

Independent Review of Disabled Facilities Grant

Introduction & County Context

1. The County Councils Network (CCN) represents 37 English local authorities that serve counties. CCN's membership consists of 27 county councils and 10 county unitary authorities who together have over 2,500 councillors and serve over 26m people (47% of the population) across 86% of England. CCN develops policy, shares best practice and makes representations to government on behalf of this significant proportion of the country.
2. CCN is a member-led organisation which works on an inclusive and all party basis and seeks to make representations to Government which can be supported by all member authorities. CCN welcomes the opportunity to submit evidence to this review.
3. Counties are home to the largest and fastest growing elderly population in England when compared to other local authority areas. 56% of the country's over 65 population reside in county areas. Over the next 2 years, the number of older residents is expected to grow by 2% per annum, compared to a national rate of 1.8%.
4. To inform this evidence-based response, CCN undertook a survey of County Directors of Adult Social Services (DASS) on the consultation questions and wider aspects of Disabled Facilities Grant (DFG) delivery. The data from this survey has been provided to the review team, and is used throughout this response.
5. **CCN has long supported reforms to the way DfG are delivered in both county council and county unitary authorities**, and we strongly welcome this review; with the aim reforming DFG delivery to improve outcomes for service users and better align preventative services with the needs of social care and health services. In our survey 94% of Directors agreed reform was required to local provision, with only 6% unsure.
6. The results of our survey show that the key reasons that CCN member councils feel that reform is required are to improve outcomes for clients (83%); to increase the number of people that can access DfG (78%); ensure that there is greater alignment with social care priorities; and to reduce delays within the system (72%).

What do you feel are the main reasons that you feel DfG should be reformed?	
Needs greater alignment with local social care priorities	72%
Needs greater alignment with local NHS priorities	50%
Existing process is overly bureaucratic	50%
To remove the split of responsibility between upper/lower tier authorities	50%
Lack of integrated IT systems makes it hard to track the progress of cases	39%

To reduce delays in installing equipment and adaptations for clients	72%
To deliver efficiency savings	72%
To improve outcomes for clients	83%
To increase the number of people that can access Disabled Facilities Grants	78%
Other (please specify)	28%

7. The case for reform is particularly strong in two-tier areas, where there is a split in the delivery for the function between tiers and difficulties arising following the incorporation of funding for DFG within the Better Care Fund (BCF). Influential bodies, such as the Ministry of Housing, Communities and Local Government Select Committee have previously called for reform to statutory duties as part of more integrated approach to service delivery.
8. While the above survey results show that removing the split of responsibility between upper/lower tier authorities is not a key reason for pursuing reform, wider results from the survey and supporting evidence demonstrates that consideration of these issues remains crucial to improving outcomes and integration. This is evidenced by the fact that patients awaiting discharge from hospital in county council areas were 10% more likely to be delayed as a result of awaiting the installation of equipment and adaptations (attributable to social care, per 100,000 population 18+) than in county unitary areas from March 2017-February 2018. A more strategic approach to DfG could also deliver efficiency savings that could be reinvested in the delivery of DfGs.
9. **Therefore, this response outlines our support for strategic oversight for DFG delivery to be transferred to either the social care authority or through the ‘goldilocks’ approach, in line with the survey result findings and wider aims of the review.**
10. There are examples across England where district and county councils have formed strong ‘integrated models’ of DFG provision, for instance in Leicestershire.¹ This includes models that continue to be physically based at district level, with a strategic partnership based at the county level to provide joined-up thinking about the use of home adaptations and technologies. **However, we believe that to deliver our members preferred option of an ‘integrated model’ across the whole of England, this must be supported by a robust national framework which sets clearer strategic oversight and leadership expectations across an area,** facilitated and led by the county council.
11. This would strengthen partnership working between county and district authorities, and crucially, better align provision with the needs of social care users and the health sector. Reforms to the strategic oversight and delivery of DfG will be essential if local areas are to be empowered to deliver a seamless service that wraps around the individual. This would also support the delivery one of the Secretary of State for Health’s 7 principles for reforming adult social care, whole person integrated care.²

