

REVIEW OF DISABLED FACILITIES GRANT SERVICES IN HERTFORDSHIRE

Peter Carey
Environmental Health Manager
North Hertfordshire District Council

November 2014

Contents

	Page
1. Introduction	3
2. Background	4
3. Current service arrangements	6
4. Other delivery models	13
5. Other consultations and issues	18
6. Analysis	21
7. Options	23
8. Conclusions	25
Glossary	26
References	27
Appendices	28

1.0 Introduction

- 1.1 In 2013, the Government announced the creation of a new budget, albeit largely drawn from other existing budgets, called the Integrated Transformation Fund as part of its ongoing changes to the delivery of health and social care services across the country. The fund was 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 and local authorities”¹. The fund was subsequently renamed as the Better Care Fund (BCF).
- 1.2 Included in the BCF is the Government’s capital grant contribution for disabled facilities grants (DFGs) that district councils have previously received directly from central Government.
- 1.3 Health and Well-being Boards are required to prepare a BCF Plan, agreed between social care authorities and the local NHS, and signed off by the Health and Well-being Board, which outlines how services will be commissioned.
- 1.4 In May 2014, district council officers in Hertfordshire met Hertfordshire County Council (HCC) Director of Health and Community Services, Iain MacBeath, to discuss whether there were any implications arising from the re-direction of the Government capital funding for the future funding of DFGs in Hertfordshire. Iain MacBeath indicated that he believed that Hertfordshire’s Health and Well-being Board would continue to passport the Government DFG allocation to district councils during 2014-15 and 2015-16 but going forward, would want to be satisfied that the funding was being delivered in the most effective way.
- 1.5 The district councils agreed that, particularly in light of the budgetary challenges that all authorities are facing, that it would be useful to review options around the delivery of DFG services by district and borough councils in conjunction with the County Council. A project scope was agreed, which is set out at Appendix 1.
- 1.6 The review was intended to be a scoping review, to identify different options that authorities may wish to investigate further. It has not been possible in the time available to investigate in detail all issues around adaptation services. It was recognised that different authorities have different approaches, not least because different districts/boroughs have different needs, and alternative service delivery models could be developed by two or three authorities, certainly in the first instance, if necessary.

¹ LGA/NHS England briefing note Aug13

2.0 Background

2.1 Successive governments have recognised the importance of enabling people with disabilities to live as independently as far as possible. Apart from the statutory duty to provide assistance to disabled people, there is clear evidence that DFGs can reduce other public sector costs such as reducing admissions to hospitals and residential care.

2.2 DFGs are an important mechanism for helping disabled people to secure appropriate adaptations to their properties. The type of works that DFGs can cover includes²:

- facilitating access by the disabled occupant to a room used or usable as the principal family room;
- facilitating access by the disabled occupant to, or providing for the disabled occupant, a room used or usable for sleeping;
- facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, or facilitating the use by the disabled occupant of such a facility;
- facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a bath or shower (or both), or facilitating the use by the disabled occupant of such a facility;
- facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a wash hand basin, or facilitating the use by the disabled occupant of such a facility;
- facilitating the preparation and cooking of food by the disabled occupant;
- improving any heating system in the dwelling to meet the needs of the disabled occupant or, if there is no existing heating system or any such system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet his needs;
- facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or by providing additional means of control;
- facilitating access and movement by the disabled occupant around the dwelling in order to enable him to care for a person who is normally resident and is in need of such care;
- facilitating access to and from a garden by a disabled occupant or making access to a garden safe for a disabled occupant.

2.3 The primary legislation governing DFGs in England is the Housing Grants, Construction and Regeneration Act 1996. DFGs are mandatory grants (see 2.6), albeit subject to a means test, with a maximum grant payable under the Act of £30,000.

2.4 There is also a range of other legislation that is relevant to the delivery of adaptations. For example, the Chronically Sick and Disabled Person Act 1970 places a duty on social services authorities to, amongst other things, "...the

² S.23 Housing Grants, Construction and Regeneration Act 1996

provision of practical assistance for that person in his home;” and “...the provision of assistance for that person in arranging for the carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience”.

- 2.5 Administration of DFGs lies with the Local Housing Authority (LHA), the district or borough council in two tier authority areas. The LHA has a duty to consult the social services authority in coming to a view as to what works are ‘necessary and appropriate’ to meet the disabled person’s needs and the housing authority must be satisfied that the works are ‘reasonable and practicable’ having regard to the age and condition of the dwelling.
- 2.6 The Care Act 2014 is a major piece of legislation that has been passed this year that will have significant implications for the delivery of social care functions, including DFGs, across the country in the future. It is mainly about the provision of care and support for people who are 18 or over. It aims to promote more joined up services and to ensure that people can the right service at the right time. There are additional duties on all local authorities around the provision of services, including a duty to co-operate with partners.

Funding

- 2.7 Local authorities have an absolute duty to provide DFGs for eligible applicants for eligible work. Although it is not said explicitly, implicitly there is a duty to ensure that adequate funding is available such that any grant application can be approved within 6 months. In Hertfordshire, this responsibility falls to district and borough councils.
- 2.8 Up until 2008/09, the Department for Communities and Local Government (DCLG) was obliged to meet 60% of whatever local authorities spent on DFGs, with local authorities required to contribute the other 40%. In April 2008, the Government ended the fixed 60:40 funding in order to introduce more flexibility into the design of services. From 2010/11, the Government’s contribution towards DFGs was paid as a non ring-fenced payment as part of the Single Capital Pot. Government DFG funding has largely been protected from the funding cuts that have been imposed on other areas of local government spending in recent years.
- 2.9 In the June 2013 Spending Review, the Government announced the creation of a pooled fund to enable the NHS and local authorities to jointly commission health and social care services. As stated in section 1 above, the BCF includes Government contributions towards DFGs.

3.0 Current service arrangements at district and borough councils

- 3.1 As part of this review, meetings have been held with each district/borough council to gather information about the nature of the service in each area. It is clear that making comparisons between districts is very difficult because each authority has developed a DFG service in its own way to respond to local needs and maximise use of resources within their organisation.
- 3.2 This exercise was not intended to be a benchmarking exercise; rather it was intended to gather data to inform decisions about possible alternative delivery models. Therefore, the names of individual authorities have not been included in the charts and tables below.

