

# **Cornwall Home Solutions – A Collaborative & Innovative Home Improvement Agency**

Delivering housing solutions for people  
over 60 and people of all ages with a  
disability

2016 - 2019

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## **Summary**

Cornwall Home Solutions (CHS) adopted a Housing Solutions Policy in October 2014 setting out how the Council intended to provide housing solutions to people with disabilities to improve independence, quality of life, health & wellbeing.

Changes in legislation and a new funding regime now present an opportunity to review the existing Policy framework and reshape service delivery. Both the Care Act 2014 and the Better Care Fund (BCF) advocate integrated services between Health, Housing and Social Care and the delivery of preventative services to help reduce pressures on health and social care.

This new Policy provides an opportunity to meet this new agenda by using powers under the Regulatory Reform Order to use the DFG budget flexibly delivering a greater range of financial assistance and adopting a different approach to service delivery.

Cornwall Council has continued to invest in adaptations and 2016/17 is no different with circa **£6.4m** being invested in the DFG budget. This DFG budget will fund the range of assistance set out in the Policy.

The Policy delivers on the Council's Strategy by supporting some of the most vulnerable within our communities, improving access to services, delivering efficiencies and improving effectiveness of service delivery. The Policy supports and facilitates collaborative partnerships and integrated service delivery with Housing Providers, Health and Social Care.

The Policy delivers key objectives within some of the Council's key Policies such as: - the Housing Strategy, the Local Plan and the Council's Community Based Support & Housing Strategy.

**Distribution – CH Ltd, RPs, Education Health & Social Care Directorate, Disability Cornwall, Cornwall People First, Tremorvah Industries, Key partners & stakeholders.**

The Policy has been supported by external partners including Registered Providers (RPs) in Cornwall, the Parent Carer Counsel and Penwith Practitioners Group. Internal partners include: - Housing & Environment Portfolio Advisory Committee, Cornwall Housing Ltd, Planning & Enterprise Service, Adult Care & Support service, Disabled Children & Therapy Service, Commissioning, Procurement, Finance, Tremorvah Industries, Community Equipment Loan Service (CELS).

# 1. Background

1.1 Cornwall Home Solutions (CHS) delivers services to support the housing needs of people over 60 and people of all ages with disabilities. The service has a holistic approach, drawing together a number of housing-related interventions and a Handyperson service alongside the disabled facilities grant (DFG). CHS delivers the type of integrated service that the 2014 Care Act and the Better Care Fund (BCF) aims to encourage and is regarded as delivering good practice<sup>1</sup>.

1.2 Good use is made of the RRO<sup>2</sup> and the Council's ability to offer a range of discretionary assistance and support from the DFG budget. Early discussions regarding future housing needs and supporting relocation have delivered increased choice and prevented spend of circa £360K<sup>3</sup> on major adaptations. Improved procurement of bathroom adaptations delivered £185K savings and reduced timescales for delivery of adaptations by an average of 100 working days<sup>4</sup>. A contract with Tremorvah for the supply & installation of stairlifts has reduced timescales and improved customer outcomes. The service has attracted external funding for provision of insulation measures, boiler & heating repairs, flood measures and delivery of a three year Silverlinks programme working with volunteers to provide advocacy and peer support to older people (see link).

1.3 CHS continues to develop services and innovate and there are a number of key drivers which present an opportunity to review the existing Policy framework and reshape service delivery. These drivers include new legislation and changes to funding regimes

- A new funding regime – The Department of Health is now the main provider of state funding for home adaptations, with the budgets of Disabled Facilities Grants now incorporated into Better Care Funds, which in turn are managed by Health and Wellbeing Boards. The BCF is designed to provide opportunities for better integration of health and social care services. This presents an opportunity to use the resource in more flexible and responsive ways to help reduce pressures on health and social care. The Council's Community Based Support & Housing Strategy acknowledges this role:-

*"Disabled Facilities Grants (DFG) funding is now included in the Better Care Fund and provides opportunities for integrated working with health colleagues"<sup>5</sup>*

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<sup>1</sup> Report on the DFG Summit January 2016 Foundations

<sup>2</sup> Regulatory Reform (Housing Assistance) (England & Wales) Order 2002 RRO

<sup>3</sup> Data from Housing Solutions team for households assisted to relocate rather than adapt in 2015/16

<sup>4</sup> Based on average time in working days from statement of need to completion compared with bathroom adaptations delivered outside the Framework agreement, 2015/16

<sup>5</sup> Cornwall Council's Community Based Support & Housing Strategy

- New legislation and statutory requirements – The introduction of the Care Act 2014 is leading to the creation of new integrated services centred on the home. Under the Care Act local social services authorities are under a duty to promote “wellbeing, prevention & integration”. Housing is specifically included in the key definitions of these elements and extensively referenced in the statutory guidance. Local authorities must promote **wellbeing** when carrying out any of their care & support functions and the definition of ‘wellbeing’ includes the suitability of living accommodation<sup>6</sup>. The provision of adaptations to meet the assessed needs of a disabled person falls under this duty. **Prevention** is central to the vision of the Care Act with a clear obligation for the new care and support system to aim to prevent need, not just wait to respond when people reach a crisis point. The prevention examples included in the Guidance<sup>7</sup> make clear reference to housing considerations e.g. home adaptations, falls prevention, handyman & telecare (Guidance para 2.8) and adaptations & equipment (Guidance para 2.9). Local authorities are obliged to ensure the **integration** of care & support provision, including health and health-related services, defining housing as a ‘health-related service’ (Guidance para 2.34).

## 2. Contribution to Corporate objectives

- 2.1 The Council’s Strategy – This Policy provides support to some of the most vulnerable within our communities. The financial assistance set out in this Policy and provided by CHS improves physical and mental wellbeing. Customer feedback<sup>8</sup> is evidencing that the vast majority of service users agree that the services provided by CHS reduces the risk of accidents in the home (80%), reduces admissions to hospital (35%), promotes independence (73%) reduces reliance on carers and social care (35%) and improves the quality of life of not only the disabled person but their spouses, carers and family (87%).

*“Thank you all so much the improvements to my home have meant not only do I no longer fall down my stairs but my husband no longer needs to worry about me falling out the shower or help me into the bathroom. I truly cannot thank you all enough the equipment and adaptations have changed all our lives”. (CHS customer satisfaction feedback 2015/16)*

- 2.2 The priorities for funding set out in this policy are based on customers’ needs & evidence. Its delivery will improve access to services, deliver efficiencies and improve effectiveness of service delivery in terms of meeting an individual’s needs & expectations.

