CABINET

15 September 2026

Disabled Facilities Grants in Oxfordshire and Motor Neurone Disease

Report by the Director of Adult Social Care

RECOMMENDATION

The Cabinet is RECOMMENDED to:

a) Note the County Council's role in the process of delivering Disabled Facilities Grants [DFG] in Oxfordshire including assessment, recommendations and referral to District Councils.
b) Note that District Councils, as local housing authorities, are responsible for administering DFG applications, approving grants and arranging completion of works.
c) Approve the response to the Motion to Full Council on 30 June 2026 as set out in this report.

Executive Summary

1. This report responds to the motion accepted by the Council at its meeting on 30 June 2026 on DFGs, with a particular focus on people living with Motor Neurone Disease (MND) and other progressive, life-limiting or terminal conditions. It sets out the County Council's role in receiving referrals, making assessments and onward referrals to District Council housing teams.
2. The Council works to target timelines and prioritisation processes linked to complexity and urgency of need. When the Council has completed its assessment responsibility for delivery moves to the District Council.
3. When there are delays (either in the Council's assessment processes, or in delivery of recommended and approved works) this can lead to poor outcomes for individual residents and their families. The Council in some instances must mitigate these in continuing to support people pending works.
4. These delays in delivery of DFG can also create pressures for the Council.

Background

5. DFGs support disabled children and adults to live safely and independently in their homes. They can fund adaptations such as stairlifts, level-access showers, ramps, widened doors, accessible kitchens and, in some cases, larger adaptations.

The Motion to Council asked:

6. How the Council currently delivers its role in the DFG.
7. Timeliness over the past three years for the County Council fulfilling its role in the DFG, including assessments and referrals.
8. How the Council's processes could be improved, including the timeliness of assessments and the working relationship with District Councils and other partners;
9. Whether the County Council is acting quickly enough to ensure that target timeframes of 55 days for simple adaptations and 130 days for complex adaptations can be met for people living with MND.

How the Council currently delivers its role in the DFG process

10. In two-tier areas such as Oxfordshire, responsibility for DFG is split:
    a. The County Council is responsible for assessing need.
    b. District Councils are responsible for administering DFG applications, approving grants and arranging the completion of works.
    c. *Home Improvement Agencies* (HIAs) deliver the works by providing information and advice, coordinating and supervising works, delivering minor adaptations and supporting major adaptations funded through DFG.
11. HIA delivery arrangements are led by District Councils, with *Better Care Fund* [BCF] funding contributing to the cost of HIA provision. The funding is agreed under partnership arrangements with the District Councils. Cherwell DC, West Oxfordshire DC and Oxford City Council deliver this function in-house; South Oxfordshire and Vale of White Horse District Council deliver this function via an external contracted service.
12. Adult and Children's Social Care accepts referrals for people who may need adaptations. Assessments are completed by qualified occupational therapists or appropriately trained staff. The assessment considers the person's functional needs, risks, home environment and outcomes, and identifies whether adaptations are necessary and appropriate.
13. Where an adaptation is recommended, Adult or Children's Social Care refers the case to the relevant District Council. The District Council then progresses the grant process. Eligibility determinations rest with the housing authority. Accordingly, the final decision on what is necessary and appropriate, reasonable and practicable rests with the District Council as the *housing authority*.
14. After a referral is made to the District Council, the Council may continue to have a duty under the Care Act to support the individual until the works are completed.
15. While people are awaiting the completion of DFG works, they may continue to experience difficulties with everyday activities that affect their independence, dignity and wellbeing. During this period, some people become more reliant on formal care services and unpaid carers, resulting in increased pressure on families and Adults and Children's Social Care.

