

# Taunton Deane Borough Council

**Executive - 10 July 2013**

## **Extension of Somerset Aster Living Care and Repair Contract**

### **Report of the Strategy and Performance Manager**

(This matter is the responsibility of Jean Adkins, Housing Portfolio-holder)

#### **1. Executive Summary**

In 2010, Somerset County Council, the PCT, Sedgemoor, West Somerset, Mendip and Taunton Deane Councils commissioned Ridgeway Care and Repair (now Aster Living) to provide a contracted Home Improvement Agency service in Somerset (excluding South Somerset). The contract was to provide a range of services with the key ones being the delivery of adaptations to vulnerable households via Disabled Facilities Grants and a Handyperson service. The service commenced in November 2010.

TDBC has a statutory responsibility to consider an application for a Disabled Facilities Grant where an Occupational Therapist (OT) has identified the need and to ensure that the adaptation has been appropriately and adequately installed and that the Council has received value for money in tendering that work. It is common practice (and best practice) to discharge that responsibility through a Home Improvement Agency.

The contract is now reaching its end and the Commissioners have opted to take advantage of a clause to extend the contract by sixteen months to 31<sup>st</sup> March 2015

The contract was paid for through a funding agreement between the commissioners, with the County Council paying the majority of the cost and the Districts and PCT paying a smaller proportion between them. The commissioners are now seeking to extend the contract for sixteen months and the Districts have requested that there is a 'truing up' of contributions between them to reflect the delivery and value in each district area.

To do this will require TDBC making an annual contribution toward the contract. A figure of £48,300 a year is proposed as an appropriate contribution (including £4,000 funded from the HRA).

The Executive is requested to approve £48,300 per annum is committed annually (£44,300 from the General Fund and £4,000 from the HRA) from November 2013 toward the HIA contract.

#### **2. Background**

- 2.1 On 16<sup>th</sup> September 2009, a report was brought to the Executive describing the SCC led county-wide commissioning of a Home Improvement Agency (HIA) Service for Somerset. This proposal moved away from the existing arrangements of three providers across the County providing the service. Within TDBC, 'Home Aid' an in-house team had provided our HIA service. As part of this new commissioning, SCC would divert its £117,000 Supporting People monies from TDBC Home Aid to the new provider. TDBC's historical contribution to Home Aid had been provision of premises and an admin fee taken from the DFG budget for administering the Disabled Facilities Grants (DFG). Our commitment to future funding was therefore limited to funding a 12% fee on DFGs awarded. TDBC was unusual in this respect as all of the other District Councils that commissioned the services committed a significant annual contribution as well as the 12% fee.
- 2.2 The new HIA was commissioned to provide a Home Improvement Agency service for vulnerable clients that would support applicants for Disabled Facilities Grants, liaising with them and Occupational Therapists (OTs). They would also assist clients in applying to the Council for a Wessex Loan to undertake important repairs to their properties, provide support and signposting where there was a funding shortfall and maximise the clients income where possible such as applying for eligible benefits. The HIA would also vet builders and get quotes for works, overseeing those works and jointly with OTs signing work off as complete and satisfactory with the client.
- 2.3 Additionally the new provider would provide a Handihelp Service across the County. Therefore a decision was taken to end the existing TDBC Handyperson service. At that point in time the handyperson was undertaking 639 jobs per annum at a net cost to the Council of £28k per annum. The Council took this as a budget saving, again in contrast to the other three districts who opted to make an annual funding contribution of up to £10k.
- 2.4 The remaining statutory elements of TDBC's DFG responsibility which included assessing the eligibility and need for the adaptation and to ensure the adaptation had been installed was packaged together (along with other responsibilities) into a new partnership arrangement as part of the Somerset West Private Sector Housing Partnership (SWPSHP). Essentially the SWPSHP made referrals to the HIA and verified its work.
- 2.5 The HIA contract was awarded to Ridgeway Care and Repair (later became Aster Living Care and Repair). The contract was due to start in June 2010 but due to legal challenges on the procurement process, it finally commenced in November 2010 on a three year contract.
- 2.6 The contract is due for renewal in November 2013 and the HIA Commissioners (of which TDBC is one) has made the decision to extend the existing contract by sixteen months to 31<sup>st</sup> March 2015 - an extension option that had been built into the original contract. The basis for this decision was that the contract had experienced early difficulties for a variety of reasons (See section 5) and was now starting to deliver the outcomes expected by commissioners. A new contract would experience similar 'bedding in' problems, providing a disrupted service to residents and would involve a protracted and expensive OJEU procurement process involving at least six organisations. That said, this process

will now begin in earnest to ensure the right specification and best provider is in place from April 2015.

- 2.7 The Commissioners are proposing that the overall county-wide funding level of the contract remains the same for this sixteen month period however that the contributions from the District Councils should be redistributed to reflect the level of service that each District area receives, making contributions fairer to reflect the cost of running the HIA. The implications of this are an increased cost of the services to TDBC, as well as changes to the other District Council contributions.

