

Report to

Scrutiny Co-ordination Committee
Cabinet Member (Community Services)

21st February 2007

20th March 2007

Report of

Director of Community Services

Title

Disabled Facilities Grants

1 Purpose of the Report

- 1.1 Last October, the Cabinet Member (Community Services) received a report relating to the measures put into place to reduce the waiting time for a Disabled Facilities Grant (DFG). The Scrutiny Co-ordination Committee considered the report subsequently.
- 1.2 Both the Cabinet Member and the Scrutiny Co-ordination Committee were informed that a further report would be presented to members highlighting the lessons learnt and recommendations made for the future process of managing applications for DFG's, and that is the purpose of this document.
- 1.3 The Audit Commission inspection report also highlighted that there should be a published procedure for dealing with urgent cases 'out of turn'. The report details such a procedure and asks the Cabinet Member to approve it.

2 Recommendations

- 2.1 Scrutiny Co-ordination Committee and Cabinet Member are asked to:

Note the progress made in reducing the waiting time for a DFG following the adoption of the measures outlined in the report of October 2006 and the lessons learnt in so doing.

Cabinet Member is also asked to:

Approve the procedure for giving priority to some applications for a DFG, outlined in Appendix 1 to this report. This procedure will be used when assessing whether a DFG referral should be taken out of turn due to the particular circumstances of a case.

3 Information/Background

- 3.1 A report was taken to Cabinet Member (Community Services) on the 10th October 2006 outlining the actions proposed to further reduce the waiting time for DFG's. The report was subsequently 'called-in' as part of the Scrutiny process.

- 3.2 The actions proposed in the report were:-
- Stricter guidance being issued to Occupational Therapists to ensure that assessments provide the minimum adaptation necessary to meet a person's needs. Service users who want more expensive schemes will be advised on alternative funding to meet these additional costs, notably equity release loans.
 - Those referrals on the waiting list and those in the early stages of scheme preparation were re-assessed to ensure that only the minimum adaptation necessary to meet the service users needs is developed
 - Where possible service users will be encouraged to take a "Direct Payment" for the adaptation and arrange the work themselves
 - Investigate the use of modular shower units rather than the provision of new build ground floor shower/wc's
 - Bath out/shower in adaptations to be "fast tracked" and where possible a direct payment offered
 - Where there are wider social care issues in the delivery of a DFG, a joint assessment will be undertaken by a social worker and an OT
 - Any scheme likely to exceed £25,000 to be authorised by the Housing Grants Manager and the Head of Therapy Services
 - Everyone on the waiting list has a care plan in place and reviewed every six months
- 3.3 Within the resource constraints of the Housing Capital Programme as much as possible was to be devoted to DFG work so that cases already well advanced in scheme preparation could be progressed.
- 3.4 Statistics regarding DFG's are often complicated as the number and position of cases within the DFG system varies daily, as cases move through the various stages of the process. In addition, the indicator that CSCI (the Commission for Social Care Inspection) uses measures the time for all adaptations over £1,000 and therefore, includes lifts, stair-lifts and hoists. Different Authorities have differing ways of progressing that smaller scale work – some use the DFG route; others (such as Coventry) do not. Elsewhere in this report (at paragraph 4.4) bench-marking information with neighbouring authorities is presented and that is based on the CSCI data, as the bench-marking partners have agreed that is the best way to ensure like-with-like comparison.
- 3.5 In October, however, the position regarding the DFG programme was summarised as follows and excluded lifts, stair-lifts and hoists. Comparable data has therefore, been presented to enable comparison between then and now.

