



# Home Environment Assessment & Response Team

HEART: Helping you Live Independently at Home

## Business Case

Document Title:	A Business Case for a Home Environment Assessment & Response Team (HEART) Service through a shared agreement.
Description:	This Business case proposal is to provide a Home Environment Assessment & Response Team (HEART) Service delivered by the 5 District & Borough Councils and the County Council through a shared service agreement.
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### Version History

Version	Author	Date	Changes
0.1	Denise Cross	19.02.2016	
0.2	Denise Cross	18.04.2016	Consultation with Project Board
0.3	Denise Cross & Paul Coopey	24.04.2016	Additional Benchmarking and formatting
0.4	Denise Cross	25.04.2016	Inclusion of amended financial information
0.5	Caroline Potter	27.04.2016	Amendments to financial information
0.6	Paul Coopey	29.04.2016	Amendments to tables
0.7	Denise Cross	19.05.2016	Amendments to financial info
0.8	Denise Cross	11.05.2016	Formatting

## 1. Introduction

- 1.1 The new HEART service is an integrated approach between social care and housing which focuses on the customer and their carers, not organisations, to deliver the right practitioner at the right time with the right solution. This will enable the customer choice and control to manage their own lives and maintain their abilities in daily activities within their home that is safe and warm and enable delivery without delay.
- 1.2 This is by far and away the best model going forward because it builds on existing trusted relationships, embeds these services as part of an integrated range of targeted support services for adults, provided by the local public sector, aligns with the Warwickshire Homefirst strategy (Warwickshire County Council & South Warwickshire Foundation Trust, 2015) and meets the national strategic policy direction of integrated services.
- 1.3 The proposal is to continue the rollout of the Home Environment Assessment & Response Team (HEART) service delivered by the 5 District & Borough Councils and the County Council in Warwickshire through a shared service agreement

## 2. Background

- 2.1 To facilitate radical change and be part of a whole system solution the partners (5 District / Borough Councils and the County Council) agreed an ambitious and challenging collaborative project aimed at creating a new way of delivering Home Improvement Agency (HIA) services and housing adaptations for disabled and older people across Warwickshire. It was ambitious because of bringing together 6 organisations to deliver an integrated one customer pathway for the delivery of housing solutions which includes the HIA, home safety checks and major adaptations without delay, through a Lean systems approach, and sustaining the continuous improvement.
- 2.2 Prior to the undertaking of this partnership the “old model” of service delivery had the Occupational Therapy (OT) practitioners located in different WCC bases across the county and each of the 5 District and Borough Council had their officers in each of their bases. The OT practitioner would undertake their assessment with the customer and then send a letter of recommendation to the relevant council to assess for a Disabled Facilities Grant (DFG). The customer was frequently sitting on a waiting list in social care and then moving on to another waiting list in the district/ borough so timescales were very variable across the county. The Housing grants officer would then visit undertake their assessment and then request a contractor visit. The customer whilst waiting for their adaptation may also be visited by the Home Improvement Agency staff to assist with the process and undertake e.g. home safety check or benefits check and at the time by other services such as PHYLLIS. The table 1. below shows the improvements to-date achieved through an integrated service delivery model.

Before	Improvement Area	Now
<ul style="list-style-type: none"> <li>• Multiple, disconnected access points</li> <li>• Multiple assessors for different parts of journey</li> <li>• Multiple visits - between 3 &amp; 7 people involved                             <ul style="list-style-type: none"> <li>• Disjointed journey</li> <li>• Confusing</li> </ul> </li> </ul>	Customer Journey	<ul style="list-style-type: none"> <li>• Single multiagency contact point</li> <li>• One assessor per customer who assesses home and person                             <ul style="list-style-type: none"> <li>• One key visit by 1 assessor</li> <li>• 1 or possible 2 people involved</li> <li>• Co-ordinated pathway</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Multiple teams, multiple managers                             <ul style="list-style-type: none"> <li>• Different offices</li> </ul> </li> <li>• Narrow roles within whole process</li> </ul>	Workforce	<ul style="list-style-type: none"> <li>• Increased multiskilled workers in social care and housing</li> <li>• Trained to deliver an extensive range of interventions                             <ul style="list-style-type: none"> <li>• Resilience</li> </ul> </li> <li>• Single line managed team</li> </ul>
<ul style="list-style-type: none"> <li>• Multiple offices                             <ul style="list-style-type: none"> <li>• 220 steps within the journey</li> </ul> </li> <li>• Duplication of work between the agencies</li> <li>• Competing priorities and differing goals</li> </ul>	Integration	<ul style="list-style-type: none"> <li>• Integrated, managed pathway</li> <li>• Whole system managed - around 22 steps                             <ul style="list-style-type: none"> <li>• Single base</li> </ul> </li> <li>• Shared vision and goals and strategic direction                             <ul style="list-style-type: none"> <li>• New ways of working</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Teams delivering different parts of a whole                             <ul style="list-style-type: none"> <li>• No single ownership of all the solutions being delivered</li> </ul> </li> <li>• Reactive, managing backlog etc.</li> </ul>	Service Interventions	<ul style="list-style-type: none"> <li>• Proactive - prevention for all customers</li> <li>• Capacity to deliver multiple interventions</li> </ul>
<ul style="list-style-type: none"> <li>• Unknown customer demand                             <ul style="list-style-type: none"> <li>• 3 waiting lists</li> </ul> </li> <li>• No overall service management</li> </ul>	Management	<ul style="list-style-type: none"> <li>• Countywide demand known                             <ul style="list-style-type: none"> <li>• 1 access point and list</li> </ul> </li> <li>• Known and managed adaptations costs</li> <li>• Multiagency management board</li> </ul>
<ul style="list-style-type: none"> <li>• Drop out rate at 35%</li> <li>• Average major adaptations at 395 days</li> </ul>	Performance	<ul style="list-style-type: none"> <li>• Drop our rate around 3%</li> <li>• Average time for major adaption North = 179 days. Best times are within weeks of delivery South = 301 days (backlog being cleared)</li> </ul>

Table 1. Comparison between “Old” and “New” Service Delivery Models

2.3 The aim of the project was to create a new customer focused service delivery model which would bring together the different professions from each of the organisations, create a new role of a Housing Assessment Officer; combining the skills of an Occupational Therapy Assistant and a Housing Caseworker to do the non-complex customer work and link together existing services within a service model that involves working together to deliver holistic housing assessment and appropriate solutions. The purpose of the new **Home Environment Assessment and Response Team (HEART)** service was to shift from being a process done to a customer to a process which works with and for the customer:

**“To provide customers with the advice and information to help them make the right choice, and provide practical help to deliver the right housing solution when they want it”**

2.4 The approach of HEART is tailored to focus on and support the customer and carers to identify their own needs and preferred solutions e.g. advice and information, equipment, housing options, adaptations, telecare, falls prevention strategies. There is evidence that where customers are supported to make choices, they often choose lower-cost and lower intervention solutions (DFG’s in England: A Research Report for the District Councils’ Network and the Society of District Council Treasurers, April

2013). It is important to develop a partnership with the person and all other parties if necessary over the long term leading to an improvement of the quality of life and their experience.

- 2.5 In many Local Authorities, the system of Disabled Facilities Grant (DFG) delivery for housing adaptations was and is still not working well: resources are not deployed as effectively as they could be, customers are left waiting too long, sometimes two years or more (DFG's in England: A Research Report for the District Councils' Network and the Society of District Council Treasurers, April 2013). In Warwickshire, there were significant issues with the old way of delivering services including delays of 395 days on average from customer enquiry to providing an adaptation, with some delays being far, far greater than this. Whilst not satisfactory, this was a similar performance to other local authorities and in line with a national picture of delays in this area. It is widely acknowledged that poorly joined-up care risks distress and harm and is also hugely frustrating for patients/service users and carers (The King's Fund and Nuffield Trust (2012), Report to the Department of Health and NHS Future Forum). There was also a 35% customer drop out as teams struggled to deliver the major adaptation. The root cause of the problem was having three separate strands in delivering services with 8 different organisations and that we had tried to improve each strand but the fundamental review focused on the customer's experience and involving all organisations across Warwickshire that had been involved in the system brought the conclusion that building 'one customer focussing service' was the only way of bringing the "radical" change which was required.
- 2.6 A small number of exemplary local authorities have formed well-managed partnerships and Warwickshire HEART service is one of the ground-breaking, innovative and avant-garde services. HEART has the flexibility and agility to meet local need through its new ways of working with different partners. It takes a holistic view of a person and their carer's health and well-being and their home to provide an array of solutions which will meet their needs now and in the future. This effective integrated approach improves the quality of solutions and the person's experience through a more effectively coordinated delivery of the service.

**Case Study from the HEART service**

*A customer was referred to the HEART service having difficulty managing to get in and out of her bath.*

*Outcome*

*The appointment to carry out the assessment was made whilst the customer was giving her details about the bathing difficulties. The assessment took place 3 days later and the contractor was able to view the bathroom the same day. The Disabled Facilities Grant was approved and the level shower was installed within 3 weeks. The customer rang to say the shower was "brilliant".*

- 2.7 The majority of services across England are not currently pursuing an integrated systems approach and are still delivering Home Improvement Agency (HIA) and housing adaptations by retaining the silo working, professional boundaries and convoluted processes of work between the Occupational Therapy service and Housing departments, which is how Warwickshire was providing these services.

