

**THE HEALTH IMPACTS OF DISABLED FACILITIES GRANTS AND ADAPTATIONS – STAGE THREE, RECOMMENDATION**

Acting Director of Housing and Health

**1.0 Purpose**

- 1.1 To bring together the Committee's discussion and witness evidence recorded during the first two stages of this review and, on the basis of that information, determine the stage three recommendations which should be submitted to Cabinet.

**2.0 Recommendation**

- 2.1 That the Committee make recommendations to Cabinet on the basis of the information gathered during this review.

**3.0 Background**

**3.1 Overview**

- 3.1.1 In its Annual Report to Council this year the Committee identified a number of areas for improvement. Among the suggestions which were agreed was that the Committee select a theme consistent with relevant Strategic Objectives at the beginning of the 2003/2004 municipal year to focus the selection of review topics during the year and set a background against which to judge the value of its review work at the year's end.
- 3.1.2 At the meeting of the Committee on 3<sup>rd</sup> June, 2003, Members agreed that the Committee's theme for the year should be "Improving the Health of the Citizens of the Vale". How this review fits with the Council's Strategic Objectives is discussed later in this report.

**3.2 Stage One - Scoping**

- 3.2.1 The Committee received a detailed stage one report setting out the background of the service and current challenges/pressures. Members were advised to focus the review on the qualitative aspects of the service rather than the quantitative aspects. During the review it became clear that the two aspects were inseparable to a degree. Appendix 1 to this report provides a comprehensive note of discussion at Stage 1 of this review.

- 3.2.2 At that meeting Members asked to receive evidence during stage two from:

- Representative of the Occupational Therapy Service (OTS);
- Representative of Bucks County Council Social Services;
- Rehabilitation officer for a visually impaired person;
- Representative of the Aylesbury Vale Carers' Association;
- Two recipients of a DFG; and

- Carer for a recipient of a DFG.

3.2.3 Also during the first stage of this review Members agreed a framework to guide discussion during stage two. The framework comprised four general lines of enquiry:

- An analysis of DFGs/Adaptations in respect of the health and quality of life issues that the service addresses for both the recipient and the recipient's carer(s);
- An analysis of DFGs and Adaptations in the context of the impact they have on other services (e.g. Social Services, Hospitals and providers of care/sheltered accommodation);
- An analysis of the impact of lengthy waiting periods on both the potential recipient and the carer(s); and
- The future long term provision of the Handyman Service.

### **3.3 Stage Two – Evidence Gathering**

3.3.2 Appendix 2 to this report provides the record of discussion at the stage two meeting and the information received from the witnesses that were able to attend that meeting. One of the witnesses that was unable to attend the meeting insisted that officers would receive a response in writing. In view of the sensitivity of the issue the judgement was taken not to persist with this line of inquiry. However, no feedback has yet been received from this witness. Another witness was happy to provide feedback through officers during a telephone conversation. During the conversation the witness was generally positive about the Council's service. While the waiting had been longer than was desirable, the witness accepted that the council was operating within limited resources.

3.3.3 The witness evidence seemed to focus on three key issues. Not surprisingly, one of the key issues was the financial and human resource pressures experienced by Aylesbury Vale District Council (AVDC) and the Community OTS. The review had been undertaken from the premise that the research and analysis should be directed towards qualitative issues and not quantitative issues. This was desirable because the Council already funded this service above the national average and had been consistently unable to attract additional government funding. However, the statements from witnesses proved beyond doubt that the quality of life of the people in need of this service, in particular those who experience long periods of waiting, is inherently linked to the level of financial and human resources on which the service can draw. This is true for AVDC and the OTS.

3.3.4 Members responded to this suggesting that the budget for DFGs/Adaptations be split between major works and minor works. This, it was hoped, would mean that the pressure created by a few major works would be alleviated from the many minor works which could be undertaken without delay. Allowing the few major works each year to be ongoing while the service dealt with minor works would, it was hoped, decrease the average waiting time and improve the quality of life for individuals in need of minor works who would under the current process be delayed on the waiting list.