### 3 The argument for Home Improvement Agencies

- 3.1 *“Home Improvement Agencies (HIAs) offer a valuable and comprehensive level of support to vulnerable and older people in helping them to continue living independently in their own homes. Their primary focus is the repair or adaptation of a client’s home, and in support of this objective they may provide a range of services depending on local needs and circumstances.”* CLG National Housing Strategy for an aging society.
- 3.2 Home Improvement Agencies have been strongly supported by successive governments. DFGs and their delivery are a key part of the government’s strategy in ensuring older and disabled people can continue living independently in their own homes. The current administration has increased the emphasis on their role in reducing the cost on health care in a time of shrinking budgets elsewhere. HIAs are seen as the best practice model for delivering adaptations to vulnerable clients. A Foundations leaflet on HIAs is attached as **Appendix A**
- 3.3 85% of the national population has access to one of the 210 home improvement agencies in England.
- 3.4 The London School of Economics has estimated the public and private value of interventions (from grab rails to stair lifts and shower rooms) as £579 per recipient per annum in reduced demand for health and social care services and a further £1,522 per annum worth of improvements to quality of life for the recipient.
- 3.5 The Department of Health estimates that around one third of older people aged 65 and above will suffer a fall each year, with 2% of falls resulting in a hip fracture. Around half of those aged 80 and above will fall in a given year. Research shows that adults lacking necessary adaptations were between 1.5 and 2.8 times more likely to suffer a fall than those where interventions were in place. Falls can lead to hospitalisation or the need to move into permanent care. The fear of falls alone has been shown to lead to increased demand for care provision.
- 3.6 Ultimately TDBC has a statutory responsibility to consider an application for a Disabled Facilities Grant where an Occupational Therapist (OT) has identified the need. That responsibility extends to a duty of care in ensuring that the adaptation has been appropriately and adequately installed and that the Council has received value for money in tendering that work. The Aster Living HIA delivers much of that responsibility on our behalf.

- 3.7 The Housing, Health, Care and Support Strategy for Older Persons in Somerset (the Somerset Older Persons Strategy) emphasises that people (particularly older people) are unaware of what HIAs offer. The emphasis of the Strategy is on communication through GPs, Adult Social Care and Housing to increase awareness and use of the HIA. The Health & Social Care Bill will introduce an element of duty to cooperate in terms of meeting public health targets. It is important for the Council to be a part of this.

#### 4 **Aster Care and Repair – What they deliver**

- 4.1 Aster Living are part of the Aster Group a major company with a turnover of £150m. Aster Living are a not for profit organisation providing Home Improvement Agencies in different parts of the country.
- 4.2 The key services they provide in Somerset and for Taunton Deane are:
- 4.2.1 Delivery of DFGs: - Provide a comprehensive service from referral to completion, including providing benefits and funding advice; undertaking home assessments for further hazards (e.g. trips and falls hazards) and repairs or energy efficiency improvements; surveying the home and producing specifications and drawings; applying for funding; appointing approved contractors and overseeing the work; signing off the work with the customer; seeking customer feedback. For a picture of the end to end process, see **Appendix B**
- 4.2.2 Handyperson Service: - Providing a heavily discounted handyperson service (£10ph plus materials for benefits recipients; £15ph for non-benefits recipients); provide materials at cost (often 40% cheaper than retail due to economies of scale); Includes a hardship fund, if hazards are identified and person is unable to pay. The Aster Living handyperson service is national best practice in its sector and received 93% Excellent satisfaction; 5% Good and 2% Fair in 2011/12.
- 4.2.3 Gardening and Painting / Decorating Service – A relatively new service paid from external bids (the service is not funded by the Council) and by client charges (same rate as handyperson service). Ridgeway have recruited a new apprentice from Taunton and also use the previous employees from the Taunton Deane Association for Neighbourhood Care to deliver this service.
- 4.2.4 Home from Hospital Service – Funded by NHS and SCC, this service provides essential repairs to peoples' homes prior to or following their discharge from hospital to ensure their homes are safe and suitably adapted. Aster case workers liaise with acute care workers. Currently there have only been a few referrals from Musgrove Park Hospital. There was commitment at the May HIA Commissioning Group meeting that partners would work closely with occupational therapists, Independent Living Teams and co-ordinators to raise awareness and properly promote this service within Musgrove Park Hospital.
- 4.2.5 Reablement Service – The Reablement Service is not provided by Aster, however they play an important role in it. The Reablement Service is a referral service by GPs, social workers, Occupational Therapists, carers etc. who identify that someone needs measures in their homes to prevent people going into care,

hospital or are potentially in danger. SCC Adult Social Care funds the service and fits grab rails, ramps etc. using their own budget and contract with Mediquip. However much of the work needed (such as door widening, moving furniture, bringing beds downstairs, repairs etc.) is commissioned to the Aster Handyperson Service. The Reablement Service is designed to keep people independent for as long as possible and prevent more intensive and costly care for people. We believe that the success of the Reablement Service has reduced the demand on DFGs, however Reablement is still in its infancy and questions remain over the short and longer term savings potential. Shifting focus on to prevention – which is the forte of programmes such as the Handihelp services could increase demand. Adequate budget is still required for DFGs and the HIA to deliver DFGs as we are not yet clear on how Reablement will affect the longer term DFG demand.

4.2.6 Other Value Added – Aster Living HIA also adds value through other means:

- 4.2.6.1 Referring to the Wessex Home Improvement Loans scheme when people are not eligible for full funding and can't afford to fund
- 4.2.6.2 Providing comprehensive service and checks (e.g. home safety checks; check energy efficiency and security of home; check smoke alarms)
- 4.2.6.3 Strong partnerships with other agencies (e.g. Pensions Service, Warm Homes; Mediquip; Royal British Legion) – bringing in additional help such as British Legion Funding and home Pensions Service visits
- 4.2.6.4 All caseworkers trained to Trusted Assessor level
- 4.2.6.5 Significant external and charitable funding levered in
- 4.2.6.6 Hardship fund - £12k funding over the past three years to TDBC clients who have been unable to afford handyperson services.