Service type

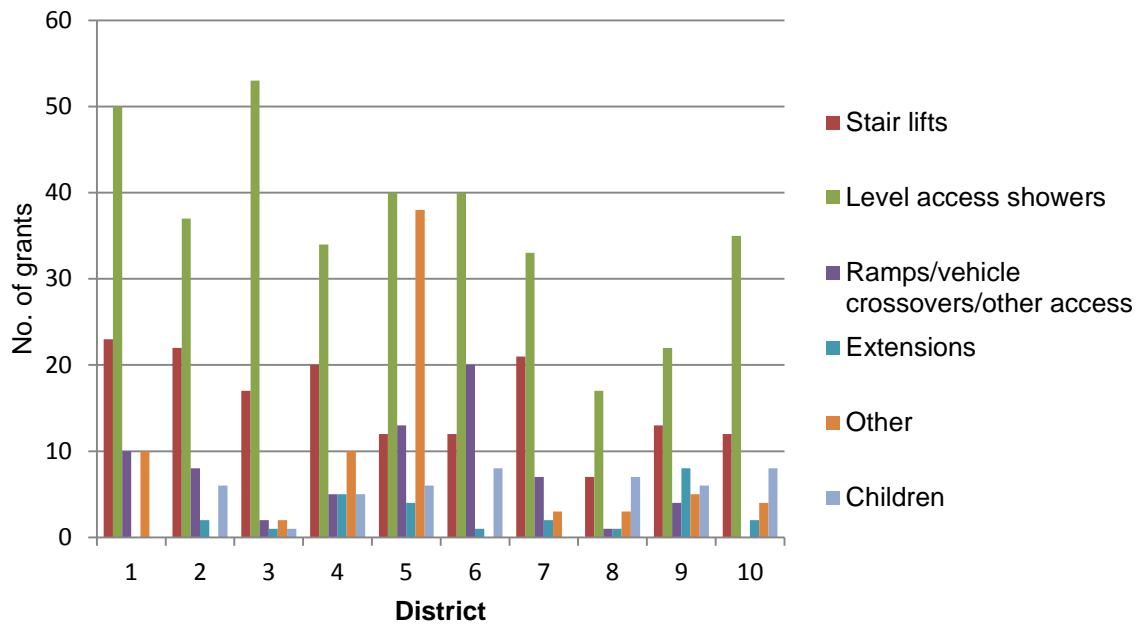
- 3.3 The table below shows where the DFG service sits within the organisation, how the service is delivered and the estimated staffing resources.
- 3.4 In six authorities, the service is managed within the environmental health service and in the other four districts, it sits within the housing service. In most authorities, the DFG service is part of the wider private sector housing function although in one authority, it is in a different part of the housing service altogether.
- 3.5 There are a number of different delivery models. All authorities have some direct input into the grant process although the range of involvement varies from minimal with the main activity being grant approvals and completions, to more detailed involvement akin to that provided by an HIA. This might include discussing options around adaptations, supporting clients in completing application paperwork, obtaining estimates on behalf of clients and overseeing works.
- 3.6 Staffing levels vary between different authorities. Although there is apparently a significant difference in staffing levels, these figures need to be treated with some caution. In most authorities, the DFG function is carried out by officers who provide a range of services and it has been necessary to estimate the proportion related to the DFG function. The required officer resource is also affected by the extent to which agents or other support services are used.

District	Service area		Delivery model							Staffing (FTE)
	EH	Housing	In house	Internal agent	External agent	Internal HIA	External HIA	Shared Service		
1	Y		✓		✓					1.5
2	Y		✓							1.0
3	Y		✓		✓		✓			1.5
4		Y	✓	✓						1.0
5	Y		✓		✓					0.9
6		Y	✓		✓					2.0
7	Y		✓							1.7
8	Y		✓							N/A
9		Y	✓							2.3
10		Y	✓				✓			1.0

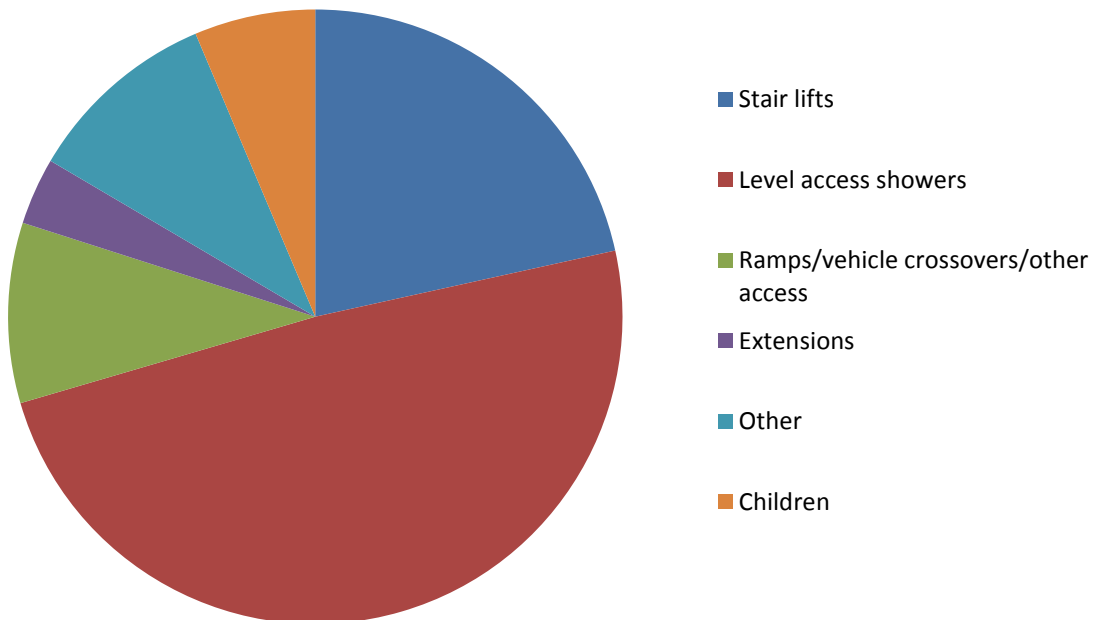
Types of adaptation

- 3.7 The charts below indicate the main types of adaptation that DFGs are used to fund. In order to simplify the exercise, broad categories were set out in the questionnaire and there may be some variation in how grants have been categorised because, for example, there will be cases where more than one adaptation is carried out. However, it can be seen that in every district, level access showers are the most common adaptation, a total of 361 accounting for nearly 50% of all adaptations across the County. Level access showers and stair lifts total around 70% of all adaptations.