DFG's paid, on site, approved or in preparation

Oct 04 195 cases longest wait: 144 weeks	Oct 05 224 cases longest wait: 116 weeks	Oct 06 389 cases longest wait: 96 weeks
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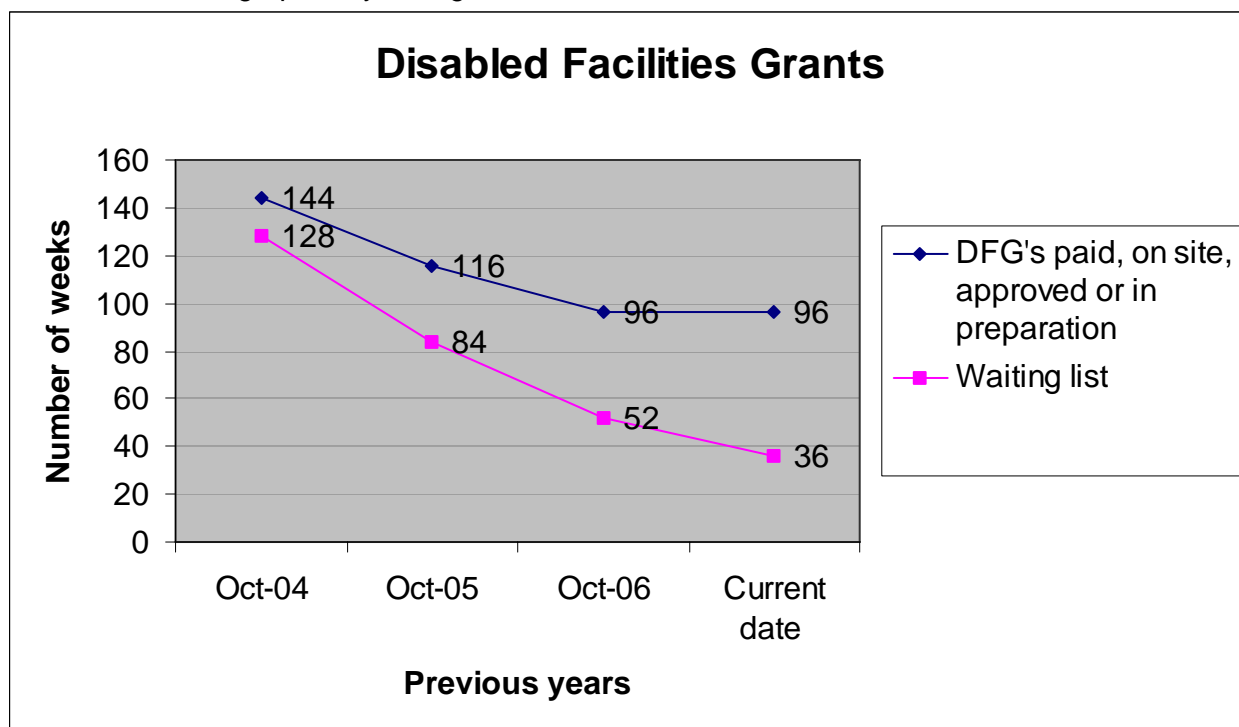
Waiting list

Oct 04 455 cases longest wait: 128 weeks	Oct 05 183 cases longest wait: 84 weeks	Oct 06 103 cases longest wait: 52 weeks
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- 3.6 The outcome of the activity is that the Waiting List now stands at 78 cases. The longest case has waited 36 weeks. (The longest wait of any case within the 'Paid, on-site, approved or in preparation' category remains at 96 weeks and will do so until the end of

the financial year when the completed cases- those that have been paid- are dropped from the monitoring system.

3.7 Presented graphically the figures show



4 The Outcomes of the Actions Taken

4.1 The outcome of each individual actions initiated is as follows:

Stricter guidance to Occupational Therapists

At the end of Quarter 2 (September 2006) the average cost of a DFG paid in that quarter was £17,161. At the end of Quarter 3, it was £12,264 and that would seem to indicate that desired outcome is being achieved. However, many of the schemes that were completed in the Quarter were too far advanced in the process to be influenced by the work instigated in October. An examination of the cases that have come through in the last few weeks has been made and those average £7,245. There have, however, been no very large schemes in that sample so it is not particularly representative. The majority of DFG's are now given to older people needing relatively small adaptations, but when a major scheme is necessary (such as for a family with disabled children) the schemes can be very costly.

Clearly the figure will be closely monitored over the forth-coming months to ensure that schemes continue to be as cost-effective as possible in meeting people's needs. All recommendations for DFG's are now being scrutinised by a senior manager before being approved, to ensure that each recommendation meets that criteria.

Re-assess those cases in the early stage of scheme preparation

A total of 194 cases from the two classifications outlined in paragraph 3.5 above were reviewed. The outcome of the reviews were:

107 - no change

37 - schemes reduced in costs or cancelled

40 - had died, moved or had work done without a grant

- 7 - schemes were increased
- 3 - accepted the Direct Payment route

Of the 37 cases where schemes were reduced in cost or cancelled, 17 were cancelled. The reasons for the cancellation were that 3 people had a high financial contribution to make and decided not to proceed; 4 did not respond when contacted; 2 did not meet the occupancy criteria; 1 property was due for demolition; 3 were cancelled by the person as they did not wish to proceed; and 4 people had improved significantly such that they no longer required the proposed adaptation.

