

Disabled Facilities Grant Funding via Better Care Funds – An Opportunity to Improve Outcomes

Purpose	To explain the changes to the provision of national government funding for home adaptations, clarify the responsibilities for delivery and highlight opportunities for integration.
For whom	Briefing for those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Members of Health and Wellbeing Boards; Patient and Service User Representatives
Where	Change across England
When	April 2015
Related Information	Briefing 2: Home adaptations, integration and the Care Act; Home Adaptations Good Practice Models (available shortly on homeadaptationsconsortium.wordpress.com/)

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At a Glance

From 1 April 2015 there is a significant change in the way that national government funding for provision of home adaptations grants for disabled people (Disabled Facilities Grants) is paid to local authorities.

Instead of national government making a direct payment to each local housing authority to help them to meet the cost of providing Disabled Facilities Grants (DFG), this allocation will, for the first time, be paid through Better Care Funds (BCF).

This is important because:

- i) It presents an opportunity to consider how to integrate provision of help with home adaptations across housing, health and social care systems to achieve better health and wellbeing outcomes.*
- ii) In two tier areas the housing authority and the social care authority will have to establish new working relationships to manage the DFG funding because the legal responsibility for provision of DFG (a mandatory grant) remains with the housing authority [ie. Districts/Boroughs], whilst the DFG funding payment from national government is made to the top tier local authority.*
- iii) In order to meet a range of performance outcomes and to manage local needs, a budget for provision of DFG will usually require contributions from housing, social care and health. The allocation from national to local government is intended to contribute towards meeting local need, but is not expected to meet all local needs.*

Action Checklist

- Have you set a pooled budget based on local needs assessment for provision of home adaptations with contributions from housing, health and social care?
- Could your local systems for provision of home adaptations be improved and integrated? (eg. to speed up delivery, link to hospital discharge, falls and dementia pathways etc) Could you use the learning from good practice models? (see p.3)
- Have you agreed and arranged transfer of the DFG payment from the BCF to DFG budgets? In two tier areas this means payment by the top tier authority to the housing authority.

Why is help with home adaptations particularly relevant to NHS, Care & Public Health?

- Home adaptations contribute to meeting a range of Public Health, NHS and Social Care Outcomes (Appendix A).
- The vast majority of disabled people (all ages) live in general (not specialist) housing ⁽¹⁾ and so home adaptations play a key role in enabling safe, healthy, independent living at home.
- Home adaptations can reduce health and social care costs, help to reduce risk of injury [eg from falls], enable faster hospital discharge, delay onset of admission to residential care and reduce care costs [eg for people with dementia] ⁽²⁾.
- Studies ^(3,4,5) in a range of disciplines confirm that the home environment is a quantifiable determinant of health, quality of life and well-being. The quality and suitability of the home environment is particularly important for disabled people, older people, those living with a chronic disease [eg. dementia] or the consequences of a serious injury, and those who experience functional and cognitive difficulties.
- The national system of financial help with home adaptations has been developed because disability often coincides with low income and health inequalities. The cornerstone of that help is the Disabled Facilities Grant (DFG) ⁽⁶⁾.

Government Guidelines

The Dept for Communities and Local Government (DCLG) and Dept of Health (DH) have issued guidelines concerning the payment of the DFG budget. Their joint [Better Care Fund Policy Framework](#) (Dec 14) states:

For 2015/16, there is an additional requirement set out in the Better Care Fund planning guidance that, due to the statutory duty on local housing authorities to provide DFG to those who qualify, each area will have to allocate DFG funding to their respective housing authorities (district councils in two-tier areas) from the pooled budget.

(Clause 3.5)

In 2015-16, £220m of national funding towards DFG is being provided by the Dept of Health.

[Click here](#)

to find out how much your area is receiving. The table '*Minimum Better Care Funding for DFG*' includes the DH calculations for every local authority in England.

What is a Disabled Facilities Grant?

- It is a mandatory grant, the purpose of which is to help to meet the costs of adapting the homes of disabled people, both adults and children.
- Provision of DFG is the legal responsibility of the housing authority, which in two tier areas is the District / Borough Council.
- Average DFG grant is c.£6,500 and over 35,000 people are helped with a DFG each year.
- Home owners and tenants can apply for a DFG but there will usually be local arrangements and provision made by social landlords.
- DFG is means tested for adults (not children). Grant level is dependent upon income but not the value of the home, although a grant repayment charge can be placed on the property.
- The housing authority assesses whether a particular home adaptation is 'reasonable and practicable' and usually asks social services (usually occupational therapy) to assess whether an adaptation is 'necessary and appropriate' to meet the disabled person's needs as set out in housing law⁽¹⁵⁾. Social care prioritisation eg. only helping those meeting substantial or critical needs⁽¹⁵⁾ criteria must not be applied to DFG assessment.
- Local authorities have a great deal of discretion with regard to provision of grants for home adaptations. Some have simplified, fast track, non means tested systems to provide smaller adaptations and apply DFG criteria only for larger works.

