



**Rutland**  
County Council

# Project Business Case

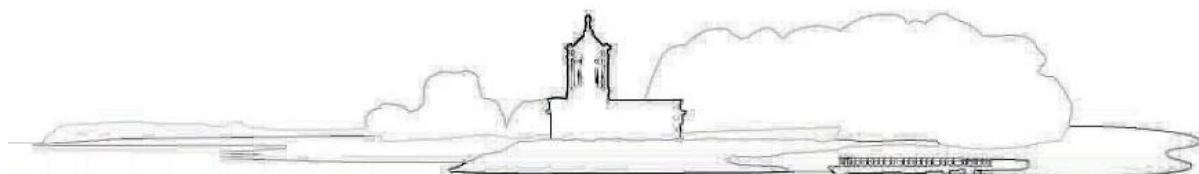
**Adaptations and Disabled Facilities Grants**

**2<sup>nd</sup> October 2014**

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## DOCUMENT CONTROL

## Change Control History

Version	Change Summary	Change author	Date
0.1	Initial document production	Julia Eames	2.10.14
0.2	Revisions to first draft	Julia Eames	15.10.14
0.3	Revisions following Integration Executive	Julia Eames	6.11.14 22.12.14

### Reporting Schedule:

This Business Case was reported to the Integration Executive on 6<sup>th</sup> November 2014.

This document is scheduled to be reported to the Health and Wellbeing Board on 24<sup>th</sup> March 2015.

### How would this scheme be described to the service user?

The Local Government and Housing Act 1989 introduced Disabled Facilities Grants (DFG's). The grant is means tested.

Generally adaptations should be to facilitate access to essential facilities for the disabled person in their own home and includes adaptations such as stair lifts, ground floor toilets, wheelchair adapted kitchens, walk in showers, safety features for a disabled child.

Capital funding for the grants awarded is now part of the Better Care Fund, as it is recognised that appropriate adaptations can help people to remain independent, safe and healthy. The aim of the scheme is to ensure that the adaptations being provided contribute to the Better Care Fund targets

The scheme will also include evaluation of minor adaptations such as grab rails, stair rails, chair raises, ramps, door widening.

# 1 Description of Project

The Better Care Fund (BCF) element of this scheme only relates to the capital funding for the Disabled Facilities Grants (DFG's) awarded but the project is to evaluate the whole process around the delivery of DFG's and other adaptations provided, to ensure they are effectively contributing to the BCF metrics.

This scheme will support the Better Care Together objectives particularly relating to people with long term conditions and frail older people by helping people live well for longer, ensuring people experience a better quality of life, reduce number of admissions and readmissions.

In line with The Housing Grants, Construction and Regeneration Act 1996; Disabled Facilities Grant (DFG), people applying for a grant are assessed by the Occupational Therapy (OT) team and recommendations made for adaptations that are necessary and appropriate to meet their assessed needs. The Home Improvement Agency (HIA) then helps to establish whether the person is entitled to a means tested DFG and guides eligible service users through the application process. The HIA supports the whole adaptations process including drawing up a detailed specification of works to be carried out, including producing sketches and plans, submitting to relevant organisations e.g. building control, and seeking competitive tenders. Grant applications are assessed by the Environmental Health Officer (Grant's Officer) to determine if they are reasonable and practicable.

DFG's are already provided as a core business of the Council but the funding stream for the Central government annual allocation has now been included in the BCF for 2015/16.

DFG's are generally provided for adaptations costing over £500. The provision of minor adaptations costing less than this will also be included in this business case. Minor adaptations are provided through the OT budget.

DFG's are paid to the service user but where equipment such as a stair lift is provided an agreement is sometimes entered into between the Council and the service user for the Council to retain the title ownership and ongoing responsibility of the equipment. This allows the equipment to be reallocated when no longer needed by the DFG applicant and ensures it is regularly serviced and maintained in good working order.

