

Cambridgeshire DFG Review

DRAFT

4 August 2016

Version control		
Version	Author	Date
0.1	Geoff Hinkins	29 June 2016
0.2	Geoff Hinkins	1 July 2016
0.3	Trish Reed	26 July 2016
0.4	Geoff Hinkins	3 August 2016
0.5	Trish Reed	4 August 2016
0.6	Geoff Hinkins	5 September 2016
0.7	Trish Reed	13 September 2016

Contents	Page No.
DFG Review - Summary of Key Findings	3
Introduction	4
Strategic Context	6
Key Finding 1	7
Key Finding 2	10
Key Finding 3	12
Next Steps	14
Appendix 1 – Workshop summary	15
Appendix 2 – Performance summary	17

DFG Review: Summary of Key findings

The Disabled Facilities Grant Review has considered a wide range of services that surround housing adaptations in Cambridgeshire, in order to assess whether they are fit to support people as Cambridgeshire's population continues to grow and change. This report summarises the findings of the review; reports from two of the review's three work-streams are attached as appendices.

The key findings of the review can be summarised as follows:

Key finding 1: New services are needed that consider people's needs in context, including early conversations and planning for the longer term

Services surrounding the provision of housing adaptations tend to consider an individual's needs at a single point in time – the point at which they apply for a housing adaptation. However, the property that they live in may not be suitable for them in the longer term; it does not make financial sense to carry out an expensive adaptation if the property will only support them to live independently for a short period before they need to move to alternative accommodation. There is a need for more dedicated support for vulnerable households to consider their housing options more fully before their home is assessed for an adaptation.

A variety of different housing services are available, several of which could, if appropriately signposted to, engage with people and their families before they reach the point of needing a particular adaptation; and more general advice services need to include information on housing. This should focus on encouraging people to think about whether the accommodation they are living in is suitable for the longer term, and consider moving to a property that will meet their needs for longer. This is often a difficult topic to address, but is essential to ensure that people are living in housing that is appropriate and easily adaptable.

Key finding 2: Existing services will need to adapt to support a growing population

Existing DFG-related services in Cambridgeshire are geared towards delivering the statutory duty to provide housing adaptations through a home improvement agency (HIA). The model established in all parts of the county can fulfil that objective – although performance in many parts of the county is too slow. If no changes are made, this will increasingly be a problem as the population continues to grow, as existing HIA services may struggle to meet the demand. In order to ensure that HIAs can continue to meet demand, the local area should also consider 'fast track' grants for commonly-requested small works such as level access showers; and review existing processes and procedures to speed up the DFG process.

Key finding 3: Funding arrangements across the system will need to change to support a shift in focus

The current funding model needs to change to support services to transform as described in the review. The significant increase in capital offers new opportunities for the HIAs to generate fees in order to become more financially sustainable; some capital should be used for 'fast track' interventions; and a proportion of revenue funding should be diverted to additional early intervention services that will support people to consider their options more fully and make earlier choices about what type of accommodation will be suitable for them in the long term.

Introduction

About Disabled Facilities Grants

Disabled Facilities Grants (DFGs) are available to people with disabilities subject to certain eligibility criteria and subject to means testing (in the case of adults) in order to provide funds to adapt their homes to make them safer and more suitable for independent living. DFGs are administered by local housing authorities – in Cambridgeshire this responsibility sits with the five District Councils. Grants are available for a wide range of housing adaptations, including:

- to make it easier to get into and out of the dwelling by, for example, widening doors and installing ramps;
- by providing or improving access to the bedroom, kitchen, toilet, washbasin and bath (and/or shower) facilities; for example, by installing a stair lift or providing a downstairs bathroom;
- to improve 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; and
- to improve access to and from the garden of the home where feasible.

Works must be 'necessary and appropriate' to meet the disabled person's needs; and must be reasonable and practicable based on the age and condition of the property and the anticipated cost. The maximum grant that can be paid is £30,000 although the majority of Grants are for works costing far less than this figure. District Councils receive a financial allocation (called the DFG Capital Allocation) to assist with the provision of adaptations in line with responsibilities under the Regulatory Reform (Housing Assistance) Order 2002. This allocation is received via the Better Care Fund (BCF), under which money passes from the Department of Health in Central Government, through County Councils, to District Councils.

About the DFG Review

For 2016/17, there has been a significant uplift in the Disabled Facilities Grant (DFG), from £1.9 million in 2015/16 to £3.4 million in 2016/17. The full budget is included within the scope of the BCF. This uplift recognises the important part that housing adaptations play in supporting people to live more independently in their communities.