For Case-studies that show the value of Aster work, refer to **Appendix C**

## **5 Delivery to Date**

- 5.1 The first complete year of the new contract was 2011/12 however this was hampered by a legal challenge to the contract procurement which meant that Aster were unable to invest in the contract or recruit personnel until this had been resolved. Consequently the organisation was not properly established until April of 2011. The SWPSHP held back the recommendations from the OT's on a waiting list on the basis of a prompt contractual start. However due to the delays with the contract the list grew. In the interim, the SWPSHP dealt with the high priority clients and Council tenants DFG applications. It took Aster and the SWPSHP some time to clear the backlog. Additionally resource issues meant the SWPSHP were unable to meet the DFG approval targets to approve grant applications submitted by Aster. Therefore the majority of DFG applications were approved towards the end of the financial year and were rolled over into 2012/13. There were also a considerable number of cancellations due to the delays as clients withdrew from the process.
- 5.2 In 2012/13 the number of completed DFGs increased however again was below the targeted number. Two key reasons for this were:

- 5.2.1 Delays in the end to end process, due to referral delays from OTs in the early stages of the implementation of the Reablement programme and the clearing of the waiting list for low priority clients which dated back to the start of the contract (see 5.1 above) meant that there was a high drop-out rate of applicants during the process. The issue with the OT service has now been resolved and the waiting list is now minimal.
- 5.2.2 The success of the Reablement Scheme has led to more being spent through Adult Social Care and through the Handyperson service for minor adaptations with a corresponding reduced demand on major adaptations through the DFG service.
- 5.2.3 The following has been delivered in Taunton Deane over the past two years:

Year	DFG Enquiries	DFG Completions	Handyman Jobs	Home from Hospital	Gardening & Decorating
2011/12	201	32	1515	N/A	N/A
2012/13	146	43	1132	11	400

- 5.2.4 For a comparison of delivery against targets and against other Districts please refer to **Confidential Appendix D**.
- 5.2.5 The SWPSHP uses an Allocations Protocol to determine the number of cases allocated to Aster each month. The allocation is based upon the size of the DFG budget, number of recommendations received and the priority of the client as determined by the Occupational Therapist through the Fair Access to Care criteria. The numbers of completed DFG's in Sedgemoor was higher than Taunton Deane as Sedgemoor had a budget in 2012/13 which was twice that of Taunton Deane. West Somerset had the lowest budget and the lowest completions.

**6 Funding Contributions to HIA**

- 6.1 At the time of commissioning the new HIA and of TDBC joining the SWPSHP, we calculated that all costs of our internal HIA service had been funded from the Supporting People grant we had received and from the DFG admin fee. The Supporting People grant was diverted from the TDBC in-house service to the new countywide contract and we declined to commit further monies into the Core HIA service, except for the 12% admin fee, taken directly from the DFG capital budget.
- 6.2 This was in stark contrast to the other three District Councils (WSDC, SDC and MDC) who have contributed an average of £54,000 per annum each annually over the past three years to the core costs of the HIA. The other District Councils were able to do so because they had all historically been providing funding to their own HIA arrangements and therefore had budgets readily available to contribute toward the new countywide contract. A breakdown of the funding contributions from all the commissioning bodies is attached as the **Confidential Appendix D**.

- 6.3 Furthermore, TDBC opted at the time to end their own Handyperson Service and take the budget as on-going savings due to financial pressures. They did not allocate any budget toward the Handyperson element of the HIA contract. Although SSDC also contributed nothing, the other three councils committed an average of £9,200 each per annum.
- 6.4 The HIA Commissioning Group is now looking to extend the Aster HIA contract for a further sixteen months from November 2013 with the intention to retain the same overall level of funding for the contract. The District Council representatives have requested that a more equitable contribution is made from each District Council toward the District Council share of the bill.

## **7 Proposal for annual funding from November 2013 to March 2015 and options for Councillors**

- 7.1 At the time the original contract was initiated, no-one had sight of what other organisations were funding and contributions were based on historical contributions. It is now clear that TDBC is currently not contributing an equitable amount to the cost of operating the HIA in Somerset compared to its neighbouring Districts. Each of the District Councils has now been asked to put forward their commitments for the next two years.
- 7.2 There is no exact science to what a fair contribution should be however at the May HIA Commissioning Board meeting, it was proposed that District Council funding for the Core Service (all services except the Handyperson and Gardening service) for the sixteen month contract extension should be based on the number of DFGs delivered in their area by Aster during 2012/13, with the total District contribution pro-rata'd on this basis. For TDBC that would mean contributing a suggested £39k per annum toward the Core Service, based on delivery of 43 DFGs in 2012/13. It was recognised that this was a fairly crude apportionment and didn't take account of the full service provided by the HIA, nor of the number of abortive DFG applications, but was felt to be a reasonable apportionment for this relatively short extension.
- 7.3 The County Council has also provided some guidance to the Districts on a fair contribution to the Handyperson Service. Based on the Mendip District Council average funding per job (which was seen as an average yardstick for Somerset), a target unit price per job of £7.76 was calculated. On this basis, the author believes that a target of 1,200 jobs per annum should be set, setting an annual cost of £9,300. This would lead to a continuation of the high number of handyperson jobs being delivered in the District and would support the trend with the Reablement Project moving away from major DFG adaptation to a greater number of low level adaptations. Aster have informed us that 43% of jobs are undertaken in HRA stock and therefore we would seek £4,000 contribution from the HRA toward this annual figure, which could potentially be funded from within existing aids and adaptations budgets.
- 7.4 Members should note that the Handyperson Service is a heavily subsidised service for users and costs Aster far in excess of the contribution made by the Districts. When TDBC provided an in-house service (see para 4.3) the net cost

per job was £43.80 and we could only deliver half the number of jobs that Aster now undertakes for us.