With respect to the remaining 20 cases where the schemes were reduced in cost, with 8 of those cases the reduction resulted wholly because a broad estimate only had been used to calculate the likely cost of the adaptations at the start of the process, but estimates had been received and the schemes had come in cheaper than originally estimated. The reductions in the remaining 12 cases were achieved by providing revised solutions to the difficulties, such as a 'Through floor lift' and adapting the existing bathroom, rather than providing a property extension; or by adapting existing space within the property to provide a more cost effective scheme.

Reduced schemes have also been possible by utilising new products. Where for instance, a ramp access was not feasible, the solution was a 'step-lift' and the average cost of installation was £11,140. Now it is possible to provide a 'power-step' at an average cost of £3,570.

Direct Payment

As can be seen, the offer of a Direct Payments has not had a major impact at this point in time, although the offer will continue to be made to new cases. Direct Payments do not reduce demand but do help to reduce the DFG waiting list as service users take responsibility for their own adaptation.

Direct Payments are now offered to service users in situations where the unit cost of the adaptation can be ascertained reasonably accurately (typically 'bath out/shower in') so that the money can be paid directly to the service user. 29 service users have been offered the Direct Payment option but only 3 have accepted it. This low figure compares favourably, however, with use of Direct Payments in the provision of equipment and minor adaptations.

The take up of the option has been limited so far as the majority of service users to whom it is offered are elderly, and unless they have family members who are willing to manage the procurement process for them, they prefer to have the work done via the DFG route where the Council organises the process. The fact that the work may take longer via the DFG route does not seem to deter them.

There may however, be scope to offer a wider range of Direct Payment options to people in the future on a wider variety of relatively 'standard' work.

'Fast Tracking'

Although this option has been one of the more time-consuming to organise, it is producing results and it complements the Direct Payment initiative.

Contractors have provided 'standard' prices for three types of 'Bath out/Shower in' adaptations. As well as determining how much should be given to a person opting

for a Direct Payment, this has meant that a 'fast-track' system can be introduced. Jobs can go directly to the contractors on a 'Schedule of Rates' basis, without the need to provide detailed schemes in each case and for comparison quotations to be obtained. The fast tracking of "bath out/shower in" schemes has resulted in 95 referrals being dealt with in this way. Of these 44 have either been completed or approved, 40 are in preparation and the service user, for various reasons, cancelled the remaining 11.

Of the 11 schemes cancelled, 3 withdrew from the process; 2 had found alternative funding for the adaptation; 2 were proposing to move home; 1 had passed away; 1 had a high financial contribution and withdrew; 1 property was due for demolition and 1 service user had been admitted into care due to the death of their spouse.

It is the intention to see whether the 'Schedule of Rate' approach can be used for other work where the installation is relatively standard.

Modular Showers

Modular shower units have not provided an effective route forward. No schemes have progressed. It was anticipated that modular shower units could reduce the overall cost of some schemes whilst still meeting users needs. However, in exploring the potential of such units it has been identified that there are a number of problems. These include technical difficulties with water and plumbing in installing units within certain dwellings; cultural and religious issues where the units would be inappropriate; and the level of need of users - where a carer has to help with bathing, the units are of insufficient size.

Whilst no schemes have progressed to date using such units, they will continue to be considered as first option when planning schemes. Officers will continue to explore other more cost effective solutions to meeting needs.

Joint Assessment

As part of the process, cases have been jointly assessed by an Occupational Therapist and a Social Worker to ensure that there was no long-term alternative solution other than an adaptation. It was found that where supportive care arrangements were being provided in the short-term, they were not sustainable in the longer-term and the adaptation was essential. Only in one case was an alternative arrangements possible and that was because the condition of the service user had improved significantly. Their needs could be met by a 'stair-lift' rather than the ground floor facilities initially proposed.

Joint assessments will continue to be made at the initial referral stage to ensure the correct balance between supportive care arrangements and the provision of adaptations.

Equity Release Loan

In situations where service users had an expectation that more expensive adaptation works would be provided, the option of an Equity Release loan, via 'Houseproud' has been made. An explanatory leaflet has also included in the information folder sent to the service user. No Equity Release loans have been applied for, however, which seems to indicate that service users are accepting that the proposed scheme does indeed meet their basic needs, or they do not want to commit their own resources (the equity in their properties) to providing a more expensive scheme.

Review of cases over £25,000 by senior managers

Since the last Cabinet Member report the Housing Grants Manager and the Head of Therapy Services have reviewed all cases likely to exceed £25,000. This is to ensure that the proposed adaptation is "Necessary and Appropriate" from the Social Care perspective, and "Reasonable and Practical" having regard to the age and condition of the dwelling. (These are the defined roles of the two services within the mandatory DFG scheme).