- 2.8 Since the start of the collaborative project pressures are only increasing in health and social care. The population is ageing, the prevalence of chronic health conditions increasing, survival rates at birth and major trauma with advances in medical technology are greater, and hence the demand is rising at the same time as savings within the public sector are required. Systems have not aligned with the needs of the society and this is not sustainable. Although, difficult choices on public expenditure were announced in the 2015 Comprehensive Spending Review it was recognised the significant importance of DFG's and explicit in the plans of a commitment of over £500 million for DFG's by 2019-20.
- 2.9 The commitment of partners across the 6 organisations has facilitated the partnership to forge and mature at all levels within the organisations. This has enabled the radical change in the service provision and establishes the sustainable and transformational change across the county. The project has brought together the Occupational Therapy practitioners, Home Improvement Agency Caseworkers, Grant Technical Services and working with the contractors as an integral part of the whole. It has dissolved the traditional boundaries between the different parts of the system, developed leaner processes, adoption of good practice and significantly improved the outcomes for the customers and carers.
- 2.10 Key principles to ensure the new HEART service is meeting the people's needs and wishes are being met are:

#### **Customer's Feedback**

*"In this day and age of budget cuts and when it seems common to hear the public services freely criticised, it is a pleasure to be able to offer my grateful appreciation for the service you have provided.  
Thanks and Well Done"*

*"I would like to thank you; you were so understanding and helpful"*

*"We thank you all for bringing that bit of comfort and safety into the life of the most important person in our family"*

- The service is driven by the customer's and /or carer needs and personal goals;
- The focus is on proactive solutions and self-management;
- The importance of having an integrated service delivering one customer pathway with a single access point for the service;
- A multi-agency multi-skilled team;
- Ensure workforce, training and core skills reflect modern day requirement;
- Leadership should encourage us to do things differently; and

- Performance metrics must truly reflect the experience for the customer and the carer and drive improvement.

(Adapted from Commission for Improving Urgent Care for Older People March 2016  
[www.nhsconfed.org](http://www.nhsconfed.org))

- 2.11 Our health is primarily determined by factors beyond just health and social care (Appendix 1). Good Housing is essential to health and well-being: the effects of poor housing cost the NHS over £2 billion every year. Housing plays a crucial role in supporting other determinants such as educational attainment, employment prospects and social interaction. There is evidence that Occupational Therapy and housing-related preventative services prevent or defray much larger housing, health and social care costs as well as improving quality of life (Heywood, F. Turner, L. (2007), *Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*).
- 2.12 The integrated HEART service provides a great and unique opportunity to build on the “Making Every Contact Count” initiative and make further improvements in prevention and reductions in costly health and social care, and enable people to maximise their abilities in daily living activities by bringing together a matrix of services and the capability of delivering a wider range of preventative or early intervention solutions either at a county or local district / borough level in Warwickshire.
- 2.13 In the 2011 census, 38,815 residents in Warwickshire that have a long term limiting illness stated it limited their activities a lot and this is projected to rise to 63,944 in 2037 (Warwickshire Observatory, (2015) *Quality of Life in Warwickshire 2014/15*). An estimated two-thirds of those who have reached pensionable age have at least two chronic conditions (cited in Nolte, E. Knal, C. McKee, M. (2008) *Managing chronic conditions*) and 850,000 people in the UK are living with dementia (Age UK (2015) *Later Life in United Kingdom*). There are 1.3 million households aged 55 years and over who live in a home with at least one Category 1 hazard, namely a home that did not meet the minimum standard for housing in England. Around a fifth of homes are not fully useable (level access, flush threshold, WC at entrance level, sufficient circulation space in hallway). The cost of poor housing among older households aged 55years or more to the NHS equals £624 million (Building Research Trust, (2010) *The Real Cost of Poor Housing & Homes and ageing in England*). The table 2 illustrates the savings if the identified hazards were resolved.

Hazard	Issues	Savings per annum if hazard fixed
Excess Cold	Loneliness & stress	£441,564,353
Falls on stairs	Falls	£71,609,794
Falls on the level	Depression	£34,700,172
Falls between levels	Absence from work	£17,519,361
Fire	Anti-social behaviour	£12,725,126
All other 20 hazards (e.g. sanitation, food safety, pests, carbon monoxide, lighting)	Medical conditions e.g. asthma, fractures, pneumonia	£45,660,759
	Truancy from school	
	Burglaries	
<b>TOTAL</b>		<b>£623,779,566</b>

Table 2. Hazard savings

- 2.14 It is important to mitigate the hazards through interventions such as housing adaptations e.g. handrails to the main stairs at a cost of £200 would save health costs of around £930 and if the falls risk is removed this increases to about £1,250. The payback period of less than one year plus it may also save on home care costs (Building Research Trust, (2010) *The Real Cost of Poor Housing & Homes and ageing in England*). Hospital “bed blocking” is very expensive, costing from £1,750 a week up to over £3,000 for an acute bed (Georghiou, T. and Bardsley, M. (2014) *Exploring the Cost of Care at the End of Life*). Moreover, inappropriate hospital stays for frail older people are dangerous and debilitating.
- 2.15 Demands for adaptations has also been accelerated by changes in social policy and medical advances which have allowed people of all ages, with varying levels of disabilities and complex needs, to lead more independent lives in the community (Home Adaptations Consortium, (Oct 2013), *Home Adaptations for Disabled People*). The Care Act 2014 has been enacted but does not replace the Housing & Regeneration Act 1996 and the responsibilities for the provision of DFG’s. The Care Act implementation from April 2015 has seen the planning and implementation of a large number of reforms including:
- Establishing a new statutory “well-being principle.”
  - A new duty to prevent, delay or reduce needs for care and support.
  - An expanded duty to assess the needs of carers.
  - Integrating service provision and combining and aligning processes.
- 2.16 The Better Care Fund arrangements have been established nationally. The Better Care Fund arrangement known as “Warwickshire Cares Better together” has given an opportunity to build the profile of these services, and their contribution to the prevention and wellbeing agenda. The DFG funding stream for the next 5 years is from the DCLG via the Department of Health and will increase from £220m in 2015 -

16 to £500m in 2019-20 (Report on the DFG Summit, Jan 2016, Foundations & College of Occupational Therapists). In 2015-16 Warwickshire received £1,925,079 through Warwickshire Cares Better together.

2.17 The redesign of the customer pathway, via a lean thinking approach, has only those steps that are of value to the customer and the improvements to-date are:

- Initial customer contact to assessment steps have been reduced from 22 steps to one step through a direct contact number to the team.
- Development of all the team members' skills to provide housing solutions thus reducing duplication in roles / customer visits and documentation.
- Development and implementation of a new role of Housing Assessment Officer (HAO) in Sept 2013. This role enables the functional ability of the person and the conditions of their home environment to be assessed and modified accordingly. This has involved extensive training and mentoring of the HAO's by OT's.
- Single assessment process.
- Portfolio of core interventions that are delivered by all practitioners from advice on specific topics such as falls prevention, home safety through to equipment for daily living, assistive technology (e.g. telecare) and minor and major adaptations.
- Resilience within the service.
- Significantly improvement in key performance indicators.
- Improved collaborative working with other teams e.g. Lettings in Districts and Borough, Personalisation within the County.
- The project was a Runner up for a national award within Housing in 2013, cited in DFG's in England: A Research Report for the District Councils' Network and the Society of District Council Treasurers, April 2013 and recognised by Improvement & Efficiency West Midlands (IEWM).
- The service has been the focus of two PhD theses from Warwick Business School.

2.18 On-going funding pressures make the need to demonstrate the benefits of housing solutions and this is that unique opportunity to have one delivery method to enhance the resources we have available as a partnership for housing solutions. The delivery of the HEART service enables people to live more independently at home, for longer. It also reduces the risk of 'crisis' events, like serious falls. This therefore improves health, wellbeing and independence. These services therefore also reduce demand on long term and acute services such as hospital admissions due to falls, or long term home support. However, the "one-off" nature of much of the work makes tracking of longer-term outcomes less easy to achieve. Although there is well-researched evidence base supporting the belief that adaptations can reduce the need for more costly interventions, there are no established structural links between DFG budgets and the statutory beneficiaries of their preventative outcomes ((Home Adaptations Consortium, (Oct 2013), *Home Adaptations for Disabled People*).

2.19 In Warwickshire the Occupational Therapy services provided by Warwickshire County Council had already been re-modelled into specialisms ahead of other local authorities to meet the increasing complex needs of customers and carers and “care closer to home”. This enabled the specialist housing OTs to be co-located in Borough/District Council offices and facilitate closer working with housing colleagues dealing with DFG’s and adaptations under the Housing Grants, Construction and Regeneration Act 1996. Section 24 of the Act requires a local housing authority which is not a social services authority to consult the social services authority when deciding whether to approve applications for a DFG, in order to satisfy itself that works are necessary and appropriate to meet the needs of the disabled occupant. The co-location developed into piloting a shared service hosted by NBBC, and also involving NWBC and RBC and WCC to become part of single line-managed team in NBBC, supported by agreed HR protocols. This has been extended to a pilot in South Warwickshire with Stratford upon Avon and Warwick District Councils and WCC in 2014, and continues with working arrangements with South Warwickshire Foundation Trust OT Children and Young People and Families service, Orbit and Age UK.

#### **Case Study from the HEART Service**

*A Customer in her seventies with arthritis was referred by a relative as they were worried about her going up and down the stairs. Housing Assessment Officer (HAO) observed the customer going up and down the stairs and performing activities of daily living.*

**Outcome:** *Customer was able to manage the stairs at the present time but required grab rails in the bathroom. Advice and information was given about adaptations (level access shower and stair lift), Disabled Facilities Grant (DFG) process and Benefits check. The discussion on benefits led to the customer saying “I am not entitled to a pension” With the consent of the customer Department for Work & Pensions was contacted by HAO and this led to the customer being paid her pension and deferred payments which had accumulated to £90,000 before tax.*

2.20 The aims of the HEART service are:

- A. To enable customers with multiple and complex conditions to maximise their potential and live in their chosen home environment.
- B. To reduce pressure on other expensive services e.g. residential homes, hospitals, and home care by postponing the need or reducing the amount of care and support required.
- C. To improve quality of life for older and disabled people and their carers (improved dignity, less stressful, empowering, and improved flexibility in daily tasks).
- D. To be proactive and avoid where possible, crisis situations for customers and carers in regards to managing in their chosen home environment.
- E. To promote positive health and well-being styles of living, prevention of falls, and reduce hypothermia in older people.
- F. To improve living conditions by reducing hazards in the home.
- G. To reduce demand elsewhere in the housing, health and care system.

