SUBJECT:	**CAPITAL FUNDING - DISABLED FACILITIES & SAFETY AT HOME GRANTS**
MEETING:	**ADULTS SELECT COMMITTEE**
DATE:	**24th January 2017**
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 consider how the disabled adaptation programme is supporting residents to remain living safely and independently at home and make recommendations as appropriate.

2.2 The Committee recommends to Cabinet an increase in capital funding for disabled adaptation grants in 2017/18 and subsequent years.

3. KEY ISSUES:

3.1 The Council has a statutory duty to provide DFG's within six months of receiving a valid application. Failure to do so lays it open to legal challenge. It also has discretion to provide SAHs. Since 2006 a capital budget of £600,000 has been provided annually to deliver both types of grants. 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 large, complex grants are provided to meet the needs of children with complex disabilities, and increasingly for adults who are disabled as a result of trauma or degenerative diseases. It is known through client feedback that adaptations have a significant 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 for a disabled resident. They are often 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 hospital discharge and preventing admission.

3.4 In addition to the impact upon clients who have to wait longer for adaptations to be carried out, the annual shortage of funds and ever earlier full commitment (typically in the Autumn) has adverse effects on performance in respect of DFGs which is a KPI that is monitored closely by Welsh Government and other stakeholders.

3.5 Alternatives to DFGs and SAHs do exist though none are as attractive as grant aid. Nevertheless some potential applicants do opt to proceed with the necessary works at their own cost. Please see **Appendix 1** for other options available.

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 September 2016. The reason for this is that each year there are a number (and, therefore, value) of 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. **Appendix 2.**
- An ever increasing amount of capital is fully committed each year in 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, 56 DFGs had been completed against an annual total of around 80 - 120 in previous years. Nineteen DFGs were awaiting processing but were on hold due to a lack of funds and all SAH grant referrals were on hold. **Appendix 3** provides an overview as at the end of December 2016.

4.3 The situation with discretionary SAH's is similar. These small grants are often an essential part of the process of avoiding or minimising hospitalisation. The shortage of capital has meant SAH grants have often been unavailable or subject to temporary moratoriums from mid Q3 in most years. The implications of the current situation are set out in **Appendix 4.**

4.5 **Appendix 5** shows the actual spending by other 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.

5. RESOURCE IMPLICATIONS:

5.1. There are currently 19 clients waiting for DFG's, to this will need to be added the cost of meeting any further OT referrals received in Q4. The additional capital funds needed to enable the Council to meet its estimated demand for DFGs and SAHs in the current financial year and avoid any significant unmet demand at the start of the next financial year is estimated at £577,670 (based on the profile of previous years).

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 grant recipitents, the need for ongoing care and support is often reduced or even eliminated. A sample of outcome reports from the OT service are attached as **Appendix 6.**

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. **See Appendix 7.**

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:

Cabinet Member for Social Care & Health; Housing Management Team; Integrated Services Manager; Head of Adult Services; Chief Officer Social Care

9. BACKGROUND PAPERS: None

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APPENDIX 1

Alternative Options to Disabled Facilities Grants

Alternative options which can be pursued include:-

- **Interest free Home Improvement Loans** – a Welsh Government funded scheme is available through Housing & Communities. Although interest free, attracts a 15% administrative fee.
- **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. Experience is that most applicants are reluctant to move. 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, particularly bungalows and in the desired location, 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. Experience is that this is regarded as a very unattractive option.
- **Care and Repair Monmouthshire** – 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. Typically only 1 applicant a year is assisted in this way.
- **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

APPENDIX 2

DISABLED FACILITIES GRANTS 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

The level of OT referrals to the team is showing a consistent and above average demand for disabled adaptations

- 12/13 - 141
- 13/14 - 153
- 14/15 – 161
- 15/16 - 112
- 16/17 Q1,2,3) 112

DFG approval levels over the same period are:

- 12/13 - 91
- 13/14 – 104
- 14/15 – 85
- 15/16 106
- 16/17 (q1-3) 95

(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 and for Qs 1-3 in 16/17 it was 428 days

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 inQ1 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 Q3 in16/17 there were 19 referrals in total ready for approval but which will have to wait until the start of the new financial year for funds to become available. This will add a minimum of 91 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-September and unless further funding is obtained some DFGs that will be approved early in the next financial year will have as much as 185 days added to the time taken to process them

APPENDIX 3

Position Statement as at 31/12/16–
(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 127pa)

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

2016/17 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

2017/18 Forecast:

Processed and awaiting approval on 1/4/17	£327,670	
Q4 16/17 forecast 41 referrals (est val)	£130,000	
Total	£427,670	as at 1/4/17
Required to fund 17/18 OT referrals (est 130 No)	£550,000	
Required to fund 17/18 SAH grants	£100,000	
Capital budget required for 17/18	**£1,137,500**	

Average processing times for DFGs delayed due to lack of capital in 16/17

From initial point of contact with OT service – when approved on 1/4/16 409 days
plus time with contractor

Delay component due to lack of funds	209 days

APPENDIX 4

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 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 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. 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 the stree 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:

1. 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.
2. The OT Services deals with over 3500 referrals for assistance each year, the decision to refer on for DFG or SAH intervention is seen as a last resort with the vast majority of clients receiving alternative support such as rehabilitation or specialist equipment provision.

APPENDIX 5 – 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 6

Examples of DFG Outcomes as reported back by OTs

Case Study 1

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**
• 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.	• 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.
• High risk of falls and Injury • Anxiety • Fear of falls	• Decreased risk of falls and injury • Reduced anxiety • Improved on quality of life • Increased independence • Reduced fear of falls
• 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.	• 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.

Case Study 2

ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
• Unable to access bath safely and risk of injury to Mr G and carer`s when carrying out personal care.	• 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.
• Unable to access the garden at the property due to the depth of the step to get out. High risk of falls and injury.	• 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.
• 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.	• 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.
• Reduced independence due to ill-health which impacted on Mr G's wellbeing.	• 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.