

# **Report to CPSB 4<sup>th</sup> October 2018**

## **Housing Adaptations & Repairs Policy & Improving Adaptation Pathways**

### **Purpose of report**

To present the Cambridgeshire Housing Adaptations & Repairs policy following consultation with key groups.

To highlight some of the risks around delivering the policy, and generate discussion in relation to adaptation pathways in the context of the Think Communities vision, approach and priorities.

### **Strategic Context**

This work links particularly with the Grand Challenge of 'Ensuring that people are healthy throughout their lives' but also touches on creating a place where people want to live and giving people a good start in life.

Adaptations and repairs for older and disabled people and others on low incomes have a significant role to play in supporting broader health and social care outcomes – including promoting independence, ill health prevention, reducing hospital and care admissions, and helping to make health and care services more sustainable.

### **The policy**

The draft policy was discussed at CPSB in August 2018. The latest (almost complete) draft, following consultation, is attached at Appendices 1 & 2. The final policy is due to be presented to Integrated Commissioning Board on 15<sup>th</sup> October before submission for approval by each district.

### **Risks & Issues**

In presenting the policy it is worth highlighting the following risks and issues.

- All five districts will need to be willing to adopt the policy through their own decision making processes.
- Capital grant is allocated to each district via the Better Care Fund (BCF) through a national formula. For three of the five districts – those who do not own their own stock - there is currently insufficient funding available to meet even mandatory Disabled Facilities Grant (DFG) requirements. Most of the districts are unlikely to be able to deliver the discretionary elements unless they are able to supplement with their own resources; which for some, in the current economic climate, is unlikely.

- Introducing a joint policy may lead to unrealistic expectations around what can be delivered – from health and social care professionals and potential service users.
- Reluctance of some districts locally to allow capital money to be spent for revenue purposes – e.g. funding prevention projects, adjustable wheelchairs etc. By channelling funding through the BCF government has demonstrated that it wants to encourage this approach, but financial regulations have not caught up. Many other districts nationally are doing this.
- Withdrawal of revenue funding to Home Improvement Agencies (HIAs) by County Council and Clinical Commissioning Group makes the agencies' future uncertain. Services have been working to improve efficiency, but fees do not cover all the work of the agency, e.g. upfront work where a service user then decides not to proceed with a grant; more preventative work not leading to a grant being required, etc. Withdrawal of an element of the capital allocation to support up-front pathway work has also reduced the overall amount of grant that can be awarded, and in turn reduces the agencies' fee income. Increasing the percentage level of fees for fee-paying work in turn leaves less money in the pot to meet needs, as well as passing more cost on to service users who are assessed as needing to make a contribution.
- Having three agencies, different Occupational Therapist (OT) approaches, and each district having their own grant officers, can lead to inconsistencies in service delivery, and raises questions around overall cost effectiveness of the service across the county. Added to this there are other services which risk overlapping – e.g. Handyperson, Bobby Scheme, Fire service etc.
- There is recognition that service user pathways need to be redesigned to better channel resources and move towards more upstream prevention. OT referral is often the first step, whereas individual needs and options need to be identified much earlier; only going down the grant/adaptation route if it is cost-effective taking into account the wider public purse and where it would achieve the best available outcomes for the service user.
- There is a lack of information on alternative housing options, including availability and location of adapted/adaptable social housing, and how to identify and access suitable private rent and market homes.
- Two housing options coordinators are being employed by the county council to get involved with people at an earlier stage to support them in considering their housing options before a decision is made to go down the adaptations route. One for adults, and one for children. This is a step in the right direction, but there is a long way to go before this starts to show real results. Eg one post to take on a case-load for all adults requiring a referral is unlikely to be sufficient; and this would still only pick up cases where they have reached the point of potentially needing an adaptation. Resource is also needed to enable more support and 'hand-holding' through the process if more people are to be persuaded to move somewhere more suitable

- OT referral includes some consideration of whether moving might be an option, but by that stage a person is already 'in the system' and it is more difficult to back-track and persuade a client that moving might be better.
- Some Housing Associations are reluctant to fund adaptations for their tenants, with DFGs picking up the cost.
- Any implementation of 'fast-track' adaptations – without OT referral or means-testing – is likely to increase demand. With the full cost of these works being met through grant (with no client contributions), the average grant cost for these jobs is likely to rise. This in turn leaves less grant available for other interventions. It also means that some applicants may end up down the adaptations route rather than the OTs recommending other potentially more cost-effective interventions, such as exercise programmes.
- A national DFG review is under way, but with uncertain timescales. This could require further changes to our policy.

### **Some questions we are asking ourselves**

An Adaptations Pathway Project Manager is being employed by the county council on a year's contract (funded through top-slicing the DFG grant allocation) to consider how adaptation pathways could be improved. The following are some of the questions being posed.

#### General:

- How to develop a system-wide approach with all partners– particularly health, social care and housing - working together towards the same objectives through a multi-agency approach, promoting prevention and better supporting people to help themselves?
- How to move towards a consistent, integrated and preventative HIA service across the county, which aligns with other services, is appropriately resourced, and which provides a broader range of services with people at the centre of the process?
- In the shorter term, how to simplify processes, and better integrate housing options, OT and agency services to ensure common goals?
- How to develop a long-term sustainable funding model for the HIAs and the wider pathway which supports preventative work which does not generate a fee income, and keeps other service users' fees at a reasonable level?
- How to further develop up-front housing options work so that grants are targeted only at those for whom they are the best option? How can consideration of housing options be part of the wider system to stimulate people to think of it before health starts to deteriorate – ie well before potential adaptation need arises?

- What role can partners play in helping improving the quality of new homes to enable people to remain in their homes for longer, and to make it easier and cheaper to adapt them if required?

More specifically:

- Should more resource be made available for up-front housing options work? Where would this come from; without further reducing the capital available for works and/or the revenue for HIAs, reducing either of which would make it harder for the policy to achieve its objectives?
- Should DFG funding be differently across the districts, according to district need? If so, how to allocate?
- Do we need separate grant officers for each district? Can we improve efficiency by sharing resources? Should they be co-located and/or managed by the agency? (Current grant officer vacancy at Huntingdonshire presents an opportunity to consider alternative ways of working).
- Can districts agree to using capital funding for revenue purposes where this would achieve the best and most cost-effective outcome for the customer? Eg for spend to save measures.

In summary – if transformation is to take place, and the policy to be implemented effectively, there needs to be cultural and structural change; and a collective spend to save approach is needed to move towards a more integrated, person-centred, preventative service across the whole system.

**Helen Reed**  
**Housing Strategy Manager, Cambridge City Council**