

Short review into adaptations

Public Accounts Select Committee

May 2011



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2010-2011 Membership of the Public Accounts Select Committee:

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Councillor Jim Mallory (Vice – Chair)
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Councillor Helen Gibson
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Councillor Michael Harris
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1. Chair's introduction



Cllr Alex Feakes
Chair of the Public
Accounts Select
Committee

Lewisham Council's adaptations service can be proud of the work they do to improve the lives of people with disabilities or infirmities living in the borough. Minor alterations or adaptations to someone's home can enable them to live more comfortably and more independently for longer, with less recourse to support from public services and benefits to their health, wellbeing and dignity.

The Public Accounts Select Committee's review of the adaptations service has sought to examine the impact of its work and test its value for money, administrative aspects and evidence base. We would like to note the positive engagement with our review we have had from the adaptations service managers and their willingness to consider our suggestions for improvement and further enhancement of the service.

We were pleased to see the beneficial outcomes that the service has achieved for many of its clients and, in terms of reduced call on social care, the concomitant benefit to the council's finances. In the current cash-constrained environment it will become increasingly important to realise the medium term 'spend to save' opportunities that the adaptations service represents, and we hope that the service will strengthen its case with firm data.

The forecast ageing of our population will put further pressures on the service, but greater partnership working and more effective signposting by the service will help meet some of this demand. It is not so clear, however, how the seemingly one-way relationship for referrals from registered social landlords can be resolved, and we would urge a robust approach from the council on this issue.

I would like to thank the adaptations service for their assistance with our review and for organising the case-study visits which were so helpful for the Committee's work. I would also like to thank our Scrutiny Manager who has provided invaluable support and research for the review.

2. Executive summary

2.1 The aim of the Committee's review was to examine the assessment and installation process for home adaptations, focussing in particular on the provision of Disabled Facility Grants to fund major adaptations. The Committee sought to assess whether value for money was being achieved; and identify any specific actions that might be taken by the Council to increase value for money and improve outcomes for residents.

2.2 The Committee's recommendations fall into three main strands:

Provision of Data, Information and Advice: The Committee found that the tracking and monitoring of adaptations could be more comprehensive and recommends that data on waiting times and the savings resulting from reablement is regularly collated and published. The Committee believes that better data collection will help demonstrate the value of the reablement service and provide evidence that 'investing to save' is worthwhile. The Committee would also like to see residents given advice on specialist charities that can quickly provide adaptations, where appropriate and where in the resident's best interest. In relation to this, officers should provide confirmation of the resident's needs to the charity, to assist in the application process. Finally, the Committee found that the information and advice provided to residents *not eligible* for social care services, especially DFGs, needs to improve. The initial point of contact with the resident (refusal of DFG) should be used as an opportunity to offer appropriate advice, including information on reputable companies providing appropriate equipment and signposting to suitable equipment in their catalogues. This will help avoid residents wasting money on unsuitable adaptations.

Quality of Service: The Committee believes that there should be a presumption that waiting times in relation to all stages of the adaptations process, especially installing major adaptations following the award of a DFG, should be reduced as much as possible, whilst maintaining an affordable DFG programme. With regard to this, the use of external Occupational Therapy contractors to help to clear waiting lists, as is practice in other London boroughs, should be considered. The Council should also conduct an audit of adaptations, reassessing a selection of adaptations a certain period of time after implementation, to see if they are providing the benefits they were intended to produce.

Value for Money: Firstly, the Committee recommends that the Council takes steps to ensure that an equitable proportion of reablement costs are recovered from the NHS, as the reablement programme saves money from NHS as well as Council budgets. Secondly, it is the Committee's view that management controls in relation to DFG declarations should increase to ensure accuracy and detect any fraud. This activity should be publicised to deter fraud in future DFG applications. Finally, the Council should investigate whether charging interest on the loans provided by the Council of up to £15,000 (where the cost of major adaptations works is more than the £30,000 maximum DFG award) will act as a deterrent, given the loan (and any rolled up interest, should it be charged) is a charge on the property and only has to be paid back once the property is sold.

3. Purpose and structure of review

3.1 The Committee agreed that its review should consider how the deployment of resources to provide home adaptations was providing value for money and identify any specific actions that might be taken by the Council to increase value for money and improve outcomes for residents. As the Committee had limited time (one evidence session) in which to consider this, potentially very broad, issue, it was agreed that the review would focus primarily on Disabled Facility Grants (DFGs).

3.2 The review was scoped in September 2010 and members of the Committee visited two residents who had benefitted from DFGs on 2 March 2011. An evidence session was held on 8 March 2011 to consider a background report on the issue and hear from relevant officers:

1. Ruth Sheridan, Joint Transformation Lead (Lewisham Adult Social Care)
2. Kate Pottinger, Service Manager - Independence Therapies & Rehabilitation
3. Tony Mottram, Head of Business Regulatory Services
4. Steve Whiting, Grants Team Manager

3.3 The Committee agreed its recommendations in May 2011.

4. Background

4.1 Adapting the homes of older and disabled residents can enable them to remain in their own home and avoid going into residential care or having intensive home care. Research has shown that remaining in one's home can improve quality of life outcomes and save money.¹ Providing housing adaptations and equipment can produce savings to health and social care budgets by:

- Avoiding or delaying the cost of residential care or intensive home care
- Reducing the cost of home care (if adaptations reduce the frequency or length of home visits)
- Preventing other outlays (if adaptations prevent injury causing accidents such as hip fractures which will result in the need for intensive care)
- Preventing health care costs for carers (adaptations can improve the physical and mental health of carers).

4.2 Various forms of assistance are available for older and disabled residents for minor and major works to allow them to remain in their home and these are outlined at **Appendix A**, together with relevant budget information.

4.3 This review focused on DFGs, which can be applied for to complete major adaptations in properties where the person is not a Council (Lewisham Homes or Brockley PFI) tenant. They are provided if the Council considers that changes are necessary to meet the resident's needs, to allow him/her to continue living at his/her property, but the work must be reasonable and practical. Typical works 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 resident's needs (but only if the resident's disability was made worse by a lack of heating - otherwise this would not be carried out under a DFG, but could be carried out by Warm Front or Coldbusters)
- adapting heating or lighting controls to make them easier to use
- improving access to and movement around the home to enable the resident to care for another person who lives in the property, such as a child
- providing access to a garden area.

¹ See: Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence, Frances Heywood and Lynn Turner (report of research carried out by the School for Policy Studies, University of Bristol on behalf of the Office for Disability Issues, Department for Work and Pensions), 2007
<http://www.officefordisability.gov.uk/docs/res/il/better-outcomes-report.pdf>

4.4 Older and disabled residents can be referred to adult social care and the adaptations service via a variety of avenues including their family, social workers, GPs and district nurses. An assessment of need is made by an occupational therapist (OT) who will look at the resident's circumstances and recommend the type of adaptation(s) needed. The amount of grant awarded is based on a financial assessment (a 'means test' of average weekly income in relation to outgoings) but there is no means testing for families of disabled children under 19.

4.5 The maximum amount of grant that a council is required to provide is £30,000 in England, per application, less any assessed contribution. If the cost of the eligible works is more, the council can use discretionary powers to increase the amount through an interest-free loan (see paragraph 4.28 for more detail).

4.6 A briefing note (House of Commons Standard note for MPs) on DFGs, including information on the Coalition Government's plans for the future of housing adaptations is attached at **Appendix B**.

4.7 **Appendix C** provides a summary of the legal duties pertaining to minor and major adaptations.

The DFG budget

4.8 The budget for DFGs is made up of two components: a grant from Central Government and funding from the Council's own resources. In 2010/11 the budget was £871,000, made up of £442,000 from the Council and £429,000 from Central Government. Spend to the end of January 2011 was £636,000. The budget for 2011/12 is £769,000, made up of £283,000 from the Council and £486,000 from Central Government.

4.9 Actual spend varies because there tends to be a lot of 'committed' expenditure which gets carried over from one year to another. The DFG is a mandatory grant so if the total figure rises above the budget, the Council is liable to meet the additional costs.

4.10 Table one over page shows, where data is available, the annual DFG budget, the actual spend, the number of DFGs approved, the number of DFGs completed and the value of the completed works, over the past 12 years.

4. Background

| Year | Budget | Actual spend | Number approved | Number completed | Value of completed works ² |
|-------|----------|--------------|-----------------|------------------|---------------------------------------|
| 99-00 | | | | 33 | £189,000 |
| 00-01 | | | | 56 | £397,000 |
| 01-02 | | | | 45 | £450,000 |
| 02-03 | | £352,000 | 32 | 57 | £410,000 |
| 03-04 | | £362,000 | 47 | 44 | £415,000 |
| 04-05 | | £401,000 | 39 | 51 | £481,000 |
| 05-06 | £500,000 | £524,000 | 58 | 45 | £482,000 |
| 06-07 | £500,000 | £410,000 | 39 | 46 | £528,000 |
| 07-08 | £650,000 | £348,000 | 47 | 42 | £364,000 |
| 08-09 | £915,000 | £571,000 | 77 | 69 | £594,000 |
| 09-10 | £985,000 | £826,000 | 87 | 103 | £813,000 |
| 10-11 | £871,000 | £787,000 | 66 | 84 | £893,000 |

Table 1: DFG Statistics

4.11 There is pressure on the DFG budget as demand is increasing at a greater rate than available funding. Demand has increased for a number of reasons, but principal of these is the recent recession which has led to a sharp reduction in the availability of other sources of funding for adaptations. To manage demand, it is possible in some instances for the Council to delay awarding grants. However, this is not always possible or fair, as the Council has a statutory duty to provide DFGs when a fully justified application is made.

4.12 Lewisham has transferred 9783 tenanted properties and 2575 leasehold properties³ to Registered Social Landlords (RSLs) and these have differing procedures for arranging and funding adaptations. The number of applications from residents in RSLs is increasing significantly. The Council has therefore sought to engage with RSLs with the aim of ensuring that they fund major adaptations themselves and adhere to the South East London Housing Partnership (SELHP) adaptations protocol. However, there is no statutory obligation for RSLs to fund adaptations and several RSLs have approached the Council's Grants and Independence Therapies & Rehabilitation (ITR) teams to report that they do not have a budget to fund major adaptations. Grant officers try to negotiate arrangements with RSLs for

² The value of completed works is calculated by adding up all of the final costs attached to each job. Data is entered onto a spreadsheet by the grant surveyors on completion and calculated automatically by the use of a pivot table.

³ There have been seven stock transfers – Lee; Orchard & Village Court; Foreshore & Albemarle; Chrysalis; Lewisham Park; Phoenix; and Grove Park. 12358 properties have transferred, 9783 tenanted properties and 2575 leasehold properties.

50/50 funding and sometimes they are successful. However, RSLs are becoming more reluctant to fund and the pressure on available DFG resources is therefore increasing.

4.13 A number of Council savings proposals (2011-14) relate to this area. In social care, savings of £100k in 2011/12, and £300k in 2012/12, have been set against reducing long term care costs through the development of reablement, a targeted preventative service linked to adaptations provision. Often, the success of a reablement programme depends on altering the environment to achieve independence. The following risks have been identified as potentially arising if the proposals are not achieved:

- Reduced and delayed provision of adaptations for disabled adults and children
- Increased risk to disabled people and their carers
- Increased risk of family breakdown (disabled children are known to be more at risk of family breakdown than other children)
- Increased pressure on social care budgets
- Increased local health costs
- Increased complaint to the Council
- Council may be in breach of some of its statutory obligations
- Reduced capacity for disabled people to become active citizens.

The Adaptations process in full

Assessment

4.14 The initial referral normally comes through to the Social Care Advice and Information Team (SCAIT) and is passed to the first response OT team. Within 1-2 working days, a team member will make a telephone assessment, offer advice and basic equipment and arrange a home visit, if necessary, within 2-3 weeks. The length of time the resident will need to wait before having a home visit depends on the perceived risk – visits are allocated following a prioritisation process.

4.15 The home visit will include consideration of the resident's medical condition; a full functional assessment of how they are managing everyday activities; and an assessment of their physical environment. It will also, where appropriate, take into account the needs of the carer. The assessment will include observation of the resident carrying out specific everyday tasks to check reported difficulties and will normally take between 1.5 – 2 hours. An alternative to a home visit for those able to travel, is an OT clinic based in some very sheltered accommodation and appointments can normally be made for the week following the initial referral.

4. Background

4.16 The aim of the home visit is to establish what advice, equipment, minor or major adaptations are required. The OT may advise the resident on alternative methods of completing a task and may provide information and advice about relevant support services. The OT will also make a professional judgement, using the Fair Access to Care Services (FACS) and DFG eligibility criteria, as to which equipment and adaptations should be recommended for provision and how they might be supplied. If minor adaptations are required, these are supplied quickly. During 2010/11 they were supplied, on average, within nine days⁴. Recommendations for major adaptations to the property, such as a stairlift, might also be made using a DFG. Extra information (e.g. medical reports) are sometimes required and sometimes a second visit is necessary.

4.17 All OT assessments are checked and authorised by a supervisor (a Senior OT). If the home visit suggests that major adaptations are required, the case is referred to the Major Adaptations Team. Any assessments of major adaptation need are discussed by the Senior OT and their Operational Manager before agreement to proceed with a major adaptation is authorised. The decision and relevant reasoning is recorded in an electronic social care client record system.

4.18 The legislation regarding DFGs gives a definition of those clients eligible for the grant as those who are “physically substantially disabled by illness, injury, impairment present since birth, or otherwise”, who “have a mental disorder or impairment of any kind”, or whose “sight, hearing or speech is substantially impaired”. This is assessed by the functional observation referred to above, and may be supplemented by medical information on the client’s individual prognosis from their GP or specialist. The resident is eligible for a DFG if they lack access to any one of a number of essential facilities.

