

**DISABLED FACILITIES GRANT UPDATE**  
**REPORT OF THE DEPUTY CHIEF EXECUTIVE (COMMUNITY**  
**DIRECTION)**



Hinckley & Bosworth  
Borough Council

*A Borough to be proud of*

**ALL WARDS**

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1. **PURPOSE OF REPORT**

- 1.1 To inform Members of the progress made to improve the service delivery of Disabled Facilities Grants (DFG's). To show the work being undertaken to forecast demand and develop a range of options to assist with financial management and planning. To inform members of the challenges faced in the delivery of the DFG programme.

2. **RECOMMENDATION**

That Members:

- a) Note the achievement of the Private Sector Housing Team in reducing the time taken to process grant applications whilst maintaining a high standard of delivery.
- b) Consider the impact of an aging population and the future demand for adaptations within HBBC.
- c) Acknowledge the lack of control / influence that HBBC has on the referral rate and criteria set by Leicestershire County Council Social Care Services (SCS) for the initial Occupational Therapist (OT) assessment.
- d) Support the work being undertaken to improve delivery time of DFG's and on the exploration of alternative solutions which allow for more timely installation of adaptations.
- e) Acknowledge that the DFG process is rigid, but the outputs always have to be flexible.
- f) Note that Papworth Trust Home Solutions (PTHS) is the new Home Improvement Agency operating in Leicestershire.

3. **BACKGROUND TO THE REPORT**

- 3.1 DFG's are Mandatory and each Local Housing Authority has a duty to provide them. Funding is provided by Central Government however due to the level of demand Local Authorities must also make a contribution. In recent years the Private Sector Housing Team have been successful in securing additional funding which have supplemented this core funding. Historically the internal funding stream has always remained fairly constant but the external funding has been more variable.
- 3.2 The DFG process involves a number of agencies and is inherently bureaucratic. The benefits are often difficult to measure and any savings made are usually overshadowed by constant increases in demand or the requirement for more complex schemes.
- 3.3 **The challenges facing the DFG delivery programme:**

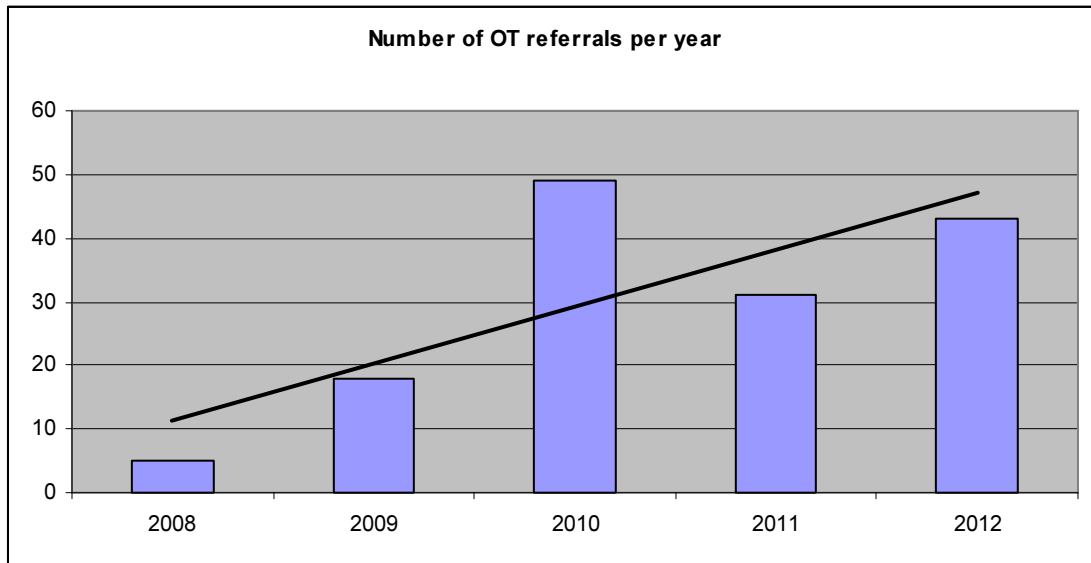
- The referral process is via SCS, HBBC have no control over how long people are waiting for the initial assessment with an OT.
- Determining future demand is very difficult as HBBC have no control of the assessment criteria used by SCS at the referral stage.
- Each of the organisations involved in the process have their own ways of working and it is sometimes difficult to obtain consensus and change in work practices.
- The process has evolved over time and is a heavily prescribed by legislation and statutory instruments, leaving very little scope for innovation or creativity.
- The customers who request assistance usually require the adaptation immediately and Private Sector Housing Team are investigating ways to make the experience better and appear less bureaucratic whilst still fulfilling the statutory obligations.
- The financial burden of this capital programme is substantial and any supplementary funding streams identified or obtained from partners are unpredictable and usually available at short notice and with conditions.
- Working with The Papworth Trust to provide holistic solutions for customers of whom the DFG forms part of the solution.
- The customer has a right to choose when to have the work carried out within a 12 month period from the date of approval. This can affect which financial year the allocated funding is spent.
- The Council must approve a grant within 6 Month period to consider the application. The Council cannot delay an approval because of an increase in demand or a lack of funding.
- HBBC doesn't currently operate a waiting list; having a waiting would leave the Council vulnerable to a judicial review challenge.

