

## **Cabinet – 22 April 2009**

### **Major adaptations eligibility criteria and provision**

<b>Portfolio:</b>	Councillor McCracken, Social Care, health and housing
<b>Service:</b>	Disability Services
<b>Wards:</b>	All
<b>Key decision:</b>	Yes
<b>Forward plan:</b>	Yes

#### **1. Summary of report**

The existing system for the provision of major adaptations is no longer able to meet the current and future levels of demand for these services. A number of actions are required to address this situation both for service users currently in the system and those requiring assistance in the future.

#### **2. Recommendations**

- 2.1 That the revised eligibility, priority and service provision criteria, attached as **Appendix A**, be approved.
- 2.2 That the actions proposed in relation to service users already in the system for the provision of adaptations be noted.

#### **3. Background information**

- 3.1 The provision of major adaptations (structural alterations to a property costing over £1,000) is often a key factor in enabling disabled people and older adults to remain living independently in the community. Central Government provide funding for adaptations through the Disabled Facilities Grant (DFG) system and each local authority receives a yearly amount towards the cost of these works. Grants, which are means tested, are administered locally and the current maximum grant level is £30,000.
- 3.2 In addition, Walsall Council have, in recent years, provided significant additional resources to help clear the backlog of cases which were waiting initially for an Occupational Therapy (OT) Assessment and then for the provision of adaptations. This is illustrated below:-

<u>Year</u>	<u>DFG</u>	<u>WMBC Provision</u>	<u>Total</u>	<u>DFGs Completed</u>
2004/05	£0.54m	£1.29m	£1.83m	52
2005/06	£1.78m	£2.04m	£3.82m	120
2006/07	£1.40m	£4.1m	£5.62m	192
2007/08	£1.15m	£2.56m	£3.71m	202
2008/09	£1.91m	£3.58m	£5.49m	Expected 200

### **Current Situation**

- 3.3 The expectation of both Government and the local community that people be supported to remain in their own homes as a first priority has led to an ever increasing demand for services such as the provision of adaptations. In 2007/08 approximately 30 cases per month were referred for DFG's. In 2008/09 this has risen to an average of 55 cases per month.
- 3.4 With the 65-84 year old population expected to increase by 14% by 2020 and over 85 year olds by 60% in the same period as well as the anticipated effects arising from the Personalisation agenda, the time is right to review and revise the existing way in which people are referred for a DFG.
- 3.5 In addition, the Council's DFG allocation for 2009/10 is £1.2m and the capital allocation made available to support the provision of adaptations is currently approved as £0.578m. This will limit the availability of resources to address all the needs being presented and will reduce the number of major adaptations which can be scheduled for completion in the year. Monies available in 2010/11 onwards are likely to be similarly limited. All is being done to ensure that obstacles to managing the full spend of allocations have been tackled.

### **Actions Proposed**

- 3.6 In common with a number of other Local Authorities, including several in the West Midlands (Sandwell, Dudley and Birmingham) the solution to addressing more effectively the local demand for DFGs focuses on reducing the numbers going forward for the grant rather than simply trying to obtain more financial resources which, in itself, does not provide a targeted or sustainable solution.
- 3.7 Currently when an Occupational Therapist conducts an assessment, if no simple means of meeting an individual's need can be identified, by providing equipment for example, then the case automatically goes forward for a DFG. There is a scoring system in place which awards points and is the means by which the waiting list is managed. Those with the highest number of points, given the levels of demand and available resources, are the most likely to receive an adaptation. Those with fewer points remain on the waiting list with little realistic prospect of an adaptation being provided.
- 3.8 The revised system is more comprehensive in that it establishes eligibility for a DFG, as well as determining case priority. On assessment, the OT will use the criteria within each of the bandings to determine whether an individual has needs which fall in to Band 1, 2, 3 or 4. Only those with needs covered by Bands 3 and

4 will be referred forward for the provision of an adaptation. Those with lower level needs will be signposted elsewhere as outlined in 3.9.2 below

- 3.9 This should lead to more timely provision as less people will be referred for a DFG. Using the existing waiting list of over 900 cases as a guide, approximately 50% of the cases currently being referred for a DFG are likely to be dealt with by other means which will ensure a more effective use of resources and provide a more open and transparent system for all.
- 3.9.1 The revised system also makes provision for greater scrutiny in that it introduces panels to consider, initially, all cases being recommended for a DFG. This will help ensure consistency across all cases and enhance quality control.
- 3.9.2. In determining the most appropriate way forward there are two main areas to be considered;- those cases already in the system and on the waiting list, and how to deal more effectively with new demand.

#### Existing Cases:-

- OT staff to review all cases currently on the waiting list for a DFG (930 approx) in line with statutory review requirements.
- If appropriate, other solutions to be identified to meet need
  - Equipment
  - Charitable funding
  - Non structural solutions
  - Funding from family/other sources
- Update waiting list following review

#### New Demand:-

- Implement revised process for major adaptations covering eligibility criteria, prioritisation system and level of service provision (**Appendix A**)
- Appropriate training to be provided to support staff in understanding and implementing the revised policy
- In addition to the revised process, work will also be required on the following:-
  - Continue to offer assistance and service options to lower priority cases via improved signposting, information provision and advice
  - Work with partners e.g. NHS Walsall to identify other funding sources
  - Identify options for improving use of resources with Registered Social Landlords
  - Further develop role of the Adapted Housing Service
  - Develop self funding options including accessible loan schemes for homeowners and support to secure funding from charitable/benevolent funds where appropriate

#### **4. Resource considerations**

##### **4.1 Financial:**

There are no costs associated with the implementation of the revised criteria.