- H. To prevent hospital admissions and/or facilitate timely hospital discharges.
- I. To develop practitioners with the skills and capabilities that enables them to provide the appropriate intervention, to minimise risk to their customers and carers, be outcome focussed and able to 'get it right first time'.
- J. To contribute to the following strategic drivers:
- § Integration & Partnership working.
  - § New legislation – Care Act.
  - § Safety, Well-being & Prevention.
  - § Preventing & Facilitating hospital discharges.
  - § Better outcomes for customers & carers in their home environment (*Public Health, Social Care & NHS Outcomes Frameworks for 2015-16*).
  - § Maximising capacity to meet demand within existing or less resources, e.g. Avoidance of growth in Non-Elective Admissions.
- K. Potential for strategic thinking and planning in building accessible new homes, refurbishment programmes, and best use of stock with registered social landlords.

### 3. Customer / Carer Feedback

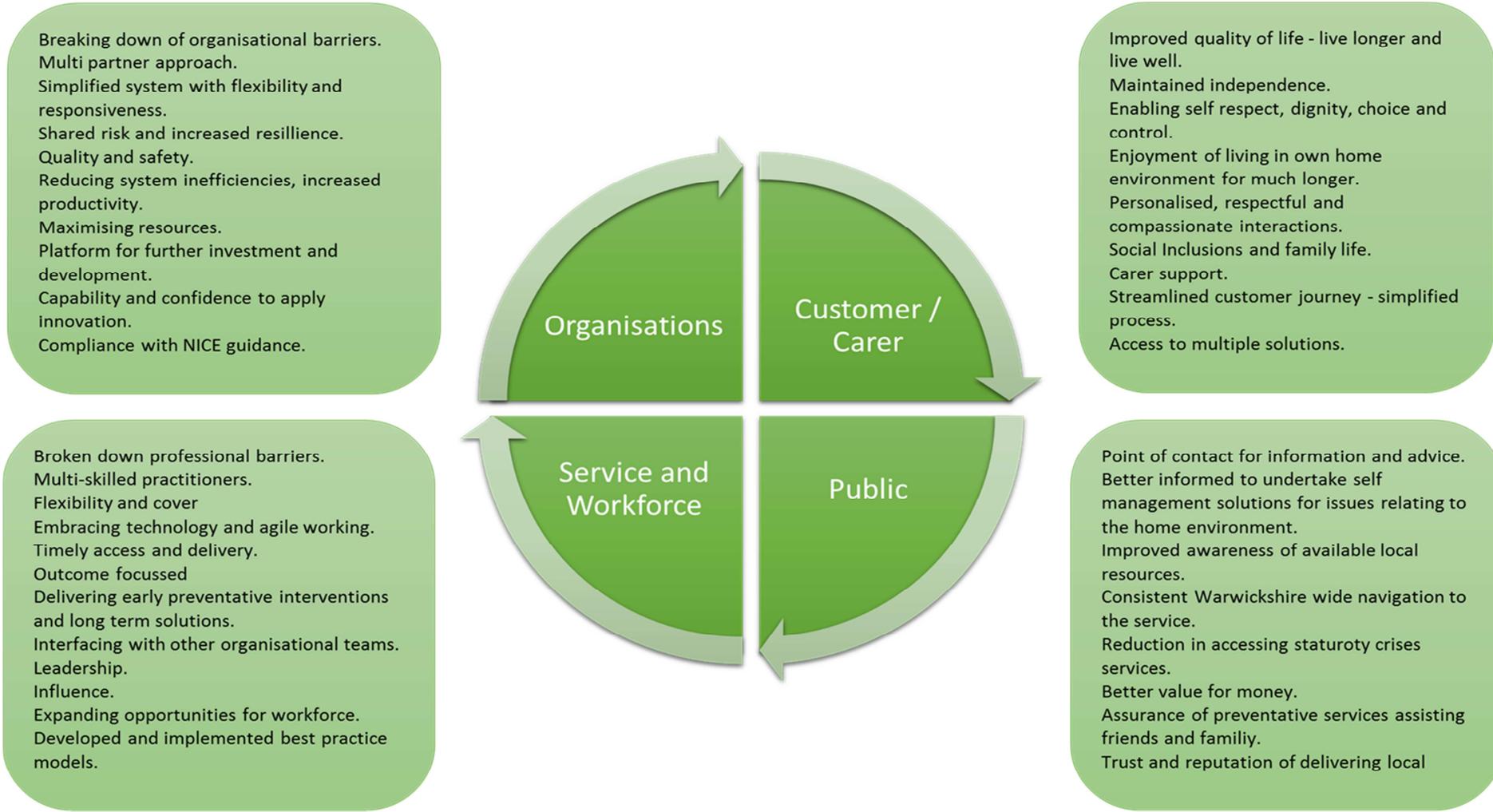
- 3.1 It is important to hear and listen to customer and carer views to enable the service to improve the quality and experience. The customer survey conducted by the HEART service is not solely related to DFG but all interventions provided to the customer by the service.
- 3.2 There are 6 key themes to the customer survey which are:
- **Respect and Dignity**
  - **Communication**
  - **Responsiveness**
  - **Reliability**
  - **Contractors**
  - **Overall experience**
- 3.3 The table 3 below shows the overall score for each key theme. The 2014/15 Overall Experience rated by customers of the HEART service was 96.25% and up to Q3 2015-16 is 97.9%.

KEY THEME	Overall mean for 2014-15	Overall mean for 2015-16
Respect and Dignity	<b>91.62%</b>	98.4%
Communication	<b>95.25%</b>	97.3%
Responsiveness	<b>96.50%</b>	96.5%
Reliability	<b>98.75%</b>	98.7%
Contractors	<b>93.25%</b>	94.3%
Overall Experience	<b>96.25%</b>	97.9%

Table 3 Customer Satisfaction of HEART

4. Benefits

4.1 A successful service contributes to and links to the key objectives of Warwickshire and this Business Case proposes the HEART service as the continuing delivery model. The customer, carers, the communities and organisations will benefit in many different ways given the unique delivery of this innovative seamless service that spans the two tiers of local government.



- 4.2 Additionally, for this large workforce, there is also an opportunity to enhance their knowledge and skills that would deliver significant additional benefits in prevention and promoting physical and mental wellbeing. For example, falls prevention and enabling strategies can be incorporated. Councillor Izzi Seccombe (2014) highlights that “every contact with a customer should be seen as an opportunity to encourage healthier lifestyle choices” and there is the need for a ‘whole system’ approach to achieve the ‘Making Every Contact Count (MECC)’. Boroughs and Districts have adopted the MECC approach.
- 4.3 In the UK, falls are the most common cause of death from injury in the over 65’s (Fenton, (2014), *The Human Cost of Falls: Health and Wellbeing, Reducing the Burden of Disease*). They are the largest cause of hospital admissions for older people and lead to 70 - 75,000 hip fractures per year and one in five die within three months of fracture. The annual cost to health and social care is estimated to be £2 billion partly due to the fact that half of the people who fracture their hip never fully regain their previous level of function and therefore need additional care and support. Falls are also a major precipitant of people moving from their home to residential or nursing care (Department of Health, 2012).

### Example of savings

Table 4: Cost of Falls

Hazard Category 1	Class 1	Class 2	Class 3	Class 4
<b>Falls on the level</b>	Quadriplegic	Femur Fracture	Wrist Fracture	Treated cut or bruise
<b>Costs in 1st Year</b>	£92,490	£39,906	£1,545	£115

(Building Research Trust, (2010) *The Real Cost of Poor Housing & Homes and ageing in England*).

- 4.4 The HEART service is an appropriate service to incorporate:
- Physical and Mental wellbeing - maintaining health & wellbeing through
  - Brief optimistic advice and preventing falls.
  - Disabilities awareness.
  - Equality and diversity.
  - Design for Dementia – positive actions and solutions in the home.
  - Enabling techniques.
- 4.5 The additional benefits are:
- Compliance with Falls: assessment and prevention of falls in older people (NICE clinical guideline 161; June 2013) and a ‘Falls in older people’ assessment after a fall to help prevent further falls (NICE Quality standard 86; March 2015).
  - Improving Making Every Contact Count (MECC).
  - Supporting the challenge on Dementia.
  - Supporting the new ‘Care Certificate’ (recommendation from the Francis Report 2013).

- Embedding of 'Enabling' techniques so that carers are 'enablers' rather than 'doers' which would promote customer independence and prevent or delay increased formal care services.
- Choice & control, dignity and respect, kindness and compassion.

Table 5: Home conditions

Hazard Category 1	Class 1	Class 2	Class 3	Class 4
<b>Excess cold</b>	Heart attack, care, death	Heart attack	Respiratory condition	Mild pneumonia
Costs in 1st Year	£19,851	£22,295	£519	£84
<b>Damp and mould</b>	Not applicable	Type 1 allergy	Severe asthma	Mild asthma
Costs in 1st Year		£2,034	£1,027	£242

(Building Research Trust, (2010) *The Real Cost of Poor Housing & Homes and ageing in England*).

**5. Performance Data**

5.1 The HEART performance data has expanded and become more comprehensive as a consequence of more teams joining the HEART service. However, the service is inputting into a number of different IT systems which makes consistency difficult but in the future will be addressed.

