

POSITION STATEMENT DISABLED FACILITIES GRANTS

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Proposals through the Comprehensive Spending Review and development of the Care Bill have potentially changed the way disabled facilities will be delivered, and the responsibilities of disabled people in paying for their care costs into the future.

June 2013 Spending Round

The June 2013 Spending Round announced £3.8 billion worth of funding to ensure closer integration between Health and Social Care. The funding, called the health and social care Integration Transformation Fund (ITF) is described as: “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”. The ITF will come into being in 2015/16.

It was announced that the ITF will also include £220m of Disabled Facilities Funding.

To access the ITF each locality will be asked to develop a local plan by March 2014, which will need to set out how the pooled funding will be used and the ways in which the national and local targets attached to the performance-related funding will be met.

Plans for the use of the pooled monies will need to be developed jointly by Clinical Commissioning Groups (CCGs) and local authorities and signed off by each of these parties, as well as the local Health and Wellbeing Board. The plans will also be overseen and signed off by Ministers.

Where is the funding coming from?

It is not new money but a combination of funds:

£130million Carers' Break fund

£300million CCG re-ablement fund

c.£350million capital grant funding, **including £2.2million for DFGs**

£1.1billion existing money transferred from health to social care

£1.9billion additional funding from NHS allocations, including funding to cover demographic pressures on social care and costs associated with implementation of care Bill.

£1billion of the fund will be performance related; half of which will be paid April 2015, and the rest within year 2015-16.

Implications of the announcement

Currently DFG funding is paid as an unringfenced capital grant to the housing authority, which in the case of two tier areas is the district council. The upper tier, being the Welfare Authority, is responsible for the delivery of Social Care and is the accountable body for that funding. Under the ITF, the Social Care budget will be pooled with the Health budget administered in most areas by the local CCG. The placing of the DFG budget into the ITF will at the moment bring the monies under the umbrella of Social Care and Health and take it from the district council.

Currently the district council has a mandatory duty to award a DFG to someone who meets the eligibility criteria and to meet their assessed need. District councils also add to the DFG pot from their own capital budgets to meet the shortfall in the DFG budget where the spend exceeds the Government Grant. This is the case in most, if not all, authorities.

The potential situation, without changes to the legislation, would leave district councils with the mandatory duty to meet the need, but would be dependent on the decisions of the upper tier and CCG as to the size of grant they might get.

Proposals

Discussions are ongoing with DCLG and the County Council Network. For the upper tier authorities and health, whilst understanding the benefits of DFGs in helping people remain independent at home, this change may mean undertaking a budget which is facing increased demand from an ageing population. Certainly if the mandatory duty was also passed to the upper tier, it could be seen as a liability for those authorities.

There are a number of options and issues to be resolved:

- Where will the mandatory duty sit after the DFG budget is placed in the ITF?
- Will there be any obligation for the upper tier and health to pass the full grant to the district councils if the mandatory duty remains with the housing authority?
- If the duty and the monies are placed with health and the upper tier how will the service be delivered and will the expertise in current housing departments be lost?
- Will upper tier authorities and health need to find the capital spend that exceeds the Government grant from their own budgets if they are also given the mandatory duty?