- 7.5 In total, this would require TDBC to identify £48,300 annual contribution toward the contract (£44,300 General Fund and £4,000 HRA). As the contract starts in November, the part year cost in 2013/14 would be up to £17,800 General Fund and £1,700 HRA.
- 7.6 It should be emphasised that although the District Council lead officers at the meeting felt this apportionment to be reasonable, there has been no commitment from any of the District Councils as ultimately it requires member approval at each authority. A breakdown of the proposed apportionment is attached at **Confidential Appendix E**.
- 7.7 It was also recognised at the HIA Commissioning Board meeting that available budgets and apportionment would be reassessed, as would specification outputs and deliverables when the contract was fully tendered again to commence in April 2015.
- 7.8 The alternative options for councillors would be to increase the charges on the handyperson service (currently £10ph for people on benefits or £15ph for those not on benefits). However this will lead to a clear differential in pricing across the county, and a likely reduced demand and further health impacts on customers and other services. As an example, fees being increased to £17.76ph for people on benefits and £22.76ph for those not on benefits, would cover the required contribution, although demand would inevitably fall.
- 7.9 A further alternative would be to withdraw from the contract and provide the service in-house. Historically the net cost of the Handyperson Service (at 50% the current rate of delivery) was £28k per annum. A broad estimate from the SWPSHP Manager (with support from Finance) of providing the HIA Core service back in-house would be £150k pa. This is somewhat more than the original in-house service that was funded by a Supporting People grant of £117k, but serves as a useful working estimate. Withdrawing from the HIA and taking the service back in house would be counter to government best practice and would require significant work with potential HR and TUPE implications.
- 7.10 It should be noted that at the start of the HIA contract, SSDC retained their HIA service in house and only received the Handyperson Service from Aster, contributing nothing toward it. They are currently in discussions with the Commissioners to join the Aster contract due to affordability issues with the in-house provision. If they do join, they will be required to contribute to both the Core Service and Handyperson Service as part of this arrangement.
- 7.11 A final option would be to remain in the HIA partnership and continue not to financially contribute. There is a likelihood that the other Districts would seek to draw up a new partnership agreement with service delivery focussed on contributing district areas. In essence this would result in the withdrawal of the service in Taunton Deane or at least a much reduced service.

## **8 Finance Comments**



- 8.1 The costs identified in 7.5 above were not anticipated when the budget was approved for 2013/14. This part year cost is therefore not currently funded in the current financial year. If this proposal is approved, it is recommended that the impact be reported and managed in year through the budget monitoring process, with a first call on any identified underspends being redistributed to offset the cost in the current year. For subsequent years' the cost would need to be built into the Base Budget within the Medium Term Financial Plan (MTFP).
- 8.2 The proposed General Fund cost would add £44,300 to the Budget in a full year. This will increase the requirement to identify savings in other services, with the Council currently facing a Budget Gap in 2014/15 of £1.2m. It is therefore a question of prioritising services within affordable budgets. For the HRA, the additional cost is relatively small and could be absorbed within existing budget levels.
- 8.3 The proposal is to extend the contract for sixteen months. It is unclear whether the proposed changes to the funding arrangements represent value for money for TDBC. However, the estimated cost of providing the service 'in house' is considerable higher and therefore extending the contract would appear to be the best option in the circumstances. In addition, the contract extension is for a relatively short period, and if this is approved it will be important that any subsequent tendering process and benchmarking addresses this issue.
- 8.4 It is advisable that a clearly defined funding agreement is put in place that sets out the obligations, risks and benefits of a new cost sharing mechanism. The Commissioners for the contract should consider jointly a funding split that provides a transparent and equitable cost sharing mechanism that also aligns with each authority's own priorities and objectives for the services in question. This should allow some flexibility for authorities to adopt different levels of service based on affordability and local service demand levels. The national strategy described earlier in this report is aimed at reducing health sector spending, but there appears to be a risk that this will push costs onto local authorities

## **9 Legal Comments**

- 9.1 Mandatory DFGs are available from Local Authorities, subject to a means test, for essential adaptations to give disabled people better freedom of movement into and around their homes and to give access to essential facilities within the home. The legislation governing DFGs in England and Wales is the 1996 Housing Grants, Construction and Regeneration Act. Before issuing a DFG, the Council have to be satisfied that the works are necessary and appropriate to meet the needs of the disabled person and are reasonable and practicable depending on the age and condition of the property. There is no legal requirement to provide a Home Improvement Agency service.
- 9.2 Following a recent audit by SWAP it has been recommended that extensions to contracts are only used in exceptional circumstances. However in this case provision for an extension was part of the original contract and a further sixteen month extension will be acceptable. A full procurement process will therefore be required at the end of this extension

## **10 Links to Corporate Aims and the Health and Wellbeing Strategy**

- 10.1 The work of the HIA supports the Councils Business Plan Aim 1: Quality Sustainable Growth and Development, identified under the 'Affordable Housing' key activity "improved conditions of housing stock to ensure affordable decent living conditions for vulnerable households"
- 10.2 There is also a link under the 'Vibrant social, cultural and leisure environment' and the Council's required outcome of reducing health inequalities.
- 10.3 The work of the HIA is critical to meet the aims of the County Health and Wellbeing Strategy. One of the three aims is for "Somerset People to be able to live independently". Under this aim it says "There needs to be an increased focus on the changing housing needs of the Somerset population, with particular focus given to widening the housing options for achieving and maintaining independent living".

