

SUBJECT:	CAPITAL FUNDING - DISABLED FACILITIES & SAFETY AT HOME GRANTS
MEETING:	ADULTS SELECT COMMITTEE
DATE:	8th March 2016
DIVISION/WARDS AFFECTED:	ALL

1. PURPOSE:

- 1.1 To provide an update on the capital budget provided to support disabled facilities grants (DFGs) and Safety at Home (SAHs) grants and the impact on overall service performance and on services provided by Social Care and Health.

2. RECOMMENDATIONS:

- 2.1 That the Committee note the contents and implications of the report.
- 2.2 The Committee consider the options itemised in this report and recommend to Cabinet a proposed option for going forward.

3. KEY ISSUES:

- 3.1 The Council has a statutory obligation to provide DFG's within six months of receiving a valid application. Failure to do so it risks legal challenge. It also has discretion to provide SAHs. Since 2006 a capital budget of £600,000 has been provided annually to fund both types of grant. In broad terms the budget is split into £500,000 to support DFGs and £100,000 to support SAHs.
- 3.2 All DFGs are capped at £36,000 and while the majority are in the region of £4,500, each year a number of larger, complex grants are provided to meet the needs of children with complex disabilities. Increasingly, this also relates to adults who are disabled as a result of trauma or degenerative diseases. Client feedback has confirmed that adaptations significantly impact on the quality of life of both applicants and carers. Also, customer satisfaction scores of 95% are regularly being achieved.
- 3.3 SAHs are intended for smaller works such as handrails, half steps and minor alterations, often costing less than £250 but which make a dwelling safer. They are frequently commissioned to facilitate hospital discharge, or to reduce the risk of falls and injuries which might necessitate hospitalisation. Both grants play a key role in facilitating discharge from hospital and preventing admission.
- 3.4 In addition to the impact upon client of having to wait longer for adaptations to be carried out, the annual shortage of funds and ever earlier full commitment of them has adverse effects on the Council's performance in respect of DFG turnaround which is a KPI that is monitored closely by the Welsh Government and in particular by the Older Persons Commissioner for Wales.
- 3.5 Alternatives to DFGs and SAHs do exist, though none are as attractive as grant aid but nevertheless some potential grant recipients do opt to proceed with the necessary works at their own cost. Options which can be pursued include:-

- **Interest free Home Improvement Loans** – a Welsh Government funded scheme is available through Housing & Communities. This is interest free, but attracts a 15% administrative fee. The fee is likely to be reduced to 8%.
- **Moving house to suitable accommodation** – an option which may in any case be necessary if a resident's present home is not suitable for adaptation. In the case of private rented properties many landlords will not permit significant adaptations to be carried out as this may affect the value and marketability of the property.
- **Application for social housing** – this option is open to anyone but the shortage of RSL properties to rent is a major obstacle.
- **Housing Solutions advice** - if in the absolute situation staying isn't an option the Council's Housing Solutions Service can consider an application under the homeless related duties to assist a resident to find more suitable accommodation. This, however, would be challenging and possible landlord resistance to adaptations can be problematic.
- **Equity release** – while the Council no longer offers such a scheme, various private sector providers are available.
- **Care & Repair** – may be able to assist in a number of ways including making an application for benevolent funding from various charities.
- **RSL purchase of existing home and subsequent adaptation** – in very limited circumstances privately owned properties may be purchased by RSLs to address a bespoke need. This option is reliant on the RSL being able to fund the purchase and/or the availability of Social Housing Grant.
- **Self or family funding** - the most common way (other than DFG/SAH) of funding necessary adaptations, and, in the case of large projects exceeding £36,000 the resident would in any case have to fund the balance.
- **Different use of existing accommodation** – eg a ground floor living room being used as a bedroom