4.19 The OT’s assessment is of what adaptations are “necessary and appropriate” (i.e. necessary to meet the individual applicant’s assessed needs; and appropriate related to their prognosis, the needs of their carers, the essential needs of other household members, and the long-term suitability of the property for the applicant). The adaptations are also jointly assessed by the OT and the Grants officer (and the Operational Manager in complex cases) according to whether they are “reasonable and practical”. This may relate to the criteria already outlined, in addition to the overall fitness of the property. In a small number of cases, a DFG has not been awarded because the cost of works required to bring the house into a fit condition (which may be funded by a Housing Repair or Decent Homes grant) has been beyond the available grant budget or deemed as excessive.

4.20 For all unqualified staff and less experienced OTs, the supervising Senior OT will complete a joint visit prior to discussion with the Operational

⁴ The nine day statistic refers to minor adaptations completed by community occupational therapy in Council-owned, privately-rented and owner-occupied properties. Timescales for minor adaptations requested by community occupational therapy in RSL-owned properties are unclear as the reporting back on these by RSLs is inconsistent.

Manager. If the circumstances are complex, or there are a range of potential options, the OT team member may be required to complete a clinical reasoning form to identify why the recommended major adaptation is the most appropriate solution to the client's needs (client preference is also recorded on the form). All cases where the decision about the most appropriate solution is unclear, or where potentials costs are above £20,000, are discussed by the Operational Manager and the Service Manager.

4.21 Prioritisation is on the basis of risk (to client or carers) and happens at the stage of allocation for OT assessment, as well as through joint working between the Community OT team, Grants team and Staying Put or other agent. This happens most often in the case of stairlift or ceiling track hoist provision, where the type of product and minimal associated building work allows fast-track provision, but also in other cases. Once the home visit has been completed it takes between 2-8 weeks for eligibility for a DFG to be assessed and the DFG to be awarded.

4.22 Sometimes work is recommended in anticipation of future need and the OT will consider things such as likely disease progression. This can, however, make clients feel uncomfortable, as they do not like to think about their health and physical abilities deteriorating further.

Means testing

4.23 The Grants Team is responsible for assessing eligibility for a DFG and designing the works to be carried out. The amount of grant awarded is based on a financial assessment (a 'means test' of average weekly income in relation to outgoings) but there is no means testing for families of disabled children under 19. Means testing takes into account savings above a certain limit. If the resident has a partner, combined income will be assessed. Certain income-related benefits including Income Support and pension credit are disregarded. Capital and savings are included in the means test but the first £6,000 of savings is disregarded. The value of the client's property, if owned, is also disregarded if it is the client's only property. A range of premiums and allowances is used for all essential outgoings (for example, rent/mortgage and personal expenditure) rather than actual outgoings.

4.24 Depending on the outcome of the assessment, which is achieved via the use of specialist software, the amount of financial assistance offered can vary from 0 to 100 per cent of the cost.

4.25 The award works as follows:

- if disposable income is less than assessed needs the resident will not normally need to contribute to the cost of the works
- if disposable income is more than assessed needs, a proportion of income will be used to calculate how much the resident could contribute towards the cost of the works and if this assessed amount is less than the cost of the works, the difference between the two is paid as a DFG.

4. Background

4.26 The result of the assessment is provided to the client, the OTs and the DFG agent⁵. It is up to the client to agree whether or not to proceed based on the assessed contribution.

4.27 Where a client's contribution is less than the full cost of DFG works, the Community OT Service can offer up to 50% of their contribution if the client provides proof that they are unable to extend their mortgage or obtain a loan. A report with permission to fund would also be sent to the Divisional Management Team for approval. This facility has not been taken up by any client in the last 10 years.

4.28 The maximum amount of grant that a council is required to pay is £30,000 in England per application less any assessed contribution. If the cost of the eligible mandatory works is more, the council can use discretionary powers to increase the amount through an interest-free loan of up to £15,000. This is redeemed as a charge on the property. As the loan is recovered as a charge on the property, inability to repay should not be an issue unless the owner of the property is ineligible for a loan due to existing debts or arrears (e.g. Council Tax). The loan is not available to tenants of RSLs, who are expected to support their tenants to move instead of applying for the Grant to fund such extensive works. Generally three to four loans of this nature are made each year.

4.29 Using Regulatory Reform Order powers, the Grants Team can make up to £5,000 available to clients who would be eligible for DFG adaptations but whose property is unsuitable to adapt. This additional move-on grant contributes to the administrative process of moving to an adapted or adaptable property. The client is eligible for a DFG to fund adaptations in their new home, and Community OTs and Grants staff are available to provide basic advice on the necessary features of new properties considered by the client. This option has been discussed with several clients but has not been taken up.

4.30 Most adaptations are VAT exempt, including fees (unless an external architect rather than Staying Put is used).

Installing the adaptations

4.31 Once a DFG has been approved, the case is transferred to a Caseload Assistant who maintains regular contact with the client, Grants team and DFG agent (e.g. Staying Put) during the process to ensure that any further ensuing needs are assessed for their impact on recommended adaptations. The Caseload Assistant also checks additional quotes obtained by the Grants Officer, to reconcile the technical specifications with the OT recommendations and refers to OT for correction if needed.

⁵ Virtually all DFG works (95%) carried out by the Council are designed and specified by the Council's Staying Put Service.

4.32 The DFG process can be lengthy and officers are looking to reduce waiting times, although the quicker claims are processed, the more expensive the programme is to operate (due to increases in volume) and this conflict needs to be borne in mind, given the limited budget for DFGs. In 2010-11 it took an average of 7 months for adaptations to be installed following a DFG award (approval to final payment). Approval to practical completion was approximately 6 to 6.5 months.

4.33 Virtually all DFG works carried out by the Council are designed and specified by the Council's Staying Put Service. Staying Put have a panel of contractors who carry out the work and have proved in the past that they are capable of producing high quality construction. A full tender process is carried out to ensure value for money. Staying Put Surveyors monitor works on site to ensure the required standards are achieved.

Monitoring the adaptations

4.34 All DFG adaptations are checked after completion by a member of the Community OT team, most often by the Caseload Assistant, to ensure that works have followed the OT recommendations, are usable for the client and are of a satisfactory finish. If the adaptation has reduced the existing need for care package support, a review of the care package is requested by the appropriate team and after this, any care package continues to be reviewed on an annual basis. Where clients need support to gain confidence in using a new adaptation, the Community OT Reablement team provide this through the Lewisham Assessment and Reablement programme, run with in-house home carers for a period up to six weeks.

Comparative information

4.35 In order to assess how other local authorities assess need in relation to DFGs and how they are dealing with increases in demand whilst addressing budgetary pressures, a survey was sent to OT managers in all London Boroughs. The results can be found at **Appendix D**.

4.36 Certain charities provide funding for adaptations where the need is particularly urgent and statutory funding is either not applicable or not available in a timely manner. For example, the Motor Neurone Disease Association recently funded a modular ramp for a Lewisham resident as it was needed more urgently than the DFG process could allow. The ramp was provided for essential home access to give quality of life to the client and their carer in the context of a rapidly progressive medical condition.

4.37 Other charities that are disability specific (e.g. MS Society, MND Association) or occupation-specific (e.g. Royal British Legion) have funds available but they are clear that their money should not replace funding for

⁶ See: Victory in the first battle of DFGs <http://campaign.plan9.co.uk/T/ViewEmail/r/BAA9AFE7C40D8461>

4. Background

statutory provision, as made clear recently by the Royal British Legion⁶. MS Society information on adaptations funding: states that “a letter of support from an occupational therapist, social worker, or sometimes another professional such as an MS nurse, as appropriate, is required. This is to confirm the diagnosis of MS, the need for and suitability of the item being requested, and that it cannot be funded by statutory authorities instead.”⁷ Charities are increasingly likely to consider an applicant’s financial situation and the MS Society states: “Applicants with more than £16,000 in savings are not eligible for financial assistance. Applicants with more than £8,000 in savings are expected to contribute towards the cost of the item. The savings of the applicant’s spouse or partner are included in this limit.” The Lewisham Disability Coalition has access to a database of charitable foundations that can provide financial support, and clients can be referred here for advice. However, the Council has a statutory requirement to provide for people with substantial or critical need under FACS criteria, so must be careful about signposting clients away from DFGs and to charities. The best interests of the client must always be taken into account.

Case studies

4.38 As part of the evidence session held in March 2011, the Committee considered three case studies relating to DFGs. The case studies presented explained how, in each case, need was assessed, how income was tested, how long it took to award the grant, how long it took to fit the adaptations, how the assessment and award was audited, how the standard of the work carried out was checked and how the success of the adaptation work was monitored. These case studies can be found at **Appendix E**.

4.39 Three members of the Committee visited the residents in two of the case studies, at their home, to see the adaptations *in situ* and to discuss with the residents, the impact that the adaptations had had on their lives. Those Members noted that both residents were very satisfied by the process and outcome but suspected that there were other cases that had not gone so well. The Committee was advised that clients’ expectations were often a problem, in that they sometimes had a very clear idea about what they required. However, the adaptations offered were the most cost effective solution based on the OT’s professional assessment of a client’s need and this sometimes resulted in a recommendation that did not match the client’s expectations. Members of the Committee were disappointed that examples of DFG cases that had not gone so well, or had not met the client’s expectations had not been provided to them.

⁷ See: http://www.mssociety.org.uk/downloads/Financial_assistance_from_the_MS_Society_booklet_2010_SINGLE_PAGE.85a06644.pdf

5. Findings

The reablement service

5.1 Since February 2010 the Community OT Assessment Team has been developing reablement services, working alongside the social care first response team. Most people who are new referrals to adult social care are considered for a reablement service at the start of the care pathway. Appropriate referrals are fast tracked to the OT team for assessment within five working days. Equipment, a minor adaptation and assistive technology are then provided to meet assessed needs.

5.2 The reablement service works in partnership with the in-house home care team so that people benefiting from reablement also have up to six weeks of intensive rehabilitation delivered by a trained homecare worker, in addition to equipment, minor adaptations and technology. Just over half of the current in-house home care employees have now had additional training, so that they are able to offer the skills required to implement a reablement package.

5.3 The Department of Health have released further funding to implement reablement across the health sector and at the beginning of 2011, the Council linked its reablement service to the hospital social work team. National research has shown that many older people recover better following a hospital stay with an intensive level of support once they are discharged home. Working closely with the person, reablement workers help them to regain skills, and gradually reduce their input over the 6 week period. Again, many of the service users require no, or reduced ongoing support following this intervention.

Cost-benefit analysis of the reablement service

5.4 The Committee was informed that, as a result of introducing the reablement service, costs for equipment, adaptations and assistive technology had increased. These were however, one-off costs to the Council, and represented a reduced cost in comparison with an ongoing care package. Bathing is an activity is one that many older people find difficult, as using a bath requires physical strength and flexible weight bearing joints. General wear and tear on joints, and commonly age related arthritis, reduces the persons ability to manage this task. To take bathing as an example, the cost of providing bath lift equipment (including an equipment maintenance visit) is approximately £575. This can be compared to the cost of a care package of approximately £1664 annually, based on two hours per week at £16 an hour, to provide bathing assistance. In this example, the cost efficiencies to the Council are evident.

5. Findings

National Evidence

5.5 The evidence base for adaptations (home care reablement) can be demonstrated by considering recent Care Services Efficiency Delivery's (CSED) research, including a Retrospective Longitudinal Study.⁸ Examining the experiences of four councils and schemes, the longitudinal study shows that in three of the four schemes:

- Between 53% and 68% of clients left reablement requiring no immediate homecare package
- Between 36% and 48% of clients continued to require no homecare package two years after undergoing reablement.
- Of those that required a homecare package within the two years after reablement, between 34% and 54% had maintained or reduced their homecare package two years after reablement.

5.6 A recent evaluation in Edinburgh included comparison of a control group.⁹ Here, 90 people going through a six week reablement programme were matched by age and dependency with 90 people who received traditional care services. Following the six week period, average hours of care in the reablement group fell from just under 8 per week to just under 5. This shows a 41% reduction in care, which is in line with the CSED findings.

Local Evidence

5.7 The Committee was informed that a dynamic model, based on national evidence, had been used to project some assumptions about the benefit and potential savings of reablement in Lewisham. The key finding was that there was an initial 'spend to save' period as reablement was being introduced which represented the period where clients were being taken on by a new reablement service, at a relatively high hourly cost compared to standard home care. However, in the longer term, the flow of clients into standard home care was reduced through reablement, and overall savings were realised.

5.8 The Committee heard that (as at March 2011) the reablement service had been in operation for 7 months and over 200 people had benefited from the service, with an ongoing caseload of around 36. It was noted that an evaluation of the first 7 months had indicated that in 44% of cases active reablement was not required, as the problems that people were experiencing could be resolved through the provision of equipment, adaptations, and assistive technology. Of the 56% of cases which needed more intensive support, 54% needed no on-going care after 4-6 weeks of intensive support.

⁸ See: <http://www.csed.dh.gov.uk/homeCareReablement/prospectiveLongStudy/>

⁹ See: <http://www.scotland.gov.uk/Publications/2009/11/25100200/7>

5.9 Table 2 below illustrates the outcomes of the cases completed in the first seven months of the reablement service. Taking this local evidence into account, the Council can project that the estimated reduction in ongoing care is £123,648:

- Analysis of current care packages indicates highest proportion are within 7 hour per week range.
- Proxy 7 hour care package at £16 per hour = £5824 per annum
- Multiply this by 42 people who have no care package at the three month review - this assumes that these people would have had a care package if they had not been successfully reabled = £244,608
- Overall care package reduction of £244,608 offset by the approximate cost of reablement service provision £120,960.

| Total number of reablement cases assessed | 224 | % of 224 | % of those reabled |
|---|--------------------|--|---|
| Outcome 1: Resolved with equipment/ adaptations/ assistive technology | 97 | 44% | |
| For the clients receiving 6 weeks hands-on reablement Outcome 2: Received short term reablement | 127 | | 57% (127, as a percentage of 224 cases) |
| Outcome 3: No care package required following reablement | 69 (out of 127) | 74% (69, reabled + 97 resolved with equipment, as a percentage of 224 cases) | 54% (69 as a percentage of 127 cases) |
| Outcome 4: Cases reviewed after 3 months, continue to require no care package | 42 (out of 127) | 62% (42, reabled + 97 resolved with equipment, as a percentage of 224 cases) | 33% (42 as a percentage of 127 cases) |
| Outcome 5: Post reablement requiring care package of 7 hours per week or less | 31 (out of 127) | 14% (31 as a percentage of 224 cases) | 24% (31 as a percentage of 127 cases) |
| Outcome 6: Post reablement requiring care package of more than 7 hours | 24 (out of 127) | 11% (24 as a percentage of 224 cases) | 19% (24 as a percentage of 127 cases) |

Table 2: Outcomes of reablement May-Dec 2010

5. Findings

5.10 The Committee noted that certain adaptations might not have 'paid for themselves' by the time care packages were required. However, it was recognised that, in the main, the saving came in putting back by a few years, the high cost of care packages, as without adaptations, these care packages would need to be put in place a lot earlier. The Committee also noted that the NHS was making savings as a direct result of the Council's reablement service.