##### **4.2 Legal:**

The current legislative framework governing DFGs is provided by the Housing Grants, Construction and Regeneration Act 1996. Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people for a range of adaptations to their homes. The obligation to provide DFGs to eligible applicants for eligible work is primary, absolute and remains irrespective of whether other assistance is provided by a social services authority or other body such as an RSL.

##### **4.3 Staffing:**

Appropriate training and guidance will be provided for staff involved in the assessment for, and provision of, major adaptations ie OTs and appropriate Strategic Housing staff.

#### **5. Citizen impact**

The proposal affects all those with a disability, across all age ranges, who have difficulty in managing activities of daily living. For those identified as having low needs, these will be addressed via options other than the provision of a DFG.

#### **6. Community safety**

None directly linked to this report.

#### **7. Environmental impact**

None directly linked to this report.

#### **8. Performance and risk management issues**

##### **8.1 Risk:**

The main risk in implementing the revised policy is in the availability of sufficient alternatives to the provision of a DFG. However, if the revised policy is not approved the existing waiting list will continue to grow with the majority of people on it having little prospect of their needs being met in any timely way, if at all.

## 8.2 Performance management:

Without more effectively managing future demand for adaptations the numbers on the existing DFG waiting list will continue to increase. This will adversely impact upon the Housing CPA score and the Adult Social Care indicator relating to the average length of time waiting for adaptations from assessment to work beginning.

## 9. Equality implications

The proposals within this report are aimed towards ensuring services are targeted more effectively and ensuring that those most vulnerable and least able to help themselves receive maximum assistance.

## 10. Consultation

SMT and SMB within Social Care and Inclusion, the Assistant Director for Law and Constitutional Services and the Portfolio holder have been consulted on this issue.

## 11. Background papers

SMB report 2 March 2009.

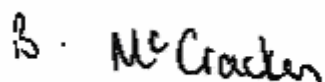
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Dave Martin  
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25 March 2009



Councillor Barbara McCracken  
Portfolio holder

3 April 2009



## **SOCIAL CARE & INCLUSION**

### **MAJOR ADAPTATION SERVICE ELIGIBILITY, PRIORITY & PROVISION**

**DRAFT**

#### **MAJOR ADAPTATIONS**

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## STAGE 1: ELIGIBILITY & PRIORITY

### GUIDANCE NOTES

#### Introduction

- The Major Adaptations Eligibility & Priority Assessment will be applied to all cases where a major adaptation is being considered as a means of meeting an assessed need
- All cases must be subject to a full Occupational Therapy assessment & meet the appropriate level of FACS criteria before progressing to a Major Adaptation Eligibility & Priority Assessment
- All other options must be considered & discounted before consideration can be given to major adaptation provision, e.g. equipment, re-housing

#### Level of Need

- Where an identified need does not fit exactly into a level of need, the level that fits most closely should be selected
- If a person has low need or the need is already being met by an adaptation or piece of equipment the level selected should be Band 1
- At the end of the assessment only cases with a level of need identified as Band 4 or Band 3 will be forwarded to Housing Services for the provision of an adaptation. Those cases at Band 2 or Band 1 will be signposted elsewhere.

#### Areas of Assessment Covered:

##### 1. ACCESS

- i. Internal Access, ability of the person to mobilise around their home e.g. a person able to mobilise with a walking stick &/or holding on to furniture is likely to be Band 2
- ii. External Access, ability of the person to enter/leave their property e.g. a person who needs access for leisure or social activities & would benefit from going out on a regular basis is likely to be Band 3, if the need is only occasional, Band 2
- iii. Negotiating Stairs, "alternative arrangements" include the provision of a commode. Use of a commode during the night as a second WC is acceptable if access to the WC is possible at other times. Provision of a commode is not acceptable on a long term basis as the only accessible WC. If there are 2 reception rooms bringing a bed downstairs should be considered. In such cases there needs to be space available for a single bed, a commode if no access to WC & an armchair. It may not be possible to accommodate preference for a double bed.

##### 2. TRANSFERS

- i. Toilet/ ii Chair/ iii Bed, this information provides a more detailed picture of the service users overall ability & should be included in all cases
- iv. Bath/Shower, when considering carers the needs of informal carers only should be taken into account.  
If a person is unable to strip wash & their carer is unable to assist or no carer is available a referral for an assessment of care needs should be considered.  
If communal facilities are available which the service user is able to access & use then Band 1 would be recorded  
Medical need to access bathing/shower facilities e.g. to administer prescribed treatments or maintain necessary levels of hygiene for stoma care/ PEG feeding etc MUST be supported by an appropriate Consultant in writing & all other means deemed unsuitable.  
Continence, if a service user states they are incontinent information must be gained regarding the severity of the problem & how it is currently managed. If they are not known to the Continence Service then this should be done as a first step. Written support from an appropriate Consultant must be gained.

3. FOOD & DRINK PREPARATION, essential tasks include access to a hot or cold drink when required. If a carer normally provides meals the level

would be Band 1. Other options should include the provision of community meals, carers leaving snacks/flasks, microwave ready meals

4. COMMUNITY INVOLVEMENT

This should be included in all cases to give a more detailed picture of the service user's overall ability & current situation. Social Care Support Services refer to those services identified on a current care plan; Health Services refer to those services identified by a GP, Consultant or other medical professional.