3.6 The options available to the Council are:

- Continue with the status quo. The advantage of this option is the Council's current capital commitment for disabled adaptations is maintained and there is no additional impact on the wider capital programme. The disadvantages are: the Council will continue to have a backlog of applicants waiting for disabled adaptations and the associated impacts on safety and quality of life for associated individuals; it makes no allowances for the impact of certainly previous inflationary pressures and there will be a continued impact on Social Care & Health services.
- Increasing the annual available capital funding for disabled adaptations. The advantage of this option is this will help to reduce (or eliminate) the number of applicants waiting and ease the pressures on Social Care & Health services. The disadvantage is there will be a knock on impact on the Council's wider capital programme and the Council may need to dis-invest in another priority in order to facilitate any increase
- One-off additional capital contribution to the current budget. The advantage of this option would be to help temporarily reduce (or eliminate) the number of applicants waiting for adaptations and ease the current pressures for individuals and Social Care and Health services. The disadvantage is that this

option only provides a temporary respite and a backlog would quickly build up again.

- Prudential borrowing. This option requires revenue funding. The necessary available revenue is cannot be facilitated because of the on-going commitment to meet financial targets relating to Cabinet mandates. Also, although the addressing of the current backlog may have some revenue benefits for Social Care through reduced care packages, these are regarded to be marginal and would not provide cashable/bankable benefits that could be directed towards funding borrowing repayments.

4. REASONS:

4.1 Each year, since 2006, the date at which the full budget has been committed has been earlier than the previous year and in the current year “full commitment” occurred before the end of July 2015. The reason for this is that each year there are a number (and, therefore, value) of grant enquiries which have to be placed on hold until the following financial year. This results in one or more of four impacts:

- Clients have to wait for six months or more for funds to become available to enable the necessary work to be carried out.
- A minimum of 185 days are automatically added to the processing time for the grant and this adversely affects our KPI that is measured by WG.
- An ever increasing amount of capital is fully committed each year on the 1st of April to award DFGs which have been waiting since the previous financial year.
- Increased demand for spending on mandatory DFGs puts pressure on the discretionary but greatly valued SAH grants.

4.2 At the end of Q3, 46 DFGs had been completed against an annual total of around 80 - 120 in previous years. Twelve DFGs were awaiting processing but were on hold due to a lack of funds and all SAH grant referrals were on hold. **Appendix 1** provides an overview as at the end of January 2016.

4.3 The situation with SAH's is similar as for DFG's. These small discretionary grants are often an essential part of the process or expediting discharge from hospital or indeed, reducing the risk of falls which lead to hospital admission. The shortage of capital has meant SAH grants have been available since November 2015.

4.4 The implications of the current situation are set out in **Appendix 2**.

4.5 **Appendix 3** shows the actual spending by Welsh Council's in 14/15. Benchmarking of costs within the Gwent councils also indicates that our average costs for a typical DFG involving the provision of wet floor shower are lower than other authorities and have remained relatively stable over the years. **See Appendix 4**.

5. RESOURCE IMPLICATIONS:

5.1 There are currently 47 clients waiting for DFG's with an estimated value of £492,421

5.2 It is also important to be aware that the situation has revenue implications for Social Care and Health services. It is not possible to directly calculate this. Nor is it 'bankable' but OTs are clear that, as well as the obvious benefits to clients who have DFG and/or SAH funded adaptations, in many cases the need for ongoing care and support is reduced or even eliminated. A sample of outcome reports from the OT service are attached as **Appendix 5**.

6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:

6.1 DFG's and SAH grants are predominantly awarded to older people, who are a protected group under the Equalities legislation, as are disabled children.

7. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS

7.1 While the majority of grant recipients are adults, a small number are children, often with profound and complex disabilities. The adaptations that are carried out not only improve the lives and wellbeing of the disabled child, they often make significant improvements to the wellbeing and safety of the whole family including siblings. It follows, therefore, that any delay in carrying out adaptations affects the overall safeguarding of all the children in the family.

