish Group on Disabled Facilities Grants.

Disabled Facilities Grants make a substantial contribution in helping people to stay independent in their own homes for as long as possible. It is important that people continue to be able to exercise that choice by accessing support to make appropriate adaptations to their homes.

Delivery of Disabled Facilities Grants is a complex area and requires input from a range of professions and organisations. Demographic change means that the number of people needing to access this type of support will only increase in the coming years, at a time when financial resources are under severe pressure.

The Task and Finish Group has deliberated for many hours and listened to contributions from a range of people who have sound experience and are knowledgeable in the subject.

We have made some important recommendations which we consider employ common sense and would be feasible to follow up and implement. Success will require effective partnership working and we look forward to Carlisle City Council rising to the challenge as an example of good practice in this area of work.

I would like to thank all the witnesses, council officers and members who have given their time and made such a valuable contribution to this work. In particular I would like to thank Nicola Edwards, Overview and Scrutiny Officer, without whose support, help and guidance, this task would have been virtually impossible.

Councillor Colin Glover
Chairman – DFG Task & Finish Group
Community Overview & Scrutiny Panel.

Recommendations

The Task Group make the following recommendations:

1. That the Council continue to lobby Government to ensure that an appropriate amount of funding is secured to satisfy DFG demand in Carlisle.
2. That the Executive give consideration to allocating some or all of the New Homes Bonus Grant to the DFG Budget.
3. That a clear reporting procedure is developed between Riverside, Social Care and the Council so that the Council is fully aware of all DFG cases from referral to completion to comply with its statutory duty in the provision of major adaptations.
4. That consideration be given to requesting that Riverside contribute the first £7,000 of all DFGs relating to their properties.
5. That the development of a Countywide procurement framework for adaptations is explored with other District Councils, Health and Social Care.
6. That the option of developing a community based recycling organisation for adaptations is considered further.
7. That Carlisle City Council be prepared to pilot the DFG integrated model with Health and Social Care.
8. That the Council has discussions with the GP Consortia to address the identified imbalance between acute care and prevention service funding in recognition of the contribution that DFG's make to preventing hospital admissions.
9. That the Executive give consideration within the budget process of the impact that committed grant carried forward has on the budget in the following year.
10. That Planning Officers should consider raising the issue of Lifetime Homes when considering and discussing planning applications.

Introduction

1. Adapting the homes of older and disabled people can enable them to remain in their own home and therefore avoid going into residential care and reducing the need for intensive home care.
2. Disabled Facilities Grants are an important component of the Social Care Agenda of successive governments with the general objective of allowing people with disabilities to remain in their homes in comfort with independence wherever possible. Furthermore research has shown that remaining in one's home can improve both quality of life outcomes for the individual and save money in Health and Social Care..¹
3. The Council is required through Disabled Facilities Grants (DFGs) to provide financial assistance to eligible individuals who require work to adapt their home to accommodate their disability.
4. Types of work include:
 - widening doors and installing ramps
 - providing or improving access to rooms and facilities - for example, by installing a stair lift or providing a downstairs bathroom
 - improving or providing a heating system which is suitable for the persons needs
 - adapting heating or lighting controls to make them easier to use
 - improving access to and movement around the home to enable care for another person who lives in the property, such as a child
5. Before issuing a DFG a local housing authority must satisfy itself that the works are necessary and appropriate to meet the needs of the disabled person and are reasonable and practicable depending on the age and condition of the property.
6. For adults the amount of grant awarded is based on a financial assessment (a 'means test'). There is no means testing for families of disabled children under the age of 19. The maximum level of grant is currently £30,000 and this can be topped up with personal finance if the cost of the adaptation exceeds this.
7. Members of the Task Group were informed that the key challenge for the Council is meeting an increased demand for disabled facility grants with reduced resources, while helping people to live in their homes for longer. This is currently being addressed by:
 - Developing a sustainable delivery model, integrated with health and social care
 - Responding to the demographic challenge from an increasing number of older people and the effects of the implementation of Cumbria NHS's 'Closer to Home Strategy'

¹ Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: (report for Department of Work and Pensions 2007)

- Helping to minimise the risk of unplanned hospital admissions and falls by adopting a flexible, risk based approach to the delivery of DFGs.
 - Ensuring the grant assessment process delivers an appropriate balance between safety and dignity.
 - Making better use of existing resources through smarter and leaner procurement and leaner service delivery. Securing a financial commitment from Housing Associations to address the housing needs of people with disabilities while encouraging better use of existing adapted properties and offering choice.
8. Scrutiny Members historically have expressed concerns regarding DFG's and the budgetary implications on the Authority. There is concern that the Council may be unable to sustain its statutory role due to the rise in demand for Grants due to the increase in the ageing population.
 9. It was therefore agreed by the Community Overview and Scrutiny Panel that a review should be undertaken to look further into the topic to consider the resources available, identify any further resources and whether the service is providing value for money.
 10. Cllrs Glover (Lead Member), Luckley and Prest were appointed from the Community Overview and Scrutiny Panel and due to the financial implications and the risk to the Authority Cllr Layden was appointed to represent the Resources Overview and Scrutiny Panel.
 11. The Task Group agreed the following Terms of Reference for their review:
 1. To gain a clear understanding of how Disabled Facilities Grants are funded and compare grant allocation against other Local Authorities.
 2. To gain a clear understanding of the Council's procedures of the allocation of DFGs to applicants
 3. To gain an understanding of the recycling of adapted properties and the involvement of Housing Associations.
 12. This report details the task groups finding with regard to the DFG budget, issues relating to Riverside Carlisle, current practices and recent changes to the assessment process together with information from other District Councils in Cumbria to compare grant allocation to demand.
 13. The report also looks at the involvement of and implications for the Health Service and also considers how the design of new homes can have a future impact on the demand for DFGs.

Methodology

In order to develop the evidence base for the review Task and Finish Group Members considered a wide range of information and data including the following:

- **Briefing Paper 1 (General) prepared for Task Group covering:**
 - Statutory Framework
 - Finance
 - Process
 - Assessment Process
 - Lean Systems Review
- **Briefing Paper 2 (Health Issues and DFGs) prepared for Task Group covering:**
 - Key Changes to Health and Social Care
 - Public Health and the Health and Social Care Bill
 - Housing and Health
 - Adaptation Support
 - Closer to Home – DFG Integration
- **DFGs Expenditure and Budget 2006-2010**
- **Information relating to Lifetime Homes**
- **Budget information from other Cumbria District Councils**
- **Lean Systems Review Action Plan**

Task Group Members also took oral evidence from the following individuals:

- Robert Cornwall, Project Manager, Disabled Facilities Grant - Cumbria
- Margaret Miller, Communities, Housing & Health Manager
- Simon Taylor, Housing & Health Services Manager, Carlisle City Council
- Kim Doran, Assistant Director, Asset Management, Riverside
- Lynne Izon, Occupational Therapist, Adult Social Care, Cumbria County Council
- Lorna Young, Projects Officer, Riverside Carlisle
- Dr Peter Weaving, Lead GP for Carlisle
- Eleanor Hodgson, Carlisle Locality Director, Cumbria PCT
- Councillor Ray Bloxham, Portfolio Holder, Environment & Housing