Social care and district council partners have a good track record of partnership working and have previously worked collectively to review and establish the best model to deliver disabled facilities grants. This was partially achieved with the development of the shared service home improvement agency (known as Cambs HIA) covering Cambridge, South Cambridgeshire and Huntingdonshire in 2012. However, we do still have inconsistent arrangements across the county.

Cambridgeshire Executive Partnership Board (CEPB) members believe that the uplift in BCF presents an opportunity to take a more strategic approach to housing adaptations, encompassing both capital and revenue funds contributed by a range of partners countywide. We have locally established a DFG Review project, reporting to our Older People Accommodation Board.

We recognise that we need to take a planned approach. For 2016/17, the new DFG allocation will be passed in full to District Councils from the County Council; whilst the DFG Review project examines our overall approach, including better use of financial resources. We will aim to make any changes to budgets with effect from the 2017/18 financial year. Each District will use the increased capital allocation to meet the local need for housing adaptations. DFG allocations for each district are included within the BCF Spending Plan as part of the BCF submission template.

The focus of the DFG Review is on three key areas:

1. Review of current delivery model and time taken to deliver adaptations

- Desktop analysis of quarterly monitoring information including: Time taken to deliver DFGs, analysis of types of adaptation, location, etc.
- Research models of delivery in other areas including Peterborough
- Consider fast tracking standard works i.e. Level access showers
- Consult with home improvement agency providers on possible options going forward.

2. Review early intervention and Occupational Therapy referrals

- Consider options for providing early housing options advice before an OT assessment is requested, including potential use of the Early Help team, Reablement, Handyperson Service, Home Visiting Service, etc.
- Explore use of Trusted Assessors for standard works i.e. level access showers and whether this would meet the duty to consult Social services
- Review OT practices in relation to DFGs in child, physical disability and older people cases
- Ensure adapted homes are considered as part of developing new communities/large sites
- Look at OT waiting times and whether these could be reduced through alternative ways of working or redeployment of resources.
- Consider how this work links with the new multi-disciplinary teams

3. Making best use of both capital and revenue funding

- Review the need/demand for DFGs by district and by household type.
- Identify any gaps/surplus in capital funding following new BCF allocations.
- Review current DFG 'top up' policies in districts and at the County to identify possible alternative options/mechanisms.
- Consider current discretionary grant/loan policies at district level and possible use of DFG capital for relocation, etc.
- Consider current revenue funding for HIAs from both CCC and Health and assess the impact of any reduction.
- Consider the use of a Memorandum of Understanding in relation to the use of both capital and revenue funding.
- Agree recommendations for best use of capital and revenue funding for 2017/18 onwards

Strategic Context

Changing policy

From 2015/16 onwards the DFG allocation has been included within the Better Care Fund (BCF). The BCF creates a pooled budget in each local authority area to encourage health, social care and other related services to work more closely together. The funding (£1.9 million in 2015/16) was subject to grant conditions to ensure it was passed to District Councils by the County Council in order to meet their statutory duties

The inclusion of the DFG allocation in the BCF is intended to recognise the vital role that housing plays in helping people to remain healthy and independent. The vision for Cambridgeshire's BCF is to move towards a system in which health and social care help people to help themselves; and the majority of people's needs are met through family and community support wherever appropriate. This means shifting demand away from intensive care provided in hospitals and long-term social care, towards support that is based on people's strengths and is focused on keeping them well.

Housing options are a vital part of that picture – if people are living in the right accommodation, with the right support; they are more likely to stay living independently for longer – having a better quality of life and requiring less support in future.

Central Government is increasing the amount given to Local Authorities significantly in the coming years. In 2016/17 the amount is rising nationally from £220m to £395m, and will increase to £500m by 2019/20. The expectation is that local areas will be more flexible in how the money is spent. With the inclusion of funding in the Better Care Fund (BCF), it is expected that health priorities will become more important so that delayed transfers of care and readmission to hospital, which are key health priorities, could be supported using some of the DFG finance. Housing options advice and support with moving is another important issue that could be funded. More detail is provided under Key Finding 3.

A changing population

In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services.

In Cambridgeshire in 2016 there are estimated to be over 409,000 adults (18-64 years), over 138,000 children (0-18 years) and nearly 116,500 older people (65+). In the next five years the population is forecast to grow by an additional 30,800 adults (+8%), 15,700 children (+11%) and 10,400 older people (+14%). The biggest percentage change is amongst the oldest age group – an additional 4,000 people aged 85 and over by 2021.

The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way; we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable.

Therefore, all of the organisations living in Cambridgeshire have agreed to the following vision for health and social care services:

Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.