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<sup>6</sup> Care Act Clause 1(2)(h)

<sup>7</sup> Department of Health (2014) *Care and Support Statutory Guidance: issued under the Care Act 2014*. London: DH,

<sup>8</sup> CHS Customer Feedback responses in 2015/16

The Policy also supports and facilitates collaborative partnerships and integrated service delivery with Housing Providers, Health and Social Care.

- 2.3 The Local Plan, - Theme 2 of the Local Plan 'to enable self-sufficient and resilient communities' has an objective to meet housing need by providing new homes that are appropriate for everyone in a community. Theme 3 'to promote health & wellbeing' has an objective to provide homes that improve quality of life and reduce social exclusion. These objectives will be supported by the delivery of new accessible & wheelchair user dwellings and specialist housing suitable and appropriate to meet the needs of older people and disabled people of all ages. Adapting existing homes and ensuring adapted stock is appropriately allocated also contributes to the delivery of self-sufficient, resilient communities whose homes promote health & wellbeing.
- 2.4 The Housing Strategy - The Housing Strategy sets out a clear vision to create a choice of housing that meets local need and provides safe good quality homes. Building new accessible homes & wheelchair user dwellings, adapting existing homes and making best use of adapted stock is crucial if we are to meet this vision.
- 2.5 The Community Based Support & Housing Strategy is designed to offer more to people who want to stay living independently in their own homes for longer. Helping people to adapt their homes and ensuring housing reflects societal change by building new homes that are accessible are key objectives of this strategy.

*"In most cases, it will be appropriate to better support people to live in their own homes for as long as possible. The new housing stock of the future must reflect this, and our existing stock must be adapted to it."*<sup>9</sup>

### **3. Aim & Objectives**

- 3.1 The aim is to deliver the ambition for Cornwall by supporting older people and people of all ages with disabilities to live the lives they want to the best of their ability in their communities. The Policy will contribute to this corporate aim by increasing the range of financial assistance on offer and by doing things differently. Examples include:
- Developing effective and joined up pathways and pooled budgets for individuals in need of equipment and adaptations
  - Focusing on prevention measures and early stage interventions
  - Working in partnership with Registered Providers of housing (RPs) and social care colleagues to deliver proactive adaptations programme

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<sup>9</sup> Cornwall Council's Community Based Support & Housing Strategy

- Improved collaboration and integration of housing with health
  - Securing early engagement with property developers to increase the supply of adapted/accessible properties.
- 3.2 Through these actions the Policy provides opportunities for the council to meet its obligations for health, social care and housing to improve integration of care & support provision.

## **4. Scope**

- 4.1 The Policy sets out Cornwall Council's financial assistance to support delivery of housing solutions for people over 60 and people of all ages with disabilities living in Cornwall to: adapt, repair & improve their properties or relocate to a new home.
- 4.2 The Policy also sets out how Cornwall Home Solutions (CHS) will collaborate with internal and external partners to:- (i) increase delivery of new accessible & wheelchair user homes (ii) invest in adapting homes and (iii) make best use of existing accessible and adapted homes.
- 4.3 The Policy applies to all older people i.e. people aged over 60 and people of all ages with disabilities residing in Cornwall.

## **5. Legislation & Related Guidance**

- 5.1 The range of financial assistance offered by this Policy is enabled under the provisions of the Regulatory Reform (Housing Assistance) (England & Wales) Order 2002. This Order allowed local authorities greater freedom and opportunities when addressing housing issues. The RRO was extended in 2008-9 to include use of the DFG money, creating a greater flexibility within the fund and allowing an authority to address issues on a wider preventative basis.
- 5.2 Cornwall Council has made use of this power in the past to introduce the fast track Accessible Home Assistance which has speeded up delivery of adaptations by on average 100 working days and delivered savings to the capital programme. The RRO was also used to introduce the Relocation Support Grant to support households to move to more appropriate housing. Both forms of assistance have been extremely successful increasing choice for service users, speeding up delivery of adaptations and delivering savings.
- 5.3 This Policy increases the range of financial assistance to meet the needs of service users.
- 5.4 The local authority is duty bound to work within legislation and the services will be provided in accordance with statutory duties. See Appendix 1 for list of relevant legislation.

- 5.5 Officers will have regard to Government guidance and good practice when delivering services. The guides will be used to help inform decision making and when identifying an individualised solution for a service user. See Appendix 2 for list of relevant guidance.
- 5.6 This Policy will be implemented in accordance with the *Data Protection Act, Freedom of Information Act and informed by the Equality Act 2010.*

## **6. Issues**

- 6.1 The current Policy, 'Housing Solutions for Older People and People with Disabilities' identifies a range of tools and financial support to deliver housing solutions for disabled people. These include:
- Mandatory Disabled Facilities Grant (DFG) to meet the council's statutory duty to provide financial assistance to support eligible individuals to undertake major adaptations.
  - Accessible Homes Assistance (AHA) provides a fast track grant to fund adaptations costing up to £5K, repairs to stairlifts and ramps and provision of specialist equipment. The AHA has reduced response times considerably, a stairlift delivered via DFG took on average 34 working days longer to complete compared to one funded via the AHA.
  - Relocation Support Grant (RSG) to help meet the costs of relocating to a new home when it is more cost effective than adapting an existing property. This has proved very successful and in 2015/16 a total of 34 families were supported to move home and 28 RSGs approved.
- 6.2 All of the above forms of assistance will remain and be delivered via this new Policy. (See Appendix 3 for details of the financial assistance on offer).
- 6.3 A review of service delivery has identified the need for additional financial assistance and support if we are to improve the service we offer and deliver better outcomes for the individual. There is also an opportunity to deliver proactive services meeting the outcomes of the Care Act and BCF. This new range of assistance is listed below and covered in detail in the next section:-
1. Interest free loan to fund work which exceeds the mandatory DFG ceiling of £30K
  2. Interest free loan to home owners who aren't eligible for a Mandatory DFG
  3. Mandatory DFG to cover cost of repairs to Platform Lifts and emergency call out for breakdowns
  4. Integrate delivery and pool funding for provision of equipment and major adaptations
  5. Interest free loan for home owners over 60 to reduce or remove hazards associated with excess cold and falls.

6. Enable improved collaboration and integration of housing with health to facilitate hospital discharge and prevent admissions
7. Accept DFG applications from Cornwall Housing to adapt void stock to enable Homechoice applicants to relocate
8. Target funding to wheelchair users living in unadapted properties.

