



Meeting: EXECUTIVE Agenda Item:

<u>Portfolio Area:</u> Housing, Health & Older people

Date: 18 OCTOBER 2016

4

HERTFORDSHIRE SHARED HOME IMPROVEMENT AGENCY

KEY DECISION

Author: Jim Archibald Ext. No. 2251
Lead Officer: Aidan Sanderson Ext. No. 2311
Contact Officer: Jim Archibald Ext. No. 2251

1. PURPOSE

- 1.1 To consider a proposal from Hertfordshire County Council (HCC) to establish a county wide home improvement agency service to help elderly and vulnerable persons to live more independently and safely at home.
- 1.2 The service will initially focus on the discharge of the statutory duty placed on District/Borough councils as regards mandatory Disabled Facilities Grants (DFGs), but will also provide a platform for the innovative delivery of allied services such as a handyman scheme, measures to tackle fuel poverty, etc.
- 1.3 A business case for such a service has been developed in partnership with Hertfordshire County Council (HCC), and a number of district/borough councils, including Stevenage Borough Council. The business case has been developed after a review of current service provision, consideration of alternative delivery models and the likely future needs of residents in Hertfordshire, particularly the growing elderly population. In order to take forward the proposal, authorities are now being asked to confirm their commitment to participate in a shared service so that work can continue on developing the detailed implementation phases with a view to a service going live in 2017/18.

2. RECOMMENDATIONS

- 2.1 That an in principle decision be made for Stevenage Borough Council to join the Shared Home Improvement Agency from April 2018.
- 2.2 That a further report be brought back to the Executive with detailed proposals in due course

3. BACKGROUND

3.1 The Housing Grants, Construction and Regeneration Act 1996 requires Local Housing Authorities (LHAs) to provide financial assistance to people with disabilities

- who require physical changes to their home to enable them to live independently. This assistance is provided by way of a Disabled Facilities Grant (DFG).
- 3.2 Delivery of the grant has not changed significantly since the Act came into force. Upon a request from a resident, the County Council's occupational therapist carries out an assessment and recommends the adaptations that the client requires. The housing authority receives the referral, undertakes a means test to determine whether the client is required to make a contribution approves the grant and makes payment on satisfactory completion of the works.
- 3.3 LHAs receive a capital grant from central Government to support the requirement to fund these works. Up to 2008, central Government was obliged to fund 60% of expenditure on disabled facilities grants, with local authorities required to contribute the remainder from their own resources. This 60:40 split ended in April 2008 when the Government withdrew the requirement on local authorities to provide match funding, in order to provide more flexibility to design services relevant to local delivery needs. All district and borough councils in Hertfordshire continue, to varying degrees, to contribute to home adaptations.
- 3.4 In 2013, capital grant contribution from central Government became part of the Better Care Fund, a pooled funding stream that supports the integration of health and social care services; with the aim of improving services for residents and also to promote the more efficient use of collective State resources. In Hertfordshire, the Better Care Fund is administered by Hertfordshire County Council. The Government has significantly increased funding to LHAs, via the Better Care Fund, to support home adaptations and other services to support independent living. The increase in Hertfordshire is in the region of 80%.
- 3.5 In 2014, the Care Act sought to further change the way care and support is delivered for vulnerable people. The Act sought to radically modernise how care and support is delivered by promoting individual wellbeing, focussing on prevention and wellbeing with the aim that people should be enabled to live in their own homes as long as they are able, retaining their independence and control over their own lives as far as possible. All authorities have a duty to co-operate, for example by promoting the integration of care and support with health services, in order to improve services to residents.
- 3.6 Beyond the introduction of the Care Act's duty to cooperate, there are a number of significant drivers for the fundamental reform of LHA home adaptations services in Hertfordshire.
- 3.7 The County has an ageing population; these residents have an overwhelming wish to live as independently as possible in their own homes. Their support needs are multifaceted and are not necessarily reliant on financial support many just want guidance on how best they can maintain their independence in their own particular circumstances. The proposed Service aims to provide easily accessible, consistent, sustainable, high quality, and affordable services for all residents in the county.
- 3.8 The current two-tier working arrangements are inherently confusing to residents and introduce inconsistency and inefficiency. By integration, the services can become more efficient in two ways:
 - the processing of applications can become more streamlined, involving only one agency, thereby reducing costs and reducing the likelihood of error or inconsistency, and