5.11 Following the evidence session it was reported that the NHS had made money available to support reablement and there would be significant additional investment for social care from the Department of Health over the next two years. It was also noted that:

- Some of the services that work between the hospital and home are joint funded with health - these are the intermediate care services.
- There is a Joint Strategic Commissioning Group who consider overall funding and how this is shared between the organisations. This group is chaired by the Executive Director of Community Services. It is this group who will oversee funding available for preventative and reablement approaches, and will monitor and evaluate the effectiveness of the service

Recommendation 1: The Council should ensure that an equitable proportion of costs are recovered from the NHS, reflecting the savings to joint commissioning budgets as well as actual outlay.

Monitoring adaptations

5.12 The Committee was told that the monitoring of adaptations was concluded once the work was signed off, as the team had no resources to re-visit the properties at a later date to check how they were working. It was noted that maintenance was the responsibility of the resident. However, home visits were made if needs changed and a referral was made. The Committee felt that it might be useful to conduct an adaptations audit, looking at them again after a certain period of time had lapsed, to see if they were providing the benefits they were intended to produce.

Recommendation 2: The Council should conduct an audit of adaptations, to involve reassessing a selection of adaptations a certain period of time after implementation, to see if they are providing the benefits they were intended to produce. This could be done alongside reablement monitoring.

Timescales

5.13 The Committee noted that the DFG process could be lengthy but accepted that the programme might become unaffordable should the volume of completed adaptations per year significantly rise, given the pressure on

resources. However, the Committee felt that a better balance could be struck between maintaining an affordable programme and providing timely assistance to residents in need of adaptations. In relation to prioritising residents for works, the Committee felt that, in addition to an assessment of risk and level of need, prioritisation could take into account the improvement to a resident's life that could be expected to result from the adaptation. Although the resident's overall level of need might not be that great, the improvement to the resident's life by the work might be considerable.

Recommendation 3: There should be a presumption that waiting times in relation to all stages of the adaptations process, especially installing major adaptations following the award of a DFG, should be reduced as much as possible, whilst maintaining an affordable DFG programme. The use of external OT contractors to help to clear waiting lists, as is practice in other London boroughs, should be considered. When prioritising residents for works, officers should consider the improvement to a resident's life that will be achieved by the work, in addition to risk and overall level of need.

Collation of data

5.14 The Committee felt that the tracking and monitoring of adaptations could be more comprehensive. In particular, more data could be collected on:

- **Relevant waiting times** – between the initial referral and the home visit; the home visit and the provision of minor adaptations; the home visit and the assessment for a DFG; the assessment for a DFG and the award of a DFG; and the award of a DFG and the installation of a major adaptation(s).
- **Savings from adaptations and reablement** – the cost benefit analysis carried out in relation to the first seven months of the reablement programme should continue; and be published on a quarterly basis. This should include, if possible, data on the amount of time it takes to recover the initial investment in reablement.

The Committee felt that better data collection would help demonstrate the value of the service and provide evidence that 'investing to save' was worthwhile. Publication of the savings attributable to reablement might also assist the Council in ensuring that an equitable proportion of reablement costs were recovered from the NHS.

Recommendation 4: Data on waiting times and the savings resulting from reablement should be regularly collated and published; and provided to the Healthier Communities Select Committee at least once a year.

5. Findings

Providing advice

5.15 The Committee was keen to hear whether the Council was providing information and advice to those people who were not eligible for social care services. It was noted that a lot of information was available on the internet (e.g. the *my life, my choice* website) about the best type of adaptations, where to buy them and who can fit them; and the OT team did print off such information for residents without access to the internet. It was further noted that the Council had recently purchased “Quickheart”, an easy to use web based product that took people through a range of relevant information using plain language and pictures. The product was in the final stages of specification for Lewisham, and would be available on line soon. Another related development was the use of a web based tool that enabled local people who used social care services to tell their stories and publish useful information on a bespoke platform, linked to the council’s website. The project would be completed with support from the Rix centre, University of East London, and was expected to be particularly successful for engaging service users with learning disabilities.

5.16 In terms of small scale support, it was reported that the Council was working closely with the voluntary sector to develop low level community services to support people at home as there was a range of tasks that these organisations could assist with, from drop-in visits, to arranging an escort for a hospital appointment. The Social Care Advice and Information Team (SCAIT) also directly signposted residents to relevant voluntary sector organisations such as the Lewisham Disability Coalition.

5.17 In terms of major adaptations, it was reported that the Social Care Advice and Information Team (SCAIT)¹⁰ did provide appropriate advice to those people who were not eligible for DFGs and stalls at Civic Suite events were also used as an opportunity to display equipment and provide advice about adaptations. However, officers accepted that these methods of advice provision were not a replacement for the skills and expertise of OTs and adaptations agents in providing one to one specific advice; and it was noted that bathrooms were particularly hard to get right without expert advice.

5.18 The Committee felt that the information and advice offered to residents not eligible for social care services, especially DFGs, needed to improve. Members suggested that the initial point of contact with the resident (refusal of DFG) should be used as an opportunity to offer appropriate advice. This might, in fact, save the Council money in the long term, if the provision of non means tested adult social care is avoided, by the resident buying themselves appropriate adaptations at this early stage. The advice could include providing a list of reputable companies providing specialised equipment and their catalogues. When visiting a resident who had benefitted from a DFG, Members noted that the resident had earlier fitted an

¹⁰ It was noted that there were approximately 800 calls to the SCAIT each week and that the team operated in normal working hours but the intermediate care service (partly funded by NHS Lewisham) ran over the weekend and up to 10pm, focussing on hospital admission avoidance.sector/97deff07fd29d210VgnVCM2000001b56f00aRCRD.htm

inappropriate shower at their own expense. Had the resident been provided with better advice at this stage, a suitable shower could have been fitted and the need for a DFG to rectify the error, obviated.

5.19 The Committee noted that certain charities provided funding for adaptations where the need was particularly urgent and statutory funding was either not applicable or not available in a timely manner. The Committee felt that, where it was in the best interest of the client, OT staff should more actively signpost clients to charities and provide a confirmation of client need to the charity to help speed up the process.

5.20 The Committee was pleased to hear that the handypersons scheme was well used and provided excellent value for money. Three handypersons made up the handyperson scheme and carried out approximately 3,500 jobs per year at a cost of around £45 per job. Ground force (mainly garden clearance by volunteers) completed around 1000 jobs per year at about £10 per job. The Committee felt that these schemes should be actively signposted wherever appropriate.

Recommendation 5:

a) The information and advice to residents not eligible for social care services, especially DFGs, needs to improve. The initial point of contact with the resident (refusal of DFG) should be used as an opportunity to offer appropriate advice, including information on reputable companies providing appropriate equipment and signposting to suitable equipment in their catalogues.

a) The provision of appropriate advice should include signposting residents to specialist charities that can quickly provide adaptations, where appropriate and where in the resident's best interest, and providing confirmation of the resident's needs to the charity to assist in the application process.

5.21 The Committee also felt that some of the respite opportunities being offered to young carers might be better advertised with information being sent to schools.

Recommendation 6: The respite opportunities being offered to young carers could be better advertised. In particular, sending information to schools should be considered and schools should be encouraged to support and advise young carers about the adaptations/reablement service.

Providing Loans

5.22 The maximum amount of grant that a council is required to pay is £30,000 in England per application less any assessed contribution. However, if the cost of the eligible mandatory works is more, the council can use discretionary powers to increase the amount through an interest-free loan of

5. Findings

up to £15,000. The Committee noted that the loan was recovered as a charge on the property so inability to repay should not be an issue. The Committee discussed why the loan was interest free, given that it only had to be paid back once the property was sold. There was mixed opinion on whether interest would act as a deterrent.

Recommendation 7: The Council should investigate whether charging interest on loans of up to £15,000 (where the cost of major adaptations works is more than the £30,000 maximum DFG award) will act as a deterrent, given the loan (and any rolled up interest, should it be charged) is a charge on the property and only has to be paid back once the property is sold.

Recycling

5.23 The Committee considered whether any equipment could be recycled once it was no longer needed. Members were informed that equipment provided via the DFG became the resident's property so could not be reclaimed, but smaller equipment provided free of charge was on loan and was passed on when no longer needed, if suitable and safe for reuse.

Auditing

5.24 The Committee considered relevant auditing procedures as part of its consideration of whether the adaptations service was achieving value for money. The Committee noted that the assessment of income for the purpose of awarding DFGs was thorough and carried out fully in accordance with Government guidance. The assessment was ultimately decided by use of approved software on which all relevant data was entered. Regular audits were carried out by the Council's Internal Auditors, focussing on financial processes and the 'marketing' of grants. This was to ensure that all sections of the community were aware of the Service and could access it properly. The last audit concluded that the Council could take 'Substantial Assurance' that correct procedures were being observed. It was noted that the Council was also regularly audited in respect of its application to Central Government for the CLG grant and CLG also selected sample entries for checking.

5.25 The Committee noted that the Grants Team was reliant on residents making honest declarations of income as it did not pro-actively make checks (due to the costs involved in checking and investigating). However, the Team did follow up evidence of fraud, if presented.

Recommendation 8: Management controls in relation to DFG declarations should increase to ensure accuracy and detect any fraud. If resources are an issue, a sample based approach could be taken. The Council's Anti-Fraud and Corruption Team could be asked to provide advice to the Grants Team on how controls might be strengthened. This activity should be publicised to deter fraud in future DFG applications.

6. Monitoring and on-going security

6.1 In order to monitor the implementation of the review recommendations, if accepted by the Mayor, and ensure that they are completed within suggested timeframes, the Committee would like to request a progress update at the end of the 2011/12 municipal year.

7. Recommendations

7.1 The Committee would like to make the following recommendations:

Value for Money

1. The Council should ensure that an equitable proportion of costs are recovered from the NHS, reflecting the savings to joint commissioning budgets as well as actual outlay.

Timescale: The Committee expects this to be in place by the end of the year.

2. The Council should investigate whether charging interest on loans of up to £15,000 (where the cost of major adaptations works is more than the £30,000 maximum DFG award) will act as a deterrent, given the loan (and any rolled up interest, should it be charged) is a charge on the property and only has to be paid back once the property is sold.

Timescale: The Committee expects this to be investigated by the end of the year.

3. Management controls in relation to DFG declarations should increase to ensure accuracy and detect any fraud. If resources are an issue, a sample based approach could be taken. The Council's Anti-Fraud and Corruption Team could be asked to provide advice to the Grants Team on how controls might be strengthened. This activity should be publicised to deter fraud in future DFG applications.

Timescale: The Committee expects this to be in place by the end of the year.

Provision of Information and Advice

4. (a) The information and advice to residents not eligible for social care services, especially DFGs, needs to improve. The initial point of contact with the resident (refusal of DFG) should be used as an opportunity to offer appropriate advice, including information on reputable companies providing appropriate equipment and signposting to suitable equipment in their catalogues.

(b) The provision of appropriate advice should include signposting residents to specialist charities that can quickly provide adaptations, where appropriate and where in the resident's best interest, and providing confirmation of the resident's needs to the charity to assist in the application process.

Timescale: The Committee expects this to be in place within six months.

5. The respite opportunities being offered to young carers could be better advertised. In particular, sending information to schools should be considered and schools should be encouraged to support and advise young carers about the adaptations/reablement service.

Timescale: The Committee expects this to be in place by the start of the next school year.

6. Data on waiting times and the savings resulting from reablement should be regularly collated and published; and provided to the Healthier Communities Select Committee at least once a year.

Timescale: The Committee expects this to be in place by the end of the year.

Quality of service

7. There should be a presumption that waiting times in relation to all stages of the adaptations process, especially installing major adaptations following the award of a DFG, should be reduced as much as possible, whilst maintaining an affordable DFG programme. The use of external OT contractors to help to clear waiting lists, as is practice in other London boroughs, should be considered. When prioritising residents for works, officers should consider the improvement to a resident's life that will be achieved by the work, in addition to risk and overall level of need.

Timescale: The Committee expects progress to be made within six months.

8. The Council should conduct an audit of adaptations, to involve reassessing a selection of adaptations a certain period of time after implementation, to see if they are providing the benefits they were intended to produce. This could be done alongside reablement monitoring.

Timescale: The Committee expects this to be in place by the end of the year.

8. Glossary of professional terminology

Occupational Therapist (OT)

OTs are frontline qualified members of the Lewisham Community OT team, whose main role is to hold a caseload and complete assessments of client need related to equipment, adaptations and housing in the community.

They then make recommendations for suitable equipment, adaptations or rehousing need, and liaise as appropriate with social care, housing, health and other partners in the client's care.

(Assessment of less complex cases, follow-up and provision for these cases is often completed by Community OT assistants - OTAs)

OTs and OTAs are currently authorised to arrange provision of items of stock equipment and adaptations up to £100 in value (this was reduced in 2010 from £250).