Meetings of the Task Group were held on:

Date	Purpose
15 th September 2011	To discuss background information and to scope review
29 th September 2011	Meet with Riverside and Adult Social Care representatives
19 th October 2011	Meet with Health Representatives and Portfolio Holder
31 st October 2011	Consideration of findings and draft recommendations

Background/Findings

1. Statutory Framework

1.1 Task Group Members were informed that Local Authorities have a legislative duty to meet the needs of those people who are assessed by social care as requiring an adaptation to their home and apply for help through a Disabled Facilities Grant. The main legislation, which governs the provision of Disabled Facilities Grant (DFG), is contained within the Housing Grants, Construction and Regeneration Act 1996 (HGCRA). The legislative framework also includes;

- N.H.S. and Community Care Act 1990
- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons Act 1986
- Health Services and Public Health Act 1968
- NHS Act 1977
- Childrens Act 1989
- Housing Grants, Construction and Regeneration Act 1996 (HGCRA)
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Housing Act 2004

1.2 In summary the main principles of the legislative framework are:-

- The client's right to receive an assessment of need from Social Care.
- Clients must be made aware of the options available to meet the identified needs, how the provision can be made and who is responsible.
- There is a statutory duty for any need to be met.
- Where services are deemed not to be essential client's must be given reasons why.
- Clients must be made aware of how to complain or appeal.

2. Finance

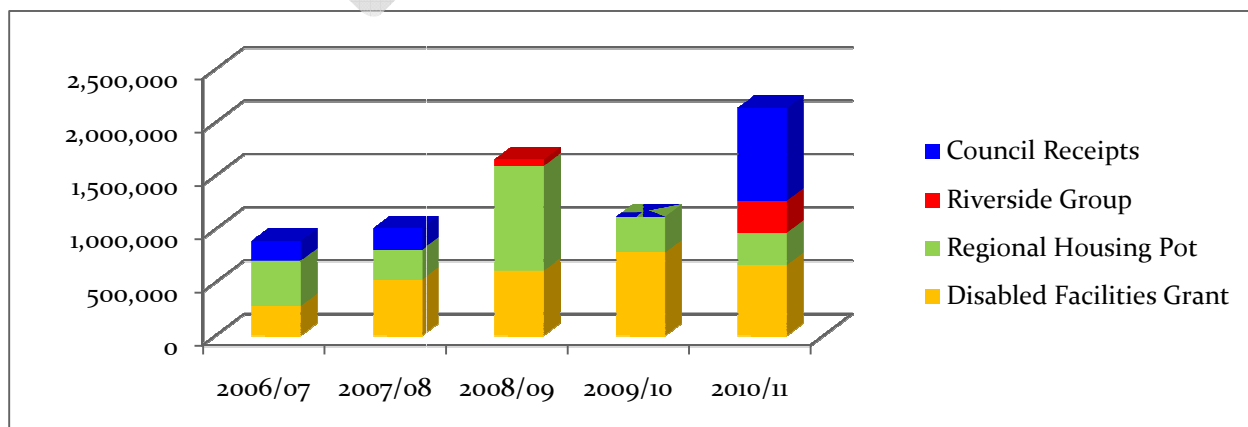
2.1 Up until 2007, government allocations were intended to meet around 60% of local authority costs for DFGs on an assumed 60:40 split. This assumption has since been abandoned, and allocations have failed to keep step with increasing demand, leaving most local authorities having to provide increasing levels of matched funding to meet their legal obligations.

2.2 Rules have also been tightened to ensure speedy administration of grant applications, heightened by some important case law, producing something of a "triple whammy" – (1) mandatory entitlement, (2) generally increasing demand, and (3) legally specified timescales for processing applications.

- 2.3 In recent years the Government has increased the scope and range of works that can be included for under a DFG have increased the maximum level of grant which now stands at £30k. Case law has made it abundantly clear that the size of any central government grant allocation in no way reduces a local authority's obligation to approve all valid grant applications made.
- 2.4 Over the last three years the amount Government has allocated to Carlisle has remained the same at £663,000. As a result of lobbying the Council was awarded a further £118,000 in 2009/10.
- 2.5 Up to 2010-11 the Council contributed the full amount of its Regional Housing Capital Pot to the DFG budget. This funding was removed by the Government as part of the Comprehensive Spending Review announced in October 2010.
- 2.6 In this financial year (2011/12), as part of an allocation of £500,000 to District Councils from Cumbria County Council, Carlisle is expected to receive a further £150,000. There will be a further similar payment in 2012-13 subject to a review of other models for distribution.
- 2.7 Riverside Carlisle made a contribution of £300,000 to the 2010/11 budget.
- 2.8 Table 1 below shows the make up of the DFG budget between 2006-2010.

Funded by:	2006/07		2007/08		2008/09		2009/10		2010/11	
	£	%	£	%	£	%	£	%	£	%
Disabled Facilities Grant	279,694	31%	525,306	52%	610,000	37%	781,000	70%	663,000	31%
Regional Housing Pot	423,645	48%	281,309	28%	984,148	59%	336,089	30%	303,500	14%
Riverside Group	0	0%	0	0%	60,000	4%	0	0%	300,000	14%
Council Receipts	186,463	21%	200,253	20%	0	0%	0	0%	872,023	41%
Total	889,802	100%	1,006,867	100%	1,654,148	100%	1,117,089	100%	2,138,523	100%

Table 1 - DFG Budgets and Funding Sources 2006-2010



- 2.9 In 2010/11 there were 284 grants approved. The most common are level access showers and stair lifts. The least common extensions are for disabled children but these are the most expensive usually costing up to the grant maximum of £30k. Most DFG's are awarded to older people over 65 who are also in receipt of a passported² benefit so under the current means test and therefore make no contribution to the cost of the works. The minimum grant is £1,000 the maximum is £30,000 and the average cost is currently £6,800. All adaptations under £1,000 are the responsibility of Cumbria County Council.
- 2.10 Task Group Members wanted to find out more about DFGs for adaptations to Riverside properties. They were informed of the percentage split on DFG for Riverside and other properties are as follows:

	2006/07		2007/08		2008/09		2009/10		2010/11	
Riverside Group Properties	423,645	48%	506,235	50%	731,870	44%	486,118	44%	869,187	41%
Other Properties	466,157	52%	500,633	50%	922,278	56%	630,972	56%	1,269,336	59%

Table 2 - Breakdown of DFG budget to Riverside and Other Properties 2006/7-2010/11

- 2.11 Members were informed that a report by the Audit Commission in October 2009 had concluded that *"Riverside Carlisle is not working closely with the Council to help disabled customers obtain major adaptations or agree how these should be dealt with as part of the home improvement programmes."*³
- 2.12 In order to address these criticisms in 2010/11 and 2011/12 Riverside Housing Association allocated £300,000 to the Council to meet some of the costs of providing adaptations in their properties.
- Furthermore during the course of this review the Riverside Group nationally allocated funding of £445,000 annually for 2011/12 – 2015/16 to Riverside Carlisle specifically for this purpose.
- 2.13 Members were informed that this money will not be pooled into the budget held by the Authority. Instead Riverside Carlisle are currently undertaking a review which includes examining the potential for of Riverside to undertake the smaller adaptations themselves (below £7,000) which would be funded by the money provided by the Riverside Group.
- 2.14 The Task Group were told that representatives from Riverside had met with officers from the City Council to discuss the options and to consider the applications that were currently pending.
- 2.15 The Task Group have requested and received information on the expenditure on DFGs above £7,000 for Riverside Properties in 2010/11 which can be seen in Table 3.