Table 6. Number of HEART Enquiries

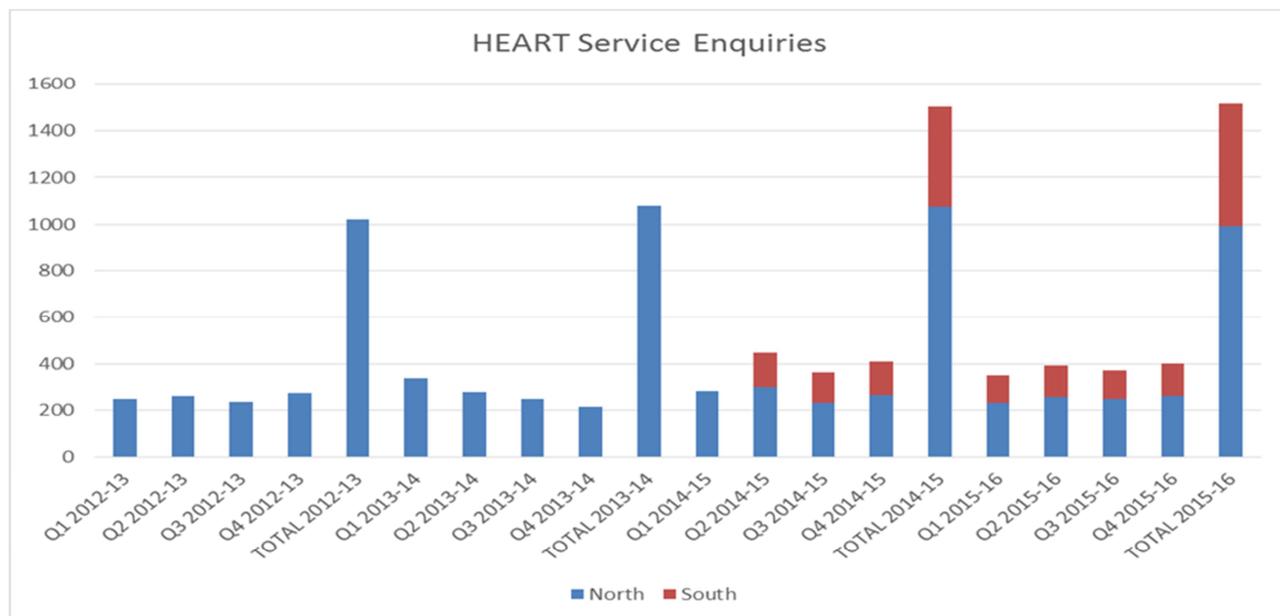


Table 7. Number of Referrals for Council Major Adaptations

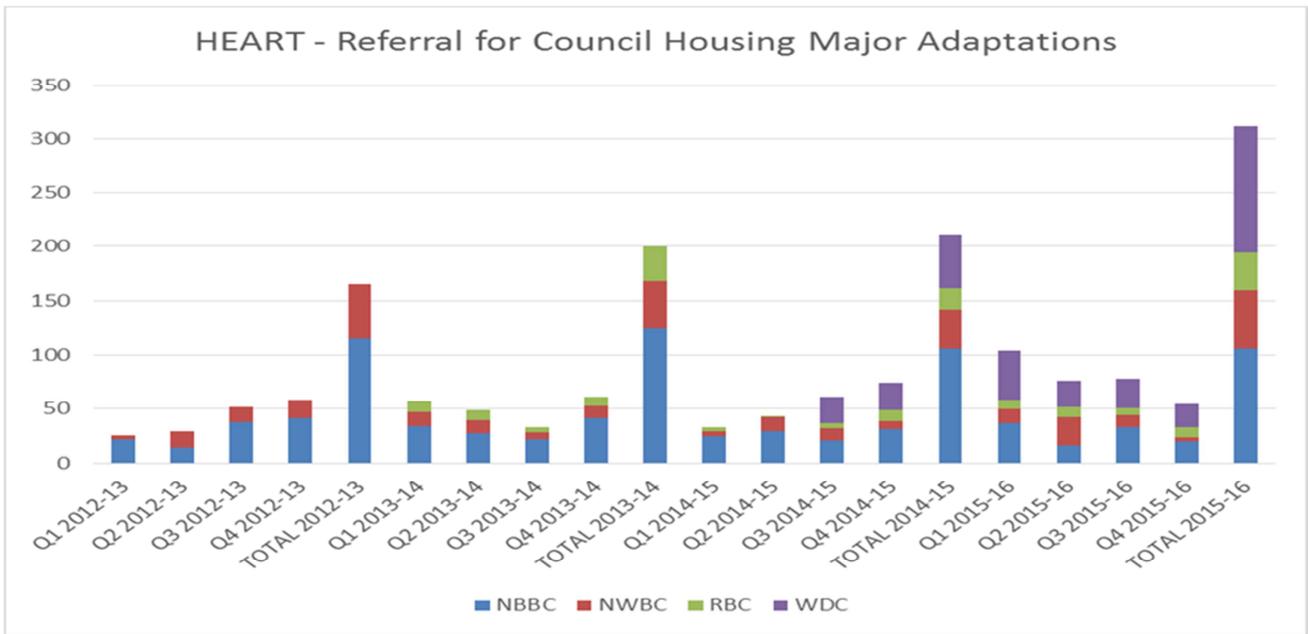


Table 8. Number of DFG Approvals

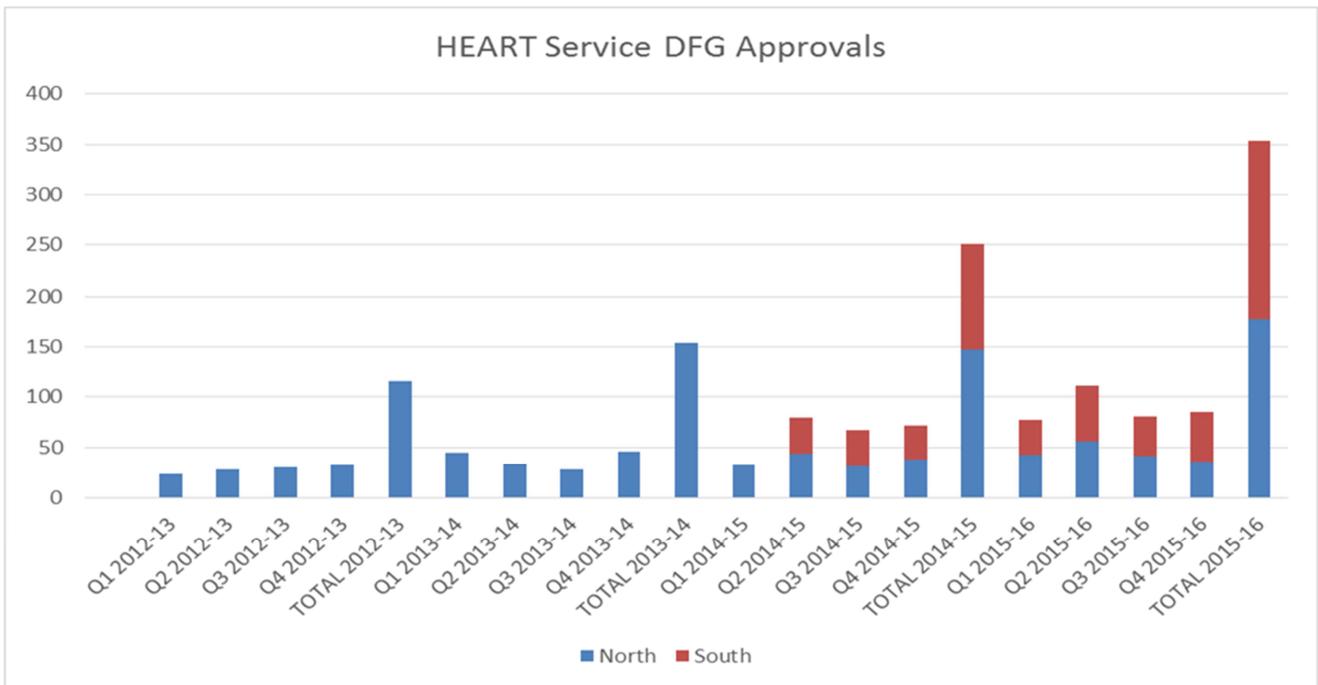


Table 9 & 10 Number of Children & Young People Major Adaptations



5.2 Enquiry to Completion of DFG works

The following tables show the performance of HEART in relation to DFG funded major adaptations, and then how the service is comparing with other Local Authorities. It has always been difficult to undertake benchmarking as service provision is different across England and there is no national data set, but the data clearly shows the progress made in Warwickshire.