*Reference; Home Adaptations for Disabled People. A detailed guide to related legislation, guidance and good practice 2013 <http://www.careandrepair-england.org.uk>*

## 1.1 Project Objectives

- Help people live healthier lives
- Help people stay well for longer
- Improve the patient experience
- Avoid hospital and care home admissions
- Reduce admissions from injuries due to falls

## 1.2 Key Deliverables

*Include key deliverables for the Project lifecycle*

Project Deliverable	Delivery targets
Speeding up the delay between referral and OT assessment and recommendations being made. Explore potential to increase capacity through a more Integrated OT team, (link to the integrated hub IUR2)	Evaluation of prioritisation process and allocation of referrals. High priority referrals will be seen within 4 weeks,

	medium priority referrals will be seen within 4 months.
Speeding up the time between identification of need for a major adaptation and delivery of adaptation plus evidence of implementation of an action plan put in place to reduce risks whilst the person is waiting for a major adaptation to be completed.	All work recommended will be completed within one year of the recommendation having been made. Risks will be identified and addressed that exist whilst the person is waiting. Cases will be prioritised to ensure urgent and high priority work is expediated.
Adaptations (major and minor) provided will contribute to achieving the BCF metrics	Develop outcome measure and undertake audits to evaluate/demonstrate what the DFG and minor adaptations have achieved to inform future service planning and development.
Completion of provisional tests of resources and delivery of adaptations within agreed timescales by HIA	As per the contract
Adaptations that provide value for money	Acceptable pricing structure
Re-allocation of major items of equipment.	Maximise use of available grant funding.
Case records for each DFG case	Available information when required.
People will know what choices are available to them and what they are entitled to and who to contact when they need help	Adult Social Care Outcomes Framework
Promotion of the service	Appropriate referrals received.
Available list of reliable local builders and contractors	Advice and info on home improvements and adaptations available
Support for people who are a self-funders to have access to advice and information to be able to achieve adaptations that will meet their needs.	Advice and information element of the HIA contract is made use of.
Effective arrangements in place to manage the significant number of referrals that do not reach the stage of having a DFG due to the person not being eligible for a grant or due to their circumstances changing during the course of the process. Also to include adaptations being provided by Spire Homes and other Housing Associations based on an	Identify the inputs and outcomes for those people who have been assisted to reach an appropriate decision/solution, due to the involvement of the



monthly operational meetings and quarterly contract Monitoring meetings	performance		Service/Team Manager		
Monitoring of service user satisfaction at the completion of each DFG and minor adaptation.	Review current contract performance		Contracts Team and Head of Service/Team Manager	March 2015	March 2016
Evaluation of outcomes of major and minor adaptations in connection to BCF metrics	Develop audit tool to evaluate outcomes, aim to get service user perspective		Project Manager/senior practitioner	Jan 2015	
Raise awareness of the service and advice and information available for self-funders.	Information about the service will be publicised through the Rutland Information Service and Directory of services	See IT and Data sharing business case	Katy Lynch, Project Manager  Senior OT	Nov 2014	1 April 2015 and regularly updated thereafter
Review of arrangements for retaining major equipment for reallocation.	Undertake a cost vs benefit analysis.  Agree process with CHC for joint asset management of major equipment used by people with CHC funding.		Contracts Team and Head of Service.	Spring 2015,	
Review of people who have OT involvement in connection to a Major adaptation but do not receive a DFG	Evaluate through case audit to identify positives and negatives/lessons learnt for the service user and the organisation.		Senior OT	Spring 2015	

## 1.4 Exclusions

Assistive technology,  
ICES equipment.

## 2 Approach

*Indicate what impact the proposed work will have on business as usual. E.g. will it fit naturally with an existing service? Will an existing service need to change in order to accommodate the maintenance or on-going delivery of the products or services? Does this work stream fall within the Better Care Together work stream?*

### 2.1 Operational Readiness

*Delivery of service already in place but there is a need for more robust monitoring and evaluation of the contract and outcomes*

The Current HIA contract exists until September 2015 with option to extend. In addition to the core contract Spire Care and Repair can offer general housing advice, including housing options advice and they will make referrals to other agencies as appropriate such as Citizens Advice and Dept for Work and Pensions.

Currently there is limited capacity within the Occupational Therapy service to provide advice and support to people where the provisional test of resources indicates early on the person is unlikely to qualify for a grant. In these cases service users are directed to the Home Improvement Agency who can offer a private service at a charge..