² Passporting benefits are benefits that, once you have them, automatically allow you to collect other benefits

³ Housing Services, Riverside Carlisle, the Carlisle Division of the Riverside Group, Audit Commission, October 2009

Reference	Cost £
DFG/10/1986	7,258.16
DFG/10/2018	20,443.54
DFG/10/2026	21,880.65
DFG/10/2035	7,279.40
DFG/10/2039	8,973.53
DFG/10/2040	23,555.43
DFG/10/2068	11,653.60
DFG/10/2083	18,676.00
DFG/10/2090	8,247.15
DFG/10/2092	30,000.00
DFG/10/2094	17,663.21
DFG/10/2110	9,152.64
DFG/10/2195	30,000.00
DFG/10/2204	7,162.40
DFG/10/2208	14,417.76
DFG/10/2230	8,653.88
DFG/10/2244	30,000.00
Total	275,017.35

Table 3 - 2010/11 Adaptations to Riverside Properties with a cost over £7,000

- 2.16 Members noted that there were several cases where the cost exceeded £7,000 by a relatively small amount and had concerns how costs would be monitored. Members also suggested, rather than paying for adaptations less than £7,000, Riverside should be asked to contribute the first £7,000 to each DFG within their properties. In 2010 this would have equated to a contribution of £119,000 (43%) of the DFGs based on the figures in Table 3.
- 2.17 The Task Group were further informed that some Housing Associations pay for the majority of their adaptations themselves and were able to do this because of the nature and size of their stock as well as wanting to deliver a good service to their disabled tenants.
- 2.18 In October 2011 it has been arranged between Occupational Therapists (OT's) and Riverside for some DFG referrals to go directly to the housing provider. It is important to note that the City Council would still be in consideration as part of the DFG process for each of their referrals.
- 2.19 During the course of the review Task Group Members were informed that the Authority is to receive a New Homes Bonus grant from the Government for the next six years which has not yet been allocated. Carlisle is to receive a Year 1 (2011/12) payment of £243,452.⁴

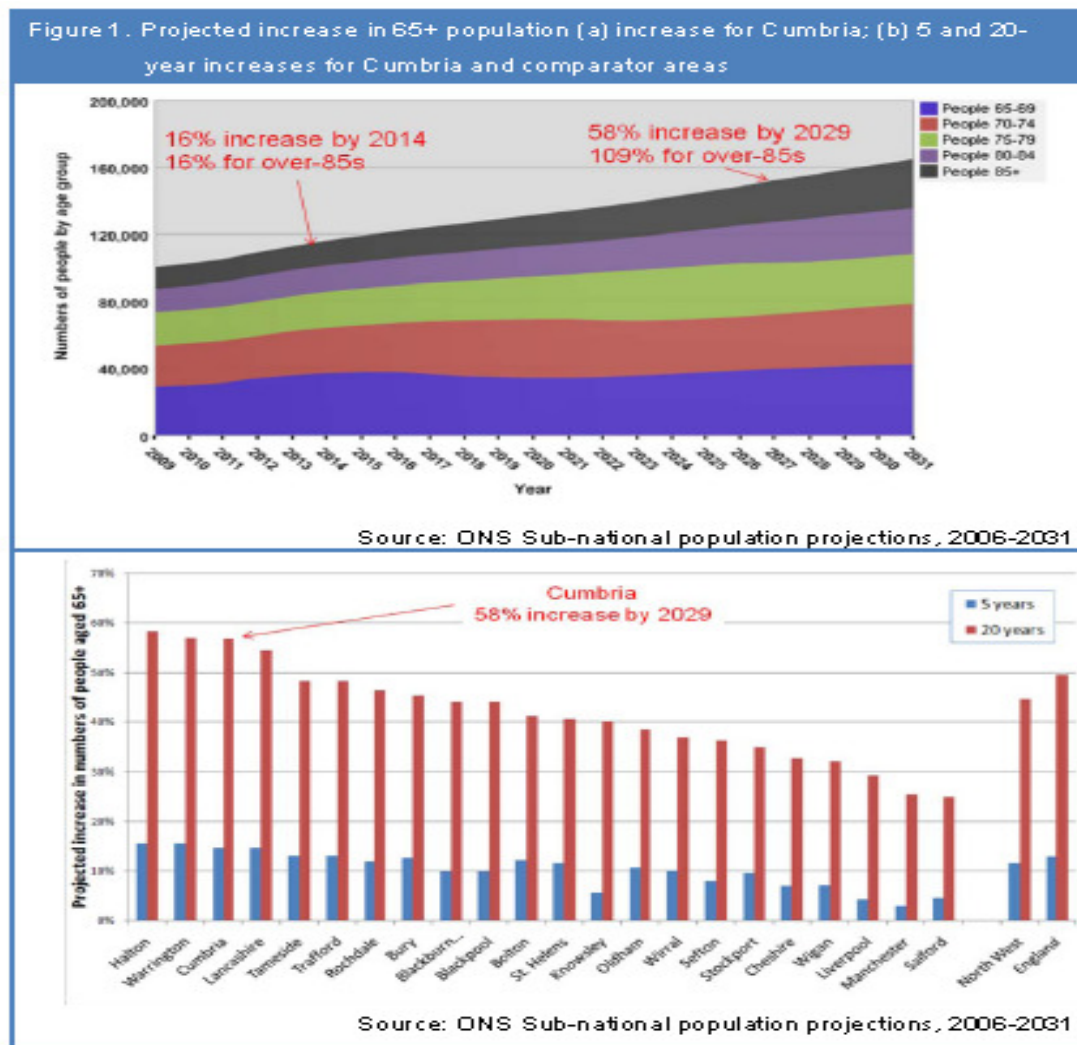
⁴ New Homes Bonus Scheme Grant Determination 2011/12 (31/1877) Dept CLG April 2011

- 2.20 The bonus commenced in April 2011 and will match fund the additional council tax raised for new homes and properties brought back into use, with an additional amount for affordable homes, for the following six years.⁵
- 2.21 Members of the Task Group were informed that towards the end of each financial year a number of grants that are approved cross the financial years with the payment coming out in the following financial year. If the budget is not carried forward to fund this then it is funded from the allocation in the new financial year thus reducing the available funding for grants within the new financial year. The aim this financial year is to reduce the amount of approved grants towards the end of the financial year that will be potential carry forwards.
- 2.22 Task Group Members recognised that third sector organisations are generally suffering from reduced levels of funding and are having to consider whether they are able to sustain some of the services that they provide. These can include low level interventions such as handyperson services and any reduction in support of this type could result in increased cost pressures and demand for statutory support services, including DFG's.