Adaptation type by district



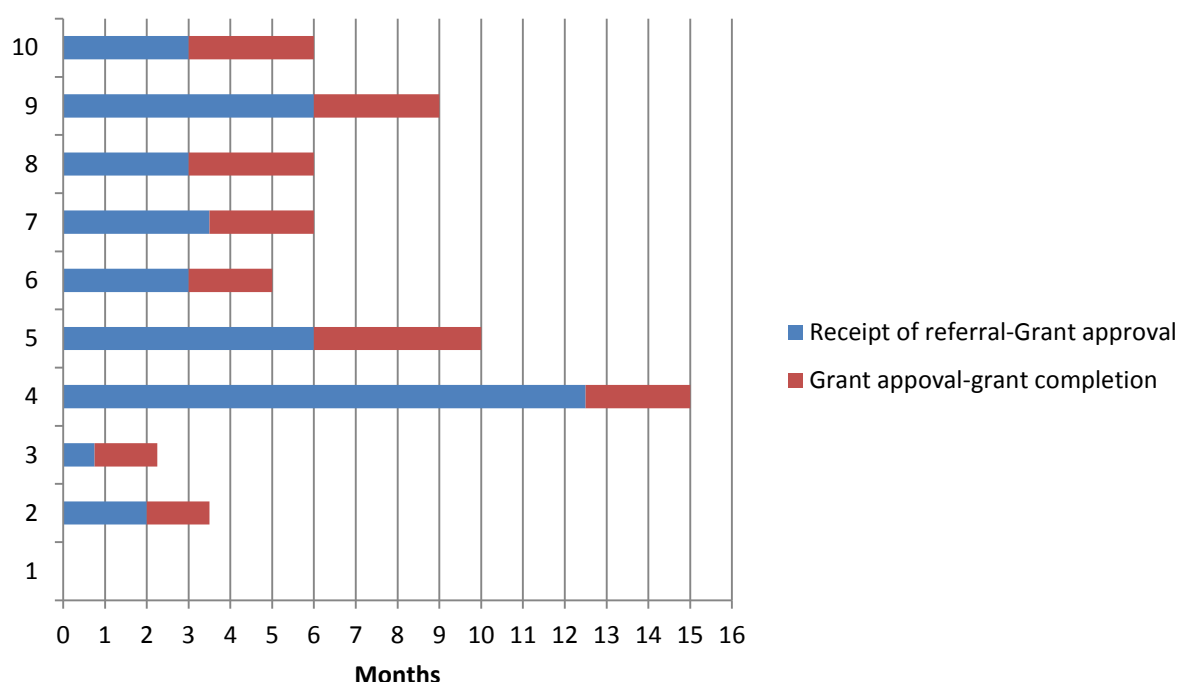
Adaptation types for all districts



Timescales

- 3.8 The timescales for assessment, processing of grant applications and completion of works were investigated as part of the project. However, it was impossible to even provide an indication of how long the process is from a client perspective.
- 3.9 Initial enquiries about adaptations are made to HCC's Occupational Therapist services. There are generally three teams who might respond to such referrals. Enquiries relating to adults are dealt with either by the 'See and Solve' Team if they are considered to be reasonably straight forward. More complicated cases are dealt with by the Extended Involvement Team. Adaptations for children are dealt with by Children's Services. Occupational therapists will assess the client's needs having regard to a range of possible solutions and may not advise an adaptation as a first response unless it is a very straight forward case; getting the best possible solution for the client is obviously the right approach but there does seem to be anecdotal evidence that there are internal processes that mean that referrals take longer to reach the district councils than they otherwise might.
- 3.10 Once district councils receive a referral, there are a number of stages that need to be gone through, first to complete an application and then, once a grant is approved, to complete the works. District councils were asked to estimate the typical time for these two stages, the results of which are shown in the chart below. Again, it has to be accepted that there will be variations because larger jobs, for example an extension to incorporate a bathroom, will obviously take longer than the fitting of a stair lift.