Timetable for the plans

Now: initial local planning discussions

Nov/Dec: NHS Planning framework will be issued

Dec/Jan: plans completed

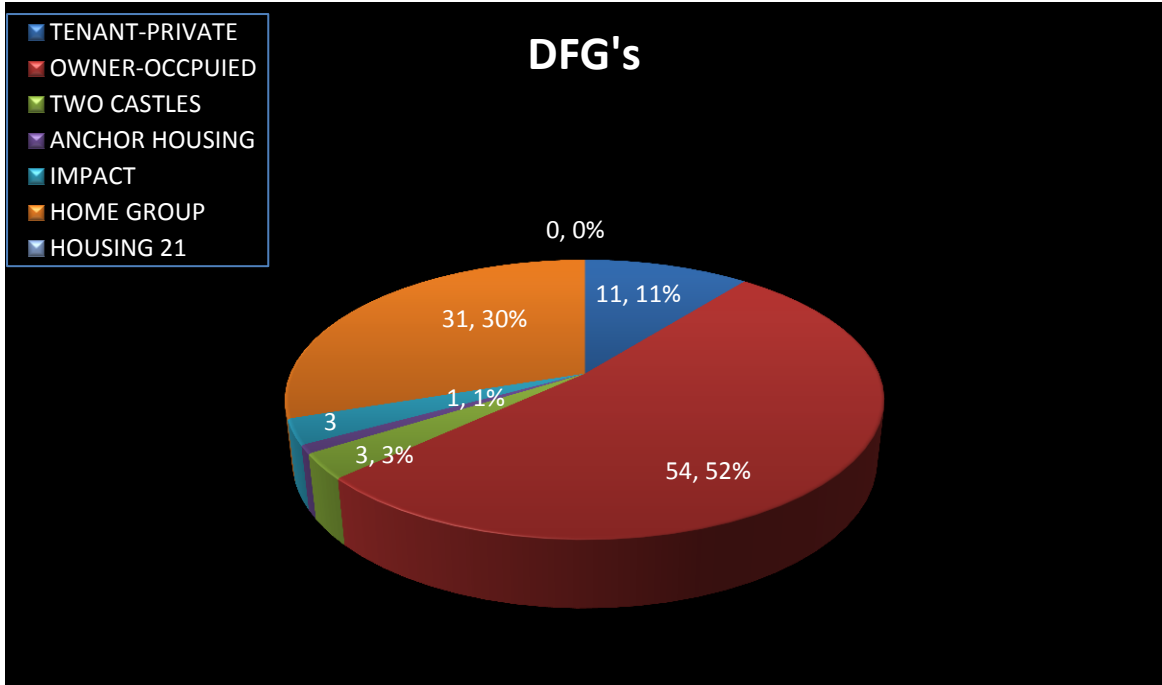
March 2014: plans scrutinised by Health and wellbeing Board

NOTE: Latest suggestion (November 2013) is that DOH will send funding back to DCLG for distribution to LA's.