## **11 Environmental and Community Safety Implications**

- 11.1 There are no environmental implications. The Handyperson service includes installation of measures in properties to protect against crime, such as door and window locks, security lighting and CCTV as well as key safes. They also install smoke and carbon monoxide alarms.
- 11.2 People being able to live independently also helps community cohesion and peoples overall wellbeing (which in itself helps with community safety).

## **12 Equalities**

- 12.1 The work of the HIA supports people in two of the Equalities groups with protected characteristics, namely Disabilities and Age.
- 12.2 The Disabled Facilities Grants are provided to support people with disabilities. The other services provided such as the Handyperson Service and Home from Hospital are targeted toward vulnerable people, many of whom are elderly and / or disabled.
- 12.3 Any deterioration in the service would have significant negative impacts on these protected groups. Please refer to the attached Equalities Impact Assessment at ***Appendix F***.

## **13 Risk Management**

- 13.1 The key risks for TDBC being unable to fund a commensurate contribution are as follows:

- 13.1.1 Cessation of service or reduced level of service in Taunton Deane area, impacting on vulnerable, elderly and disabled customers.
- 13.1.2 Potential for other District Councils to follow our lead and for the HIA model to become unviable in Somerset, leading to in house solutions needing to be designed at a greater cost and TDBC being unable to fully deliver its statutory duty in the interim.
- 13.1.3 Potential increase in handyperson fees in Taunton Deane would be unpopular, reduce demand on service and leave some residents with hazards potentially leading to injury. There is also a reputational risk.

## **14 Partnership Implications**

- 14.1 The HIA Commissioning Group represents SCC, four District Councils and the PCT. SSDC is currently in discussions to join as well. Since the partnership began three years ago, all of the organisations have experienced unprecedented funding pressures and are now looking to the lower contributors to pay a more commensurate share.
- 14.2 To remain an equal partner within the HIA Commissioners and to receive an equal service in our area we will need to be seen to pay a suitable contribution towards the cost of the contract.
- 14.3 The SWPSHP Manager represents TDBC, SDC and WSDC at the quarterly HIA Commissioning Group Meetings, providing an operational overview and reports back issues and concerns to the Strategy and Performance Manager.

## **15 Recommendations**

- 15.1 The Executive are requested to approve that £48,300 per annum is committed annually (£44,300 from the General Fund and £4,000 from the HRA) from November 2013 toward the HIA contract, with the ongoing budgetary impact being factored into the Medium Term Financial Plan.
- 15.2 Alternatively, the Executive is requested to put forward an alternative solution or contribution toward the partnership, noting risks under Section 13 and paragraphs 7.9 to 7.11.

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# Home improvement agencies

Helping vulnerable people to live independently in their own homes

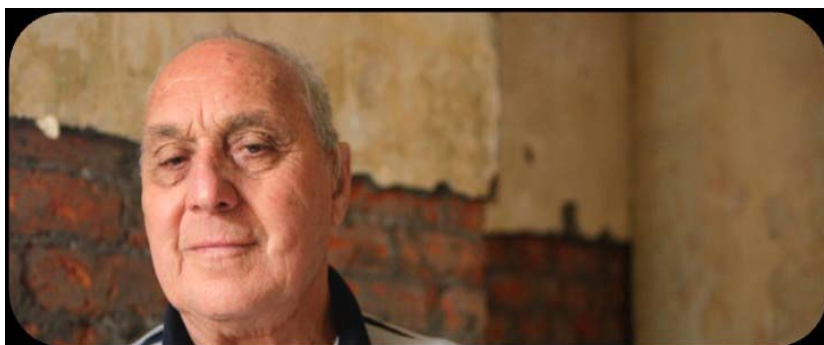
**Home improvement agencies** (sometimes known as **Care & Repair** or **Staying Put** schemes) help vulnerable people to maintain their independence and live comfortably and safely in their own homes. Their services include:

- Visiting clients at home or providing detailed telephone advice about any problems with the condition of your home
- Setting out housing options and helping clients to decide which is best for them
- Help to obtain other local support services
- Checking entitlement to any financial help (for example, disability benefits, or money to help with repairs or adaptations)
- Project management, drawing up plans, getting estimates and liaising with others involved in any building work needed, such as council grants officers and occupational therapists
- Additional services such as a handyman services, to carry out small jobs around the home, help with gardening, or coming home from hospital
- Helping to make homes more energy-efficient.

Home improvement agencies carry out most of their work in the private sector, however their technical expertise and client-based approach are increasingly sought after across all housing tenures.

## Foundations

Foundations is appointed by Communities and Local Government as national body for home improvement agencies. Foundations provides advice, training and support to the home improvement agency sector, and represents the sector in discussions with government and other stakeholders. We also operate a quality assurance scheme known as the Foundations Quality Mark.



### Facts and figures about HIAs

- There are around 210 home improvement agencies in England, and over 85% of the population have access to one.
- Every year home improvement agencies deal with around 240,000 enquiries.
- Every year home improvement agencies deliver repairs, improvements and adaptations in the homes of vulnerable people with a total value of over £128 million.
- HIAs are the largest providers of handyman services, getting through 125,000 jobs per year, playing a vital role in keeping older and disabled people living safely and independently at home.