Timescales for processing grant applications by district councils



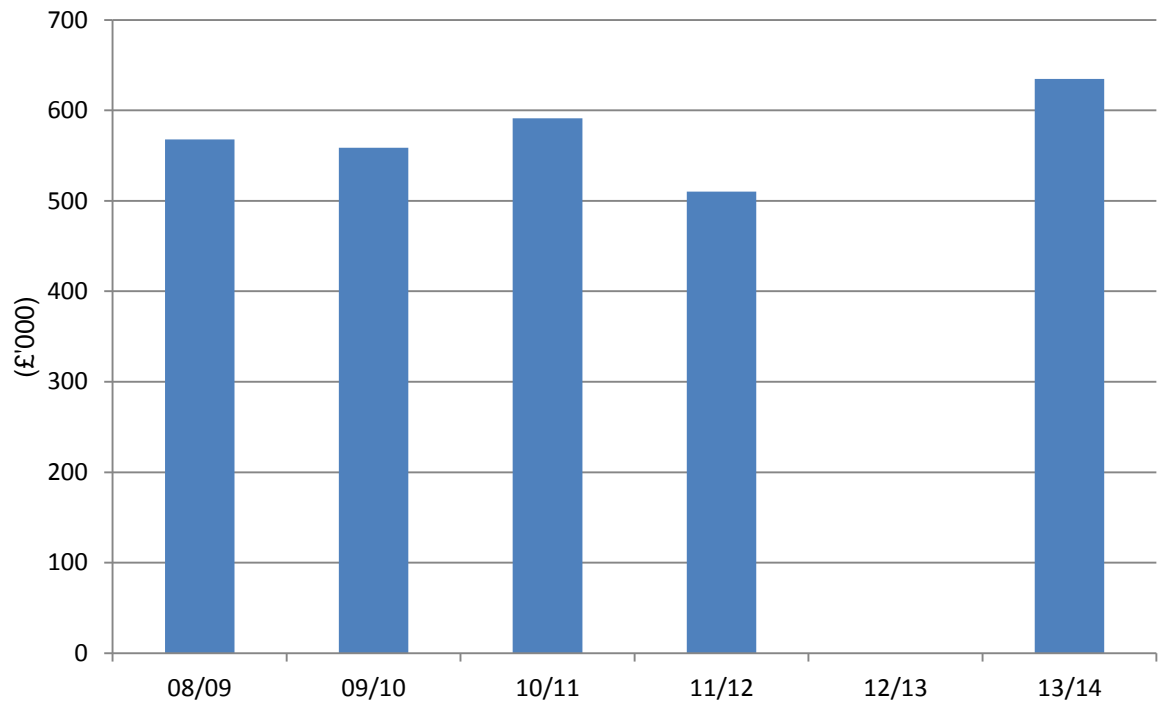
3.11 If the time for a referral to be dealt with by the Occupational Therapist service is, perhaps, 4 months and for a district council to arrange the works is an average of 6 months, it can be seen that a client may need to wait for nearly a year or longer before receiving an adaptation.

Funding

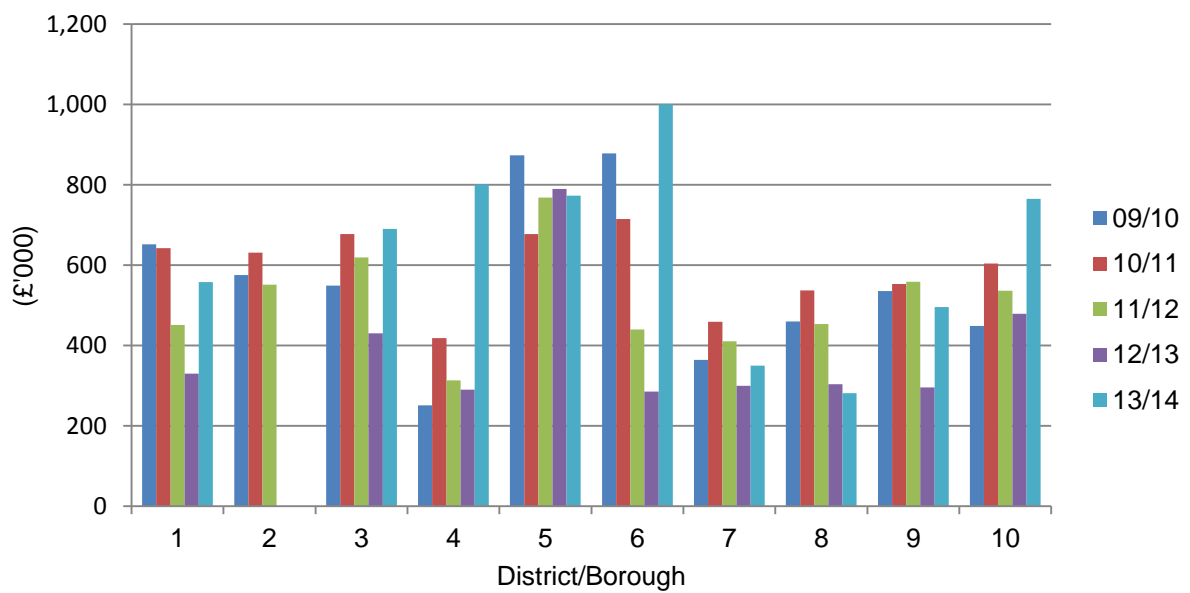
3.12 The total spending on DFGs across Hertfordshire has been between £5-6 million per year in recent years. As has been indicated above, the Government contribution to local authorities has been largely protected from the savings requirements imposed in other areas of local authority spending.

3.13 The district and borough councils have in turn recognised the benefits for people with disabilities and in many cases have contributed significantly to the total budget. The local authority contribution varies between authorities and also from year to year but across the County, has been between 45%-60% of the total budget in the last 5 years.

Average annual DFG budget per authority (Data source: Foundations)



Total DFG spending by authority (Source: Foundations)



- 3.14 Funding for adaptations also comes from registered social landlords, who may undertake adaptations directly or may have agreements with local authorities about part funding adaptations.
- 3.15 It should be noted that although DFGs should not depend on tenure, they are not open to public sector (i.e. council) tenants as such adaptations are funded by the housing revenue account.

Self-evaluation

- 3.16 As part of the survey of district and borough councils, officers were asked to comment on things that they felt worked well about their service, what constraints and barriers there were, and opportunities and benefits around service improvements. The following is a summary of the key issues.

Things that work well currently

- High level of customer satisfaction
- Quick delivery of grants
- Efficient delivery by using specialist agents/HIAs
- Monitoring of budgets
- Generic working provides flexibility
- Experienced, committed staff
- Local knowledge
- Political and senior management commitment
- Use of HIA frees up staff time to deal with other statutory functions
- Use of HIA has resulted in cost savings
- Local builders give very competitive rates

Constraints and barriers

- OT liaison
- Lack of case worker to support clients
- Lack of good quality agents
- Pool of builders too small
- Conflicting priorities
- Working relationship with RSLs

Opportunities

- Joint service could provide cost savings, improve resilience and consistency
- Opportunities for closer working between districts/boroughs and OTs
- Streamlining processes, especially around standard adaptations such as stair lifts and level access showers
- Reducing time for approval of grant applications and completion of works
- Recycling of stair lifts
- Use of modular ramps

