

Report of:	Meeting	Date	Item no.
Councillor Roger Berry, Neighbourhood Services and Community Safety Service Portfolio Holder and Mark Broadhurst Service Director Health and Wellbeing	Cabinet	6 September 2017	6

<b>Disabled Facilities Grants Policy</b>
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### 1. Purpose of report

- 1.1 The purpose of this report is to ask Cabinet to approve the Wyre Council Disabled Facilities Grants Policy.

### 2. Outcomes

- 2.1 Better support older people and people with disabilities to stay in their own homes’.
- 2.2 Flexible use of its Disabled Facilities Grant (DFG) budget to facilitate the delivery of adaptations in a way which will address Better Care Fund (BCF) priorities more effectively.
- 2.3 Deliver more disabled adaptations to those in need but who may previously not have qualified for a grant. These adaptations will be delivered faster owing to a reduction in administration in carrying out the means test. This will increase independence for clients, and in some cases enable quicker discharge from hospital.

### 3. Recommendations

- 3.1. That Cabinet approve the Disabled Facilities Grants Policy.

## 4. Background

- 4.1 The Disabled Facilities Grants Policy outlines Wyre Council's policy in relation to the provision of information, advice and action to assist home owners and tenants requiring adaptations to their home.
- 4.2 The Disabled Facilities Grant (DFG) provides funding to older and disabled people in owner occupied, privately rented and social housing to help them to make changes in their home environment, such as the installation of wet room showers, stair-lifts and ramps, which allow them to live more independently in their homes. DFG also has a key role to play in reducing admission to hospitals, providing safer and more effective discharge from hospital, preventing an increase in demand for social care and delaying or reducing admission to residential care.
- 4.3 DFG was first introduced as part of the Local Government and Housing Act 1989 and was further developed in the Housing Grants, Construction and Regeneration Act 1996. DFG began as part of a suite of grants use for housing renewal and it remains the responsibility of Housing Authorities. However, one of the difficulties with DFG, particularly in a two tier local government setting, is that it crosses administrative and organisational boundaries.
- 4.4 From the customer point of view, this has led to a complicated customer pathway which remains the norm across District/County Council areas. Initial customer requests are taken by Social Care teams (County Council), customer assessments are carried out by Occupational Therapy teams (County Council) and adaptation recommendations are sent to the District Council teams who then provide casework support, carry out the customer 'test of resources' to establish eligibility, undertake technical surveys, contractor procurement and monitor quality of work. Indeed, in Lancashire, the situation is further complicated by the fact that Lancashire County Council outsource paediatric OT assessments to Blackpool, Fylde and Wyre Hospitals on an agency basis.
- 4.5 Whilst these complex arrangements still exist, the introduction in 2014 of the Better Care Fund (BCF), and the consequent substantial increase in central government funding, has given DFG a much more central position in the policy framework. The BCF is 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.
- 4.6 The BCF is administered by Health and Wellbeing Boards, which for Wyre is the responsibility of Lancashire County Council (LCC). The Better Care Fund Policy Framework 2016/17 confirms that upper tier Authorities are required to pass on the DFG funding from the pooled budget to enable Housing Authorities to continue to meet their mandatory duty.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/490559/BCF\\_Policy\\_Framework\\_2016-17.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf)

**4.7** Thus District Councils now receive their DFG allocations via the Department of Health (DoH) - delegated to the local Health and Wellbeing Board - whereas until 2015 DFG funding was provided directly to councils by the Department of Communities and Local Government (DCLG). With the introduction of the BCF, it is possible to join up the previously disjointed pathways and link the DFG to other related health and care services. The 2015 Autumn Spending Review contained a commitment to further raise the DFG budget nationally to £500 Million by 2019/20.