### How HIAs are managed

HIAs can take the form of independent charities (industrial and provident societies), or they are provided through a 'managing agent' (a Registered Social Landlord or Housing Association) or 'in-house' by a local authority.

### How HIAs are funded

Home improvement agencies are funded by local authorities (councils) and other public sector organisations such as Fire and Rescue Services, the police, and primary care trusts.

Almost one third of the sector's total funding currently comes from the Supporting People programme which is now un-ringfenced and has become part of the Area Based Grant paid to local authorities.

## Handypersons

Providing small, practical interventions in the home at the right time is as important to helping people live independently as mainstream support services such as home care.



Mr R, aged 58, is enjoying life at home instead of living in residential care.

At the end of a long spell in hospital, he needed some home adaptations so he could be discharged.

The home improvement agency's Handihelp service fitted grab rails at his front and back door, as well as a key safe, so that friends and family could let themselves in. They also built a tailor-made shed to house a motorised scooter.

Mr R said: *"I feel much more confident at home now and it's great to be able to get out and about on my scooter."*

## Major adaptations

Knowsley Care & Repair puts all its' staff through 'Trusted Assessor' training. This qualification equips staff with the skills to make assessments on the use and fitting of daily living equipment including chairs, beds, rails, toilets, household items and bathing facilities. Staff are now able to undertake low-level assessments normally undertaken by the occupational therapist service. This training frees up occupational therapist time to spend on more time on complex cases that require their specific skills for major complex adaptations.

The HIA and the OT service have developed a close working partnership and can demonstrate significant improvements in **speed of response** and **reduction of waiting time for major and minor adaptations**. HIA staff undertake assessments in the client's home and Knowsley's smart house, and it provides a valuable opportunity for the HIA to bring into play other casework services including income maximisation, home safety / security checks and general handyperson and gardening services.

## Housing options

Housing options services are about taking a positive approach to making decisions about how and where we live. Whatever leads people to start thinking about their homes, and what they may need in terms of help or care as they get older, there are many issues around housing, care and finance to consider—it is rarely as simple as deciding whether to move or stay put.

Housing options services are provided by a number of home improvement agencies, and include the following:

- help to submit a housing application form
- checking that they are receiving their full Welfare Benefits entitlements
- taking a person to view a potential new home
- dealing with estate agents (both in the purchase of a new home and the sale of the current home)
- liaising with health and social care staff, and
- helping to organise furniture disposal, removals and the process of settling in to the new home.

## Partnership working

HIAs often work in partnership with other local agencies and providers which can include health and social care partners, and deliver initiatives to address specific health objectives.

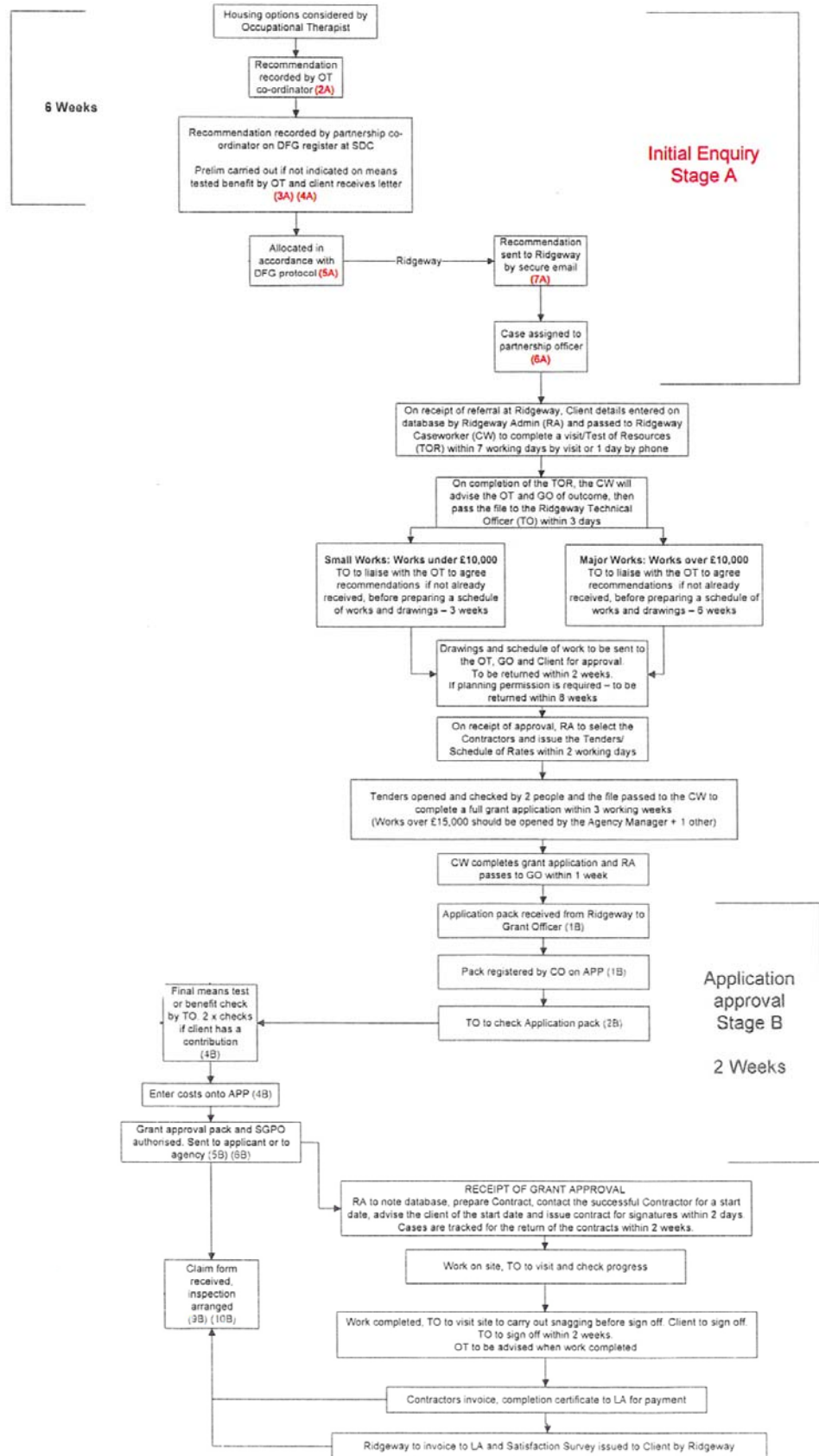
Blackpool Care & Repair 'Counter Attack' scheme is an example. Launched in 2006, the scheme was implemented by NHS, Council, Scottish Power and Age Concern. The service ethos was to engage health and social care professionals across Blackpool to refer individuals that were routinely presenting with cold related illnesses. Referral sources include GP surgeries, social workers and falls matrons. The scheme would then assess safety risks to those individuals and carry out remedial works.