This shift is ambitious. It means moving money away from acute health services typically provided in hospital and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However this is required if services are to be sustainable in the medium and long term.

Source: Cambridgeshire Better Care Fund Plan 2016/17

To achieve this shift, we will need to support more people to remain living independently in their homes. Our approach to housing adaptations is an important part of this: we know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and is likely to reduce the frequency or severity of people's needs.

DFGs also provide adaptations for families with children with disabilities. Nationally, 1.2% of the child population is recognised as having a disability with a high level of need. For Cambridgeshire this identifies approximately 1,600 children and young people under 19 years of age with a disability. Approximately 1,100 children and young people with disability are receiving short breaks or other social care services (January 2012). This population is growing as Cambridgeshire's population grows, and medical advances mean that children with more complex needs are surviving and living longer; suggesting a growing need for housing adaptations in future for children and young people.

Key finding 1:

New services are needed that consider people's needs in context, including early conversations and planning for the longer term

Services surrounding the provision of housing adaptations tend to consider an individual's needs at a single point in time – the point at which they apply for a housing adaptation. However, the property that they live in may not be suitable for them in the longer term; it does not make financial sense to carry out an expensive adaptation if the property will only support them to live independently for a short period before they need to move to alternative accommodation.

There is a need for more dedicated support for vulnerable households to consider their housing options more fully before their home is assessed for an adaptation. A variety of different housing services are available, several of which could, if appropriately signposted to, engage with people and their families before they reach the point of needing a particular adaptation; and more general advice services need to include information on housing. This should focus on encouraging people to think about whether the accommodation they are living in is suitable for the longer term, and

consider moving to a property that will meet their needs for longer. This is often a difficult topic to address, but is essential to ensure that people are living in housing that is appropriate and easily adaptable.

Options

To inform this review, discussions took place with professionals across the system, and in particular with Occupational Therapists (OTs), HIA staff and local authority Grant Officers who play key roles throughout the DFG process. OTs conduct assessments of individual need; provide advice and information to families on their options; and have a considerable impact on the choices that individuals make. The workshop considered options that would help the system to provide early housing options advice before a full OT assessment is requested. (Appendix 1)

Overall, it is proposed that there is a need to ‘get upstream’ and provide advice earlier. While accepting that people will become elderly and more frail and those with a disability will need practical help through the provision of adaptations, it is acknowledged that more could be done to support people to consider all options at an earlier stage. This is reflected in: the Better Care Fund vision, the County Council’s Transforming Lives initiative and commitment to Tier one and two services, including the joint procurement with the districts of a handyperson service, and the recent addition of the Early Help team based at the Council’s Contact Centre. The Home Visiting Service (the former sheltered warden service) could also be better utilised to contribute to this early intervention.

Needs vary and a range of different services should be considered. For example a service for older people who need help to consider options to downsize, assess financial viability of a move, research estate agents, visit Extra Care schemes, find removal firms, declutter, help to move etc. will vary from a family with a disabled child who would most likely need a different type of assessment and options service perhaps linking in with housing needs and options services and housing officers involved with developing new affordable rented and shared ownership housing on new development sites. Alongside these services, it will also be important to ensure that temporary solutions are available to enable people to manage independently whilst they are evaluating their options or waiting for a longer-term solution.

Older people and people with a disability are often resistant initially to suggestions of a move – but feedback gathered throughout the review suggests that they are happier once they have moved and can maintain their independence for longer. Clear information will be needed for older and disabled people and their families – and the people dealing with them need the right skills. It is also important not to assume that an adaptation is the only solution to a particular problem – often people’s needs may be better met through rehabilitation and the provision of equipment, rather than by a more costly adaptation (which will also involve a longer wait). There are a number of existing services that could facilitate these discussions at an early stage – for example the County Council’s Early Help Team; the countywide Home Visiting Service; or the countywide Handyperson contract.

For adaptations for **children and young people**, there are other specific considerations. It can be challenging to balance the families’ ‘wants’ against their needs. OTs currently have this discussion but are often very close to families and have worked with the children for some time – therefore it is

difficult for them to have this discussion and it may be better for this to be referred to a separate service. It may be very difficult for families to move – support networks for the child are often well established through GPs and schools and this can limit their property search; many families can often not afford to move into more suitable accommodation. This could be supported through a specialist housing worker based in the Children’s Social Care disability team at the County Council.

Once people reach the Home Improvement Agency, they have already received an OT assessment and the focus is on delivering the adaptation they require; therefore this preventative discussion needs to happen before then.

