

Report



Meeting: Health And Wellbeing Standing Committee

Agenda item number:

Date: 24 May 2010

REPORT FROM ADULT SOCIAL CARE AND HEALTH

Purpose of the Report

The purpose of the report is to brief members on the provision of Disabled Facility Grants and equipment.

To outline changes to the provision of equipment with Putting People First

Disabled Facilities Grant

The Housing Grants Construction and Regeneration Act 1996 lays out the statutory requirement of Local Authorities with Housing responsibility to provide Disabled Facilities Grants (DFGs) to fund access adaptations to essential facilities to enable disabled people to remain at home. The applicant may live in privately owned property, privately rented property or in housing association property.

A DFG can be accessed by people with disabilities to help fund a major adaptation such as access to dwellings (ramps), installation of a stair lift or level access shower, or building extensions such as a ground floor bedroom, improving or providing a heating system in the home which is suitable to the needs of the disabled person, or improving access and movement around the home.

The grant is means tested, based on individuals' financial circumstances although applicants in receipt of income support benefits are not means tested as their financial circumstances have previously been assessed. Applicants may be awarded up to the maximum grant threshold of £30,000. Children and young people are exempt from means tests. Applicants can make one application at a time but they may receive more than one grant although all efforts are made to ensure long term needs and possible future needs are identified and addressed from the onset of the initial application.

The roles and responsibilities of the District Council

DFGs are funded by District Councils through funding allocated from Central Government. The District Council's role is:

- To ensure that the adaptations requested by the Occupational Therapist are reasonable and practical i.e. the house is of a fit state and condition and what is being asked for is practical
- to facilitate the DFG application process including providing advice and guidance to the disabled applicant on the process
- payment of the award to the applicant.

The roles and responsibilities of the County Council

Through the Chronically Sick and Disabled Persons Act 1970, it is the responsibility of the Adult Social Care and Health Department to complete Assessments of Need and to provide equipment and minor adaptations up to the value of £1000. This is subject to Fair Access to Care Services (FACS) eligibility criteria. The Department also provides discretionary top-up awards for disabled people who have been successful in their application for a DFG but who cannot afford their assessed contribution.

Through its Occupational Therapy services, the County Council works with the District Council's grants department and with the disabled person throughout the DFG application process through:

- the completion of an Assessment of Needs of the disabled person, through specialist a Occupational Therapy assessment
- making recommendations to the relevant District Council's grants department where the work is necessary and appropriate in accordance with the legislation
- the Occupational Therapist undertaking joint visits with a member of the District Council's grant team to determine the required adaptation.

Equipment Services

The Department of Health regards equipment for disabled people as an essential part of both intermediate and community care in order to:

- help the development of disabled people, especially children
- help prevent deterioration and reduce the escalation of disability
- help people maximise their ability to live independently
- prevent unnecessary hospital admissions or prolonged hospital stays
- avoid inappropriate admissions to long-term residential or nursing home care
- help prompt discharge from hospital.

Currently there are two equipment services operating in the County which are commissioned and funded jointly with health partners and the City Council, as Integrated Community Equipment Services (ICES). The North Nottinghamshire ICES contract covers Ashfield, Mansfield, Bassetlaw and Newark and Sherwood Districts and is jointly commissioned with NHS Bassetlaw and NHS Nottinghamshire County. The South Nottinghamshire and Nottingham City ICES covers Gedling, Broxtowe and Rushcliffe

Boroughs and Nottingham City and is jointly commissioned with Nottingham City Council, NHS Nottingham City and NHS Nottinghamshire County.

The equipment services provide simple aids to daily living through to specialist equipment to meet the needs of people with complex disabilities. As well as the provision of a range of equipment, the services includes:

- minor adaptations, such as grab rails, lever taps and improved domestic lighting
- ancillary equipment for people with sensory impairments, such as liquid level indicators, hearing loops, assistive listening devices and flashing doorbells
- communication aids
- wheelchairs for short-term loan
- Telecare equipment such as fall alarms, gas escape alarms and health state monitoring for people who are vulnerable.

The equipment is prescribed by OTs either from hospital settings or in the community, and the services providers are required provide, deliver, and where required, to fit disability equipment in people's homes. The contracts require providers to deliver equipment within tight timescales, and at times within 24 hours from the prescription.

The existing ICES contracts are due to expire at the end of March 2011 and, subject to Cabinet approval in June 2010, the Council will lead the procurement of a new single ICES in partnership with the PCTs and with City Council, to commence on 01 April 2011. The contract will be awarded to the successful provider following a rigorous tender process and it is intended that the implementation of the new contract will commence from January 2010 to facilitate a transition between the two existing services and the single new service.

Putting People First information and Advice

Putting People First is a radical reform of the social care system. The vision is for "every person across the spectrum of need, having choice and control over the shape of their support, in the most appropriate setting" – (*Transformation Adult Social Care*, local authority circular (DH) (2008)1).

This approach requires the Council to focus support on strengthening recovery and rehabilitation to promote independence; enabling everyone to have real choice and control over the support they need. It will require a massive transformational change in all parts of the system, not just in social care, but for services across the whole of local government and the wider public sector.

The scale and purpose of this ambition should not be underestimated. Some commentators have stated this is the biggest challenge to the public sector since the establishment of the Welfare State in 1948.

Nationally, this is a ten year plan and the department is already making significant progress towards implementing Putting People First.

