

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 JUNE 2017 AT 10:00AM**

HERTFORDSHIRE HOME IMPROVEMENT AGENCY

Report of Chief Executive, East Herts Council

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1 Purpose of report

1.1 The purpose of this report is to inform the Health and Wellbeing Board members of the new Hertfordshire Home Improvement Agency (HHIA) service which has been created to help older and vulnerable people, and adults and children with disabilities to live more independently and safely at home.

2 Summary

2.1 Disabled Facilities Grant (DFG) is a mandatory grant administered by the local housing authorities to enable people with disabilities to have adaptations and modifications made to their homes in order to make them more suitable for them. The grant is means tested, unless it is to meet the needs of a child under the age of 19, and is available to home owners, and private and social tenants.

2.2 In 2013, the central government DFG allocation moved from being directly paid to the district councils, to being paid through the Better Care Fund via the County Council. This shift underlined the role of appropriate housing in keeping people well at home and out of acute care settings.

2.3 **The current model:** The current process for applying for a DFG is clunky and bureaucratic. The basic model is that occupational therapists (OTs) specify the customer's functional and environmental requirements, and then pass the case to the DFG administrators to implement the specification. The OTs and administrators work for different organisations (county and district or borough) and the process can be slow and confusing for the customer.

- 2.4 **The new model:** The new service will bring together county OT services and district and borough housing services to deliver a more streamlined and effective delivery mechanism, providing a single approach to delivery across administrative boundaries, improving resilience of the service, and providing a faster and simplified 'one-stop-shop' approach for customers.
- 2.5 The service is due to go live in autumn 2017. It is intended that as the new service becomes established it will contribute to wider health and social care priorities.

3 Recommendation

- 3.1 To note progress made on setting up a Home Improvement Agency in Hertfordshire.

4 Background

- 4.1 Disabled Facilities Grant (DFG) is a capital grant paid directly from central government, intended to help people who live with disabilities use their homes more effectively. In recent years, there has been a clear steer from government that housing has a key role to play in keeping people safe and healthy, and in improving their well-being.
- 4.2 The Care Act 2014 specifies housing as a health related service, and in that year DFG Capital Grant was moved into the Better Care Fund (BCF) to assist with the integration programme. As a consequence, BCF plans now have to recognise the contribution housing makes to wellbeing, and top tier authorities need to show that they are working with their district colleagues to bring health, care and housing together. County Councils are required to ensure that the specified DFG allocation is paid to the housing authorities to deliver their statutory duty contained within the Housing Grants, Construction and Regeneration Act 1996.
- 4.3 The HHIA will be included in the Hertfordshire Better Care Plan for 2017–19.
- 4.4 The 2015 Autumn Spending Review increased the DFG capital grant significantly, with an expectation that flexibilities to use the grant more creatively to delay, reduce, and prevent health and care needs within the population would be fully explored. In the 2017/18 financial year, the DFG Capital Grant element for Hertfordshire is as follows:

Hertfordshire	£6,200,645
Broxbourne	£633,320

Dacorum	£740,866
East Hertfordshire	£580,561
Hertsmere	£589,129
North Hertfordshire	£716,159
St Albans	£581,902
Stevenage	£634,120
Three Rivers	£499,568
Watford	£574,590
Welwyn Hatfield	£650,431

5 The Hertfordshire Home Improvement Agency

- 5.1 In 2014, a review of the current way in which adaptations were carried out in Hertfordshire was undertaken by North Hertfordshire District Council on behalf of all the districts. It showed that the pathway for most people was slow, bureaucratic and difficult to navigate. A business case for a shared service was developed which would bring together all parts of the process into one end to end service. This was approved by the Hertfordshire Chief Executive Officers group and Hertfordshire Chief Finance Officers' group (HCFO) in July 2016.
- 5.2 Four local housing authorities, East Hertfordshire, North Hertfordshire, Broxbourne and Watford, have committed to joining the Partnership in autumn 2017, with Stevenage expected to join in April 2018. The remaining authorities will be able to join at a later date.
- 5.3 A key part of the model, and one that specifically addresses the need for integrated working, is that the HHIA will deliver a **single, seamless end to end service for the individual**. The County Council will host the HHIA, which will be governed by a legal Partnership Agreement and Partnership Board in which each of the Partners will be represented. A flow-chart setting out the new process is shown at Appendix 1.
- 5.4 Currently, a key concern of the Partnership is the number of applicants who are not able to be helped by the local authority as they have income or assets which mean they do not get grant assistance. However, these people may still need an adaptation and require assistance to get the work done. The HHIA, however, will be able to offer assistance to people who are able to fund works themselves, offering a project management service, access to approved and vetted contractors, and other forms of support and assistance. A fee will be charged for this work, but will still provide value to the customer as well reducing the risk of rogue traders or 'cowboy' builders going into

vulnerable people's homes. Research from other areas shows that customers value the trusted brand of the council.