3.4 Whilst there are challenges to delivery, the timely processing of DFG applications is extremely important and has positive outcomes for the majority of customers who go through the process. These outcomes also impact on savings elsewhere such as Health and Social Care. Adaptations often reduce the risk of the client having an accident at home, resulting in fewer hospital admissions and incidentally family members needing to take fewer days off work to act as carers.

## 4.

### Demand

Figure 1



- 4.1 Fig 1 shows that year on year the number of OT referrals increase. The additional increase in 2010 was due to resources being allocated to clear a waiting list for OT assessment.
- 4.2 SCS carry out this assessment under the Chronically Sick and Disabled Persons Act 1970 Section 2(1). This legislation sets out the range of services that should be provided to meet the needs of the “disabled person” which includes help with work for adaptations to the home.
- 4.3 At present HBBC have no control or influence over the method or timing of the OT assessment. Currently the options being explored by Officers for the future management of referrals are shown below:
- Maintain the status quo and accept the fluctuations in referrals. This may result in no or a low number of referrals, if the OT’s have other priorities or are short staffed, alternatively there may be a significant increase in referrals e.g. 2010 when the OT’s obtained additional resources to clear their waiting lists.
  - Work with SCS to ensure that the criteria for DFG eligibility is known and that all eligible people are offered an assessment as this may be contrary to other eligibility criteria implemented at first point of contact. Further, to establish a method of sharing information in order to forecast future demand and referral rate.
  - Employ a private OT to carryout DFG assessments on behalf of HBBC; this OT could also monitor ongoing cases to reduce delays between OT assessment and completion of works

## 5 Timescales

- 5.1 The series of tables below show the mean average length of time in days for DFG’s to be processed in HBBC, broken down by type of adaptation.