- communication regarding the existence of DFGs (and allied services such as housing advice) can be improved - this will expedite the provision of services to those in need and help overcome the current need for them to navigate complex administrative systems.
- 3.9 Feedback from service users (people who are currently going through the process and former applicants) is being gathered countywide to inform the design process. A key aim of the HIA proposal is to simplify the process to make it easier to navigate and it is important, therefore, to be aware of where customers experience difficulties. Although the investigation is still in its very early stages, feedback so far indicates that customers find poor communication between parts of the service (even where individual professionals are seen as being helpful), a lack of understanding of the whole household's needs, unreasonable delays, and an adversarial approach to agreeing what is able to be done. They also feel that they are not sufficiently advised of what they are eligible for, there is a lack of choice and involvement during the process, and that the application process itself is not clear. The proposed service is being designed to establish a new way of working that will address these concerns, and evidence from other areas of the country who have a adopted an integrated approach report considerable improvement in positive customer feedback.
- 3.10 Many LHAs find it difficult to provide DFGs services consistently as their scale of operation make them vulnerable to staff absences and dependent on niche skill sets. A combined service would be more resilient to these challenges and would provide an opportunity for career progression, informed staff succession management, skill refinement, and dependable workflow management. This is particularly important in the light of the significant increases in capital investment signalled by the Government and strategic demographic pressures in Hertfordshire.
- 3.11 There is a growing evidence base that confirms the value of DFGs, etc., in reducing the incidence of hospital admissions and, where they have occurred, the sustainability of patient discharge. A county-wide integrated service that provides timely and targeted support to residents so that they can stay safely in their homes is therefore an investment opportunity for the Clinical Commissioning Groups operating in Hertfordshire. The current arrangement of 11 providers with different service standards is less likely to attract such investment.
- 3.12 The role of housing in the promotion of health and wellbeing has not always been well recognised either nationally or locally. The collaboration recommended within this report could go some way to rebalance this, illustrating that public health and the wellbeing of Hertfordshire residents is not the exclusive function of the NHS or Hertfordshire County Council, but a collective ambition of Hertfordshire district/borough councils too.
- 3.13 Central Government has an expectation of more collaboration and innovation as regards these types of services and therefore this proposed collaboration provides an opportunity to demonstrate this in practice locally.

4. REASONS FOR RECOMMENDED COURSE OF ACTION AND OTHER OPTIONS

4.1 In response to the changing legislative and financial climate and to address service delivery issues across the County, a partnership review was undertaken between district and borough councils and the County Council. The review looked at the

- current delivery of services across all authorities, considered examples of alternative delivery models in other parts of the country and the future needs of residents across the County.
- 4.2 The outcome of the review is this proposal for a shared home improvement agency service. The vision for the proposal is to establish a cost effective service that will not only deliver statutory services such as disabled facilities grants, but will also be able to provide a service to those who fall outside of the grant eligibility who currently receive no assistance. The service also aims to promote independent living more generally by offering residents housing related services, such as a handyperson service and home improvements.
- 4.3 The objectives of the agency would be to:
 - Ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is timely, accessible, equitable and fit for purpose
 - Reduce health inequalities across the county
 - Deliver a fully standardised and streamlined service, enhancing operational efficiency, customer satisfaction and improving value for money
 - Implement robust monitoring arrangements against key performance indicators
 - Improve service resilience through joined up working, adopting a common methodology and service standards, sharing staff knowledge, skills and expertise
 - Support the wider health and social care integration programme across Hertfordshire
- 4.4 The proposal is for a shared service rather than an outsourced service, to be hosted by the County Council. The service would include occupational therapists drawn from the County Council's Occupational Therapy Service and technical staff drawn from the district and borough councils choosing to join the shared service. Case officers would act as a single point of contact for the client with other professionals such as the occupational therapists and technical staff drawn in as required. This will reduce stress and multiple handoffs, where mistakes and misunderstandings can occur. Having occupational therapists and technical staff in the same team will significantly shorten the process of commissioning adaptation works compared to the current arrangements.
- 4.5 It is intended to undertake a procurement exercise to put in place a contractor framework for common adaptation works e.g. stair lifts and level access showers, as it is believed that cost savings can be achieved from such an approach, as well as opportunities to simplify the commissioning of works.
- 4.6 The business case in Appendix 1 sets out the detailed justification for the service. However, in summary, it shows that the service can be delivered on a revenue neutral basis, at the same time as improving service delivery to residents.
- 4.7 Due to the caveat given by districts that the shared service would only be a feasible option if costs were maintained at current levels, it will be necessary to charge an agency fee to clients. The amount to be charged will be dependent on which authorities participate, but is likely to be in the region of 10-15%. This fee is eligible for grant assistance. The maximum grant payable is £30,000 and is subject to a means test.

