

# Innovation in home adaptations – a fresh chance

The Disabled Facilities Grant funding increase, new Better Care Fund Policy Framework and the public health connection

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| <b>Purpose</b>             | To explain the new conditions with regard to the Better Care Fund 2016-17, the substantial increase in funding for home adaptations and related opportunities to improve integration and meet performance targets, particularly reducing delayed transfers of care   |
| <b>For whom</b>            | Briefing for those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Directors of Social Services; Members of Health and Wellbeing Boards; Clinical Commissioning Groups; Adaptation Service Providers; Patient and Service User Representatives   |
| <b>Where</b>               | Change across England  |
| <b>When</b>                | Changes commenced April 2016   |
| <b>Related Information</b> | <ul style="list-style-type: none"><li>• Integration Briefing 1: Disabled Facilities Grant Funding via Better Care Funds – An Opportunity to Improve Outcomes</li><li>• Integration Briefing 2: Home Adaptations, Integration and the Care Act</li><li>• Home Adaptations Good Practice Models</li></ul> <i>(All available on <a href="http://homeadaptationsconsortium.wordpress.com">homeadaptationsconsortium.wordpress.com</a>)</i> |

## A fresh chance to innovate

The significant increase in the amount of funding that Department of Health (DH) is providing for local authorities' budgets for home adaptations provides an ideal opportunity to review and improve current systems of working between the NHS, Social Care and Housing, to agree and work towards achieving a shared, joint aim of enabling healthy, safe, independent living at home for disabled and older people.

With the additional resources now made available by DH for disabled facilities grants (DFG), it is timely for Health and Wellbeing Boards to consider how far their Joint Strategic Needs Assessments and other strategies address housing, particularly with regard to general housing stock condition and suitability.

The additional funding for home adaptations can enable the joint commissioning of fast track practical housing services that support independent living at home. It is an opportunity to ensure that housing suitability (and 'prescribing' of remedial action) is embedded in assessments, both for social care and any health related systems (eg hospital discharge, age related health checks, falls prevention etc).

A small but critical action is to enable improved data sharing across not only health and social care but also housing, and DFG specifically, through use of NHS number as a common identifier (as required in the Better Care Fund Policy Framework).

Local public health teams have a particularly important role to play with regard to analysis of need, profiling the local population and wider environment, plus the creation of appropriate systems to evaluate impact and outcomes of innovation in provision of home adaptations.

## At a Glance Summary

### More money for home adaptations for disabled people

During 2016-17 there is a significant increase in the funding from national government to help with the cost of providing home adaptation grants for disabled people (Disabled Facilities Grant/DFG).

The Spending Review & Autumn Statement 2015<sup>(1)</sup> announced that funding for DFG would rise by more than 100% by 2019-20. In 2016-17 the Department of Health (DH) is providing £394m towards DFG (compared with £220m in 15-16), an increase of c.80%.

[Click here](#)

for a list of the specific DFG allocations for each local authority in England.

This money for home adaptation grants is paid through the Better Care Fund (BCF). It is a specified amount allocated to 'top tier' authorities for distribution to 'lower tier' authorities on a formula basis which takes account of local need as well as historic spend.

### New conditions for the Better Care Fund

*The 2016/17 Better Care Fund Policy Framework* sets two new national conditions for the BCF. Local areas are required to use the BCF to fund NHS commissioned out of hospital services and to develop and implement a clear, focussed action plan for managing delayed transfers of care (DTOC), including locally agreed targets.

### Making the connection

Whilst the 16/17 BCF Policy Framework does not set specific targets for use of DFG, home adaptations provision can contribute to meeting BCF conditions and targets, such as reducing DTOC, as well as helping to meet Public Health, NHS and Social Care Outcomes (detailed in *Integration Briefing 1*).

The significant extra resources for DFG, alongside local flexibilities, provide an opportunity to review adaptation systems, innovate to improve delivery eg. to reduce delayed transfer of care (DTOC), and integrate housing related provision into local service planning.

## Why are home adaptations a health issue?

The *NHS 5 Year Forward View* noted that a key condition for transformation across local health economies is a strong primary and out-of-hospital care system, with well-developed planning about how to provide care in people's own homes, with a focus on prevention, promoting independence and support to stay well.

Home adaptations for disabled people meet this condition as they can:

- Enable independence at home
- Reduce delayed transfer of care (eg. enable faster hospital discharge to a suitable home environment and reduce readmissions)
- Prevent escalation of need eg. Injuries and falls
- Support maintenance of physical and mental well-being
- 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.