Table 1 illustrates the increase in DFG funding nationally from 2015 onwards:

<b>Table 1: DFG Better Care Fund allocations Year</b>	<b>BCF Funding</b>	<b>DFG Funding</b>	<b>DFG as % of BCF</b>	<b>% increase in DFG from 2015/16</b>
2015-16	£3.8 Billion	£220 Million	5.8	-
2016-17	£3.9 Billion	£394 Million	10.1	79%
2019-20	£5.3 Billion	£500 Million	9.4	127%

**4.8** Wyre Council's DFG allocations have increased in line with this national picture.

**4.9** In 2014/15 (the final year that the DFG was provided from the DCLG) the Council received £655,125 in DFG funds. In 2015/16 (the first year of the BCF funding arrangements) the Council received £791,610, for 2016/17 the Council has received £1,428,119, and for 2017/18 the Council has received £1,563,469.

**4.10** The additional funding brings with it additional expectations in terms of how the Council is expected to play its part in addressing new conditions set out in the 2016/17 Better Care Fund Policy Framework, which are:

- Reducing delayed transfers of care
- Minimising avoidable hospital admissions and
- Facilitating early discharge from hospital

**4.11** Whilst the 2016/17 Better Care Fund Policy Framework does not set specific targets for use of DFG, District Councils should be mindful of the BCF objectives which include several which are relevant to DFG services, such as reductions in the number of admissions to residential and care homes, more effective use of reablement, reductions in delayed transfers of care and improvements in the patient/service user experience.

**4.12** Similarly, the NHS 5 Year Forward View (October 2014) <https://www.england.nhs.uk/ourwork/futurenhs/> 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 play a prominent role in meeting this condition.

## **5. Key issues and proposals**

- 5.1** The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (hereafter abbreviated to the RRO) removed most of the prescriptive housing renewal grant legislation in the Housing Grants, Construction and Regeneration Act 1996, and Article 3 of the RRO introduced wide ranging discretionary powers to develop different forms of assistance to meet local needs.
- 5.2** The government issued accompanying guidance about the use of RRO in 2003  
<http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/corporate/pdf/145088.pdf>
- 5.3** The RRO is not new legislation, but to date the opportunity for the Council to consider more flexible use of DFG funds has been constrained by the financial pressures associated with managing scarce resources. However, the council is now experiencing unprecedented high levels of DFG funding and, with Government financial support set to increase further during the course of the current parliament to 2020, it is timely to re-examine the opportunities to consider more flexible use of its DFG budget to meet local needs.
- 5.4** If the council is to achieve a faster, more nimble service to speed up hospital discharge and to reduce pressures on health and care services, a more agile approach to its DFG provision needs to be explored. Currently the council administers DFG applications in a 'traditional' way, in the sense that a financial assessment ('test of resources') is carried out to determine customer eligibility in accordance with the criteria set by the Government. This means that each DFG referral which the council receives from LCC is assessed in terms of financial eligibility. The exceptions to this are paediatric referrals, which are not required to be assessed, and people in receipt of means tested benefits, who are deemed to possess a 'passported' benefit which makes them automatically eligible for DFG.
- 5.5** Each year there are significant numbers of cases which fail the financial assessment and do not proceed as a DFG application. This is abortive work for the team, because staff still need to carry out visits to determine eligibility and liaise with the customer. In 2016/17, 19 were cancelled at the request of the customer owing to the customer failing the means test.
- 5.6** Equally importantly, such customers who are ineligible for DFG still have a clinical need for adaptations. In terms of addressing the BCF agenda, it is difficult to assert that the council is currently contributing to resolving and such customers' needs. Customers who are not eligible for DFG may

be deemed to have sufficient funds to pay for their own adaptations under the legislation, but many lack the wherewithal to organise these works themselves.

- 5.7** There are numerous examples of councils nationally using the RRO to adopt more flexible approaches to the provision of adaptations, partly as a way of dealing with the problem of customers failing the DFG test of resources and partly as a general method of streamlining the process of applying for and obtaining an adaptation.
- 5.8** The council now has an opportunity to use these increased DFG resources more effectively and maximise potential savings across the health and social care economies. Therefore a number of policy changes are recommended to take effect from 7 September 2017. The recommendations are predicated on an expectation that the current levels of funding for DFG are to be maintained.

- **Recommendation 1: Removal of means test for approved adaptations costing less than £6,000 for customers across all tenures:**

To qualify for the non-means tested approach, it is proposed that the cost of the approved adaptation (including fees) must be below £6,000. By relaxing the eligibility criteria there will clearly be some customers who will receive an adaptation free of charge when they could afford to fund the work themselves.