⁵ www.communities.gov.uk/housing/housingsupply/newhomesbonus/

3. Demographic Information

- 3.1 The Over 65 population of Cumbria is set to rise significantly as outlined in the tables below. This is an indicator of possible demand in the future since over 85% of all DFGs are to this group. Demand over the last five years has been significantly higher than the rise in this group of the population, with a doubling of spend on DFGs over that time.



- 3.2 For individual Districts the picture varies with most seeing a similar rise as Cumbria, with the exception of Copeland and Eden where the increase is larger. Table 4 below shows the projected population Over 65 (2010 – 2030).

Area	2010	2015	2020	2030
CUMBRIA	101,600	117,500	129,000	157,500
Allerdale	19,400	22,700	24,600	29,900
Barrow	13,100	14,800	15,800	18,500
Carlisle	19,700	22,400	24,600	30,200
Copeland	13,200	15,400	17,000	21,600
Eden	11,300	13,300	14,900	18,500
South Lakes	25,000	29,200	35,200	38,900

Table 4 - Over 65 Projected Population in Cumbria by District

4. The DFG process

4.1 In Cumbria, Occupational Therapists (OT) employed by Cumbria County Council carry out the assessment of needs. Assessed applications are then referred to Carlisle City Council who has a statutory duty to fund approved DFG applications. The process of applying for a DFG (in simple terms) is as follows:

1. Client approaches Social Services with a request for an assessment. If they are judged as meeting the 'Critical' or 'Substantial' criteria under Fair Access to Care, an Occupational Therapist (OT) will visit the client and make an assessment.
2. If the OT judges that the client needs a DFG, they send a recommendation and risk profile to the Housing Grants Team. The Grants Team measure, make plans, and tender the work, liaising with the OT and Client. DFG application and means test is completed with Client. Local Authority has a completed application at this stage.
3. Case is approved by Local Authority and the work is contracted out. At this approval stage Local Authority has to commit the cost of the works from its budget.
4. Upon completion of the work and after approval by OT, invoices from the contractor are paid. At this stage the money actually leaves the Council from the budget.

4.2 Task Group Members were informed that the application process takes approximately 10 weeks followed by an average of a further 6 months before the adaption has been completed. It is hoped that these figures will be reduced due to the changes in the delivery process (see Section 5).

4.3 Case study 1 gives an example of how partners worked together to achieve the desired outcome for the client ensuring the appropriate practical adaptations are in place which supported her in her desired to return to work.

Case Study 1

Ms A has a degenerative disease. She and her two dependant children lived in first floor accommodation and required a stair lift. Ms A's condition deteriorated quickly and she required ground floor accommodation which was wheelchair accessible and had space for the installation of hoists.

The Occupational Therapists worked closely with Riverside Carlisle to identify a suitable property that could be adapted to the client's requirements. It was important at this point to consider Ms A's long term future not just the short term need. Following application, a DFG had been awarded to Ms A for the maximum amount of £30,000 and was topped up by Ms A's personal finance.

Riverside Carlisle took the stair lift from her previous property and placed it in the new property. Some minor adaptations were carried out to allow Ms A to live in the property whilst the ground floor extension was being completed. The Disabled Facilities Application process had been very successful and was a good example of different stakeholders working well together. The process from application to completion of the ground floor extension was completed within a year. The adaptations had helped Ms A in her desire to return to work.

- 4.4 Task Group Members were also informed of a case whereby a person with disabilities who worked was not eligible for a DFG following the means test. The client wanted to keep his independence and continue to work for as long as possible and felt that he was being penalised because of this.

5. Current Practice - Reducing the Risks

Risk based assessment process

- 5.1 The Task Group were informed that a risk based profiling system has been set up across Cumbria to risk profile all DFG applicants due to their vulnerability. The assessment identifies those most at risk and ranks them accordingly to ensure that the most vulnerable applicants are being addressed first. This points based risk assessment was devised with the Occupational Therapists (OTs) at Cumbria County Council who undertake the assessment. The system has been in place Countywide for approximately six months and all new DFG applicants are risk profiled.
- 5.2 Following the introduction of the system in Carlisle, all cases that are both waiting for approval and in preparation have also been ranked according to risk.
- 5.3 The system is judged to have been successful in identifying those clients at most risk of injury and it has become more consistent with use. Officers are working closely with colleagues in Adult Social Care and Health to ensure that if a person's circumstances change their risk profile is also updated. Clients whose situation deteriorates can be risk assessed again and if a case becomes an emergency the priority of the case will be progressed as an urgent case.
- 5.4 The system reduces the priority of those with issues concerning bathing. This can though be an issue where the client has a medical condition(s) where bathing is a need. These cases are reprioritised by requesting a confirmation letter of the medical need from the clients GP or District Nurse.
- 5.5 Task Group Members were informed by an OT that the process had become much faster and highlighted that the assessment of the client needed also to be considered alongside the points system so that the long term needs of the client were considered to allow adaptations to be appropriate if their disability was degenerative.
- 5.6 An example of partnership working and innovative thinking was given to the Task Group of a client who had been refused a ground floor adaptation but continued to have difficulty in their property. The OT and Riverside gave further consideration of the case and the property and realised that by changing the use of rooms he would be able to continue to live in his property without the need for adaptation.

Lean Systems review

- 5.7 Task Group Members were informed that within the Council a lean systems review has been undertaken to look at the processes used to deal with DFG's. The method looked at the practices, processes and procedures and began with the questions "what is the

purpose of what we are doing?”, “why are we doing it?” or “are we doing it in the correct manner?” The method follows the workflow and involves the people who actually carry out the work. As the City Council has statutory responsibility and financial restrictions the principles were adapted to allow for the constraints.

5.8 Task Group Members were informed that the principle of the review was to examine services from the customers point of view. And the team were challenged about what they were doing to enable them to have the opportunity to look at different ways of working.

5.9 From this review the team identified the following issues:

- Improve data management – provide better support for staff and improve monitoring and planning
- Review procurement - develop framework to stretch the public purse.
- Improve joint working with adult social care – to achieve better targeting and improve resource use.