- 5.5 Other assistance schemes that the HHIA is considering include handyperson services, specialist adaptations for, and advice on, dementia friendly homes, property based assistive technology, home from hospital adaptations including dying at home and palliative care, relocation grants and assistance, hoarding behaviour and decluttering, energy efficiency and extremes of temperature, and helping young adults with learning difficulties or physical disabilities transition into independent living by adapting their homes to suit their needs.
- 5.6 The HHIA model is being recognised as best practice within the sector, and was showcased at the Foundations DFG Roadshow in London earlier this month, as an example of how councils can work better together. A delegation from the Kent authorities has also visited to learn from our experiences, and we have been asked to contribute to a compendium of good practice being produced by the Association of Directors of Adult Social Services (ADASS).
- 5.7 The service has recently recruited to the Head of Service role, and will be advertising the other team roles within the next month.

6 Financial Implications

- 6.1 The HHIA will be funded primarily through a fee mechanism, based on the value of the work it undertakes. This is currently set at around 11.5% and will, for the most part, be met through the DFG grant award. This fee income will be recycled back through the HHIA to pay for services, thus reducing the revenue burden, and allowing more services to be delivered. Cost efficiencies are being realised by better use of staff skills and experience, and by employing caseworkers to undertake the important but time consuming tasks, such as progress chasing and paperwork verification, that can take OT and technical staff away from their core tasks. Although a single team, district allocations from central government will be ring-fenced to be spent within each district area.
- 6.2 As more innovative services are developed, funding arrangements will be agreed as part of their business case development. Any profits from private work will be ploughed back into the service to support continued expansion, with the overall goal being to enable vulnerable people and those with disabilities to live safely in their own homes.

7 Future Considerations

- 7.1 There is considerable research being undertaken relating to the social value and health benefits of help people maintain their independence through adaptations to their homes. In 2013, a study in Scotland found that adaptations generate savings and value for the government's health and social care budget, far in excess of the amount invested:

adaptations bring increased independence, confidence, health and autonomy for individuals; the average cost of a £2,800 adaptation leads to a potential £7,500 saving through reduced need for publicly funded care home provision, a potential £1,100 saving through increased safety and reduced hospitalisation of tenants, a potential £1,700 saving through reduced need for social care provision, a potential £4,700 saving through reduced need for self-funded care home provision, and substantial well-being benefits to tenants valued at £1,400. This amounted to a total return on investment of £5.50 to £6.00 for every £1 invested¹.

- 7.2 The Centre for Ageing Better has commissioned the University of the West of England to produce a research paper which is due to be published in July 2017, looking at the social value generated by adaptations in England. Home Improvement Agencies (HIAs) across the country report customers and their families and carers derive significant benefits from having adaptations done. Case studies referenced by Care and Repair England (Careandrepair-England.org.uk) and Foundations, the national body for HIAs (Foundations. .uk.com), show that people’s quality of life improves, their social aspirations and activities increase, and families are able to engage more in family life or other hobbies which were constrained by caring responsibilities or domestic difficulties. Stress levels for carers are also significantly reduced.
- 7.3 Once established, the HHIA will be able to deliver a range of services to help people live a better quality of life at home, in addition to the traditional DFG, and it is recognised that the HHIA could help support other services that deliver care or health services within people’s homes. A list of potential services is attached at Appendix 2.

Report signed off by	Liz Watts, CEO East Herts DC (Project Sponsor) Jamie Sutterby, Assistant Director Integrated Health, HCC (Project Lead)
Sponsoring HWB Member/s	Iain McBeath, Director of Health & Community Services, HCC
Hertfordshire HWB Strategy priorities supported by this report	Starting Well Developing Well Living and Working Well Ageing Well
Needs assessment (activity taken) The Business case has primarily been based on historical data from the District Councils and OT service. However, additional needs mapping is being undertaken using a range of information including ONS population projections, the JSNA and other Public Health sources.	

¹ <http://www.jitscotland.org.uk/example-of-practice/social-return-on-investment-sroi-on-adaptations-and-very-sheltered-housing-bield-hanover-trust-housing-associations-and-envoy-partnership/>

Consultation/public involvement (activity taken or planned)

Customer feedback from previous DFG applicants and their families has been used to inform the development of the scheme and shape the model.

Customer satisfaction, including quality of work, ease of use, and the effect that the adaptations have had on quality of life (including carers) will be gathered as part of the new service processes, and these will be reported on as part of the KPIs. These results will be used to target services, and drive innovation and improvement.

Equality and diversity implications

Positive –

The new service will streamline the adaptations service for all applicants making it more accessible and easier to navigate. DFG is available to all persons with a disability regardless of age, ethnicity, gender or tenure (although it is means tested, and cannot be used for council-owned housing).