Figure 2

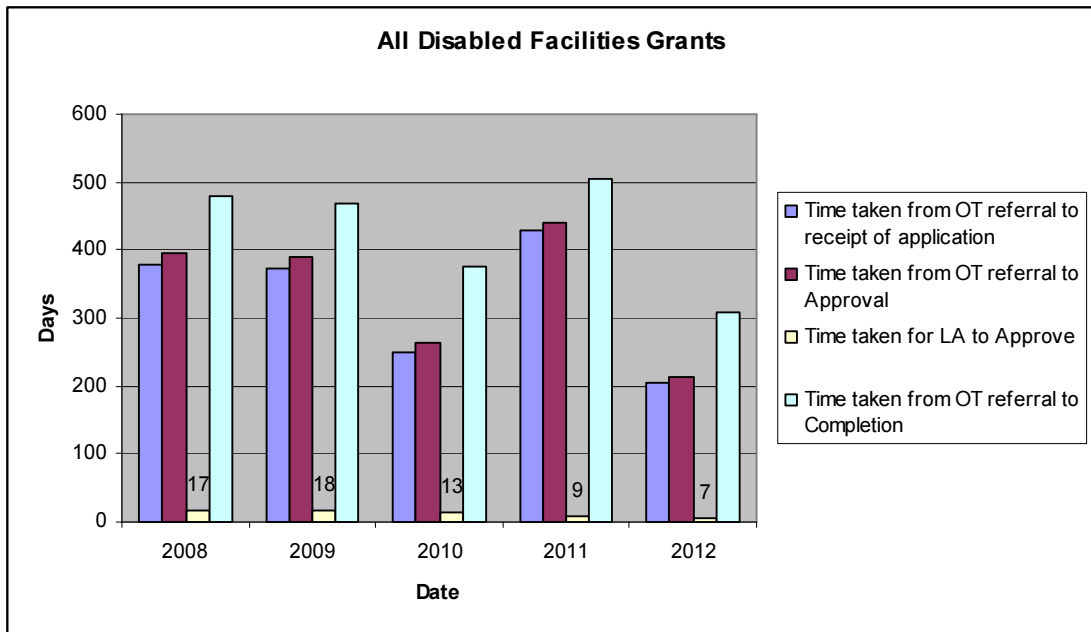


Figure 3

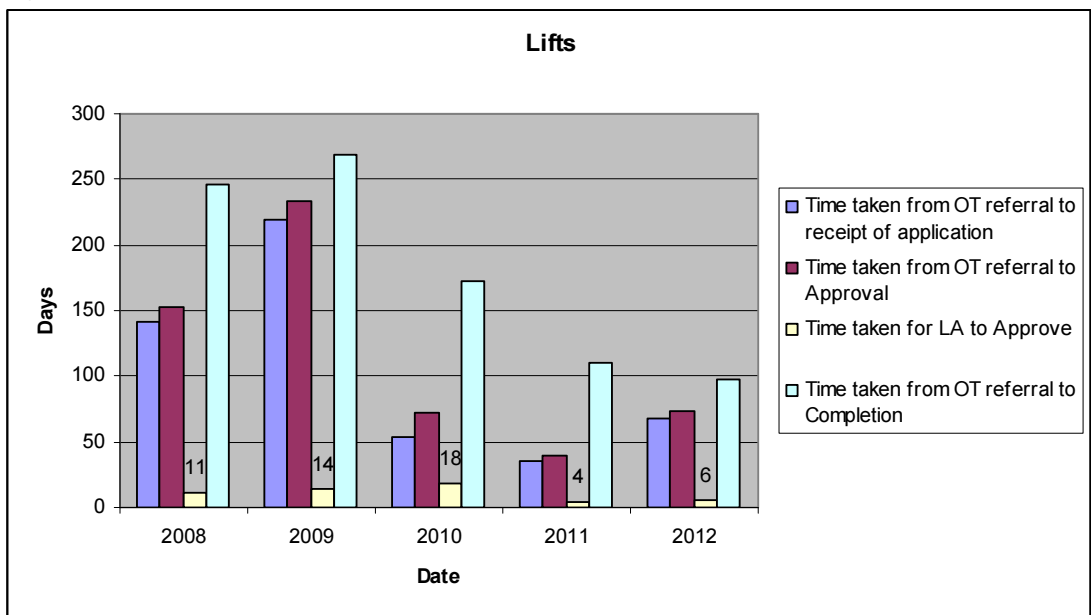


Figure 4

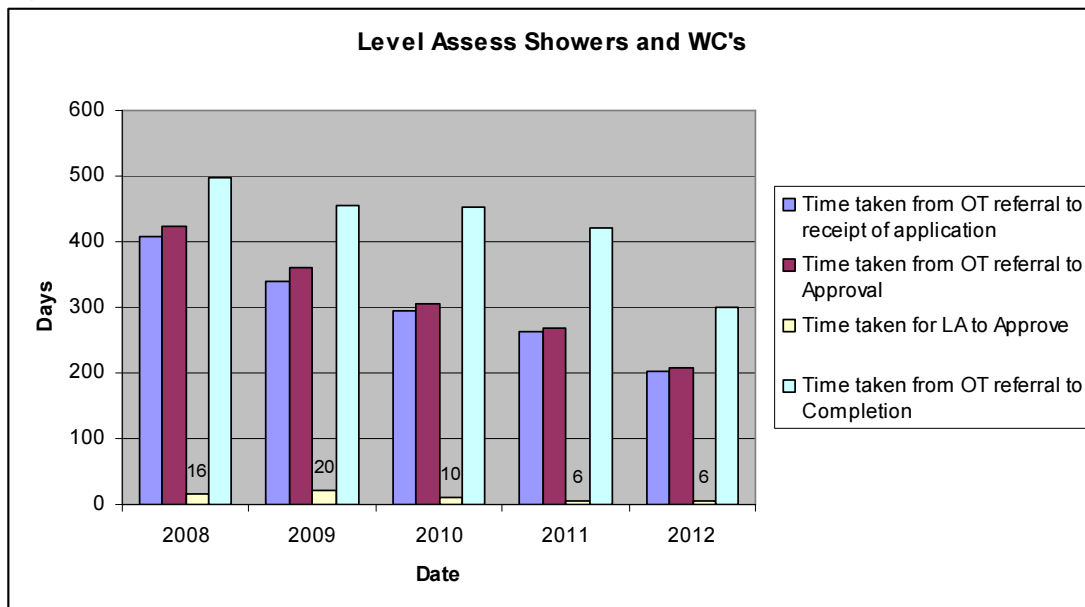


Figure 5

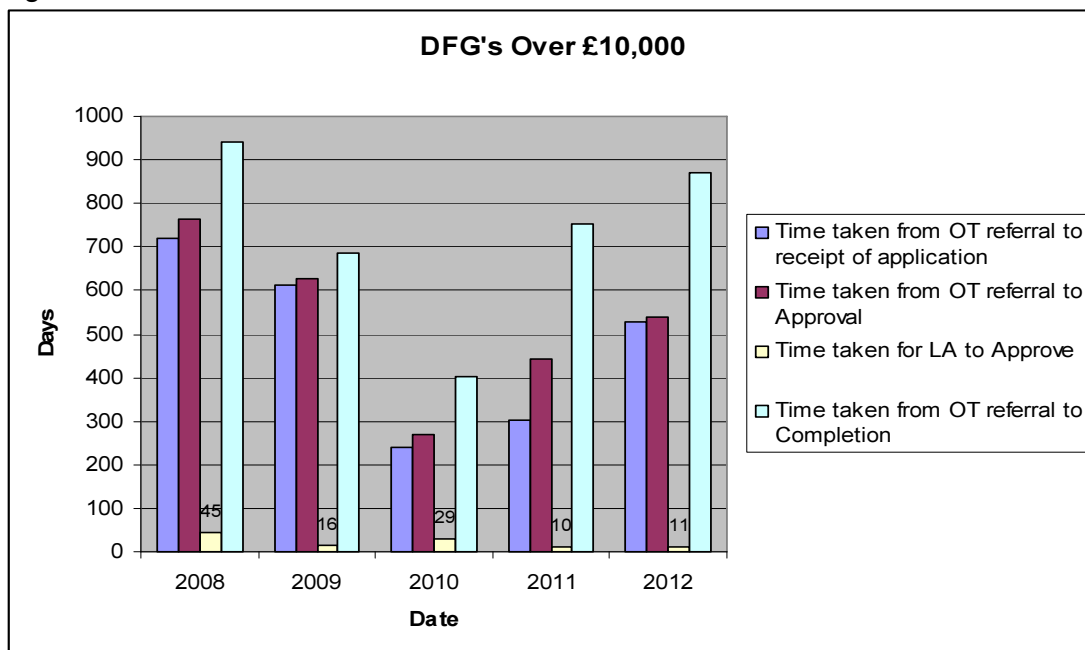
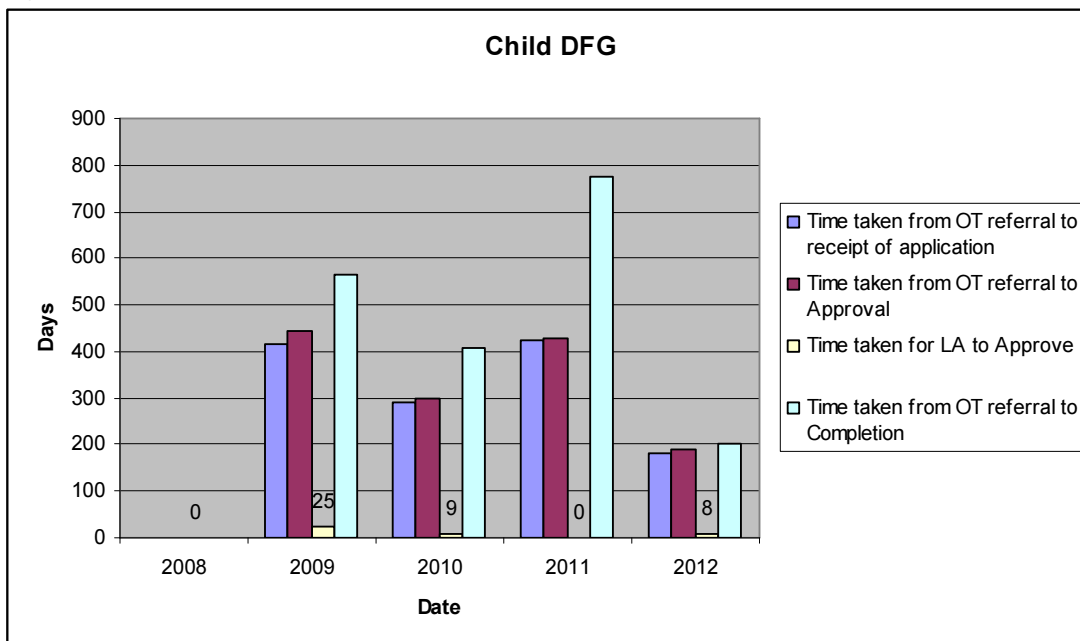


Figure 6



5.2 The tables above (Fig 2-6) show that the efficiencies put in place to reduce the time taken from receipt of an OT referral to completion of work have been successful with the exception of the cases where the cost of the works is over £10,000. This increase in delivery time was caused by a number of complex cases that were completed in 2012 prior to the termination of the previous HIA contract. This progress is encouraging and with the introduction of the new Home Improvement Agency, further efficiencies should be achieved.

## 6 Costs

6.1 The tables below (Fig 7-10) show that with the exception of lift installations the mean average cost year on year is reduced, this has largely been due to the current economic situation and construction prices being very competitive.