Recommendations

- Existing DFG-related services should be incorporated into a wider pathway which considers people’s needs more holistically.
- This pathway will be made up of both new and existing services, but should include:
 - A ‘triage’ service at first point of contact – one point of contact to assess, signpost, consider holistic approach not just immediate needs
 - Early (and quick) visit to discuss the range of options available and consider what might be the best course of action for that individual
 - More consistent pathways and messages from professionals involved and from external agencies advocating on behalf of clients
 - Clear information about what can and cannot be provided
 - Services that promote the benefits of moving home
 - Clear policies across agencies – a countywide approach would help.
 - Clear message to the public that funds are limited and DFG cannot be guaranteed
- As needs are very different, different services will be required for families with children and older people or people with disabilities
- These services should, at least initially, be separate from the existing home improvement agency services to allow the HIAs to focus on improving their processes and performance surrounding delivery
- Consideration should be given to the recruitment of a specialist housing worker in the Children’s Disability Team at Cambridgeshire County Council to facilitate discussions about housing choices at the earliest possible stage
- The use of existing preventative and Early Help services across the local health and care should be encouraged, ensuring that wherever people enter the system, a preventative approach is taken – and that it will not be assumed that an adaptation is the most appropriate solution.

Key finding 2:

Existing services will need to adapt to support a growing population

Existing DFG-related services are geared towards delivering the statutory duty to provide housing adaptations through a home improvement agency (HIA). The model established in all parts of the county can fulfil that objective – although performance in many parts of the county is too slow. If no changes are made, this will increasingly be a problem as the population continues to grow, as existing HIA services may struggle to meet the demand. In order to ensure that HIAs can continue to

meet demand, the local area should also consider 'fast track' grants for commonly-requested small works such as level access showers; and review existing processes and procedures to speed up the DFG process.

Review of services

Three HIAs work across Cambridgeshire:

- East Cambs Care & Repair is an in house Council run service covering East Cambridgeshire District;
- Cambs HIA is a shared service covering the three districts of Cambridge City, South Cambridgeshire and Huntingdonshire; and
- in Fenland District the service is provided by the Kings Lynn & West Norfolk Care & Repair service.

Performance data from these three Home Improvement Agencies was analysed to provide an overview of current service levels. For comparison, information from South Cambridgeshire and Cambridge City was also included for adaptations carried out on their own Council-owned properties; and performance information from Peterborough Care & Repair was also provided. A full report on activity is included as Appendix 2.

Overall in Cambridgeshire there are over 800 referrals from OTs for adaptations each year, of which around 60% are progressed to a full Grant and completion of works. The predominant type of work is to provide level access showers and minor internal adaptations, with an average cost of £4,700 for minor works under £10,000, slightly higher in Cambridge. The average cost of works over £10,000 is £18,900; this includes more expensive extensions for disabled children. The average cost is similar across each district

The average wait from referral to completion of DFG works by District varies between districts, including across the three district areas covered by the Cambridgeshire HIA Shared Service. In the Shared Service area, for works under £10K the average wait ranges from 26 weeks in Cambridge to 36 weeks in South Cambridgeshire. With regards visits to clients, waiting times vary between 2 weeks in South Cambridgeshire and 12 weeks in Huntingdonshire.

These waiting times are lengthy when compared to data adaptations carried out on Council's own properties (where Disabled Facilities Grant does not apply). The average wait in South Cambridgeshire is 7.2 weeks; and in Cambridge 12.85 weeks. For further comparison, figures were compared to DFG performance in Peterborough City Council, where Level Access Shower works under £10k are taking on average 6.9 weeks from receipt to completion; and combined stair-lift and showers works are taking on average 4.7 weeks.

Review of processes and procedures

Foundations, the national body for Home Improvement Agencies, reviewed the processes in place in each HIA operating in Cambridgeshire to inform the findings of the review. They found that the overall model being used in each of the HIA areas was generally effective. However, there were concerns about the length of time that it was taking to deliver adaptations. DFG can be a cumbersome process but it should be possible to deliver adaptations more quickly

Improving the speed of delivery

There are significant risks associated with people not receiving adaptations they need quickly. Their mobility may be reduced, or their condition may deteriorate further, reducing their longer term ability to live independently. They are also at greater risk of falling, which is a common cause of a hospital admission. Therefore it is recommended that a full business process review be conducted in each of the HIAs, to identify where the current process could be streamlined. Other areas have had success with the introduction of a separate 'fast track' service for minor works including level access showers, which form a significant proportion of the work in Cambridgeshire. This could consist of a countywide service co-locating a number of professionals

Recommendations:

- The current service model is broadly correct. Each local area should make their own decisions about the HIA delivery model; but the recommendation of the review is that partners should aim to move towards a single shared service countywide in the longer term.
- There is a need to review processes and procedures, to streamline the process for DFG. A full business process review in each HIA service is recommended. Some revenue funding is likely to be required in 2017/18 to support this.
- Local partners should together set a clear expectation that local services will move towards 'best in class' in waiting times for an adaptation – continued transitional funding should be conditional on setting, and moving towards, clear milestones for delivery times.
- Smaller and more common adaptations could be removed from the formal DFG process in order to provide more effective service and meet people's needs more quickly. A new fast track service could be established to provide this.
- Works conducted under the Fast Track scheme could still be carried out by existing HIAs.