Adaptations money in the Better Care Fund – opportunities and risks

The Better Care Fund (originally called the Integration Transformation Fund), was announced in 2013 with the stated intention of bringing about integration of health and social care. It was described as a 'single pooled budget for health & social care services to work more closely together in local areas based on a plan agreed between the NHS & local authorities'.

Right from the start the integration of money for DFG (£220m) was included in the national BCF calculations for 2015-16.

This radical funding change for DFG provides an ideal opportunity to consider how to integrate provision of help with home adaptations across housing, health and social care systems.

With a total national BCF budget of £3.8 billion (See Appendix B) the small £220m DFG budget can easily be overlooked.

Despite the evidenced high cost benefits of DFG's⁽²⁾ and the key role of home adaptations in prevention, in the face of competing priorities and reducing budgets for social care, there is a risk of the money allocated for DFG not being used for its intended purpose of meeting the costs of adapting the homes of disabled people.

Ideas for improvement

[Click here](#)

Short descriptions of examples of good practice are available here

Scale of need for suitably adapted housing to enable healthy, independent living

More than one in ten British adults say that they have difficulty or are unable to move, walk or stand independently^(9,10).

There are about 23 million homes in England⁽⁷⁾. The vast majority has poor access standards⁽¹⁵⁾.

The vast majority of older and disabled people live in mainstream housing, with only a small percentage (c.6%) living in properties that have been specially built for older or disabled people^(6,7).

Two thirds of people with dementia live in the community. The provision of adaptations and equipment is a key component in enabling people with dementia to live independently for longer, and also to support carers⁽¹⁴⁾.

Whilst older age does not inevitably result in disability, difficulties with mobility and the activities of daily living do increase significantly with age. Older people are the main recipients of help with adaptations and therefore population ageing is the major social trend impacting on the rising demand for adaptations assistance. There is also a growing number of disabled children and younger adults whose health and lives are significantly improved through home adaptations.

Starting well, living and working well, ageing well; all linked to home adaptations

- **CHILDREN:** Home adaptations can make or break the capacity of parents to look after disabled children at home. Whilst some of the more expensive DFGs are for disabled children, because of the high costs of specialist residential care for disabled children, such adaptations can result in some of the greatest cost benefits⁽²⁾.
- **ADULTS:** An adapted home environment plays a pivotal role in enabling working age adults to live independently and remain economically active⁽¹²⁾.
- **OLDER PEOPLE:** The 2011 Census reveals that 8,660,529 older people lived in England, including 4,019,419 older people living in their own home with limited day-to-day activities owing to a longstanding health condition or disability⁽¹³⁾.

Using ELSA data⁽¹¹⁾, it is estimated that within this group, around two million had difficulty with one or more aspects of self-care – such as bathing or dressing – identified using the standardised ‘Activity of Daily Living’ (ADL) measure. Around 560,000 had three or more ADL difficulties⁽¹³⁾. ADL & self care can frequently be enabled through home adaptations eg bathing, toileting.

Public Health, Social Care and NHS Outcomes (applicable in 15-16) to which home adaptations provision contributes

Figure 1: Public Health Outcomes Framework: Examples of indicators to which home adaptations provision contributes

Public Health Outcomes
<p>Outcome 1: Improving the wider determinants of health</p> <p>Objective: Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p>Examples of related Indicators</p> <ul style="list-style-type: none">1.15 Statutory homelessness1.17 Fuel poverty1.18 Social isolation1.19 Older people's perception of community safety
<p>Outcome 2: Health improvement</p> <p>Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Examples of related Indicators</p> <ul style="list-style-type: none">2.23 Self-reported well-being2.24 Injuries due to falls in people aged 65 and over
<p>Outcome 4: Healthcare public health and preventing premature mortality</p> <p>Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Examples of related Indicators</p> <ul style="list-style-type: none">4.11 Emergency readmissions within 30 days of discharge from hospital4.13 Health-related quality of life for older people4.14 Hip fractures in people aged 65 and over4.15 Excess winter deaths

Figure 2: NHS Outcomes Framework: Examples of indicators to which home adaptations provision contributes