4.0 Other delivery models

- 4.1 It is clear that there are a range of different delivery models around the country for DFGs. This suggests that there is no ideal arrangement; the key issue is to identify the best arrangements to meet local needs. However, there is value in looking at other areas to see if there are arrangements or elements of services that could inform any service re-design in Hertfordshire.
- 4.2 Both the 'Home Adaptations for Disabled People' and 'Disabled Facilities grants in England: a Research Report' publications contain case studies about different service organisation arrangements across the country. For the purposes of this study, four different services were investigated, all of which have different organisational arrangements:
- Norwich City Council is a lower tier authority with OTs from the County Council integrated into the Home Improvement Team, which operates as an internal HIA.
 - Somerset West Private Sector Housing Partnership is a shared service across three lower tier authorities delivering all private sector housing functions. The OTs are not formally integrated but work in the same building, facilitating close working.
 - Cambs Home Improvement Agency is a shared service of three lower tier authorities operating as an HIA.
 - Southend on Sea BC, a unitary authority, has outsourced its whole DFG service to an external HIA.

NORWICH CITY COUNCIL INTEGRATED HOUSING ADAPTATION TEAM

- Norfolk is a two tier local government area made up of a County Council and 7 district, city and borough councils
- 2011 county wide review of adaptations was undertaken - 5 options looked at for changing service, decision made to adopt integrated housing adaptations teams (IHAT), located within the second tier authorities, including bringing existing HIA in-house. Social services agreed to place OTs within each district
- Service within each second tier authority has developed slightly differently since original decision although original fundamental IHAT arrangement continues
- Norwich City Council (NCC) IHAT service by its Home Improvement Team (HIT), made up of
 - Case workers
 - Support & technical officers
 - OT & Assistant Practitioner
- Two main principles – trying to deliver service from customer's perspective and whole team approach
- Process is that on receipt of enquiry, case worker contacts service user, obtains fuller details, makes appt for caseworker and/or OT to visit to carry out assessment inc preliminary means test, appt made for technical team visit although case worker remains single point of contact

- Commission charged on private cases but people are not obliged to use the HIT
- Framework in place for level access shower cases with agreed schedules of rates
- NCC do not operate a handyman service but some districts do
- Protocol in place with RSLs through Norfolk Housing Alliance, which includes RSLs
- Second tier authorities have good relationship with County Social Care
- Believe that the arrangement will enable reciprocal duties under the Care Act to be delivered effectively

SOMERSET WEST PRIVATE SECTOR HOUSING PARTNERSHIP

- Partnership of 3 of the 5 districts in Somerset (Sedgemoor DC, West Somerset DC & Taunton Deane BC).
- Started with two authorities in 2007, with the third joining in 2010.
- Covers the whole range of private sector housing functions inc DFGs
- Operation of the service is governed by a written partnership agreement.
- Partnership Manager reports to a partnership board made up of the client managers from each District (e.g. Strategic Housing Manager) and a Councillor from each local authority (the Councillor being a Housing Portfolio Holder.)
- Staff are seconded to the partnership but continue to be employed by their host authority.
- Partnership Manager has delegated authority inc budgetary authority from client managers.
- Budgets held separately for each Council, managed by the Partnership Manager.
- Regarding DFG function, there is an external County-wide HIA, currently Aster Living, which supports delivery of DFG services.
- Grant process. Client enquiry to Somerset Direct > OT undertakes assessment > passed to Partnership, allocated to case officer in accordance with agreed allocations protocol > case passed to Aster Living, who visit, prepare spec, obtain quotes, submit application to Partnership > case officer approves > Works undertaken > grant paid.
- SDC and TDBC still own their own stock. Technical Officers in house undertake the tenant DFGs using fixed price quotes framework.
- DFG Review Group (made up of Partnership Manager, Senior Technical Officer, OT and Aster Living) looks at complicated cases to ensure DFG is best option. Also review budgets, waiting list, process and policy.
- Framework agreement in place for level access showers/wet rooms.
- Proposing to procure a joint HIA/equipment service in 2015, with stair lifts and ramps as part of the equipment service; also want to see recycling of stair lifts and ramps.
- OTs are based in district council offices so although not fully integrated, there is opportunity for close working between OTs and grant officers.
- Housing Option OT posts created to look at all options including housing options for individual clients.

CAMBS HOME IMPROVEMENT AGENCY

- Partnership of 3 of the 5 Cambridgeshire districts (City of Cambridge, South Cambs, Huntingdonshire)
- Service is an in-house shared HIA although has service specific branding and website (www.cambshia.org)
- Formally commenced April 2012. Initial partnership agreed for three years, has now been extended by one year (primarily due to central government policy change – Better Care Fund and Care Act).
- Current role is delivery of DFG and Repairs Assistance services but will also support private adaptations. Service covers stock transfer RSL properties in Hunts only small scale RSL adaptations (not council stock) in City & South Cambs.
- Partnership HIA Manager reports to a partnership board made up of the client managers from each District (e.g. Strategic Housing Manager)
- Partnership Board sets strategic direction and monitors operational performance. Quarterly meetings
- Each authority has made a contribution to the setup of the shared service
 - South Cambs provide the main office base, although satellite offices available in City of Cambridge & Hunts
 - Huntingdonshire provide IT, including single database (Civica)
 - City of Cambridge is the lead authority and provide policy lead, HR, Finance and Manager supervision. Hunts & South Cambs staff were TUPEd to City of Cambridge
- DFG & Repairs Assistance Capital Budgets for each authority approved by the relevant council and fed into the CHIA revenue budget (fee income targets generated from capital spend)
- Team is made up of case workers, surveyors and admin staff
- Approval of grant is made by grants officer, not by HIA at present (currently all 3 authorities have Grant Officers but potential for future review and rationalisation recognised).
- Casework management completely electronic
- Main source of income is fees associated with the agency function that are charged (10% in 2 districts, 12 % in the third).
- Initial focus when service set up was on customer service improvement, centralisation of data and standardisations so far as possible (ability to standardise is restricted by variations in grant policy, authority financial procedures and other operational differences) and creating a single identity. Staff work in localities but there is cross district working and development of more flexible working including home working.
- Currently still have different contractor arrangements in different districts (including a framework agreement in the City of Cambridge) but will look to bring contractor arrangements closer together in due course
- Future developments
 - Main priority is discussion with East Cambs and Fenland DCs about joining the HIA (taking forward an element of proposals submitted to Cambs County for the Better Care Fund by CHIA on behalf of the partner authorities)