## **7. Provide funding where work exceeds the mandatory DFG ceiling of £30K**

- 7.1 The grant ceiling for DFG currently stands at £30,000 which is sometimes not adequate for complex cases. In 2015/16, only four of the 749 DFG applications were for work costing in excess of £30K. This represents just 0.5% of the total DFG cases. Contributions were required from either the owner or the Landlord and the total amounted to circa £32K.
- 7.2 Most of the high cost schemes relate to extensions for wheelchair users. The current Policy 'Housing Solutions for People with Disabilities' advocates use of internal floor space wherever possible such as reorganising internal room layouts, converting garages and providing through floor lifts. This in part reduces costs but also helps the disabled person to engage more with the rest of the family. Other high cost work includes the provision of adaptations to make a dwelling safe for people with challenging behaviours. Such safety work is undertaken to make the everyday environment safe for that person, and their carer's, so that they can remain and enjoy living in their own home with a reduced risk of injury. These cases have increased over recent years partly due to the lack of specialist accommodation in Cornwall.
- 7.3 Another option is to support relocation to a more appropriate property. In 2015/16 CHS supported 38 service users to relocate delivering improved outcomes for them and their families. However it's not always an appropriate solution; many service users aren't able to move due to a lack of suitable alternative accommodation or they need accommodation close to schools and support networks.
- 7.4 Often the only solution is to provide a purpose built extension which can cost anywhere up to £70,000. As the maximum DFG is £30K applicants need to cover any additional cost from their own resources. If service users are unable to fund the additional cost they may be able to apply for a top up loan or grant from social care. The process for securing loan and grant assistance can be protracted and take a number of months, requiring the OT to submit a business case to social care and finance boards. The process commences only once a DFG has been approved leading to many months delay and uncertainty for the applicant.
- 7.5 A small number of RPs will finance the top ups to ensure their tenants receive the adaptations they need. However this is not always the case and most RPs don't have the resources to do so. This means

that some tenants living in social housing who are in need of an extension or other high cost work will not receive the adaptations they need. There have also been cases which did not proceed to an application because the tenant was advised that the social landlord was unable to fund the additional costs associated with an extension.

- 7.6 A DFG summit held in 2015 by Foundations, the national coordinating body for home improvement agencies, called for the upper limit to be raised to £50,000 as the cost savings to health and social care of keeping a family together and avoiding residential care are very high<sup>10</sup>. This increase in the upper limit has also been called for by disability organisations for people of all ages in need of extensive adaptations.<sup>11</sup> The Cornwall Parent Carer Counsel (PCC) suggested that there should be no upper limit and that once the maximum of £30K had been reached a Discretionary DFG should be available to fund the additional costs. The PCC supported the view that this discretionary assistance should be means tested and a charge placed on the property to recover costs upon sale of the property.
- 7.7 There is an argument that if this ceiling were to be increased there may be an increase in the number of schemes in excess of £30K. Previous years have seen a higher level of maximum grants despite the ceiling; in 2010/11 there were 25 cases and the value of the contributions was circa £200K. One explanation for a drop in numbers could be the establishment of a DFG panel to consider high cost schemes and a sense of collective responsibility amongst frontline staff to manage the budget and deliver cost effective solutions. However there is no evidence to suggest that this has resulted in the drop in numbers and other factors may play a role such as: - demographics, lack of suitable housing, poor allocation of adapted homes.
- 7.8 There is also an argument that not providing additional funding will result in some individuals long term needs not being adequately met. The Parent Carer Counsel (PCC) commented that they had concerns that some adaptations may not meet the long term or unforeseen needs of children, which could mean that another application for a DFG may need to be made to accommodate changing needs. OT assessments, as far as is practicable, always take into account the long term needs of the child and family, and further assessments in the future may be required where the child's and family's needs have changed, e.g. because of deteriorating health, expansion of the family etc. Additional funding could allow the recommendation of adaptations which are not needed now, but may be needed in the future, i.e. 'future-proofing'.

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<sup>10</sup> Report on the DFG Summit January 2016 Foundations

<sup>11</sup> Muscular Dystrophy UK (2015) Breaking point The crisis in accessible housing and adaptations,

7.9 The duty to meet the needs of adults with regard to adaptations does not always fall under the Housing Grants Construction & Regeneration Act 1996 i.e. the DFG legislation. Department of Health guidance notes that if a person is in his or her own home, adaptations which would normally fall to social services to provide, would be an NHS responsibility if that adult is eligible for NHS continuing healthcare. Social services have a duty to ensure that the assistance required by disabled people is secured and this includes where the help needed goes beyond what is available through DFG or where a DFG is not available for any reason or where a disabled person cannot raise their assessed contribution<sup>12</sup>. Where the person is receiving continuing health care then such a duty would fall to the NHS. This duty only applies to adults and not to children.

#### 7.10 Policy Response

7.11 CHS should explore all options for top up funding including seeking funding from Health if that adult is eligible for continuing health care.

7.12 Where alternative funding isn't available the Council to make use of its powers under the Regulatory Reform Order to offer an interest free loan to provide top up funding where the cost of work exceeds the upper limit of the mandatory DFG. This would be available for homeowners, private landlords and RPs. For home owners and private landlords the full amount of the loan would be recovered on sale of the property. No charge would be placed on Registered Provider (RP) properties but the RP would agree that on change of tenancy the property would be allocated to a tenant/family in need of the adaptations.

7.13 Benefits include:-

- Social housing tenants receive an equitable service
- An increase in the number of accessible and wheelchair user homes
- Reduce delays for the most complex cases.
- Ensuring that adequate funding was available for even the most costly schemes would support long term planning
- A reduction in the number of successive assessments and repeat applications for DFG

7.14 As noted above the number of cases where work costs in excess of £30K is low, circa 5 per annum. It is accepted that this additional assistance could result in an increase in the number of schemes however based on previous year's figures it would be reasonable to predict a need for circa £80K budget to fund this discretionary pot.

## **8. Provide an interest free loan to home owners who aren't eligible for a Mandatory DFG**

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<sup>12</sup> DCLG (June 2006) Delivering housing adaptations for disabled people: a good practice guide. London

*"As the majority of older people, and next generation of older people, are likely to need to adapt their housing to manage health conditions, they should be encouraged to take responsibility for doing so themselves."*<sup>13</sup>

- 8.1 CHS have cases where adaptations are needed but the applicant fails the means test for a DFG due to either income or savings and as such is deemed to have the resources to contribute to the work. Under the 2014 Care Act, local authorities now need to signpost people ineligible for statutory help to services that can provide advice and support. CHS plays a critical role in enabling individuals who aren't eligible for the statutory grant to make informed choices about how they can fund the works required.
- 8.2 Currently there is no financial assistance from the Council and they are signposted to independent financial advice to secure funding. Anecdotal evidence suggests that many of these individuals do not proceed with the adaptations they need.
- 8.3 Policy Response
- 8.4 CHS to deliver the following services where: an application has been unsuccessful for mandatory DFG, an applicant has a contribution or the cost of the works exceeds the maximum limit for a grant:-
1. Information and support to access independent financial advice
  2. Information on housing options
  3. Technical help and access to reliable contractors
  4. Welfare/benefits check, advice and signposting to debt counselling
  5. Peer to peer support through the 'Silverlinks' service
  6. Develop links with the voluntary & independent sector, Registered Providers and charities to explore alternative funding
  7. Establish signposting and referral processes with a Society of Later Life Advisor (SOLLA)
- 8.5 The Council to make use of its powers under the RRO to offer homeowners interest free loans with a charge on the property to recover 100% of the loan plus associated fees on sale.
- 8.6 This will prevent the delays experienced with the current social care process. There will be an additional cost to the DFG budget, however it is estimated that the numbers will be low. Based on previous year's figures it would be reasonable to predict a need for circa £100K budget to fund this discretionary pot.