Table 11 End to End Time Trend for DFG funded Major Adaptations

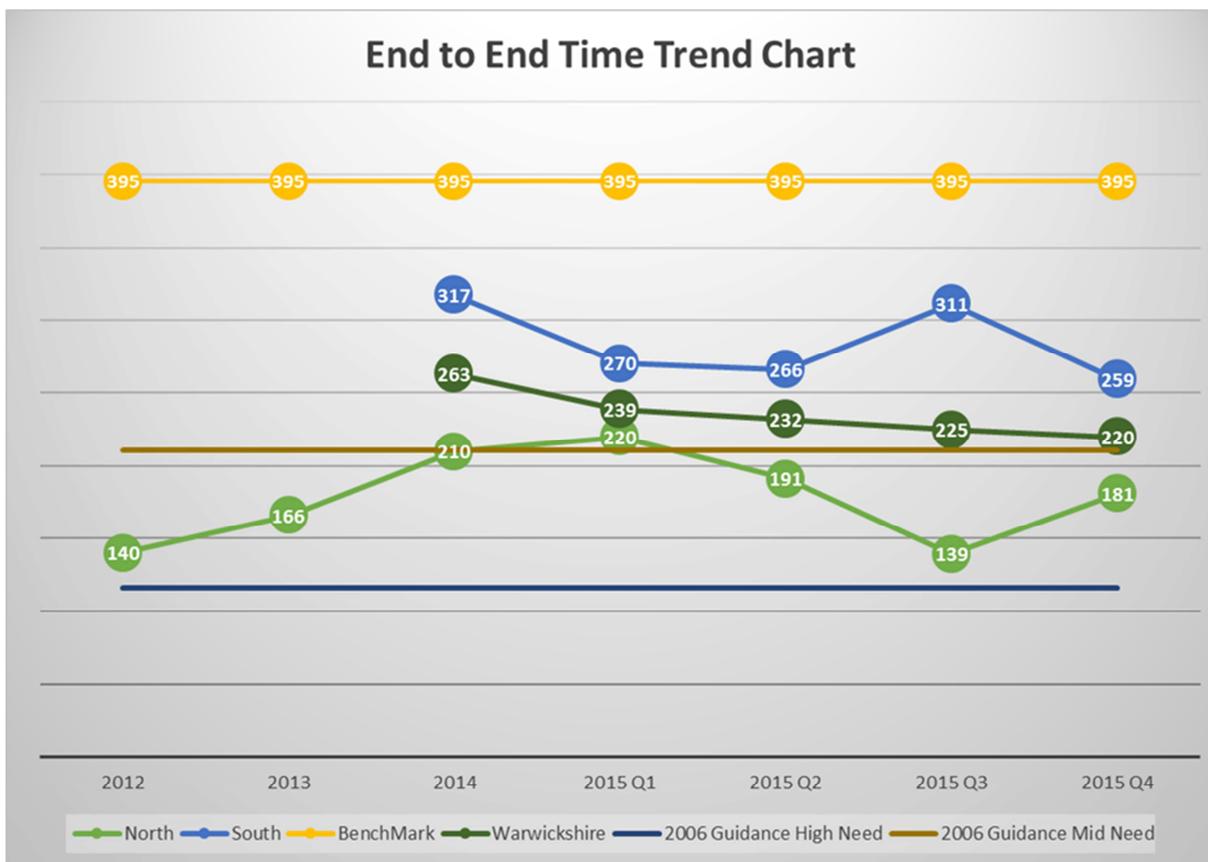
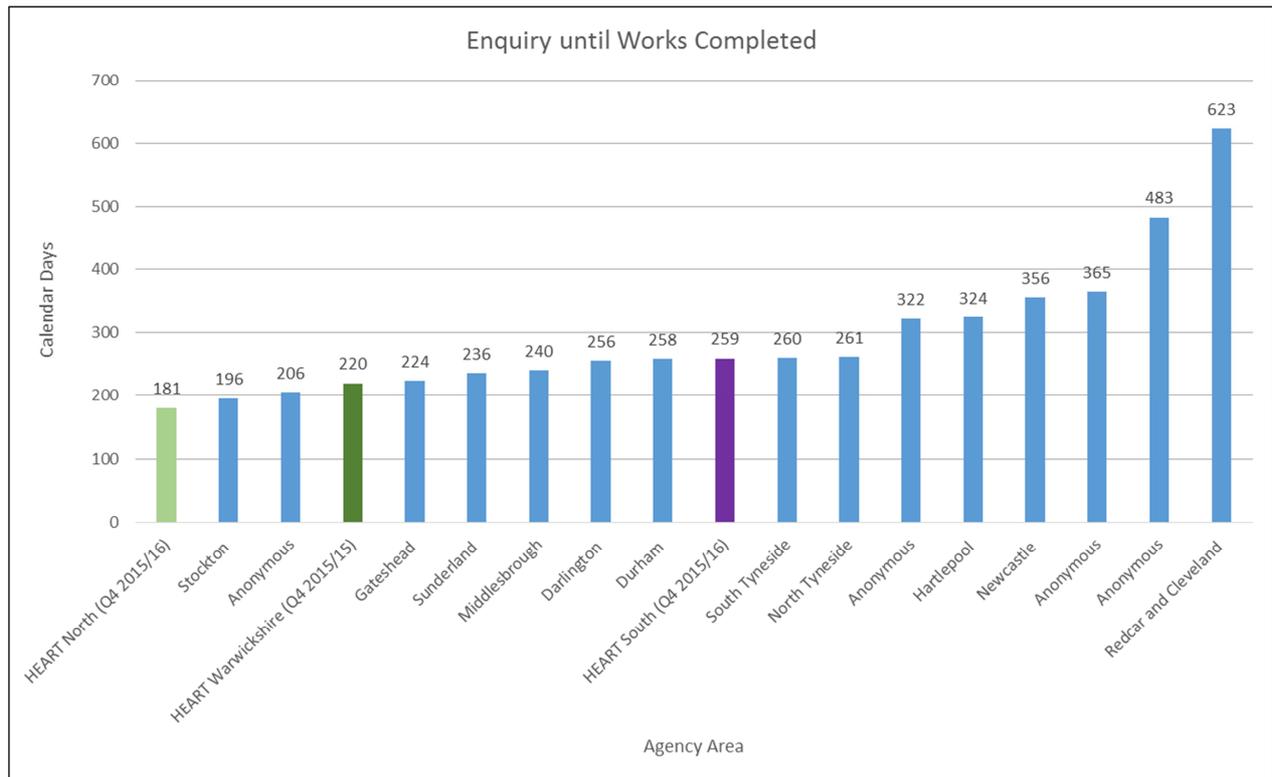


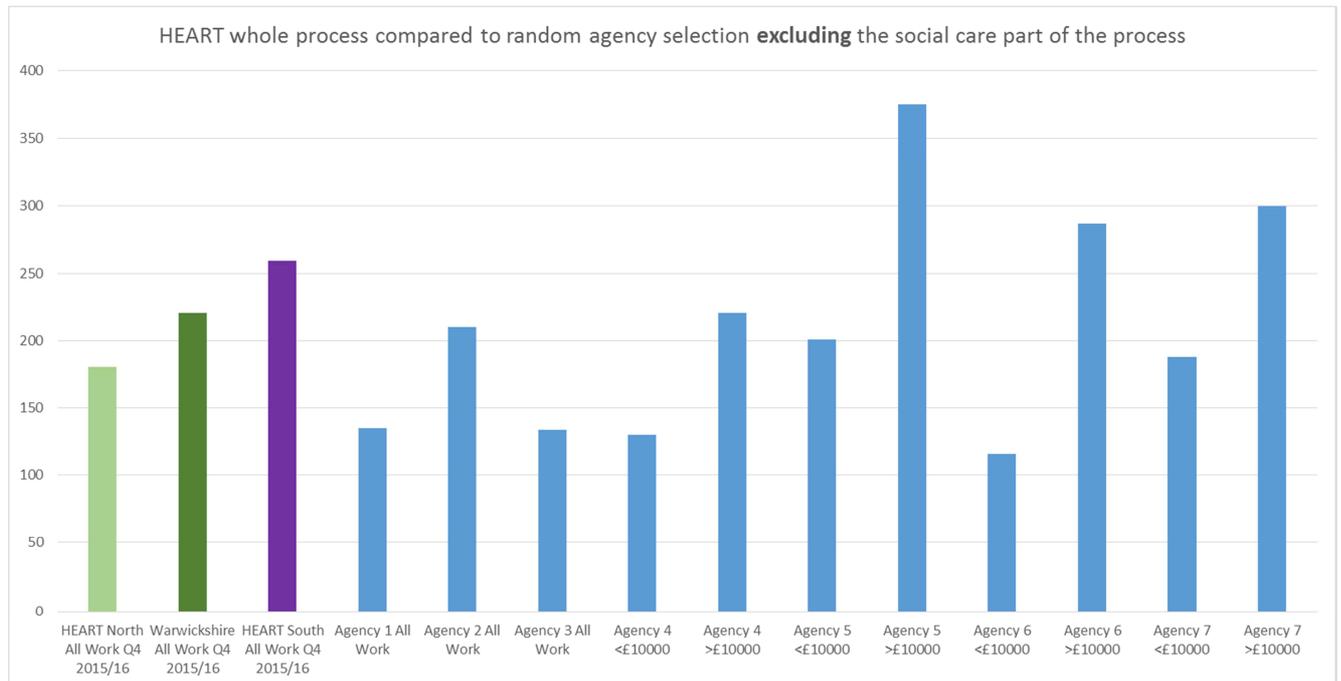
Table 12 a. Benchmarking Information on other Local Authorities – Whole Process



5.3 Table 12a.shows HEART performance compared to a number of unitary authorities responsible for both Housing and Social Care. The chart demonstrates that Warwickshire has developed a system that can perform well when compared to authorities with a structural advantage.

Additionally, in Warwickshire we have achieved an improved service able to continuously improve performance across 6 different local authorities in a two tier structure. This demonstrates the benefits of the integrated approach that has been developed and the shared oversight of the service.

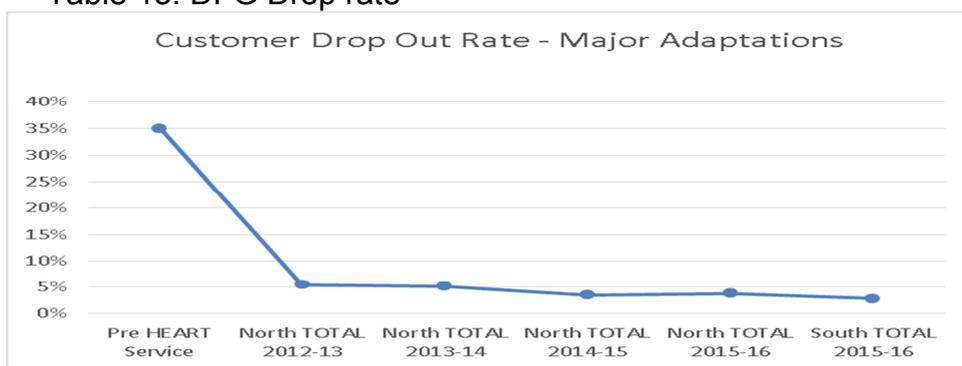
Table12b. HEART Whole Customer Journey vs. Traditional DFG System which Excludes Adult Social Care



Source of Agency information is Foundations.  
Identity of LA 1-7 and County not authorised for publication.