- Developing relationship with OT, including bringing OT service in-house (this has been deferred due to major contracting change for health and social care services for adults in Cambridgeshire (Primary health care & County funded).
- Streamlining administrative procedures to reduce timescales from referral to completion of works and improve efficiency of the CHIA operation
- County wide handyman service is being procured by Cambs Health & Well-being Board (on behalf of primary health care, county council and 5 districts). CHIA Board has agreed tendering for this service at this time is not a CHIA priority (although they would like to see joint working or close co-ordination).
- A business plan is in development following a workshop including the Management Board, staff, OTs (adults and children) and county/health commissioners. Workshop feedback was also circulated to the other 2 districts in Cambridgeshire.
- The next Partnership Board meeting includes invites to attend to Fenland and East Cambs District Councils and County commissioners (who also represent the CCG).

SOUTHEND ON SEA BC (SSBC)

- SSBC is a unitary authority
- SSBC has an external HIA, Papworth, that provides a complete DFG service
- Contract put in place in 2009, with the aim of streamlining service delivery
- Grant officer and admin transferred to Papworth under TUPE
- Consideration was given to including public sector adaptations in the contract but this option was not proceeded with
- Process. Client contacts SSBC > Passed to OT Service for assessment > OT referral passed to Papworth > Papworth visit client, agree spec, seek quotes, submit application to SSBC for approval > SSBC private sector housing team approve grant, pass back to Papworth > Papworth instruct contractor > Works carried out > Papworth check, sign off, arrange payment to contractor > Papworth invoice SSBC > SSBC responsible for land charge issues and any follow up.
- SSBC undertake adaptations in public sector stock, private sector housing team administer housing repair assistance grants (HRAG) for owner occupiers
- Monitoring of contract. Private sector housing team leader has monthly meetings plus 6monthly audit
- Contract has service standards and PIs included
- Stair lifts. Essex CC has a framework agreement with Stannah that Papworth uses
- Papworth contract considered to work well and provide good service. Advantages include reduced administration for SSBC plus single point of contact for client

- Contract due for renewal next year. Future service being scoped out inc how health issues can be scoped into service provision with the aim of reducing down stream costs e.g. hospital admissions, adult social care
- Good working relationship with OTs although there are workload pressures in this area

5.0 Other consultations and issues

Occupational Therapist services

- 5.1 It was outside the scope of this review to undertake a detailed assessment of the occupational therapist (OT) services. However, the role of the occupational therapist is obviously critical to delivery of DFG services and the Partnership and Quality Manager (OT) at HCC was consulted as part of the review.
- 5.2 OT provision is split between children and adult services. Within adult services, cases are handled by the See & Solve Team, if reasonably straight forward, or the Extended Involvement Team, if they are more complex or there are long term conditions. No data was available as to how long it can take for an initial enquiry about a DFG to be assessed and passed to the relevant district or borough council.
- 5.3 There are OTs in hospitals who work with patients to assist readiness for discharge but they only have limited knowledge about adaptations.
- 5.4 The County has previously had a framework agreement for stair lifts but it is rarely, if ever, used because it was procured some time ago and it is now usually cheaper to seek individual quotations. However, a framework agreement could be re-visited.
- 5.5 OTs are keen to explore wider use of modular ramping to address access difficulties rather than use of permanent concrete structures.

Adaptations in Registered Social Landlord properties

- 5.6 Registered social landlords (RSLs) are a significant provider of accommodation across Hertfordshire and therefore are an important stakeholder around the provision of adaptations for disabled people.
- 5.7 Different RSLs have different approaches to the provision of adaptations and often for different reasons. Some RSLs, which have a significant element of former local authority housing taken over through stock transfers, have commitments arising from partnership agreements to contribute to some extent towards adaptations.
- 5.8 David Bogle, Chief Executive of Hightown Praetorian & Churches Housing Association, who is Chair of the Hertfordshire Housing Associations Chief Executive's Group, provided the following statement, which he stressed were his personal thoughts and not an agreed position of the Group

'From time to time, housing association tenants and prospective housing association tenants require adaptations to the home to help them to cope with physical disabilities.'

Unless the housing association acquired its stock from the local authority under terms which required the housing association to carry out such works without applying for Disabled Facilities Grant (DFG), the housing association or the tenant is currently eligible to apply to the local authority for DFG for the works.

Problems arise because:

- There is often a shortage of DFG funds and a backlog of applications*
- Sometimes Occupational Therapists specify the works required on a 'nice to have' basis without regard to cost*
- No funding is available to return the property to its previous condition when the disabled tenant leaves*

Successive governments have reduced the public funding available to housing associations and they have had to substantially increase their private borrowing and become more commercial in their approach.

From time to time it is suggested that, to save money, DFG should not be available for housing association properties and that housing associations should fund the works themselves. This suggestion is likely to continue to be resisted by housing associations especially when, because of rent regulation, the cost of any adaptations can not be recovered by increasing the rent.

However, it should be pointed out that most housing associations do set aside some funds each year for a limited amount of 'cost effective' disabled adaptations at their discretion.'

Other stakeholders

- 5.9 As part of this review, meetings were held with the Commissioning Manager responsible for Hertfordshire Equipment Services (HES) and with Hertfordshire Community Trust (HCT). HES provides a range of equipment to organisations and individuals to meet identified health and social care needs.
- 5.10 HCT provides a range of community services. They are working to roll out 'Home First' across the County. This aims to bring a variety of different services together so that they can be delivered in a person's home with the aim of keeping people out of hospital, reducing re-admissions, facilitating early discharge and managing long term conditions.