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<sup>13</sup> For future living, innovative approaches to joining up housing and health. Institute for Public Policy Research 2014 <http://www.ippr.org/publications/for-future-living-innovative-approaches-to-joining-up-housing-and-health>

## **9. Fund repairs and emergency callout for platform lifts**

- 9.1 Many adaptations funded via a DFG require provision of specialist equipment such as platform lifts (includes step lifts, through floor lifts and Linear lifts). This equipment will be covered by a manufacturer's 12 month warranty. Once the 12 month warranty expires the providers of the equipment offer applicants the option to purchase an extended warranty to cover servicing, maintenance and call out cover in the event of the equipment breaking down.
- 9.2 Many applicants do not take out extended warranties due to the cost. Tremorvah have quoted a fee of circa £4K for a 3 year warranty covering 2 services a year, parts, labour and call out.
- 9.3 Due to the cost of warranties CHS adopted a Policy to offer Accessible Homes Assistance to fund the repair of equipment such as stairlifts and platform lifts. In 2015/16 we approved ten AHA grants for the repair of stairlifts at a cost of £7K. This provides a safety net to those who haven't taken out a warranty however it doesn't cover call out costs and the services of an engineer if the stairlift breaks down. This is particularly important for individuals who are trapped in an external lift exposed to the elements.
- 9.4 Tenants of social housing have, in the past, benefited from the landlord taking responsibility for maintenance of such adaptations. However this practice has changed recently with some RPs agreeing to maintain adaptations whilst others place this responsibility and cost on the tenant. Some social landlords will not approve work if the tenant has not purchased an extended warranty. Such practices result in different service provision depending on who your landlord is.
- 9.5 CHS intends to tender for a single supplier of platform lifts and the contract will include for recycling. It makes good business sense to ensure this equipment is regularly serviced and maintained.
- 9.6 Policy Response
- 9.7 CHS will fund the cost of repairs, parts and callout cover on all external platform lifts and through floor lifts via the AHA grant. Where a landlord requires a tenant to purchase an extended warranty to secure landlord agreement for the works CHS will include the cost of a three year extended warranty within the DFG. The benefits include:-
- Owner occupiers and tenants will receive an equitable service
  - The Council will be protecting its assets
  - Regular servicing and maintenance should reduce the cost of refurbishments when equipment is recycled

- Improved maintenance should reduce the number of AHA grants for repairs to platform lifts delivering a saving on officer time in processing the grants.

9.8 Based on 10 platform lifts pa and a warranty cost of circa £4K per lift the additional cost to the DFG is predicted to be circa £40K.

## **10. Integrate delivery and pool funding for provision of equipment and major adaptations**

10.1 The Care Act 2014 states that if a housing authority has legal obligations under the 1996 Housing Act then the social services authority does not have to meet those needs (para 15.51). As a Unitary authority Cornwall Council has responsibility for both with CHS delivering major adaptations via DFG and EHSC therapy teams having responsibility for community equipment and minor adaptations.

10.2 Service users often require both equipment and major adaptations and the current arrangements require input from both these services each commissioning different elements of the work. For example a wheelchair user with complex needs may require an extension providing ground floor wetroom and a specialist piece of equipment such as a ceiling track hoist to ensure safe transfer from bedroom to wetroom. The extension would be procured by CHS, funded from the DFG and installed by contractor X, the ceiling track hoist would be procured by social care, funded from the Community Equipment Loan Service (CELS) and installed by contractor Y.

10.3 Tenants of RPs may also have equipment funded and commissioned by their landlord. Registered Providers are required, under the Equality Act 2010, to make reasonable adjustments to address barriers which may be experienced by a disabled tenant. The requirement includes the provision of auxiliary equipment and services. Some examples of possible auxiliary equipment and services include: (i) replacing taps or door handles (ii) replacing, providing or adapting door bells or door entry systems (iii) changing the colour of a surface<sup>14</sup>.

10.4 With so many services involved in the provision of aids, equipment and adaptations the process can be confusing for the service user. The Care Act stresses that there should be joint working between housing and social care to ensure a seamless service to the adult service user.

### **10.5 Policy Response**

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<sup>14</sup> Housing and Disability Equality Duty, A guide to the disability Equality Duty and Disability Discrimination Act 2005 for the social housing sector

- 10.6 Prior to referral for a DFG the therapists are to advise RPs of their responsibility under the Equality Act in relation to the provision of auxiliary aids.
- 10.7 CHS is to be the single service provider for the provision of equipment where an individual is also in receipt of a DFG. This will only apply to adult cases as Children's services have a different arrangement.
- 10.8 Funding of the equipment is to be sourced from a pooled budget. It is estimated that currently individuals receiving major adaptations also receive circa £0.5m of equipment pa. It is recommended that £0.5m from the BCF, that had previously funded equipment via the Social Care Capital Grant (SCCG), is matched with £0.5m from the DFG budget and set aside in a pooled fund for such purposes (see further comments under Budget section).
- 10.9 Securing a single service provider and a pooled budget should enable improved planning of service provision and improved coordination of work. CHS will monitor delivery and measure the outcomes from the new arrangement.

**11. Provide interest free loans for home owners to reduce or remove hazards associated with excess cold and falls.**

*"Older people spend more time in their home than other age-groups (HAA 2013), are more at risk of poor health, and consume over three-fifths of all social care spending (NAO 2014). It is therefore essential to ensure that the place they live in supports them in maintaining good health."<sup>15</sup>*

- 11.1 According to Age UK, over 65s spend around 80 per cent of their time in their own homes, with over 80s spending 90 per cent of their time at home. For this reason the quality and suitability of the home environment is particularly important for disabled people, older people, those living with a chronic disease [e.g. dementia] or the consequences of a serious injury, and those who experience functional and cognitive difficulties.
- 11.2 Studies<sup>16 17 18</sup> in a range of disciplines confirm that the home environment is a quantifiable determinant of health, quality of life and well-being. The Decent Homes standard defines a basic level of housing quality in England. Data from the English Housing Survey

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<sup>15</sup> For future living, innovative approaches to joining up housing and health. Institute for Public Policy Research 2014

<sup>16</sup> Nicol S, et al (2010) Quantifying the Costs of Poor Housing BRE Information Paper 16/10: BRE

<sup>17</sup> Oswald F, et al. Relationships between housing and healthy aging in very old age. Gerontologist 2007;47:96-107

<sup>18</sup> Lawrence RJ Housing and health promotion: moving forward Int J Public Health 2010;55:145-6

shows that around 1.7 million people aged 60 or over are living in houses that do not meet this standard. The two highest hazards being excess cold and falls risk<sup>19</sup> which happen to pose the greatest risks for older people.