5.4 Table 12 b shows HEART performance (i.e. whole customer journey) against authorities that only measure low cost and high cost jobs from the time the agency received the referral. The other authorities have not included the time taken at the front end of the process of the OT assessment within adult social care. Our experience, from the initial review, suggests that the journey through social care is on average 125 days, which needs to be added to the other authorities in the table below.

Table 13. DFG Drop rate



5.5 Not only does a low drop out rate benefit the customer, it benefits the organisations as they do not have such a high amount of waste work.

5.6 Table 14. Customer Outcomes

Care Act Outcomes	Outcomes applied to HEART	2015-16 Total (3 Quarters)
1. Managing and maintaining nutrition.	Able to prepare drinks/food.	1
2. Maintaining personal hygiene.	Provision of facilities (modified/new). Maximise ability in activities of daily living. Maintaining dignity and respect.	225
3. Managing toilet needs.	Able to use the toilet.	116
4. Being appropriately clothed.	Able to dress /undress.	105
5. Being able to make use of the home safely.	Able to use existing facilities within the property. Able to access principal rooms within the property.	368
6. Maintaining a habitable home environment.	Improved condition of the property. Provide comfort security & safety.	0*
7. Developing and maintaining family or other personal relationships.	To reduce isolation, maximise ability. To maximise participation in family roles and work and social activities.	63
8. Accessing and engaging in work, training, education or volunteering	Facilitate working from home.	0*
9. Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services.	Able to go in/out of property to access home. Garden, community.	0* 27
10. Carrying out any caring responsibilities the adult has for a child.	To minimise risk to person, carer or relative.	0*

\*The "0" indicates no report functionality at the current time

#### 5.7 Table 15. Average Cost of Major Adaptations

Average Cost of DFG	North	South	Pre Experiment Benchmark
2012-13	£6,422.00	No data	£7,396
2013-14	£6,859.00	No data	£7,396
2014-15	£6,102.00	£7,674.00	£7,396
2015-16 to Q3	£6,085.00	£7,389.00	£7,396

## 6. Business Requirement

6.1 To deliver the HEART service:

### **In Scope**

The HEART Service Matrix detailed in Appendix 2, and a shared service agreement between all the councils.

### **Out of Scope**

There is the future opportunity for all or some of the “out of scope” additional or service enhancements to be brought in to scope should circumstances and funding allow.

6.2 The Business case has considered a number of options to deliver the change and realise the benefits. The options considered are:

### **6.2.1 Revert to Original Service**

This is not considered viable as an option because of:

- The progress over time of becoming an integrated service.
- It is a difficult area to ‘change direction’ in due to the number of stakeholders.
- The positive results to date indicating sustainable improvement progress.
- The development of a Housing Assessment Officer (HAO) role incorporating the skills of an OT Assistant and a Housing caseworker.

### **6.2.2 Shared Service with a Lead Authority via a contractual arrangement (section 101 (5) Local Government Act 1972)**

This is the preferred option as it has:

- Democratic accountability and transparency.
- Joint oversight and equal governance between councils.
- Trusted and well understood approach – already employed between Councils.
- Pooling of control and risks.
- Existing local government financial arrangements and benefits remain in place.
- Empower the Host to act through the Partnership to provide the service. (Sections 101, 111 & 113 of the Local Government Act 1972, Section 19 & 20 of the Local Government Act 2000, and section 1 of the Localism Act 2011).
- Unlikely to present difficulties with the European Union Procurement Regime.

### **6.2.3 Teckal Company (wholly owned)**

This type of arrangement has limited risk transfer and commercial governance, finance rules apply – accounting and taxation.

### **6.2.4 Charitable Trust**

Financial benefits come with charitable status but commercial governance, finance rules apply.

**6.2.5 Staff Mutual**

Private sector joint venture, commercial governance, finance rules apply but profit drive of the profit sector organisation may create tensions.

**6.2.6 Social Enterprise**

Transfer to staff mutual Securing but employee leadership can be difficult – without appropriate leadership, the new business will not get off the ground nor prosper if established.

**6.3 The Shared Service with a Lead Authority via a contractual arrangement (HEART service) brings additional benefits:**

- It is a distinctive way of providing housing solutions which can't be replicated in the voluntary sector
- A key element of not fully outsourcing (e.g. to a voluntary sector agency) is the flexibility for us to change and develop the service as it is within Council's direct control as a pose to outsourced to specified (and potentially inflexible) contract. This model brings freedoms that are not possible in some of the other models.
- Have an in depth awareness and knowledge of local systems, policies and procedures.
- Are familiar with documentation.
- Have established professional relationships with a large number of agencies.
- Have a proven track record of delivering high quality interventions.
- Foster a quality workforce.
- Will provide a maintained, resilient and managed service because there are a number of practitioners with the capabilities and competencies available to cover (back up) as when/needed e.g. annual leave, sickness etc.
- Will ensure services are compliant to the statutory requirements of the Care Act 2014 and Housing & Regeneration Act 1996 through delegation of responsibilities in the shared service agreement.
- Will continue to work towards achieving the Outcomes in WCC One Organisational Plan 2014-18 and District & Borough strategic objectives.
- Will continue to drive the cultural change required to meet future service demands.

<b>7</b>	<b>Objectives and Outcomes of the Proposal</b>
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**7.1 The objectives of HEART are:**

- Better customer outcomes by improving the customer experience.
- Dispel myths and 'traditional' thinking that Disabled Facilities Grant's take "forever".
- Utilise resources in an effective & efficient manner to deliver a quality co-ordinated service around the customer and carer.
- Promote effective working with in Social Care, Housing and Health.
- Create consistency in practice and ensure adoption of best practice.
- Create a culture that encourages and promotes customer independence, respect & dignity, wellbeing and falls prevention.
- Achieve long term savings by ensuring effective use of resources.

## 7.2 Existing 'As Is'

The HEART north provision is based in Nuneaton and Bedworth Borough Council and is a single line managed team with agreed protocols in place. The south provision is in the project phase but is based within Warwick District Council. There is still commissioned HIA provision outside of the Borough and District Councils with AgeUK and Orbit at the present time.

## 7.3 To be (proposed)

The proposal is:

Shared Service Specification Statement	
Shared Service Vehicle	Host Authority with potential for Joint Committee.
Governance	Governance Board comprising senior managers from each partner.  Single management team.
Host Authority	In principle Nuneaton and Bedworth Borough Council.
Functions to be provided by host	Where possible all organisational and support functions.
Support functions not to be provided by host	Specialist social care legal advice.
Spirit of partnership	Support and shared endeavour to improve and develop – avoid a contractor / commissioner relationship.  Include Spirit Agreement or clause within partnership agreement.
Constraints	Each partner will not receive a disproportionate financial risk.  WCC staff to be within a single management structure.  Joint committee would be delegated the relevant powers from each local authority.  Service to deliver options 1 to 6 in the Housing Service Matrix.  Option to expand the services within the shared service e.g. from the second page of the Matrix. Need to keep this option open in the agreement.  Ability to trade is not important at this stage. Competence and capacity assessment necessary from host organisation.

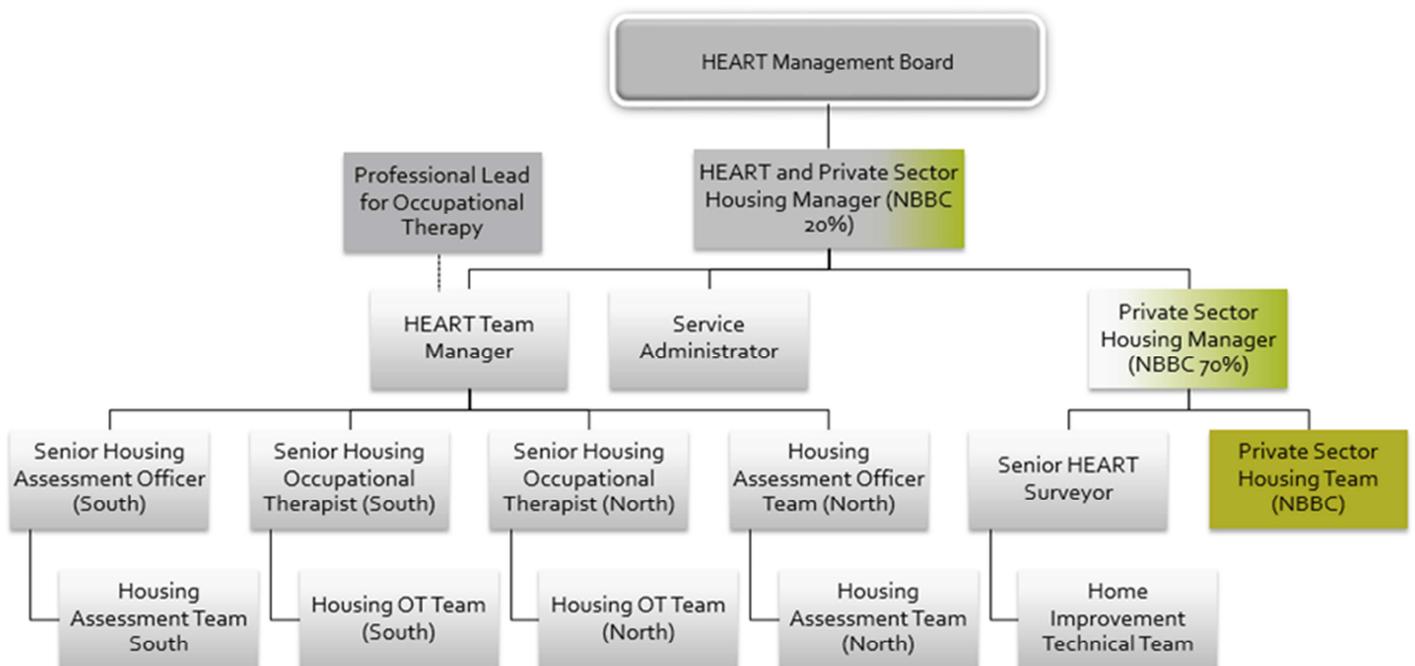
## 7.4 Governance

The partners have established a Management Board which will be further enhanced with appropriate terms of reference.