Public Health England supports the NHS, and supports and develops the local public health system to achieve improved outcomes in health and wellbeing. Housing is a wider determinant of health and home adaptations make an important contribution to enabling people to live well and independently in a home that suits their needs.

## Starting well, living and working well, ageing well, dementia & carers; all connect 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 larger 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<sup>(5)</sup>.
- **ADULTS:** An adapted home environment plays a pivotal role in enabling working age adults to live independently and remain economically active<sup>(6)</sup>.
- **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<sup>(7)</sup> and therefore provision of home adaptations to extend healthy, safe, independent later life is of particular importance.
- **DEMENTIA & CARERS:** 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.<sup>(8)</sup>

*\* Using ELSA data<sup>(9)</sup>, 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<sup>(10)</sup>. ADL & self care can frequently be enabled through home adaptations eg bathing, toileting.*

## More money for home adaptations in the 2016-17 Better Care Fund

The DH allocates a set level of national funding for home adaptations grants for disabled people (Disabled Facilities Grants/DFG). Since April 2015 a specific local amount of funding for DFG is paid to each local authority through the Better Care Fund (BCF).

*In 2016-17 the national DFG allocation is £394m, up from £220m in 15-16, an increase of c.80%.*

The DFG funding from DH is set to increase further in future years, in line with the [Spending Review and Autumn Statement 2015](#)<sup>(1)</sup> which promised over £500m for Disabled Facilities Grant by 2019-20. (Clause 1.109)

Authorities in two-tier areas are expected to '... allocate Disabled Facilities Grant funding to their respective housing authorities from the BCF pooled budget to enable them [the housing authorities] to continue to meet their statutory duty to provide adaptations to the homes of disabled people'. (2016/17 BCF Policy Framework, p.9)

Allocations to specific local authorities are published annually. The current allocation amounts are based on a complex mix of past formulae (including indicators originally derived from the former English House Condition Survey and DWP data on the numbers of people claiming Attendance Allowance or Disability Living Allowance) and funding bids submitted in the past by individual local authorities<sup>(2)</sup>.

[Click here](#) See all the individual local authority 2016-17 DFG allocations

The DFG funding allocation from national to local government is intended to contribute towards meeting local need for help with home adaptations, but is not expected to meet all local needs. In order to achieve a range of performance outcomes and to adequately address the adaptation requirements of the local population, the local budget for provision of home adaptations will usually require contributions from health, housing and social care.

It is important to note that many disabled people will contribute towards or meet the whole cost of their home adaptations. Good information and advice about the most appropriate works (eg. as part of a social care assessment) is also an important part of local provision, as is the involvement of social housing providers with regard to contributing to adaptations for tenants.

## Local Examples of Integrated Provision and Funding for Home Adaptations

In Wigan, in Oct 2014, a jointly funded initiative by Wigan Borough Council and Wigan Borough Clinical Commissioning Group has been piloting a new, non-means-tested, fast track Home Adaptations Grant which is aiming to reduce hospital admissions and improve quality of life for patients. Each organisation provided £1m and the initiative is being evaluated to assess impact.

[Click here](#)

See the Home Adaptations Wigan Good Practice Cameo

Further examples of innovation in provision of home adaptations are available here <https://homeadaptationsconsortium.wordpress.com/good-practice/>

## The Better Care Fund - new conditions in 2016/17

The Better Care Fund (BCF) was created with the aim of driving integrated provision of health and care. It requires Clinical Commissioning Groups (CCGs) and local authorities to pool budgets and agree an integrated plan for use of the BCF.

In the 2016/17 *Better Care Fund Policy Framework* there is a strong emphasis on reducing delayed transfers of care (DTC), cutting avoidable hospital admissions and facilitating early discharge.

The 2016/17 BCF Policy Framework sets two new national conditions:

- i) A requirement for local areas to fund NHS commissioned out of hospital services.
- ii) Development of a clear, focussed action plan for managing DTC with locally agreed targets.

Further details are set out in the *BCF Planning Requirements for 2016-17 Technical Guidance Annex 4*. All BCF Plans should have been signed off by Health & Wellbeing Boards by 25th April 2016.

In the explanation of out of hospital services, it is stated that this can include 'a wide range of services, including social care'.

The Care Act 2014 and associated Care Act Guidance highlighted the value of housing and housing related services, citing the specific example of practical help with home adaptations as an important contributor to prevention. Further details in *Integration Briefing 2*.