11.3 Excess winter deaths are more common in older people.

- 56% of cold-related deaths were in people aged 85 and older
- 27% were in people aged between 75 and 84<sup>20</sup>.

11.4 People aged 65 and older have the highest risk of falling. Around 30% of adults who are over 65 and living at home will experience at least 1 fall a year (approximately 2.5 million people in England). This rises to 50% of adults over 80 who are either at home or in residential care. The Royal College of Physicians (2011) report [Falling standards, broken promises](#) highlights that falls and fractures in people aged 65 and over account for over 4 million hospital bed days each year in England alone.

11.5 A new report , ['The cost-benefit to the NHS arising from preventative housing interventions'](#) from the Building Research Establishment (BRE) suggests that leaving long-term sick and disabled occupants in homes with significant hazards is costing the NHS nearly £414 million per annum in first year treatment costs alone. A large proportion of such costs being attributed to treatment of harm arising from excess cold and falls.

11.6 For falls, there have been many studies on what works well to prevent them – and there's no single answer. However, home safety programmes that identify and eliminate hazards are known to be effective in reducing the number of falls, but only among older individuals most at risk of falling and not in the general older population. So prevention programmes need to be appropriately targeted.

11.7 A report by the Association of Public Health Observatories<sup>21</sup> reinforces how important falls prevention services are with some dramatic statistics. *"Only 46% of older people with a fractured neck of femur return to their usual residence. Mortality after hip fracture is high, 10% within 30 days of fracture and around 30% at one year"*. The report also notes that these statistics are likely to be a gross underestimate.

11.8 Necessary home improvements and repairs to homes of homeowners over the age of sixty to address excess cold and fall hazards will help

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<sup>19</sup> Off the Radar, housing disrepair and health impact in later life Care & Repair England March 2016 <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>

<sup>20</sup> The Office for National Statistics' Statistical bulletin: excess winter mortality in England and Wales, 2014/15

<sup>21</sup> Public health Observatories Indications of Public health in the English Regions Older people January 2008

improve physical and mental health and reduce demand on NHS services by preventing admissions to hospital and speeding up discharge from hospital. The BRE research also evidenced that reducing such hazards and preventing accidents in the home helps to prevent and/or delay the need for adaptations.

11.9 The financial assistance currently available via the Housing Solutions Policy is limited to adapting homes or helping people and families to relocate. The Handyperson service provides help with small repairs in the home but there is no financial support to help with home improvements and larger repairs to address excess cold and risks of falls.

#### 11.10 Policy Response

11.11 Maximise opportunities to secure funding to support improvements to heating and insulation via FILT, CEP, npower Health through Warmth Crisis Fund and the Gas Safe Charity scheme.

11.12 Provide an interest free loan targeted to home owners over 60 years of age who are at high risk of falls and/or a member of the household is vulnerable to the effects of excess cold and dampness including:- disabled people, people aged 60+, those living with a chronic disease [e.g. dementia] or the consequences of a serious injury, and those who experience functional and cognitive difficulties.

The new assistance will fund necessary repairs and home improvements to address hazards associated with excess cold and falls. The maximum loan will be £10K and there will be a charge on the property to recover 100% of the loan plus associated fees on sale. Only essential repairs are to be undertaken and the loan will only be available where there is no other funding available or to top up other sources of funding such as FILT, Winter Warmth, Smart Warmth schemes and the Council's ECO Flex scheme.

11.13 The type of work eligible under the loan can be varied and may include structural repairs or improvements such as: re-wiring, dry lining, repairs to/replacement of doors and windows, provision of central heating, provision of stair bannisters and rails, alteration to stairs, changing carpets, repairs to external steps etc.

11.14 CHS approves circa 400 grants pa for people over 60 years of age. Of this number approximately 47% i.e. 188 are for owner occupiers. Based on knowledge of the condition of the homes occupied by such applicants there is an expectation that circa 20 households may be in need of this new assistance. Only a small percentage of these will require the maximum loan so it's estimated that circa £150K would be sufficient for this purpose.

## **12. Enable improved collaboration and integration of housing with health to facilitate hospital discharge and prevent admissions**

- 12.1 A report by the Kings Fund<sup>22</sup> concluded that faster discharge and reduced admissions is not only about efficient transfer of medical and social care but may also require changes to older people's housing and living situations.

*"The housing connection to older people's admission into and time spent in hospital is a critical factor which is often overlooked".*

- 12.2 Some older patients medically ready to leave hospital may not be able to return to their previous home unless adaptations and improvements are made to it or, in some cases, a new home can be found. Others can return home and manage with equipment and temporary measures in the short term, but alterations to their homes or moving home would improve their quality of life and ability to live independently. Either measure can reduce the risk of health problems.
- 12.3 Statement 6 of the National Institute for Health & Care Excellence (NICE) quality standard on Falls<sup>23</sup> recommends that older people who are admitted to hospital after having a fall are offered a home hazard assessment and if appropriate, the assessment is followed up with the offer of safety interventions and/or modifications.
- 12.4 The latest NICE guidance on hospital discharge also considers housing as an important factor recommending that discharge planning should consider the need for specialist equipment and support, including housing adaptations.<sup>24</sup> There are a number of good examples of housing being integrated within hospital discharge planning.
- 12.5 The City of Aberdeen rapid response team has a dedicated joint budget to purchase services, or simple equipment and adaptations and install them quickly. 40% of interventions enabled early discharge and about 17% prevented admissions in the first place. The scheme supports people successfully and cost effectively across the spectrum of care including interaction with the acute sector.<sup>25</sup>
- 12.6 Other examples of hospital discharge schemes include Ealing, West of England Care & Repair, Suffolk and Wigan. Ealing have developed a fast and effective handyperson service for hospital discharge that works alongside reablement teams providing a 7 day a week service. Wigan has a rapid non-means-tested adaptations service for cases costing less than £5,000 for hospital discharge and people defined by health as being 'at risk' of admissions to hospital/care.