The relevant Occupational Therapist/Home Improvement Officers were asked to justify the need for the scale of the adaptation proposed and its likely cost. Out of 16 cases reviewed on this basis, requests were made that 7 be re-considered. Only one was reduced in scale, indicating that the initial referral was correct and was the best way of meeting the service users needs.

Care Plan reviewed

Due to the waiting time for adaptations, all service users have been provided with a Care Plan which details how their needs are to be met in the short term, whilst awaiting adaptations. The Care Plan will continue to be reviewed until the adaptations are completed.

- 4.2 As indicated above, the outcome of all this activity is that the waiting list now stands at 78 cases, the longest case having waited 36 weeks.
- 4.3 Of the 194 cases reviewed, 3 service users have been admitted into residential, nursing or supported living environments. This has, however, been a direct result of the death of their primary carer and not because of revised DFG criteria.
- 4.4 Bench-marking activity has also been undertaken, which shows that many Authorities are struggling with DFG work. As indicated in paragraph 3.4, the bench-marking exercise that has been undertaken with our near neighbours has used CSCI definitions. The figures therefore, measures all work over £1,000 (including lifts, stair-lifts and hoists) and the time period quoted is the time between the initial assessment for an adaptation and approval.

The figures relate to the period April - December 2006.

	Referrals/Month (All work over £1,000)	Average cost of work	CSCI indicator**
Birmingham(Apr - Sep)	135	£6,500	49 weeks
Walsall	52	£12,756	42 weeks
Sandwell	51	£8,933	52 weeks
Wolverhampton	37	£8,662	64 weeks
Dudley	32	£13,345	56 weeks
Coventry	32	£12,264	47 weeks
Nuneaton	25	£6,252	46 weeks

The national CSCI average for this year currently stands at 38 weeks.

5 Funding

- 5.1 Management of the Housing Capital Programme has enabled accelerated spending of £0.828m to be achieved. This means total anticipated expenditure on DFG's in the current financial year of £3.5m. In addition to the other measures detailed in this report, this has contributed to a reduced waiting list of 78 cases and a longest wait of 36 weeks. The estimated value of these 78 cases is approximately £0.640m.
- 5.2 The table below demonstrates the funding requirement needed to eliminate the waiting list and have a reduced timescale from referral to approval of 30 weeks by 31st March 2008.

	£'m
Accelerated spending brought forward	0.828
Works in progress	2.353
Waiting list	0.640
New referrals (16 per month * £8,000 average * $\frac{3}{4}$)	1.152
Total expenditure requirements	4.973
DFG external funding	(1.089)
Housing Capital Programme	(1.934)
Additional funding requirement	1.950

- 5.3 The table shows that even if 100% of the Housing Capital Programme were to be directed to supplementing DFG work, a further £1.95m would be required.
- 5.4 The availability of corporate capital resources is limited with significant pressures from other Directorates. It is extremely unlikely that any additional funds will be made available and the focus must therefore remain on restraining expenditure pressures through the continued operation of the initiatives that have been instigated.

6 The DFG Consultation Paper

- 6.1 The Government has recently issued a consultation paper about the future of DFG activity and a proposed response is to be considered elsewhere on the agenda of the Scrutiny Coordinating Committee. The proposed response points out that the basic problem with the current mandatory system is that funding is not available to support such a prescriptive, mandatory system. In other areas of home improvement policy the mandatory nature of schemes has been removed and Authorities, through the Regulatory Reform Order, have been free to use different approaches (notably equity release) to finance work.
- 6.2 The proposed response suggests that a similar policy stance should be taken with DFG's.

7 Conclusions

- 7.1 Evidence from neighbouring authorities and from our own work shows that Authorities are struggling to meet expectations with DFG's because the scheme is mandatory but demand exceeds available resources.
- 7.2 The recent Consultation Paper provides an opportunity to press for alternate arrangements.
- 7.3 In the mean-time, however, it remains incumbent upon officers to seek only to finance schemes that provide the most cost-effective solutions that meet people's needs and to continue to promote initiatives that reduce waiting time.

8 Other specific implications

8.1

	Implications (See below)	No Implications
Area Co-ordination		✓
Best Value	✓	
Children and Young People		✓
Comparable Benchmark Data		✓
Corporate Parenting		✓
Coventry Community Plan		✓
Crime and Disorder		✓
Equal Opportunities	✓	
Finance	✓	
Health and Safety		✓
Human Resources		✓
Human Rights Act		✓
Impact on Partner Organisations		✓
Information and Communications Technology		✓
Legal Implications		✓
Property Implications		✓
Race Equality Scheme		✓
Risk Management		✓
Sustainable Development		✓
Trade Union Consultation		✓
Voluntary Sector – The Coventry Compact		✓

8.2 **Best value**

The initiatives are designed to achieve the best possible value for money spent, always seeking to promote schemes that meet people's needs.