## Better Data Sharing

One of the 16/17 Better Care Fund Conditions is 'Better data sharing between health and social care based on the NHS number' (16/17 BCF Policy Framework p15).

Local areas are expected to make progress towards systems that enable safe and timely sharing of information. There is a requirement to use the NHS Number as the consistent identifier for health and care services (and if not being used, to explain when the area plans to do it).

To enable more integrated and effective provision of home adaptations (and DFG specifically) using the NHS Number as a common identifier in DFG cases will have clear advantages, not only for service users but also for tracking impact and outcomes of interventions eg. potential to link to hospital and care home admission records.

## An opportunity to improve and integrate provision of help with home adaptations

The DH letter to Local Authority Social Services concerning the 2016/17 Capital Grant Allocations for 2016/17 ([LASSL\(DH\)\(2016\)](#)) encourages local areas to take a strategic and integrated approach to use of the DFG money included in the BCF:

*... the DFG will again be included within the Better Care Fund (BCF). **This is to encourage areas to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes, and to take a joined-up approach** to improving outcomes across health, social care and housing.*

LASSL(DH)(2016)

Similarly, the related ADASS briefing also encourages joint planning of DFG so that it also meets BCF objectives and targets:

*"Routing this additional funding through DFG will continue to require local areas, particularly in two tier areas, **to ensure they have a jointly agreed plan** for use of that money that both meets the statutory duties around DFG whilst **also meeting the wider objectives** set out as part of local BCF plans."*

Quote from [ADASS BCF Update 1/3/16](#)

## BCF National Performance Metrics

These are the same in 2016/17 as for 15/16 ie. local areas have to set targets against five key metrics:

1. Admissions to residential and care homes
2. Effectiveness of reablement
3. Delayed transfers of care
4. Patient/ service user experience
5. A locally proposed metric

Note: Specification of BCF metrics can be found in Appendix 1 of *BCF Planning Requirements for 2016-17 Technical Guidance Annex 4*

Effective delivery of home adaptations can contribute to the four national targets.

For example, common precipitants of care home admission include falls and fractures, dementia and/or declining mobility, all of which can often be addressed by home adaptations in order to extend independent living. A [survey](#) of Social Services carried out by Foundations found that an adapted home can delay entry into residential care by four years.

With regard to reducing delayed transfers of care, the NHS England '[Quick Guide](#)' to transforming urgent and emergency care services in England recommends that:

*"Local health and social care economies should consider together the availability and capacity of home improvement, repair and adaptations services / fast track schemes."*

The vast majority of older and disabled people live in mainstream housing, with only a small percentage (4% of older households) living in properties that have been specially built for older or disabled people (eg sheltered housing, retirement apartments, extra care etc) <sup>(3)</sup>.

There are 2.5 million long term sick or disabled older people (65yrs or more). Most (72%) are home owners (23% social rented, 6% private renters) <sup>(4)</sup>.

Consequently an important consideration when planning improved provision of DFG (so that DFG contributes to meeting wider objectives and the BCF National Performance Metrics) is to ensure that effective delivery of help with home adaptations takes place across all housing types and tenures.



## References

1. *The Spending Review and Autumn Statement 2015* HM Treasury  
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3. Garrett H, Burris S, (2015) *Homes and ageing in England* BRE Bracknell, IHS BRE Press (Analysis for all people aged 55yrs and over)
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5. Heywood F & Turner L (2006) *Better Outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptation, improvements and equipment: A review of evidence*, Office for Disability Issues and the University of Bristol
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7. ONS Census 2011 data
8. Alzheimer's Society (2012) *Home Truths: Housing services and support for people with dementia* Alzheimer's Society
9. English Longitudinal Study of Ageing (various) <http://www.elsa-project.ac.uk/>
10. ComRes's polling. Base (those who reported a mobility impairment): 238. Extrapolation was based on the Census 2011 data people aged 18+ in Great Britain

## Related Documents & Resources

**Public Health England** – forthcoming Toolkit about health and housing (see website for updates)

<https://www.gov.uk/government/organisations/public-health-england>

### **Better Care Fund**

NHS England Resources to support Better Care Fund planning and 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](#)

This is an 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](http://www.careandrepair-england.org.uk)

### **About Public Health England**

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

<https://www.gov.uk/government/organisations/public-health-england>

### **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 & PHE do not accept any responsibility for errors or omissions. We would welcome feedback about content.

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