The service will also bring together children’s services OTs and housing specialists to help parents who care for children with disabilities improve their ability to care for them. It will also help disabled parents care for their children.

It is increasingly common for older people in couples to become carers for their spouses or partners when they become frail or disabled. By providing adaptations for these households, the stress of caring and physical strain will be reduced, and allow both carer and individual more dignity in their day to day life.

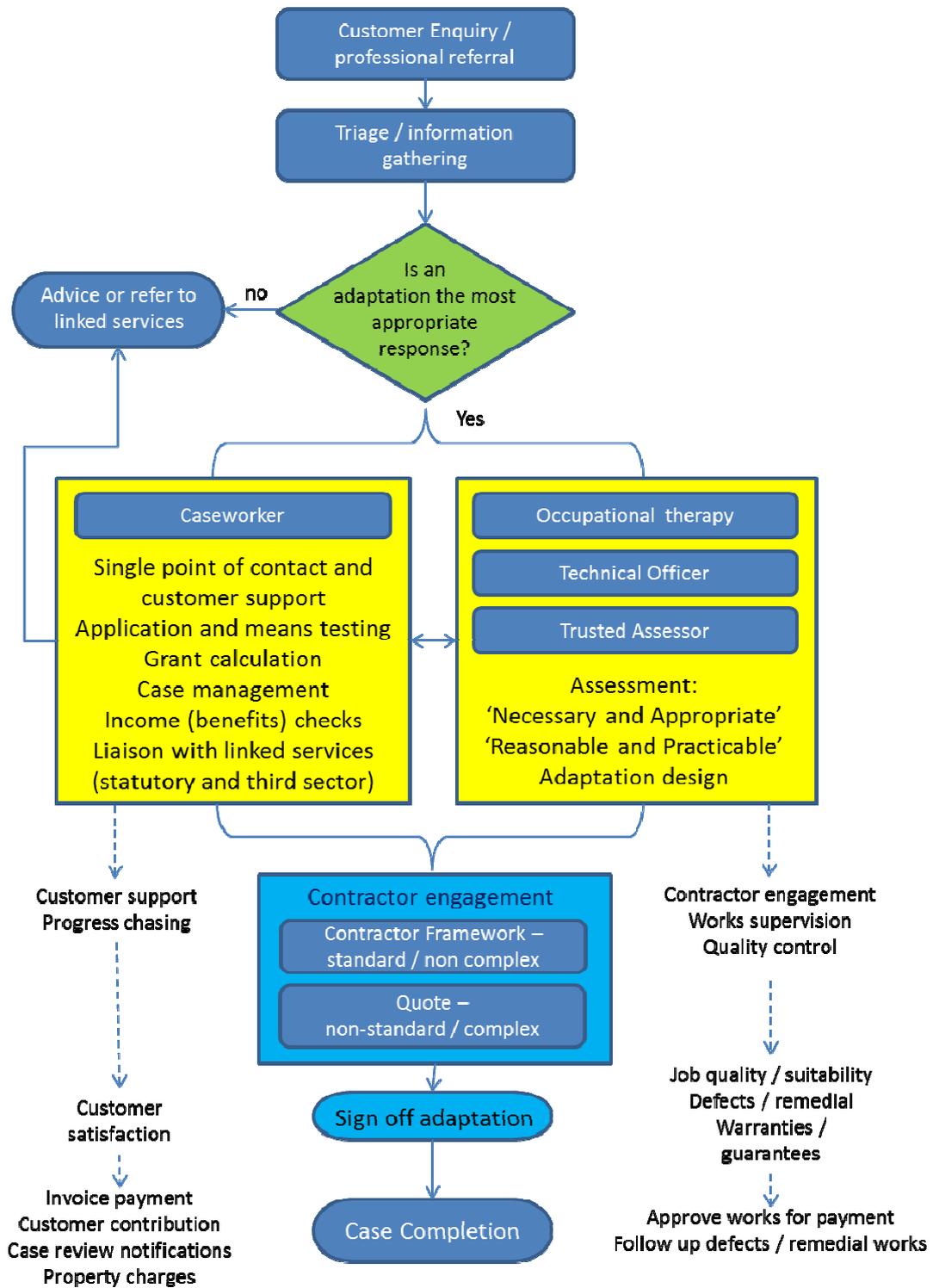
People of working age are generally less likely to qualify for a full DFG due to the means testing element. However, the service will help people find and apply for other sources of funding in order to make up any shortfall, wherever possible.

Acronyms or terms used. eg:

Initials	In full
ADASS	Association of Directors of Adult Social Services
BCF	Better Care Fund
DFG	Disabled Facilities Grant
HHIA	Hertfordshire Home Improvement Agency

Appendix 1

New Process



Appendix 2

Hertfordshire HIA – Future Business Development