Key finding 3:

Funding arrangements across the system will need to change to support a shift in focus

The current funding model needs to change to support services to transform as described in the review. The significant increase in capital offers new opportunities for the HIAs to generate fees in order to become more financially sustainable; some capital should be used for 'fast track' interventions; and a proportion of revenue funding should be diverted to additional early intervention services that will support people to consider their options more fully and make earlier choices about what type of accommodation will be suitable for them in the long term.

Current funding allocations

The capital funding (DFG Allocation) for adaptations through the Better Care Fund has increased for 2016/17 from £1.9m to £3.4m across Cambridgeshire. This is split according to a Government formula. All district housing authorities have received an increase. Each District in previous years added capital from their own resources to increase the DFG allowance in their area. However there has been a varied response to the news that additional capital has been made available via the BCF, with some districts withdrawing their own capital and some maintaining a contribution in 2016/17.

The County Council also has a small ‘top up’ fund that is not allocated by districts but is used on a discretionary basis when a grant is required beyond the DFG threshold.

Revenue funding is also provided by the County Council and CCG to the HIAs; equally divided by five across the housing authorities.

Local Authority	% of total identified need (2010)	Previous DoH DFG Allocation 15/16	Current DoH DFG Allocation 16/17	As % of total budget	Revenue funding 2016/17
Cambridge	14.27%	£304,000	£576,272	16.56%	£76,000
Fenland	28.36%	£498,545	£844,881	24.29%	£76,000
Huntingdonshire	28.54%	£549,000	£1,018,751	29.28%	£76,000
East Cambridgeshire	15.37%	£260,000	£472,949	13.59%	£76,000
South Cambridgeshire	13.46%	£312,241	£566,013	16.27%	£76,000
TOTAL	100%	£1,923,786	£3,478,886	100%	£380,000

The allocation formula adopted by the Government is based on a historical methodology, but when compared with the Needs modelling carried out in 2010 (also shown above) is broadly reflective of that apportionment. Funding is transferred to District Councils from the County Council via the Better Care Fund (BCF).

Currently the revenue paid by the County Council and the CCG is contributing to the operational costs of the Home Improvement Agency services delivering disabled facilities grants, and in some areas other discretionary grants. Funding continues to be stretched for all local authorities and across the health system. In 2016/17, the County Council’s Adult Social Care Capital Grant, used to support provision of community equipment was removed at short notice. In the context of a significant increase in the DFG Capital Allocation, the County Council will need to consider reducing its overall contribution to the HIA; as well as removing funding for ‘top-up grants’ currently provided by the County Council.

Since 2014 an average of £100K per year has been spent by the Council on DFG Top-Ups. Whilst the Council’s policy suggests that a ‘legal charge’ should be placed against the property, allowing the Council to recover some of the funding awarded when the house is sold by the owner, in practice the majority of top-ups have been provided as grants, mainly for adaptations for children with a disability. This is because the process of obtaining a legal charge is in itself time consuming and costly. As a result, there is little distinction between the use of the County Council top-up funding and that provided by the districts through their discretionary grants and it is proposed that it would be more useful to combine the top-ups, with the districts administering them to simplify the system. This could be met either by the County Council via a capital contribution or through the increased DFG allocation.

Historically in Cambridgeshire, the full DFG allocation has been used to provide Disabled Facilities Grants by each District. However, the increase in the DFG allocation provides the opportunity to broaden the use of the allocation to support the changes to the service described in this review. This is allowed for under the Regulatory Reform (Housing Assistance)(England and Wales) Order 2002,

which provides freedom and opportunities for the Local Authority to address housing issues. In 2008-9 the government extended the scope of the RRO to include use of the DFG allocation. This enables the authorities to use specific DFG funding for wider purposes. Creating greater flexibility within the fund, allows an authority to address issues on a wider preventative basis that can't be covered using mandatory DFG. The adoption and publication of a policy for housing assistance is a requirement of the RRO before assistance can be offered. The scope of the order is very wide and allows the Council to decide whether it provides grants, loans, advice etc. for the purpose of repairing, improving, extending, converting or adapting housing accommodation.