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<sup>22</sup> Kings Fund (Dec 11) DATA Briefing: Emergency bed use: what the numbers tell us (Dec11) London; Kings Fund

<sup>23</sup> Falls in older people NICE quality Standard QS86 March 2015 <https://www.nice.org.uk/guidance/qs86>

<sup>24</sup> Transition between inpatient hospital settings and community or care home settings for adults with social care needs NICE guidelines NG27 December 2015 <https://www.nice.org.uk/guidance/ng27>

<sup>25</sup> Community Care: a joint future (Joint Future Group 2000)

12.7 Derby has developed a Healthy Housing Hub that offers help, advice, repairs and adaptations to reduce home accidents, falls and general health risk. People with a history of falls who received services had 54 per cent fewer acute hospital stays.

### 12.8 Policy Response

12.9 CHS will run a pilot project over 12 months providing a Keyworker resource within a multi-disciplinary Admissions team. The KW will provide a home visit to older people admitted after having a fall and will undertake a home hazard assessment. The assessment will identify any hazards associated with excess cold and falls.

12.10 The KW will ensure that housing related issues are considered on discharge in accordance with NICE guidance and support delivery of safety interventions, aids, equipment, minor adaptations, repairs, improvements and/or relocation. The KW will act as a link between other housing services and will signpost to a range of services including other public, voluntary and community services. Where major adaptations are required the hospital OT will make a direct referral to the access team for an OT assessment in accordance with current practice.

## **13. Accept DFG applications from Cornwall Housing to adapt void stock to enable Homechoice applicants to relocate**

13.1 Adaptations in Cornwall Housing (CH) properties are funded from the Housing Revenue Account (HRA) rather than the DFG. Self-financing was introduced for local authorities in 2011 to put landlords in the position where they could manage their stock from their own income. This provided additional funding for local authorities to pay for disabled adaptations. It was based on research done by British Research Establishment (BRE) which estimated that councils would need £60 per dwelling per year across the whole stock to adequately meet arising needs. This estimate was incorporated in the self-financing settlement and extra funding of around £116m was included for adaptations<sup>26</sup>.

13.2 CH Ltd has adopted a Disabled Adaptations Policy setting out a framework for provision of adaptations to the homes of existing tenants. When a CH property becomes void it is advertised on the Council's choice based letting system, Homechoice, and allocated in accordance with the Council's Allocation Policy<sup>27</sup>. The Allocations Policy notes the following in relation to disabled applicants bidding on Homechoice:-

*"A viewing of the property by an occupational therapist may be required prior to any formal offer being made to assess its suitability.*

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<sup>26</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6005/1831498.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6005/1831498.pdf)

<sup>27</sup> Cornwall Council's Community Based Support & Housing Strategy

*If once visited, the occupational therapist recommends that the property would not be suitable then the offer will be withdrawn. If the occupational therapist recommends the property as suitable, then a formal offer will be made and the registered applicant will be invited to view the property."*

- 13.3 This Policy does allow CH to refuse prospective disabled applicants from viewing a property if it is deemed unsuitable because it is in need of adaptations. Experience has shown that viewings are being refused based on consideration of cost of adaptations. This is particularly the case if the cost of adapting the property is estimated to be high. However in many cases applicants have no other option than to move as their home is not suitable for adaptations and in some cases a move even to an unadapted home may greatly enhance their health & wellbeing. There have been cases in the past where CHS have agreed to help meet the cost of adapting a property to ensure a disabled applicant secured the allocation.

#### 13.4 Policy Response

Mandatory DFG is to be available to CH to fund adaptations in void properties to facilitate allocation to a disabled applicant. The accommodation is to be adapted prior to letting and delivery of adaptations is to be fast tracked to ensure timely response. The funding will only be available on schemes that CHS consider feasible for adaptation and where the proposed tenant would be eligible for a DFG.

### **14. Target funding to wheelchair users living in unadapted properties**

- 14.1 The 'majority of homes in England (84%) do not allow someone using a wheelchair to get to and through the front door without difficulty and 95% of all homes do not include the most basic of characteristics that make homes accessible. Of the 5% that are accessible the majority are in the social rented sector leaving limited choice for moving within the owner occupied sector. When you consider that 76% of older people (55 years or more) are owner occupiers and 96% of these live in mainstream housing<sup>28</sup> the need to increase the number of accessible dwellings is critical.
- 14.2 Based on a tool<sup>29</sup> to assist local authorities to estimate unmet need for wheelchair user homes there are circa 7,200 wheelchair user households in Cornwall of which **575** households are not having their housing needs met (figure derived from the 'Mind the Step' tool and based on population of 523,400 (2011 census).

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<sup>28</sup> Off the Radar, housing disrepair and health impact in later life Care & Repair England March 2016 <http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>  
Off the Radar

<sup>29</sup> <http://www.habinteg.org.uk/mindthestep>

- 14.3 Loughborough University researched the impact of living in an adapted and an unadapted property on the lives of people with spinal cord injury who were fulltime wheelchair users and concluded:-

*"For those who lived in an unadapted house, health and wellbeing was negatively impacted on and, over time, deteriorated substantially.....It results in a significant reduction in quality of life. ....Being in an unadapted home also damages people's psychological health, and how they recover from a traumatic injury. It results in chronic depression, loneliness, stress, feelings of worthlessness, and can lead to people to thinking about ending their own life. The short-term and long-term damage done to their health and wellbeing as a result of being in this kind of home means that this environment is highly unsuitable."*<sup>30</sup>

- 14.4 Cornwall's Local Plan (the Plan) requires 25% of new homes to be accessible<sup>31</sup> and for wheelchair user dwellings to be built subject to negotiation on a scheme by scheme basis and depending on an identified local need. However, currently, wheelchair users generally do not live in new-build homes, so in addition to adopting standards for future developments to increase the choice available, this Policy needs to support those living in current housing.
- 14.5 In 2014/15 a total of 148 households were registered on Homechoice as needing a fully wheelchair adapted property, however of these only 3 were allocated a wheelchair accessible home leaving 145 wheelchair users in an unadapted home<sup>32</sup>. These households may still be living in an unadapted property with a high risk of serious deterioration in both physical and mental health. For the majority it will be many years before they secure a suitable property by which time their needs could reach crisis point.
- 14.6 The Care Act sets out a clear obligation for the new care and support system to aim to prevent need, not just wait to respond when people reach a crisis point. The Statutory Guidance also stresses the importance of joint working between local social services and housing authorities. The DFG system is reactive in nature and studies have shown that it's this approach that is undermining the potential preventative value of home adaptations<sup>33</sup>. This Policy offers an opportunity for CHS in partnership with RPs to be proactive and target these individuals offering a programme of interventions whether it's to adapt their homes or support with relocation.