5. FAMILY ROLE

This again gives a more detailed picture of the service user, and should be included in all cases

6. LIFESTYLE / CULTURE /RELIGION

To be included in all cases, appropriate justification will be required

7. ACCESS TO WORK/EDUCATION

To be included in all cases to gain a more detailed picture of the service user

8. CARERS, refers only to informal carers

9. HEALTH & SAFETY, this refers to the service user's understanding of risk relating to the area of need identified e.g. Negotiating stairs

**HOUSEHOLD**

Where a property is occupied by more than one disabled person requiring an adaptation, if the same adaptation will meet the requirements of all disabled occupants the highest priority score will be used.

If each disabled occupant requires a different adaptation each service user will be assessed individually. When adaptations are approved for the case with the highest priority consideration will be given to completing the adaptations required for other occupants at the same time regardless of priority score.

**PRIORITY LIST**

**Following completion of the Eligibility & Priority Assessment only cases where a Band 4 or Band 3 need has been identified will be referred to Housing Services for an Adaptation to be provided.** These cases will be placed on a priority list until such time that it is possible for the adaptation to progress.

The Priority List will be as follows:

**TOP**

Band 4 with highest priority score

All Band 4 cases in priority score order

Band 3 with highest priority score

All Band 3 cases in priority score order

**BOTTOM**

Where there are a number of cases with identical banding & priority points they will be dealt with in strict date order.

**Cases assessed as Band 2 or Band 1 will not be referred to Housing Services but will be signposted to other possible options**



## MAJOR ADAPTATION CRITERIA STAGE 1 ELIGIBILITY & PRIORITY

### 1. ACCESS

#### i. Internal Access

BAND 4	BAND 3	BAND 2	BAND 1
<p>Totally unable to mobilise to essential facilities e.g. toilet, bedroom, or unable to access toilet in time even with assistance of carer</p> <p><b>AND</b> all alternative long term measures have been considered &amp; are inappropriate</p>	<p>Most of the time is unable to mobilise to essential facilities e.g. toilet, bedroom, or most of the time is unable to access toilet in time even with assistance of carer</p> <p><b>AND</b> all alternative long term measures have been considered &amp; are inappropriate</p> <p><b>AND</b> the medical condition is such that there is likely to be significant deterioration over the next 12 months</p>	<p>Is able to access the majority of rooms within the home but with difficulty</p> <p><b>AND</b> there is potential risk to independence in the foreseeable future.</p>	<p>Has indoor access but difficulties are increasing</p> <p><b>AND</b> limited risk to independence in future</p>

#### ii. External Access

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to access the property even with carer assistance</p> <p><b>AND</b> there is essential need for access for health purposes</p>	<p>Has great difficulty or is unable to access property even with carer assistance.</p> <p><b>AND</b> needs access for leisure or social purposes</p> <p><b>AND</b> would be able to access community facilities/activities on a regular basis</p>	<p>Able to access the property with minimal carer assistance</p> <p><b>AND</b> would only need to go out very occasionally</p>	<p>Is able to access property but access in/out is becoming more difficult</p> <p><b>AND</b> limited risk to independence in future</p>

#### iii. Negotiating Stairs

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to negotiate stairs</p> <p><b>AND</b> has essential need to access essential upstairs facilities</p> <p><b>AND</b> unable to make alternative arrangements to overcome difficulties</p>	<p>Unable to negotiate stairs without a high risk of injury to self &amp;/or carer</p> <p><b>AND</b> essential need to access upstairs facilities and alternative measures cannot reduce risk to independence</p>	<p>Able to negotiate stairs with difficulty &amp;/or some assistance from a carer</p> <p><b>AND</b> alternative measures can be made</p> <p><b>AND</b> there is potential risk to independence in the foreseeable future</p>	<p>Able to manage stairs but becoming more difficult</p> <p><b>AND</b> limited risk to independence in future</p>

## 2. TRANSFERS

### i. Toilet

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to transfer on/off toilet</p> <p><b>AND</b> unable to weight bear</p> <p><b>AND</b> unacceptable level of physical assistance given by carers, high risk of injury to self &amp;/or carer</p> <p><b>OR</b> no care available</p> <p><b>AND/OR</b> a commode has been provided but an increased care package is required to empty it</p> <p><b>OR</b> a commode is being used within a family/communal space</p> <p><b>OR</b> bowel management is taking place on the bed as access to a commode/wc is not possible</p>	<p>Able to carry out toilet transfers with great difficulty even with carer assistance</p> <p><b>AND</b> there is serious risk of injury to self &amp;/or carer in near future</p> <p><b>AND/OR</b> use of a commode severely restricts room space available to the rest of the family</p> <p><b>OR</b> use of a commode is possible with assistance from 2 carers &amp;/or a hoist</p>	<p>Able to carry out toilet transfers but with some difficulty</p> <p><b>AND</b> sometimes needs help from a carer</p> <p><b>AND</b> there is potential risk to self &amp;/or carer in the foreseeable future</p> <p><b>AND/OR</b> a commode has been provided and can be used independently or with minimum assistance</p> <p><b>OR</b> a commode has been provided &amp; is used in a private area e.g. bedroom or second sitting room</p>	<p>Able to transfer on/off toilet</p> <p><b>AND</b> the transfer is becoming more difficult</p> <p><b>AND</b> limited risk to independence in future</p> <p><b>AND</b> a commode is not required at this time</p>