Background

The Department of Health initially signalled their intentions to transform social care in the Green Paper, *'Independence, Well-being and Choice'* in 2005, reinforced by the white paper of 2006 *'Our Health, Our Care, Our Say – A new direction for community services'*. The approach was confirmed in the landmark *'Putting People First'* which has the agreement of six Government departments.

On 17 January 2008, the Department of Health issued a circular – LAC (DH) (2008) 1 Transforming Social Care – setting out the vision for a personalised approach to social care and the steps to achieve this. The circular makes it clear that Councils should ensure rapid progress by March 2011. To assist with the change the Council received a Social Care Reform Grant of approximately £7.5 million over three years. The size of the grant is indicative of the size of the change that is needed.

On 05 March 2009, the Department of Health issued a further circular – LAC (DH) 2009 1 – Transforming Adult Social Care to support councils and their partners in the ongoing transformation.

In launching this circular it was recognised that, in order to deliver the outcomes of Putting People First, the present system will need to undergo further significant redesign in process, practice and culture to ensure people have access to high quality information and advice, appropriate early interventions and can exercise choice and control over the services and support they need.

People want access to support when they need it with a greater focus on preventive services and to help them remain as independent as possible reducing the need for expenditure support packages.

People who have higher expectations of what they need to meet their own needs and want to make their own decisions. They want dignity and respect to be at the heart of what the department does.

Advances in healthcare and public health mean that people are living longer, and as a result more demand is being placed on public services. Demographic changes are also having an impact on the number of people able to care and support family members.

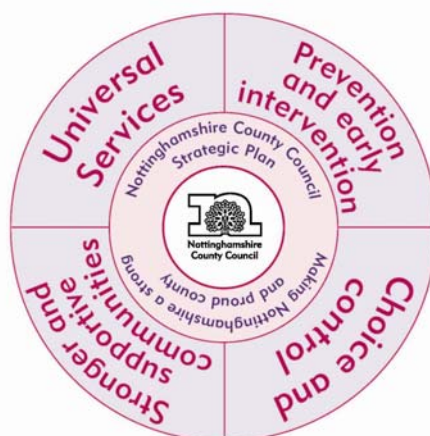
The change in our population is one of the most significant challenges being faced this century. Life expectancy has increased considerably with a doubling of the number of older people since 1931. Between 2006 and 2036, the number of people over 85 in England will rise from just over 1 million to nearly 3 million; an increase of approximately 180%. The number of people with dementia is estimated to double in the next 30 years and with it the need for support will increase. In addition, the numbers of people aged 50 and over with learning disabilities are projected to rise by 53% between 2001 and 2017.

In the context of long-term demographic changes, higher expectations, the Government has recognised that the "current system of social care delivery will need to be fundamentally re-engineered and modernised to respond to the pressure on the system".

The implications of Putting People First will contribute to the delivery of the Councils five key priorities:

1. to raise aspirations and foster independence
2. to develop a sustainable environment and economy
3. to make Nottinghamshire a safer place to live
4. to secure good quality, affordable services
5. to be financially sustainable.

The Government's strategy for Putting People First is set out in four key areas or quadrants as the Department of Health refer them as. This is outlined in the diagram below:



Early Intervention and Prevention – the objective is to reduce people requiring more intensive and long term support. This is achieved through improved health and well being services, early intervention and prevention.

Universal Services – this is support that everyone in the community should be entitled to. Having information and good quality advice is at the heart of this.

Stronger and Supportive Communities – this is support from people's own communities. It is based on informal social networks and friends instead of a reliance on statutory services provided by the County Council. The Department of Health describes this area as social capital. In Nottinghamshire we are reframing this into a focus on building Stronger and Supportive Communities which accords more positively with the Council's priorities and Adult Social Care and Health vision.

Choice and Control – through self directed support people will have more choice and control on how their eligible needs, following a community care assessment, will be met.

What will Putting People First deliver?

Putting People First will change how social care will be provided and make a real difference to the quality of life for the citizens of Nottinghamshire.

The vision is for everyone who receives social care support, regardless of their level of need will have real choice and control over how that support is delivered through a personal budget. A personal budget is the amount of funding an authority provides solely from social care resources. It will mean that people are able to live their own lives as they

wish, confident that services are of a high quality, are safe and meet their needs. This is described as the personalisation of services.

The changes will ensure that people are supported to:

- live independently and reduce the need for long-term ongoing support
- stay healthy and recover quickly from illness
- exercise maximum control over their own life and, where appropriate, the lives of their family members
- avoid children being required to take on inappropriate caring roles
- participate as active and equal citizens
- have the best possible quality of life
- retain maximum dignity and respect

Equipment provision under Putting People First

In line with the Department of Health guidance equipment and minor adaptations will not form part of a personal budget.

Equipment provision will be a key part of prevention and early intervention. Assistive technology such as telecare, minor adaptations, like fitting a handrail and basic equipment, can help reduce the need for expensive care packages. As part of this people will be offered a direct payment to provide greater choice and control in purchasing equipment.

Future Developments

Under the Right to Control initiative a small number of Local Authorities are piloting an initiative where various funding streams are 'pooled' together. This includes Disabled Facilities Grants, Independent Living Fund and Right to Work funding.

If the pilots are successful and increase choice and control this initiative may be mainstreamed across the county.

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