

Disabled Facilities Grant (DFG) Options

APPENDIX 1

Current Policy	Issues Identified with current policy	Options	Advantages	Disadvantages	Financial Implications	Comments
<ul style="list-style-type: none"> Mandatory DFG to meet the costs of adapting a disabled person's home. DFG is means tested for disabled adults but not parents/guardians with dependent disabled children. Max DFG award is £30,000. Discretionary Top-Up for DFG Work exceeding max grant; funding limit is £5,000. Relocation Grants can be paid where it is not possible or financially viable to adapt a disabled person's home. Removal costs paid for by LDC. Limit of £30,000 and a land charge is applied. 	<ul style="list-style-type: none"> Policy not been significantly changed since 2013 There is an underspend of the budget. Most adaptations which exceed the mandatory limit also cost more than the max £35k (with £5k top-up inc) meaning the disabled person does not get works done or the schedule of work is reduced/revised which is time-consuming. Some applicants who are required to make a contribution cannot afford to pay so adaptations may be cancelled The £30,000 has not been increased since 2008. The 2018 Government 	<p>1. Increase the Discretionary top-up grant from £5,000 to £10,000-£15,000. Maximum DFG awarded will therefore be £40k-£45k</p>	<ul style="list-style-type: none"> The Council is seeing an increasing number of adaptations that exceed £30k and £35k. 3 DFGs last year exceeded this amount (for a case study– see Appendix 2) Would give greater flexibility More adaptations will be able to proceed as recommended by the OT which:- <ul style="list-style-type: none"> will ensure the most suitable adaptations for the disabled person are completed will reduce delays due to the submitting of new designs will simplify the grant procedure and so speed up delivery. 	<ul style="list-style-type: none"> There is the risk that the DFG provider may approve more extensive schemes which exceed 'mandatory identified need' if they can go above £35k 	<ul style="list-style-type: none"> Funding for DFGs is received annually from the MHCLG through BCF. Additional funds come from the council's own capital programme. The BCF for 2020-21 is £977,562. Underspend in 2019/20 was £409,205 Last year three DFGs went above £35k and currently 3 cases are with Millbrook with costs exceeding this It is anticipated no more than 5 cases per year will cost above £35k. For e.g.s see (Appendix 2) Additional DFG monies from Government via the BCF of £131k has just been awarded for 2020-21. 	<ul style="list-style-type: none"> An underspend of the DFG allocation in one year can be carried forward to the next is ring-fenced for DFGs only. There is a risk that OTs could prescribe works which are not necessary if they know they can go above £35k. To mitigate this risk it could be possible to keep approval of a top-up with the council and not the HIA There is the option to introduce changes on a phased basis and/or to introduce a review of the funding limit for the discretionary grants on an

	<p>appointed DFG Review led by Foundations found that that if the mandatory limit had increased in line with inflation it would now be £38,000.</p>	<p>2. Introduction of a Discretionary Contribution Grant for applicants who cannot afford their assessed financial contribution towards the cost of a mandatory DFG</p> <ul style="list-style-type: none"> • The max amount for this could be unlimited or a cap could be placed, e.g. £15k • There is the option to pay 100% of all contributions below a certain level e.g. £2,000 or £5,000 or fund a %age of a contribution above this level e.g. 50%. For example with a £5,000 cap, on a £15,000 contribution the applicant would receive £10,000 and they have to find £5,000 – it should be noted that this may still mean some people are unable to proceed due to the nature of the means test for DFG. • Members could consider an option for discretion to fully fund in exceptional 	<ul style="list-style-type: none"> • More adaptations will go ahead as recommended by the OT. • This will help applicants with conditions such as MND who may be required to make a contribution as they are diagnosed whilst they or their partner are still in employment. 	<ul style="list-style-type: none"> • There is a risk that applicants who can afford the contribution may be awarded this grant. 	<ul style="list-style-type: none"> • It is difficult to assess how many of the grants will be awarded per year & the cost. In 19/20 21 DFG applications were closed as applicants could not afford their contribution. Average cost of a DFG is £10-15k so could potentially cost max £315k (21x15k). • A land charge will be placed on owner occupied properties for 10 years. • A limit on available funding per annum for this grant could be given. 	<p>annual or biannual basis</p> <ul style="list-style-type: none"> • There would need to be an assessment of hardship introduced - applicants would have to prove that there is hardship and they cannot take out a loan. This would need to be done by the LA (could potentially be through revs and bens) • Millbrook could administer this if there was a blanket fixed contribution level paid. We will need to consider LA staff resources to administer anything that we do not want the HIA to administer • Only 1 application for Top up Grant in a 5 year period should be allowed. • The grant will be fully land charged on owner occupier applications for a 10 year period.
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		hardship cases after an affordability test.				<ul style="list-style-type: none"> Eligibility for this top-up would be approved on a case by case basis so budget commitment and spend can be monitored.
		<p>3. Introduction of a Palliative Care Grant</p> <ul style="list-style-type: none"> Similar to the mandatory DFG but will be fast-tracked and so will provide urgent home adaptations for a terminally ill person. Applicants will also be eligible for the discretionary top-up and/or a discretionary contributions grant if there is hardship. <p>4. To not introduce a Palliative Care Grant but work towards a fast track DFG pathway across the SILIS partnership.</p>	<ul style="list-style-type: none"> Fast-tracking will speed up the delivery where grants are needed urgently to enable applicant to live at home for longer or be discharged from hospital quicker Allows discretion and flexibility so that support is offered if there is an affordability issue with the contribution To offer a fast-track grant would give an enhanced quality of life for those with a terminal illness and reduce the financial and emotional burden on the applicant and their family. <p>Less bureaucracy than with a specific new grant</p>	A separate grant is just additional bureaucracy and a fast tracked pathway could be explored instead across the whole SILIS partnership. (see below)	<ul style="list-style-type: none"> LDC had 4 cases last year that would have benefitted from this grant. Demand is difficult to predict but it is anticipated there will be less than 5 cases per year that would be eligible for this grant. 	<ul style="list-style-type: none"> We would need to decide on the criteria and consider whether to apply 'special rules' for those with a terminal illness¹. Would only allow one application in a certain time period. We would need to ensure that Millbrook are able to deliver this and needs to be agreed by all partners across the whole SILIS partnership. <p>Needs to be agreed by Millbrook and SILIS.</p>

¹ For special rules see <https://www.gov.uk/terminal-illness-benefits>

		5. To introduce a non-means tested palliative care grant for between £5,000 to £10,000.	It would assist applicants who require stair lifts, for example, which can be fitted swiftly.			
		6. Introduce a Hospital Discharge Grant/ Hospital readmission prevention grant <ul style="list-style-type: none"> To carry out minor adaptations or repairs/disrepair in someone's home Can fund urgent adaptations they require to return home safely, such as the provision of a stair lift or ramp Other minor works would also be considered, such as a one off clearance of hoarded properties and repair of electrical installations. 	<ul style="list-style-type: none"> Would be fast tracked to enable the applicant to be discharged asap from hospital & prevent unnecessarily long stay Applicants will be able to rehabilitate quicker & be more comfortable at home Reduce 'bed-blocking' 	<ul style="list-style-type: none"> Test of Resources required, otherwise it will mean those that can afford works will be using public money. Successful use of this is dependent on Millbrook being able to process them urgently. 	Discussions with Millbrook over resourcing would be needed as it is not included in the current contract	Suggest max of £7,500. Applications must be via a referral from an Occupational Therapist, etc confirming urgent works will enable the applicant to return home safely. Additional assistance could also be provided at a later date following the hospital discharge under the mandatory DFG for more major works.