#### 14.7 Policy response

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<sup>30</sup> The health and wellbeing of spinal cord injured adults and the family: examining lives in adapted and unadapted homes. Brett Smith, PhD and Nick Caddick, PhD Loughborough University

<sup>31</sup> Built to Building Regulation M4(2)

<sup>32</sup> Allocations report 2014/15

<sup>33</sup> BRE The cost benefit to the NHS arising from preventative housing interventions April 2016

14.8 This Policy's strategy is fourfold; (i) support the development of new wheelchair user dwellings (ii) adapting existing stock (iii) making best use of existing wheelchair user dwellings and (iv) adopting a preventative response by targeting high risk households in need of wheelchair user dwellings.

- *Support the development of wheelchair user dwellings* – In January this year, the Housing & Environment Portfolio Advisory Committee supported the development of four wheelchair user homes on the Housing Development Programme (HDP) pilot sites. The 4 wheelchair accessible homes are to be built in compliance with Building Regulations M4 (3). Three of these wheelchair user dwellings are to be built on the Bodmin site and one on the Tolvaddon site<sup>34</sup>. The Committee agreed that the additional cost of circa £114K was to be funded from DFG funds.
- *Adapting existing stock* – This Policy will continue to support the delivery of DFGs to fund extensions where needed to meet the needs of wheelchair users. These extensions will, where viable & practical, be built in compliance with the new standards under Building Regulations Part M4 (3). This policy also supports the provision of DFG to meet the additional cost associated with the accessibility standards on new builds to meet needs of an identified household.
- *Making best use of existing wheelchair user dwellings*. CHS provides support to both landlords and tenants to help with relocation where this is the option of choice, rather than to adapt. CHS encourages appropriate marketing and allocation of accessible & wheelchair user dwellings.
- *Adopting a proactive, preventative response by targeting high risk households*. The list of wheelchair users registered on Homechoice who are seeking an adapted dwelling will be examined and high risk individuals/households will be identified for targeted interventions. The programme of interventions will be planned in partnership with the RPs. A ring-fenced fund will be available to fund the programme of works and RPs will be directly involved in the delivery of the adaptations.

## **15. Budget**

15.1 *"It's crucial that all councils consider the impact of inappropriate housing on people's need for care, as some are starting to do. With the immense pressure on budgets caused by reduced resources and increasing needs every local area needs clear plans for making housing more appropriate. It is better for people and the public*

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<sup>34</sup> Housing Register, housing needs information Bodmin and Illogan

*purse.*” David Pearson, president of the Association of Directors of Social Services<sup>35</sup>

- 15.2 Since April 2015 central government stopped paying Disabled Facilities Grant (DFG) funding directly to local housing authorities. Instead the government pays money into a fund managed jointly by social services and NHS Clinical Commissioning Groups. This is known as the Better Care Fund (BCF). The Fund is designed to provide opportunities for better integration of health and social care services. Health and Well Being Boards, which are made up of representatives from local health and care services, decide on local spending.
- 15.3 The purpose of the BCF is to improve integration of service provision. This offers an opportunity to build effective partnerships with health and social care by demonstrating the value of housing-related services in supporting people in their own home and preventing hospital or care home admissions, thereby reducing demand on more costly services<sup>36</sup>. The range of assistance within this Policy plays a key role in delivering these outcomes.
- 15.4 The importance of the DFG grant has been recognised by an increase in resources. There has been a substantial increase in resources for 2016/17 to £394m which makes up 10% of the total BCF; a 79% increase in DFG funding. Central government has provided a commitment to raise the DFG budget still further to £500m by 2019/20 as part of an improved BCF<sup>37</sup>. The future of the grant appears more secure than it has been for many years.
- 15.5 The national programme for Social Care Capital Grant (SCCG) has been discontinued and the money transferred to the DFG; the aim being to fund additional adaptations and prevent more people from needing to go into care. In Cornwall the SCCG amounted to £1.55m in 2015/16. This was allocated to two distinct programmes: - £0.5m supports funding of equipment from the Community Equipment Loan Service (CELS) and £1.05m funds delivery of a number of supported housing projects which are key to reducing the need for more costly residential and nursing beds.
- 15.6 It has been agreed that £1.05m of the SCCG will remain for 2016/17 to fund the housing projects. £0.5m of the DFG will continue to be used to support social care equipment. This will be pooled with £0.5m of current DFG adaptations spend to provide a total budget of £1m for delivery of equipment in the homes of applicants receiving major adaptations. From 2017/18 the full allocation, minus the £0.5m committed to the equipment base budget, will transfer to the DFG to help deliver the new financial assistance set out in this policy.

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<sup>35</sup> Leonard Cheshire Disability report No place like home 5 million reasons to make housing disabled friendly <https://www.leonardcheshire.org/sites/default/files/no-place-like-home-leonard-cheshire-disability.pdf>

<sup>36</sup> Housing LIN Care & Support in housing with care for older people, October 15

<sup>37</sup> Spending review and Autumn statement 2015

- 15.7 For 2016/17 Cornwall's DFG budget is circa £6.4m. This is made up of circa **£4.2m** from BCF (made up of £3.076m from BCF, £0.612m of growth and £0.5m from the SCCG) and circa **£2.2m** of capital (made up of £0.925m capital programme and £1.3m uncommitted sums).
- 15.8 Salary costs of staff working directly on capital projects to enable the asset i.e. adaptation to be delivered are eligible for capitalisation under accounting rules. For CHS this includes the activities undertaken to deliver the funding identified by this Policy for example surveying, providing specifications, drawing of plans etc. The annual salary cost recharged to capital is currently circa £0.572m. Staffing costs may increase in line with increased activity so the budget has allowed for an increase to £0.686m in 2016/17.
- 15.9 The **£6.4m** budget will fund the assistance set out in this Policy and the revenue costs associated with its delivery. The budget will be apportioned as follows:
- £4m for Mandatory DFG delivery
  - £0.35m for loans
  - £0.2m for wheelchair user dwelling programme
  - £0.114m Cornwall Housing Development programme (CHDP)
  - £0.05m Relocation Support Grant
  - £1m Equipment
  - £0.686m Salaries

See Appendix 3 for the full range of assistance.

## **16. Future work programmes (2017 – 2018)**

- 16.1 The majority of the current assistance is provided on a case by case basis following an assessment of need by either Adult's or Children's Therapy team. The response is reactive and requires high staffing resource as each application is processed individually and each case requires an OT assessment of need.
- 16.2 This Policy advocates flexible use of the DFG programme to offer new forms of targeted assistance working in partnership with Registered Providers (RPs) and colleagues in Education Health & Social Care (EHSC). Examples include: working with RPs to develop a proactive programme of adaptations to stock designated for older people and working with colleagues in EHSC to adapt specialist housing for people with learning disabilities. Such programmes will be proactive and funded as a programme of work rather than individual cases. These work programmes will deliver cost efficiencies and make best use of the budget, delivering outcomes that not only meet housing need but also reduce costs to Health & Social Care.