5.10 An action plan to take the work forward is attached at Appendix 1

6. Information on other Local Authorities procedures, funding allocation and waiting periods

- 6.1 Local Authorities procedures on DFGs are set out by the Government in the 2006 *DFG Good Practice Guide*, which is due to be updated. This sets out waiting times and the processes Councils should use to take a Grant from the point of referral from Social Care to the approval stage. This is non statutory guidance but has been used by the Audit Commission and the Local Government ombudsman in making judgments on the administration of grants by councils. The guidance is being updated by a Working Group nationally headed by Care and Repair England.
- 6.2 Members were informed that the accepted evidence is that if the waiting time for DFGs is kept to a minimum then this both reduces costs for Health and Social Care and importantly reduces the risk of serious injury to the individual. For example, the morbidity rate for someone who falls and has a hip fracture, in the eighteen months following the fall is as high as 40%.
- 6.3 In Cumbria, District Councils have reduced the waiting times for the period from referral to DFG approval to an average of 10 weeks as part of Cumbria's Local Area Agreement (LAA) by April 2010. This has increased since then in all Districts but the greatest increase has been seen in Carlisle due to the severe constraints on the budget and the high levels of demand compared to other Districts. Recently though the situation has eased and officers are working to reduce waiting times hopefully back to the levels achieved at the end of the LAA.
- 6.4 All agree that the waiting time that is most important is from the time the client contacts Social Care to the time that the work is completed on site.
- 6.5 The Table below shows the allocations from Government to each District Council in Cumbria in 2010-11, the expenditure in that authority and the percentage of overall spend provided by Government. As noted earlier in the report up to 2008 it was expected that Local Authorities provided 40% of the total spend with Government providing 60%.

District	Government Allocation 2010-11	Expenditure 2010-11	Gov. Monies as a % of total spend
Allerdale	399,000	1,034,000	38.6%
Barrow	399,000	850,000	46.1%
Carlisle	663,000	2,100,000	31.5%
Copeland	210,000	750,000	28.0%
Eden	158,000	359,000	44.0%
South Lakes	242,000	480,000	50.0%

Table 5 - Government Allocations by Cumbria Districts

7. Information on potential recycling opportunities for equipment removed from adapted properties

- 7.1 Members of the Task Group were interested in whether it was possible to recycle and reuse both adaptations and adapted properties within the social housing stock.
- 7.2 They were informed that the stairlifts are the easiest adaptation to recycle. DFGs are awarded as grants and all adaptations including stairlifts become the property of the applicant. With larger adaptations, which are over £5,000 in value, the Council places a charge on the property which is due for repayment should the property be sold. Currently the Council have not had a repayment following the sale or disposal of a property since the process of charging started in 2009.
- 7.3 Task Group Members were informed that Officers have looked into the benefits of recycling as part of a procurement exercise for a countywide contract for the supply of stairlifts. The outcome was that the cost of refurbishing and cleaning the stairlift, coupled with the cost of taking the equipment out of the property and storage, proved to be too high.
- 7.4 Members were informed that one further possibility would be to explore the setting up of a community based recycling organisation in a similar way to the furniture recycling enterprise run by Impact Housing. This could focus on both large and small pieces of equipment from hand rails to stairlifts. A service such as this may enable people to carry out adaptations themselves in the Private Sector where they may not be able to qualify for a grant.
- 7.5 Task Group Members were informed that Riverside recognised that a number of properties had been adapted and that those adaptations could be used again when the properties became vacant. Riverside were in talks with the OTs to discuss how the adaptations could be used more effectively and this would form part of the current review being undertaken by Riverside.
- 7.6 Members were further informed that the DFG and finance from Housing Associations were used to assist people in moving into more suitable properties. It was recognised that moving people was a sensitive subject as many people did not want to leave their homes or neighbourhoods when their current home becomes unsuitable for them.
- 7.7 The OT interviewed by the Task Group agreed that moving clients was a sensitive matter and informed the Group that the client may not have accepted their disability or how it would progress. Often time was needed to support the client into accepting and dealing with the disability before any adaptations or moves could be made. She felt that any adaptations or moves should be empowering for the client.
- 7.8 Riverside informed that Group that they are looking at having an officer in place who could support people in their move, allay any anxiety or fears of moving as well as assisting with practical tasks, for example any paperwork involved.

8. Health and DFGs

- 8.1 Task Group Members were informed that in 2006 Cumbria NHS implemented its 'Closer to Home' strategy. As part of this change to the way Health Services are delivered in Cumbria, more people would be supported at home rather than receive care in long term hospital or residential care.
- 8.2 This move to keep people independent at home has continued and is key to the shared long term aim to keep health services sustainable as we face a growing older people population.
- 8.3 Members were informed that in April 2011, the NHS budget in Cumbria has largely been devolved down to locality based GP Consortia who now commission most of the Health Care in the County. Over the previous years Cumbria NHS has run at a deficit and has been unwilling commission wider services in the community that could have had a prevention role in reducing costs.
- 8.4 Task Group Members were reassured at their meeting with representatives from Health that acknowledgment was given to the advantages of DFGs within both Health and Social Care.
- 8.5 Members expressed that they believed that Government funding was unbalanced in the large amount that was provided for funding care and hospitals in comparison with the small amount to Local Authorities to provide DFGs. This did not take into account the significant effect on hospital budgets that DFGs provide. Health representatives agreed that there was a need to address the balance between acute care and community services.
- 8.6 It is hoped that now GPs are in charge of the budget that prevention will become more important, coupled with the strategy to treat people at home to end of life. Patients tell us that this is what they want too; so this strategy also fits with the move in Health and Social Care to provide people with more choice and control.

Public Health and the Health and Social Care Bill

- 8.7 The Health and Social Care Bill will see the setting up of Health and Wellbeing Boards, which has already happened in Cumbria, and the move of Public Health to Cumbria County Council from Cumbria NHS. There will be 3 District Members on the Health and Wellbeing Board, ensuring that issues such as DFGs and the wide impact of Housing on people's health are recognised.

Housing and Health

- 8.8 It is common sense that the condition of someone's home affects their health. For example, someone with a respiratory condition will have their condition made worse by a cold damp home. Poor housing that is unsuitable or unsafe for an individual will lead to increases in the need for support and poor outcomes such as increased unplanned hospital admissions. Housing forms a major part of the recognised environmental factors

that help or hinder outcomes in Health. A more holistic approach can be both beneficial for patients and prevent costs.

Adaptations support 'Closer to Home'

- 8.9 A DFG can prevent injuries such as falls which for example, amongst older people, commonly can lead to hip fractures. The treatment for a hip fracture on average costs the Health system £30,000 and there is also a high morbidity rate. DFGs are also important to discharge rates and have been used to enable patients to be sent home safely in good time.
- 8.10 Local Authorities fully support the changes to the way Health is provided and will indeed have a greater role in influencing this change through the Health and Wellbeing Boards. As noted earlier in the report, Cumbria is facing a larger increase in its older people population than other parts of the country, especially urban metropolitan areas. Since between 58% and 70% of all resources nationally are spent in Health on this age group, both Local Authorities, who provide DFGs, and Health face challenges in meeting this growing demand. Both share a common purpose in ensuring that Government recognises the need for adequate funding to keep services sustainable.