16. Where adults are assessed as presenting a medium or high level of risk, they will remain open to Adult Social Care services so that risks can continue to be monitored and managed. Awaiting the completion of adaptations can therefore generate ongoing service demand through reviews, risk management, liaison with housing partners and responding to enquiries from residents and families. Timely completion of adaptations is important to support independence, reduce care needs and make the best use of public resources. There are currently 539 residents being monitored by Adult Social Care whilst waiting for their DFG in Oxfordshire
17. In some cases, the Council may have to make alternative arrangements for individuals whilst the application for DFG funding is processed and / or the DFG-funded works are being delivered. As an example, in one case a resident has had a spinal cord injury and needs adaptations to a bungalow to enable independent living. The works are now complete, and the resident will move shortly into the adapted home. Since Jan 2024, the Council has provided residential care for 140 weeks whilst waiting for these works to be completed. This has been provided at a cost of £200,000.
18. This example and the numbers of people being monitored by the Council impact on capacity in adult services, including the ability to respond in a timely manner to new referrals for DFG assessment.
19. These matters are inevitably complex in some cases, and the Council's responsibility for the individual continues even when it has completed the assessment for the DFG for instance where care and support arrangements are in place and continue to be needed.
20. The Council also has a wider system role because DFG funding forms part of the BCF. The Council receives the DFG allocation and passports it to District Councils as part of the BCF Plan and its funding agreement with NHS England/DHSC. The District Councils report on DFG expenditure to central government via the County Council as part of BCF monitoring and governance. As noted above, HIA are funded from BCF as part of the plan and delivered by District Councils.

Timeliness of assessment and referral

21. The County Council's responsibility is the assessment and referral stage of the DFG process. Adult Social Care prioritises occupational therapy assessments according to clinical need, urgency, risk and complexity. The average time taken to complete the assessment is as follows:

Year	Mean Average Wait for people *without* MND (referral to assessment)
23/24	72.4 (Approx 52 working) days
24/25	61.3 (Approx 44 working) days
25/26	45 (Approx 32 working) days
26/27	64.6(Approx 46 working) days

22. These average waits reflect:

23. Typically, there will be several discussions over the phone/ liaising with family and other professionals prior to the actual formal assessment. The referral date clock starts when the referral is received, so in some cases there will be further investigation prior to setting up an assessment.
24. Competing demand, workforce capacity and the need to prioritise assessments according to risk, urgency and complexity can all impact assessment timelines. Some cases also take longer where a person's circumstances change, further assessment is required, or the proposed adaptation needs discussion with housing partners.
25. Mitigations include prioritising urgent cases, regular review of waiting lists and longest waits, closer tracking of progressive and life-limiting conditions, and improved joint working with District Councils and the HIA.
26. In some cases, people will be referred back from the District Councils for further assessment; and in others there will be unforeseen issues (e.g. hospital admission, change of plan on the part of the referred resident).
27. The best practice targets of 55 days for urgent and simple adaptations and 130 days for urgent and complex adaptations, relate to the whole end-to-end DFG pathway. The County Council cannot provide information on performance across the whole pathway as this includes stages that are not the County Council's responsibility, including District Council grant administration, approval of grants, HIA support, landlord agreement, contractor availability and completion of works.

Meeting the needs of people living with MND

28. The specific request is for data relating to those living with MND. The year-on-year comparative performance for assessment for DFG for people living with MND is as follows:

Year	Mean Average Wait for people with MND (referral to assessment)
23/24	24.7 (Approx 18 working) days
24/25	24.5 (Approx 18 working) days
25/26	15.3 (Approx 11 working) days
26/27	11.5(Approx 8 working) days

29. The Council recognises that people living with MND can experience rapidly changing and urgent needs. Where this is the case, Adult Social Care would treat the assessment as clinically urgent. Prioritisation is not diagnosis specific; it is based on clinical need, urgency, risk and complexity. This ensures people living with MND are responded to promptly because of the urgency of their needs, while maintaining fair and equitable access for other residents with progressive, life-limiting or terminal conditions who may also

require timely adaptations to remain safe and independent at home. The data above evidences this prioritisation process compared with “non-MND” cases. The data has been extracted from an audit by the Council’s Principal Occupational Therapist.

Opportunities to improve DFG process

30. In a two-tier system, the DFG process is complex because responsibilities are shared between different organisations, including the County Council, District Councils, HIAs, housing providers, landlords and contractors.
31. The countywide DFG and HIA forum, led by the County Council, has improved relationships, visibility and joint working between the County Council, District Councils and HIA partners.
32. This forum is developing shared KPIs for the HIA, improving visibility of waits and urgent cases, and supporting a more consistent understanding of performance across areas. This helps partners identify where delays occur and reduce unwarranted variation across the districts.
33. Partners are also exploring more flexible use of DFG and BCF resources where this would deliver faster or more proportionate outcomes, particularly for urgent cases. This might fund additional assessment capacity in the Council, or short-term capacity in HIA.
34. Local Government Reorganisation is an opportunity to simplify DFG arrangements and could improve the pathway for residents from within unitary authority span and control. These opportunities will be explored as part of planning for the future unitary authorities.