Senior Community Occupational Therapist (SCOT)

OTs and OTAs receive regular casework supervision from SCOTs, who also carry a more specialist/ complex caseload. SCOTs also staff the First Response OT service based with SCAIT

SCOTs are authorised to arrange or agree provision of items of stock equipment costing up to £500 and adaptations up to £1,000 in value.

Social Care Access and Information Team (SCAIT)

SCAIT is the single point of access for people requesting social care support. Business Support Officers take initial contact details from clients or others calling on their behalf, receive and upload faxed and written referrals, and create new client records where appropriate.

Senior Business Support Officers have been trained then to complete FACE Background & Contact assessments with clients or their carers over the telephone in order to determine likely eligible needs and/ or signpost clients/ carers to appropriate other local services.

The team was established during 2009.

The team receives professional First Response OT support from SCOT staff within Lewisham Community OT, on a rota basis.

The First Response OT (FROT) prioritises new Contacts for assessment and decides the most appropriate form this should take i.e. OT telephone assessment with OTA follow-up, OTA assessment at the weekly Assessment Clinic, or home assessment. They also scrutinise new Contacts completed by SCAIT staff for suitability for an initial reablement programme and refer to the fast-track OT and visual impairment reablement team if likely to be appropriate.

8. Glossary of professional terminology

The FROT is also the main point of authorisation for health colleagues referring for urgent equipment or adaptations to support discharge home, and the point of contact about clients awaiting allocation for home assessment, whose situation has worsened and requires more urgent assessment.

Duty OT/ SCOT

Before SCAIT was established in 2009, the Community OT duty service was staffed by Community OTAs and OTs, supported by a Duty Senior OT.

It fulfilled a similar access and information function to SCAIT, with additional duties such as authorising and progressing provision of equipment and adaptations recommended by trusted healthcare assessors, responding directly to enquiries from healthcare colleagues and dealing with enquiries from clients already on the waiting list for assessment. These functions are now carried out by the First Response SCOTs.

Operational Manager (OM)

The Community OT OMs supervise Senior Community OTs and the work of their supervisees, in addition to providing general operational management and service development for the COT team.

OMs are authorised to agree provision of all stock items of equipment over £500, all non-stock items of equipment costing up to £3,000, and adaptations up to £20,000 in value.

Equipment and adaptations above OM level of financial authorisation are agreed by the Independence Therapy & Rehab Service Manager.

COT Caseload Assistant (CLA)

The CLA is employed at OT assistant grade to hold a large caseload of clients awaiting completion of the DFG process. Their role is to liaise with the client (to update them regularly and check for any additional or changed needs), Grants team and the DFG agent. They also complete most of the check visits to check the quality of completed DFG works, discuss with the client and their carer and sign the works off with the client.

A second CLA fulfils the same role for major adaptations being carried out by registered social landlords (housing associations).

The role supports COT staff to respond to new assessment needs in a timely manner.

8. Glossary of professional terminology

Grants Officer / Grants Team

The grants team administer the Council's Grants and Loans programme as defined by the Council's Housing Assistance Policy. Finance for this programme comes from a number of sources. These are principally:

1. The Council's own capital resources.
2. Central Government Funding for DFG.
3. South East London Housing Partnership (SELHP).

Grants Officers monitor that applications are correctly made and that applicants are entitled to any monies that they receive. They also monitor works on site and ensure that payments are made at the correct time. They also monitor the fact that works are completed to a satisfactory standard.

Staying Put Team / DFG Agent

Many vulnerable or disabled applicants have difficulty in navigating their way through the adaptations process. The Staying Put team prepare submissions on their behalf and commission the construction works on behalf of clients. This includes submission of an application, preparation of drawings, tendering of contracts and supervision of works on site. Officers give as much support as they can to clients who are undertaking these works to their property which enable them to live there in comfort and dignity.

In addition, the service also carries out the Handyperson service. This provides skilled trades people to carry out smaller scale works (grab rails, garden clearance) which also assist vulnerable people to stay in their homes.

Appendices

Appendix A – Types of adaptations work and relevant budgets

Appendix B – House of Commons Standard note for MPs on DFGs

Appendix C – Legal Framework

Appendix D – Benchmarking information

Appendix E – Case Studies

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Appendix A

Types of Adaptation work

A range of minor and major works can be carried out to allow a resident to remain in their home and carry out everyday tasks.

Minor works

Minor adaptation works carried out by Council: The Council's Independence Therapy & Rehabilitation Team (ITR) holds a revenue budget to complete minor adaptation works such as handrails and alterations to steps (up to £1K cost) for disabled adults and children in all properties except RSLs. Requests are based on recommendations following assessments by Occupational Therapists, including those in other services, often hospitals, and other health professionals trained as trusted assessors. Works are carried out by specialist contractors and some rails are also fitted by the outsourced equipment contractor Medequip. ITR aims to complete all works needed for hospital discharge within 48 hours of receiving the request and necessary information. This work fulfils statutory obligations under the Chronically Sick and Disabled Peoples Act, Community Care Act and Hospital (Delayed Discharges) Act. There is no charge for these works – they are organised and fully funded by the Council. The budget for 2009/10 was £250,000 and the final outturn was £244,582. The budget for 2010/11 is £250,000. At the end of January 2010 spend stood at £177,317.

Minor works carried out by Staying Put: The Staying Put team operates a handypersons scheme which carries out a variety of minor works, including repairs, changing curtains or light bulbs and garden clearing. Simple adaptations, such as fitting stair rails, which require no more than one to two hours' work are also provided. The council have previously commissioned Age Concern to carry out some of these works. However, that arrangement is now at an end. *Groundwork* provides a garden clearance service which is funded by the Handyperson money but utilises some volunteer labour. These services are provided primarily to elderly or disabled adults. Those assessed as vulnerable but not eligible for social care provision may also be referred. Clients can be resident in Social or private housing and in fact a significant number of jobs are carried out for Lewisham Homes Tenants. Requests can be made directly by the person needing the works, or by an agency on their behalf. Work is carried out by trained Council staff or contractors working on our behalf. There is a charge for materials but none for labour. The handypersons scheme is funded by a combination of grants from the South East London Housing Partnership and the department for Communities and Local Government with a contribution from Lewisham adult social care and Supporting People. Last year (2009/10) the grants provided a budget of £290k. This financial year (2010/11), the grants have provided a budget of £265K and spend to the end of January was £160k. Spending has been restricted this year in expectation of declining resources. All these grants are under threat but funding for 2011/12 has been agreed, with some reduction. The exact amount of funding has not yet been finalised but it is expected

that it will be in the region of £200k. This will allow the scheme to continue for another year with a review in October 2011 for funding for the following year.

Minor works carried out by RSLs under MAWD: Lewisham Homes and several local registered social landlords (RSLs) have committed to implementing Minor Adapts Without Delay (MAWD), which allows tenants to apply direct to their landlord for a range of simple minor adaptations without need for Occupational Therapy recommendations, although the RSLs refer to ITR for assessment if they deem their tenant's needs to be complex.

Other minor adaptation works in communal areas: These are recommended by ITR following Occupational Therapy assessment but are the landlord's responsibility to provide. If the person needing the work is a leaseholder, their freeholder may charge them a proportion of the cost of works.

Major works

Major works in Council Property: The Council has set aside capital funding to allow the completion of major adaptations (costing over £1k) in Lewisham Homes and Brockley PFI (Regenter B3) properties, which are owned by the Council. The works may be carried out in tenanted properties, or in void properties to enable them to be rented to disabled people waiting for suitable housing (at any time there are 70-100 people waiting for wheelchair or other complex specialist housing in the borough). Works are assessed and recommended by a Lewisham ITR Occupational Therapists and have to be agreed by an ITR operational or the service manager, depending on the cost. Technical advice is provided by a part-time adaptations officer within the ITR service. Lewisham Homes provide technical advice for lift adaptations in their properties. There is a written protocol that describes the role and responsibilities of the parties involved in adaptations provision. The annual budget, currently set until 2013, is £450K. Spend in 2009/10 was £485K, which included some committed expenditure from the previous year, and 123 works were completed. This budget is monitored and reviewed by the community services directorate programme board on a monthly basis.

Decent Homes works: Some local RSLs are providing major bathroom or kitchen adaptations as part of their Decent Homes refurbishment works.

Disabled Facility Grants (DFGs): DFGs can be applied for to complete major adaptations in properties where the person is not a Lewisham Homes or Brockley PFI tenant. They are provided if the Council considers that changes are necessary to meet a resident's needs, to allow him/her to continue living at his/her property, but the work must be reasonable and practical. Typical works 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 resident's needs (but only if the resident's disability was made worse by a lack of heating - otherwise this would not be carried out under a DFG, but could be carried out by Warm Front or Coldbusters)
- adapting heating or lighting controls to make them easier to use
- improving access to and movement around the home to enable the resident to care for another person who lives in the property, such as a child
- Providing access to a garden area.

An assessment of need is made by an occupational therapist who will look at the resident's circumstances and recommend the type of adaptation(s) needed. The amount of grant awarded is based on a financial assessment (a 'means test' of average weekly income in relation to outgoings) but there is no means testing for families of disabled children under 19.

The maximum amount of grant that a council is required to pay is £30,000 in England, per application, less any assessed contribution. If the cost of the eligible works is more, the council can use discretionary powers to increase the amount through an interest-free loan.

Appendix B



Disabled facilities grants (DFGs)

Standard Note: SN/SP/3011
Last updated: 21 October 2010
Author: Wendy Wilson
Social Policy Section

Mandatory DFGs are available from local authorities in England and Wales and the Housing Executive in Northern Ireland, subject to a means test, for essential adaptations to give disabled people better freedom of movement into and around their homes and to give access to essential facilities within the home. This note provides an overview of the DFG system.

In January 2004 the Office of the Deputy Prime Minister (ODPM, the department responsible for housing matters until its disbandment in May 2006) commissioned a wide ranging interdepartmental review of DFGs. Following this review the Labour Government published proposals aimed at improving the DFG programme on 25 February 2008. Section E of this note outlines the key recommendations of the review.

Communities and Local Government (CLG, the department that took over responsibility for housing matters from the ODPM) also published its national strategy for housing in an ageing society, *Lifetime Homes. Lifetime Neighbourhoods*, in February 2008, chapter 6 of which considers the modernisation of DFGs.

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Standard Notes are compiled for the benefit of Members of Parliament and their personal staff. Authors are available to discuss the contents of these papers with Members and their staff but cannot advise others.

A. Applying for a DFG

Mandatory DFGs are available from local authorities in England and Wales and the Housing Executive in Northern Ireland, subject to a means test, for essential adaptations to give disabled people better freedom of movement into and around their homes and to give access to essential facilities within the home.¹ The legislation governing DFGs in England and Wales is the *1996 Housing Grants, Construction and Regeneration Act*. Discretionary DFGs were abolished with effect from July 2003.²

The types of work that mandatory DFGs can cover include:

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

On 22 May 2008 access to a garden was brought within the scope of a DFG where the work will facilitate access to and from a garden by a disabled occupant or make access to a garden safe for a disabled occupant.³

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. In reaching a decision the authority will consider the following factors:

whether the proposed adaptations or improvements:

¹ Scotland operates a different grant system to that in England and Wales. Although grant assistance may be available for disabled adaptations it is not issued in the form of a DFG.

² *The Regulatory Reform (Housing Assistance) (England & Wales) Order 2002*

³ *The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008* (SI 2008/1189)

- are needed to provide for a care plan to be implemented which will enable the disabled occupant to remain living in their existing home as independently as possible;
- would meet, as far as possible, the assessed needs of the disabled person taking into account both their medical and physical needs; and
- distinguish between what is desirable and possible legitimate aspirations of the disabled person, and what is actually needed and for which grant support is fully justified.

Section 24(3) of the 1996 Act imposes a duty on local housing authorities to consult social services authorities in coming to a view on whether the proposed works are 'necessary and appropriate';⁴ housing authorities themselves must decide whether those works are 'reasonable and practicable.'

Local authorities are required to issue a decision on a properly completed DFG application within six months of its receipt. Communities and Local Government (CLG) issued guidance to authorities setting out best practice in delivering housing adaptations which includes target times for the complete delivery process. The *Delivering Adaptations* guidance consists of three documents:

- *A desk guide*
- *Responding to the Need for Adaptation: An Overview*
- *Delivering housing adaptations for disabled people – a good practice guide*
- *Delivering housing adaptations a good practice system review checklist*

In *Responding to the need for adaptation: an overview*, the Department made it clear that eligibility for DFGs is 'tenure neutral':

28. Access to assistance in the provision of adaptations should not depend upon the tenure of the disabled person. A local authority may determine that it will fund adaptations to council-owned property other than through the DFG mechanism. However, this should not result in a worse service to the occupants than that received by applicants who live in other tenures. This applies both to the level of support received and the time taken to provide a service.

29. Where the local authority believes that Registered Social Landlords (RSLs) should make a contribution to the costs of adaptations in their own properties this should be negotiated and established through formal agreement. Whilst there is no specific obligation on the landlord to fund such work, and the Housing Corporation has no statutory duty to subsidise the costs involved, it may be considered good practice for a responsible social landlord to respond to the needs of its disabled tenants. Good practice for RSLs in identifying need, liaising with statutory authorities

⁴ This assessment is usually carried out by an occupational therapist.

and carrying out works of adaptation is set out in guidance from the Housing Corporation.

30. In the case of stock transfers from local authorities to housing associations, the new RSL tenants will remain eligible to apply to the housing authority for a DFG, and they will be assessed for needs on the same basis as private owners and tenants. As part of their contractual negotiations, the authority and the new landlord should therefore agree how the management of the needs of disabled tenants will be addressed and reflect this in clear public and management guidance.

31. It is not lawful for persons in any tenure to be obstructed in making an application for assistance through a DFG.

The Directgov website carries basic information and guidance for people interested in applying for a DFG.