Whilst the HIAs use the revenue provided from the County Council and the CCG to fund its business, HIAs can also generate revenue by charging a fee on the DFG to fund their service. In previous years some HIAs have made a surplus. The significantly increased capital will provide the HIAs with an opportunity to become more financially self-sustaining.

Recommendations

To support the development of the shift in services described in this report, funding arrangements will need to change. The following are proposed:

- Support the HIAs to become more self-sustaining financially. Remove revenue funding from the HIAs to deliver a new assessment service and preventative support services.
- That a percentage (to be agreed with the districts via the policy) of the DFG Allocation be top-sliced for discretionary grant works including top ups and relocation grants, to be spent in accordance with a policy to be agreed. This would be in place of or in addition to discretionary grant funding from districts.
- Develop a joint Adaptations Policy across the partners agreeing principles for use of the DFG Capital Allocation.
- A new transitional funding agreement will be developed, agreed and incorporated into the Better Care Fund Plan for 2017/18.

Next steps

If the recommendations described in this document are agreed, they would require local agreement of a more flexible approach to using the DFG allocation. This is possible with the development of a joint policy describing the local approach to the DFG allocation; and encouraging the use of the DFG allocation for other grants, relocation expenses and 'fast track' adaptations.

It is proposed that the DFG Review report and recommendations be completed in September 2016 in order to be taken through each organisation's governance arrangements in Autumn 2016.

The joint policy document will then be drafted by the partners to be approved in December/Jan for implementation in April 2017.

It is clear that any new service development will take time, so careful consideration should be given to the timing of any new service. It is proposed that new arrangements should be developed to take effect at the beginning of the new financial year 2017/18.

Appendix 1 DFG Review Project – Work stream 2

Early intervention pre-OT referral – Workshop 19 May 2016

The remit of the workshop was to look at how we could do things differently pre-OT assessment in relation to:

- Getting upstream / prevention
- Managing customers' expectations
- Taking a holistic view of the customers long term needs
- Adopting a more robust approach
- Providing housing options advice
- Support and help to move

The workshop was attended by approx. 20 professionals include OTs, Home Improvement Agency staff, Grant officers, reps from County Council. Main points from the workshops:

Important to have:

- A 'triage' service at first point of contact – one point of contact to assess, signpost, consider holistic approach not just immediate needs
- Early (and quick) visit to discuss housing options prior to any discussion about a DFG/adaptation.
- More consistent pathways and messages from professionals involved and from external agencies advocating on behalf of clients
- Clear information about what can and cannot be provided
- Different services for families with children and older people/disabled
- Services that promote the benefits of a move i.e. lower heating costs,
- Clear policies across agencies – a countywide approach would help.
- Clear message to the public that funds are limited and DFG cannot be guaranteed

Child adaptations:

- Families can be challenging and they talk to other families with a disabled child
- Need to manage households' wants against needs
- OTs can be too close to families and a separate service would be helpful.
- Skills needed are different to those required for dealing with the elderly / disabled
- Needs are identified early so can have very early conversations about appropriate future housing
- Need support services for children with challenging behaviour as often an adaption is seen as a 'cure all'.
- Families often can't afford to move into more suitable bungalows
- Families like to stay in their local area where support networks are and schools GP etc. and this limits their choice of property.

Older People

- Will be initial resistance to suggestions of a move
- Often people are happier once they have moved and can maintain independence for longer
- Need clear advice and information on what is available – for older people and families
- Whoever is dealing with them needs the right skills
- Once they are being dealt with by HIA then OT referral already done – need to do something before then.

Housing market

- Not enough housing options for moves i.e. bungalows both private and social
- Estate agents could notify HIAs when a property becomes available with adaptations so HIA can consider matches
- Need more liaison with Home-link regarding identifying adapted properties – is assisted bidding still happening? This could help identify appropriate matches between people and properties.
- Some people moving into inappropriate social housing that can't then be adapted.
- More liaison with housing association partners in relation to adapted properties and adaptations generally

Equipment

- Powered wheelchairs are being provided inappropriately (GP referral?)
- Should equipment alone be provided for end of life rather than doing adaptations.
- Acknowledged that Rehab and equipment provision is always considered first before going down the route of housing adaptations

New services

- Support expressed for the joint commissioning of new Countywide services (from the DFG Allocation or other sources) for: Information/specialist housing options advice; removals/relocation service;
- Triage could sit with Early help team (Adults) or in Neighbourhood Teams (OP)