Corporate Policies and Priorities

35. The DFG pathway supports the Council’s wider priorities for prevention, independence, tackling inequalities and supporting residents to live well in their own homes. It also supports the Adult Social Care priority to help people remain safe and independent for as long as possible, with the right support at the right time.
36. The improvement activity described in this report is aligned with the Council’s focus on strengthening prevention and working with partners to improve outcomes for residents.

Financial Implications

37. There are no direct new financial commitments arising from this report. DFG funding is determined by central government. Oxfordshire County Council receives the funding through the BCF and is required to passport it to District Councils, which are responsible for administering grants and arranging delivery of works.

38. The allocation is not the same for each District Council. This means comparisons between areas need to take account of different funding levels, levels of demand, local delivery arrangements and case complexity, rather than relying on activity or waiting-list figures alone. The total DFG allocation for Oxfordshire in 2026/27 is £8.262m.

    (i) Cherwell: £1.538m
    (ii) Oxford City: £1.764m
    (iii) South Oxfordshire: £1.924m
    (iv) Vale of White Horse:£2.034m
    (v) West Oxfordshire: £1.002m

39. A revised DFG funding formula is expected to reduce Oxfordshire's DFG allocation over time. A funding floor provides some protection until 2028/29, but indicative figures suggest the District Councils could face a significant reduction in future years. This increases the importance of making best use of current funding, reducing long waits and improving throughput before future reductions take effect.

Legal Implications

40. The statutory framework for the administration, eligibility and allocation of DFGs is contained within the Housing Grants, Construction and Regeneration Act 1996 and supporting regulations and Guidance. There are however no specific legal implications arising from this report which is prepared to respond to the Motion to Full Council on 30 June 2026, as detailed above.

Staff Implications

41. There are no staffing implications arising from this report. There is an ongoing conversation with the District Councils regarding the level of Occupational Therapy assessment capacity to assure the smooth running of the Council's part of the pathway. This may lead to future changes to staffing levels

Equality & Inclusion Implications

42. DFGs are intended to support disabled people to live safely and independently. Delays can have a disproportionate impact on disabled residents, older people, children with complex needs, people with progressive, life-limiting or terminal conditions, unpaid carers and families.

43. As set out in the body of the report, the Council must treat people equitably by prioritising according to clinical need, urgency, risk and complexity rather than diagnosis alone. This means people living with MND can be responded to promptly where their needs are urgent, while residents with comparable needs arising from other progressive, life-limiting or terminal conditions can also access timely and proportionate support regardless of where they live, their housing tenure, landlord arrangements or which District Council administers the grant.

Local Government Reorganisation Implications

44. As noted above, the current configuration of DFG is delivered in part by the Council and partly by the City and District Councils as housing authorities. All these functions for both adults and children will sit with the future unitary authorities.
45. In addition, the specific structure of the three unitary model will change the DFG funding profile in each area, and in the future the delivery model may have to change to reflect legacy arrangements in Oxfordshire and West Berkshire.
46. In broad terms a unitary authority would have the opportunity to deliver a more integrated and timelier service to residents than has been achieved in Oxfordshire to date. The options available to someone referred for a DFG may also be expanded where there may be a range of housing options that might be considered earlier in the process. This may in turn improve efficiency within the unitary authorities.
47. The risks arising from local government reorganisation may be the resource implications of smaller children and adult services, and the specific impact of how the DFG is reallocated from the current Oxfordshire and West Berkshire BCF into the future unitary authorities. The needs profile and funding profiles will change.

Sustainability Implications

48. There are no specific sustainability implications from this paper. DFG works to enable people to remain in their own homes.

Risk Management

49. Risks relating to the delivery of DFG in respect of over and underspends, and timeliness of delivery are held in the DFG and HIA Forum set out above. There are complications relating to working in this partnership approach and risks to delivery are escalated to Directors for resolution.

Consultations

50. There has been no consultation requirement for this paper.

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Annex:	Nil
Background papers:	Nil
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