B. The amount of grant: test of resources

Once the necessary conditions are fulfilled DFGs are mandatory, subject to a means test and an upper grant limit. The test of resources for grant applicants is set out in the *Housing Renewal Grants Regulations 1996* (SI 1996/2890) (as amended⁵). The test largely mirrors the system of calculating entitlement to Housing Benefit. Grant applicants may receive a full grant or may be required to make a contribution towards the cost of the works. The maximum grant limit in England was increased from £25,000 to £30,000 from 22 May 2008.⁶ In Wales the maximum DFG grant has been £30,000 for some time.⁷ The means test is reviewed annually to reflect changes in the cost of living and other allowances that are taken into account as part of the test.

With effect from 31 December 2008 the then Government made changes to the means test to assist ex-service personnel applying for a Disabled Facilities Grant.⁸ Certain payments to the most seriously disabled service personnel are now disregarded for the purposes of assessing eligibility.

In *Lifetime Homes, Lifetime Neighbourhoods* the Government said that further work was required on the means test and how it could be brought into line with the means test used for linked services: "Communities and Local Government, DH, DWP/ODI and the Department for Children, Schools and Families (DCSF) will continue to work closely on these issues."

⁵ Most recently by *The Housing Renewal Grants (Amendment) (England) Regulations 2009* (SI 2009/1807)

⁶ *The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008* (SI 2008/1189). In relation to grant applications approved before 22 May 2008, where work has not yet started, applicants can make a fresh application as there is no time limit on successive DFG applications. The Government expects authorities to view such applications sympathetically.

⁷ SI 2002/837

⁸ *The Housing Renewal Grants (Amendment) (No. 2) (England) Regulations 2008* (SI 2008/3104)

1. DFGs for disabled children

The Department for Social Development in Northern Ireland announced its intention to abolish the DFG means test for parents of children with disabilities in December 2003. The Government was subsequently asked whether there was an intention to follow this example in England and Lord Rooker responded thus:

This is a very serious issue about which there has been pressure on the Government for some time. The Office of the Deputy Prime Minister,⁹ jointly with the Department of Health, will be reviewing the disabled facilities grant programme, including the operation of the means test, in the context of the spending review 2004. We will announce our conclusions later this year. The position in Wales is, of course, a matter for the Welsh Assembly, but I am led to believe that it will also be undertaking a review of this important issue this year.¹⁰

On 27 April 2005 Edwina Hart, the Minister for Social Justice and Regeneration in Wales, announced that the means test in respect of DFG applications from families with disabled children would be abolished.

On October 27 2005, the then Minister for Housing and Planning, Yvette Cooper, announced that the interdepartmental review of DFGs was complete and that the Government would be considering the report's recommendations over the next few months.¹¹ The Minister announced that a consultation paper would be issued in due course which would respond to the review's recommendations. However, she did announce that the means test in respect of DFG applications from families with a disabled child in England would be removed "as soon as the necessary secondary legislation can be made."

The Housing Renewal Grants (Amendment) (England) Regulations 2005 (SI 2005/3323) were laid on 8 December 2005 and came into force on 31 December 2005. Regulation 6 amended the 1996 Regulations with the effect that the means test no longer applies where an application for grant is made by the parent or guardian of a disabled child or young person. This provision has applied to applications received by local authorities since 31st December 2005.

It was estimated that the exemption would create an extra annual resource burden of £12 million. The then Minister said that the increased budget for DFGs in 2006/07 should be sufficient to accommodate the exemption.¹²

⁹ The ODPM had responsibility for housing matters before the creation of CLG in 2006.

¹⁰ HL Deb 5 January 2004 c1

¹¹ *Reviewing the Disabled Facilities Grant Programme*, October 2005

¹² *ibid*

In May 2009 the Joseph Rowntree Foundation published an overview of information about housing for disabled children and their families, and ideas for improving their circumstances: *Housing for disabled children and their families: an information resource*.

C. DFG funding

Up to 2008-09 CLG was obliged to meet 60 per cent of whatever local authorities spent on DFGs but expenditure above these allocations had to be met from other local authority resources. The 60:40 DFG funding split was ended as of April 2008. Local authorities now receive a DFG allocation without a specified requirement to match this funding. This aim of this change was to give authorities increased flexibility to design services which fit with local delivery arrangements and the needs of individuals. From 2010/11 the DFG is being paid to local authorities as an un-ring fenced payment as part of the Single Capital Pot, through a determination under section 31 Local Government Act 2003.¹³ This means that funding for a number of programmes is being pooled together: it is for local authorities to determine, against local priorities, how they best use these funds.

Eighty per cent of the allocation to each authority in England is made using a formulaic approach to meeting local needs and the remaining 20 per cent is based on an assessment by Government Offices for the Regions of the performance of each local authority in managing the DFG programme. DFG funding more than doubled between 1997 and 2007/08 and increased again by 20 per cent over 2008/09. The budget was set to increase further up to 2011:

| | |
|---------|---------|
| 1997/98 | £56m |
| 1998/99 | £59m |
| 1999/00 | £65m |
| 2000/01 | £72m |
| 2001/02 | £87m |
| 2002/03 | £88m |
| 2003/04 | £99m |
| 2004/05 | £101.5m |
| 2005/06 | £103.3m |
| 2006/07 | £120.8m |
| 2007/08 | £126m* |
| 2008/09 | £146m* |
| 2009/10 | £156m |
| 2010/11 | £166m |

*On 14 January 2008 the then Communities Minister, Baroness Andrews, announced that funding for DFGs in 2007/08 would be increased by £11.5m up to the end of March making the total available in this financial year £138m.¹⁴ She said that this would enable councils to “ramp up” their DFG programmes up to the end of the financial year.

¹³ See section E of this note for further information.

¹⁴ CLG Press Release, *Government announces extra funding for home adaptations*, 14 January 2008

On 10 December 2008 the local authority allocations for the DFG programme in 2009/10 were announced – these allocations represented an increase of 7 per cent on the amounts distributed in 2008/09. Each authority's allocation can be accessed online at: <http://www.communities.gov.uk/documents/housing/xls/grantallocations2009-10.xls>

*On 2 February 2009 Communities and Local Government allocated an additional £4 million towards the DFG 2008/09 programme bringing the total funding in that year up to £150m. Further details of the grant recipients can be found in the spreadsheet: *Local Authority 2008-09 In year Disabled Facilities Grant allocations*.

As part of the Comprehensive Spending Review on 20 October 2010 the Chancellor announced that DFG funding up to 2014/15 would rise with inflation and that "reform of the council housing finance system will build in the resources needed to carry out future disabled housing adaptations required in the council housing stock."¹⁵

D. Other assistance

1. Chronically Sick and Disabled Persons Act 1970 (CSDP)

In certain circumstances DFG applicants who are required to make a contribution to (all or part of) the cost of the works may qualify for financial assistance under the *Chronically Sick and Disabled Persons Act 1970 (CSDP)*. Section 2 of the CSDP places a clear duty on local authorities to "make arrangements" for all or any of the matters specified in paragraphs (a) to (h) in the case of any disabled person who is ordinarily resident in their area where they are satisfied that this is necessary to meet the needs of that person. Paragraph (e) covers "the provision of assistance for that person in arranging for the carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience".

Department of the Environment (DOE) Circular 10/90¹⁶ makes it clear in paragraph 17 that councils may be under a duty to provide financial assistance under section 2(e) to help with an applicant's contribution towards adaptation works following a means test. The Circular suggests that, in considering the question of financial assistance, the welfare authority (social services) should not carry out a separate means test but may consider whether meeting the full cost of the contribution would cause the applicant hardship. Councils have discretionary powers under the *Health and Social Services and Social Security Adjudications Act 1983* (s.17) to recover the full cost of any assistance given where the client is deemed able to afford to repay.

DOE Circular 17/96 states that where the social services authority determines that the need (e.g. for works) has been established, it remains their duty to assist even where the local housing authority either refuse or are unable to approve a DFG application.¹⁷

¹⁵ http://cdn.hm-treasury.gov.uk/sr2010_chapter2.pdf, Cm 7942 para 2.32

¹⁶ DOE *House Adaptations for People with Disabilities*

¹⁷ p.191

2. *The Regulatory Reform (Housing Assistance)(England and Wales) Order 2002*

In addition, local authorities have been given extended powers to issue loans and other forms of assistance to DFG applicants under *The Regulatory Reform (Housing Assistance)(England and Wales) Order 2002* which came into force on 18 July 2002. Local housing authorities cannot use these discretionary powers unless they have published a policy setting out how they intend to use them.¹⁸ Full guidance can be found in the Government Circular, *Housing Renewal*.

3. Home Improvement Agencies (HIAs)

HIAs advise people on improvements and adaptations which they may need to their homes and assist them in applying for local authority grants or loans to carry out the required work. They also help to identify reputable local contractors, helping vulnerable people to avoid 'cowboy' builders. They then oversee the work to ensure that their clients are completely satisfied. They are small, locally based not-for-profit organisations, although some are part of larger housing and support service organisations or local authorities.

HIAs receive most of their revenue funding from local government through Supporting People (SP) and general housing funds. Under SP, funding decisions are made by local authorities rather than by central government.

On 4 December 2007 the Labour Government announced plans to strengthen HIAs with two new programmes:

- A new three-year contract for a national co-ordinating body for HIAs. The body will support the delivery of the forthcoming national strategy for housing in an ageing society, provide ongoing support to HIAs and give a voice for the sector in Government.
- A Future HIA project, to be taken forward by Foundations Home Improvement Agency,¹⁹ to help ensure that HIAs are fit for the future and to see whether they can deliver wider services, such as housing options advice, gardening services, support for people discharged from hospital.²⁰

Chapter 5 of *Lifetime Homes, Lifetime Neighbourhoods* (February 2008) provides information on work to enhance the role of HIAs in delivering adaptations. Foundations published its report on the future HIA, *Supporting choice and maintaining independence*, in September 2008. The key messages in this report are:

For over 20 years, HIAs have been successful in meeting older and vulnerable people's needs, but must adapt to meet the aspirations of CLG's Strategy for Housing

¹⁸ See Library Standard Note SN/SP/1617

¹⁹ The national co-ordinating body for HIAs.

²⁰ CLG Press Notice, "Government ramps up funding for home adaptations," 4 December 2007

in an Ageing Society, Lifetime Homes, Lifetime Neighbourhoods, and develop new markets for their services

HIAs will become more diverse as they respond to local needs and priorities. Two ingredients will continue to define the HIA: client-centred support for people to exercise choice over their home environment, and expertise in making changes to the physical fabric of the home.

Government support will continue for HIAs and their commissioners through the new National Body contract, investment in the Future HIA project, and £33m extra funding for the development of handyperson services and information and advice services.²¹

E. The interdepartmental review of DFGs

The Labour Government announced a fundamental review of the administration of the DFG system in December 2004:

The Government recognises that disabled people need to continue to live independently and in a place of their own. This is why resources through the Disabled Facilities Grant has continued to increase to ensure they can make essential adaptations to their homes, such as ramps, lifts and level access showers.

Alongside this boost to funding, the Government is undertaking a fundamental review of how the DFG programme is administered. A working party including officers from the ODPM, Department of Health and the Department of Education and Skills together with key stakeholders involved in delivering housing adaptations will report back in May 2005 with recommendations to improve the fairness and efficient delivery of the programme.²²

As noted in section B.1 of this note, the review published its findings in October 2005.²³ The Government acted quickly to implement the removal of the means test in respect of DFG applications from families in England with a disabled child. Subsequently, in January 2007 CLG published a consultation paper, *Disabled Facilities Grant Programme: The Government's proposals to improve programme delivery*. This paper provided a response to the recommendations of the 2005 review and contained proposals to improve the immediate provision and impact of DFGs, as well as longer term proposals.

The problems and challenges facing the DFG programme were identified as:

- a very high and increasing demand for the grant. This is because of:

²¹ <http://www.communities.gov.uk/publications/housing/futurehia>

²² ODPM press notice 328/2004, 27 December 2004

²³ *Reviewing the Disabled Facilities Grant Programme, October 2005*

- the mandatory nature of the grant entitlement combined with a rapidly increasing age profile of the population. Over 70 per cent of DFG grants go to people aged over 60 and it is this section of the population which is likely to grow dramatically in the future; and
 - the increasing number of children with severe disabilities, including complex health conditions. Such cases currently account for under 10 per cent of the number of DFG applications but the average expenditure per case is higher than average. The removal of the means test for these cases will also have a significant resource effect.
- the existing pressure on resources within the DFG programme which has meant that, despite the increases in Government funding for the programme since 1997, this has led to long waiting lists of grant applications in some areas;
 - the means test which is designed to channel assistance towards those most in need is poorly targeted and can be seen to treat particular groups harshly;
 - there are limitations to grant entitlement under the DFG programme because of the restricted purposes for which grant must be made available and because of the maximum limit. Although assistance may also be available from other social care and housing programmes to meet specialist needs this may not always be forthcoming and the multiplicity of support programmes adds to the complexity and confusion of the system;
 - this complexity is compounded because DFG is often operated independently of other social care and community equipment programmes;
 - entitlement to DFG applies across all housing tenures but the complexities of the various funding streams means that in practice inequities can occur and cause hardship and resentment; and
 - the service which is offered through DFG to disabled people is not normally widely publicised and the support available to help the applicant through the process is not always available.²⁴

Reproduced below is a summary of the Labour Government's proposals for changes to the DFG programme; there was to be no change to the mandatory nature of the grant available.