However, in terms of addressing the prevention and early intervention agenda, if the council facilitates the provision of adaptations to a household who would have been disinclined to self-fund, it would still have contributed to the prevention of potential falls in the home and thus helped to prevent lengthy and costly hospital stays.

In terms of the 2016/17 referrals which have not proceeded owing to the customer failing the test of resources, 16 of those 19 cases would have been eligible for adaptations if the policy now being recommended was in operation. This would have resulted in an additional spend from the DFG budget of £61,856.48.

In 2016/17 only 21 referrals were completed where the customer was required to pay a contribution following the means test. Of these 21 referrals, 9 of them were below the proposed £6,000 value, therefore wouldn't have been subject to a means test if the new policy being recommended was in operation. The contributions for these 9 adaptations would therefore have been paid from the DFG budget. This would have resulted in an additional spend of £9,828.73.

Added to the £61,856.48 potential spend above, this further sum of £9,828.73 would give a total of an additional £71,685.21 that could have been spent in 2016/17 had the means test regulations been relaxed for approved grants below £6,000.

Thus the relaxation of means test regulations would not only have allowed the council to address the BCF agenda more effectively, it would also provide a better opportunity to maximise the DFG budget that the council receives from BCF.

The council's DFG commitment (spend and approvals) as of 1<sup>st</sup> August 2017 is £331,216.89. We anticipate an underspend owing to a lack of LCC OT referrals.

- **Recommendation 2: Removal of means test for hospital discharge cases identified by health and/or social care professionals and at the discretion of the council in consultation with health and/or social care professionals in urgent/extreme circumstances:**

The cost of "bed-blocking" in hospitals is well documented and a priority should be given to facilitating such discharges as soon as possible. The delay in obtaining the necessary information to carry out the means test may result in unnecessary hospital stays.

<b>Financial and legal implications</b>	
Finance	The BCF funding is ring-fenced for DFGs and therefore must be spent on disabled or other similar adaptations e.g. dementia friendly environments. Due to the huge increase in funding and insufficient referrals from Social Services, it is unlikely that the budget will be spent in 2017-18. By removing the need for a means test for smaller adaptations (<£6,000) more adaptations will be carried out, but as illustrated in the report the numbers are relatively low and will not risk overspending the budget. The council currently receives an administration fee of 12% for every adaption completed, therefore any additional spend will result in additional income towards our target.
Legal	Flexible use of the BCF funding is permitted within the legislative framework. Similar policy changes are being proposed in other council's.

**Other risks/implications: checklist**

If there are significant implications arising from this report on any issues marked with a ✓ below, the report author will have consulted with the appropriate specialist officers on those implications and addressed them in the body of the report. There are no

significant implications arising directly from this report, for those issues marked with a x.

risks/implications	✓ / x
community safety	x
equality and diversity	✓
sustainability	✓
health and safety	✓

risks/implications	✓ / x
asset management	x
climate change	x
data protection	x

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List of background papers:		
name of document	date	where available for inspection
None		

### **List of appendices**

Appendix 1 – Wyre Disabled Facilities Grants Policy 2017 - 2019.

arm/ex/cab/17/cr/0609dm1



# Disabled Facilities Grants Policy

**2017-2019**

Housing Grants, Construction and Regeneration Act 1996

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002

Author:	David McArthur
Date:	August 2017
Version:	2.0
Review Date:	March 2019

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## 1. INTRODUCTION

This policy document outlines Wyre Council's policy in relation to the provision of information, advice and enabling activities to assist home owners and tenants requiring adaptations and other support relating to their home.

Whilst this document is principally for private sector owners, tenants and landlords, the adaptations section is also relevant to tenants occupying social housing.

The policy reflects current legislation and guidance as set out in documents such as: "Home Adaptations for Disabled People: A good practice guide" (Care and Repair England 2013)

"The Disabled Facilities Grant – before and after the introduction of the Better Care Fund" (Foundations 2016).