Appendix 2

Disabled Facilities Grant Review ~ Performance review

1. Introduction

This report describes the performance data as reported by the three Home Improvement Agencies (HIA) working across the five District Council areas of Cambridgeshire. These are Cambridgeshire HIA working in Cambridge City, South Cambridgeshire and Huntingdonshire; King’s Lynn and West Norfolk Care & Repair working in Fenland; and East Cambridgeshire Care & Repair working in East Cambridgeshire. This information does not cover the social housing stock held by Cambridge City and South Cambridgeshire District Councils nor by Roddens in Fenland. However, the Luminus stock in Huntingdonshire is included in the figures for Hunts which is reflected in the higher number of referrals and DFGs in Huntingdonshire. Adaptation work being carried out to the social housing stock managed by Sanctuary in East Cambridgeshire was transferred in to East Cambridgeshire Care & Repair and this explains the increase in referrals seen in the table below. For some comparison, information from South Cambridgeshire and Cambridge City has been included for adaptations carried out on their own properties. Information on DFGs in Peterborough has also been provided.

2. Referrals

The number of referrals by Occupational Therapists (OTs) as received by DFG agencies is shown in Table 1. In East Cambridgeshire and Fenland there has been an increase in referrals over the last three years due to the transfer of Housing Association work. In South Cambridgeshire and Cambridge City there has been a reduction in referrals the reasons for which are unclear. Overall, in Cambridgeshire there are over 800 referrals from OTs per year.

Table 1: Number of referrals from Occupational Therapists (OTs) for DFG assessment

	2013/14	2014/15	2015/16	Change	% of total
Cambridge City	140	88	99	-29.3%	14%
East Cambridgeshire	108	172	168	+55.6%	19%
Fenland	119	68	128	+7.6%	13%
Huntingdonshire	330	277	336	+1.8%	39%
South Cambridgeshire	147	105	105	-28.6%	15%
Cambridgeshire	844	710	836	-+0.9%	100%

*% change from 2013/14 to 2015/16. % of total 2013/14 to 2015/16

In Cambridgeshire around 53% of referrals are approved although this varies by district from 36% in East Cambridgeshire in 2015/16 to around 70% in South Cambridgeshire and Cambridge City. The figures shown in Table 2 are for all types of adaptations.

Table 2: Number of approvals for DFG (and % of OT referrals)

	2013/14	2014/15	2015/16	% referrals		
Cambridge City	74	70	69	53%	80%	70%
East Cambridgeshire	57	73	60	53%	42%	36%
Fenland	71	71	71	60%	104%	55%
Huntingdonshire	243	203	165	74%	73%	49%
South Cambridgeshire	97	79	75	66%	75%	71%
Cambridgeshire	542	496	440	64%	70%	53%

3. DFG Completions

The number of DFG completions for 2013/14 to 2015/16 is shown in Table 3 broken down by those for Older People (65+), Adults with Physical or Learning Disabilities, Children and the total combined which includes those for ex-service personnel.

Overall, the total number of completed DFGs in Cambridgeshire has declined over the period from 514 in 2013/14 to 400 in 2015/16. The decline is mainly amongst older people in Huntingdonshire, South Cambridgeshire and to a lesser degree in Cambridge City. In Fenland additional adaptations were carried out to Roddens Housing Association properties which are not included in the figures as they were not administered by the HIA.

Table 3 Number of DFG completions

DGF Completions - Older People				PD and LD Adults		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
City	49	35	33	21	22	32
East Cambs	38	28	40	16	14	17
Fenland	52	49	37	7	17	11
Hunts	132	105	64	69	72	65
South	38	31	14	14	28	26
Cambridgeshire	309	248	188	127	153	151

DGF Completions - Children				Total (incl ex-service and NK)		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
City	5	7	11	86	64	76
East Cambs	1	5	4	55	47	61
Fenland	1	2	3	60	68	51
Hunts	19	25	34	238	203	165
South	2	3	6	75	62	47
Cambridgeshire	28	42	58	514	444	400

In terms of the breakdown between the three main categories, Older People, Physically Disabled Adults and Children the picture is mixed across districts. There is some indication that adaptations for children and for adults are making up an increasing proportion of the total but the extent of this change varies across districts. On the latest data for 2015/16 for Cambridgeshire as a whole, adaptations for older people made up 47% of the total, adults 38% and children 15%. In 2013/14 adaptations for older people made up 60% of the total, adults 25% and children 5%.