DFG Integration

- 8.11 Task Group Members were informed that over the next twelve months, a Joint Project with health and Social Care will be looking at how to integrate the DFG process further across Cumbria. To help with this the Joint Commissioning Board for Health and Social Care approved a bid for funding to enable this work to go ahead. This will provide Districts with an additional £500k in 2011-12 and a further £500k in 2012-13. A distribution model has been agreed for 2011-12.
- 8.10 The project will look at what model will work best to improve outcomes for patients and to better support the key strategic aim of Health and Social Care to keep people as independent as possible at home.

9. Lifetime Homes

- 9.1 The Portfolio Holder for Environment and Housing, Councillor Bloxham, brought the issue of the importance of good housing design to the attention of the Task Group. He felt strongly that housing associations, landlords and developers should be considering their buildings and look at ways of making small changes, such as wider doors, which would remove the need for adaption and would not affect able people.
- 10.2 Lifetime Homes are ordinary homes incorporating 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life. Lifetime Homes are built with accessibility and adaptability incorporated at the design stage. Should the occupant's needs change, the homes are cheaper to adapt and there is minimal disruption to the occupant.⁶
- 10.3 Members were informed of paragraph 5.66 which supports Policy H13 Special Needs Housing in the Carlisle District Local Plan 2011-16.
- 9.4 The paragraph draws attention to the increasing need for lifetime homes and in relation to the increasing demand for DFGs a greater emphasis should now be given to provision of lifetime homes. Officers should therefore consider raising these concerns when considering and discussing planning applications and how they are able to achieve LTH provision.

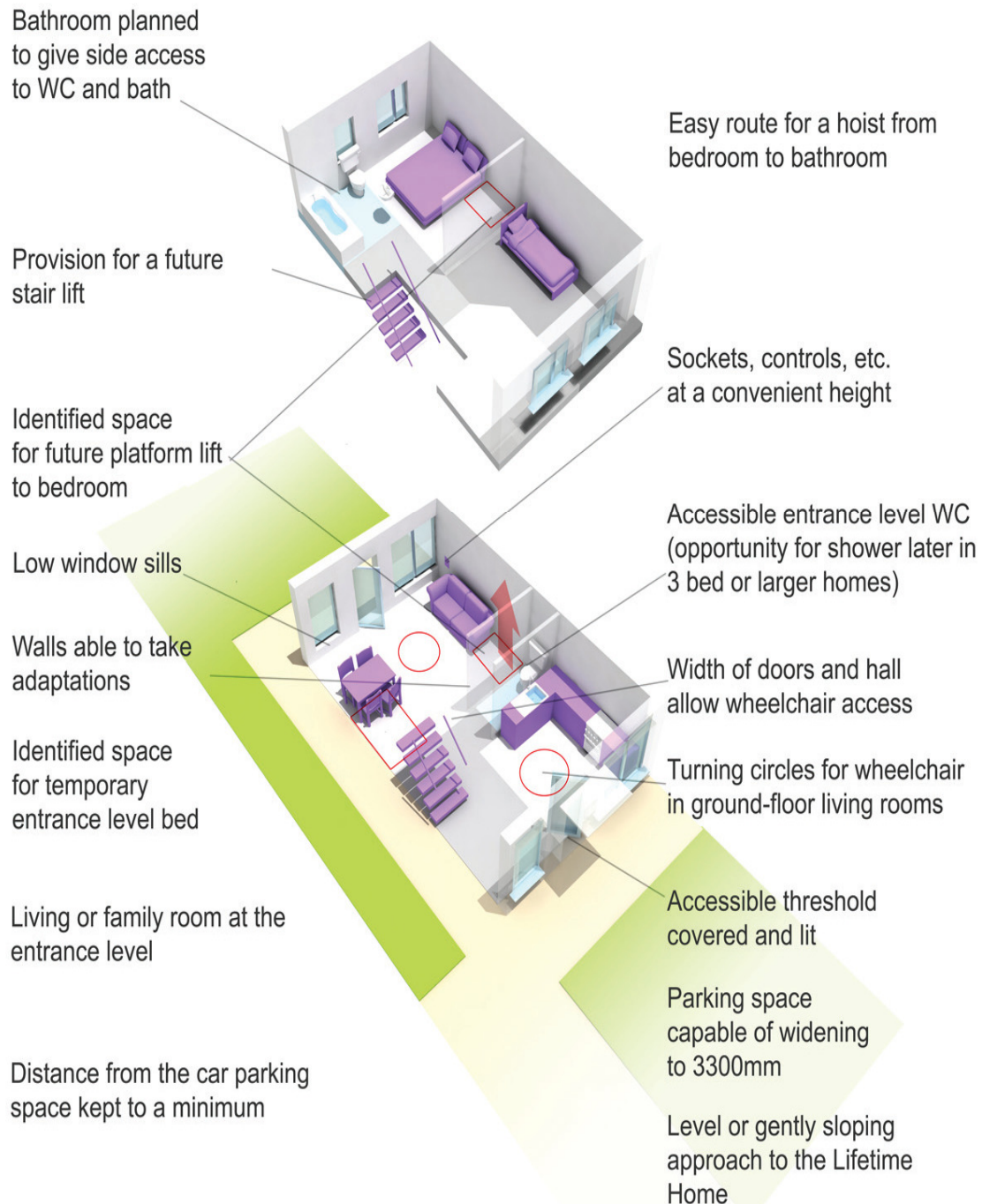
Paragraph 5.66 reads:

“A better option than continually adapting houses to different needs is the construction of lifetime homes. These are new dwellings built to a standard that can cater for residents throughout their lifetime. Currently there is no direct requirement to provide a proportion of lifetime homes through the planning system, but during the Plan period the increase in need for this type of dwelling may indicate a need to include such dwellings in larger developments.”

- 9.5 A Lifetime Homes Diagram is shown on the following page.