## 2. POLICY AIMS

- To assist disabled people with adaptations to facilitate their movement in and around their home, thereby improving their quality of life;
- To provide advice, information and support on adaptation of properties;
- To contribute to the aims of the *Better Care Fund*, principally to reduce delayed transfers of care, minimise avoidable hospital admission and facilitate early discharge from hospital;
- To offer a framework of assistance to vulnerable groups/households; and
- To treat individuals fairly regardless of age, sex, gender, disability and sexual orientation and to protect their rights under Data Protection and human rights legislation.

### 2.1 How the policy links to the Council's Business Plan 2015 – 2019 (updated 2017)

The policy helps to work towards three priorities of the Council's Business Plan by meeting the objectives as detailed below:

#### **Theme: Healthier Wyre**

- We will improve the health and wellbeing of our communities;
- We will support older people to remain independent; and
- We will work with our partners (Health/Police/LCC) to support intervention and early help.

## 3. DISABLED FACILITIES GRANTS (DFGs)

Under Part 1 of the Housing Grants, Construction and Regeneration Act 1996 the council has a legal duty to provide specialist adaptations to meet the care and mobility needs of people with disabilities to enable them to live independently with privacy and dignity.

The need for the adaptation is determined by an Occupational Therapist (OT), usually from the Lancashire County Council's Adult Social Care Services

Department. Referrals can also be received from private OTs, and the Council will also be promoting direct self-referrals from those in need and employing the services of a private OT on a case by case basis.

Wyre Council (the Council) is the lower tier authority responsible for statutory housing functions, whilst Lancashire County Council is the upper authority tier responsible for social care.

### **3.1 DFGs for Tenants of Registered Social Housing Providers**

In legal terms the ultimate responsibility for funding adaptations lies with the Council.

However, Registered Providers also have a duty to their tenants to provide a home which is accessible and safe.

The Homes and Communities Agency's Regulatory Framework ('Home Standard') states:

"Registered Providers shall co-operate with relevant organisations to provide an adaptations service that meets tenants' needs" (the Regulatory Framework for Social Housing in England from April 2012)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419208/Home\\_Standard\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419208/Home_Standard_2015.pdf)

Registered Providers who operate in Wyre are expected to carry out adaptations costing less than £1,000.

Some Registered Providers have agreements in place to share the cost of adaptations over £1,000 on a 50/50 basis.

All households who are resident in 'intermediate home ownership' housing i.e. those living in shared ownership, properties purchased with an equity loan and discounted for sale (such as the Council's Low Cost Home Ownership Scheme) are classed as 'private' owner occupiers for the purpose of DFG applications, and therefore these customers should approach the Council for assistance in the first instance.

### **3.2 Lancashire County Council Financial Threshold**

Where an adaptation will cost under £1,000 and the property is privately rented or owned, the County Council will arrange for the works to be completed as a **Minor Adaptation**.

### **3.3 Commissioning Independent Assessment of Need**

Whilst many requests for a DFG come to the Council via a Social Services assessment, applicants also have the right to make applications to the Council directly. Where applications do not come via a Social Services assessment the Council reserves the right to employ a private Occupational Therapist to provide the necessary assessment. The Council shall then proceed with the DFG application in the normal way.

### **3.4 Prioritisation of DFG Applications**

All applications are treated in the same way regardless of tenure and are triggered by the receipt of a referral from an Occupational Therapist.

All cases are discussed at a Disabled Facilities Panel Meeting. The meetings are held monthly and cases must be with the Council five working days before the date of the meeting. The panel will discuss and classify each case into one of the following categories:

- High Priority – Those cases where the service user and/or carer at high risk of physical injury; where provision of safe access to essential facilities is required to prevent breakdown of the current situation; or to facilitate hospital discharge/prevention of hospital readmission.
- Standard Priority – Those cases where works are to prevent long-term admission to residential care, improving the service user's long-term ability to remain at home.

(The Council adheres to these prioritisation categories, in addition to using the date received as a further way of distinguishing between referrals on a first come first served basis).

The Council has discretion to commence a DFG prior to the Disabled Facilities Panel Meeting in high risk cases. This can only be considered if suitable justification is provided by an Occupational Therapist and approved by the Private Sector Housing Manager.