The success of the scheme in **reducing admissions** has led to further NHS funds to the HIA to address cold related illnesses, plus a direct referral protocol between local GP's and Care and Repair is also being developed.

# Appendix B - Diagram of DFG end to end process

Stage A = RED  
 Stage B = GREEN

## Private Sector Housing DFG Process



## **Appendix C: Case-study examples of support provided by Aster Living as part of their Somerset Contract:**

### **Case 1**

A 75 year old single lady living on her own in a retirement flat who suffers from a severe, long term blood disorder that unfortunately is not improving with treatment.

While arranging a Disabled Facilities Grant to provide a level access shower we found she was not getting all the benefit she was entitled to and also her old settee and mattress were causing her great discomfort as her health problem causes her to bruise very easily.

We helped the lady to claim Council Tax and Housing Benefit of £3,285 a year plus £1,100 back pay. Claiming benefit reduced her contribution to the DFG to nil, saving her £155. We also raised charitable funding from the Royal British Legion for a new settee, chair and mattress totalling £770. Total extra for this case = £5310. The customer was overwhelmed at receiving so much help, her increased income helps her to meet her travel cost to her regular blood tests and hospital visits and she was able to pay off her overdraft. The shower and the furniture have made life much easier and more comfortable.

### **Case 2**

A widow, aged 80 living on her own in a rented property with very steep stairs. While recovering from a hip replacement operation she had fallen downstairs and hurt her shoulder.

While checking her finances for a Disabled Facilities Grant for a stair lift we found she was not getting any disability benefits and was not claiming her income top up benefits.

Our Caseworker successfully claimed Attendance Allowance, Housing and Council Tax Benefit and increased her Pension Credit, increasing her income by £8,780 a year plus another £1,200 in back pay. The customer was very pleased to have the grant for the stair lift but the extra money was a real bonus. She couldn't believe that she was entitled to all that money, she had been spending her savings to top up her income and was now able to live comfortably just on her income again.

### **Case 3**

A couple in their 70's - the wife has been disabled since childhood following an illness and she had a badly ulcerated leg. The couple were having a grant to adapt the bathroom to provide a shower. They had been managing for years with her struggling to use the bath and being washed by her husband.

When the Caseworker was carrying out a financial assessment for the grant we noticed that the lady wasn't receiving her State Retirement Pension. As she had never worked she thought she wasn't entitled to it. She had checked and was told no, but that was before her husband retired, after he retired she qualified via his National Insurance contributions.

The Caseworker successfully claimed her state pension of £3,200 a year plus 8 years back pay of £21,100. We asked her if she had any plans for spending her money, she said she had got so used to not having anything except her disability allowance that she was still in shock and expecting someone to ask for it back!

#### **Case 4**

A young woman, age 36 living in a flat with full time carers. The woman has cerebral palsy, a learning difficulty, behavioural problems and mobility difficulties, and needs to use a wheelchair most of the time. She can't tolerate a shower but loves having a bath, this relaxes her and eases the stiffness in her limbs.

When arranging a grant for a special type of bath her foster mum and her carers said how much she loved the bath at the local respite centre. It was the same type of bath we were going to install but with a Jacuzzi fitted. Whilst this might sound like a luxury it was very therapeutic for the lady and helped calm and relax for her limbs which made the daily massage and exercises more beneficial.

Her foster mother had thought she could find the money to pay for the Jacuzzi but it was a lot more expensive than she expected. Therefore we helped raise over £2,000 from charities to pay for the correct attachments to the bath. The young lady was really excited to have this special bath at home that she could use any time she wanted.

#### **Handihelp Case-study**

Mrs D suffered a car crash whereby she sustained life changing injuries. Determined to resume a normal life Mrs D refused a network of support. Despite her best efforts Mrs D by her own admittance was not coping as well as she thought she could.

A routine maintenance problem occurred within her home whereby she required a qualified plumber to fix a leak under her kitchen sink. Mrs D heard our radio advert and decided to book a technician to undertake the work.