### ii. Chair

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to transfer from a chair/wheelchair</p> <p><b>AND</b> unable to weight bear</p> <p><b>AND</b> unacceptable level of assistance provided by carer, high risk of injury to self &amp;/or carer</p> <p><b>OR</b> no care available</p>	<p>Able to stand from sitting but with great difficulty even with carer assistance</p> <p><b>AND</b> there is potential risk of serious injury to self &amp;/or carer in near future</p>	<p>Able to transfer with some difficulty</p> <p><b>AND</b> sometimes needs assistance from carer</p> <p><b>AND</b> there is potential risk of injury to self &amp;/or carer in the foreseeable future</p>	<p>Able to transfer from chair/wheelchair</p> <p><b>AND</b> the transfer is becoming difficult</p> <p><b>AND</b> limited risk to independence in future</p>

### iii. Bed

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to move around in bed or transfer on/off bed</p> <p><b>AND</b> unable to weight bear</p> <p><b>AND</b> unacceptable level of assistance provided by carer, high risk of injury to self &amp;/or carer</p> <p><b>OR</b> no carer available</p>	<p>Able to alter position in bed, sit up in bed and transfer from the bed but with great difficulty even with carer assistance</p> <p><b>AND</b> there is potential risk of serious injury to self &amp;/or carer in near future</p>	<p>Able to carry out bed transfers with some difficulty</p> <p><b>AND</b> sometimes needs assistance from carer</p> <p><b>AND</b> there is potential risk of injury to self &amp;/or carer in the foreseeable future</p>	<p>Able to carry out bed transfer</p> <p><b>AND</b> the transfer is becoming difficult</p> <p><b>AND</b> limited risk to independence in future</p>

iv. Bath/Shower

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to transfer into existing bath/shower</p> <p><b>AND</b> an acceptable level of personal hygiene cannot be achieved by other means e.g. strip wash, bed bath</p> <p><b>AND</b> there is risk of imminent breakdown of care situation resulting in admission to hospital or residential/nursing care</p>	<p>Unable to transfer into existing bath/shower</p> <p><b>AND</b> unable to strip wash independently</p> <p><b>AND</b> carer experiences/will experience difficulty assisting to give strip wash &amp; is at risk of injury <b>OR</b> carer has difficulty achieving an acceptable level of personal hygiene for the service user within existing arrangements <b>OR</b> it is not possible to provide a carer/assistance</p>	<p>Unable to transfer into existing bath/shower independently</p> <p><b>AND</b> is unable to strip wash independently &amp; requires assistance from carer to complete task</p> <p><b>AND</b> carers are able to help service user to achieve an acceptable level of personal hygiene</p> <p><b>AND</b> carers are at low risk of injury</p>	<p>Experiences some difficulty or unable to transfer into existing bath/shower. May sometimes require carer assistance</p> <p><b>AND</b> able to strip wash independently to achieve an acceptable level of personal hygiene</p> <p><b>AND</b> limited risk to independence in the future</p>

### 3. FOOD & DRINK PREPARATION

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to carry out essential tasks</p> <p><b>AND</b> no carer assistance available</p> <p><b>AND</b> severe risk of self neglect &amp; poor nutrition</p> <p><b>AND</b> imminent risk to independence</p> <p><b>AND</b> there are no other options available</p>	<p>Unable to carry out essential tasks</p> <p><b>AND</b> no carer assistance available</p> <p><b>AND</b> risk to independence in near future</p> <p><b>AND</b> there are no other options available</p>	<p>Limited ability but can complete tasks with some difficulty/assistance</p> <p><b>AND</b> no carer assistance available</p> <p><b>AND</b> risk to independence in foreseeable future</p> <p><b>AND</b> there are no other options available</p>	<p>Can complete tasks but becoming more difficult</p> <p><b>AND</b> no carer assistance available</p> <p><b>AND</b> limited risk to independence</p> <p><b>AND</b> there are no other options available</p>

### 4. COMMUNITY INVOLVEMENT

BAND 4	BAND 3	BAND 2	BAND 1
<p>There is an urgent need to access essential health services as identified by GP/Consultant/other medical professional, or social care support services identified in current care plan, that can not take place in the home</p> <p><b>AND</b> there is an imminent risk to physical or mental health for self &amp;/or carer</p>	<p>There is a substantial risk to physical or mental health of self or carer if these services are not accessed</p> <p><b>AND</b> services can not take place within the home</p>	<p>There is a potential risk to physical or mental health of self &amp;/or carer if these services are not accessed</p> <p><b>AND</b> services can not take place within the home</p>	<p>Some difficulties accessing these services but low risk to physical or mental health of self &amp;/or carer if services are not accessed</p> <p><b>AND</b> services could be received within the home</p>

### 5. FAMILY ROLE

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to sustain family role</p> <p><b>AND</b> physical &amp;/or mental health at imminent risk</p> <p><b>AND</b> family members are fully dependent on service user</p> <p><b>AND</b> immediate loss of independence</p>	<p>Family role could be sustained with assistance</p> <p><b>AND</b> health at risk in near future</p> <p><b>AND</b> puts unacceptable strain on others</p> <p><b>AND</b> loss of independence in near future</p>	<p>Family role could be sustained without assistance</p> <p><b>AND</b> health at limited risk in foreseeable future</p> <p><b>AND</b> some strain on others</p> <p><b>AND</b> loss of independence in foreseeable future</p>	<p>Family role could be sustained without assistance</p> <p><b>AND</b> independence/health at low risk</p> <p><b>AND</b> limited strain on others</p>