Disabled Facilities Grants in England: A Research Report

- 5.11 This report was commissioned by the District Councils Network' and the Society of District Council Treasurers and conducted by Astral Advisory in 2013. There were six recommendations:
1. DFG services should be delivered in an integrated way in which the whole service from initial enquiry through assessment to delivery is carried out by an integrated team, which includes an independent client advocacy role

2. Each local partnership should be required to set out an agreed Adaptations Strategy identifying needs and proposing local solutions.
3. The system should shift towards supporting people to make their own choices. Greater advice should be made available to all applicants, including consideration of the other housing options.
4. In the future, most adaptations for home owners should be funded through the equity in their own homes, supported by equity loans, with a grant safety net for those without equity.
5. DFGs should not be paid for adaptations in social housing. Registered providers should be expected to make best use of housing stock, taking advantage of tenure reform to do so. They should be expected to pay for adaptations from rental income in the same way as council housing.
6. Clinical Commissioning Groups should be expected to provide revenue support for housing-related preventative services which can delay or avoid admissions to hospital and care, especially handyman services.

5.12 Most of these recommendations are outside the direct scope of this report but the first recommendation is clearly relevant to the review.

Foundations

5.13 Foundations is the national body for home improvement agencies and handyperson services. Advice was sought from Foundations as part of this review and a number of issues and pointers were highlighted, drawn from their experiences across the country.

- The impact of adult social care on health costs in the future
- DCLG receive more complaints about DFGs than anything else
- Need to think about most efficient delivery mechanism for DFGs
- What else do we need to provide to keep people safe and independent in their own home
- Need to have conversation with people about their future housing needs before necessarily pursuing DFG option
- Best way of addressing issues is via partnerships – housing authorities, adult social care, public health, third sector
- Should aim to drive down costs and waiting times
- Framework agreements can be a good way forward for standard works e.g. stair lifts and level access showers. Could consider 'no unforeseen works' frameworks for level access showers to control costs

6.0 Analysis

- 6.1 The district and borough councils report that DFGs are being delivered effectively and there are high levels of customer satisfaction overall. However, customer satisfaction surveys are not generally carried out in a systematic way. Therefore, it has not been possible to ascertain in this review whether those high levels of satisfaction relate to the new facility or the way the service was delivered in providing the facility. It is considered that the former is probably the reason for good levels of customer satisfaction and may disguise any dissatisfaction with the time take to deliver adaptations. It is clear that the system is not failing and it is important to state this but there is a need to be open to opportunities for service improvements.
- 6.2 The DFG budget, including Government grant and local authority contribution, is now in excess of £6million in Hertfordshire. Some RSLs undertake some of their own adaptations and/or contribute to local authority DFGs.
- 6.3 There are number of external factors that are likely to impact on all public services, including the delivery of DFGs. These include:
- a growing elderly population, which is likely to result in increased health and social care needs
 - the likelihood that the future Governments will continue to reduce general financial support to local government
- 6.4 It is apparent that there are areas where there is scope for improvement around service delivery, even in services that are performing well.
- 6.5 The DFG process is inherently bureaucratic. There is little that local authorities can do about the legislative framework but the liaison arrangements between partners in Hertfordshire are themselves inefficient and result in delays in arranging adaptations. Someone needing an adaptation first contacts the County Council and their case will be assessed by one of three teams. Once a decision has been made, the case is referred to the relevant district/borough council. Some district/borough councils have fairly short waiting lists, others rather longer. It may that there is a query or a joint visit is required, in which case the district/borough council has to contact the relevant OT team. Some OT teams maintain case officers but the See and Solve Team closes the case once it is referred to the district/borough council, meaning a case has to be reallocated to deal with the follow up issue.
- 6.6 It has not been possible to obtain anything other than a general idea about the time taken to deliver an adaptation through the DFG process but at best it is at least six months, probably in most case 10-12 months and not uncommonly well in excess of a year. This is not satisfactory or sustainable. All authorities need to consider how a more effective system can be put in place to ensure adaptations can delivered more speedily.
- 6.7 In considering any business re-design, it is essential that regard is had to the Care Act 2014, which rightly seeks to put the client at the centre of the process. The client's needs must be properly assessed to prevent, delay or

reduce individual's needs for care and support and should involve housing services. Local authorities must ensure the integration of care and support provision and must establish and maintain information and advice services relating to care and support for all people in their area. Although the implications of the Care Act are still being considered, it is likely that there will be a need for significant changes in how services are delivered in the future, including circumstances where adaptations are required.

- 6.8 Nearly 50% of DFG adaptations across Hertfordshire are for level access showers and around 70% are for level access showers and stair lifts. There is clear evidence from other parts of the country that an effective way of reducing cost would be to investigate framework agreements for these types of adaptations. The more authorities involved, the greater the savings would likely to be. Different approaches could be taken, for example, by having a 'no unforeseen works' framework, which might mean marginally higher costs but would give greater certainty from a budgeting process as well as simplifying the process. Standard frameworks that are already in place could be investigated.
- 6.9 Most of the district and borough councils have concerns about resilience and expertise. Some authorities have dedicated officers dealing with DFGs, which is more efficient in that officers develop expertise but then there are concerns as to what happens when an officer leaves. Other authorities operate a more generic staffing model with perhaps 3 or 4 officers dealing with a range of functions including DFGs, which can improve resilience but may mean that more technically qualified and higher paid staff spend more time dealing with routine and administrative aspects around DFGs than is ideal.

7.0 Options

7.1 There are a range of options for taking forward DFG services in Hertfordshire. Some key options are set out below but these are not intended to be a complete list. It is for the district/borough councils working with the County Council, to decide whether they wish to explore a different option or options having regard to the evidence of current service demand and arrangements in some other localities.

7.2 Some councils will be content with their current arrangements but others will see advantages in a changed approach.

1. Maintain current service arrangements

The current service arrangements are delivering an effective DFG service at the present time and can continue to do so. However, maintaining the status quo would mean that that efficiencies and other benefits for all parties that could be secured by investigating alternative delivery models, in particular to improve liaison between agencies and reduce delivery times for adaptations, would be missed.