### **3.5 Eligibility**

A customer who is a disabled person as described by the Housing Grants, Construction and Regeneration Act 1996 is eligible for assistance.

The duty is 'tenure blind', thus adaptations should be provided for those in need, irrespective of the type of home that they live in.

In addition,

- Applicants must be over 18;
- Parents or guardians may apply on behalf of children;
- Landlords may apply on behalf of tenants;
- The property must be a legal residence which includes dwellings, mobile homes, caravans and houseboats; and
- Works must be "reasonable and practicable" to carry out, as determined by a designated Council officer in consultation with an Occupational Therapist and the applicant.

### **3.6 DFG Grant Conditions**

All applications are dealt with in accordance with the priority awarded them (see above) and in date order. Applications are subject to a test of financial resources in accordance with the Housing Grants, Construction and Regeneration Act 1996 (as

amended) to determine the amount to be contributed by the applicant towards the cost of the work (exemptions from means testing are outlined in section 5)

In accordance with legislation the test of financial resources will not be applied in cases where an application is being made on behalf of a child or young person aged 19 or below.

The council will add a fee (12% in 2017/18 and subject to annual review) to the value of each DFG application which it processes.

### **3.7 Legal Charges**

In accordance with the legislation set out in the Housing Grants, Construction and Regeneration Act 1996: Disabled Facilities Grant (Conditions relating to approval or payment of Grant) General Consent 2008, where the adaptation is carried out to a property which is privately owned and the cost of the work is £5,000, or more, the Council may place a legal charge on the property through the Land Registry.

The legal charge will last for ten years. If the property is sold or otherwise changes ownership within ten years of the completion date, the Council may require repayment of the grant.

The maximum repayable amount at the change of ownership is £10,000.

### **3.8 Eligible Works**

- To assist entry and exit from the property;
- To aid access into and around the living areas, bedroom, kitchen and bathroom;
- To improve or provide heating and/or light controls;
- To make the dwelling safe for the disabled occupant and other people residing with him/her;
- Access to and from the garden by a disabled occupant;
- Where the existing footprint or layout of the dwelling, including outbuildings and garages, can be adapted or converted to accommodate the facilities required the Council will not consider any extension to the property;
- Where an extension is necessary and there is no other option, the Council will consider the most cost effective method of meeting the applicant's requirements;
- Where the applicant has a preference for works that are over and above those necessary to meet the disabled person's needs (such as an extension rather than the provision of stair lift and level access shower) the Council will only fund the cost of the original recommended works, with the remainder being funded by the applicant;
- Applications for grants where works have started but have not been completed will only be considered where the applicant can demonstrate exceptional circumstances as to why they did not apply and seek approval prior to the start of the work. In such cases any work already completed will be excluded from the subsequent application.

### **3.9 Service standards**

- Legislation requires a decision from the Council to approve a grant or not within six months of receiving a full application (this includes all necessary information e.g. proof of home ownership or landlord consent); we will aim to approve complete applications within eight weeks;
- In accordance with legislation, the Council will aim to complete the installation of all disabled adaptations within twelve months from the date of grant approval. In most circumstances adaptations will be completed far quicker than this;
- The Council aims to process applications fairly, efficiently, courteously and promptly;
- The Council aims to pay grant money due within 30 days of a valid claim on certified work.

### **3.10 Tendering of DFGs**

The applicant will be offered a choice of contractors who have previously undertaken DFG work with the Council. Applicants will retain the right to use their own contractor, however the grant will only fund the lowest price. If a relative of the applicant provides the quotations, the grant will be approved for the cost of materials only. The applicant will be responsible for the cost of labour.

The Council has agreed a standard specification and standard pricing for bathroom adaptations (wet-rooms, level access showers and over-bath showers). Quotations from two contractors will only be required where significant additional works are required in addition to the standard specification. The lowest quotation that meets the specification usually wins the tender. However the customer may select a higher value tender provided they are willing to pay the difference between their preferred contractor's quotation and the lowest.