### 6. LIFESTYLE / CULTURE / RELIGION

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to carry out essential religious/cultural requirements</p> <p><b>AND</b> there is evidence that these are of crucial importance to the religion/culture</p> <p><b>AND</b> imminent risk to health due to loss of role</p>	<p>Majority of needs not met</p> <p><b>AND</b> serious risk of loss of independence in near future</p> <p><b>AND</b> serious risk to physical/mental health in near future</p>	<p>Some religious/cultural needs not met</p> <p><b>AND</b> may cause depression/isolation in foreseeable future</p>	<p>One or two religious/cultural needs not met</p> <p><b>AND</b> there is evidence that these are not of critical importance to the religion/culture</p> <p><b>AND</b> health at low risk</p>

## 7. ACCESS TO WORK / EDUCATION

BAND 4	BAND 3	BAND 2	BAND 1
<p>Unable to sustain vital involvement in work or education</p> <p><b>AND</b> physical &amp;/or mental health is at risk</p> <p><b>AND</b> immediate loss of independence</p>	<p>Involvement in vital work or education is at substantial risk of breakdown</p> <p><b>AND</b> physical &amp;/or mental health at risk in near future</p> <p><b>AND</b> loss of independence in near future</p>	<p>Difficulty in accessing maintaining principle daytime work or education activity</p> <p><b>AND</b> could be sustained with some support</p> <p><b>AND</b> health &amp; independence at limited risk in foreseeable future</p>	<p>Would like to participate in educational or vocational activities as it would improve quality of life</p> <p><b>AND</b> some assistance is needed to access them</p> <p><b>AND</b> health at low risk</p>

## 8. CARERS

BAND 4	BAND 3	BAND 2	BAND 1
<p>Totally dependant on carer for all essential personal care activities</p> <p><b>AND</b> responsibility is too great for carer to manage &amp; carer is at high risk of severe injury to self&amp;/or service user</p> <p><b>OR</b> care situation has broken down or is at imminent risk of break down with potential for hospital/residential/nursing care being sought</p> <p><b>AND</b> provision of equipment will not alleviate the situation</p>	<p>Reliant on carer for majority of activities of daily living</p> <p><b>AND</b> carer has significant disabilities &amp; is at risk of injury in near future</p> <p><b>OR</b> care situation is at risk of breakdown in near future</p> <p><b>AND</b> carer has very low support networks</p>	<p>Dependent on carer for assistance with many activities of daily living</p> <p><b>AND</b> carer manages with difficulty to provide assistance or is unable to provide some aspects of care</p> <p><b>AND</b> possibility of breakdown of care situation in foreseeable future</p> <p><b>AND</b> carer has limited support networks</p>	<p>Very little reliance on carer for assistance with activities of daily living</p> <p><b>AND</b> no foreseeable risk of care situation breaking down</p> <p><b>AND</b> carer has good support networks</p>

## 9. HEALTH & SAFETY

BAND 4	BAND 3	BAND 2	BAND 1
<p>No understanding of risk &amp; constantly putting self at risk of accident/injury</p> <p><b>AND</b> total lack of independence due to unpredictable nature of behaviour</p>	<p>Has limited understanding but still putting self at significant risk</p> <p><b>AND</b> at risk for majority of tasks</p> <p><b>AND</b> loss of independence no or in the near future</p>	<p>Some understanding of risks with awareness causing occasional stress/anxiety now or in foreseeable future</p> <p><b>AND</b> significant loss of independence due to inability to carry out many tasks safely</p>	<p>Cautious of risk</p> <p><b>AND</b> has clear understanding and will be able to contact appropriate services/professional staff when situation deteriorates</p> <p><b>AND</b> level of risk may cause occasional stress/anxiety in the future</p>

## PRIORITISATION SUMMARY

SECTION 1		BAND			
ACCESS	i. Internal Access	4	3	2	1
	ii. External Access	4	3	2	1
	iii. Negotiating Stairs	4	3	2	1
SECTION 2					
TRANSFERS	i. Toilet	4	3	2	1
	ii. Chair	4	3	2	1
	iii. Bed	4	3	2	1
	iv. Bath/Shower	4	3	2	1
SECTION 3	Food & Drink Preparation	4	3	2	1
SECTION 4	Community Involvement	4	3	2	1
SECTION 5	Family Role	4	3	2	1
SECTION 6	Lifestyle/Culture/Religion	4	3	2	1
SECTION 7	Access to Work/Education	4	3	2	1
SECTION 8	Carers	4	3	2	1
SECTION 9	Health & Safety	4	3	2	1

### NEED BANDING

Circle only the **HIGHEST** need banding as determined above

4	3	2	1
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### PRIORITY SCORE

Insert total number for each level from summary table above, use multiplier to determine total for each level, add total for each level to give priority score

No Band 4s	Multiplier	Total	No Band 3s	Multiplier	Total	No Band 2s	Multiplier	Total	No Band 1s	Multiplier	Total
	X4			X3			X2			X1	