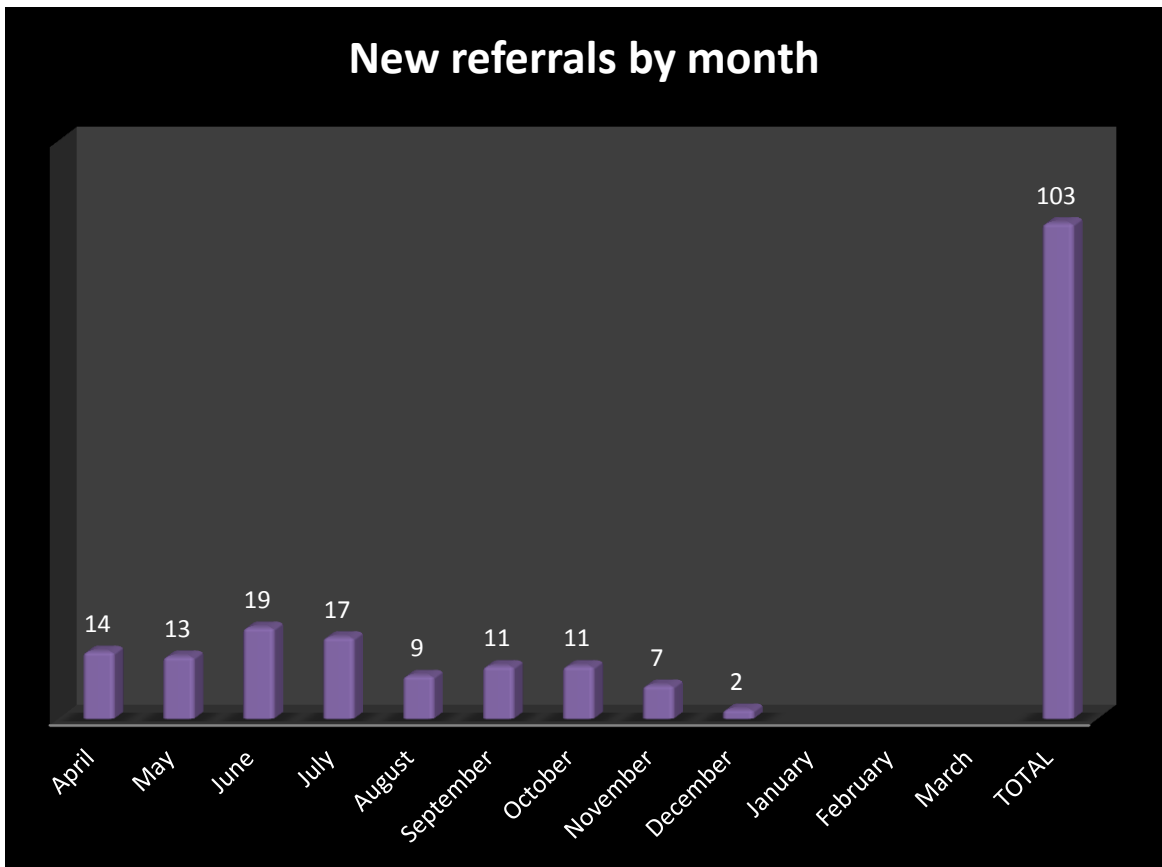
DISABLED FACILITIES GRANTS 13-14

How many new referrals have been received this financial year (13-14)

Bring the total number to 103

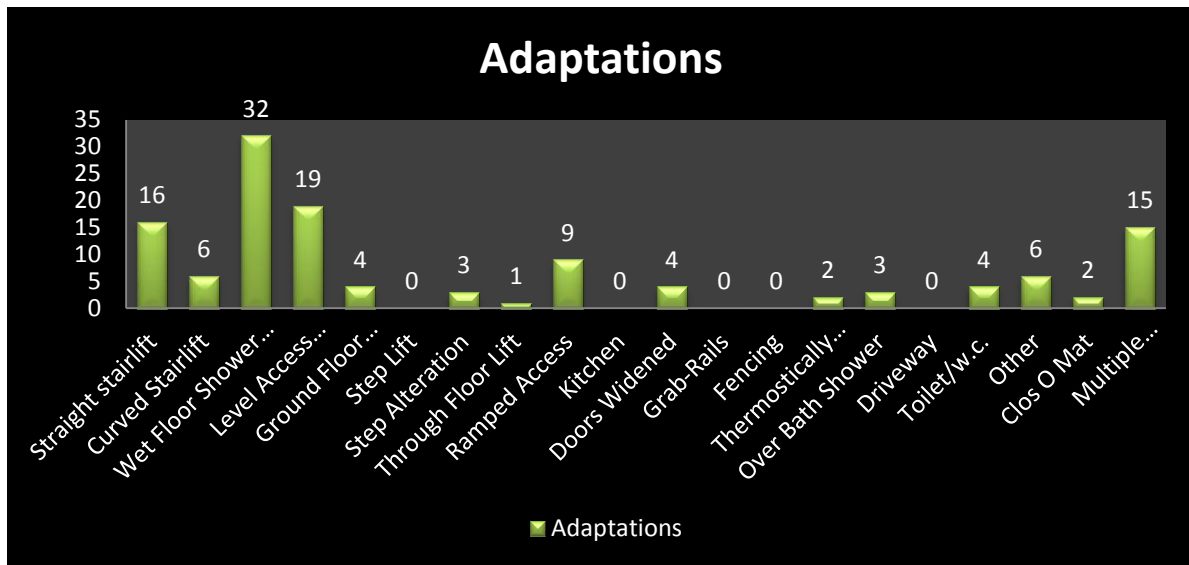


How many referrals are being received each month?



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What type of adaptations are we doing for our customers?



Facts

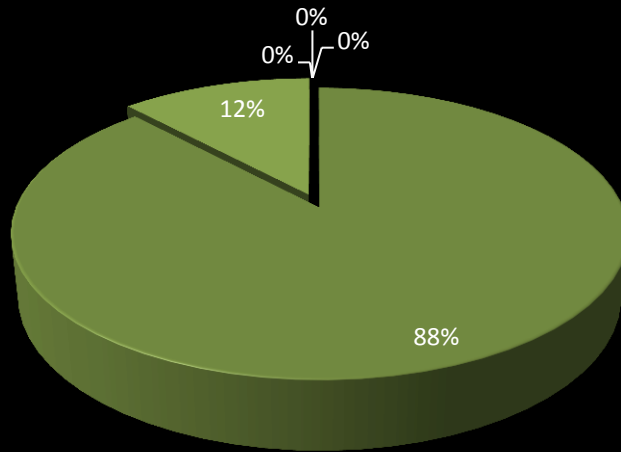
- So far we've approved 70 grants at a total at a cost of £290,844.96 and completed 64 grants.
- 96% of our customers are in receipt of passporting benefits (vulnerable customers)
- We have over 300 on-going live Disabled Grants at the moment.
- How many customer satisfaction questionnaires have been returned?

