

Rochdale – Local authority in-house home improvement agency

Good Practice Themes

1. Comprehensive range of discretionary forms of assistance within the Regulatory Reform Order

Context

The Metropolitan Borough of Rochdale, a unitary authority located at the foothills of the South Pennines, is within the Greater Manchester Combined Authority area and as such is influenced by development of policies within it. The current estimated population is 216,000. In the period 2012-2024 the older population was predicted to increase by 25%.

There are major health inequalities between the poorest and most affluent areas of the town with a ten year difference in life expectancy across the borough. The housing stock is 62% owner occupied, 24% social rented and 14% private rented.

The Strategic Housing Market Assessment undertaken in 2015 reported that 64% of older people wanted to remain in their existing home with support when necessary, the majority expressing this view being owner occupiers (noting that this is lower than the national average of 80%).

The Housing Strategy 2017-2022 recognised a shortage in housing options for older people and concluded that the provision of adaptations has the potential to contribute to at least four of the goals listed in the strategy document, including the supporting the stay put option and ensuring people can return to home safely and quickly following a hospital admission.

The in-house home improvement agency was explicitly listed as one of the local services that can contribute to meeting longer term ambitions for older people through a wide variety of housing related support options including adaptations.

1. Forms of discretionary assistance through the Regulatory Reform Order

The home improvement agency (HIA) has been based within Adult Social Care since 2011. Whilst inevitably there were initial organisational cultural challenges, once co-location of housing and Adult Social Care staff was fully implemented in 2013 all aspects of policy and practice development became easier to formulate and implement. This has resulted in a strong partnership between the HIA and the other teams within Adult Social Care, especially the Occupational Therapy team. Since April 2018 the service has been part of the Local Care Organisation (LCO), One Rochdale. The LCO brings together primary, secondary, community health, mental health, social care and voluntary and private sector providers to deliver pioneering health and social care projects across the borough.

Of fundamental importance for service user outcomes has been the intention to position the home improvement agency as a problem solver for the health and care sectors. The increase in the Better Care Fund DFG allocation has been a vital catalyst in this process.

Other critical factors were a place on the Management Team for the HIA service manager, very low staff turnover of experienced staff, a high degree of autonomy in HIA service development and an appetite for change, sometimes with a risk factor attached. All technical staff in the HIA have to successfully complete Trusted Assessor training (equivalent levels 1-3 dependent on role). In addition some non-technical staff especially care navigators have attended lower level Trusted Assessor training. There is an outward looking approach to identifying examples of good practice and Rochdale are members of the Greater Manchester Group and the Northern Adaptations Group for this service area.

Full details of the forms of assistance and relevant terms and conditions within the latest Regulatory Reform Order will be available in late 2018 as the policy is being refreshed.

In summary, assistance currently consists of:

- **Fast track disabled facilities grant** – for mainstream adaptations up to a value of £8,000. Whilst an occupational therapist assessment is still required there is no means test and very minimal paperwork. Contacts are being made with households where a past DFG application did not proceed due to an assessed contribution
- **Top up grant** – up to £10,000 for comprehensive adaptation schemes that exceed the maximum mandatory grant limit placed as a charge on the property and repaid when the property changes ownership in the future
- **Stair lift replacement** – a phased programme to replace up to 100 lifts per year on the basis of the oldest or most unreliable first
- **Dementia grant** – up to £2,500 for householders with a diagnosis of dementia or other memory issues. Types of work including replacing floor coverings, glass fronted doors for kitchen units, improved lighting schemes, noise reduction measures, bathroom fittings that help visual perception. An innovative pilot scheme, providing robotic cats for some people living with dementia, will shortly be implemented. The scheme helps to provide emotional help and support for people living in accommodation where pets aren't allowed

- **Falls prevention grant** – up to £2,500 for householders admitted to hospital or attending Accident and Emergency due to a fall or who have been assessed by the Falls Prevention team following falls. Intervention measures include providing non-slip floor coverings, alterations on the stairs or remedying loose floorboards. Adult Social Care already have staff located in hospitals so it has been judged that there is not a need to base HIA staff in the hospital in order make this form of assistance work smoothly
- **Repairs to previous home adaptations** – up to £2,500 for households who were assessed for the existing home modifications and remain living in the property with a continued need for the adaptations. This assistance is not prescriptive but can include remedying disrepair to showers, floors and ramps. This has proved to be a very high demand service which has previously required an occupational therapist to make an assessment of current need so this approach has reduced demand for assessments
- **Home repairs assistance (excess cold)** - up to £5,000 for disrepair for damp and excess cold directly linked to health conditions such as COPD and asthma. Works provided include heating provision or repair, condensation control, damp proofing, double glazing in main habitable rooms, roof repairs to prevent damp ingress. Referrals have to be made by a suitable health professional and the health condition must be significantly affected as a direct result or main contributory factor from damp and excess cold in the property
- **Minor adaptations** – to help meet demand within the local authority for minor adaptations which involve a fixed asset such as external rails and steps
- **Assistive technology equipment** – includes bed sensors, door exit sensors and movement sensors. There is no prescribed maximum cost limit for this form of assistance

Unlike the majority of local authorities there is an embedded local practice of a 12 month review of cases being undertaken where common types of adaptations such as lifts and bathing equipment/adaptations have been provided. This provides an opportunity to identify how effectively the adaptations have addressed need established in the past and/ or to identify examples of changing circumstances where needs are no longer met so that intervention can be expedited. It is especially relevant for service users with unstable medical conditions.

The agency is now working up proposals that will:

- assist people with mobility/ support needs move to more suitable accommodation within the new build programme being delivered by the largest RSL operating in the area . Any necessary adaptation works would be completed as part of the build process prior to an identified service user taking up the tenancy
- expanding the current Housing Options for Older People (HOOP) service – this is being delivered by the stock transfer organisation who have a service level agreement with the HIA for the agency to deliver their adaptations. It has been agreed that the agency will fund £40,000 of adaptations for their tenants as fast track DFG's and in exchange the stock transfer organisation will use the £40,000 to recruit an additional HOOP worker for 12 month starting in Autumn 2018.

- revised contractor procurement arrangements
- identify ways of addressing hoarding which can prevent the installation of disabled adaptations
- enable technical staff to be trained to assess for walking aids and make additional budget available for this form of intervention

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