### PRIORITY SCORE:

(Grand Total)

## MAJOR ADAPTATION REFERRAL

<b>OT Name:</b>	<b>Need Banding:</b>												
<b>Office Base:</b>	<b>Priority Score:</b>												
<b>Contact Number:</b>													
<b>Service User Name:</b>													
<b>Paris Number:</b>													
<b>National Insurance No:</b>													
<b>Applicant Name:</b> <i>(if not service user)</i>													
<b>Relationship to Service User:</b>													
<b>Address:</b> <i>(if different from service user)</i>													
<b>Postcode:</b>	<b>Tel:</b>												
<b>Ethnic Origin:</b>	<b>First Language:</b>												
<b>Interpreter required: Y / N</b>	<b>National Insurance No:</b>												
<b>PROPERTY DETAILS</b>													
<b>Tenure: Owner Occupied; Freehold/Leasehold</b>													
<b>Housing Association</b> <i>(give name &amp; address of HA)</i>													
<b>Private Landlord</b> <i>(give name &amp; address of landlord)</i>													
<b>Other</b> <i>(please state)</i>													
<b>Property Type:</b> House / Bungalow / Flat <i>(floor).....</i> / House Boat / Mobile Home													
<b>ADAPTATION REQUIRED:</b>													
I confirm that following a full occupational therapy assessment all other options have been considered & deemed unsuitable. An adaptation is therefore required to overcome difficulties in the following areas:													
<table border="1"><tr><td><b>Access in to/out of property</b></td><td></td></tr><tr><td><b>Access to/from property</b></td><td></td></tr><tr><td><b>Access to bathing facilities</b></td><td></td></tr><tr><td><b>Access to bedroom</b></td><td></td></tr><tr><td><b>Use of kitchen facilities</b></td><td></td></tr><tr><td><b>Other</b> <i>(please state)</i></td><td></td></tr></table>	<b>Access in to/out of property</b>		<b>Access to/from property</b>		<b>Access to bathing facilities</b>		<b>Access to bedroom</b>		<b>Use of kitchen facilities</b>		<b>Other</b> <i>(please state)</i>		
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<b>Access to bathing facilities</b>													
<b>Access to bedroom</b>													
<b>Use of kitchen facilities</b>													
<b>Other</b> <i>(please state)</i>													
<b>Date of referral to OT:</b>	<b>Date of OT Assessment:</b>												
<b>Date of referral to Housing:</b>	<b>OT Signature:</b>												

## **MAJOR ADAPTATION CRITERIA      STAGE 2 PROVISION**

### **DEFINITION**

A major adaptation is defined as any adaptation costing in excess of £1 000

### **FUNDING**

All such adaptations are generally funded via a Disabled Facilities Grant (DFG). The DFG involves a financial assessment of the service user and their spouse or partner (except in the case of children & young people with disabilities i.e. under the age of 18) to determine if they have a contribution to make towards the cost of the work.

The upper ceiling of the DFG is £30, 000 including any assessed contribution from the service user.

A top up for schemes costing in excess of the £30, 000 limit may be considered in exceptional circumstances where no other option is available. Each case will be considered on its individual merit.

Other options such as equity release and charges against the property may also be considered.

Any work to a property owned by a Housing Association (HA) will in the first instance be referred to the HA & will only follow the DFG route if the HA are unable to fund the work themselves. Consideration will be given to joint funding of the adaptation by the HA & DFG if appropriate.

Charitable organisations e.g. SSAFA may be approached for possible funding/joint funding if appropriate

For any work to a property owned by a private landlord or HA written permission must be gained from the property owner prior to any work commencing.

### **REPAIR/MAINTENANCE**

All adaptation work, major or minor, carries a 6 month warranty period following which it becomes the responsibility of the property owner to carry out repairs & maintenance. Electrical items such as lifts & showers will carry an initial manufacturer's warranty. Specific details will be discussed on an individual basis.

### **BOUNDARIES/COMMUNAL FACILITIES**

Adaptations will not be carried out beyond the boundary of property or to communal facilities

### **CEILING TRACK HOISTS**

Provision of a ceiling track hoist within an adaptation will be provided via ICES, the OT & TO must monitor the adaptation provision to ensure timely provision of the hoist



## ELIGIBILITY FOR A DISABLED FACILITIES GRANT

In order to qualify:

- a. The person for whom the adaptations are being considered must be disabled i.e. His/her hearing or speech is substantially impaired; He/she has a mental disorder or impairment of any kind; or He/she is physically substantially disabled by illness, injury or an impairment present since birth or otherwise
- b. The person must be “ordinarily resident” within the area of the Local Authority under the above act
- c. The adaptations must be at that person’s only or main residence
- d. The Local Authority must be satisfied that the provision of assistance in arranging for the carrying out of the work is necessary in order to meet the needs of that person
- e. A Disabled Facilities Grant can only be made where there are works which are necessary and appropriate to meet the needs of that person and which it is reasonable and practicable to carry out having regard to the age and condition of the building.

All cases referred for a major adaptation will:

- have undergone a full Occupational Therapy Assessment & had all other possible options for provision legitimately discounted
- meet the appropriate level of FACS criteria
- been subject to the Major Adaptations Eligibility & Priority Assessment & have at least one need at Band 4 or Band 3.

Each case will be considered on its own merits in the light of the Major Adaptations Criteria set out in this document.