3.3.5 The second of the key issues raised by witnesses was the need to communicate more effectively with applicants on the waiting list. These individuals sometimes suffered

stress and anxiety as they did not know what was happening with their application during the long wait or why the process was taking the time it was. Linked with the issue of communication was the suggested need to raise awareness of the service more widely with partners and potential users. Officers, however, were keen that Members not raise expectations too high and place further pressure on already stretched resources.

3.3.6 The final issue distilled during consideration of witness evidence was the need for people on the waiting list to be re-assessed before their condition deteriorated to the point where a more complex and costly DFG/Adaptation scheme was necessary. Relatively regular re-assessments might bring to light when applicants' needs were becoming more acute before it reached the point where the DFG/Adaptation needed was more complex and costly. This, however, is not an issue which is within the responsibility of AVDC and the Council can only act in an advisory capacity. This should be kept in mind when Members were forming recommendations.

### **3.4 Stage Three – Recommendations**

3.4.1 While there are issues identified as worth exploring in the interest of service improvement, the Committee should note that without exception witnesses were extremely satisfied with the service which the Council had provided. That this service was already having a very positive impact on the quality of life of recipients and carers should not be ignored when views are being expressed to Cabinet. Furthermore, despite the communication issues raised, the exchange of information and joint working between the organisations involved at least seemed to be good and improving.

3.4.2 When making recommendations, the Committee should be mindful of resource and Strategic Objective implications, both of which are discussed briefly later.

3.4.3 Based on the evidence received from witnesses and the Committee's initial response it would seem that the Committee's recommendations will be focussed on the three issues discussed earlier. In summary, these are:

- the financial and human resource pressures experienced by AVDC;
- the need to communicate more effectively with applicants on the waiting list and raise awareness of the service with partners and in particular potential users; and
- the need for people on the waiting list to be re-assessed before their condition deteriorated too much.

3.4.4 Clearly, not all of these issues can be directly controlled by the Council and it seems unlikely that demand for the service will ever be matched by immediately available resources. Over time, the Council is able to resource all the approved DFGs/Adaptations, but the crux of the issue would appear to be the timescale and how resources can be redistributed to reduce that period for the greater number of applicants.

3.4.5 In making recommendations to Cabinet, it is advisable to make the wording, so far as it is possible, specific and measurable. This should assist the Cabinet in determining its response and will assist in monitoring the impact of any recommendations that the

Cabinet approves. The Committee may also wish to attach a timescale to its recommendations.

#### **4.0 Response to Resource Implications**

4.1 In connection with the above point about making recommendations specific and measurable the Committee should be careful to consider and address any resource implications of its recommendations to Cabinet. It is likely that Cabinet will show greater esteem towards the recommendations following this review if the Committee takes account of the cost implications of its recommendations.

#### **5.0 Response to Strategic Objectives**

5.1 Linking to the Committee's approach to review work during 2003/2004 (selecting the umbrella theme "Improving the Health of the Citizens of the Vale" under which to carry out reviews) is the implicit need for an increased emphasis on Strategic Objectives.

5.2 When this review began the provision of DFGs/Adaptations was identified in the Strategic Objectives for the Supply and Quality of Housing under the "Housing for All" theme. The review also made a fundamental link with the "Health Improvement" theme in the Strategic Objectives.

5.3 However, Members will be aware that a review of the Council's Strategic Objectives is being undertaken. Within the new Strategic Objectives this review would be covered by the Local Communities objective: "To achieve safe, active, healthy communities and provide accessible services".

5.4 In view of this and the Council's move towards a strategy-led budget this Committee should give thought to the link between its recommendations and the proposed Strategic Objectives and desired outcomes.

#### **6.0 Next Steps**

6.1 The Committee's recommendations, once agreed, will be forwarded to Cabinet who will either accept, reject or reject in part those recommendations.