Proposals which can be developed quickly:

Extending the scope: Meeting more needs

a) Maximum limit of £25,000 to be increased immediately to £30,000.²⁵ This will be subsequently reviewed with the aim of increasing to £50,000 in stages if the evidence shows that local authorities are realising sufficient offsetting savings through using the powers described in b) below.

b) General Consent to be issued under secondary legislative powers to allow local authorities to reclaim DFG in certain cases when adapted property in owner

²⁴ *ibid* p.10

²⁵ This was implemented from 22 May 2008.

occupation is sold, subject to safeguards and limits. A range of options on how this might work is suggested in the paper but in all cases there would be a minimum award of grant of at least £5,000 for which no repayment conditions could be attached.²⁶

c) New Statutory Instrument to be made which would clarify that DFG is available as a mandatory entitlement to ensure disabled persons have access to the garden and other outside spaces included within the boundary of the dwelling.²⁷

Ensuring clearer priorities and strategy

d) Issue new guidance to Regional Assemblies (RAs) to ensure that Regional Housing Strategies have a more explicit policy on adaptations as well as a more strategic and coherent approach to accessible housing. Disabled Facilities Grant would be rebadged and called Accessible Homes Grant to reflect this wider ambit. The mandatory entitlement of disabled people to support would be unaffected.

e) This will be linked to new guidance to housing associations emphasizing the need for them to contribute towards the regional strategy on accessible housing and to reach local agreements with local authorities in relation to major housing adaptations with a view to sharing the cost.

f) Provide additional flexibility for the use of the Communities and Local Government ring-fenced grant for DFG so that it can be used for associated purposes such as a grant which will enable clients to move home, if that is the best option, or for fast track systems to provide minor adaptations. Two options are proposed with resources being paid to local authorities using section 31 of the Local Government Act 2003. The options would be either to widen the scope of the existing ring-fenced grant so it could be used for additional purposes other than mandatory DFG, or to abolish the ring-fence and replace it with a targeted grant to support housing accessibility. The widening of the scope of the ring fence will be piloted first in the Individual Budget areas for 2007-08.

Faster delivery and simpler access:

g) Encourage local authorities to build on best practice and use their new financial flexibilities and freedoms to develop fast track delivery systems to deliver urgent and small-scale adaptations. Further guidance on model delivery systems will be issued.

h) Introduce a simplified application process for DFG through changes to secondary legislation.

i) Promote new methods for procurement of adaptations equipment to reduce costs, eg through regional development centres.

j) Pilot the increased use of Home Improvement Agencies (HIAs) in delivery of housing adaptations. Firstly, to provide a rapid response for the prevention of accidents and promote early release from hospital, (based on the system used in Wales). Secondly, to provide a full agency service for housing adaptations in county areas. Possibly as part of extended Link-Age Plus pilots.

²⁶ This was implemented from 22 May 2008 – local authorities have discretion to impose a limited charge on adapted properties of owner occupiers if they are sold within 10 years. Where the cost of the DFG exceeds £5,000 the limit of the maximum charge is £10,000.

²⁷ Implemented from 22 May 2008.

Working towards integrated services

k) Communities and Local Government will continue to work with DFES to consider how DFG could better meet the needs of disabled children and their families.

l) The Government recognises the potential benefits of the re-designation of stair lifts as items of equipment to be provided by the Community Equipment Service rather than through DFGs. Communities and Local Government to work with DH to examine the financial and other implications of this change, taking account of the views expressed by local authorities and other stakeholders.

m) Communities and Local Government will work with HMT/DWP/ etc to consider the scope for improved targeting of the DFG means test given available resources.

-Proposals for longer term rationalisation of legislation and social care programmes:

n) Disabled Facilities Grant to be an important part of the Individual Budgets Pilot programme with a Government commitment to explore how it can be more closely integrated into a new system for social care for older and disabled people, incorporating a more streamlined assessment of need, a transparent allocation of resources and greater flexibility and choice for those being supported.

o) Review of legislation for providing housing adaptations and of organizational structures for delivery to await evaluation of the Individual Budget Pilots.

p) The Government accepts there will be a need to consolidate the DFG and Care Services means tests – subject to successful evaluation of Individual Budget Pilots; a decision to roll-out Individual Budgets (IBs) nationally; and available resources.²⁸

The consultation period closed on 13 April 2007. The then Government published a summary of responses together with its initial conclusions in August 2007.²⁹ Subsequently, on 25 February 2008 the Government published *Disabled Facilities Grant: The Package of Changes to Modernise the Programme* in which it set out its final plans for the DFG system.

An outline of the key proposals is provided below:

- **Maximum limit:** this will be increased from 22 May 2008 to £30,000 (from £25,000) and will be kept under review.³⁰
- **Means test:** applicants in receipt of Council Tax Benefit, Housing Benefit and Tax Credits will be “passported” through the system – they will not need to provide any additional financial information. In addition, those people in receipt of Working Tax Credit and Child Tax Credit will no longer have these payments counted as income in the DFG means test. The aim of this change is to assist working families on low incomes with children.³¹

²⁸ *ibid* pp12-13

²⁹ *Disabled Facilities Grant Programme: The Government's proposals to improve programme delivery – summary of responses*, CLG, August 2007

³⁰ *The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008* (SI 2008/1189)

³¹ *The Housing Renewal Grants (Amendment) (England) Regulations 2008* (SI 2008/1190)

- **Charges:** A general consent will enable local authorities to place limited charges on adapted properties of owner occupiers, where the cost of the DFG exceeds £5,000, limited to a maximum charge of £10,000. This consent will provide local authorities with the discretion to impose a limited charge on the property, if it is sold within ten years. Funds raised will be recycled through the DFG programme.
- **Access to the garden:** *The Disabled Facilities Grants (Maximum Amounts and Additional Purposes) (England) Order 2008*, which will come into effect on 22 May 2008, will make access to gardens a specific criterion for entitlement for the grant, where this is reasonable and practicable.
- **Removing the 60:40 funding split:** From 2008-09 the DFG funding split of 60:40 will no longer apply. Local authorities will receive a DFG allocation without a specified requirement to match this funding. The aim of this is to allow local authorities to design services which fit with local delivery arrangements and the needs of individuals. CLG considers that, given the importance of providing adaptations, and the beneficial, preventative impact these have on other budgets, such as social care, local authorities will continue to prioritise this area.³²
- **Relaxing the funding ring-fence:** From 2008-09 the scope for use of DFG funding will be widened to support any local authority expenditure incurred under the *Regulatory Reform (Housing Assistance) (England and Wales) Order 2002*. The aim is to enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow. Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, where this is a more appropriate solution, or funding could be pooled to purchase portable extensions which are suitable for re-use, through improved procurement models. From 2010-11, the DFG will be paid to local authorities as an un-ring fenced payment, through a determination under section 31 Local Government Act 2003. This means that DFG funding could be pooled with resources from a number of other programmes. It will then be for local authorities to determine, against local priorities, how they best use these funds. As part of this move, local authorities will be given a two year settlement from 2009-10 (moving to three in the following spending cycle). Removal of the DFG ring fence is being piloted in a number of different local authorities over 2008-09.³³
- **Social housing grant (SHG) funding to transfer to DFGs:** The funding spent on adaptations within SHG amounts to £1.5 million annually. This will now form part of the overall DFG baseline. Further work will be carried out with the Housing Corporation on the issue of providing adaptations to Registered Social Landlord (RSL) owned properties.
- **Funding adaptations for local authority tenants:** DFG framework and mandatory aspect of the grant applies across all tenures, however, the main DFG budget cannot be used for the funding of adaptations to local authority properties. As part of the Government's overall review of the Housing Revenue Account system, the funding

³² Implemented from April 2008

³³ The local authorities participating in the pilot are: Cumbria County Council comprising of – Allerdale, Barrow, Carlisle, Copeland, Eden and South Lakeland, Oldham Council, Sheffield Council and LB Westminster. The pilots will evaluate the impact of the removal of the ring-fence and will identify issues with the inclusion of the DFG in Local Area Agreements and the support required by local authorities to help make this a successful transition.

arrangements for the provision of adaptations to local authority tenants will be examined. The results of the review will help inform how this issue is addressed. Until the review is complete local authorities should continue to fund adaptations to their properties through the borrowing arrangements that currently exist within the HRA system.³⁴

- **Adaptations for registered social landlord (RSL) tenants:** the Housing Corporation and CLG are to produce joint guidance for registered social landlords on how adaptations are funded and delivered. A joint letter was sent on 29 February 2008 to local authorities and RSLs clarifying the position on the current guidance for RSLs in the provision of adaptations. Work will be carried out with Government Offices (GOs) to issue guidance at a local, regional and sub-regional level, on agreements with RSLs on finance and more strategic planning for accessible homes.
- **Allocating DFG funds:** the current method of distributing funds to local authorities will be examined.
- **Strategic guidance:** CLG will issue guidance to Regional Assemblies, local authorities and RSLs on addressing the need for accessible housing and the provision of adaptations within their overall housing strategies.
- **Rapid repairs and adaptation services:** CLG will provide new national funding through the National Strategy for Housing in an Ageing Society for rapid repairs and minor adaptations from 2009, to enable an additional 125,000 older people per year to get help with minor adaptations and repairs when they need it.³⁵
- **Home improvement agencies:** CLG are commissioning Foundations, the national coordinating body for HIAs, to undertake the 'Future HIA project', drawing on expertise from within the sector and beyond to develop a service which will offer more and better housing options as well as more predictable and sustainable services for all potential clients.

The full package of proposals can be accessed online: *Disabled Facilities Grant: The Package of Changes to Modernise the Programme*.

F. DFGs and local authority tenants

As part of its review of council housing finance (July 2009, consultation closed on 27 October 2009) CLG considered the issue of unmet demand for disabled adaptations in local authority housing stock. Currently local authorities provide adaptations to their own housing stock through their Housing Revenue Account allowances – the previous Government was not proposing to change this arrangement.

The consultation proposed to allow local authorities to retain 100% of capital receipts raised from the sale of housing stock under the right to buy. Currently authorities retain 25% of these receipts to use as they wish while the remaining 75% is pooled and paid to the Government.

We suggest above a policy on local authority retention of capital receipts. This would

³⁴ Consultation on the reform of council housing finance was published in July 2009 – see section F below

³⁵ See chapter 5 of *Lifetime Homes, Lifetime Neighbourhoods*, CLG, February 2008

be split 25 per cent and 75 per cent between receipts that could go to the general fund (the status quo) and those ring fenced for the HRA. Such an arrangement would not disturb the income currently used as a source of funds for disabled adaptations in the private sector (including RSLs) and would give additional scope to local authorities to use some of their Right to Buy receipts in the HRA to meet rising demand for disabled adaptations in the LA sector.³⁶

The Coalition Government has announced its intention to continue with the reform of council housing finance and, as noted in section C above, as part of the 2010 Comprehensive Spending Review said “reform of the council housing finance system will build in the resources needed to carry out future disabled housing adaptations required in the council housing stock.”³⁷

G. Registers of accessible housing

In *Lifetime Homes, Lifetime Neighbourhoods* the then Government emphasised the need to make the best use of existing adapted housing:

A number of authorities have taken steps to address this situation by developing registers of accessible housing. Such registers contain detailed information about the specific access features of individual properties. This enables an authority precisely to quantify its existing stock of accessible housing and enable more accurate matching with the specific requirements of disabled people. Such registers can achieve significant savings for the public purse. In Cardiff, for example, a register was established, successfully re-housing three hundred disabled people between 2002 and 2005, saving an estimated one million pounds from the disabled facilities grant.

We want local authorities to adopt lettings approaches which give existing and aspiring social housing tenants more choice and control over where they live. So-called choice based lettings (CBL) schemes allow people to apply for vacancies which are openly advertised, for example, in local press or on a website. Ninety-five per cent of authorities in England have already implemented CBL, or plan to do so by our target date of 2010. Where accessible properties are advertised, it is vital that they are properly labelled as to the type and level of access features, so that those with disabilities can select housing which is appropriate to their needs. CBL offers a key opportunity, therefore, to improve information about available accessible housing.

Some CBL schemes already incorporate an Accessible Housing Register. This number is set to increase, both for single local authority CBL schemes, and the growing number of larger CBL schemes which bring together a number of local authority and housing association partners. So, for example, a London-wide Accessible Housing Register is being developed alongside a pan-London choice and mobility scheme. Communities and Local Government has provided £168k to assist London boroughs and RSLs to implement the AHR.

³⁶ CLG, *The reform of council housing finance*, July 2009

³⁷ http://cdn.hm-treasury.gov.uk/sr2010_chapter2.pdf, Cm 7942 para 2.32

Communities and Local Government will continue to encourage the adoption of Accessible Housing Registers through, for example, the statutory guidance on CBL which is due to be published in early 2008; and will support the dissemination of good practice models, such as the London-wide AHR.

The new guidance on choice-based letting schemes was issued in August 2008 and contains a section on providing choice for disabled people with access needs (para s 4.60-4.76).³⁸

³⁸ <http://www.communities.gov.uk/documents/housing/pdf/choicecodeguidance>

Appendix C

Legal Framework

ADAPTATIONS and DUTY TO ASSESS

Chronically Sick and Disabled Persons Act 1970

- Local authority duty to “arrange practical assistance” in the home for people with disabilities, works of adaptation or provision of additional facilities to secure greater safety, comfort or convenience

NHS and Community Care Act 1990

- duty of social services authorities to assess needs where a person appears to be in need of community care services
- duty to notify housing authority of housing-related needs

Carers (Recognition and Services) Act 1995; Carers and Disabled Children Act 2000

- duty to assess carers’ needs
- power to make provision for carer needs

Disability Discrimination Act 1995

- extended definition of disability “ physical or mental impairment which has substantial and long term adverse effect on ability to carry out normal day to day activities”
- extended further in 2004 to include people diagnosed with progressive conditions e.g. HIV, MS, cancer
- duties of service providers to make their services accessible (buildings and processes), includes LAS BUT NOT dwellings in council housing stock

DISABLED FACILITIES GRANT

Housing Grants, Construction and Regeneration Act 1996; DFGs and Home Repair Assistance (Maximum Amounts) (amendment No2) Order 2001

- mandatory provision for disabled people (as defined in section 19-22) of means-tested grant assistance within owner-occupied or rented – brought in to assist people not living in council housing with adaptations
- currently focussed mainly on adaptations to address problems caused by adult physical disability, within the envelope of the property where feasible (secn 23(1):
- Social service (OT)’s duty to assess what is necessary and appropriate (secn 24)
- Housing authority’s duty to assess what is reasonable and practicable (secn 24(3)(b), and fitness of the property

REGULATORY REFORM ORDER (RRO)

Regulatory Reform (Housing Assistance) (England and Wales) Order 2003

- increased housing authorities powers to offer discretionary assistance via grant loan or equity release for adaptations
- e.g. for small-scale works, top-up assistance, help to move to more suitable property
- local policy must be published > Lewisham Grant Assistance Policy: home repairs grants, emergency home repairs, heating assistance, decent homes grants, renovation grants, empty homes grants

DECENT HOMES

A Decent Home for All (ODPM 2000); Sustainable Communities – building for the future (ODPM 2003)

- national programme to bring all social housing up to decent standard (and initially to reduce fuel poverty)
- decent home = adequate heating and heat insulation, adequate kitchen and bathroom facilities, modern wiring, safe structure (e.g. roofing). Home = not decent if failing in > 1 of these areas

Appendix D

Benchmarking:

A survey was sent to OT managers in London Boroughs, to ask the following questions:

Question/Topic: DFGs

1. Does your local authority require an OT assessment and recommendation before awarding a DFG
2. Have the grant awarding team ever refused to award a DFG, and for what reason – examples useful.
3. Is the OT assessment carried out by an in-house team, or do you use private OT contractors.
4. How is your authority dealing with any increase in demand for DFGs, whilst addressing budgetary pressures.
5. What is your average waiting time for a simple DFG (e.g. straight forward stairlift) to be agreed.
6. What is your average waiting time for a complex DFG (e.g. extensive bathroom or kitchen works) to be agreed
7. Have you used charities to provide major adaptation- examples useful.