8. CONSULTEES:

Housing Management Team; Assistant Head of Finance; Integrated Service Manager; Head of Adult Services; Chief Officer Social Care & Health; Chief Officer for Enterprise; Cabinet Member for Community Development; Cabinet Member for Social Care, Safeguarding & Health

9. BACKGROUND PAPERS:

Report to Adults Select Committee – 1st September 2015

10. AUTHORS: John Parfitt, Housing Renewal Manager

11. CONTACT DETAILS: John Parfitt, Tel: 01633 644681, E-mail: johnparfitt@monmouthshire.gov.uk

APPENDIX ONE

Position Statement as at 31/01/16–

(a) actual and potential unmet demand (b) impact upon performance indicators

CAUTIONARY NOTE:-

In the case of DFGs the actual number of OT referrals are

(a) never consistent year on year and,

(b) are so small (average 100pa)

that statistical variations can be great and distorting. However, previous year's rates of referrals have been used as a basis for forecasting.

2015/16 Budget Position:

Initial budget	£586,554 (includes 19,196 for variations)
C/F	£ 58,365
Total	£644,920
Spent or committed	£635,772
Balance	£ 9,148 to fund CRM fees on DFGs in 15/16

2016/17 Forecast:

Processed and awaiting approval on 1/4/16	£362,421
Q4 (Feb/Mar) 15/16 forecast 26 referrals (est val)	£130,000
Total	£492,421 as at 1/4/16
Required to fund 16/17 OT referrals (est 100 No)	£550,000
Required to fund 16/17 SAH grants	£100,000
Capital budget required for 16/17	£1,142,421

Average processing times for DFGs delayed due to lack of capital in 15/16:

From initial point of contact with OT service – when approved on 1/4/16 (plus time with contractor)	357 days
Delay component due to lack of funds	130 days

APPENDIX TWO

Implications of a shortage of DFG and SAH funding for Social Care and Health clients

- 1.1 The rate of older people supported in the Community per 1000 population aged 65 or over the last 2 years has remained around the 60, which is very low when compared with our neighbouring authorities, part of the reason for this is due to providing a timely approach to funding and installing both major and minor works of adaptation. However, this has become increasingly difficult as the DFG budget has remained unchanged for the last ten years. Each year the committed date is falling earlier in the year which puts subsequent pressures on other Monmouthshire County Council budgets, and Frailty Resources.
- 1.2 The lack of appropriate accommodation to meet the needs of the individual gives rise to an increasing need for crisis intervention and the assistance of longer term Care and Support Packages. If there is a delay in meeting completion of the adaptation, and people become dependent on Care and Support Packages it is then more difficult to withdraw any support even though the adaptation itself would have initially prevented the need for long term support.
- 1.3 The adaptation component of a Care and Support Plan is an essential component to sustain Monmouthshire's trend of providing minimal care packages, thereby limiting the week on week commitment of care packages via Community Care. This in turn enables people to maintain their community connections which maintains both their physical and mental wellbeing as well as assisting to maintain the local economy.
- 1.4 A case example of providing a level access shower to the cost of approximately £3000 has enabled the individual to maintain their ability to maintain their own personal hygiene which has the effect of negating the need for long term care to assist with bathing 3 times a week with ongoing weekly cost of £23.40 [£1216.80 per year] to Social Services.
- 1.5 Another example would be providing ramped access to/from the property, which would enable the individual to go out to connect with their community, rather than necessitate the commissioning of on-going services to provide social interaction within the home and potential lead to the associated isolation, which research shows would over time would lead to increasing dependency.
- 1.6 Whilst it may be easy to think SCH could pick up the adaptation bill, it is the duty of the Housing Authority to provide what is reasonable and practicable based on the Social Services needs assessment as to what is necessary and appropriate, using the DFG funding under the Housing Grants, Reconstruction and Regeneration Act. An increase the DFG and other adaptation budgets would undoubtedly offset the potential ongoing commitment from other budgets within the authority.
- 1.7 In the future the Chronically Sick and Disabled Persons Act 1970 will be replaced by the Social Services and Well-being (Wales) Act 2014, focusing the attention on the need for preventative works such as adaptations, however it will remain the housing grants duty to provide the adaptations as outlined in the Housing Regeneration Act, therefore it is in the Council's interest to support the provision of adaptations as an essential service

- 1.8 Outlined below are some examples below of the type of situation which Social care and Health Services are trying to deal with as a result of not be able to have DFG supported work carried out:-.