Table 4 Proportion of DFG completions by client group and district

	% Older people			% Adults			% children		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
City	57%	55%	43%	24%	34%	42%	6%	11%	14%
East Cambs	69%	60%	66%	29%	30%	28%	2%	11%	7%
Fenland	87%	72%	73%	12%	25%	22%	2%	3%	6%
Hunts	55%	52%	39%	29%	35%	39%	8%	12%	21%
South	51%	50%	30%	19%	45%	55%	3%	5%	13%
Cambridgeshire	60%	56%	47%	25%	34%	38%	5%	9%	15%

100% = total of OP, Adults PD and children for each district

4. Average cost below and above £10K

The average cost above and below £10K is shown in Table 5 below. This is similar across each District with the average cost under £10K being around £4,700 (£4,900 if include Cambridge City where costs are slightly higher) and the average cost over £10K being c £18,900. For Fenland this information was not available at time of writing; however the average cost of installing Level Access Showers in Fenland is £4,000.

Table 5. Average cost of DFG works below and above £10K

		2013/14	2014/15	2015/16	Ave last 3 yrs
City	Below £10k	£5,296	£5,567	£5,650	£5,504
City	Over £10k	£17,989	£19,289	£19,942	£19,073
East Cambs	Below £10k	£4,827	£4,881	£4,978	£4,895
	Over £10k	£18,597	£18,309	£20,526	£19,144
Fenland	Below £10k				
Fenland	Over £10k				
Hunts	Below £10k	£4,385	£4,176	£4,846	£4,469
Hunts	Over £10k	£21,076	£16,469	£17,128	£18,224
South	Below £10k	£4,876	£4,667	£4,917	£4,820
South	Over £10k	£15,787	£20,187	£21,983	£19,319

5. Work type

The predominant type of works carried out has been established by using the HIA Contractors procurement documentation for City/South/Hunts. Lot 1 contains the vast majority of the cost and standard works including level access showers (LAS), over bath showers, internal adaptations, door

widening, and ramps. These works make up an increasing proportion of total DFGs (and cost) over the period in Hunts, City and South – with an average cost of £4,300. The figures for 2015/16 are for the first three quarters only.

Table 6: Level Access Showers, Over bath Showers, Internal Adaptations, Door Widening, Ramps

	Number			Average cost (£)			Ave last 3 yrs
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16	
City	86	76	55	£4,428	£4,366	£4,613	£4,469
South	88	78	39	£4,363	£4,254	£3,885	£4,167
Hunts	276	196	110	£4,095	£4,469	£4,394	£4,319

In East Cambridgeshire, Level Access Showers alone make up 49% of the total work carried out with a higher average cost of £6,000.

6. Average waiting time from referral to completion

The average wait from referral to completion of DFG works by District over the last three years is shown in Table 7. For works under £10K the average wait ranges from 26 weeks in Cambridge to 36 weeks in South Cambridgeshire. For works over £10K the average wait ranges from 51 weeks in East Cambridgeshire to 64 weeks in Huntingdonshire. Waiting times have increased in East Cambridgeshire and Fenland in 2015/16.

Table 7: Average waiting time from referral to completion

		2013/14	2014/15	2015/16	Ave last 3 yrs
City	Below £10k	28	25	25	26
City	Over £10k	48	65	43	52
East Cambs	Below £10k	29	28	46	34
	Over £10k	45	45	63	51
Fenland	Below £10k	-	25	28	
Fenland	Over £10k	-	39	70	
Hunts	Below £10k	31	27	32	30
Hunts	Over £10k	67	70	56	64
South	Below £10k	39	41	28	36
South	Over £10k	55	74	44	58

Average wait (not shown in table) from initial referral to first visit have been 3 weeks in City, 2 weeks in South and 12 weeks in Huntingdonshire over the period.

South Cambs District Council – Adaptations

For comparison, data was obtained from South Cambridgeshire District Council for adaptations carried out on their properties. In contrast the average wait for the 206 works carried out in 2015/16 was 7.2 weeks. 56% (c 111 in total) were LAS or equivalent with an average cost of £4,000.

Cambridge City Council – Adaptations

Cambridge City Council reports 165 OT referrals for major adaptations including 77 Level Access Showers, 25 over bath showers, 20 stair-lifts and 24 other major works. Adaptations for children made up 19 of the 165 cases (12%). Information on the average time taken from referral to completion for works over and above £10K was not available but 96% of works are carried out within 90 days (13 weeks). The average cost of a Level Access Shower is £4,500.

Peterborough – DFGs

Figures from Peterborough Care & Repair for 2015/16 are shown below.

- The LAS shower works under £10K are taking on average 48 days (6.9 weeks) from receipt to completion
- The combined Stair-lift & showers works are taking on average 33 days (4.7 weeks) from receipt to completion
- Stair lifts including straight & curved are taking on average 50 days (7.1 weeks) from receipt to completion. This figure has been affected detrimentally by the performance of one supplier.
- The average costs of a DFG is £5,719.