There are exceptions to this process as stair lifts, through floor lifts, step lifts, ceiling track hoists and automatic wash and dry WCs form part of a procurement partnership with Lancashire County Council, who also arrange installation.

Included within the grant sum paid for such items of equipment is an extended warranty which gives the customer reassurance in the event of maintenance issues or breakdown of the item. Once the warranty period has expired, the customer assumes the responsibility for maintaining the item(s) of equipment.

### **3.11 Maximum DFG entitlement**

The mandatory maximum that an applicant can be awarded (per application) under the DFG legislation is £30,000.

The Council recognise that extremely complex adaptation cases, mainly for children, involve ground floor extensions plus specialist equipment, resulting in tenders which exceed £30,000.

The Council may fund adaptations over £30,000 (subject to budget availability) where it is reasonable and practical to do so, subject to agreement from the Service Director Health and Wellbeing.

## 4. Better Care Fund

From 2015/16 the grant paid from Central Government to Local Housing Authorities to help pay for DFGs has been a named part of the Department of Health's 'Better Care Fund'.

The Better Care Fund 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 & local authorities*'.

The Better Care Fund 2016/17 Policy Framework refers to the Better Care Fund as '*the biggest ever financial incentive for the integration of health and social care...it requires Clinical Commissioning Groups and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation*'.

The Better Care Fund 2016/17 Technical Guidance

<http://www.local.gov.uk/documents/10180/5572443/Better+Care+Fund+Planning+Requirements+for+2016-17+Technical+Guidance+Annex+4/95d68c2e-8e5f-4ff0-9d5b-0478cd79d118>

confirms that '*the statutory duty on local housing authorities to provide DFG to those who qualify for it will remain. Therefore each area will have to allocate this funding to its respective housing authorities (district councils in two-tier areas) from the pooled budget to enable them to continue to meet their statutory duty to provide adaptations to the homes of disabled people, including in relation to young people*'.

In Lancashire the custodian of the Better Care Fund is the Health and Wellbeing Board

<http://www3.lancashire.gov.uk/corporate/web/?siteid=6715&pageid=40271&e=e>

The Health and Wellbeing Board is administered by Lancashire County Council, and thus it is ultimately via Lancashire County Council that Wyre Council now receives its funding allocation to provide DFGs for residents of Wyre.

The Council intends to use the funding that it receives via the Better Care Fund to help to address the stated Better Care Fund priorities, namely:

- Reducing delayed transfers of care
- Minimising avoidable hospital admissions
- Facilitating early discharge from hospital

## 5. 2017/18 Flexible DFG Arrangements

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 ("the RRO") removed most of the prescriptive housing renewal grant legislation contained in the Housing Grants, Construction and Regeneration Act 1996.

Article 3 of the RRO introduced wide ranging discretionary powers to allow Councils to develop different forms of assistance to meet local needs.

The Council intends to make use of the RRO provisions to enable it to use funds received from the Better Care Fund more flexibly, responsively and effectively from 2017.

From 7<sup>th</sup> September 2017, and subject to available funding, the Council intends to remove the financial assessment for DFGs in the following instances:

- All works where the cost of the approved grant does not exceed £6,000.
- Hospital discharge in urgent/extreme circumstances, cases identified by health and/or social care professionals, including where the costs exceed £6,000.
- At the discretion of the Council in consultation with health and/or social care professionals, including where the costs exceed £6,000.

(if additional works are required after approval of the grant that would increase the amended approval cost above £6,000 there will be no retrospective means test carried out).

There are a number of reasons for the Council introducing an alternative approach to its adaptation service:

- To maximise the role of DFGs in the 'prevention and early intervention' agenda;
- The Council's wish to streamline the adaptation service for the benefit of customers; and
- The Council's wish to make best use of the financial resources received from the Better Care Fund.

## **6. MONITORING AND REVIEW**

The Service Director Health and Wellbeing is responsible for ensuring that Council Officers adhere to this policy and that the policy is effective.

This policy will be reviewed on an annual basis. It may be reviewed earlier if there are significant changes in legislation, statutory guidance, local priorities or capital funding.

arm/ex/cab/17/0609dm1 Appendix A