**AD1**

**KENT COUNTY COUNCIL**

**SOCIAL CARE, HEALTH AND WELLBEING**

**DIRECTORATE**

**COUNTY HOUSING**

**ADAPTATIONS PANEL**

**(HOME SUPPORT FUND)**

**GUIDANCE AND PROCEDURES DOCUMENT**

**Date: 27/10/2014**

**Version: 1.0 – Final Draft**

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**HAP 1**

**OCCUPATIONAL THERAPY**

**HOUSING ADAPTATIONS PANEL**

**GUIDANCE FOR STAFF**

**Panel Members**

• Housing Adaptations Panel (HAP) meets once a month and is chaired by the County OT Manager.

• HAP Members include SPOTs, Principal Occupational Therapists (children) and District Council Representative, County Manager and Disabled Children’s Services.

**Role of Panel**

• To consider all major adaptations for adults and children in need where financial support through Kent County Council’s (KCCs) Home Support fund (HSF) is requested over £1000.

• To ensure consistency throughout Kent with regards to the feasibility of schemes and the costs involved.

• To discuss exceptional potentially sensitive or contentious cases regardless of funding issues.

**When Should a Case be Presented at HAP**

After discussion and agreement at your Area Management Panel (AMP)

 **(a)** HAP to obtain Panel agreement in principle that the case can go forward

 **(b)** When the scheme has plans agreed, preliminary test of resources completed and estimates of likely costs

**Eligibility**

Cases presented to the Panel will be considered against the following criteria:

• The service user has an eligible/identified assessed need.

• The service user’s situation has been discussed at supervision/AMP and has the supervisor’s support.

• The proposed adaptation is the most modest and practicable solutions, which will meet the service user’s short and longer term needs.

**Panel Submission**

Up to £10,000 requires paperwork only submission, if the cost is over £10,000 Occupational Therapists (OTs) are invited to present the case at panel, giving the service user and or carer the opportunity to attend once the case has been discussed at AMP and approval has been given to refer to Panel.

The **OT responsible for the case should submit the name and paperwork of the service user to attend the HAP** to Senior Administrator, 2 weeks in advance of the Panel date they wish to attend.

**Panel Documents to be submitted:**

• Area Management Panel Approval Form (HAP 2)

• Application for Home Support Funding

• Concise summary of case using HAP 3 including recommendations

• A Sketch/layout of the property – existing and proposal – of **ALL** floors including access

• Details of proposed adaptation – plans, estimates and tenders- including all fees/charges

• DFG preliminary test

* Evidence OF loan refusal from Bank/ Building Society

**Outcome of Panel Decision**

**The outcome of panel will be communicated in writing when appropriate to Service User/OT including a standard letter involving either loan agreement or legal charge.**

**Update regarding time-scale, work schedule and costs are required twice a month for an accurate budget forecasting, particularly towards the end of the financial year.**

**The OT must advise the Operational Support Unit Senior Administrator of any changes in circumstances/costs, and whether or not the scheme will be completed within the current financial year. Kent County Council will contribute to the fees and charges of the adaptation. Kent County Council is prepared to loan the money that has been secured by the loan according to the evidence, such as a letter from the bank or building society.**

**HAP 2**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**AREA MANAGEMENT PANEL APPROVAL FORM**

**Date:**

**Area:**

**Service User:**

**Occupational Therapist:**

**Case Discussion**

**New submission** [ ]  **Re-submission** [ ]

**For feasibility**  [ ]  **Agreement in principle** [ ]

**Financial approval** [ ]  **Cost** £

|  |  |
| --- | --- |
| **Action Required** | **Actioned By** |
|                           |                           |
| **Name of Panel Members** | **Signature** |
|       |       |
|       |       |
|       |       |
|       |       |

**HAP 3**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**CONCISE SUMMARY FOR COUNTY PANEL**

|  |
| --- |
| **Name/Address/Postcode/Telephone Number of SU** |
|       |

|  |
| --- |
| **Reason for Referral** |
|       |

|  |  |
| --- | --- |
| **Date of Assessment** |       |

|  |
| --- |
| **Functional Difficulties Identified for Assessment** |
|       |

|  |
| --- |
| **Social Situation** |
|       |

|  |
| --- |
| **Preferred Option, i.e., outline of proposed scheme** |
|       |

|  |
| --- |
| **Stage reached within DFG process** |
|       |

**HAP 3a**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**PANEL PROCESS CHECKLIST FOR OT**

|  |  |
| --- | --- |
| **Approval given at AMP for case to proceed to Panel** | **HAP 2 signed** [ ]  |
|  **Date booked for case to be presented at Panel with Senior Admin Officer** | **Date booked** [ ]  |
| **Invitation letter sent to Service User (HAP 5) with “Guidance for Service user” and map if appropriate (HAP 6)** | **Letter sent by OT** [ ]  |

**Information sent to Anthony Zysemil, OSU Technical Support Team at Brenchley House, Maidstone**

• Area Panel Approval Form (HAP 2) [ ]

• Home Support Fund Application [ ]

• Sketch of Property [ ]

• Plans and Estimates [ ]

• Concise Summary for County Panel (HAP 3) [ ]

• Preliminary test of resources (Adult) or grant offer [ ]

* Evidence letters from Bank/ Building Society [ ]

 **Date information sent**

**NB The information must arrive 1 week prior to the Panel for information to be copied and circulated to Panel members prior to the case presented.**

 ***Please send a copy of this completed checklist to the Operational Support Unit Senior Admin Officer.***

**HAP 4**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**GUIDANCE NOTE FOR SERVICE USER**

**Purpose of the Occupational Therapy County Housing Adaptations Panel**

The Occupational Therapy Services aim to assist service users to fund home adaptation work by full use of grants available from local councils, the Housing Corporation and in some circumstances, charitable organisations.