Contact Officer:  
Background Documents:

Clive Grimshaw (01296) 585043  
Leisure, Safety and Health Scrutiny Committee Agenda and Minutes

### 3. THE HEALTH IMPACTS OF DISABLED FACILITIES GRANTS AND ADAPTATIONS – STAGE 1

Members received a report setting out background information in relation to the Health Impacts of Disabled Facilities Grants (DFGs) and adaptations to enable effective evidence gathering and scrutiny during Stage 2 of this review. Officers emphasised that this review should focus on the qualitative aspects of the service as opposed to quantitative aspects.

The Council had a statutory duty to provide DFGs of which there were two types:-

- Mandatory Disabled Facilities Grants – up to a maximum of £25,000, involving means testing of applicants who owned their homes privately; and
- Discretionary Facilities Grants – any funding above £25,000 or for matters which fall outside of mandatory provision.

Details of each were contained in the report.

Once entitlement to receive a DFG had been confirmed, each application was evaluated, taking into account the views expressed by a number of sources, and prioritised as either urgent (immediate), “routine (a)” or “routine (b)”. A definition of each category was provided. Categorisation was based on feedback from the Occupational Therapy Service (OTS).

The Council had operated a “Staying Put Scheme” since 1987. This was designed to help a disabled occupant or elderly occupier to remain in his or her property for as long as it was physically and economically possible for them to do so. The demand for grants had over the years generally been greater than the funds available, thus the prioritisation scheme described above had been introduced in 1998. Those applications deemed urgent were dealt with first and lower priority applications were placed on a waiting list. Current resources enabled 150 cases to be processed each year and there were around 130 cases on the current waiting list, with a maximum waiting time of 28 months. A maximum waiting period of 12 months was Officers’ realistic objective.

Details of funding arrangements were included in the report. Government funding for DFGs was match funding and dependent on a minimum input by a local authority. This Council’s current funding was above the set minimum.

The Council had adopted the pragmatic approach of not means testing applicants for DFGs who were Council tenants, as history had shown that very few were ever required to make a contribution. This approach only cost the Council approximately £15,000 per annum and saved resources on the administrative time that would ordinarily have been dedicated to such means testing.

The Handyman Service provided an ancillary service aimed partly at assisting elderly and disabled persons with security issues and some general repairs in the home. A brief outline of the work of the Handyman Service was given.

The following issues were highlighted for possible further consideration:-

- Analysis of the Staying Put Service (DFGs and Adaptations) in respect of the health and quality of life issues that the service addresses for both the recipient of the grant and carer(s);
  - analysis of the Staying Put Scheme (DFGs and Adaptations) in the context of its impact on other services (e.g. Social Services, Hospitals and providers of care/sheltered accommodation);
  - the impact of lengthy waiting periods on both the potential recipient and carer(s); and
  - the fact that the future provision of the Handyman Service could not be guaranteed, since the service was reliant upon partnership working and provision of equipment (e.g. by third parties generally free of charge).

The report submitted suggested a number of organisations/persons to provide relevant evidence during stage 2 of this review.

During discussion of the contents of this Stage one report, Members raised the following points for clarification at the meeting or to be addressed during Stage two:-

- In the event that a family living in a Council owned property successfully applied for a DFG and the person needing the adaptation passed away, could the Council serve notice on the remaining tenants? Is this explained to DFG applicants?
  - What costs are taken into account when means testing applicants who own their home?
  - Would it not help to alleviate some stress caused to applicants to carry out easy adaptations quickly rather than place them on a long waiting list?
  - Should witness evidence be sought from a rehabilitation officer for the blind since the OTS lack expertise in this area?
  - What definition of “disabled” was being used?
  - What was the number and mix of disabilities being dealt with?
  - How is the waiting list operated, e.g. is there a points system?
  - What is involved in means testing?
  - How is the availability of the Staying Put Service advertised?
  - In the 2003/2004 budget setting process there were proposals to reduce funding for the Handyman Service; what is the current breakdown in funding between the partner organisations involved in the Service, including this Council?
    - What is the breakdown between security work and general repairs carried out by the Handyman?
      - The work carried out by the Handyman Service could help to reduce accidents in the home and thus be of benefit in lowering the number of people needing care or applying for a DFG.
      - How was the availability of the Handyman Service communicated to blind occupants?
        - What enabling role can AVDC play in this context (i.e. with Parish Councils)?
        - Would the review benefit from hearing evidence from more than one recipient of a DFG?