Figure 7

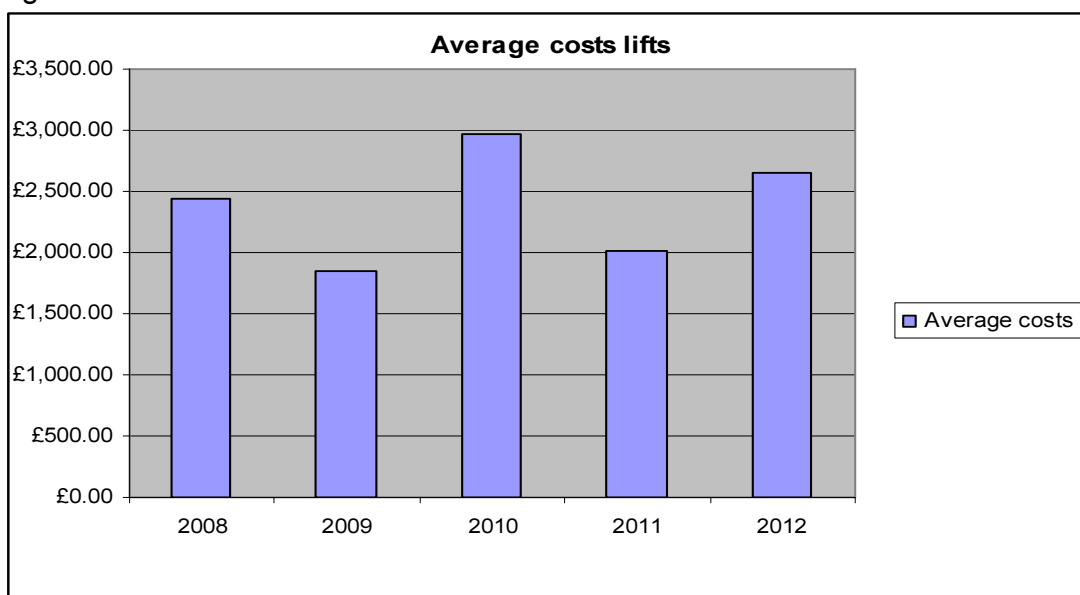


Figure 8

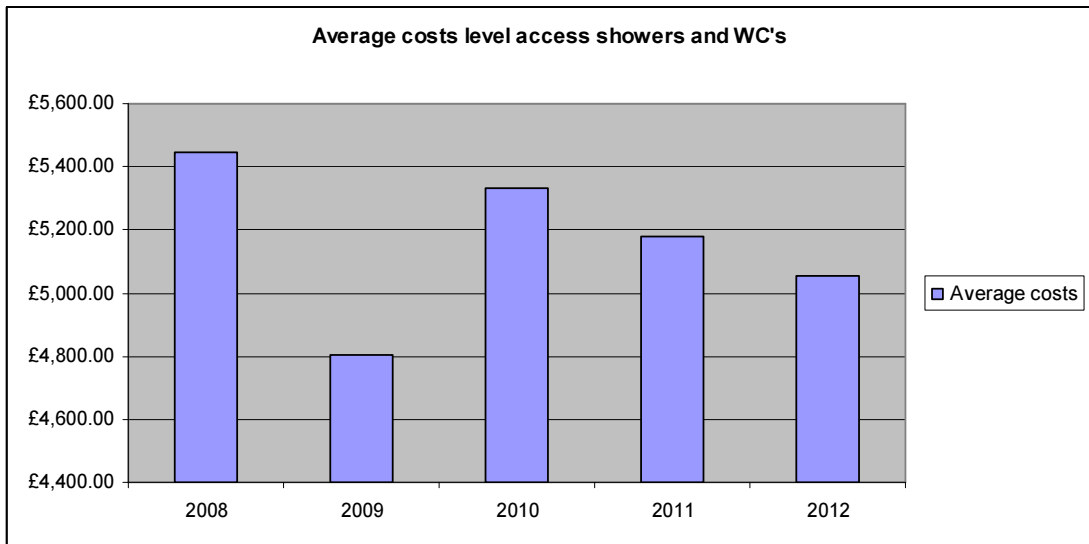


Figure 9

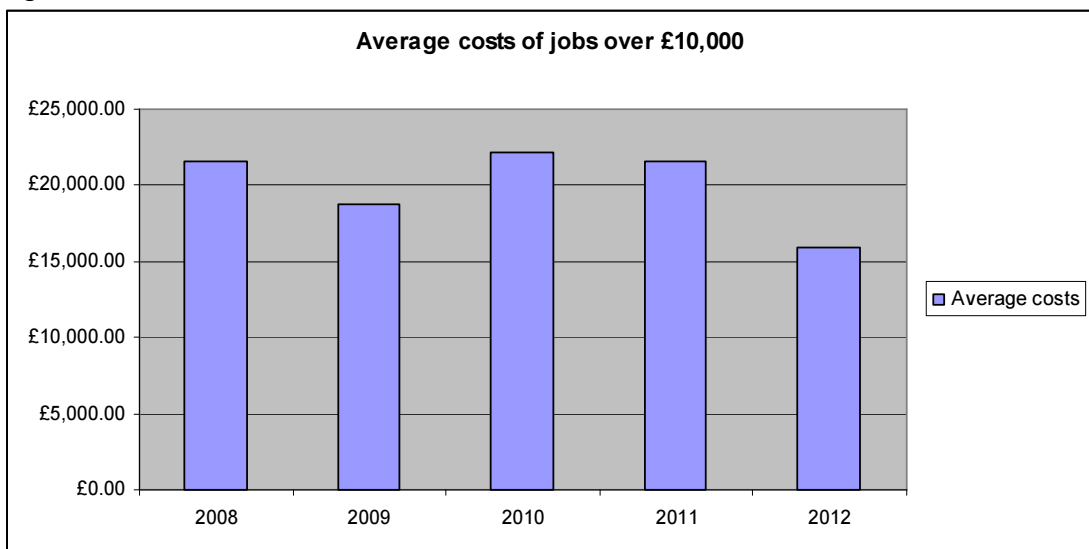
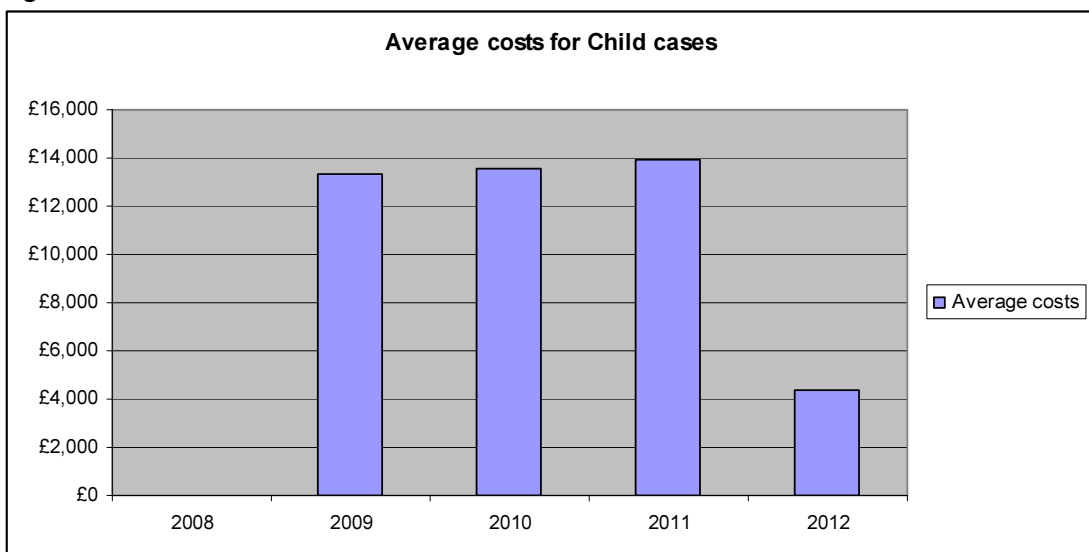


Figure 10



## **7 Funding**

7.1 In 2011/2012 the Private Sector Housing Team who administer the DFG programme, secured additional external funding from the Primary Care Trust. Decent Homes funding which was secured in 2010/11 was also used.

7.2 This additional external funding ensured that there were adequate funds available to deliver the DFG programme in 2011/2012. A carry forward of funds into the 2012/2013 financial year was also possible, due to the external funding contribution. However, due to the changes in the method of delivery during 2012/2013, this funding although committed, was not spent and has been carried forward to 2013/2014.

7.3 No additional external funding has been secured for the DFG programme 2014/15. This reduction in the overall DFG budget will need to be carefully managed either by obtaining additional external funding if available, by revising delivery methodology to obtain efficiencies, by an increased internal HBBC budget or with a combination of all of the above.