Example 1

Sixty – two year old lady in Monmouth area with a diagnosis of Motor Neurone Disease and is very unsafe on the stairs. Downstairs accommodation is not suitable and influenced by the fact that she regularly has her grandson to stay over since the death of her daughter. Requires a stair-lift, family are having to rent a stair-lift in the interim although she is eligible for a DFG.

Example 2

A gentleman in Monmouth area who is housebound awaiting installation of ramps. We are currently dealing with the complaint submitted with regards to this.

Example 3

A lady who had been living in an MHA property until she had a stroke and moved in with her family so they could help care for her. She is currently living in the family front room with access to a small downstairs toilet. Following assessment, recommendation is to adapt the garage to allow her to have accommodation that would be independent from the family but they could still provide her with support. As funding is committed for this financial year this won't be looked at until April 2016.

Example 4

Mrs B – she's 68. She lives with her Husband in their own house in Abergavenny. She has a Neurological disorder affecting her communication and she is unable to mobilise or transfer independently. Her Husband assists with all care. To manage personal care her husband is carrying her to the car then carrying into Avenue Road where carers are attending to her personal care needs. Her Husband then repeats the process to return her home. Mrs B has recently had a ceiling track hoist fitted, following assessment I recommended wet room installation this would allow her to have her personal care needs met within her own home. Also, Her Husband is more than happy to manage all of her personal care needs thus avoiding the need to have Carers to support.

NOTES:

It should be noted that the lack of adequate capital impacts only on private owned or rented property, residents in MHA property are still able to access adaptations as it is a different process funded directly by MHA and brings about significant inequity.

This information was previously reported to Adults Select Committee on 01/09/15

APPENDIX THREE – DFG SPENDING BY WELSH COUNCILS

2014/15

Wales		31694238.23
Wales	Isle of Anglesey	687421
	Gwynedd	1123623.98
	Conwy	1160422.04
	Denbighshire	1111427.5
	Flintshire	803638.67
	Wrexham	1209143.34
	Powys	873341.9
	Ceredigion	1034808.93
	Pembrokeshire	985134
	Carmarthenshire	1157047.57
	Swansea	3288304
	Neath Port Talbot	2728806
	Bridgend	1261047.16
	Vale of Glamorgan	993092.53
	Cardiff	3854608.04
	Rhondda Cynon Taf	4094698.91
	Merthyr Tydfil	771789.09
	Caerphilly	1160628.09
	Blaenau Gwent	778105.28
Torfaen	1091045.2	
Monmouthshire	473176	
Newport	1052929	

APPENDIX FOUR

DISABLED FACILITIES GRANT'S DATA AND PERFORMANCE 2008/9 – 14/15

Year	Average No. of days	Average Cost	No. referrals received
2008-2009	377	£5,249.43	94
2009-2010	316	£4,801.89	169
2010-2011	311	£5,939.67	163
2011-2012	318	£5,133.24	118
2012-2013	236	£5,820.00	141
2013-2014	186	£4,330.59	153
2014-2015	213	£5,993.10	161

Average cost of wet floor shower installation in MCC is £3745 compared with a Gwent wide average of £4,013 (MCC is 7% cheaper)

The level of OT referrals to the team is showing an increasing demand for disabled adaptations

- 12/13 - 141
- 13/14 - 153
- 14/15 – 161
- 15/16 - 96 (Q1– 53; Q2 -28; Q3 15)

DFG approval levels over the same period are:

- 12/13 - 91
- 13/14 – 104
- 14/15 – 85
- 15/16 72 (Q1 52; Q2.19; Q3 1)

(This is an unprecedented number of approvals in Q1. Last year it was 21 and 13/14 it was 31. This year's Q1 spike relates to the number of grants that needed to be carried forward from 14/15 due to lack of budget)

KPIs

In order to produce a reportable Key Performance Indicator for the Welsh Government the time taken to process DFGs is recorded from the first point of contact a client has with the Occupational Therapy service to the certified date of completion of the works. The Housing and Community Service has direct control of the process for only a part of the overall time with the remainder being with the OT, the client and the contractor(s). In addition some of the more complex DFGs which involve building

extensions requiring time with the Planning Department and Welsh Water all of which add to the overall processing time.

In recent years the Council has performed well and in 2013/14, the last year for which records are published it was the second fastest in Wales with an average completion time of 186 days. However, several factors can cause the average processing time to increase and these include:-

- Time with the OT for assessment
- Time with the client while legal and financial information is produced
- Client choice for timing of works (any time within 12 months)
- The need for planning permission
- The need for Welsh Water to give building over sewers permission
- Availability of bespoke equipment
- Availability of specialist contractors
- Lack of capital funding

Performance for 14/15 was 213 days in relation to 81 completed DFG's.

Variables:

There is no discernible year on year pattern to the number or nature of OT referrals for DFGs, but the majority of the work involves the provision of ramping for wheelchair access, stair lifts, and wet floor shower rooms. Each year there are likely to be some cases involving clients with complex disabilities where there is a need for large scale adaptations and the building of extensions to homes to accommodate specialist sleeping and bathing facilities.

Feedback from Social Services is that it's not uncommon with some cases, that it is not possible to determine whether a DFG is needed immediately at the point of referral. Occupational Therapists have advised it is often appropriate to explore other options, such as equipment. Also, applicants needs can change during the assessment procedure

Once a grant has been approved it is the applicant who dictates how quickly an adaptation is undertaken, this can be compounded by levels of vulnerability. As an example, for DFGs completed in Q1 in 15/16 the following highlights the average time taken to complete each stage:

- Average time with OT – 48 days
- Average time with Renewals Team – 106 days
- Average time with builder/contractors – 78 days
- Average time with applicants and/or Care & Repair – 97 days

At the end of 14/15 there were 23 referrals in total ready for approval but which had to wait until the start of the new financial year for funds to become available. This added an average of 61 days to the overall DFG performance for DFG's completed in Q1.

Outcomes:

With regards to beneficial outcomes for clients and possible reduction in demand for SCH services, an arrangement has been established with Social Services who have started to review the impact of DFG's for individual applicants. The feedback is extremely positive. Examples of Social Care feedback is included in Appendices Two and Five to the report.

- 1.12 With an aging population and more children with complex disabilities, it is inevitable that the demand for DFGs is increasing. As the budget for DFGs is committed earlier in each financial year, the delay for those referred later in the year will inevitably increase. In the current year total commitment of the budget occurred by mid-July and unless further funding is obtained some DFGs that will be approved early in the next financial year will have as much as 270 days added to the time taken to process them.