NHS Outcomes
<p>Domain 1: Preventing people from dying prematurely</p> <p>Overarching indicator eg. 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare</p>
<p>Domain 2: Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicator 2 Health-related quality of life for people with long-term conditions</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition <i>2.1 Proportion of people feeling supported to manage their condition</i></p> <p>Reducing time spent in hospital by people with long-term conditions <i>2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions</i></p> <p>Enhancing quality of life for carers <i>2.4 Health-related quality of life for carers</i></p> <p>Enhancing quality of life for people with dementia <i>2.6i Estimated diagnosis rate for people with dementia</i> <i>ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life</i></p>
<p>Domain 3: Helping people to recover from episodes of ill health and following injury</p> <p>Overarching indicator 3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital</p> <p>Improvement Area Helping older people to recover their independence after illness or injury <i>3.6i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service</i></p>
<p>Domain 4: Ensuring that people have a positive experience of care</p> <p>Improvement Area Improving people's experience of outpatient care <i>4.1 Patient experience of outpatient services</i></p> <p>Improving hospitals' responsiveness to personal needs <i>4.2 Responsiveness to in-patients' personal needs</i></p>

Figure 3: Adult Social Care Outcomes Framework: Examples of indicators to which home adaptations provision contributes

Social Care Outcomes	
Domain 1: Enhancing QOL for people with care and support needs	
Measure:	People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs
	eg. 1B. Proportion of people who use services who have control over their daily life
Domain 2: Delaying and reducing the need for care and support	
Measure:	Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs
	eg. 2C. Delayed transfers of care from hospital
Domain 3: Ensuring that people have a positive experience of care and support	
Measure:	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
	eg. 3D. The proportion of people who use services and carers who find it easy to find information about support

The Better Care Fund

Under the NHS Mandate for 2015/16, NHS England is required to ring-fence £3.46 billion within its overall allocation to Clinical Commissioning Groups to establish the Better Care Fund. The remainder of the £3.8 billion fund will be made up of the £134 million Social Care Capital Grant and the £220 million Disabled Facilities Grant, both of which are paid directly from the Government to local authorities.

The £3.8b in the BCF 2015-16 is made up as follows:

£1.1 billion	Existing transfer from health to social care (from 2014-15)
£130 million	Carers' Breaks funding
£300 million	CCG re-ablement funding
c. £350 million	Capital grant funding (including £220m of Disabled Facilities Grant)
£1.9 billion from NHS allocations	Includes funding to cover demographic pressures in adult social care and some of the costs associated with the Care Bill.
£3.8 billion	

Some localities have chosen to pool a higher level of funds, hence some public statements quote a BCF total of £5.3b.

For more information about Better Care Funds see:

<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

References

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6. Parliamentary Briefing about Disabled Facilities Grant (2013) The House of Commons Library [See Disabled Facilities Grant sn03011-1](#)
7. Chartered Institute of Housing, UK Housing Review, 2014, Table 17a
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12. Heywood F (2001) *Money Well Spent: The effectiveness of housing adaptations* Joseph Rowntree Foundation
13. Lloyd J (2014) *The Bigger Picture: Policy insights and recommendations* The Strategic Society & Independent Age
14. Alzheimer's Society (2012) *Home Truths: Housing services and support for people with dementia* Alzheimer's Society
15. DCLG (2012) EHS: Profile of English Housing

Related Documents & Resources

Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice (2013)

This [report](#) published in October 2013 by the Home Adaptations Consortium sets out the legislation, guidance and good practice concerning Disabled Facilities Grant (DFG).

The last pages include many key references and documents about DFG and adaptations law, research and good practice.

Better Care Fund

NHS England & LGA (2014) Better Care Fund Support for implementation <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

The right home environment is essential to health and wellbeing, throughout life. We will work together, across government, housing, health and social care sectors to enable this.

[Click here](#)

Extract from the joint Memorandum of Understanding to support joint action on improving health through the home signed by twenty organisations including Government Departments and national statutory and voluntary organisations in 2014.

About Care & Repair England

Care & Repair England is an independent charitable organisation which aims to improve older people's housing. It innovates, develops, promotes and supports practical housing initiatives & related policy and practice which enable older people to live independently in their own homes for as long as they choose.

www.careandrepair-england.org.uk

About the Home Adaptations Consortium

The Home Adaptations Consortium is made up of a broad spectrum of national organisations working together with a single aim - to champion quality provision of home adaptations for disabled people.

<https://homeadaptationsconsortium.wordpress.com/>

Every effort has been made to ensure that the information in this document is accurate. However, Care & Repair England do not accept any responsibility for errors or omissions. We would welcome feedback about content.

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