During general conversation, the technician realised that Mrs D required support and described the types of support options which were available. The conversation continued and the technician learned that Mrs D had been restricted to her home for 4 months and was extremely depressed. By gaining her trust he suggested that she should speak to an O.T. Mrs D declined this option initially.

The technician was still concerned and learnt that financially Mrs D was struggling as she was living from her limited savings having not claimed any benefits. The technician offered to submit an application against our internal hardship fund which would provide her with suitable access to and from her property. Reluctantly she accepted and within days, approval was granted and works took place.

Mrs D became more open to support suggestions during the works and agreed for an O.T assessment which resulted in an allocation of care hours and support claiming back dated benefits.

Mrs D was so pleased with the works she called the office and wanted to thank all involved. The area manager visited the property to check the work for quality control



purposes and during the visit Mrs D explained how we had made a massive improvement to her life.

**Appendix F – Equality Impact Assessment – Budget increase and contract extension of Aster Living Care and Repair Contract**

<b>Responsible person</b>	Simon Lewis	<b>Job Title:</b> Strategy and Performance Manager
<b>Why are you completing the Equality Impact Assessment? (Please mark as appropriate)</b>	Proposed new policy or service	No
	Change to Policy or Service	Potentially Yes, depending on decision
	Budget/Financial decision – MTFP	Yes
	Part of timetable	
<b>What are you completing the Equality Impact Assessment on (which policy, service, MTFP proposal)</b>	<b>The Council is being asked to contribute additional funding toward the Aster Living HIA contract for the 16 month contract extension period. Failure to do so could result in a reduction in service levels which would impact on protected groups</b>	
<b>Section One – Scope of the assessment</b>		
What are the main purposes/aims of the policy?	<p>The three year contract for a county-wide home improvement agency was commissioned to commence in November 2010 by a HIA Commissioning Group consisting of SCC, TDBC, WSDC, SDC, MDC and the PCT. The contract was to provide a range of services with the key ones being the delivery of adaptations to vulnerable households via Disabled Facilities Grants and a Handyperson service. Other services provided include support of a Home from Hospital Scheme and Reablement Service and a gardening and painting &amp; decorating service</p> <p>The HIA Commissioning Group has recently agreed to extend the contract by 16 months to 31/3/15 and the commissioners have requested that the District Councils equalise their contributions to fairly reflect outcomes received in their Districts. TDBC therefore is required to increase its contribution. Failure to do so could lead to a lower level of service in the Taunton Deane area which would impact on protected equalities groups.</p>	
Which protected groups are targeted by the policy?	The Home Improvement Agency work profoundly affects people in the following protected groups: Disability; Age. Cuts in funding could potentially affect these groups.	
What evidence has been used in the assessment - data, engagement undertaken – please list each source that has been used The information can be found on....	<p>We have data on:</p> <ol style="list-style-type: none"> <li>1. All Disabled Facilities Grants have to be approved based on whether work is necessary, appropriate, reasonable and practical for the applicant and this is based on an occupational therapists assessment of their disability and resultant practical requirements</li> <li>2. Number of applications made and age of applicants</li> <li>3. Age profile data of applicants for Handyperson and Gardening jobs</li> </ol>	

4. Satisfaction surveys are undertaken for all DFGs and Handyperson jobs and satisfaction rates are very high.
5. Data is included as part of quarterly monitoring reports to Somerset Commissioning Group

The Council has a range of reports and evidence that identifies needs of different protected groups such as:

1. Women's Equality Network in Somerset research report – 2011
2. Somerset Black Development Agency research report – 2011
3. Quality of life survey (Disabled people)
4. SDC Disabled consultation - May 2010

If changes were to be made from November to the service provided in Taunton Deane that would significantly affect delivery over a period of timethen we would need to undertake consultation to better understand the impacts of this and any mitigation measures we could make.

**Section two – Conclusion drawn** about the impact of service/policy/function/change on different groups highlighting negative impact, unequal outcomes or missed opportunities for promoting equality

If members decided not to support additional funding for the contract from November 2013 then potentially the contract could be refocused to those Districts that were funding it. This could result in fewer completed DFGs and handyperson jobs, or potentially an increase in price for the latter.

This would result in people with disabilities being unable to get the adaptations they needed (or this adaptation being delayed) to improve their quality of life, or to prevent them sustaining injuries (e.g. through slips, trips and falls).

Although alternative models of delivery exist and we are not tied to a Countywide HIA model, it is anticipated that these would take time to put in place and embed, leading to problems identified above.

**I have concluded that there is/should be:**

No major change - no adverse equality impact identified	
Adjust the policy	From an Equalities perspective I recommend that the Council should adopt the recommendations of the report and make an equitable contribution toward the contract from November 2013
Continue with the policy	
Stop and remove the policy	

Reasons and documentation to support conclusions: Committee report attached	
<b>Section four – Implementation – timescale for implementation</b>	
Decision from Executive – July 2013 Notification of each District funding contribution to contractor via SCC lead commissioner – August 2013 Contract extension begins – 1 <sup>st</sup> Nov 13 (to 31 <sup>st</sup> Mar 2015) Commence preparation / specification / procurement for new countywide contract – 2014.	
<b>Section Five – Sign off</b>	
Responsible officer: Simon Lewis Date: 06/11/13	Management Team Date
<b>Section six – Publication and monitoring</b>	
Published on	
Next review date	Date logged on Covalent