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https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_135_Lightbulb_Project.pdf

² <https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care>

12. DfG forms a key part of the preventative agenda that will allow people to maintain their independence for longer and also help delay or reduce the risk of people entering more institutionalised care settings. This, alongside the efficiency savings that could be secured by adopting county-wide integrated models, will ensure that **current investment levels are sustained or increased**.
13. There is recognition from Government that there is an inconsistency in the quality and a 'postcode' lottery in statutory and non-statutory DfG service delivery across the country, particularly across two-tier areas. Strategic leadership and partnerships across a broader geography are required to counter this. Moreover, in line with duties under the Care Act to provide self-funders with information and support on care needs, this allows a more consistent approach to the provision of information and advice for people who are not entitled to local authority support. **That would not be at a cost to providing services tailored to local need across a whole county geography.**
14. In light of this, there is a clear policy steer from Government for planning for social care and housing to be more closely aligned. For example, a broader, county-wide, approach is already being proposed in supported housing. The Government's recent consultation on short-term supported housing proposed that upper-tier authorities in two-tier areas should lead on the development of a Supported Housing Strategic Plan. This would include the development of a '*detailed needs assessment of the demand and provision for all client groups*'.³ It would seem sensible that the needs of the local population relating to equipment and adaptations would also be included in such a document.
15. Below, we answer the questions the review is seeking responses to. We also provide additional evidence to support the answers where necessary.

1. The £30k Limit

What should we do with the £30k limit?

- No Change
- Increase the limit, to say £45k
- Remove the limit altogether
- Use a formula

Why did you choose that option?

16. CCN's survey of DASSs on the future of DfG found that 56% of respondents indicated that the existing limit should either be increased, to say £45k or that the limit should be removed altogether.
17. The £30k limit was set in 2008 and as such has not increased since this point. The minimum expectation should be that this limit should increase in line with inflation to ensure that when required the limit is appropriate to fund the necessary adaptations. Such an upper limit would only be required in exceptional circumstances given that the average grant is approximately £6,500 per applicant.⁴ Any increase in the upper limit

³ [Funding Supported Housing, DWP/DCLG, October 2017](#)

⁴ <https://www.gov.uk/government/news/housing-funding-boost-to-make-more-homes-accessible-for-elderly-and-disabled-people-across-england>

must be fully funded by Government in line with the new burdens doctrine that states '*all new burdens on local authorities must be properly assessed and fully funded by the relevant department*'.⁵

18. There are a number of examples from county areas where the additional flexibilities, coupled with the additional DfG funding announced by Government in the Autumn Budget 2017, have led to the £30k limit being increased. For example, in Somerset a policy was drafted whereby discretionary grants of up to £10k above the statutory £30k limit were made available.

2. The Means Test

What should we do with the means test?

- Update existing
- Remove means testing altogether
- Just use passporting benefits
- Adopt Care Act test

Why did you choose that option?

19. CCN's survey of Directors of Adult Social Services (DASS) on the future of DfG found that either favoured updating the existing formula (44%) or adopting the Care Act test (33%). This is further supported by the fact that over three-quarters of Directors (78%) also identified that reform is required in order to increase the number of people that can access DFGs.
20. Given that the average grant is approximately £6,500, with many below £1,000, it may be questioned whether the means test represents value for money given the length of time it takes to complete compared to the level of grant provided. In particular for those grants at the lower end of the scale.
21. As of October 2016, county and district partners in Dorset removed the means test for work valued under £5000, increased the maximum grant to £45,000 and also extended assistance to help people move to a more suitable home if that is a better option. These changes, along with a number of other reforms such as the provision of a single point of contact resolving a range of issues has delivered a number of improved service outcomes. These include ensuring a greater number of homes are safer and more accessible, reducing accidents and hospital admission and care costs.
22. In Cambridgeshire, county and district partners agreed an approach whereby low level loans are fast tracked in order to improve efficiency and improve outcomes. They have also committed to the development of a joint grants policy in 2018 in order to deliver a consistent approach to adaptations for residents across the county.
23. In terms of utilising the existing Care Act means test, a number of respondents indicated that this should be considered in order to streamline the existing process. It was also suggested that there could be consideration given to accepting other means tests undertaken by the local authority, or the district council in two-tier areas (such as those required by the finance and benefits teams), in order to prevent duplication of assessment.