- 4.8 The Council would need to continue to include an annual capital contribution of £350,000 in the capital programme for provision of disabled facilities grants to residents in the district. Initially, the Council will continue to deal with house renovation grants although there may be an opportunity to deliver them through the Agency in the future.
- 4.9 It is also believed that the proposed service has the potential to generate income by offering other housing services, for example to people wanting adaptations who do not qualify for a disabled facilities grant, because of the expertise that the service will have in this area. It is intended that the service will contribute to other health and social care integration projects, perhaps by being able to arrange certain adaptations that improve hospital discharges, thus reducing costs in other areas.
- 4.10 The exact arrangements for the new service will depend on the number of authorities deciding to join; currently four districts/boroughs plus the County Council have confirmed that they are likely to join. The intention is to launch the service in the financial year 2017/18.
- 4.11 The Senior Management Board and Environmental Health Officers recognise that a well-run Home Improvement Agency will provide an improved service to residents and that proposed arrangements can deliver this. However there are currently service related issues, including a restructure, that officers want to complete prior to joining the shared service. The potential start date for the agency operating is October 2017 and officers recommend joining in April 2018

4.12 Other Options

4.12.1 The Council could continue to deliver DFGs through existing arrangements. The current service works well and continuing to provide the service in-house would retain control over delivery and quality of service. However, residents would not benefit from the quicker and more efficient service that the Agency is expected to provide. Furthermore, the opportunity to improve resilience, reduce costs and provide additional services would also be lost.

5. IMPLICATIONS

5.1 Financial Implications

- 5.1.1 The business case assumes that the Council will continue to pay an annual contribution of £350,000 per year for Disabled Aids and Adaptations which is the budget included within the Capital Strategy.
- 5.1.2 In addition the business case assumes that the Council will make a revenue contribution equal to the current cashable revenue costs spent on providing the service in-house, including 0.8FTE of a staff post. These costs total £39,250.
- 5.1.3 The business case is cost neutral to the Council but does require clients to be charged an admin fee of 10-15% of the works which is eligible for grant.
- 5.1.4 The common framework for procuring contractors to deliver adaptations in clients' homes is anticipated to deliver economies of scale.
- 5.1.5 The new service will also be able to offer assistance to those not eligible for a DFG, who currently have to make their own arrangements for the adaptations they require.

5.2 Legal Implications

5.2.1 The legal implications will emerge once the exact arrangements for the new service are settled.

5.3 Equalities and Diversity Implications

5.3.1 The proposed Home Improvement Agency will provide an improved service to vulnerable and elderly residents.

5.4 Staffing Implications

5.4.1 Disabled Facilities Grants are currently administered by the Environmental Health Unit's Residential Team. As DFGs do not form a significant part of any individual officer's role, there are no TUPE implications from the proposal. However, as a total of up to 0.8 FTE of an EHO would be deleted from the service, there may be redundancy issues should the proposal go ahead.

BACKGROUND DOCUMENTS

None

APPENDICES

Appendix 1 - Hertfordshire Shared Home Improvement Agency - Final Business Case