The purpose of the panel is to achieve and maintain consistency and fairness across the County by considering

• Requests for financial support for major adaptations from the Occupational Therapy Home Support Fund

**Panel Members**

• You have been invited to attend a meeting chaired by the County Manager for OT

• Other Panel members include the County Manager and Principal Occupational Therapist for Disabled Children’s Services and a District Council Representative.

• Your Occupational Therapist will attend to give the details of your case and offer support where necessary

**Eligibility**

• Cases presented to the Panel will have been discussed at the Area Management Meeting and will have obtained support to proceed to Panel

• The proposed adaptation should be the most modest solutions which will meet your needs now and in the longer term

**Panel Submissions**

The Occupational Therapist for your case will have submitted details of your case to the panel prior to the meeting to ensure all Panel members are familiar with the case. This will include plans, estimates and a summary of the situation.

If you decide to attend the Panel, it will be your opportunity to explain your personal situation.

**Outcome of the Panel**

Decisions regarding your case will not necessarily be made at the Panel meeting. You will be advised of the outcome in writing by the Chair of the Panel.

**HAP 5**

|  |  |
| --- | --- |
| **Agenda****Kent County Council** **COUNTY HOUSING ADAPTATIONS PANEL** |  |
| **Date:** |  | **Time:** |  |
| **Venue:** |  |
|  |
| **Invited** | **Title** |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |
|  | **Time** | **Item** |
| **1.** | **09:00am** | **Panel Convene**  |
| **2.** | **9:15am** | **County HAP Case Discussion**

|  |  |  |
| --- | --- | --- |
| **Service User** | **OT** | **Other Attendees** |
|  |  |  |

 |
| **3.** | **10:15am** | **Case Discussions**  |
| **4.** | **10:40am** | **County HAP Presentation**

|  |  |  |
| --- | --- | --- |
| **Service User** | **OT** | **Other Attendees** |
|  |  |  |

 |
| **5.** | **11:00am** |  |
| **6.** | **12:00pm** |  |
| **Time/Date/Location of Next Meeting:** |

**HAP 6**

**\*\*\*\*Example/Standard letter of Invitation to Service User\*\*\*\***

**(Area Office Address)**

**Fax:**

**Tel:**

**Ask for:**

**You Ref:**

|  |  |
| --- | --- |
| ***[Service user Name]:*** ***[Address 1]:*** ***[Address 2]:*** ***[Address 3]:*** ***[Address 4]:*** ***[Address 5]:***  |  |

**Our Ref:**

Dear ***Insert Service User Name    ,***

**County Housing Adaptations Panel –** ***Insert Panel date***

I have booked a time for your case to be discussed at the Occupational Therapy County Housing Adaptations Panel on  *day/month/year*  at  *time, venue*    **.**

I have attached some information about the panel which explains its purpose and who will be there, and also a map/parking details.

If you are unable to attend on this date, would you let me know as soon as possible so that we can change the date or agree that I represent you.

If you have any queries, please contact me on the above number.

Yours sincerely,

***[OT Name]***

***[Title]***

***Cc: Operational Support Unit - Senior Admin Office***

**HAP 7**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**RECORD**

**Date of Panel Meeting**

**Name of Service User**

**Attended/Represented at Panel Yes** [ ]  **No** [ ]

**Name of OT**

|  |  |  |
| --- | --- | --- |
| **Name of Panel Members** | **Organisation** | **Signature** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |  |  |

**Panel Discussion**

|  |  |
| --- | --- |
| **Action Required** | **Actioned By** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Funding -** **Agreed** [ ]  **Amount**

 **Not Agreed** [ ]

**Signed**       **Date**

**[Chair of panel]**

 **HAP 8**

**KCC Social Care, Health & Wellbeing - Home Support Fund Application**

|  |  |
| --- | --- |
| CLIENT NAME:       | ID no.      |
| ADDRESS:      | D.O.B:       |
| Worker’s name:       | Date:       |

|  |
| --- |
| Proposed Adaptation:       |

 FINAL FIGURES

 ESTIMATED FOLLOWING

 FIGURES DFG APPROVAL

|  |  |  |
| --- | --- | --- |
| TOTAL COST OF WORKS  |       |       |
| CLIENTS ASSESSED CONTRIBUTION |       |       |
| DFG EXPECTED (minus client contribution) |       |       |
| CLIENTS AGREED CONTRIBUTION  |       |       |
| HOUSING ADAPTATIONS GRANT (up to £1000) |       |       |
| HOUSING ADAPTATIONS LOAN towards client contribution |       |       |
| HOUSING ADAPTATIONS TOP UP for works over £30k |       |       |

PREDICTED DATE OF GRANT APPROVAL:

PREDICTED DATE OF COMPLETION/PAYMENT:

|  |  |
| --- | --- |
| **APPROVED:**  | **DATE:** |
| Senior Practitioner OT       |  |
| HOUSING ADAPTATIONS PANEL      |  |