What are our customers saying about us?

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What is your overall satisfaction with your Grant?

Very Satisfied Satisfied Don't Know Dissatisfied Very Dissatisfied

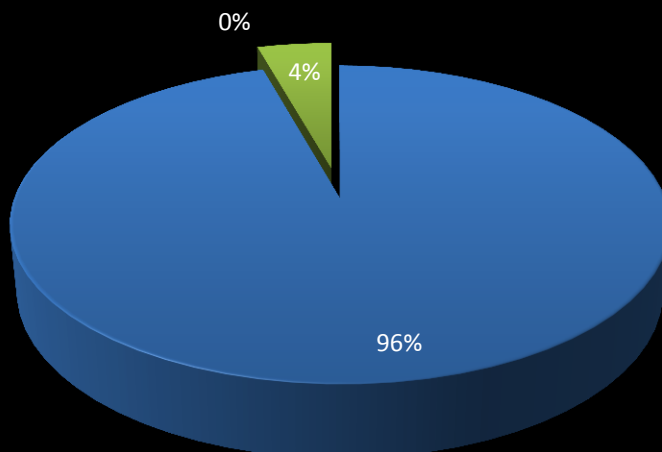


Would you recommend a grant to others?

Yes

No

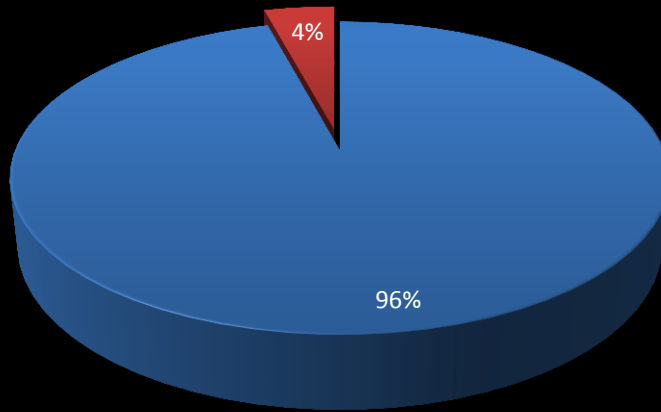
Don't know



DISABLED FACILITIES GRANTS 13-14

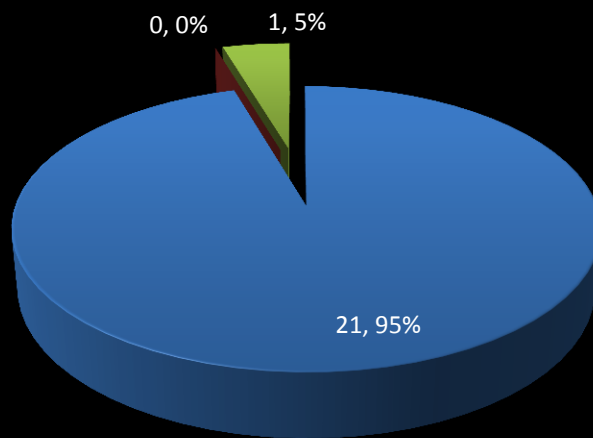
How easy did you find the application process?

Easy Difficult Very Difficult



Do you think the adaptaion has improved your health and wellbeing?

Yes No Don't know



DISABLED FACILITIES GRANTS 13-14

Some of the comments taken from the returned forms

- *Very pleased in which everything was dealt with*
- *I was surprised how easy the job was carried out to save inconvenience to me! I was really happy and can't praise them enough.*
- *I would like to thank everyone for providing me with an over bath shower and other appliances. They have certainly made a huge improvement to my life. Thank you.*
- *I can't fault any actions that has been taken on my behalf*