Protocol for provision of adaptations is already in place with Spire Homes

### 2.2 Work stream structure



### 2.3 Work stream metrics

<b>BCF Metric</b>	<b>Description of Impact as set out in BCF</b> <b>Significant/moderate/other</b>
Reducing residential admissions	Significant FY14/15 1.5 FY 15/16 3.0
Keeping people at home after discharge into reablement	Significant FY 14/15 0.7 FY 15/16 1.0
Patient experience	Moderate
Reducing admissions due to falls	Significant FY 14/15 1.6 FY 15/16 2.1
<b>Other metrics</b>	

## 2.4 Work stream metrics recording

<b>Information being collected</b>	<b>At what stage in the patient pathway is the information being collected?</b>	<b>Information collected by whom</b>	<b>Database on which information is collected / captured/ stored</b>
HIA customer satisfaction surveys	Following completion of adaptation	Contracts team	
Audit of DFG cases	Following completion of adaptation	OT Senior Practitioner	
Local indicator for monitoring of adaptations identified as urgent and high being completed within 1 year.	quarterly	Team Manager	TEN



## 2.5 Work stream performance reporting against metrics

Type of report being prepared (e.g. SITREPS/ RAISE)	By whom	Reporting dates	Reporting timeframes
<u>Manual</u>	<u>Julia Eames</u>		<u>Quarterly</u>

## 3 Communication and Engagement

### 3.1 Stakeholder Analysis

Stakeholder Name	How they will impact on the project	How they will be impacted by the project	Communication requirements/methods
People applying for DFG's or being referred for other adaptations, including self-funders seeking advice	Will give feedback on levels of satisfaction with the service provided.	Timely and appropriate adaptations will enable people to live more safely and independently	General information about the service via the web site and other media and information events.
Spire Care and Repair	They are the HIA provider	Clarity of priorities	Monthly operational meetings
Spire Homes	They will apply for DFG's required for their tenants over £5K	Priority for available resources	Regular operational meetings Spire Board meetings
Places Directorate (Grants Officer)	Signing off grant applications as being reasonable and practicable	Clarity of priorities	Monthly operational meetings
OT Team	Undertaking assessments to determine if works necessary and appropriate	DFG provides resource to the team to be able to deliver support to service users to be able to live safely and independently	Updates through team meetings. Individual case work supervision

### 3.2 Project Reporting and Communication

Type of communication	Communication Schedule	Communication Mechanism	Initiator	Recipient
<i>Status report</i>	<i>Quarterly</i>	<i>Transformation Board meeting</i>	<i>Work stream Lead</i>	<i>Transformation Team</i>

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## 4 Risks

### 3.1 Key Risks

Risk No.	Date Opened	Risk Owner	Risk Description	Probability (High, Med, Low)	Impact (High, Med, Low)
1	2.10.14	Head of service	Sufficient DFG budget available	med	High
2	2.10.14	Head of Service	Sufficient OT staff to undertake assessments	med	High

## 5 Costs

### 5.1 Project Costs

Description	2014/5(£)	2015/6(£)	Total (£)
Grants to individuals - has been approx. expenditure of £160K over recent years	£160,000	£160,000	£320,000
<b>Below are associated costs but not part of Better Care Fund</b>			
Home Improvement Agency contract £44,000 per year	£44,000	£44,000 depending on extending or changing contract at same price	£88,000
OT Staffing costs	Percentage of time of OT staffing cost		
Grants Officer costs	Cost for part of Environmental Health officer contracted service with Peterborough.		

### 5.2 Funding

Funding Source (External - name/Internal)	Confidence rating of funding being provided (H/M/L)	2014/15 (£)	2015/16 (£)	2016/17+ (£)	Totals (£)
Section 106 money	Med – agreed by SMT that would use	£74,000	£56,000 required*		
Spire Homes undertaking to provide adaptations up to cost of £5K	med				
Central government allocation – DFG specific		approx. £86,000			
BCF allocation	med		£104,000		
Total Funding		£160,000	£160,000		

## 6 Exit Strategy

The Council is reliant on the DFG allocation to undertake this work. From 15/16 DFG will be funded through the BCF, however the allocation is still less than the anticipated level of expenditure. It is a statutory responsibility of the council to provide DFGs therefore we would expect to continue to receive specific allocation for DFG if the BCF were to cease.

This work stream is included in the business as usual activity due to the statutory responsibility to provide DFG's. The impact of not doing this would be;

- Appeals to the Ombudsman if DFG legislation and timescales are not adhered to.
- Increased falls and reduced levels of independence resulting in increased need for domiciliary care and admissions to hospital and residential care.
- Delayed hospital discharges resulting in fines to the Council of £100 per day.
- Restricted quality of life for people with disabilities and their families living in unsuitable or unsafe accommodation. Increased carer strain.
- Additional costs to NHS through accidents, particularly falls.
- Potential increased risks to the Council of people are arranging their own adaptations through unqualified or inexperienced contractors that then doesn't achieve the required outcomes.
- If not providing this service through HIA it would need to be provide in house