⁶ <http://www.lifetimehomes.org.uk/pages/lifetime-homes.html>

Lifetime Homes Diagram



Produced by PRP
Diagram indicative only

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Conclusions

1. Members were reminded throughout the course of this review that the Council has a statutory responsibility to provide Disabled Facilities Grants to eligible people. It is clear to Members that the rise in demand is linked to the growing older people population in Carlisle and the key strategic aim of Health and Social Care to keep people as independent as possible at home, coupled with issues of deprivation.
2. The report notes that up until 2007, government allocations were intended to meet around 60% of local authority costs for DFGs on an assumed 60:40 split. This assumption has since been abandoned, and allocations have failed to keep step with increasing demand. Indeed, with the exception of 2009/10, the split has been reversed since 2006/07.
3. In comparison with other Districts within Cumbria, with the exception of Copeland at 28%, Carlisle received the least percentage (31.5%) from the Government in 2010/11.
4. Members of the Task Group conclude that this is out of proportion. Lobbying resulted in an increase to the Government grant in 2009/10 from £663,000 to £781,000 and Members will be making a **recommendation that lobbying continue**.
5. The Council contributed the whole of its allocated Regional Housing Capital Pot to the DFG budget up until it was removed by the Government as part of the CSR in announced in October 2010. This has further increased the pressure on the Authority's budget. Task Group Members agree that it would be prudent of the Authority to allocate some or all of the **New Homes Bonus Grant to the DFG budget and will be recommending that this is considered by the Executive**.
6. Task Group Members have examined the whole of the DFG expenditure over the past several years and highlighted the amount of budget which is allocated to Riverside properties. The Task Group welcome the £300,000 contribution to the 2010/11 and further funding for 2011/12 budget from Riverside Carlisle.
7. As noted in the report, Task Group Members were informed that the Riverside Group have allocated additional funds to Riverside Carlisle to address the criticisms of the Audit Commission over the lack of support to their disabled tenants. Members are concerned that this funding is not to be pooled into the budget and are aware that a review is currently ongoing by Riverside Carlisle on how to best make use of these funds.
8. Members have learned that there is a suggestion that Riverside Carlisle undertake adaptations below £7,000. Members want to be reassured that if this is taken forward then the quality of work is of a standard which would be acceptable to the Council. Task Group Members also concluded that as statutory responsibility remains with the Council that **a reporting procedure must be developed between the OTs, Riverside and Carlisle City Council so that the Council is aware of all cases from referral to completion**.
9. The Task Group also conclude that Riverside should be asked to provide the **first £7,000 of all major adaptations** and this should be incorporated into the Service Level Agreement.

10. Task Group Members were not convinced that procurement was as cost effective as it could be but were reassured that this is currently being addressed within the Lean Systems Review. **Task Group Members would like to see better procurement explored which ideally would be a framework involving other District Councils, Health and Social Care** and will be making a recommendation to reflect this.
11. The recycling of adaptations also links to better procurement and Members were informed that the cost of recycling stairlifts has proved to be too high but that further work should be done to find a model of recycling equipment.
12. Members are aware that for a variety of reasons adaptations are not reused/recycled as they could be. The Task Group was informed that further consideration could be given to **establishing a community based recycling organisation focusing on both large and small pieces of equipment from hand rails to stairlifts**. Members are to make a recommendation to investigate this option further.
13. Task Group Members agree that whilst it is important that adapted properties are reused they have concerns about the proposals by Riverside to move tenants to adapted properties rather than adapting their property. Members were particularly concerned about older people with dementia. It was agreed that familiar surroundings were imperative to this group of people and therefore full consideration needs to be given to the risks before any move should be contemplated. Task Group Members agreed with the Occupational Therapist that any adaptations or moves should be empowering for the client and suggest that Riverside Carlisle give adequate weight to the advice of the social care and medical professionals.
14. Task Group Members were encouraged by the current work by District Councils, Health and Social Care in developing an integrated model for DFGs. Members believed that the service should have an holistic approach rather than the various agencies working in silos. Task Group Members were informed that it is hoped that the model would be piloted for 6 months (April –October 2012) and are **recommending that the Council be prepared to pilot the scheme**.
15. Task Group Members were pleased to note that during discussions with health representatives there was acknowledgement that there was a need to **address the imbalance between acute care and community services** and the Task Group will be making a **recommendation that this is followed up with discussions between the Council and the GP Consortia**.
16. Members agreed that the amount of approved grants towards the end of the financial years should be reduced in order to prevent potential carry forwards. Members believe that this is important if particularly if Carlisle is to pilot the integrated model as noted above.
17. Members agreed with the Portfolio Holder that the design of new builds should **reflect Lifetime Homes principles**. Members understand that there is no national policy on the provision but as local demand is increasing it becomes a real issue for the district. Members agree that officers should consider raising the issues of Lifetime Homes when considering and discussion planning applications and will be making a recommendation to reflect this.

DFG Lean Systems Review

Action Plan

9th November 2011

	What	outcomes	Who	When	Update
1.	Communicate next steps, involve team in action planning	Clear direction Team ownership of the way forward and commitment to delivery.	MM	w/c 5/9 8/9/11 21/9/11	<p>Discuss with ST and set up team meeting</p> <p>Meeting set up and held on 8/9/11. This included the staff involved with DFG work and ST as the team manager. MM updated meeting with feedback from SMT. The team focussed on taking forward the work of the team to improve delivery. This involved splitting into two groupings to look at the issues of Procurement (ST,RC,SL and MM from procurement) and data management (AM,TK,NT,JK). It was decided to hold these to look at these areas next week.</p> <p>Meeting held with the following staff being present – ST, JG, NT, DW, JK,</p>

					<p>SL,TK. The background to the current budgetary and operational issues regarding DFG's. The current budget being £813,000 (£663K government grant plus £150K from Riverside HA for the period April – Sept). Additional monies of £150K from Riverside to March 2012 and £150 from Health (via RC and the integrated pilot) are to be added. The 'lean systems' review was described by JG. An update on the Community Overview and Scrutiny Task & Finish group was given. A query was asked if this review would talk to members of the service delivery team ? Points from the meeting included;</p> <p>IT to be contacted to draw together a package of development for the Accolade system. In the short term NT would update the spreadsheet developed by RC. This would enable data to be attained. It was discussed that a needs process would be followed regarding pointed</p>
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					<p>applications with those assessed with the highest number of points being worked on as a priority. In regard to Riverside properties it would be looked at to ascertain landlords permission prior to progressing preparatory and other works.</p> <p>It was agreed that the team would meet on a weekly basis with the first being 28/9. This would update the team and allow discussion to progress the work and actions of this plan.</p> <p>Minimum specification approach to works agreed to be taken forward and discussed with OT's.</p> <p>Invoices for work done would be chased and contractors contacted regularly.</p> <p>Updates on all DFG meetings to be circulated to team and included in this action plan – Riverside, OT's.</p> <p>First internal DFG staff meeting</p> <p>6 new cases reviewed</p> <p>Outcome of Riverside meeting updated.</p> <p>Priority vs date order system – clarified after meeting via e mail</p> <p>Issue to be taken up with</p>
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				28/9/11	<p>OT's cases with Urgent Action written on them but with low points OT meeting update discussed (see above)</p> <p>Riverside are undertaking review of DFG's. They have grant of £445K per annum for five years. From April 2012 they propose to deal with their DFG's and will fund £150 K For DFG's via the council to the end of 3/12.Forecast of jobs in the system given to Riverside by SY and to meet with them next week to discuss the stripping out of medium adaptations (LAS,Ramp, OBS) from the costings.</p> <p>DFG Team Meeting No new cases received in last week 25 new cases received in September. £110,000 approved in last month £107,000 paid out in last month 4 applications completed for approval in last week No approvals in last week.</p>
				29/9/11	