Where such an adaptation is undertaken on the grounds of mental health, discussion with the appropriate mental health team should take place before recommendations are made.

## DETERMINING THE SCHEME

Basic provision to meet the identified need will occur and any work exceeding this will be the responsibility of the service user.

A scheme that can be completed within the existing structure of the property will always be considered prior to the building of a new construction.

### Preferred Option

The opportunity exists for a service user to pursue their preferred option if they do not wish to accept the recommendation of the OT & Housing technical Officer (TO). Any additional cost must be met by the service user e.g. if a vertical lift can be provided to give access to first floor sleeping & bathing facilities but the service users preferred option is to have a ground floor extension, this can go ahead BUT the amount of the DFG will be equal to the cost of providing the lift, any additional cost MUST be met by the service user. The OT & TO MUST be satisfied that the proposed scheme meets the identified needs of the service user. In most cases the service user's contribution will be invoiced by the architect or contractor & may be requested in part or in full in advance of any work commencing.

## PROVISION CRITERIA

### Ground Floor Toilet

Considered when a person's ability to access the existing wc is severely restricted due to the nature of their disability.

Issues of urgency will be taken into account

Use of a commode / chemical toilet during the day if the toilet is located on the first floor is acceptable if there are adequate arrangements for the commode/chemical toilet to be emptied

Access to the existing WC must be considered as the first option e.g. by provision of a stair lift or vertical lift

If a lift is a viable option but the service user wishes to continue sleeping on the ground floor, provision of ground floor facilities can be considered IF the financial cost of providing them does not exceed that of providing the lift AND on the understanding that a lift is unlikely to be considered in the future.

Rehousing should also be considered as an option

The opportunity for preferred option applies (refer to page 13)

### FIRST FLOOR TOILET

Consideration must initially be given to the use of a commode or chemical toilet & this be considered inappropriate by the OT.

The service user must be able to gain safe & easy access to the first floor.

Use of a commode/chemical toilet at night if the wc is located on the ground floor is acceptable if there are adequate arrangements for the commode/chemical toilet to be emptied

### ADDITIONAL TOILETS

The provision of an additional toilet may be considered if the care of the disabled person results in frequent excessive use of the only facility.

Use of a commode for the service user must be deemed unreasonable by the OT

If an additional toilet is provided then space available within the existing property must be considered as a first option before any decision to build on is made.

Rehousing should be considered as an option.

Toilet/shower facilities will only be provided if access to the wc & access to bathing/showering facilities are identified as needs for the service user & if this is the only/most cost effective way of meeting those needs.

### REINFORCED TOILETS

Provided only when a standard toilet is deemed inappropriate due to weight &/or transfer issues which can not be over come by any other means e.g. teaching of alternative transfer techniques/ provision of equipment.

## WASH & DRY TOILETS

Provided when all other options have been explored & such a provision is the only means for the service user to maintain acceptable levels of personal hygiene independently.

## ADDITIONAL BEDROOMS

The provision of a lift must be considered as the first option & be deemed unsuitable by the OT to meet the service user's needs, &/or inappropriate for the property by the TO

Unwillingness on the part of the service user or other family members to re-arrange or remove items of furniture or to re-designate use of rooms is not a legitimate reason for not providing a lift.

All other convertible space must be considered prior to extending the property i.e. use of dining room, garage, second sitting room

Cultural/religious needs will be taken into account where possible but minimal provision will be made.

Additional bedrooms will not be provided to resolve overcrowding/social/religious issues.

Rehousing must be considered as an option before extending a property is considered & sound justification for discounting it as an option must be provided.

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## LEVEL ACCESS SHOWER

Provision of a level access shower will only be considered if all other means of maintaining an acceptable level of personal hygiene have been explored & discounted, this should include bathing equipment, hoisting, and carer assistance with a strip wash. Rehousing should also be considered.

If a level access shower is necessary consideration should be given in the first instance to a surface mounted shower tray.

A wet room will only be considered if the service user is dependent on a wheelchair & unable to access a shower tray.

## ADDITIONAL WASHING/BATHING/SHOWERING FACILITIES

Such facilities will only be considered if there is no means of achieving access to existing facilities.

Use of existing space must be considered before any new build is looked at

If the need is for a shower, removal of the existing bath to allow space for the shower will be expected unless there are exceptional circumstances e.g. a family with a very young child who still requires use of a bath

Rehousing should be considered as an option

## SPECIAL BATHS

The provision of special baths will only be considered in the most exceptional circumstances where no other provision is possible.

Approval must be sought from the Adaptations Panel.

## KITCHEN ADAPTATIONS

Single lowered worktops can be provided to allow safe access to use of a kettle/toaster/microwave for preparing hot drinks & snacks.

Significant adaptations will only be considered when the service user has main responsibility for the preparation of food for themselves &/or others within the family.

All kitchen appliances must be provided by the service user.

## LIFTS

To be considered as a first option for accessing existing facilities before the provision of any new facility is considered.

### STAIR LIFT

To use a stair lift safely requires the service user to have good balance, the ability to transfer independently & safely & be physically able to operate the controls.

It is vital that the service user is able to understand how the controls work & the dangers that are present when transferring on/off the lift especially at the top of the flight of stairs. The OT must be satisfied that both user & carer will be safe in both the short & longer term.

Anyone with poor balance, reduced mental capacity, vertigo, uncontrolled epilepsy or a degenerative condition likely to significantly deteriorate in the foreseeable future is generally considered unsuitable for the provision of a stair lift.