8.3 **Equal Opportunities**

The changes that have been introduced are designed to enable more disabled service users to have speedier access to adaptations to meet their needs.

8.4 **Finance**

The Council will receive £1.089m of DFG funding from the Government Office for the West Midlands in 2007/08. This is a slight increase of £0.081m over the 2006/07 allocation. This allocation will only be received in full if the Council provide 40% match funding towards DFG from its Housing Capital Programme, this equates to £0.436m.

The Council will receive, however, a significantly reduced Housing Investment Programme allocation of £1.934m, a decrease of £0.641m or 25% from 2006/07 as the priorities of the Regional Housing Board with respect to areas with collapsing housing markets, and ex-coal-field areas, work against Coventry. The city is, however, likely to receive a good allocation of funding for equity release, indicating that is the way Government thinking is moving in all areas other than DFG work.

The table earlier in this report identifies the size of the challenge facing the department in reducing DFG timescales in light of decreasing funding and consequently an increased focus on managing expenditure pressures is required.

9 Giving priority to applications seeking a Disabled Facilities Grant

9.1 When the Audit Commission reported on the Council's arrangements for processing DFG's, they were critical of the fact that although a process existed for taking cases out of turn, it had not received formal approval.

9.2 Appendix 1 consists of a document describing how the system operates and you are asked to approve it.

10 Monitoring

10.1 Regular progress meetings are held to ensure that progress is maintained in reviewing and progressing the DFG referrals on the waiting list. A Capital Monitoring Group exists within Housing Policy and Services to ensure that the programme is delivered.

	Yes	No
Key Decision		
Scrutiny Consideration (if yes, which Scrutiny meeting and date)	✓ 21st February 2007, Scrutiny Coordinating Committee	
Council Consideration (if yes, date of Council meeting)		✓

List of background papers

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Papers open to Public Inspection

Description of paper

File: DFG backlog reduction

Location

SH6

Arrangements for giving priority to some applications for Disabled Facilities Grant.

1. INTRODUCTION

Where high demand exists for the provision of adaptations it is sometimes necessary to prioritise individual cases in order to ensure that the person can be maintained within their own home environment.

These arrangements are outside the 'fast-tracking' arrangements where standard cases are procured against a Schedule of Rates, being passed directly to contractors.

2. MAKING A CASE

All recommendations for a DFG are based on an individuals' critical or substantial need for provision in order to alleviate the environmental barriers that exist to independent living.

The recommendation for DFG assistance already assumes that there are risk factors associated with non- provision.

Consideration will only be given for priority provision where risk factors have been identified and possible solutions explored that are designed to alleviate those risk factors as far as possible, whilst the individual awaits DFG provision. Priority provision of adaptations will only be considered where an appropriate support package is available to maintain the individual within the home.

An application from an Occupational Therapist will be considered for priority where:

1. the individuals health would be compromised and may lead to hospital or nursing home admission, or
2. the individuals physical wellbeing may be compromised and faces unnecessary risk whilst performing essential activities, or
3. provision is necessary to ensure continuation of an appropriate level of care and where non provision may lead to imminent carer breakdown.

Diagnosis in itself may not be justification for approving a priority application. Occupational Therapists must ensure that they have explored other means of managing the risk and promoting the individuals independence before considering an application for priority. Thus for example, where a service user is required to use the toilet frequently and is unable to access an appropriate toilet, consideration must be given to the use of a commode or urinal as a temporary measure whilst awaiting the adaptation.

Similarly, where the service user experiences incontinence, the Occupational Therapist must consider how the incontinence is managed and if necessary seek guidance from the continence service.

Occupational Therapists must be able to demonstrate, on their application, that they have considered all options and clearly document why these options are not appropriate.

3. THE PROCESS

All cases must be discussed through the agreed supervision processes and all alternative options explored to support the individual service user within their home.

Where agreement has been given within supervision to the consideration of a priority application, practitioners must complete the appropriate form. It must be completed in full and provide evidence of options considered, clinical reasoning and clinical decision making.

The Occupational Therapist will be required to present their case to a Priority Panel which will meet once every 4 weeks.

The panel will consist of a member of a senior member of the Housing Grants Team and two Occupational Therapist Clinical Team Leaders.

It will be the Occupational Therapists responsibility to inform the service user of the decision of the Priority Panel.