⁵ [New burdens doctrine, Department of Communities & Local Government, 2011](#)

24. The potential cost avoidance for social care and the NHS could be significant, with research showing that *'low-cost home modifications can lead to a 26% reduction in falls that need medical treatment and savings of £500 million each year to the NHS and social care services in the UK'*.⁶

3. Linking to Health & Social Care

Who should be responsible for strategic oversight?

- No overall control
- The Housing Authority
- The Social Care Authority
- The Goldilocks Solution

Why did you choose that option?

25. CCN's survey of DASSs on the future of DfG found that respondents either favoured the Goldilocks Solution (44%) or the social care authority having responsibility for strategic oversight of DfG (39%). The proportion of respondents favouring the social care authority increased to 50% amongst our county council responses and 44% the Goldilocks Solution.
26. These responses highlight the need for upper-tier authorities, particularly in two-tier areas, to have a lead role in the strategic oversight of DfG. County Councils are of sufficient size and scale to ensure consistency of service across a broader geographic area and also deliver efficiency savings through economies of scale that can be reinvested in the provision of DfGs.
27. This is supported by the fact that analysis from CCN's survey of DASSs found that 72% of respondents felt the DfG should be reformed in order to deliver greater alignment with social care priorities. A lead role for the social care authority would also ensure that the strategic oversight of DfG would be aligned with BCF governance and planning.
28. The consultation suggests that a strategic partnership for health, housing and social care could report to the local health and wellbeing board. However, this may not be the most efficient form of governance as health and wellbeing boards are committees of the council and not formal decision making bodies in themselves. Any actions agreed by the health and wellbeing board would then subsequently have to be agreed by a Cabinet Member or the Cabinet at each local authority represented. It may be more prudent to consider the establishment of a joint committee that has delegated decision making powers and that as a broader remit focused on housing, health and social care.
29. During the development of the Integration and BCF Policy Framework 2017-19 CCN pushed for civil servants to reconsider how to best promote more integrated working with the DfG, particularly in two-tier areas, such as the approach put forward for the Goldilocks approach in the consultation. CCN, on behalf of its members, suggested that the wording in the framework should have been amended so that joint allocations for DfG were introduced that were supported by plans that were at a minimum developed in partnership between the two-tiers of local government within a county area. Such an approach would have been in the spirit of moving towards further health and social care integration in line with the policy intention of the BCF.

⁶ [The role of home adaptations in improving later life, Centre for better Ageing, November 2017](#)

30. The final framework stated that *'In two-tier areas decisions around the use of the DfG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions. DfG funding allocated by central government should be passed down by the county to the districts (in full, unless jointly agreed to do otherwise) to enable them to continue to meet their statutory duty to provide adaptations and in line with these plans; as set out in the DfG Grant Determination Letter due to be issued by DCLG in April 2017'*.⁷
31. However, in some two-tier areas where there are tensions between county and district authorities on how this funding would most effectively be utilised, the stipulation that the funding had to be passed down by the county to district authorities meant that a joint plan may not have been developed.
32. Conversely, there are also numerous examples of good practice where county and district authorities have agreed a joint approach and utilised the greater flexibility in DfG conditions. For example, the county and district councils in Dorset agreed that a proportion of the additional funding announced by Government in the Autumn Budget 2017 will be utilised to support the ambition to accelerate their *'assistive technology and telecare offer, including self-funders and ensure that information and advice, access to other adaptations and awareness raising is at scale'*.⁸
33. The county council, district councils and the NHS in Lincolnshire are also working to provide a more integrated approach to the housing agenda. Partners have established a formal strategic partnership between Housing, Health and Care Delivery Group which reports to the Health & Wellbeing Board. The establishment of this partnership recognises the complexity of the system and seeks to share the opportunities and challenges across the county.
34. In unitary areas, given that these authorities are both the housing and social care authorities, these local authorities should be responsible for strategic oversight.