To ensure maximum safety any stair lift installation must:

- have a swivel seat & safety harness
- have sufficient space at the top & bottom of the stairs to allow safe transfer
- have adequate width of stair case
- run the full length of the stair case
- have all other features deemed necessary by the OT to suit the needs of the user & carer

A stair lift is available in the Assessment House at The Allens Centre for assessment/demonstration purposes.

### VERTICAL LIFT

The provision of a vertical lift must be considered for any one deemed unsuitable for provision of a stair lift before provision of new facilities is considered.

A site for the lift must be clearly identified & the service user must be prepared to relocate/remove any furniture &/or re-designate the use of rooms to enable a lift to be installed. Alternative schemes will not be considered because the user/carer is unwilling to move/remove furniture &/or re-designate the use of rooms available.

Provision of an external lift shaft may be considered if sufficient space is not available within the property but suitable space is available outside the property for a lift shaft & the cost of providing it does not exceed that of providing alternative solutions.

Wheelchair lifts will generally be provided unless there is evidence that a wheelchair will not be required in the foreseeable future.

Hydraulic lifts will be provided in all cases.

Battery back up will not be provided.

A telephone will not be provided in the lift.

When discussing the provision of a vertical lift with a service user they should be made aware that all vertical lifts have many safety features:

- if any thing obstructs the lift on it's ascent or descent it will immediately stop
- a light is fitted to ensure the room you are entering is well lit
- in the event of a power failure the lift can be lowered to the ground floor at the push of a button inside the lift or on the wall
- a trap door is fitted which works with the lift to ensure that the floor is complete & can be walked on when the lift is downstairs
- the lift can be parked upstairs when not in use & does not encroach on living space
- the base of the lift fills the gap in ceiling when the lift is parked upstairs

A vertical lift is available in the Assessment House at the Allens centre for demonstration/assessment purposes.

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### FENCING/EXTERNAL PLAY AREAS

All children require a safe environment to play in. Neither fencing nor external play areas constitute a special provision & therefore will not be provided.

### ACCESS INTO/OUT OF A PROPERTY

- generally only one access will be adapted
- work beyond the boundary of the property will not be undertaken
- repair work or like for like to paths & steps will not be undertaken
- only access to the service users main residence can be considered for adaptation

### RAMPS

Ramps will be provided for permanent wheelchair users or those dependent on a wheelchair for outdoor mobility & who experience extreme difficulty negotiating the access to their property

Ramps will not be provided at communal access points

Ramps will not be provided for the purpose of storage of scooters

Storage facilities for scooters will not be provided

Any changes to the door or frame following installation of a ramp must ensure that the ramp & the door are compatible. Social Care & Inclusion will not change an existing ramp to accommodate a new door

### STEP LIFTS

Such a provision will only be made where all other options including re-housing have been exhausted.

### ACCESS TO VEHICLE

The area used for parking a car regularly (several times a week) used by a person with a disability may be enlarged to enable easier transfer in & out of the vehicle. Provision of suitable access (i.e. a pathway) to a vehicle parked within the boundary of the service users property will be considered but hard standings & dropped kerbs will not be provided.

## **PANEL**

There will be 2 panels held within the Major Adaptations Process

### **Panel 1, Eligibility & Priority**

Purpose: to ensure consistency & quality of work

- to ensure that all cases being considered for referral for major adaptations have been correctly assessed against eligibility & priority
- to ensure that all other options have been considered & legitimately dismissed
- to assist with the decision making/assessment process in complex cases

Frequency:

- panel will initially be held weekly
- frequency will be reviewed regularly depending on demand

Membership;

- Operational Manager, Occupational Therapy
- Team Leader Occupational Therapist, Accommodation
- Team Leader OT, Assessment or Team Leader OT, Children
- Technical Officer
- At least 3 panel members must be present

Cases:

- Cases will be presented to panel by the assessing OT/OTA
- Initially all cases being considered for referral for DFG will be presented
- When panel is satisfied that the OT/OTA's assessments are consistent & all alternative options are being considered 1 in 5 of that workers cases will be required at panel

### **Panel 2, Provision**

Purpose: to ensure appropriate minimum provision to meet assessed need

- To ensure all adaptation options have been considered & the option recommended meets the needs of the service user & is seen as Best Value
- To assist with identifying possible options in complex cases

Frequency:

- Panel will initially be held weekly
- Frequency will be reviewed regularly depending on demand

Membership:

- Principal EHO
- Operational Manager OT
- Team Leader OT, Accommodation
- Technical Officer
- At least 3 panel members must be present

Cases:

- Cases will be presented to panel by the allocated OT &/or TO
- Initially all cases will be presented
- When panel are satisfied that workers are working consistently to the Provision Criteria 1 in 5 cases will be required at panel
- All cases with a proposed adaptation in excess of the grant limit must be presented at panel

## **REVIEW**

All cases on the priority list will be reviewed after 12 months if there is no identified start date for the adaptation.

## **APPEALS PROCEDURE**

If a service user is not happy with any decision made at any point in the Major Adaptations Process & this can not be resolved through further discussion with workers &/or appropriate manager they will be advised to appeal via the Local Authority Complaints Procedure.

Arrangements are in place for stage 2 of the complaints procedure for investigation to be carried out by officers from a neighbouring authority.

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