Eight boroughs have responded, the results are represented in the following table.

Appendix D

DFG Benchmarking table

| Borough | 1 (OT assess) | 2 (DFG refused) | 3 (in-house OT's) | 4 (increase demand) | 5 (Ave waiting time simple) | 6 (Ave waiting time complex) | 7 (charitable provision) |
|------------------------|---|--|--|---|---|------------------------------|---|
| Barking and Dagenham | Yes | Yes- panel considers and approves | Yes | Not a significant problem | Assess to panel = 1 month DFG approval 4 months 5 months total prior to work commencing | | Yes SSAFA have funded |
| Brent | Not for simple shower adaptations- screening then direct recommendation | No | Have used external OT contractors to clear waiting lists | Not a significant problem | Progressed 5-8 weeks following OT recommendations | | No |
| Lambeth | Yes | No | In House | Stop awarding grants but process them ready for approval in April | 4 months | 1. 5 years | No 7 (charitable provision) |
| Enfield | Yes | Yes- panel considers and approves | Have used external OT contractors to clear waiting lists | Not a significant problem | 4-6 months | 6-18 months | Yes- palliative, MDN, Macmillan |
| Kensington and Chelsea | Yes | No, panel scrutiny | In-house | Reduction in discretionary works, ensure mandatory criteria met. Seeking HA contribution. | Applications are currently pending review and approval by the EHD as the DFG budget has been committed this year. This is the first time this has happened, so the waiting time is abnormally long. The usual time from receipt of a full application pack to approval is one month | | No |
| Lewisham | Yes | Yes if Grants feel the RSL should fund. | Many years ago used a private OT for nil contribution DFGs | Not a issue yet but fears it will become one. | 3-4 months | 6-18 months | Yes for palliative case such as MND |
| Greenwich | Yes | Yes- where means test indicate client must pay for works | Have used external OT contractors to clear waiting lists | Considering role of unqualified OT staff due to budget reductions. | 2-6 weeks | 6-10 weeks | No |
| Haringey | Yes | No | In-house | Business case for additional funding agreed part way though year. | Once grants team have all relevant papers, approval in 1 week. Complex works depends on architect and costs. | | No |
| Tower Hamlets | Yes | Contentious area white goods for kitchens | In-house, also use PCT colleagues to progress works | Main pressure with ALMO, running a waiting list. DFG team not overstretched | Ave 13.35 weeks | | Yes, mainly palliative care. McMillan have funded stair lift rental |

1. Commentary:

1.1 With the exception of Brent, all DFG applications are supported by an OT recommendation.

1.2 Several Boroughs have established awarding panels. This does not happen in Lewisham, but there is a robust authorisation process within the OT service. A panel would improve consistent decision making, but would be unlikely to relieve the budget pressures.

1.3 Some Boroughs have used external OT contractors to help to clear waiting lists. In Lewisham we have engaged agency OT's to assist with high volumes of work. We have also explored using external contractors, but fees for this type of complex work are high in comparison to the in-house assessment team.

1.4 In terms of funding, most other Boroughs do not have the budget pressures as experienced in Lewisham. However, in Lambeth, no grants will be awarded until the new financial year, suggesting severe budgetary restraints. The reason for our increasing budget pressure is high demand.

1.5 Some Boroughs, including Lewisham, have been successful in attracting charitable funding for adaptations. Usually, charities assist where the person has a rapidly deteriorating terminal illness, and requires an adaptation quickly.

Appendix E

Mrs R – Case study 1

Background and referral: 18.1.08

- Mrs R is in her 80's living in her own ex-Council home with the support of her husband, and her son who lives separately.
- She was referred to the Community Occupational Therapy service on 18.1.08 by her husband, with increased difficulty managing daily activities due to joint and back pain, and recent falls. Mr R reported that his own health problems following a recent operation made it more difficult for him to assist his wife. He reported that they received no care services.
- The duty occupational therapist (OT) took further details from Mr R on the telephone and it was agreed that Mrs R had a substantial level of need. Due to the falls risk and risk to her carer a more urgent assessment priority was recorded.
- At the same time, a commode was ordered for Mrs R to reduce the number of times she needed to go upstairs to use the WC during the day, and Mr R was advised to contact their GP to refer Mrs R for an assessment by the local NHS wheelchair service.

OT Assessment: 6.2.08 – 23.4.08

- The allocated OT visited Mrs R at home on 6.2.08 for an assessment that combined discussion with her and Mr R, as her carer, about daily activities, observation of mobility and transfers, and observation of her home to assess its accessibility and potential for adaptation. Mrs R reported that she had had several operations to deal with joint problems, with varying success, and that she experienced constant pain and breathlessness on exertion, had poor balance and had been falling recently. She had Linkline service in place for this.
- The assessment identified difficulties with bathing and that her husband was having to assist her to strip-wash because she was afraid to use the bath after falling in it. For this, the OT initially recommended trialling a shower board with handle as the simplest initial solution.
- Mrs R was also observed to have difficulty with WC transfers, for which the OT offered a raised toilet seat that she declined. A direct payment for this was also discussed as part of the equipment provision. She was independent with all other transfers and personal care activities. She reported that she used Shopmobility scooters to shop with her husband, and that he managed all the domestic tasks at home.
- Using the stairs was the other observed problem, due to problems with her knee joints and breathlessness on exertion. This also affected her safety on the front steps. The OT discussed with Mrs R about providing a

stairlift, but she wished to continue using her stairs for exercise and it was not pursued at this point.

- Mr R had not been able to ask his GP for a wheelchair referral, so the OT made the referral on 8.2.08. She ordered the shower board on 7.2.08, which was delivered on 12.2.08.
- The OT ordered a galvanised rail and half step that was fitted at her front steps on 22.2.08. There is currently no charge for essential minor adaptations or equipment provided on OT assessment for clients in Council or private property, and main grade OT staff are authorised to order stock equipment items and minor adaptations costing up to £250.
- Mrs R reported the step and rail were helpful, although she did not like the appearance of the rail. The OT advised her that the department's budget allowed for provision basic rails that met clients' safety needs. At the present time, there are no provisions for clients to use direct payments for adaptations, in Lewisham or elsewhere.
- Mrs R trialled the shower board and then a powered bathlift under OT supervision, but neither was beneficial as she had difficulty lifting her legs over the side of the bath. The operational manager agreed therefore on 23.4.08 to investigation of provision of a level access shower via a Disabled Facilities Grant (DFG). All adaptations costing more than £1,000 (regardless of tenure or funding stream) are discussed for agreement in principle with an operational manager to ensure that they are the most appropriate and cost-effective way to meet the client's assessed needs.

Financial assessment for DFG: 28.4.08-13.8.08

- The OT requested an informal means test (IMT) from the Grants team on 28.4.08 and the result on 13.8.08 indicated Mrs R had a nil contribution
- The IMT was based upon a review of her income, savings and benefits carried out in her home by a member of Staying Put (Lewisham's in-house home improvement agency), so that supporting documentation could be seen and copies taken. The contribution is calculated on the basis of this information using a centrally prescribed formula.
- In the meantime, a grants officer also visited the property to complete a decent homes inspection, to check that the property was structurally fit to install adaptations safely and cost-effectively. If structural repair works are identified at this visit, a parallel Home Repair Grant (HRG) is opened so that necessary works can be completed before adaptations begin. The IMT result applies equally to the HRG and the client is charged their contribution only once, regardless of the extent of different grant-funded works. In Mrs R's case, no repair works were identified as necessary.

Work on provision of adaptations: 13.8.08 – 21.11.08

- The OT advised Mrs R and her husband about the role of the DFG agent, which is to complete the necessary forms, complete required plans and specifications, liaise as required with Building Control and (if relevant) Planning, tender the works once agreed, oversee works when on site and obtain any necessary certification of works. She decided to appoint Staying Put as her agent.
- The occupational therapist completed a joint visit with Staying Put on 4.9.08. The WC and handbasin needed to be replaced due to reconfiguring the bathroom to maximise circulation space, and there was some discussion with staying put about the most appropriate WC model to make use of the available space and maintain flexibility to accommodate possible future deterioration in Mrs R's mobility.
- OT recommendations were finalised on 21.11.08 after discussion and agreement of the plans with the client her husband and son, and the OT operational manager authorised and forwarded them to the Grants team and Staying Put.

Reassessment of need for additional stairlift adaptation: 7.1.09 – 20.1.09

- Mrs R reported to the occupational therapist on 7.1.09 that her mobility had deteriorated further and she now accepted that she would need to use a stairlift. The occupational therapist had initially assessed a stairlift as being potentially necessary: the new information was discussed with the operational manager on 20.1.09 and further provision of a stairlift agreed.
- There was no need for a further IMT, as Mrs R had already been assessed as having a nil contribution.

Continued work on provision of adaptations : 20.1.09 – 24.3.09

- The occupational therapist visited with a lift company rep on 10.2.09 (delayed by a week so that Mrs R's son could attend at her request and she could attend a hospital appointment). The rep recommended a stairlift with hinged track for the layout of the stairs and hallway, to avoid obstructing the front door that was very close to the foot of the stairs.
- The occupational therapist completed her recommendations to the Grants team on 4.3.09 on the basis of this technical advice, and transferred the case to the caseload assistant to hold and liaise with all parties concerned.
- Grants obtained a visit and quote from a second company for an alternative, new, model that could be fitted to the other side of the stairs

without obstructing the front door. Mrs R's son reported to the OT and Grants team that his parents preferred this model and asked them to consider this in awarding the grant.

- The OT investigated the alternative model preferred by Mrs R, and advised Grants on 24.3.09 that, whilst being more expensive, this lift would also meet Mrs R's needs and cause less of a potential obstruction to the front door, should the lift malfunction at any point.

DFG approval and works – shower : 9.2.09 – 11.5.09

- The DFG for shower works was approved on 9.2.09, 13 months after the initial assessment and 9.5 months after the informal means test was requested and grant process initiated.
- Works on the shower started 3 months later on 11.5.09. There was some initial on-site discussion with Mrs R's son and minor alterations were made to OT recommendations regarding the type of taps and WC fitted, that were accommodated in the works.
- The case was transferred to the new OT caseload assistant, to continue liaison and monitoring progress of works.

DFG approval and works – stairlift: 30.4.09 – 2.7.09

- The DFG for Mrs R's preferred stairlift was agreed for the revised amount including the stairlift and associated works on 30.4.09, 3 months after Mrs R's confirmation of the OT's initial assessment identifying a stairlift as a potential need and after the initial grant request.
- It was fitted on 2.7.09, 6.5 months later.

Check visits and case closure: 4.6.09

- The OT visited to check the shower adaptations on 4.6.09. The OT observed the shower running, after Mrs R had demonstrated accessing the shower and seat, and discussed with her whether she had experienced any problems with the shower since fitting.
- Previously, Staying Put had visited to check that the adaptation was technically sound, and electrical works had been certificated, in accordance with Building Regulations.
- The stairlift was checked by the OT on 13.7.09 (after the grants officer had visited to complete the technical check and review electrical certificates): she observed Mrs R using the stairlift. Mrs R reported a problems with the remote controls, which only brought the stairlift halfway

down the stairs and meant it could not be stored on the 1st floor when not in use. The OT contacted the lift company about modifying the remote control, and after this had been done on 21.7.09, all adaptations were signed off as satisfactory by the OT. Mrs R also signed the OT monitoring form to confirm her satisfaction.

- There were no further needs identified, and the case was closed on 28.7.09. The case closure letter gave Mrs P and her family the contact number for the SCAIT, in case she needed to contact the Community OT team again in future.

Costings

- The client was ill and unavailable for the early part of May, which delayed the decent homes inspection until 27/05/08. The property met the DHS.
- The informal means test (IMT) is a test of resources carried out early in the DFG procedure so as to filter out any applicants who may not qualify due to their income. It also provides an indicator as to how much (if any) contribution the client would have to pay towards the cost of any adaptation. The IMT is also important as it can also be used as evidence in the case of any potential fraud. A full means test is carried out at the approval stage. To complete the IMT the client must provide proof of all income and benefits received and complete a lengthy prescribed form. This can often take a number of visits to the client to obtain all the required information. Copies of benefit letters must be obtained to comply with audit requirements. In this case the required information was not received until 25/06/08, with the IMT being carried out on 04/07/08. The OT and applicant were informed of the result the same day.
- The application forms were issued on 04/07/08 and returned on 25/02/09. In the intervening period the recommendations were increased to include a stair lift. The grant was approved on 06/03/09 but did not include the cost of the stair lift. It is common to approve DFGs on only part of the work so that for example, a stair lift can be installed as soon as possible and not have to wait until all the required adaptation works are organized. After obtaining three quotes for the stair lift, the works were delayed by the client requesting a different stair lift. The grant was revised on 30/04/09 to include the stair lift and ordered the following day. The normal build time for stair lifts is 6-8 weeks. The stair lift was installed on 02/07/09. The bathroom adaptation was completed on 01/06/09.
- The total cost of the adaptation was £13,643. The works included the installation of a curved rail stair lift including a five year warranty, level access shower, wc and wash hand basin. The works also included repairs to plasterwork and drainage, and the rerouting of central heating pipes. These extra works were necessary to be able to provide the adaptation.