2. Shared DFG service approach

There are a number of different approaches that could be taken around the shared service model. A shared service is likely to provide greater resilience around service delivery than exists at present in some authorities where there is perhaps only one person responsible for DFG work. A shared service opens up opportunities for having dedicated case workers, which most authorities do not currently have. Similarly, there would be a greater likelihood of integrating OT services. With all options, it is assumed that budgetary responsibility would continue to lie with individual districts. A shared service model would be well placed to fit into the wider re-design of health and social care services in response to the Care Act 2014.

a. Two or more authorities working with agents/HIA

At the most basic level, this might simply be two or more authorities collaborating to deliver a service that is similar to the present service. However, it could increase resilience and enable the authorities to procure more cost effective terms with agents and contractors. This approach would be relatively simple to implement but may not deliver the integration that the options below have the potential to.

b. Two or more authorities working as an internal HIA

This model builds on the basic shared service model by setting up an internal HIA. The Cambs HIA is an example of this model.

c. Two or more authorities working as an HIA with integrated OT service

This model is a fully integrated adaptations service operating with case workers, technical staff and occupational therapist. It is akin to the Norfolk model but operating on a cross authority basis. This option would be more complicated to set up but could provide greater long term efficiencies.

It would be possible in the future for any shared service model to be developed as a social enterprise.

3. Shared private sector housing approach

This approach has similarities to the Somerset West Private Sector Housing Partnership, where a wider range of functions including DFGs are shared across two or more authorities. It may be more complicated to set up than a single function DFG service but would facilitate an integrated approach private sector housing matters, which has been quite important to some authorities. It may also be better places to work with partners around the delivery of the Care Act.

4. Outsourcing to an external agent/HIA

Local government has gained considerable experience in outsourcing services in the last 10-20 years. Therefore, outsourcing the DFG function to an external agent or HIA as has been done in Southend on Sea and more locally in Welwyn Hatfield remains an option. This can be very cost effective approach and addresses the resilience issue from the local authorities' perspective but may lead to a loss of expertise from a policy perspective.

5. Framework agreements

Frameworks agreements for certain types of works have the potential to reduce the cost of procuring adaptations. As well as reducing the direct costs, the framework agreement approach should also result in administrative savings and reduced handling times. The success of any framework agreements depends on careful specification and having an effective procurement process. Stair lifts and level access showers adaptations are the two areas that would most obviously be suitable for framework agreements but other adaptations could be considered. An important point to note with this proposal is that framework agreements could be delivered independently of any other organisational changes and the significant benefits could be quickly realised.

8.0 Conclusion

- 8.1 DFG services in Hertfordshire have largely been delivered in the same way for a number of years. Customer satisfaction is generally good although it is unclear whether satisfaction of customers is about the adaptation or the process in securing the adaptation or both.
- 8.2 Many areas around the country have changed their operating model around delivery of DFGs. There is no single model that stands out as being close to the ideal model because each area designs its services around local needs. However, it is clear that there are potentially significant benefits to be gained for service users and local authorities in terms of better delivery and reduced costs from changing the way adaptations are procured and delivered in Hertfordshire.
- 8.3 The requirements of the Care Act 2014 and the clear need for further financial savings over the next few years mean that maintaining the status quo is not an option. However, agreeing on a way forward will require management and political commitment as well as determination to pursue an improved delivery model.

Glossary

BCF	Better Care Fund
DCLG	Department for Communities and Local Government
DFG	Disabled Facilities Grant
HCC	Hertfordshire County Council
HCT	Hertfordshire Community Trust
HIA	Home Improvement Agency
HIT	Home Improvement Team
IHAT	Integrated Housing Adaptation Team
LHA	Local Housing Authority
NCC	Norwich City Council
OT	Occupational Therapist
SSBC	Southend on Sea Borough Council

References

1. 'Home Adaptations for Disabled People'
– A detailed guide to related legislation, guidance and good practice
Published by the Home Adaptations Consortium 2013
2. Disabled Facilities grants in England: a Research Report
By Astral Advisory for the District Councils' Network and the Society of District
Council Treasurers April 2013
3. Disabled Facilities grants (England)
House of Commons Information Note (SN/SP/3011) 18 December 2013

Appendix 1 Original project scope

<p>Activity</p> <p>1.0 Objectives</p> <p>1.1 To document how adaptation services are delivered in Hertfordshire</p> <p>1.2 Identify strengths and weaknesses of existing service delivery including gaps in current service provision, trends & analysis of service provision compared with need</p> <p>1.3 To examine opportunities for joined up working / sharing of services</p> <p>1.4 Develop options for service improvement</p>
<p>2.0 Methodology</p> <p>Background</p> <ul style="list-style-type: none"> • Set out legislative basis for DFGs (and other housing grants) • Review Better Care Fund objectives and other recent social care changes • Review recent DFG research projects • Identify any relevant performance indicator data <p>Stakeholder interviews</p> <p>Purpose of interviews is to:</p> <ul style="list-style-type: none"> • Document current service provision including budget, staffing, number of grants etc • Identify strengths and weaknesses of existing arrangements • Seek ideas for opportunities for improvement to services <p>Stakeholders:</p> <ul style="list-style-type: none"> • All Hertfordshire District/Borough Councils • HCC OT Teams [inc. Serco, Extended Involvement, HCHS(NHS)] • HCC Director/Asst Director Health & Community Services • Hertfordshire Equipment Service • HIAs • CCGs • NHS • Registered Providers/Housing Associations • Service Users? <p>Other delivery models</p> <ul style="list-style-type: none"> • Examine other delivery models in other parts of the country
<p>Analysis</p>
<p>Conclusions and recommendations</p>

Appendix 2 Organisations contributing to the review

Broxbourne BC
Dacorum BC
East Herts DC
Hertsmere BC
North Hertfordshire DC
St Albans DC
Stevenage BC
Three Rivers DC
Welwyn Hatfield BC
Watford BC

HCC Health & Community Service Directorate
HCC Occupational Therapist Service

Cambs HIA
Norwich City Council Housing Strategy Team
Somerset West Private Sector Housing Partnership
Southend on Sea BC

Foundations
Herts Housing Association Chief Executives Group
Herts Community NHS Trust