				5/10/2011	<p>Group agreed that it would be appropriate to manage the monthly allocation of £100,000 in two amounts at fortnightly approvals discussions. This would allow staff to have more control on the approval case load for staffing and time resources. The group recognised that there maybe extenuating circumstances where a discussion for approval may have to happen before the 2 weeks if necessary.</p> <p>Team making recommendations to approve 8 cases in this fortnight.</p> <p>AM to liaise with Simon and Margaret on approval discussions at team meeting and present cases for approval.</p> <p>DFG Team Meeting held. 7 New cases received in week since 5/10/2011. 2 TK, 2 JK, 1 JH, 2 SL.</p> <p>AM to confirm with JK and JH workload, as not in attendance at the meeting.</p>
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				12/10/2011	<p>Invoices paid this week £17.8000.</p> <p>Applications processed in last week and awaiting approval, 3 cases. Total Value, £28,500.</p> <p>Agreed to include figures in action plan for running spend and running commitment for year to date. TK to update group at next meeting.</p> <p>TK to seek clarification with Lorna at Riverside on the position regarding new referrals.</p> <p>Next approval session for making approvals 19/10/2011.</p> <p>DFG meeting held. 3 new cases received since last week – 2 TK & 1JH. Workloads discussed.</p>
				19/10/11	<p>OT's sending referrals direct to Riverside. OBS - £9.5K to be passed to Riverside from our list. TK to seek update from Lorna re- works hand over.</p>

					<p>Approvals - £134K of works approved – ST to sign off. Budget - £1,113,000. Spend - £429,611. Approved - £352K.</p>
				26.10.11	<p>Weekly meeting held. Three new cases received this week (JK-1, SL-1 & TK-1). Other referrals received but awaiting client to return Enquiry form. Specification basic approach to be discussed next week. Expenditure has been £20K.</p>
				2/11/11	<p>Weekly meeting held. Task & Finish group explained. Three new cases. All waiting private sector applications approved - £90K of work. To date spend - £474,000, committed - £362,000. Of Riverside jobs £140K paid, £180K invoiced and £98K to bill.</p>
				9/11/11	<p>Three new cases. Updated review plan and details of Task & Finish report discussed. Budget £1,113K (£150K from Health due at</p>

					<p>month end), spend - £484,000, approved & committed - £458,000, left to approve £171,000.</p> <p>Estimated cost of work in pipeline not ready to approve - £458K. Riverside have reached £300K level. 30 referrals made direct by OT's to Riverside, details not yet passed to Council. Riverside have indicated the possibility that they cannot fund all works they originally planned to take off the Council or all referrals. They are to quantify this. ST to highlight this as a potential risk if jobs are subsequently referred back to the council.</p>
2.	<p>Procurement:</p> <p>Stage one: Develop framework</p> <p>Review procurement across Housing</p>	<p>Improved Closer to Home outcomes (reduced admissions/ upstream savings</p> <p>Upskilling staff – using expertise to enhance service</p> <p>Procurement is transparent -</p>	SL/M Mark and D Kay	<p>Priority</p> <p>12/9/11</p>	<p>Stage one Appoint lead officer from team - to work with Malcolm M and David Kay in developing a service specification. It was agreed at the staff meeting on 6/9 that ST, SL and RC would work on procurement. The first meeting was held on 12/9 and MM and DK were invited.</p> <p>Initial meeting held (ST,MM -</p>

		officer integrity maintained		16/9/11	<p>procurement, SL and RC). It was clarified that SMT had asked that that work start on developing a framework and schedule of rates approach.</p> <p>At this second meeting it was agreed that works would be split by category. SL would go through the jobs list at sort into categories/lots based on types of work. Once these are agreed then schedules can be drawn up.</p> <p>The timescale was agreed as tender to start in November so the framework starts on 1/4/12. To account for external developments on a countywide 'integrated model' the tender word be worded that it would be to 31/3/13 and would have an option to extend.</p> <p>Once the schedules have been agreed we would reconvene. In the short term for the rest of this financial year there will be a need to look at minimum specs for works (to discuss at the team</p>
				12/10/11	

				<p>20/10/11</p> <p>1/11/11</p> <p>9/11/11</p>	<p>meeting).</p> <p>Procurement looking at schedules</p> <p>Update meeting set up</p> <p>Precurement meeting held – ST, MMark,SL & RC. Approach agreed with framework document to be sent out in November under EU procurement. The document will include other council works and Copeland. MM to approach SLDC. Meeting to be set up with staff from Copeland to discuss procurement.</p>
3.	Influence gatekeeping role of OTs	Joined up approach to health and social care – better targeting of resources	KG	<p>23/9/11</p>	<p>SMT to discuss with County equivalents</p> <p>A countywide meeting of the OT group was held to look at the points system introduced in all 6 districts to prioritise need. RC the county DFG co-ordinator present. Feedback was that OT's feel</p>

					<p>the points system is generally fair but felt extra guidance would be helpful in children's cases. In respect to Carlisle:</p> <p>OT's would like more information to be available on where people are in the process</p> <p>They would like some idea when cases are likely to be approved</p> <p>They would like housing to answer client queries relating to the grant process as OT's cannot.</p>
4.	Data Management	<p>Makes life easier for staff</p> <p>Staff feel motivated and supported – have tools they need to do job</p> <p>Better reporting systems and availability if information</p>	<p>AM/JK/NT/DW</p> <p>NT</p> <p>DFG Team</p>	<p>14/09/11</p> <p>15/09/11</p> <p>21/09/11</p>	<p>Meeting held with officers in DFG data scoping team. Merits of Acolaid as a data system discussed and development items agreed to take forward to team meeting.</p> <p>Nikki Tattersall mocked up key data for collection based on previous SI data collection. Circulated to group for consultation.</p> <p>Team Meeting to discuss outcomes of data scoping. Items to be discussed at meeting to cover restarting Statutory Indicator data</p>

					collection and capacity issues in the team. Team also to discuss future of Acolaid and its development.
			TK/JG/AM	20/09/11	AM reporting that Steve Evans in ICT has advised Irene Maleny that they would be able to assist the team in data collection from Acolaid.
			AM/TK/JG	19/09/11	Contact at Acolaid established to assist in future of Acolaid, Daphne Brill at IDOX. TK and AM to liaise.
			AM/TK	26/09/11	Meeting with Steve Evans-Roach ICT and Irene Maleny. Discussed options for future use of Acolaid and data extraction. Steve to contact Acolaid to arrange Health Check of system and provisions for adapting the system.
			TK	26/09/11	Tanya to explore merits of using IDOX Forum, to enquire if other authorities using acolaid have priority points system set up.
			TBC at Team	1/10/11	

			meeting	05/10/2011	Excel spreadsheet from SI to act as an interim measure until Acolaid is developed. Start collating information from month end figures Information available for all.
				18/10/11	NT updated group at team meeting that she was still inputting the data on the new spreadsheet.
				1/11/11	Accolade system package being looked at to see if a training and benefits process can be identified by accolade to help the team get the most out of the system.
					Date for assessment being arranged.