APPENDIX FIVE

Examples of DFG Outcomes as reported back by OTs

NAME: Mrs R, Chepstow

ADAPTATION	Wet Room
CARE COSTS	£37.98 pw / £151.90 4 weekly
DFG VALUE	£4003.33 + Fees
ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none">• Unable to access bath safely and risk of falls and injury to Mrs R when carrying out personal care.• Mrs R was unable to access her bath and had to have personal care carried out by care staff twice daily.• Mrs R had to have a strip wash at the sink which impacted on her dignity and choice.	<ul style="list-style-type: none">• Since having a wet room adapted to the property Mrs R is now able to have a shower safely and independently. This has reduced the risk of falls and injury to Mrs R.• Mrs R no longer requires care staff to attend and assist with personal care• Mrs R's dignity and choice has been restored since having the adaptations to the property.
<ul style="list-style-type: none">• High risk of falls and Injury• Anxiety• Fear of falls	<ul style="list-style-type: none">• Decreased risk of falls and injury• Reduced anxiety• Improved on quality of life• Increased independence• Reduced fear of falls
<ul style="list-style-type: none">• Reduced independence due to ill-health which impacted on Mrs R wellbeing. Mrs R had a history of falls and fractured her hips which affected her mobility.	<ul style="list-style-type: none">• Mrs R stated that since having the adaptations to the property it has made a great difference to her quality of life. Mrs R was unable to access her bathroom to have a bath and had to depend on care staff to assist with personal care. Mrs R stated that she did not enjoy having a strip wash at the sink. Since having the wet room installed she stated that she can have a shower whenever she wants and no longer requires care staff to assist with her personal needs. Mrs R explained that she loves having her independence back and being able to take care of herself. Having the adaptations has enabled Mrs R to maintain as much of her independence as possible and restored her dignity.

NAME: Mr G

ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none">• Unable to access bath safely and risk of injury to Mr G and carer`s when carrying out personal care.	<ul style="list-style-type: none">• Since having a wet room adapted to the property Mr G is now able to have a shower safely. This has reduced the risk of injury to Mr Gill and the carers who assist in carrying out personal care.
<ul style="list-style-type: none">• Unable to access the garden at the property due to the depth of the step to get out. High risk of falls and injury.	<ul style="list-style-type: none">• Since having a ramp put in at the back of the property Mr G can now access his garden safely and is looking forward to being able to sit out in the garden when the weather improves. Decreased risk of falls and injury to Mr G and carer`s.
<ul style="list-style-type: none">• Care staff having great difficulty mobilising Mr G safely due to the width of the doors being too narrow. This would impose a risk of injury to Mr G and care staff trying to access the bathroom and living room. Mrs G further explained that her property would be frequently damaged due to care staff trying to mobilise Mr G through the narrow doorways.	<ul style="list-style-type: none">• Now the doors have been widened to the bathroom and living room this has prevented further damage to the property and reduced the risk of injury to Mr G and care staff when mobilising from one room to another.
<ul style="list-style-type: none">• Reduced independence due to ill-health which impacted on Mr G`s wellbeing.	<ul style="list-style-type: none">• Mrs G stated that since having the adaptations to the property it has impacted on Mr G`s wellbeing as she has noticed that he is more happy and alert. Mrs G stated that it has enabled Mr G to continue living at home which is important to both of them and it has restored his dignity.

NAME: Mrs H

ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none">• Unable to access bath/shower safely and risk of injury to Mrs H. Mrs H stated that she had to have a strip wash and was unable to have a bath or a shower. Mrs H stated that she did not like having to strip wash but had no other choice. Mrs H stated that she would also need assistance from family members to have a wash.	<ul style="list-style-type: none">• Since having a wet room adapted to the property Mrs H is now able to have a shower safely and independently. This has reduced the risk of injury to Mrs H and no longer needs assistance from family members when carrying out personal care.
<ul style="list-style-type: none">• Reduced independence due to ill-health which impacted on Mrs H's wellbeing.	<ul style="list-style-type: none">• Mrs H stated that since having the adaptations to the property it has improved her quality of life and her independence and dignity.

NAME: Child J

ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none">• Child has multiple and complex disabilities as well as challenging behaviour. Child is a wheelchair user and has to be carried up and down stairs. He required specialist bathing facilities.	<ul style="list-style-type: none">• Separate bedroom and bathing facilities with through floor lift has made major improvements to child's quality of life. Improved access to all parts of the home and rear garden has also been of great benefit
<ul style="list-style-type: none">• Significant adverse impacts on the quality of family life and on relationship with siblings.	<ul style="list-style-type: none">• Increased space has dramatically improved the quality of family life and for child J and siblings• Parents report much improved behaviour and far better relationships with siblings