### **7.4 Future Funding Proposals**

7.5 Work has already started to profile the demand for DFG's locally for 2014/15 so that the budget requirement can be established; this will also allow HBBC to bid for additional external funding when opportunities are announced.

7.6 A report has been produced to demonstrate how the PCT funding in 2011/2012 was utilised, with a long term view of securing additional external resources from Health. (See appendix 1)

7.7 The Private Sector Housing Team are considering innovative solutions to DFG delivery, which should allow for more timely installations that are both cost effective for HBBC and also improve service delivery.

e.g. Officers are currently looking at the possibility of assisting customers at the point of discharge from Hospital with modular ramping. This would benefit:

- The customer, as they are able to attend out patient appointments etc...
- Assist Ambulance crews, ensuring their Health and Safety and reducing time taken.
- SCS and Health, as it reduces the duplication of installing a temporary ramp installed by Social Care and Health which may need to be replaced in the long term by a permanent ramp installed by HBBC.
- HBBC, additional funding may be available if we can demonstrate a tangible saving for our partners.

7.8 Private Sector Housing Team are also working with the SCS and The Papworth Trust to investigate more efficient ways of delivering the programme, to reduce the number of contacts encountered by customers and improving the procurement of works.



4. FINANCIAL IMPLICATIONS [IB]

- Expenditure and Funding for financial years 2008/09 to 2014/15 is summarised below:-

	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Actual	236,492	496,537	351,851	487,987
External Funding	-141,895	-257,693	-351,851	-487,987
HBBC	94,597	238,844	0	0

	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
Budgets	400,000	639,000	319,000	319,000
External Funding	-253,739	-174,000	-174,000	-174,000
HBBC	146,261	465,000	145,000	145,000

The high level of HBBC funding for 2013/14 is as a result of additional external funding in 2010/11 and 2011/12 and the knock on effect of HBBC resources not being used. Budgets for 2013/14 to 2015/16 have been approved by Council in February 2013.

If the level of demand is above that budgeted additional external funding will need to be secured.

5. LEGAL IMPLICATIONS (AB)

Contained in the body of the report

6. CORPORATE PLAN IMPLICATIONS

Thriving economy: Create small works construction employment in the local community.

Safer and healthier: DFG's create safer environments for the recipients making it less likely for hospital admission.

Decent, well managed affordable housing: The DFG, helps to make a property more suitable for the occupants, this contributes to making the property decent for a customers individual need.

7. CONSULTATION

Papworth Trust

8. RISK IMPLICATIONS

The following significant risks associated with this report / decisions were identified

Management of significant (Net Red) Risks		
Risk Description	Mitigating actions	Owner
Operating a waiting list for DFG's would leave HBBC open to Judicial Review	Reviewing costs and forecasting demand to gauge budget required. Working with partners to	Rosemary Leach

	develop different ways of working.	
Workflow affected by partners, leading to under or overspends.	Develop common policies with partners	Rosemary Leach
Failure to deliver DFG's due to lack of funds	Bad publicity and possible additional cost incurred by partner organisations ie: Delayed Discharge	Rosemary Leach
Considering the effect of the Market with regard to building cost	If the building industry picks up then costs may increase dramatically, effectively reducing the number of jobs completed within the budget.	Rosemary Leach

## 9. **KNOWING YOUR COMMUNITY – EQUALITY AND RURAL IMPLICATIONS**

Disabled Facilities Grants widen the choices and opportunities for people allowing them to a greater level of independence. Disabled Facilities Grants are carried out in all areas of the Borough homes in rural areas are also be adapted under the scheme.

## 10. **CORPORATE IMPLICATIONS**

By submitting this report, the report author has taken the following into account:

- Community Safety implications
- Environmental implications
- ICT implications
- Asset Management implications
- Human Resources implications
- Planning Implications
- Voluntary Sector

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Background papers:

Contact Officer: Rosemary Leech  
Executive Member: Cllr Mullaney