

Peterborough – Local authority home improvement agency

Good practice themes

- 1. Forecasting future demand for accessible housing by commissioning a survey with a 15-year horizon and then ensuring resources for DFG form an integral part of a strategic plan to help meet that identified need**
- 2. Organisational arrangements supporting a delivery model that co-locates staff with a focus on prevention and early intervention**

Context

Peterborough City Council is a unitary authority (formerly part of Cambridgeshire) with a population of 183,600 (Census 2011) and in the period 2004-2013 experienced the second fastest population growth of any city in England. This has resulted in significant pressures on the housing stock which is comprised of 60% owner occupation, 19% private rented sector and 21% social housing (with at least 20 registered providers).

1. Forecasting future demand and responding to findings

Background

In 2015 the local authority was keen to demonstrate what their interventions achieved for the local community. This information would be used to inform a strategic plan for future service arrangements and resource planning. A key element to meet that challenge was to commission the Building Research Establishment (BRE) to provide an estimate of:

- the current amount of accessible housing required in the city
- what proportion of homes could be made accessible through DFGs and how much through other funding sources

- how much new build accessible housing would be required

The work undertaken by BRE was based on a national model produced for the Ministry of Housing, Communities and Local Government (MHCLG) which was then adapted to provide a local model specific to Peterborough, in part using local datasets including population projections. The forecast period was 2015-2030.

The DFG model forecasts both the housing stock at different levels of accessibility and also the expected number of householders analysed in terms of their level of accessibility need: namely wheelchair users, ambulant disabled (with aids) and ambulant disabled (no aids).

The modelling also took account of housing stock characteristics (including Wheelchair Homes and Lifetime Homes, plus those meeting or not meeting Approved Document Part M) as well as funding sources including DFG and Social Care.

The BRE Analysis Headline findings:

- The model estimates that, based on 1,268 dwellings being built per annum and 1,480 being adapted, 33.8% of the total need of the population will be met in the baseline year (2015).
- Provision is poor for wheelchair homes and lifetime homes, with only 4.5% and 16.5% of expected provision being met by the stock respectively.
- A properly administered new build programme makes a major contribution to meeting assessed need over the forecast period.
- Increasing the rate of DFG provision would have to be substantial (multiplier highest for wheelchair needs) to have an impact on the extent to which provision has parity with/is equal to need.

Using the findings

Whilst the conclusions were not necessarily a surprise it was useful to have independently derived data that enabled a more prominent position for the importance of home modification services in strategic planning and partnership working.

The service used this understanding of the future need for accessible homes and existing stock adaptations to inform the Council's Capital Programme Board and Capital Strategy to ensure that the maximum DFG funding was secured to meet the evolving housing needs of the city's residents. This ensures that those older and/ or disabled residents can remain living in their homes safely and independently for longer, giving them a better quality of life and therefore impacting favourably on demand management for other higher cost services provided by the Council.

2. Organisational arrangements to deliver objectives

Background

In 2017 the unitary authority adopted the Home Service Delivery Model (HSDM) as an approach to care designed to improve or maintain people's independence, to support

individuals in their recovery from illness or injury and to help re-learning of lost skills and abilities. The model is proactive and preventative with an aim of providing continuity of care as well as effective communication between services and with the individual service users. Thus the HSDM aim is to bring council services together in one place not just to manage demand but also to develop capacity in the workforce for the benefit of service users.

Components of the Home Service Delivery Team

In late 2016 Social Care staff, at that time based in the NHS, returned to the local authority. This represented an opportunity to bring together Housing and Adult Care teams with the aim of reducing the number of site visits underpinned by a programme of cross skills training. The HSDM model attempts to reduce service duplication and multiple hand-offs between services which, on a national level, is known to cause delays and confusion for older service users in particular.

The current arrangements bring together Reablement, Therapy (i.e. occupational therapy, physiotherapy and sensory rehabilitation), Assistive Technology, the Care and Repair Improvement Agency and the Housing Programmes team. The Housing Programmes team authorise mandatory DFG and discretionary grant approvals on behalf of the local authority whilst the in-house Care and Repair agency assists service users in scheme design, application forms up to grant approval stage and project manage cases through to job completion including gathering data about customer satisfaction.

The aim of the HSDM approach is to enable disabled people to access support for all elements of their individual needs via a singularly located service. To assist in this ambition Technical staff within housing teams, whilst not trained to full Trusted Assessor status, undertake basic home modification assessment tasks with supervision provided by Occupational Therapists.

Staff within the Home Service Delivery Team are configured into pods which are each multi-disciplinary. The arrangements represent a new way of working for staff and, apart from new skills training, there are a series of short, medium and long term objectives relating to speed of adaptations delivery, clear accountability, providing opportunities for new ideas to be trialled. There is also a recognition that appropriate IT systems are required to help deliver the vision.

The service has also developed a number of People Outcomes and System Outcomes. Significant people outcomes include:

- enhanced health and wellbeing
- maintaining independence, more personalised care
- recognition that the individual housing needs and home environment are assessed at the earliest point to ensure that the home is safe, warm, suitably adapted and secure

System outcomes include:

- a reduction in excess bed days and delayed transfers of care
- a reduction in hospital admissions/re-admissions

- reduced need for high care and support packages
- compliance with the Care Act 2014 to identify and meet 'unmet needs'

Whilst it is still relatively early days for the HSDM, especially in respect of capturing the necessary data to determine whether personal and system outcomes are achieved, there is a clear focus on streamlining processes to ensure any intervention is provided in a timely and effective way without unnecessary duplication.

The process of developing relevant metrics for the Early Intervention Strategy is underway and the HSDM is viewed as the key delivery vehicle for this to be achieved.

The service arrangements have been promoted locally and currently the mandatory disabled facilities grant element is also being delivered on behalf of Rutland Council.

How the HSDM currently supports older and disabled people

Financial resources for home adaptations – Funding for mandatory disabled facilities grants and discretionary assistance to support disabled people is via the Better Care Fund which in 2018/19 is £1.87m. Discretionary elements of the Housing Renewal Policy not targeted at disabled people (which includes repairs assistance) are funded by borrowing through the council capital programme.

In-house Care and Repair Home Improvement Agency – provides grant assistance through DFG, minor aids and adaptations, advice and practical support via fund raising, benefit checks and referrals to heating and insulation schemes plus relocation assistance.

Assistive Technology Installation – prevention agenda assistance via measures relating to personal safety, home safety, falls prevention and medication management

Housing Improvement Programmes – DFG and repairs assistance plus direct delivery or referral to, energy efficiency and fuel poverty projects, monitoring of housing related support to external providers

In summary the forms of discretionary assistance introduced as a result of the review comprise the following:

- **Disabled person's relocation grant** – up to £30,000 for adapting the new, more suitable home plus the professional fees involved in sale and purchase.
- **Top up grant** – up to £20,000 for mandatory works over and above the mandatory grant limit
- **Support for health** – up to £6,000 and is not means tested relating to a very wide non-prescriptive range of works including cleaning, heating, security, assistive technology

The Care and Repair agency can also liaise with the Housing Needs Team to assist older people currently living in or moving into residential care to potentially access a private leasing scheme to rent out their original home to a household in need and use the rental income to help them meet residential care costs.

These services including terms and conditions are fully set out in the local Housing Renewal Policy 2017-19 www.peterborough.gov.uk/council/strategies-policies-and-plans/renewal-policy



Contact

Belinda Child, Head of Prevention and Wellbeing belinda.child@peterborough.gov.uk



[Read the full report](#)