4. DfG Delivery

Which delivery model should be preferred?

- Minimum
- DIY
- Traditional
- **Integrated**

Why did you choose that option?

35. CCN's survey of DASS on the future of DfG found that respondents strongly favoured the integrated model (76%) outlined in the consultation. By contrast only 18% identified that traditional model as their favoured option.
36. It is important to note that if an integrated model is to be delivered, then due consideration must be given to the starting positions of local areas and other initiatives to integrate health social care and housing. The need for local flexibility of delivery within

⁷ [2017-19 Integration and Better Care Fund: Policy Framework, Department of Health/Department of Communities & Local Government, March 2017](#)

⁸ <http://dorset.moderngov.co.uk/documents/s9581/BCF%20appendix.pdf>

local areas will also need to be given due consideration given the different delivery challenges faced as a result of demographics, topography and geography.

37. CCN are supportive of the need to reform the delivery of DfG. There is a need to streamline existing provision in order to improve performance, realise efficiencies and most importantly deliver better outcomes for people with care and support needs, including greater alignment and integration between health, social care and housing.
38. The need to improve performance was supported by County Directors of Adult Social Services of whom 72% felt that reform is required to reduce delays in installing equipment and adaptations for clients.
39. The Health Committee has previously stated that the delivery of DfG in two-tier areas is 'hampered by the split in responsibility between district and county councils'.⁹ This is supported by the fact that patients awaiting discharge from hospital in county council areas were 10% more likely to be delayed as a result of awaiting the installation of equipment and adaptations (attributable to social care, per 100,000 population 18+) than in county unitary areas from March 2017-February 2018. As such, Government should consider allowing upper-tier authorities to commission DfGs in order to better align them with adult social care and BCF priorities.

5. Supporting People Outside of DfG

How should we support people to adapt their home where they're not eligible for a DFG?

- Place a duty on Local Authorities to assist
- Leave it to the Market
- Create a National Advice Service
- Leave to Personal Responsibility

Why did you choose that option?

40. CCN's survey of DASS on the future of DfG found that respondents supported either placing a duty on local authorities to assist people to adapt their home where they're not eligible for a DfG (50%) or creating a national advice service (44%).
41. There is also a need to take a holistic approach to residents' circumstances, which should include having a conversation about the suitability of their housing at an early stage and providing information and advice on the full suite of options available to them. Such information and advice should be available to all residents, regardless of whether they are entitled to state-funded care or are a self-funder.
42. It is also important to note that a number of respondents also highlighted that the existing provisions in the Care Act already cover the provision of information and advice for people who are not entitled to local authority support. Therefore, it should be assumed that this includes signposting to independent financial advice and the types of care and support available in each local authority area.¹⁰ In the event that the independent review of DfG agrees with this assertion, then it may be prudent to update the statutory guidance to fully describe what is expected of local authorities. Any such guidance should also link advice about adaptations to more general advice about housing options

⁹ [Adult Social Care, House of Commons Communities and Local Government Committee, March 2017](#)

¹⁰ [Care Act Factsheets, Department of Health & Social Care, April 2016](#)

for people with care and support needs. In light of this, the option selected as CCN's favoured is placing a duty on local authorities to assist.

43. As previously stated in this response, any additional responsibilities on local authorities must be fully funded in line with the Government's new burdens doctrine.