1. The Management Board shall consist of the Authorised Representatives of each of the Councils or their authorised substitutes.
2. Receive reports about the performance of the service and Business Plan, Budget, the potential growth of the Shared Service, and any other reports as it may reasonably require from time to time assessing the effectiveness of the Shared Service.
3. Determine and take such action as it considers desirable and necessary to promote the Shared Service and to procure the expansion of the Shared Service where it considers that this would be beneficial.
4. Determine (in accordance with Section 25) any disputes or differences that arise between the Councils concerning the interpretation and effect of any of the provisions of this Agreement.

## 7.5 HEART Service Structure

The structure of the service has been designed to take in to account a whole of Warwickshire service with teams located within the north and south.



## 7.6 Human Resources

For staff already employed by one of the 6 organisations in the current services a secondment of 2 years is the preferred and agreed option within the management board. The benefits are:

- Staff retain links with their existing employers.

- Provides a mechanism for multi-agency working.
- The host organisation has no employer liability for the partner organisations employees.
- Staff are able to maintain their HCPC registration requirements including CPD through the established mechanisms set up by WCC. (NB Occupational Therapist is a protected title with the Healthcare Professions Council and registration every two years is mandatory, without this it is illegal to practice as an OT).
- Staff have access to clinical supervision & training without the need to make alternative arrangements within the host organisation.

The staff would be seconded on their existing terms and conditions (unless they were being seconded into an entirely different role), and would be hosted and line managed by NBBC.

The staff would be able to undertake their organisations functions and another authority's functions under the agreement. There are specific provisions in the Local Government Act 1972 (sections 112 and 113) to enable this to happen, so local authorities can create partnerships and shared services with each other and other public bodies, such as NHS bodies.

For those staff not employed by one of the organisations appropriate employment procedures would need to be considered either through a TUPE arrangement or through direct and fixed term employment.

The structure enables other functions to be undertaken should it be required, and has the potential to expand and take on additional services either countywide or at a locality level depending on the different needs of the partners.

## 7.7 Products and Costs

The HEART Service will provide customers and carers with the advice and information to help them make the right choice, and provide practical help to deliver the right housing solution when they want it. This is detailed in the service matrix Appendix 2.

## 8 Financial Considerations

8.1 The HEART service will operate with aligned revenue budgets. Partners will continue to act as employers of the staff, who will be working in the shared service and will have:

- a separate cost centre for their shared service staff.
- the net budget for the cost centre will represent each partners general fund cost including the associated on costs.

8.1 The host will:

- Hold the budgets for the pooled parts of the service. This will include the new posts in the structure, and will also contain the hosts' share of the budget.

- Other authorities will pay to host the contributions determined for this part of the overall service, in a timely fashion to be agreed.
- The host will also pay into this service their contribution.
- The pool cost centre will have a net budget of zero.
- Any overspend / underspend will be subject to the agreed rules on overs and unders.
- Charging between the Host and the Partners for HEART costs - the host will issue quarterly invoice of the agreed contributions to be paid by partners.

## 8.2 Reporting

All partners will be required to submit a quarterly return of full costs to the host to enable the full picture of the shared service to be brought together. A timetable for the submission of returns will need to be prepared and adhered to, to enable the upwards reporting and management of the service by the project manager and Board.

## 8.3 Management

All partners will require an officer responsible for authorising and forecasting on spend against the shared service that is incurred in their authority.

This should ideally be the officer who is then sitting on the HEART Board, as this keeps clear lines of accountability.

The board receives monthly reports on the overall financial position, with reasons for variances and recommendations for management action.

The final budget structure and first year budget would form part of that agreement and would make clear exactly which costs resided with which partner and how this translates into contributions on the shared service.

## Service Budget

The service budget for HEART is set out in the table below.

<b>HEART SERVICE BUDGET</b>	<b>2016/17</b>
Staffing	£ 1,024,310
Running Costs - e.g. training / travel etc	£ 33,860
Support Costs	£ 30,000
<b>Sub-Total</b>	<b>£ 1,088,170</b>
Additional Revenue costs of 16/17 additional capital grant	£ 97,073
<b>Total</b>	<b>£ 1,185,243</b>

The 2015/16 cost of these services countywide was £1,122,566. This was based on the DFG for that year, and should be compared with the total cost of HEART before the additional revenue costs for 2016/17 (£1,088,170).

The additional costs for 2016/17 have been added to structure presented in the report to deliver the additional capital which has been agreed through the BCF. The exact utilisation of this revenue will be determined by the HEART Board.

## Contributions to HEART

How the budgets fit together:



Partners have agreed that the County will continue to pay for the Occupational Therapy input into the service and to make the same contributions to the home improvement agency aspect of the service. These are countywide allocations. The Districts and Boroughs contributions will be aligned to activity. Initially capital budget will be used as a proxy for activity as it is a good indicator of levels of work.

The capital grant and local capital allocations to be used by the service are as follows:

Council	DFG Capital Grant	Local Capital	Social Care Capital Grant	Total	%
Nuneaton and Bedworth	£ 608,192	£ 191,808	£ 260,012	£ 1,060,012	33%
North Warwickshire	£ 296,156	£ 3,844	£ 123,766	£ 423,766	13%
Rugby	£ 274,508	£ 75,492	£ 109,205	£ 459,205	14%
Stratford	£ 373,165	£ -	£ 144,567	£ 517,732	16%
Warwick	£ 373,058	£ 179,000	£ 155,487	£ 707,545	22%
<b>Total</b>	<b>£ 1,925,079</b>	<b>£ 450,144</b>	<b>£ 793,036</b>	<b>£ 3,168,259</b>	<b>100%</b>

As well as the DFG Capital Grant there is local capital, which is capital resources districts and boroughs have chosen to add to increase the pool of available funding, and half of the Social Care Capital Grant that has been awarded as part of the Better Care Fund. This was formerly a separate grant allocated to Upper Tier authorities. It has now been brought together with the Disabled Facilities Grant in the Better Care Fund. The guidance on this funding is clear that there should be a joint plan between all Better Care Fund partners on its' usage. For 2016/17 it has been agreed that half of the allocation for the Social Capital Fund should be allocated to Disabled Facilities Grants and therefore that is what is included above. Allocations for future years will be subject to further discussions.

The percentages of overall capital works, are used to allocate the costs of the service for DFG administration (costs which cannot be recouped through fees) to the districts and boroughs.

The funding for the service would therefore be split between partners as follows:

Council	Revenue Contribution	% of contribution	Contribution from Fees (12.5%)	Total
Nuneaton and Bedworth	£ 49,574	33%	£ 132,501	£ 182,076
North Warwickshire	£ 19,819	13%	£ 52,971	£ 72,789
Rugby	£ 21,476	14%	£ 47,401	£ 68,877
Stratford	£ 24,213	16%	£ 32,358	£ 56,571
Warwick	£ 33,090	22%	£ 88,443	£ 121,533
<b>Sub-Total</b>	<b>£ 148,173</b>	<b>100%</b>	<b>£ 353,674</b>	<b>£ 501,847</b>
Warwickshire CC - OT	£ 460,455			£ 460,455
Warwickshire CC - Strat Comm	£ 187,092			£ 187,092
Warwickshire CC - Public Health	£ 35,850			£ 35,850
<b>Total</b>	<b>£ 831,569</b>		<b>£ 353,674</b>	<b>£ 1,185,243</b>

Spend on capital by borough can vary up or down, and the cost of the service to each council would vary with that. Decisions to spend more or less on capital will affect both the staffing levels of the service and the individual allocations.

For example if Authority A increased their capital spending to be 50% of the total capital being utilised, their revenue contribution would also increase to 50%. If additional staffing was needed for the service, this would increase the overall amount being distributed, and therefore would not necessarily result in lower cash contributions from other partners.

Adjustments will be made annually, according to planned activity. The actual splits of activity will be monitored by the board, to ensure that income is being maximised and that resources are in line with activity.

These principles will apply to all years of the agreement, and costs and allocations will vary with activity as set out above.

## 9. Benefits and Outcomes

### 9.1 Expected Benefits and Outcomes and KPI's

Expected Benefits and Outcomes	Key Performance Indicators (KPI's)
<p><b>Promote &amp; maintain independence in a safe and secure home environment:</b> Enabling customers to maximise their potential and live in their chosen home environment by promoting customer independence, choice and control and improved support for informal carers to safely carry out their role.</p>	Customer Outcomes

<b>Quality service for customers and carers:</b> Right person at the right time with the right solution	Compliments Complaints Customer satisfaction survey
<b>Skilled workforce:</b> Promote and instil behaviours to provide high quality and compassionate interventions. Creates a competent work force that can cope with complex customer / carer needs. Provide learning and development opportunities. Improve staff retention by helping career progression.	Number of staff who gain / maintain competencies. Staff turnover numbers. Sickness levels
<b>Prevention:</b> Preventing hospital or residential admissions, delivering better outcomes and more effective and efficient solutions. Reduce, delay or prevent the need for residential placements. Better housing conditions.	Number of Council & DFG Major Adaptations End to End times for the provision of Major Adaptations Number of Enquires & Assessments Number & types of interventions delivered Drop-out rate WEMWBS mental wellbeing measurement scale Companionship scale Physical Activity measure

## 10. Risk Assessment (RAIDD)

### 10.1 Risks (what could happen)

- Limited support for the continuation of the proposed HEART service, which would result in destabilisation of the current service provision.
- Challenge from non-public sector organisations, which are currently providing aspects of the HIA provision, this could result in fragmented service across the county.

