

BCF 2016/17

Scheme Review

Lancashire

Disabled Facilities Grants

# Guidance

- The intention of the review is to tell the story of each scheme's development, delivery and impact.
- Where there is quantitative evidence this should be highlighted.
- Where there is no quantitative evidence this should be explained
- Where qualitative comment is given this represents the LA or CCG's view.
- Each scheme is to have its own review slides completed.
- Any narrative to be kept brief, bulleted if appropriate and original i.e. not copied from scheme description.
- The logic model should reflect the planned and actual . An example logic model is provided separately.

# Summary

Scheme Title	£s in 2016/17
Disabled Facilities Grant (Capital Scheme)	11,477,948
Total	11,477,948

# Scheme 16...<Disabled Facilities Grant

## Original rationale for scheme.

DFG Capital Grant is now part of the BCF, DFG provision remains a statutory duty of District Councils.

Adapting the homes of citizens with disabilities enables independent living in the community, reducing the risk of social isolation and deterioration of conditions associated with a move to a different/less independent setting. It also facilitates discharge from a hospital setting and through improving the safety and appropriateness of the home environment reduces the risk of further admissions.

Primary prevention	Hospital	Community	Secondary prevention
Support to stay safely and happily at home?	Avoidance and discharge?	Support to return home, reablement and recovery.?	Stabilisation, maintenance, rebuilding resilience. Self care?
Yes	Yes	Yes	Yes

# Activity during 2016/17

Scheme element	Planned activity	Actual Activity	Reason for any difference between planned and actual
Recruitment of OTs	Significant increase in Occupational Therapists	Partial recruitment achieved	Difficulties in recruitment
Fast Track Assessment process	Develop and test fast track assessment process	Complete	
Standardise and increase Provision of DFGs	Provide a standard range of DFG provision across Lancashire	1269 DFGs Completed plus 442 approved not yet completed. (1077 in 15/16) Agreed standard provision Items	
Standard prioritisation	Agree one criteria across county and districts	Agreed one criteria	

# Disabled Facilities Grants

Barriers / Challenges to successful delivery	Managed by....
Recruitment of Occupational Therapists  Adoption and spread of innovation	Ongoing County Council recruitment process.  DFG task group review and sharing
Risks  Lack of assessment capacity – reduces referrals from the County Council for DFGs and therefore reduces the numbers of people accessing DFGs and means more people waiting longer.	Managed by...  Developing actions make most of current workforce e.g. fast track assessment. Some districts are working with private OTs

	<b>Alignment with High Impact Change Model of Transfers of Care</b>	<b>Yes= X</b>
1	Early discharge planning.	x
2	Systems to monitor patient flow.	
3	Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.	
4	Home first/discharge to assess.	x
5	Seven-day service.	
6	Trusted assessors.	x
7	Focus on choice.	
8	Enhancing health in care homes.	
<b>Alignment with Plans</b>		
Urgent and Emergency Care		
A&E Delivery Board		
Operational plan (s)		
Other...		

# Scheme...<Insert Title>

Estimated impact	A reduction of?	Details
NELs		
DTOC		
Residential Admissions		
Effectiveness of reablement services		
Other		

## How was impact measured?



# Scheme logic model

Inputs	Activities	Outputs	Outcomes	Impact
County Council Recruitment process	Recruitment of OTs	More OT assessments and DFG referrals	Reduced waits Increased adaptations and independence	Reduced admission to hospital / residential care
Occupational Therapist Team new ways of working	Fast Track Assessment process	More timely and increased referrals	Reduced waiting times	Increased independent living
All Lancashire District Authorities agree standard provision	Standardise and increase Provision	More equitable service, increased options for individuals, easier referral	Improves options to provide increased independence wellbeing	As Above
All District and County Teams	Standard prioritisation	Alignment with BCF priorities	Increase prioritisation	Facilitates discharge and

# Learning from delivery of the scheme

Learning	How shared and who with ?
<p>Following a mapping exercise of different authority processes and discussion of local context e.g. budgets, waiting list lengths, it was decided not to standardise process but concentrated on outcomes such as waiting times, consistent types of provision and overarching procedures such as prioritisation.</p>	<p>Across DFG group</p>
<p>Developing better metrics are an important part of identifying local context and targeting. They have also been important for facilitating conversations around challenges.</p>	<p>Across DFG group</p>

# Qualitative assessment summary

1 –10 where 1 is “not at all” and 10 is “to a great extent”.

	Is working as planned and delivering on outcomes	Represents value for money in the long term	Builds long term capacity for integration locally; enables new models of health and social care	Evidently supports people effectively, improving patients /service user satisfaction	Has buy in from all stakeholders and workforce: Frontline staff and political, clinical, managerial leaders	Reflects a truly whole system approach	Supports shift towards prevention/ early help and community support/ self -help	Total / 70
	7	9	8	7	7	8	9	55

# Summary

Scheme Title	Retain ? X	Expand? X	Cease? X	£s in 2016/17	£s in 2017/18
Disabled Facilities Grant (Capital Scheme)	x			11,477,948	12,564,947
Total				11,477,948	12,564,947