## **17. DFG Panel**

- 17.1 Cases which match the following criteria will be submitted to the DFG Panel to determine feasibility of the recommended solution/s:
1. Where the recommendation includes for an extension and/or a conversion and/or a Through Floor Lift (TFL)
  2. Where work includes items to address safety under Section 23(1)(b) Housing Grants, Construction & Regeneration Act 1996
  3. Work that is not for a purpose for which mandatory DFG is available i.e. does not meet a purpose within section 23 (1) Housing Grants, Construction & Regeneration Act 1996
  4. Cases where there are multiple options available that meet need and guidance is sought as to the best option
  5. The work may not be eligible for DFG and the OT/KW is seeking advice and guidance from Panel.
- 17.2 In such cases the Assessor will prepare a Statement of Need for submission to the DFG Panel. See Appendix 7 for Terms of Reference and process for referrals to the DFG Panel.
- 17.3 Membership of the panel will comprise: CHS Manager, County Housing Adult OT Lead, the appropriate Area Manager (CHS), and Senior OT (CSF). The Surveyor is to attend only when there are issues regarding practicality of work or where there are plans to be discussed. The KW and Assessor are to attend either in person or via a tele conferencing facility.
- 17.4 The Assessor is to present paperwork clearly setting out an option appraisal with clear rationale as to why options have been rejected. Where extension or conversion proposed a clear rationale for dismissing relocation must be provided. Any extension or conversion must be signed off by the Surveyor before submission to Panel.
- 17.5 Written notification of the Panel decision is to be sent to the applicant
- 17.6 General outcomes and lessons learnt to be shared amongst staff to inform learning and identify areas for further training/knowledge.
- 17.7 In cases where the applicant disagrees with the decision of the Panel the Panel will reconvene in a timely manner to consider the applicant's comments. If there is still disagreement then the applicant will be advised and supported to make use of the Council's corporate complaints procedure.

## **18. Policy Management**

- 18.1 CHS within the Planning & Enterprise Service and the Therapy teams within the Older People/Physical Disability Service & Children's Social Work and Psychology Service are responsible for implementing the policy. CHS is responsible for managing the Policy.

## **19. Service Standards & Key Performance Indicators**

### 19.1 Service Standards

- 19.2 Where an adaptation is to be provided service users will be advised of the expected timescales for the work and kept informed of the progress of their case. Service users and/or family/carers will be advised when there is a delay and the reasons for any delay.

- 19.3 CHS ensures local procedures for inspecting disabled adaptations up to the point of completion meet the standards set out in "*Home adaptations for disabled people: a detailed guide to related legislation, guidance and good practice*". For complex cases and large works such as extensions the Council will inspect more regularly and will provide two inspections whilst work is onsite. These inspections will be undertaken by Building Control Officers.

- 19.4 CHS will clearly explain the nature and duration of any guarantees or warranties that come with disabled adaptations for example warranties for stairlifts, showers and heaters. CHS will clearly explain who has responsibility for any ongoing maintenance costs. This will be put to the applicant in writing so they can refer to it in future.

### 19.6 Performance Indicators

- 19.7 CHS aims to meet the two statutory targets relating to the processing of a DFG:-

1. A housing authority must make decisions on DFG applications within six months (120 working days) of receiving them.
2. Work must be completed within 12 months (240 working days) of approval.

- 19.8 The process for applying for a DFG is broken down into three key stages:

1. Stage 1 – Initial enquiry at first point of contact to OT recommendation;
2. Stage 2 – Receipt of OT recommendation to approval of scheme (grant approval or issue of works contract/order) and
3. Stage 3 – Approval of scheme to completion of works.

19.9 Timescales for completion of each stage of the process have been established for 2016/17 and are set out below:

Stage	Urgent* No of working days	Routine** No of working days
1	28	90
2	50	50
3	80	80
Total Time	158	220

**\*Urgent (includes Urgent Plus cases)**

- Where a service user is unable to return home from hospital or access lavatory and bathing facilities within the home without the adaptation
- Where the Service User, Carer or other members of the household are deemed to be at high risk of injury.
- Where the process of a planned intervention of short term rehabilitation will be affected.
- Where non provision would result in a crisis in continuing independence and ability to stay at home.

**\*\*Routine –**

- Where a service user is unable to utilise the home fully but is able to use lavatory and bathing facilities within the home

19.10 CHS aims for 70% of routine and 65% of urgent adaptations valued up to £10K to be carried out within target timescales for each stage and total time (in working days) between enquiry and completion as outlined above. By 2020, 95% of adaptations valued up to £10K, both routine and urgent, will be meeting the target timescales for each stage.

19.11 Complex schemes costing in excess of £10K will be monitored and CHS will aim to deliver against the above timescales however due to the nature of the work it is often more important to deliver a quality scheme that meets an individuals' needs and desired outcomes rather than focus on timescales.

19.12 The following performance measures have been adopted:

1. Reduction in the average cost per bathroom adaptation of £800
2. Reduction in the annual spend on stairlifts by 10%
3. 30 households successfully relocated to accommodation which suits their need delivering a saving on the capital programme of circa £100K per annum.
4. 80% of customers in receipt of an adaptation satisfied with the service.

5. 80% of customers noting that the service has increased their independence and/or social inclusion

## **20. Measuring Impact of Policy, Customer feedback and Complaints**

- 20.1 CHS will measure the impact of this policy and will make regular reports on performance to the Corporate Leadership Team (CLT).
- 20.2 Customer satisfaction surveys will be used to inform and improve the customer experience and will include all aspects of service delivery including: assessment, contractor issues, quality of work and response times. Surveys will be evaluated on a quarterly basis and responses used to improve service delivery.
- 20.3 CHS has adopted a system for recording feedback and complaints about contractors on its Framework and Service Level Agreements. The approved contractors are reviewed regularly in line with any feedback and complaints received. Performance is monitored over multiple contracts to avoid repeated problems.
- 20.4 This Policy will be reviewed in three years or as a result of a change in legislation, whichever is the sooner. The review will consider the effectiveness of the Policy, its impact and consequences of activity resulting from the Policy. The review will involve disabled people and service users.

### **Document information**

#### **Contacts**

Policy prepared by Karen Sawyer, Cornwall Home Solutions Manager

#### **Further information**

Set out where to obtain further information

#### **Alternative formats**

If you would like this information in another format please contact:

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