Mrs P - Case study 2

Background and referral – 29.4.09

- Mrs P is in her early 80s, living with her husband in their own three storey home. She was referred by her daughter-in-law on 29.4.09 for a community occupational therapy assessment for seating, bathing needs and a stairlift. She was receiving no social care services at this point.
- An initial telephone assessment by the Social Care Access and Information team (SCAIT) enabled the Duty senior occupational therapist to establish that Mrs P was likely to have a substantial level of need and should be visited at home for further assessment.

OT Assessment - 29.5.09 – 1.6.09

- The case was allocated to a locum occupational therapist (OT), who assessed Mrs P at home on 29.5.09. The assessment involved discussion with Mrs P and her husband of her medical history and difficulties she had with daily activities, observation of her carrying out transfers and mobilising around her home, and discussion/observation of any difficulties her husband had in assisting her. It also entailed observation of her home to assess its accessibility and potential for adaptation
- It identified that her medical condition and level of pain was variable and she used a walking frame or a stick get around inside her home, but was unable to walk for more than about 5 minutes outside with her stick and depended on her husband to drive her.
- She managed to get in and out of bed and on/off her WC independently but had difficulties with chair transfers due to the low height of her chair, and with getting into her bath to use the overbath shower, with which her husband had to help her occasionally. He also assisted her with tying her shoelaces, (she managed to get dressed independently otherwise), and carried out all domestic tasks.
- The main risk identified was when Mrs P used the stairs. This placed her at high risk of falls, as she needed to use ground and first floors of her home for WC and bathing facilities. Under Disabled Facilities Grant (DFG) legislation, these constitute essential facilities to which a person with a substantial and permanent disability should have access.
- The OT ordered simple equipment to resolve Mrs P's seating and bathing needs. There is currently no charge for essential equipment provided on assessment by the community occupational therapy service, and main grade OT staff are authorised to order stock items of equipment costing up to £250. The OT had also discussed with Mrs P about fitting a rail beside the bath (a suggestion supported by her daughter) but Mrs P had

asked not to have rails fitted.

- The equipment (3" chair raisers and a shower board with handle for use over the bath) was delivered and fitted on 3.6.09. The occupational therapist visited again on 25.6.09 to trial the shower board and the suitability of the chair raisers.
- The OT also discussed with Mrs P and her husband her initial recommendation to consider fitting a stairlift using the Disabled Facilities Grant (DFG). Mrs P was initially wary of this due to concerns about having to make a financial contribution to the cost of works. However, her family encouraged her to proceed and find out whether a contribution was required.
- Following a joint visit with the OT on 1.6.09, her supervising senior OT endorsed the OT's recommendation for stairlift provision and discussed it with their operational manager, who agreed to proceed with applying for a DFG on 8.6.09. All adaptations costing more than £1,000 (regardless of tenure or funding stream) are discussed for agreement in principle with an operational manager to ensure that they are the most appropriate and cost-effective way to meet the client's assessed needs.

Financial assessment for DFG – 9.6.09 – 29.6.09

- The OT requested an Informal Means Test (IMT) from the Grants team on 9.6.09, in order to establish whether Mrs P would be liable to a financial contribution to the cost of any adaptations, as the DFG is a means-tested grant.
- The IMT was based upon a review of her income, savings and benefits carried out in her home by a member of Staying Put (Lewisham's in-house home improvement agency), so that supporting documentation could be seen and copies taken. The contribution is calculated on the basis of this information using a centrally prescribed formula.
- In the meantime, a grants officer had also visited the property to complete a decent homes inspection, to check that the property was structurally fit to install adaptations safely and cost-effectively. If structural repair works are identified at this visit, a parallel Home Repair Grant (HRG) is opened so that necessary works can be completed before adaptations begin. The IMT result applies equally to the HRG and the client is charged their contribution only once, regardless of the extent of different grant-funded works. In Mrs P's case, no repair works were identified as necessary.
- The OT transferred the case to the OT caseload assistant on 29.6.09 after the assessed IMT nil contribution was communicated to Mrs P and she agreed to proceed with the DFG.

Work on provision of adaptations: 3.9.09 – 19.11.09

- The OT visited with a stairlift company rep on 3.9.09. The lift rep recommended two curved stairlift models, one with a manual and one with an automated seat swivel
- The OT completed her recommendations on 4.9.09 for the model with manual swivel: she assessed this as being appropriate to Mrs P's needs.
- The operational manager authorised and forwarded the recommendations to the Grants team as the basis of the "necessary and appropriate" adaptations that would need funding using the DFG.
- At the same visit, the OT discussed with Mr and Mrs P the role of the DFG agent, which is to complete the necessary forms, complete required plans and specifications, liaise as required with Building Control and (if relevant) Planning, tender the works once agreed, oversee works when on site, and ensure necessary certification of the works is completed in accordance with Building Regulations.
- Mrs P decided to appoint one of Lewisham's grants officers as her agent.
- The grants officer contacted two further companies to provide quotes based on the OT recommendation, for comparison of cost and design benefits.

DFG approval: 19.11.09

- After obtaining further quotes, the Grants team approved the DFG on 19.11.09 for the recommended lift model provided by the company that had visited with the OT, 6 months after the assessment and 5 months after the IMT request.
- Alternative models to the one recommended by the company visiting with the OT may be approved for ordering by the Grants team if they meet the OT's recommendations in full and are more cost-effective, or provide a more effective solution to the client's needs.
- Where the grants officer considers ordering a model different to the one discussed by the OT on the joint visit, the alternative quotation and specification is forwarded for the OT to check and advise of its suitability.

Ordering and fitting the stairlift: 19.11.09 – 27.1.10

- There was a slight delay in ordering the lift, as Mrs P told the grants officer she wanted to move out of her home. The caseload assistant clarified with Mrs P and her family that this was not the case, and there

were no associated concerns, and the order was placed later in the month.

- The stairlift was fitted on 27.1.0, 2 months later, which is the length of time needed to manufacture a curved stairlift track.

Fitting and checks and case closure: 3.2.10- 5.2.10

- The OT check was completed at a home visit on 3.2.10, where Mrs P was observed using the lift, its fitting was checked against the original OT recommendations, and any problems since fitting were discussed with Mrs P and her husband. The check was completed by an OT colleague as the locum OT had left the service.
- This was after the grants officer had visited to complete the technical check and review electrical certificates.
- Mrs P stated she was happy with the lift and that there had been no problems since it was fitted, and signed the adaptation monitoring form to confirm this.
- No further needs were identified and the case closed on 5.2.10. The case closure letter gave Mrs P and her family the contact number for the SCAIT, in case she needed to contact the Community OT team again in future.

Costings

- Normally the installation of stair lifts are the quickest adaptation to carry out, however, the formal procedures must still be adhered to. In this case the required information was not received until 22/07/09, and the IMT calculated on 13/08/09. During the course of getting this case completed, delay was experienced as the client suggested that she was to move to another property. In this instant the process was halted so as not to incur costs from the lift company. The lift was finally ordered on 01/05/09 and installed seven week later.
- The total cost of the works was £4,841.80. The works were the installation of a curved rail stair lift including a five year warranty.

Ms G - Case study 3

Background and referral: 18.12.08

- Ms G is in her 70s, living alone independently in her own terraced house with telephone support from her daughter in Wales.
- She referred herself to the Community Occupational Therapy service on 18.12.08 with problems related to falls at home, difficulty using her stairs and existing shower cubicle, and difficulty getting into her garden to hang out her washing.
- A telephone assessment completed by the Duty occupational therapist (OT) established that Ms G had a substantial level of need (under FACS criteria followed by Lewisham Council) and that she should be visited for a more detailed home assessment

Parallel Home Repair Grant (HRG)

- Prior to the OT referral, Ms G had applied to the Grants team on 11.11.08 for a Home Repair Grant (HRG) for repairs to her roof
- An informal means test (IMT) for this was completed on 17.11.08, with a nil result.
- The IMT was based upon a review of Ms G's income, savings and benefits carried out in her home by a member of Staying Put (Lewisham's in-house home improvement agency), so that supporting documentation could be seen and copies taken. The financial contribution was calculated on the basis of this information, using a centrally prescribed formula.
- The grant officer's inspection on 18.12.08 resulted in recommendations for minor roofing and electrical repair works.

OT Assessment: 17.2.09 – 5.3.09

- Ms G was visited at home by her allocated OT on 17.2.08 for an assessment that combined discussion with her about her medical problems and difficulties with daily activities, observation of her mobility and transfers and observation of her home to assess its accessibility and potential for adaptation.
- The assessment identified that Ms G's joint and back pain, reduced range of movement in her legs, and reduced exercise tolerance and balance meant she had difficulties with getting on/off her WC with the existing raised seat and frame, using the stairs (even with the existing rails) and using the external steps at the front and back of her home. She reported that she managed domestic activities by pacing herself but found standing

to cook difficult, and that she was able to drive to local shops and friends assisted her with heavy shopping. She reported that her grandchildren sometimes visited to help with housework.

- Ms G reported that she had started to have falls at home, and was awaiting surgery to her hip.
- Ms G was also observed as having difficulty getting safely into her existing privately fitted shower cubicle, which had a 300mm step. The OT considered the interim measure of trialling a bath step by the shower cubicle to reduce the height of the step into it, but did not proceed with this after concerns expressed by Ms G's daughter about its safety.
- On 18.2.09 the OT ordered a higher raised toilet seat to make WC transfers safer and a perch stool for the kitchen. These were delivered on 20.2.09 but Ms G found the additional 2" height on the raised WC seat just too much, and declined the perch stool.
- The OT also requested a half step and galvanised rail for the garden step, which was fitted on 16.3.09 after Ms G's return from holiday, and which she reported as helpful.
- The OT also discussed Linkline provision with Ms G, who decided to postpone taking it up.
- The senior OT completed a joint visit with the OT on 25.2.09, where the equipment returns were discussed, in addition to assessing the potential need and suitability of replacing the shower cubicle with a level access shower. She discussed the case on 5.3.09 with their operational manager, who agreed investigation of providing a replacement level access shower using a DFG.
- Provision of a stairlift was also discussed at the visit and with the OM, but agreed as not essential at the time, since Ms G was able to manage stairs safely, albeit with some difficulty, and did not express a wish for one.

Financial assessment for DFG:

- The OT requested an informal means test on 1.4.09. The original IMT for the HRG, assessed in November 08 as a nil contribution, applied also to the DFG so a further test was not required.
- The case was transferred to the OT caseload assistant to liaise with other departments and Ms G and monitor progress.
- The grant officer had already completed a Decent Homes/ fitness inspection as part of his assessment for the HRG works, to check that the property was structurally fit to install adaptations safely and cost-effectively.

Work on provision of adaptations:

- The OT and her senior advised Ms G about the role of the DFG agent, which is to complete the necessary forms, arrange preparation of required plans and specifications, liaise as required with Building Control and (if relevant) Planning, tender the works once agreed, oversee works when on site and obtain any necessary certification of works. She decided to appoint Staying Put as her agent.
- The senior OT completed a joint visit with the agent, Staying Put, on 27.7.09, as the OT was on extended sick leave. Her recommendations for a level access shower were authorised and forwarded by her operational manager to the agent,
- Plans from Staying Put were agreed by the Senior OT with Ms G on 30.7.09.

Parallel HRG works provision

- Ms G had also agreed to use Staying Put to co-ordinate her HRG works, which streamlined combining these works with adaptation works.
- The HRG for roofing and electrical repair works had been agreed on 3.4.09, and roofing works started in May 09. The HRG works were completed on 24.8.09 and checked by Staying Put, leaving the property ready for adaptation works.

DFG approval and works:

- Following tenders, the DFG for level access shower was approved on 7.10.09, 7.5 months after the assessment and 6 months after the IMT request.
- Works started on 30.11.09, 7 weeks later.
- The caseload assistant stayed in contact with Ms G, who advised on 12.1.10 that works had been completed in December, and she was very happy with them.

Check visits and case closure:

- The OT visited on 25.1.10 to check the works and agreed that they had been completed according to the recommendations. The check involved the OT observing the shower running, after Mrs G had demonstrated accessing the shower and seat, and discussing with her whether she had experienced any problems with the shower since it was fitted.

- Ms G signed the adaptation monitoring form with the occupational therapist to indicate her satisfaction with the adaptation.
- Previously, Staying Put had visited to check that the adaptation was technically sound, and electrical works had been certificated, in accordance with Building Regulations.
- Ms G had no further needs and the case was closed on 5.2.10. The case closure letter gave her the contact number for the adult social care access and information team, who now dealt with all initial enquiries about an occupational therapy service, in case she needed to contact the team again in future.

Costings

- In this case an IMT had been recently carried out for a repairs grant, so a second IMT was unnecessary. It was therefore possible to issue the grant forms straight away.
- The application was issued on 09/04/09 and returned on 30/09/09. During this time joint visits with SP and OT's were carried out, plans and specifications were drawn up and approved by all parties, the works were tendered and the application made. The main delay was caused by a significant backlog of work within the SP team.
- The works were completed on 18/12/09. The total cost of the works was £5,735.60 for the installation of a level access shower and wash hand basin, together with plastering, tiling, floor covering, shower chair and grab rails.

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