In response, Officers provided any answers that could be given without further research.

On becoming eligible for a DFG, applicants who were also Council tenants were informed that the provision of any adaptation would have implications for their tenure. Circumstances could arise if the adaptation was no longer required by the applicants, whereby the Council would seek to relocate those applicants in order to house an individual in need of such an adaptation.

The means test involved a calculation of a mixture of factors and aimed to make sure the Council did not incur any unnecessary expenditure.

With reference to applicants on the waiting list, the Council was led by the OTS as to how each case should be categorised and consequently where each case appeared on the waiting list. Adaptations were then dealt with in chronological order. An applicant's categorisation was not reassessed without a reference from the OTS. Applicants could apply to the OTS for reassessment.

Although the point raised about visually impaired applicants and the ability of the OTS to fully understand their needs had some relevance, Officers cautioned that by inviting a specialist on one disability to give evidence, the Committee could also be asked to seek evidence from specialists on other disabilities. Officers currently relied on the OTS to strike a balance between the needs of the various disability groups.

The Council received no Government funding for the Handyman Service. Funding was provided for this Service by Thames Valley Police, Aylesbury Vale District Council and Help the Aged. Information on this service was distributed through Doctors' surgeries, Social Services and Voluntary Organisations. The provision of general repairs was chargeable and the Council incurred some administrative burden as a result. The work of the handyman significantly reduced clients' fear of crime. Householders suffering from repeat burglaries did not have to be older than 60 years to qualify for the service and did not have to be Council tenants. However, because of the reliance of this service on the contribution from Help the Aged, people had to be above the age of 60 to qualify for some of the general repairs. Currently, the Council made no special provision for advertising material for visually impaired people. However, Officers emphasised that this Council did not have sole responsibility for care in this area and the handyman's work needed to be reviewed as part of a much larger care service involving a variety of organisations, especially since the Council was working with a finite amount of resources. The Council had persistently requested increased Government funding but had so far been unsuccessful. It would be useful to explore as part of this review, how the Council could expand its work into enabling other organisations (e.g. Parish Councils) to provide such a service for local residents.

Members acknowledged the importance of briefing witnesses on what information the Committee was seeking before asking them to provide a statement. The Committee also had to target its questioning. Ideally, each witness statement should last between 10 and 15 minutes.

In considering the list of suggested witnesses, it was noted that this review would focus largely on hands-on issues and as such there might be no added value in inviting a witness from the Primary Care Trust (PCT) who would provide a more strategic

perspective. This could, however, enable additional witnesses to attend. Members agreed that the PCT should be removed from the list of suggested invitees. In view of earlier discussions, the Committee agreed that, in place of the PCT, witness evidence should be invited from an additional recipient of a DFG and a rehabilitation officer for visually impaired people.

The Committee noted that it would be sent background information on the OTS and Social Services prior to the Stage Two meeting.

RESOLVED –

That:-

- (i) this minute and the Stage One report be used as the framework for Stages Two and Three of this review; and
- (ii) witness statements be invited from the following:-
  - Representative of the Occupational Therapy Service;
  - Representative of Bucks County Social Services;
  - Rehabilitation officer for a visually impaired person;
  - Representative of the Bucks Carers Association;
  - Two recipients of a DFG; and
  - Carer for a recipient of a DFG.