- The reduction in DFG funding which would result in unmet demand and potentially an increase in care packages and residential placements.

#### 10.2 Issues (is happening now)

Concerns about future revenue and capital funding.

#### 10.3 Assumptions

All existing funding sources will be committed to the HEART service.

Resources from non-public sector organisation will transfer into HEART.

#### 10.4 Dependencies

Reliant on support from all Partners Strategic Commissioning, District & Borough councils, Public Health and Adult Social Care & Support.

### 11. Key Milestones / Time Scales

1. Business case approved by all Partner authorities.(May to July 2016)
2. Shared Service agreement signed. (August 2016)
3. Implementation Plan deployed to continue with HEART (September 2016)
4. Staff consultation within HEART and with the non-public sector organisations (August / September 2016)

## 12. Decisions

### 12 Decisions (recommendations)

1. To acknowledge the achievements and benefits to-date that the HEART service have delivered and its future potential to enable people to live as independently as possible in an accessible, safe and secure home.
2. To deliver the service specification in the Housing matrix with the option of the development of enhanced elements.
3. The service to be hosted by Nuneaton and Bedworth Borough Council who will commission specialist services e.g. legal support from other authorities if required.
4. To incorporate the private sector housing function of Nuneaton & Bedworth Borough Council into HEART service structure to minimise disruption within the host.
5. To create and sign up to a shared service agreement with the option for Local Authorities to join at a later point.
6. To continue to invest in HEART – WCC, Public Health & 5 District & Borough Councils.
7. To agree a risk sharing and benefits model to ensure the host authority or other authorities do not receive a disproportionate financial risk.



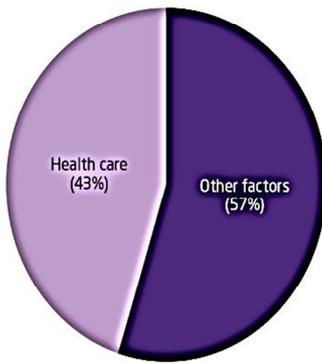
## Home Environment Assessment & Response Team

HEART: Helping you Live Independently at Home

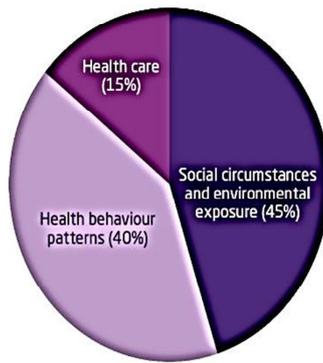
**APPENDIX 1:**

**The importance of public health**  
 Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment has the largest impact.

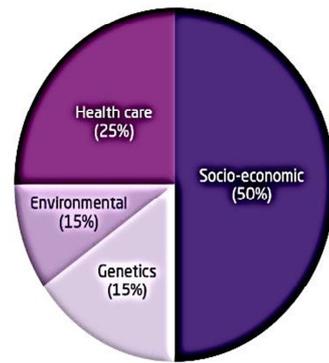
**Bunker et al (1995)**



**McGiniss et al (2002)**



**Canadian Institute of Advanced Research (2012)**



Appendix 2 HEART Service Matrix

		Assessment		Interventions		Supported provision - by an external provider (to the service).
Contact Enquiries - what are people accessing the service for?	Specialist Assessment	Information and Advice.	Direct Provision- (includes contracted service)	(NET – Care Act 2014 National Eligibility Threshold)	Retail model through Integrated Community Equipment and Support Service (ICES)	
Request type 1. Request for information on adapting property	Housing Environment Assessment which consists of: Section 1 Person's ability to carry out Activities of Daily Living (ADL) skills: Personal care skills (washing and dressing). Preparing and managing food and drinks	Specialist knowledge provided through: Electronic - webpage Leaflets Verbal Local resources / services	Occupational Therapy (strategies and techniques) Technical (building) Activities of Daily Living Equipment - (NET eligible) Assistive Technology Equipment (NET eligible) Minor Adaptations (NET eligible): Grab rails / Stair rails Ramp Door widening Social Housing equipment, adaptations and services e.g. lifeline –eligible and non eligible under NET.	Professional Support: Occupational Therapy (strategies and techniques) Technical (building) Activities of Daily Living Equipment - (NET eligible) Assistive Technology Equipment (NET eligible) Minor Adaptations (NET eligible): Grab rails / Stair rails Ramp Door widening Social Housing equipment, adaptations and services e.g. lifeline –eligible and non eligible under NET.	Retail model through ICES	
Request type 2. Request for assistance with adapting a property to meet personal needs	Accessing and using Facilities in the home (toilet, bed, chair, bath) Mobility around the home surroundings. Carer support	Identify & demonstrate ADL equipment and refer to Retail market	Major Adaptations/DFG criteria private and social housing): Level access shower Stair lift Room conversion Property extension Minor Property Works: Minor property repairs & alterations to property Secure gate/entry Fix leaking pipes Fix guttering Install spy holes /locks/ key safes Major Property Works: Roof repairs Damp proofing Property insulation Install new boiler	Major Adaptations/DFG criteria private and social housing): Level access shower Stair lift Room conversion Property extension Minor Property Works: Minor property repairs & alterations to property Secure gate/entry Fix leaking pipes Fix guttering Install spy holes /locks/ key safes Major Property Works: Roof repairs Damp proofing Property insulation Install new boiler	Retail model through ICES	Retrains to Social housing and their building contractors Building contractors not procured by the service for bespoke work.
Request type 3. Request for financial or practical assistance through the Housing Authorities Housing Assistance Policies covering improvements and repairs to owner occupied housing	Section 2 Housing Environment Conditions - (Category 1 or 2 Hazards) relating to: Temperature and damp Internal pollutants - e.g. Carbon monoxide Space, security and lighting Hygiene and sanitation Slips, trips and falls Safety of services, amenities and structure	Signposting - referral to other specialist services: Welfare rights Citizens Advice Bureau Wreathair service GP Registered Social Landlords (RSL) Relevant local services Schemes or funding to improve housing e.g. energy efficiency schemes.	Visits with customers to social and private housing to determine whether the property will meet their needs. Housing Suitability Report and facilitating housing choices e.g. Extra care Completion of Application form / Support letter Full property inspection and report on housing hazards. Assistance assessment in relation to public funds. Caseworker support to deliver improvements and reduction of hazards.	Visits with customers to social and private housing to determine whether the property will meet their needs. Housing Suitability Report and facilitating housing choices e.g. Extra care Completion of Application form / Support letter Full property inspection and report on housing hazards. Assistance assessment in relation to public funds. Caseworker support to deliver improvements and reduction of hazards.	Handy person (not procured by service)	
	Section 3 Alternative Accommodation Assessment when there is a need to move home due to section 1 assessment.	Advice on what a house will need to provide to allow an individual to access the main facilities				
	Section 4 Housing Health and Safety Rating System Full House Assessment	Information on housing hazards under the HHRS			Building contractors not procured by the service for bespoke work. Private Sector Enforcement.	
Request type 4. Home Safety Service	Section 5 Home Environment Falls Risk Assessment in relation to the person interacting in their home.	Information on personal and housing hazards when related to an older or disabled person.	Use of procured building contractors. Falls Risk Reduction Action Plan	Use of procured building contractors. Falls Risk Reduction Action Plan	Handy person not procured by service. Specialist services	
Relevant request types 1, 2, 3	Section 6 Financial Assessment in relation to housing needs	Information on the access criteria for housing assistance	Test of resources assessments Identification and referral to benefit providers / Charity applications and support letters.	Test of resources assessments Identification and referral to benefit providers / Charity applications and support letters.		

Options Assessments and Services		Proposed Interventions		
Enquiry Type	Assessment	Advice & Information	Direct Provision - (includes contracted service)	Supported provision - by an external provider (to the service).
Relevant request types 1.2.3	Service 1 Identify and co-ordinate property move	Information on housing options for older and disable people and practical advice on moving home	Assessment identify housing options for client group. Provide practical assistance with moving property for those not able to do so, acting as an "agent" - 1	
Relevant request types 1.2	Service 2 Housing adaptation design with potential customers e.g. to construction companies.	Information of design criteria for adaptations.	Liaise with customers and designers / architects on design features to suit someone who is self financing adaptation work. Provide information to social and private developers.	
Relevant request types 1.2	Service 3 Identification and assistance with the marketing of adapted properties in the private sector.	Register and access to adapted properties through working with estate agents and web promotion of adapted properties.	Marketing service to allow residents to seek already adapted properties that will meet or contribute to meeting long term needs. Accompanied visits.	
Relevant request types	Service 4 Medical Reviews for Social Housing Applications	N/A – refer to housing options	Assess conditions against allocations policy criteria.	
Relevant request types	Service 5 Providing a pathway for the delivery of facilities for medical equipment at home e.g. dialysis areas, hygienic cleanable treatment areas.	N/A	Work with health services to deliver adaptations for customers who need them to facilitate treatment at home.	
Relevant request types	Service 6 Screening for Health & Well-being: Nutrition - MUST Frailty Cognitive Function	N/A refer to specialist web sites.	Assessment, screening, referrals and advice.	